Adventist Health Hanford & Selma

2019 Community Health Needs Assessment

Hospital Council
of Northern & Central California

Excellence Through Leadership & Collaboration

'19

Community Health Needs Assessment

Central Valley Region

Central Valley, California

EXCELLENCE THROUGH LEADERSHIP & COLLABORATION

"Effective, efficient, safe, timely, patient centered, equitable and affordable."

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2019 Community Health Needs Assessment

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Hospital Council of Northern & Central California

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TABLE OF CONTENTS

ACKNOWLEDGMENTS 5

EXECUTIVE SUMMARY 6

INTRODUCTION 9

HISTORY OF COMMUNITY HEALTH NEEDS ASSESSMENT 10

COMMUNITY PROFILE 11

- Quick Community **Facts** 12

CHNA OVERVIEW 13

HEALTH INDICATORS 15

- **Social** and **Economic** Factors 15
- **Health** System 20
- Public Health and **Prevention** 26
- Physical **Environment** 30

VOICES FROM THE COMMUNITY 32

PRIORITIZATION OF HEALTH NEEDS 43

IDENTIFIED HEALTH NEEDS 43

REGIONAL EVALUATION 48

APPENDIX 50

- Appendix A: Glossary of Terms 51
- Appendix B: Sources Cited 54
- Appendix C: Qualification of Consultants 54
- Appendix D: Health Indicators Table 55
- Appendix E: Description of Key Informants and Focus Groups 58
- Appendix F: Key Informant Codebook and Frequencies 62
- Appendix G: Focus Group Codebook and Frequencies 79
- Appendix H: Survey Results 92
- Appendix I: Community Resources 103

Approval Page **107**

ACKNOWLEDGMENTS

This report was made possible through the financial contribution of 14 hospitals located in Central Valley, California and the Hospital Council of Northern and Central California's Community Benefits Workgroup. Under the leadership of Ms. Shauna Day, Regional Vice President, the committee collaborated with Ms. Laura Acosta of HC2 Strategies, Inc. to conduct key informant interviews, focus groups, and establish priority health needs for the 2019-2021 community health needs cycle. Additionally, the committee worked with Ms. Jessica L.A. Jackson of Wildfire Graphics & Analytics, LLC to gather health indicator data, analyze quantitative and qualitative data, and package the final report.

Special thanks is also extended to the team at Ad Lucem Consulting for establishing the methdolodgy for ranking health need data, from key informant and focus group interviews. Ad Lucem also provided the overall rankings for the four-county region, found in this report. The analysis method and rankings were invaluable in providing 'at a glance' information for informed decision making.

Many of the key health indicators presented in this report were collected from the Engagement Network CHNA report provided by Community Commons, which is managed by the Institute for People, Place, and Possibility, the Center for Applied Research and Environmental Systems (CARES), and the Community Initiatives Network. The data gathered from Community Commons ensured an efficient and accurate method to gathering data from numerous sources.

Finally, we would like to thank our community members and organizations and all those who gave input for this report through key informant interviews and focus groups. Their perspectives ensure that we are taking into consideration the most vulnerable in our communities to better create initiatives, more meaningful partnerships, and strategic investments into our communities.

Members of the Community Benefits Workgroup
Listed in Alphabetical Order by Hospital

- Rebecca Russell, Adventist Health—Central Valley Network
- Sharon Spurgeon, Coalinga Regional Medical Center (Closed)
- Alma Martinez, Community Medical Centers; Clovis Community Medical Center; Community Regional Medical Center; Fresno Heart and Surgical Hospital
- Marie Sanchez, Kaiser Permanente—Fresno Service Area
- John Tyndal, Kaweah Delta Health Care District
- Sherrie Bakke, Madera Community Hospital
- Karen Hoyt, San Joaquin Valley Rehabilitation Hospital
- Ivonne Der Torosian, Saint Agnes Medical Center
- Mary Jo Jacobson, San Joaquin Valley Rehabilitation Hospital
- Kimberly Pryor-DeShazo, Sierra View Medical Center
- Tim Curley, Valley Children's Healthcare

EXECUTIVE SUMMARY

The Hospital Council of Northern and Central California is a nonprofit hospital and health system trade association established in 1961, representing 185 hospitals and health systems in 50 of California's 58 counties—from Kern County to the Oregon border. The Hospital Council's membership includes hospitals and health systems ranging from small, rural hospitals to large, urban medical centers, representing more than 37,000 licensed beds.

Beginning in 2011, the Hospital Council of Northern and Central California initiated a four-county (Fresno, Kings, Madera, and Tulare) community health needs assessment (CHNA) process, working collaboratively with 15 hospitals across the Central Valley region. The 2019 report continues a tradition of collaboration and expands upon previous efforts through expanded data collection from important voices in our community. Participating hospitals in the 2019 Regional Community Health Needs Assessment include:

Adventist Health Hanford

Adventist Health Reedley

Adventist Health Selma

Clovis Community Medical Center

Coalinga Regional Medical Center (Closed)

Community Regional Medical Center (includes Community Behavioral Health Center)

Kaiser Permanente, Fresno Service Area

Kaweah Delta Health Care District

Madera Community Hospital

San Joaquin Valley Rehabilitation Hospital

Sierra View Medical Center

Saint Agnes Medical Center

Tulare Regional Medical Center (Adventist Health oversees the operations of the hospital. Doors opened to the public October 15, 2018.)

Valley Children's Healthcare

The CHNA represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our region, incorporation of stakeholders' perspectives, and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to satisfy legal requirements, but also to partner for improved health outcomes. The goals of this assessment are to:

- Engage public health and community stakeholders including low-income, minority, and other under served populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use findings to develop and adopt an implementation strategy based on the collective prioritized issues

Sources of Data

Sources of data for this assessment included a mixture of secondary data and primary data. Secondary data sources include publicly reported state and nationally-recognized data sources such as Community Commons, California Department of Public Health, and County Health Rankings & Roadmaps. Primary data was collected through key informant interviews, focus groups, and an online survey. Key informants and focus groups were purposefully chosen to represent medically under served, low-income, or minority populations in our community. Their input provided insights on how to better direct our resources and form partnerships. The online survey was distributed to partner organizations that were not represented by key informants and advertised to the general public via a public service announcement hosted on Univision's Arriba Valle Central" show. Additionally written comments on the previous CHNA were solicited on each hospital's website using a unique link. To date no written comments were received.

Top Needs Across the Region

Top needs for the region were identified by creating potential health need scores using both quantitative (i.e., health indicators) and qualitative (i.e, key informant interviews, focus groups, and survey) data. First, qualitative data was coded and organized into themes that identified the main ideas being communicated. Next, the themes were organized into 13 categories representing overarching health and social needs. The number of mentions for each theme was counted, divided by the total number of mentions, and multiplied by 100 to find the percentage. The themes were then linked to quantitative health indicators and percentages for qualitative data, entered into a spreadsheet, and a formula was applied to assign points to each indicator. Point allocations indicated how far each indicator deviated from the state benchmark. Potential health need scores were calculated by finding the average of all the points within each theme. This process yielded potential health need scores, whereby the higher the score, the more pressing the need. The results are as follows:

Rank	Potential Health Need	Description
1	CVD/Stroke	Indicators related to cardiovascular disease.
2	Access to Care	Indicators related to health care facilities, health care coverage, and primary care provider rate.
3	Asthma	Indicators related to asthma prevalence, emergency department visits, hospitalizations, and mortality from chronic lower respiratory disease.
3	Economic Security	Indicators related poverty, education, public assistance, and homelessness.
4	Climate and Health	Indicators related to the air quality, water quality, and pollution.
5	Violence and Injury Prevention	Indicators related unintentional injuries and violence.
6	Oral Health	Indicators related to access to dentists
7	Obesity/HEAL/Diabetes	Indicators related to obesity, diabetes, healthy eating, and active living.
8	Maternal and Infant Health	Indicators related to prenatal care, breastfeeding, and birth outcomes.
9	Substance Abuse/Tobacco	Indicators related to mortality from drug overdose, excessive drinking, and tobacco usage.
10	Mental Health	Indicators related to depression, suicidal ideation, and mental health provider rate.
11	HIV/AIDS/STIs	Indicators related to HIV, AIDS, and sexually transmitted infections
12	Cancer	Contains indicators related to cancer and mortality.

Note: Asthma and Economic Security each earned a potential health need score of 1.56, producing a tie for the third highest ranking health or social need.

Prioritization Process and Identified Needs

The Community Benefits Workgroup collectively reviewed the findings of this assessment and discussed best methods for prioritizing health needs. It was decided each hospital would conduct their own prioritization process and identify priority needs. This will allow each hospital to consider their unique resources, on-going initiatives, and specific needs of the communities in which they work. In addition to those considerations, Workgroup members were also urged to consider the criteria below to make a decision during their individual prioritization process. The criteria listed recognize the need for a combination of information types (e.g, health indicators and primary data) as well as consideration of issues such as practicality, feasibility, and mission alignment.

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Existing resources and programs to address problems
- Feasibility of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Potential Health Need Score
- Severity
- Solution could impact multiple problems

After conducting an individual prioritization process, the Workgroup agreed to reconvene in October 2019 to identify regional priority needs. In their respective implementation plans hospitals will address the needs that were identified, strategies to address needs, partners, and metrics that will be used to measure progress.

Making a difference: Results from our Adventist Health Hanford & Selma 2016 CHNA/CHP

Adventist Health wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2016 we conducted a CHNA and the identified needs were:

Access to Care

Providing transportation to clinic appointments for patients who do not have transportation. Physician Network started offering this service in late 2018 and was able to provide transportation to 69 people.

12 new providers were added to the network to provide care to our community

Obesity

A community garden at our Support Services campus provides plots to community members to grow their own fruits and vegetables. 37 community members were served in 2018.

Athletic training and sports physicals provided in partnership with local high schools to improve physical activity and prevent injuries at hight school athletic games.

Diabetes

Diabetes among Friends classes providing Diabetes Self-Management Education in five weeks had 102 graduates in 2018.

Diabetes Pop up Clinics in Hanford and Lemoore provided screening services to 100 people who did not have access to care or screening services in the community.

Mental Health/Substance Abuse

Partnership with addiction medicine specialist, Dr. Marc Lasher, allows us to provide addiction medicine in our emergency department and clinics.

Recuperative Board and Care in partnership with the Kings Gospel Mission provides a safe place for homeless patients to heal, receive services and get clean and sober for up to 90 days post hospital discharge.

Breathing Problems

The Respiratory Warriors Support Group is a monthly support group for people with chronic lung disease including asthma, COPD, pulmonary fibrosis, sleep apnea, allergies, etc. Meeting attendance in 2018 was over 120.

Community education and awareness about asthma is critical. In partnership with the Kings County Asthma Coaltiion, AH hosted an open house for clinic providers and the public to learn about asthma intervention. 30 providers attended this event in 2018.

INTRODUCTION

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The Hospital Council's mission is to help our members to provide high quality health care and to improve the health status of the communities they serve. They do so, by bringing hospitals together to achieve excellent patient care and community health far beyond the capacity of individual hospitals.

Beginning in 2011, the Hospital Council of Northern and Central California initiated a four-county (Fresno, Kings, Madera, and Tulare) community health needs assessment process. This report represents a commitment to continue cross-cutting work, share resources, and collaborate for collective impact.

The 2019 report continues a tradition of collaboration and builds upon previous efforts through expanded data collection from important voices in our community. This assessment reaffirms a commitment to serving the needs of the most vulnerable members of our communities, in accordance with our duty and mission as agents of health care and education.

Participating hospitals in the 2019 Regional Community Health Needs Assessment include:

1. Adventist Health Hanford
2. Adventist Health Reedley
3. Adventist Health Selma
4. Clovis Community Medical Center
5. Coalinga Regional Medical Center (Closed)
6. Community Regional Medical Center (includes Community Behavioral Health Center)
7. Kaiser Permanente-Fresno Service Area
8. Kaweah Delta Health Care District
9. Madera Community Hospital
10. San Joaquin Valley Rehabilitation Hospital
11. Sierra View Medical Center
12. Saint Agnes Medical Center
13. Tulare Regional Medical Center (Adventist Health oversees the operations of the hospital. Doors opened to the public October 15, 2018.)
14. Valley Children's Healthcare

HISTORY OF COMMUNITY HEALTH NEEDS ASSESSMENT

The passage of the Affordable Care Act of 2010 required hospitals with a 501c3 designation to complete a community health needs assessment (CHNA) every three years. Outlined in section 501(r)(3)(A) of the Federal IRS Code, a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA.

To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.
6. Prioritize significant health needs in the community.

A hospital facility is considered to have conducted a CHNA on the date it has completed all of these steps, including making the CHNA report widely available to the public.

CHNA reporting requirements in California were established in 1994 with passage of Senate Bill 697. This bill noted that non-profit hospitals assume a social obligation in exchange for favorable tax treatment. This legislation required that hospitals with a 501c3 designation be required to report on the community benefits they provide, assess the health needs of their respective communities, and develop plans for addressing these needs. The notable difference in new federal statutes is the emphasis being placed on adopting a clear strategy for addressing the needs identified in the assessment process and the application of this requirement.

The CHNA represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our region, incorporation of stakeholders' perspectives, and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to satisfy legal requirements, but also to partner for improved health outcomes.

The goals of this assessment are to:

- Engage public health and community stakeholders representing low-income, minority, and other under served populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
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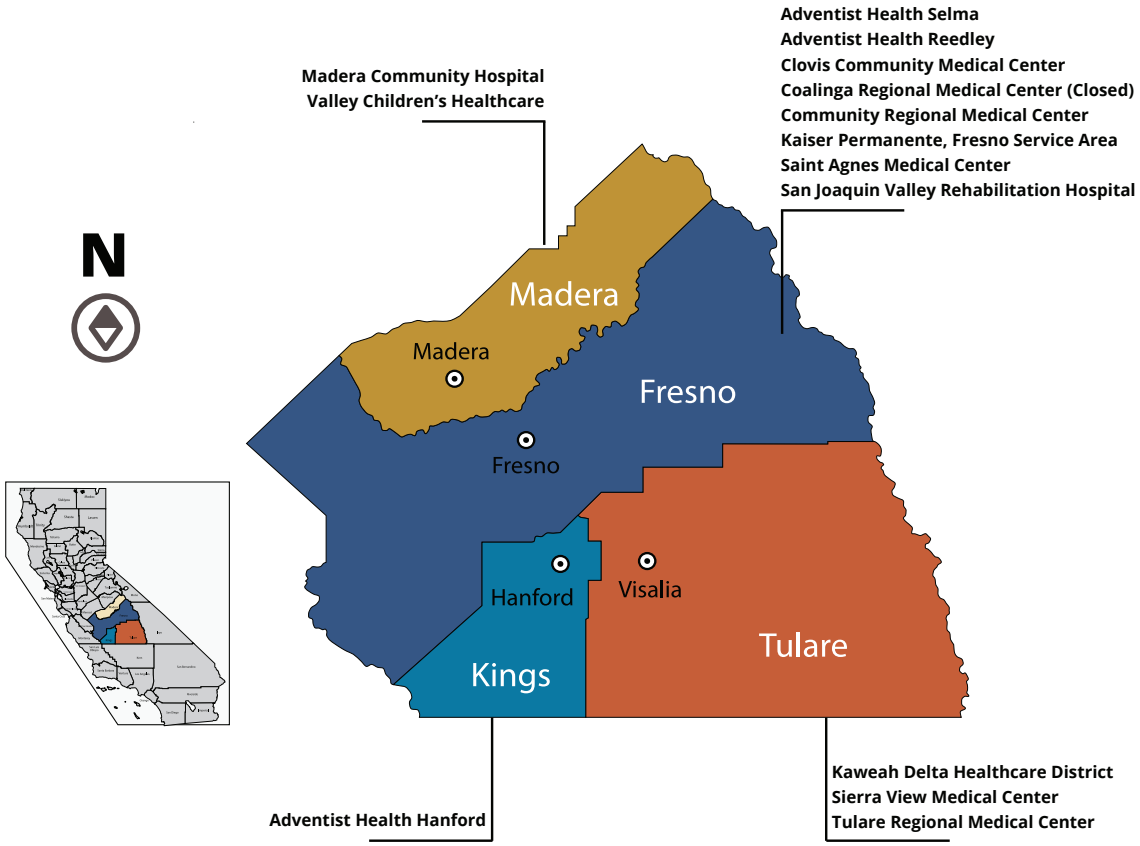
- Use findings to develop and adopt an implementation strategy based on the collective prioritized issues

COMMUNITY PROFILE



According to the U.S. Geological Survey, the Central Valley, also known as the Great Valley of California, covers about 20,000 square miles and is one of the more notable structural depressions in the world. Occupying a central position in California, it is bounded by the Cascade Range to the north, the Sierra Nevada to the east, the Tehachapi Mountains to the south, and the Coast Ranges and San Francisco Bay to the west. The Central Valley can be divided into two large parts: the northern one-third, known as the Sacramento valley and the southern two-thirds is called the San Joaquin Valley. The San Joaquin Valley can be split further into the San Joaquin Basin and the Tulare Basin. The hospitals participating in this assessment are nestled in the heart of Central Valley, within four contiguous counties—Fresno, Kings, Madera, and Tulare.

Valley Facts

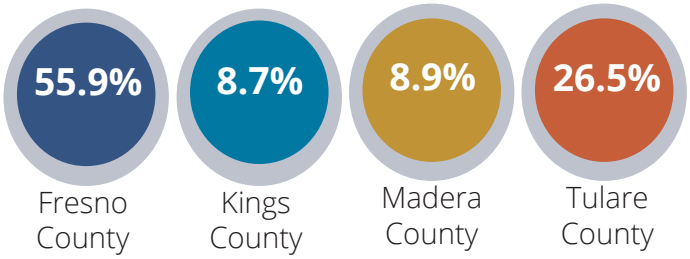
- Nearly 400 different crops are grown in the Central Valley with an estimated value of $17 billion per year.
- Approximately 75% of the irrigated land in California and 17% of the nation's irrigated land is in the Central Valley.
- Using fewer than 1% of U.S. farmland, the Central Valley supplies 8% of U.S. agricultural output (by value) and produces 1/4 of the nation's food, including 40% of the nation's fruits, nuts, and other table foods. The Central Valley is also home to the raisin capital of the world, Selma, CA.
- The predominant crop types are cereal grains, hay, cotton, tomatoes, vegetables, citrus, tree fruits, nuts, table grapes, and wine grapes.
- About 20% of the nation's groundwater demand is supplied from pumping Central Valley aquifers, making it the second-most-pumped aquifer system in the U.S.

COMMUNITY QUICK FACTS

In 2016, approximately

1,722,556

lived in the four-county region. Fresno County comprised the largest portion.



Median Household Income

$45,963 Fresno County

$47,241 Kings County

$45,742 Madera County

$42,789 Tulare County

Kings and Tulare Counties have the largest population of families with children under 18 years, as a percent of total households at **47%** and **48%** respectively.

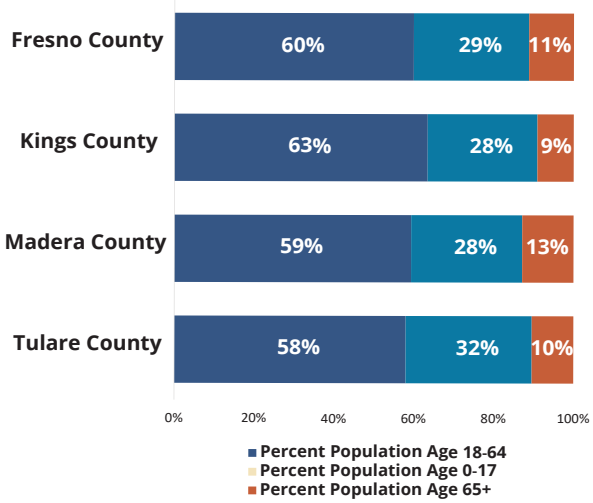
15% of Tulare County's population is considered linguistically isolated. This is the largest segment of the four county region.

The average percentage of renter-occupied housing across the region is **46%** This is in alignment with the state average of **45.9%**.

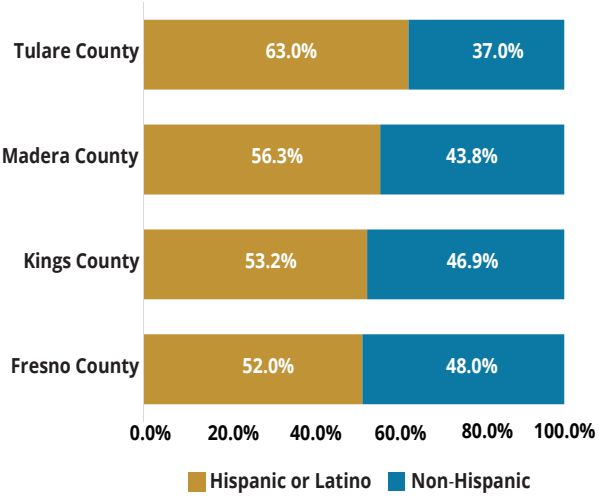
Kings County has the largest population of veterans at **10%**.

Fresno County has the largest population of persons with a disability in the region. Comparatively, the state average is 11%.

Kings County has the largest percent population of population aged 18 to 64 at **63%**. Tulare County has the largest percent of population aged 0-17 at **32%**. Madera County has the largest percent of population aged 65 or older at **13%**.



By ethnicity, the majority identify as Hispanic or Latino, in every county.



Data Source: Community Commons (2018). US Department of Health & Human Services, Administration for Children and Families. 2018. Retrieved May 2018 from https://engagementnetwork.org/assessment/

CHNA OVERVIEW

Developing metrics for population health interventions is vital for continued success in elevating the health status of our communities. The CHNA ensures we can target our investments into interventions that best address the needs of our community. The domains used in this community health needs assessment [CHNA] encompass national and state community health indicators. We recognize health status is a product of multiple factors. Each domain influences the next, and through systematic and collective action, improved health can be achieved.

- *Social and Economic Environment*: Indicators that provide information on social structures and economic systems. Examples include: poverty, educational attainment, and workforce development.
- *Health System:* Indicators that provide information on health system structure, function, and access. Examples include: health professional shortage areas, health coverage, and vital statistics.
- *Public Health and Prevention:* Indicators that provide information on health behaviors and outcomes, injury, and chronic disease. Examples include: cigarette smoking, diabetes rates, substance abuse, physical activity, and motor vehicle crashes.
- *Physical environment*: Indicators that provide information on natural resources, climate change, and the built environment (human-made surroundings).

Secondary Data Sources

Secondary data sources include publicly reported state and national data sources. A significant portion of the data for this assessment was collected through a custom report generated through Community Common's Engagement Network CHNA (https://engagementnetwork.org/assessment/). Other referenced sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to averages for state or national benchmarks, such as Healthy People 2020 objectives. Please see Appendix B for a complete listing of data sources.

Primary Data Sources

The hospitals participating in the 2019 Central Valley Region's assessment worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the individual and unique community. Key informants and focus groups were deliberately chosen to represent medically underserved, low-income, or minority populations in our community. The goal of the targeted engagement was to better direct our resources and from strong partnerships. Results of the qualitative analysis, as well as a description of participants, can be found later in this document.

Written Comments

Each hospital provided the public an opportunity to submit written comments on the previous CHNA Report through either a unique link or email address on their website. As of the time of this CHNA report development, none of the hospitals received written comments about previous CHNA Reports.

Data Limitations and Gaps

It should be noted that the survey results are not based on a stratified random sample of residents throughout Fresno, Kings, Madera, and Tulare Counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly-available data. All limitations inherent in these sources remain present for this assessment.

SOCIAL AND ECONOMIC FACTORS

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well, staying active, establishing a medical home, living a smoke-free life, getting recommended immunizations and screenings, seeing a medical provider regularly and when sick, all influence health. Our health is also determined in part by access to social and economic opportunities. Positive health outcomes are influenced by the resources and supports available in our homes, neighborhoods and communities as well as the quality of our schooling, safety of our workplaces, cleanliness of our water, environment and our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why some are not as healthy as they could be.

Social determinants of health are environmental conditions in which people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) are referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Quality of life resources can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and an environment free of life-threatening toxins. This section details the indicators related to social and economic factors in our community which play a role in maintaining good health.

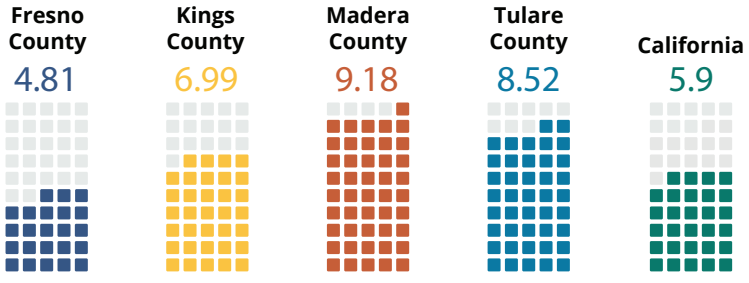
Education

Early education is an important factor in health status. Independent of its relationship to behavior, education influences a person's ability to access and understand health information. Education is also correlated with a host of preventable poor health outcomes including increased rates of childhood illness, respiratory illness, renal and liver disease, and diabetes, to name a few. Higher educational levels are associated with lower morbidity and mortality.

Multiple studies show that smart investments in the early years of development can result in profoundly better outcomes for children, families, and the economy. Attending a Head Start program can be an important part of this development. Head Start programs promote school readiness for children ages birth to five from low-income families by supporting their development in a comprehensive way through early learning, health and wellness screenings, and programs that promote family well-being.

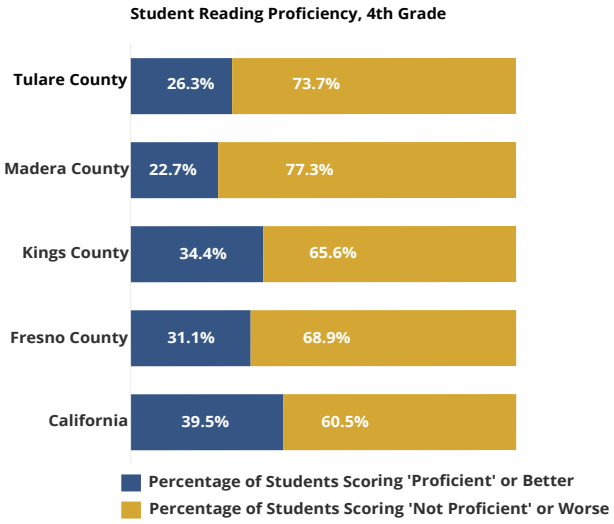
For every 10,000 children in Madera county, there are 9.18 Head Start Facilities, the highest of the four counties. Comparatively, for the state of California the rate was 5.9 per 10,000.

Head Start program facilities per 10,000 children under age 5.



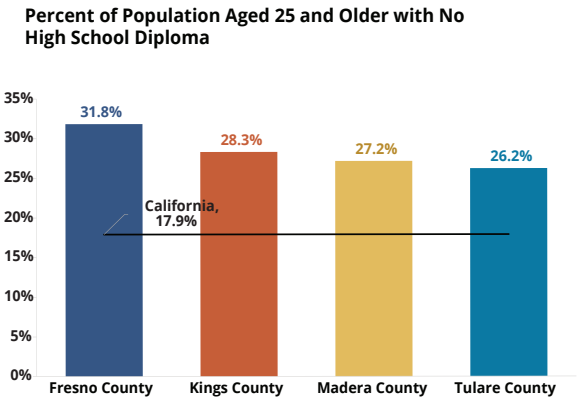
Data Source: Community Commons (2018). US Department of Health & Human Services, Administration for Children and Families. 2018. Retrieved May 2018 from https://engagementnetwork.org/assessment/

A report published by the Anne E. Casey Foundation found that children who do not read proficiently by the end of third grade are four times more likely to leave school without a diploma than a proficient reader. At the end of the 2015 school year, testing for fourth graders found that across the four-county region, far more students scored *'Not proficient' or worse* on standardized reading testing, than *'Proficient' or better*. This discrepancy was most apparent in Madera County where over three-fourths of students scored *'Not proficient' or worse*. Comparatively, the state average showed 39.5% of fourth graders demonstrated proficiency or better, while 60.5% demonstrated non-proficiency or worse.



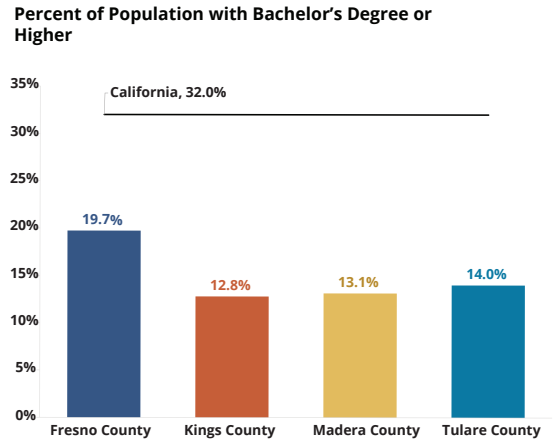
Data Source: Community Commons (2018). US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Retrieved May 2018 from https://engagementnetwork.org/assessment/

Graduation from high school or a post secondary education such as receiving a Bachelor's or Associates degree is linked to better health outcomes and increased earning potential. Averages for the four-county region surpassed the state average, with Fresno County having the greatest discrepancy.



Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from https://engagementnetwork.org/assessment/

When examining attainment of a Bachelor's Degree or higher, one finds that the proportion across the four-county region is below the state average with Kings County having the least amount of persons earning a Bachelor's or higher.

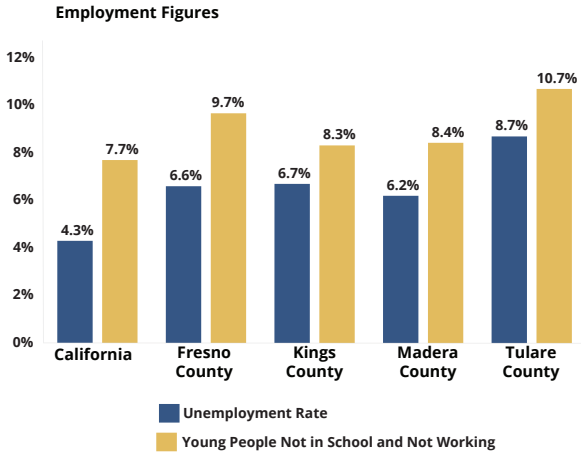


Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from https://engagementnetwork.org/assessment/

Employment

Addressing unemployment levels is important to community development. Unemployment can lead to financial instability and serve as a barrier to health care access and utilization. Many people secure health insurance through an employer however, even with Medicaid expansion, with Medicaid expansion, the lack of gainful employment may prevent some from affording medical office co-pays or medications.

When looking at unemployment figures, Tulare County has the largest percent of unemployed adults in the region and young people not in school and not working. Comparatively, the averages for the state are 4.3% and 7.7%, respectively.

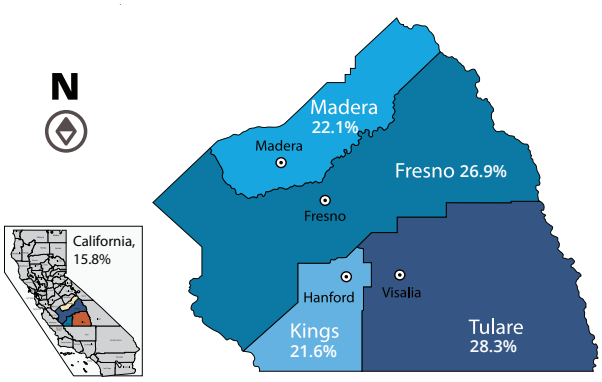


Data Sources: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. US Department of Labor, Bureau of Labor Statistics. 2018 - August. Retrieved May 2018 from https://engagementnetwork.org/assessment/

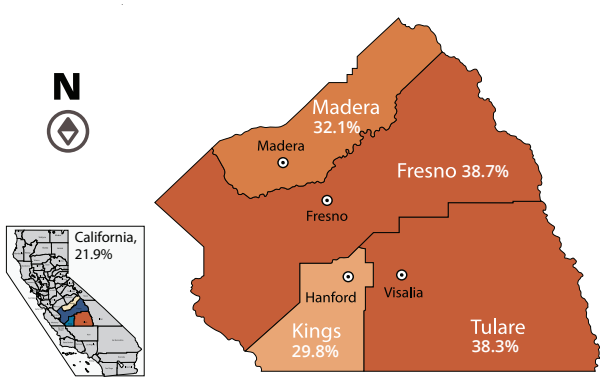
Measures of Poverty

Poverty is a particularly strong risk factor for disease and death, especially among children. Children who grow up in poverty are eight times more likely to die from homicide, five times more likely to have a physical or mental health problem, and twice as likely to be killed in an accident. Additionally, family poverty is consistently correlated with high rates of teenage pregnancy, failure to earn a high school diploma, and violent crimes. Fresno County has the highest percentage of total population and children under age 18 living under the 100% of the federal poverty level.

Population Under 100% Federal Poverty Level



Children Under 100% Federal Poverty Level



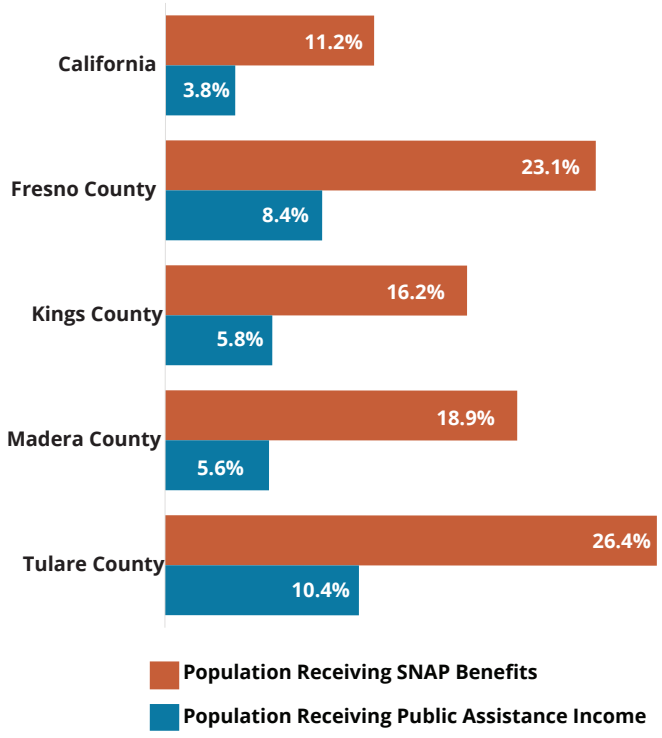
Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from https://engagementnetwork.org/assessment/

The chart to the right displays two other measures of poverty; the percentage of population receiving supplemental nutritional assistance program (SNAP) benefits, and percentage of population receiving public assistance income.

Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non cash benefits such as Food Stamps.

These indicators are relevant because they assess vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Across the four-county region, Tulare County has the largest populations that receives both SNAP benefits and public assistance income.

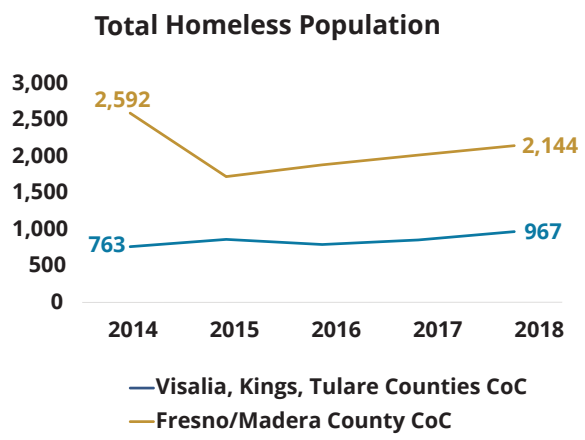


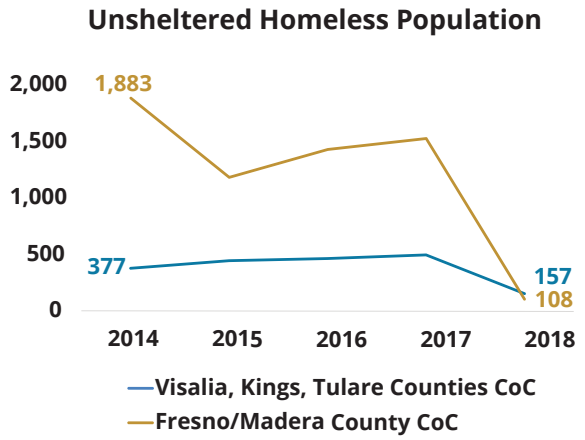
Data Sources: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16.US Census Bureau, Small Area Income & Poverty Estimates. 2015. Retrieved May 2018 from https://engagementnetwork.org/assessment/

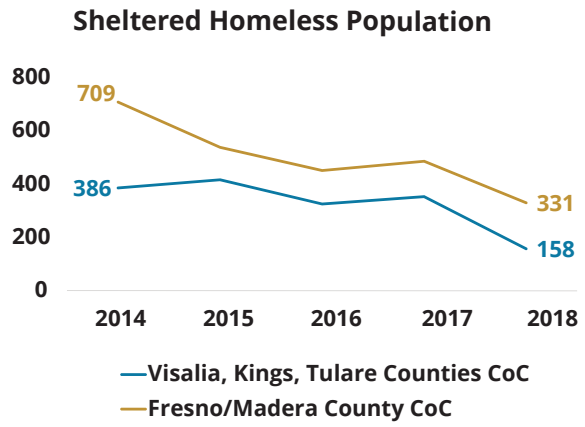
Homelessness

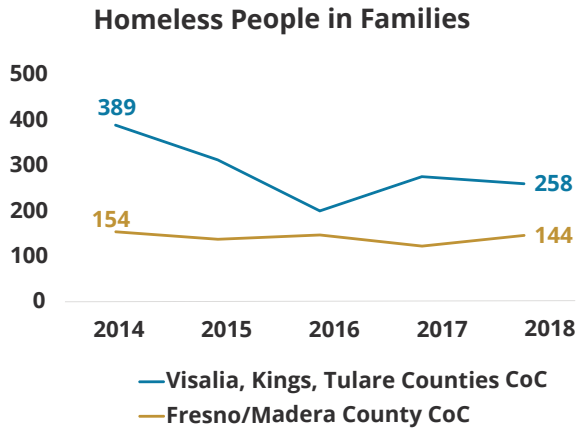
The 'Point-in-Time Count' surveys the number of sheltered and unsheltered people experiencing homelessness on a single night. Counts are typically provided by household type and are further broken down by subpopulation categories, such as homeless veterans and homeless people in families.

The US Department of Housing and Urban Development requires that Continuums of Care (CoCs) conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and safe havens on a single night. Each count is planned, coordinated, and carried out locally. Between 2014 and 2018, Fresno and Madera Counties experienced a 17% decrease in the total homeless population (from 2,592 to 2,144). In contrast, Visalia, Kings, and Tulare Counties experienced a 27% increase (from 763 to 967).









Data Source: US Department of Housing and Urban Development, HUD Exchange (2018). PIT and HIC Data Since 2007. Retrieved from https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/

Violence and Injury Prevention

According to the Centers for Disease Prevention and Control injury is the leading cause of death for children and adults between the ages of 1 and 45. Injury not only includes violence, but also unintentional injuries, such as harm caused by motor vehicle crashes.

When looking at violent crimes across the region, Fresno County had the highest counts of reports from 2013 to 2015, spiking in 2016. Comparatively, Kings County has the lowest reports during that same time period and spiked in 2017. When examining rates of substantiated child abuse cases, Kings County had the highest number of cases from in 2015, at 12.3 per 1,000. Tulare County experienced the lowest rate at 8 per 1,000. Looking at single year averages, Kings County had the highest rate of substantiated child abuse cases in 2015 at 12.3 per 1,000, in comparison to the other counties.

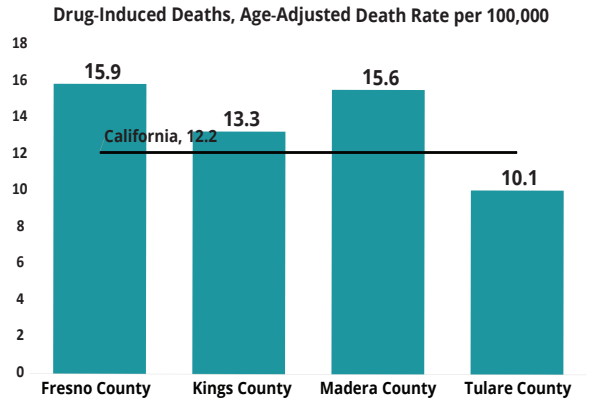
For unintentional injuries, Fresno County had the highest rate of drug-induced deaths (age-adjusted) per 100,000. Tulare County had the highest rate of motor vehicle crashes (age-adjusted) per 100,000, in comparison to the other counties.

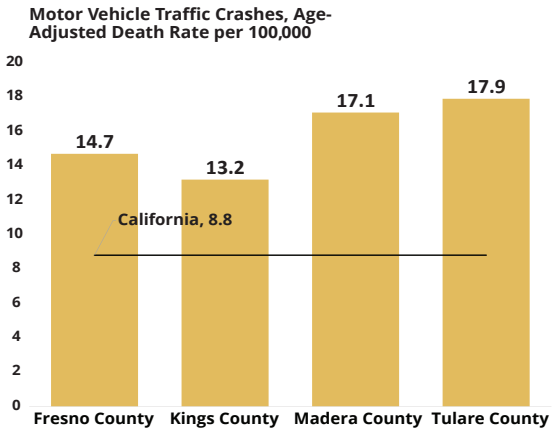
Violent Crimes	2013	2014	2015	2016	2017
Fresno County	4,868	4,547	5,228	5,981	5,745
Kings County	725	696	694	639	754
Madera County	1,017	888	858	1,024	891
Tulare County	2,097	1,903	1,815	1,608	1,645

Data Source: State of California Department of Justice (2018). OpenJustice Online Database. Retrieved from https://openjustice.doj.ca.gov/

Rate of Substantiated Child Abuse per 1,000	2011	2012	2013	2014	2015
Fresno County	8.4	8.4	8.8	9.1	8.6
Kings County	6	10.8	8	11	12.3
Madera County	9.2	12.4	12.7	9.1	9
Tulare County	7.7	6.7	5.9	8.2	8

Data Source: Annie E. Casey Foundation (2018). Kids Count Data Center. Retrieved from https://datacenter.kidscount.org/





Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx

HEALTH SYSTEM

A strong health system provides patients with efficient, coordinated care for a variety of illnesses and offers appropriate follow-up care to prevent unnecessary hospitalizations. To strengthen linkages to care, it is important to understand the current state of our health care system. Understanding the outcomes associated with being able to receive or failing to receive quality health care as well as knowing how to navigate the care system is vital.

Prenatal Care and Birth

Live births are an indication of population growth and demand on a community's existing resources, infrastructure, schools, and the health care system/services. It is critical to understand current birth trends to ensure adequate availability of needed resources, particularly among low-income families. This is calculated by dividing total number of births in a given year by the total population. Tulare County holds the highest teen birth rate in the region and the rate is more that doubles the state average.

Prenatal Care and Birth Indicators	California	Fresno County	Kings County	Madera County	Tulare County	Healthy People 2020
Teen Births (per 1,000 female population aged 15 to 19 years old)	17.6	**29.5**	31.5	35.4	**35.7**	36.2
Percent of Women who Received Prenatal Care in the First Trimester	83.3%	**87.9%**	**69.1%**	74.9%	75.9%	77.9%
Percent of Women who Received Adequate or Adequate Plus Prenatal Care	77.9%	**88.8%**	**66.0%**	70.2%	79.4%	77.6%
Percent of Women who Initiated Breastfeeding	93.8%	**87.7%**	87.8%	**90.9%**	89.4%	81.9%
Percent of Low Weight Births (Under 2500g)	6.8%	**7.5%**	6.4%	6.4%	**6.2%**	7.8%
Infant Mortality Rate (Per 1,000 live births)	5	**6.3**	5.7	**5.2**	5.6	6.0

Note: Percentages in red are the poorest outcomes in comparison to the other counties in the four-county region. Percentages in green are the best outcomes in comparison to the other counties in the four-county region. Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Birth Records. 2011-2016 Death Files. 2010-2015 Birth Cohort-Perinatal Outcome Files. Retrieved from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx

Early prenatal care is health care provided in the first trimester of pregnancy (1 to 3 months). Adequacy of Prenatal of Care Index (APNCU) measures the utilization of prenatal care based on the initial timing of care using the prenatal month when care began. This month is reported on the birth certificate along with actual number of visits reported on the birth certificate and the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. Adequate Plus care is defined as prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received. Adequate care is defined as prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received. These indicators are relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. These indicators can also highlight barriers to accessing preventative care, need for health care knowledge, insufficient provider outreach, and/or social barriers preventing utilization of health care services. For both indicators of prenatal care shown in the table above. Fresno County demonstrated higher proportions of women receiving care in comparison to the other counties—and even surpassed the state average. In contrast, Kings County held the lowest proportions of women receiving prenatal care. Notably, Fresno County is the only county that surpassed the Healthy People 2020 performance target of 77.6% of pregnant women receiving early and adequate prenatal care.

Breastfeeding has many health benefits for both mother and infant (figure on page 17). Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia. Breastfeeding may also have longer-term health benefits, such as reducing the risk of overweight and obesity in childhood and adolescence. Across the region, Madera County demonstrated the highest proportion of women initiating breastfeeding at 90.9%. The lowest proportion of breastfeeding initiation was found in Fresno County at 87.7%. Notably, all counties exceeded the Healthy People 2020 performance target for 81.9% of infants who have "ever been breastfed." All counties came within at least 6 percentage points of the state average (93.8%), which demonstrates strong alignment with goals to support and promote breastfeeding.

Low birth weight is indicative of a newborn's health and is often a key determinant of survival, health, and development. Infants born at low birth weight are at a heightened risk of complications, including infections, neurological disorders, Sudden Infant Death Syndrome, and even chronic diseases. The Healthy People 2020 goal is for 7.8% or less of infants born with weights below 2,500 grams. Each county in the region demonstrated an average below the Healthy People 2020, with Tulare County having the lowest proportion of low birth weight births— a positive health outcome.

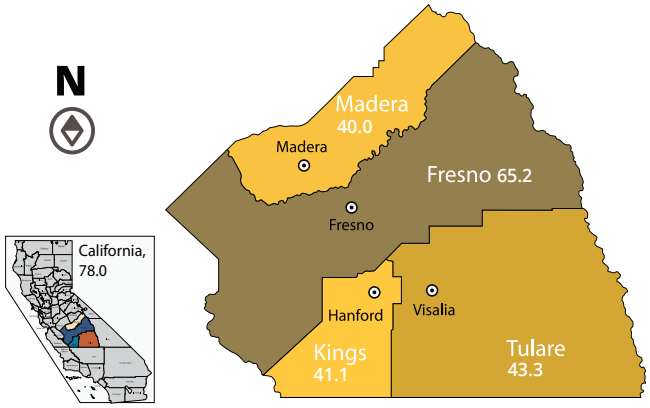
Finally, the infant mortality rate (IMR) is a critical indicator of the existence of broader issues linked to access to care and maternal child health. These rates can further provide insights on community health outcomes and potential areas of needed services and interventions. With the exception of Fresno County, each county fell under the Healthy People 2020 target of an IMR of 6.0 per 1,000 live births— a positive health outcome.

Access to Health Care

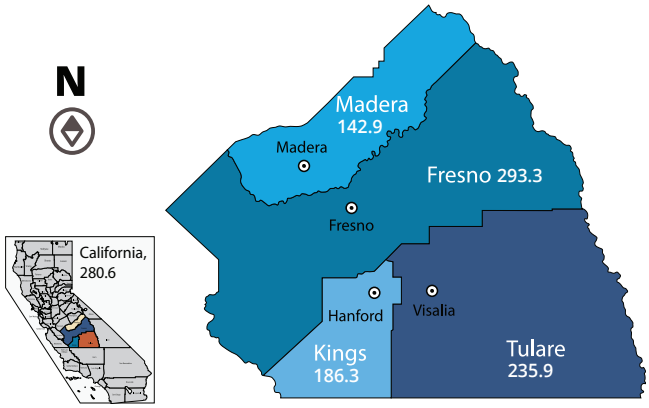
Access to health care is arguably the most critical component of measuring community health. Access can be measured at both the individual level (i.e. health insurance coverage, Medicaid coverage) and at the system level (i.e., primary care provider rate, health professional shortage areas). When an individual has the means to secure treatment and quality comprehensive treatment is readily available, then access to health care is highest. Understanding provider rates per 100,000 population can be useful for determining areas in most need of providers and potential stresses on existing providers.

Across each provider indicator (primary care, mental health, and dentist), Fresno County recorded higher proportions of providers to population. For example, Fresno County has 65.2 primary care providers for every 100,000 people. Madera County has the lowest proportion of providers for each category.

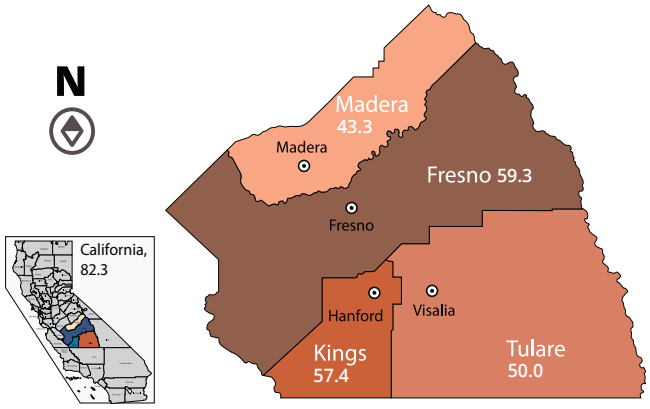
Primary Care Provider Rate per 100,000 Population



Mental Health Care Provider Rate per 100,000 Population



Dentists Rate per 100,000 Population



Data Source: Robert Wood Johnson Foundation (2018). County Health Rankings and Roadmaps. Retrieved from http://www.countyhealthrankings.org

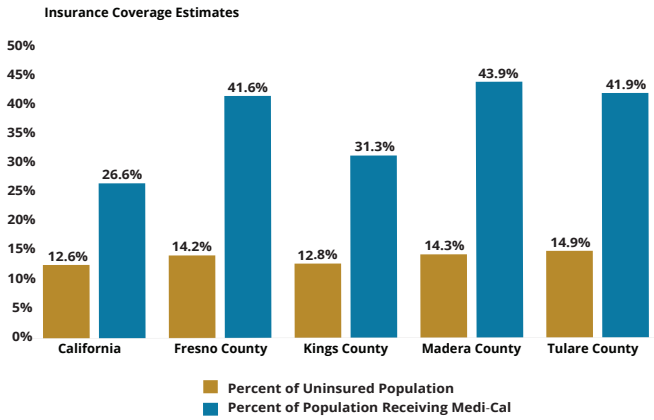
Health Indicators

Insurance coverage is also an important indicator to consider when determining the health of a community or health system. Lack of insurance is a key barrier to health care access, regular primary care, specialty care, and other health services, contributing to poor health status. Additionally, knowing the proportion of the population receiving Medi-Cal is important. This information allows for an assessment of vulnerable populations most likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Tulare County has the largest proportion of persons who are uninsured at 14.9%, while Kings County has the lowest average at 12.8%. Madera County has the highest percentage of persons covered through the Medi-Cal/Medicaid program.

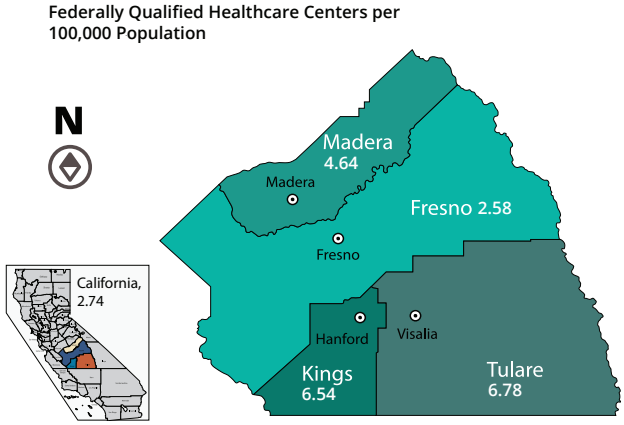
Community Health Centers (CHCs) are community assets that provide health care to vulnerable populations in areas designated as medically underserved. Per the California Primary Care Association, the term Community Health Center (CHC) includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety-net. In many California counties, these clinics provide a significant proportion of comprehensive primary care services to those who receive partial subsidies or are uninsured.

Across the region, Tulare County boasts the highest rate of FQHCs to population with 6.78 FQHCs for every 100,000 people. Conversely, Fresno County has the lowest rate at 2.58 per 100,000 population.

Looking at the raw counts, Fresno County had the largest number of CHCs (63) in comparison to the rest of the county. Madera County had the lowest number of CHCs (13), in comparison to the rest of the county. However, even though Fresno County has a greater raw count of CHCs, the rate remains low given the larger population in Fresno County.



Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from https://engagementnetwork.org/assessment/



Data Source: Community Commons (2018). US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Retrieved May 2018 from https://engagementnetwork.org/assessment/

Health Center Site Population Type Description	Fresno County	Kings County	Madera County	Tulare County
Rural	15	5	7	21
Urban	14			7
Unknown	34	14	6	23
Total Number of Community Health Centers	63	19	13	51

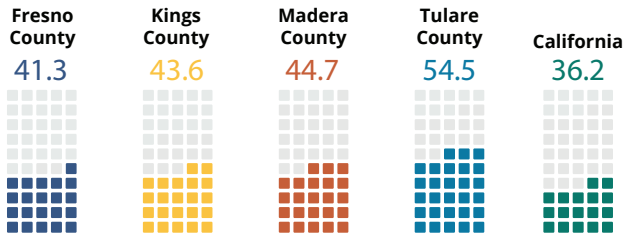
Note: Unknown means that the type of population served is unknown. Data Source: Health Resources and Services Administration (2019). Health Center Service Delivery and Look–Alike Sites Data Download. Retrieved from https://data.hrsa.gov/data/download.

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges demonstrates a possible "return on investment" from interventions that reduce admissions through better access to primary care resources.

Tulare County has the highest discharge rate for ACS, in comparison to the other counties at 54.5 per 1,000 Medicare enrollees.

Ambulatory Care Sensitive Condition Discharge Rate per 1,000 Medicare Enrollees



Data Source: Community Commons (2018). Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Retrieved May 2018 from https://engagementnetwork.org/assessment/

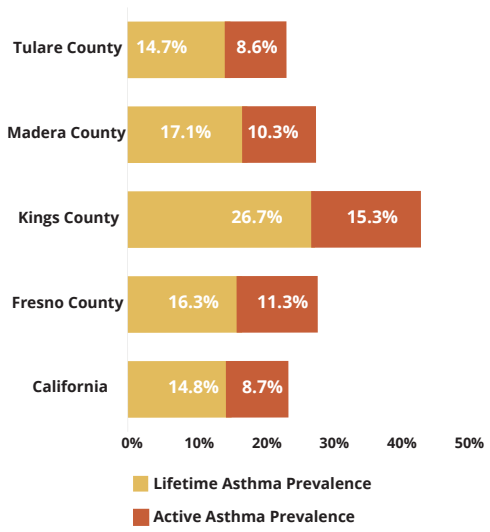
Additionally, air quality is of great concern to many of the residents in the region and can have detrimental effects on respiratory health. A closer look at regional trends reveals that Fresno County has the highest emergency department visit rates and hospitalizations related to asthma. Fresno County also has the lowest percentage of persons diagnosed with asthma, suggesting under-diagnosis. Comparatively, Kings County has the highest asthma prevalence (lifetime and active), and the lowest hospitalization rate per 100,000.

Kings County has the highest average of children diagnosed with asthma. This is in alignment with figures for lifetime asthma prevalence and active asthma (overall population).

	California	Fresno County	Kings County	Madera County	Tulare County
Asthma ED Visits, Rate per 100,000	45.8	**67.4**	65	60.2	**40.5**
Asthma Hospitalizations, Rate per 100,000	4.8	**7.4**	**4.0**	6.0	4.5
Asthma Hospitalizations Age 0-4, Rate per 10,000	19.6	**38.1**	22.2	31.9	**16.8**
Asthma Hospitalizations Age 5-17, Rate per 10,000	7.7	**16.0**	9.3	9.6	**5.7**

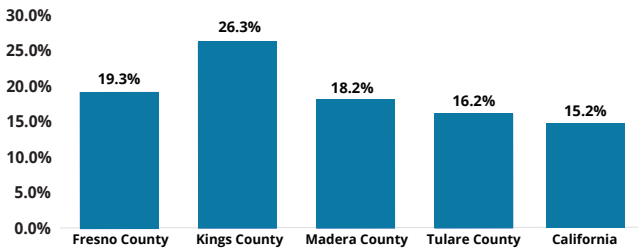
Data Sources: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingData.aspx. Lucile Packard Foundation for Children's Health (2018). Percentage of children diagnosed with asthma, 2013 - 2014. Retrieved from https://www.kidsdata.org/?site=full.

Asthma Estimates



Data Source: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingData.aspx

Percentage of Children Diagnosed with Asthma, 2013-2014



Data Source: Lucile Packard Foundation for Children's Health (2018). Percentage of children diagnosed with asthma, 2013 - 2014. Retrieved from https://www.kidsdata.org/?site=full.

Mortality

The leading causes of death in the United States are overwhelmingly the result of chronic and preventable disease. Nearly 75% of all deaths in the United States are attributed to ten causes, with the top three of these accounting for over 50% of all deaths. According to the Centers for Disease Control and Prevention, the top three causes of death in the U.S. in 2016 were from heart disease, cancer, and unintentional injuries (list for the four-county region on page 25).

Within the four-county region, cancer and heart disease occupy the first and second spots for leading causes of death from 2011-2016. Kings County has the highest rate for mortality from all cancers at 152.2 per 100,000 (age-adjusted) within the region. During the same period of time the mortality rate for all cancers in California was 140.2 per 100,000. Closer examination of heart disease mortality rates reveals that Tulare County has the region's highest age-adjusted rate at 120.5 per 100,000 (age-adjusted). The state's heart disease mortality rate was 89.1 per 100,000, and notably, all counties surpassed the state average for this indicator.

The third, fourth, fifth, and sixth causes of death in the region varied by county in terms of order; however, for each county these ranking were comprised of mortality rates for stroke, accidents (unintentional injuries), Alzheimer's Disease, and chronic lower respiratory illness.

The seventh leading cause of death across all counties is attributable to diabetes mortality, with the highest rate found in Tulare County at 26.5 per 100,000 (age-adjusted). Comparatively, the average for the State of California during the same time span was 20.7 per 100,000. Notably, all counties surpassed the state average for this indicator.

Finally, the eighth, ninth, and tenth leading causes of death in the region varied by county in terms of order. However, for each county these rankings were comprised of mortality rates for drug-induced deaths, influenza/pneumonia, and chronic liver disease and cirrhosis.

Top Ten Leading Causes of Death (Age-Adjusted Rates per 100,000 Population)

Rank	California	Fresno County	Kings County	Madera County	Tulare County
1	Malignant Neoplasms (All Cancers) 140.2	Malignant Neoplasms (All Cancers) 141.9	**Malignant Neoplasms (All Cancers) 152.2**	Malignant Neoplasms (All Cancers) 140.6	Malignant Neoplasms (All Cancers) 138.4
2	Coronary Heart Disease 89.1	Coronary Heart Disease 108.1	Coronary Heart Disease 91.6	Coronary Heart Disease 91.7	**Coronary Heart Disease 120.5**
3	Stroke 35.3	Stroke 44.7	Chronic Lower Respiratory Disease 41.0	Accidents (Unintentional Injuries) 45.8	Stroke 40.9
4	Alzheimer's Disease 34.2	Accidents (Unintentional Injuries) 43.8	Alzheimer's Disease 40.3	Alzheimer's Disease 41.5	Chronic Lower Respiratory Disease 39.8
5	Chronic Lower Respiratory Disease 32.1	Alzheimer's Disease 37.6	Accidents (Unintentional Injuries) 38.6	Stroke 41.1	Accidents (Unintentional Injuries) 39.0
6	Accidents (Unintentional Injuries) 30.3	Chronic Lower Respiratory Disease 33.8	Stroke 34.1	Chronic Lower Respiratory Disease 37.3	Alzheimer's Disease 28.5
7	Diabetes 20.7	Diabetes 26.4	Diabetes 24.7	Diabetes 20.8	**Diabetes 26.5**
8	Influenza/ Pneumonia 14.3	Influenza/ Pneumonia 18.6	Chronic Liver Disease and Cirrhosis 17.6	Chronic Liver Disease and Cirrhosis 20.7	Influenza/Pneumonia 22.6
9	Drug-Induced Deaths 12.2	Chronic Liver Disease and Cirrhosis 16.4	Influenza/Pneumonia 17.4	Influenza/Pneumonia 13.7	Chronic Liver Disease and Cirrhosis 18.4
10	Suicide 10.4	Drug-Induced Deaths 15.9	Drug-Induced Deaths 13.3	Motor Vehicle Traffic Crashes 17.1	Motor Vehicle Traffic Crashes 17.9

Note: Shaded rows indicate commonalities among the counties for mortality rankings. Bold numbers on these rows indicate the county with the highest rate per 100,000. Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved from https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx

PUBLIC HEALTH AND PREVENTION

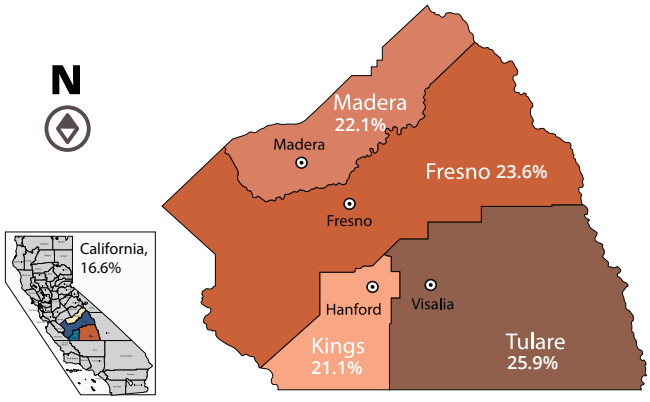
Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. When these factors are addressed, a community will enjoy an overall higher level of physical and emotional well-being.

Health Status

Health status is determined by more than the presence or absence of any disease. It is comprised of a number of factors, including measures of healthy life expectancy, years of potential life lost, self-assessed health status, chronic disease prevalence, measures of functioning, physical illness, and mental well-being. These measures go hand-in-hand with measures related to health behaviors such as physical activity, nutrition, and alcohol consumption. Measuring health behaviors provides a deeper understanding of health status.

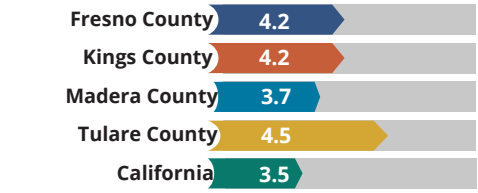
Tulare County had the largest proportion of adults who rate their health as "fair" or "poor," while Kings County had the lowest proportion. Tulare County also had the highest number of poor physical health days within a reported 30-day period. Madera County had the highest number of poor mental health days reported in a 30-day period.

Adults Reporting Poor or Fair Health

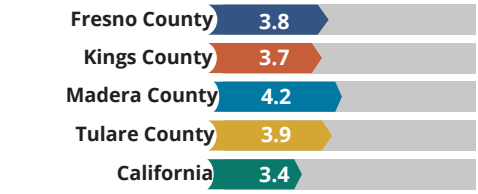


Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2018, http://www.countyhealthrankings.org

Poor Physical Health Days



Poor Mental Health Days



Physical Activity

In California, 17.2% responded affirmatively to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Across the region, the percentages of people who responded they participated in leisure-time physical activity were as follows: 20.6% in Fresno County, 17.7% in Kings County, 18.8% in Madera County, and 24.2% in Tulare County.

When considering populations who have adequate access to locations for physical activity, figures vary greatly across the region. Access to exercise opportunities is defined as the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Fresno County had the highest percentage of individuals with adequate access to exercise opportunities at 79.4%. Kings County had the lowest percentage at 44.6%. Falling in between these averages were Madera County at 74.2% and Tulare County at 58.6%.

Chronic Disease

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. The Centers for Disease Control and Prevention average that as of 2012, about half of all adults, or 117 million people, had one or more chronic health conditions while one of four adults presented two or more.

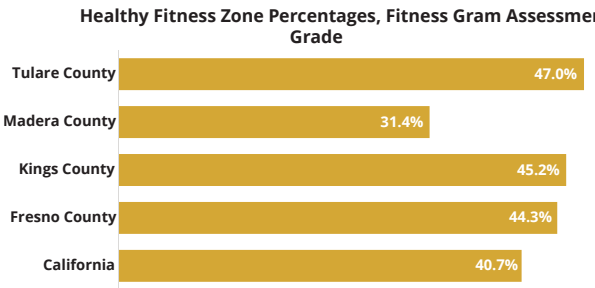
Chronic Disease Indicators	Fresno County	Kings County	Madera County	Tulare County	California
Adults with a Body Mass Index Greater than 30	28.5%	**24.1%**	26.1%	**33.4%**	22.5%
Medicare Population with Depression	**13.0%**	13.9%	13.3%	**14.3%**	14.3%
Medicare Population with Heart Disease	**26.5%**	**32.5%**	27.9%	30.2%	23.6%
Medicare Population with High Blood Pressure	**55.9%**	59.1%	57.1%	**60.3%**	49.6%
Medicare Population with Diabetes	30.9%	**33.0%**	**30.7%**	32.3%	25.3%

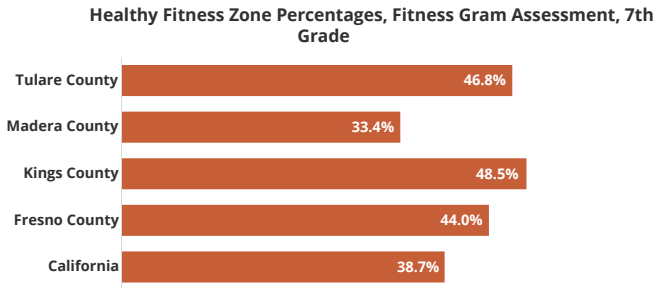
Data Sources: Community Commons (2018). Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Centers for Medicare and Medicaid Services. 2015. Retrieved May 2018 from https://engagementnetwork.org/assessment/

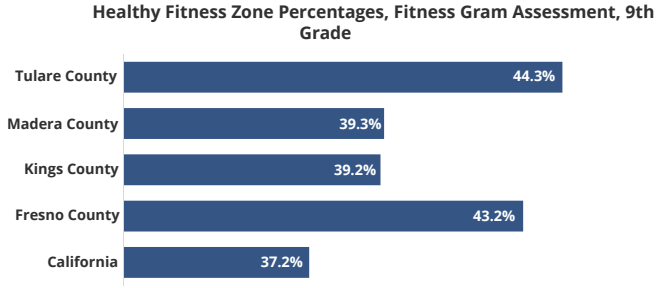
Fresno County Medicare population had lowest rates of depression, heart disease and high blood pressure. Medicare populations in Tulare County had highest percentages of obesity, depression and blood pressure.

Childhood Weight

Fitnessgram® is a health-related youth fitness assessment that uses evidence-based standards to measure the level of fitness needed for good overall health. To provide measurements of children that meet fitness standards, Fitnessgram® uses a metric called the Healthy Fitness Zone®. If children are in the Healthy Fitness Zone® they are considered to have sufficient fitness for good health (aerobic, body composition, muscular strength and endurance, and flexibility). Tulare County has the highest percentage of students in grade 5 who meet the standard, Kings County has the highest percentage of students in grade 7, and Tulare County has the highest percentage in grade 9. Conversely, Madera County has the lowest percentage for students in grade 5 and 7 that meet the standard and Kings County has the lowest percent of students in grade 9 that are considered to be in the Healthy Fitness Zone®.







Data Source: Lucile Packard Foundation for Children's Health (2018). Kidsdata.org Retrieved from https://www.kidsdata.org/?site=full.

Children's Mental Health

Children need to have a good mental health status if they are going to live up to their full potential and live a life that is filled with positive experiences. There are a myriad of factors that can impact a child's mental health status, both positively and negatively. Providing children with an environment that demonstrates love, compassion, trust, and understanding will greatly impact a child so that they can build on these stepping stones to have a productive lifestyle.

When children are exposed to traumatic events and other adverse childhood experiences (ACEs), they are at a greater risk for risky health behaviors later in life, chronic health conditions, low life potential, and early death. In 2016, Tulare County had the highest percentage (18.1%) of children who experienced two or more adverse events in the four-county region. Comparatively, the state average was 16.4%.

When children or adolescents do not receive treatment for mental health issues, they may experience a disruption in functioning at home, school, or in the community. Without treatment, children with mental health issues are at increased risk of school failure, contact with the criminal justice system, dependence on social services, and even suicide. Within the four-county region, Fresno County had the highest percentage of 9th grade students who experienced depression in the last year. Kings County had the highest percentage of 9th grade students who experienced suicidal ideation in the past year. Comparatively, the averages for the state were 31.5% and 19.0% respectively.

Children's Mental Health Indicators	Fresno County	Kings County	Madera County	Tulare County	California
Children who have experienced two or more adverse events	17.9%	17.5%	18.0%	18.1%	16.4%
Students Who Experienced Depression in the Past Year, 9th Grade	N/A	32.0%	30.5%	30.4%	31.5%
Students Who Experienced Suicidal Ideation in the Past Year, 9th Grade	N/A	21.8%	20.3%	18.2%	19.0%

Data Source: Lucile Packard Foundation for Children's Health (2018). Kidsdata.org Retrieved from https://www.kidsdata.org/?site=full.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are passed from one person to another through intimate physical contact and from sexual activity. STIs are very common. In fact, CDC averages 20 million new infections occur every year in the United States. Understanding the rate of STIs are important because they are measures of poor health status, indicate a lack of sexual health education, and indicate the prevalence of unsafe sex practices.

Rate per 100,000 Population	Fresno County	Kings County	Madera County	Tulare County	California
Chlamydia Incidence	**664**	569.7	**495.5**	569.7	506.2
Gonorrhea Incidence	**204.8**	158.3	**114.8**	150.7	164.9
HIV Prevalence	**215.4**	121.8	133.7	**87.1**	376.4

Data Sources: Community Commons (2018). US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Retrieved May 2018 from https://engagementnetwork.org/assessment/

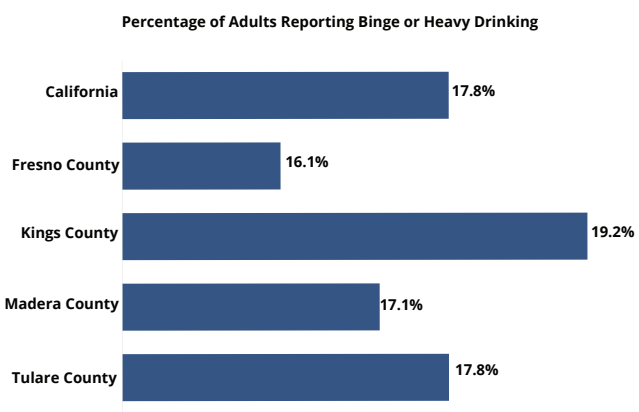
Fresno County had the highest rates per 100,000 population for chlamydia and gonorrhea incidence, as well as, HIV prevalence.

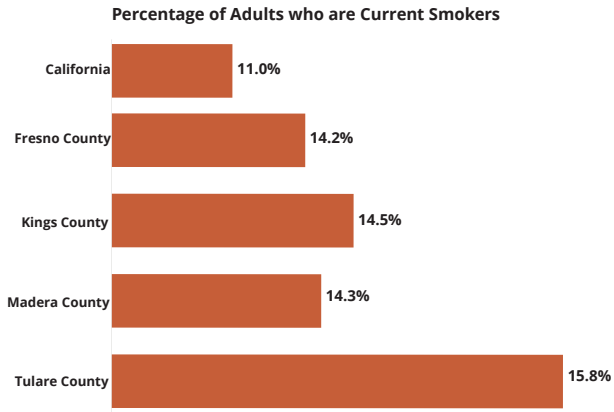
Alcohol and Tobacco Use

Alcohol and/or tobacco use has major adverse impacts on individuals, families and communities. The effects of abuse are cumulative, contributing to costly social, physical, mental, and public health problems.

According to recent averages, Kings County has the highest percentage (19.2%) of adults who engaged in binge or heavy drinking within the last 30 days. Conversely, Fresno County has the lowest percentage of adults who engaged in binge or heavy drinking. Comparatively, the statewide average is 17.8%.

Those same averages also noted that Tulare County has the highest percentage of adults who are current smokers, while Fresno County has the lowest (14.2%). Comparatively, the statewide average is 11.0%.





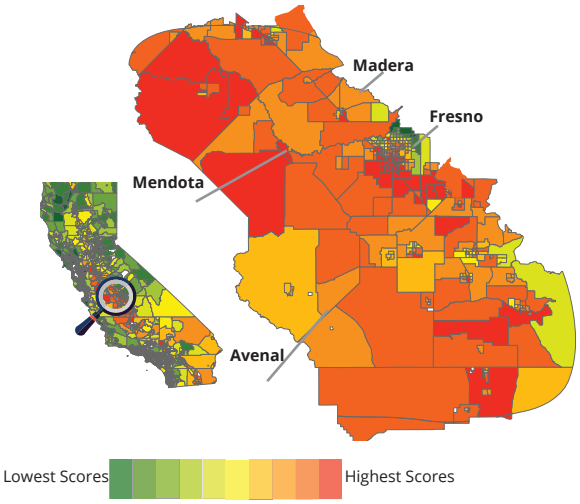
Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2018, http://www.countyhealthrankings.org

PHYSICAL ENVIRONMENT

We interact with the environment constantly, therefore our physical environment can affect our health behaviors, quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors." This can include air quality and exposure to toxic substances as well as the built environment (human-made surroundings) and housing.

CalEnviroScreen 3.0, June 2018

CalEnviroScreen is a science-based mapping tool that was developed by the California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. This tool helps identify California communities that are affected by many sources of pollution and that are particularly vulnerable to pollution's effects. CalEnviroScreen uses environmental, health, and socioeconomic information to produce a numerical score for each census tract in the state. A census tract with a high score (colored dark orange to dark red) is one that experiences higher pollution burden and vulnerability than census tracts with low scores (colored shades of green). Indicators that are considered include but are not limited to, ozone, PM 2.5, drinking water quality, pesticides, and hazardous waste.



Data Source: Office of Environmental Health Hazard Assessment. CalEnviroScreen 3.0 Overall Results and Individual Indicator Maps, June 2018. Retrieved from https://oehha.ca.gov/calenviroscreen/maps-data

According to the most recent CalEnviroScreen 3.0 results, many areas in the Central Valley are ranked among the highest percentile in the state, scoring between 95-100% on the index. This means that these areas have a high pollution burden, populations especially sensitive to these factors, and socioeconomic factors that increase vulnerability to pollution.

Retail Food Environment

Understanding the retail food environment is important to determining access to healthy foods for populations and overall environmental influences on dietary behaviors.

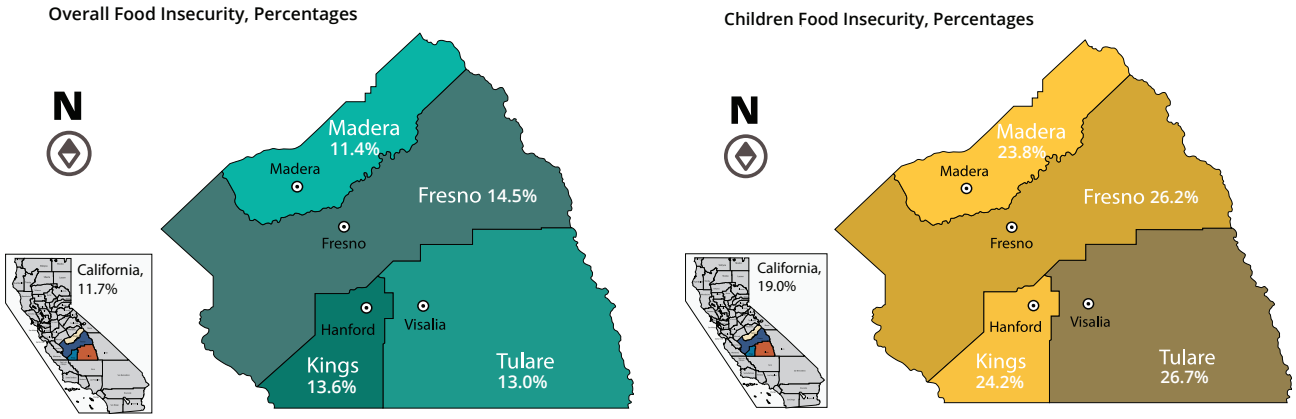
Three indicators are important to consider: the fast food restaurant rate, the grocery store rate, and the number of retailers authorized to accept Supplemental Nutrition Assistance Program benefits (all calculated as establishments per 100,000 population). Areas with a high fast food rate, low grocery store rate, and low SNAP authorized retailers will inevitably have populations with higher rates of food insecurity, due to lack of access to healthy and affordable foods. Across the region, Fresno County had both the highest fast food restaurant, liquor store, and grocery store rates. Kings County had the fewest SNAP authorized retailers, while Tulare County had the highest.

Establishments per 100,000 Population	Fresno County	Kings County	Madera County	Tulare County	California
Fast Food Restaurant Rate	**68.14**	58.18	**51.70**	59.70	80.51
Grocery Store Rate	**27.62**	**18.3**	25.19	26.91	21.14
SNAP Authorized Retailers	10.75	**8.3**	10.14	**11.53**	6.81

Data Source: Community Commons (2018). US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Retrieved May 2018 from https://engagementnetwork.org/assessment/

Food Insecurity

The US Department of Agriculture defines food insecurity as a lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecurity may reflect a household's need to choose between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

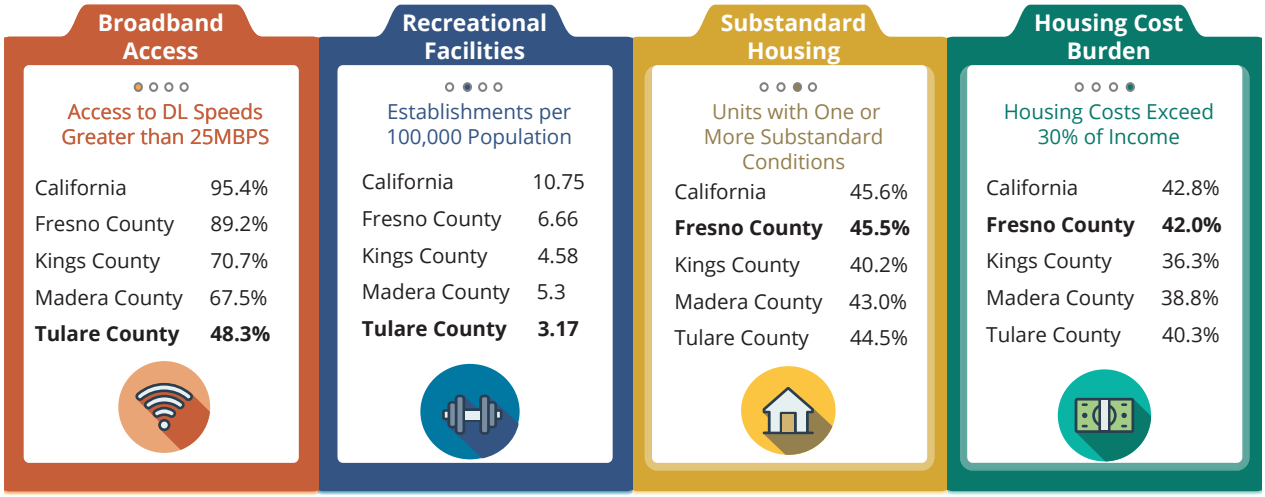


Data Source: Feeding America (2016). Map the Meal Gap, Online Tool. Retrieved from http://map.feedingamerica.org/.

Food insecurity rates across the four-county region are higher than the averages for the State of California and the United States for both the overall rate (CA -11.7%, US - 12.9%) and rates for children (CA - 19.0%, US - 17.5%). Specifically, Fresno County has the highest proportion of overall population experiencing food insecurity, while Tulare County has the highest proportion of children experiencing food insecurity. In contrast, Madera County has the lowest overall percentage (11.4%) and lowest percentage for children (23.8%).

Built Environment

The term "built environment" refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings to parks. It has been defined as "the human-made space in which people live, work, and recreate on a day-to-day basis." Factors to consider include access to recreational facilities and fitness centers, housing quality, and access to broadband internet access. Access to high-speed internet is important because access to technology opens up opportunities for employment and education. Access to recreational facilities encourages physical activity and other healthy behaviors. Finally, quality of housing and affordability of housing has a major impact on overall health. High housing costs may force trade-offs between affordable housing and other needs. Across the four-county region, Tulare County has the lowest access to high-speed internet and the fewest recreational facilities per 100,000 population. Fresno County has the highest housing cost burden (paying more than 30% of income for housing) and highest percentage of houses with one or more substandard conditions.



Data Sources: Community Commons (2018). National Broadband Map. 2016. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from https://engagementnetwork.org/assessment/

VOICES FROM THE COMMUNITY

A CHNA would not be complete without hearing from the population of concern: the local community. Participants who provided input are representative of the diversity of our community, including those who are medically underserved, low-income, and minority populations. By including our community partners and end-users, our goal was to build upon the work already done, refine or develop new programming to meet emerging needs, and support our partners in creating a healthier community.

Overview

From March to October 2018, on behalf of the Hospital Council of Northern & Central California, HC² Strategies, Inc. conducted multiple key informant interviews, focus groups, and administered an online survey for community members and organizations. Nearly 700 (680 total) people were surveyed to obtain input from the community in the form of 48 key informant interviews, 24 focus groups (with a total of 284 participants), and 348 online survey participants (including a Spanish option). Key informant interviews comprised key leaders in our community from an array of agencies, including those that serve children, homeless populations, LGBTQ+, veterans, seniors, tribal populations, African Americans, and Hmong and Spanish speaking populations. Other participating organizations represented public health agencies, law enforcement, health care organizations, funders, and school districts.

Focus group participants were end-users of programs and services provided by hospitals participating in this CHNA. Populations represented by focus group members included low-income (rural and urban) populations, homeless, seniors, youth, Hmong and Spanish speaking, LGBTQ+, and parents. A full description of key informants and focus group participants can be found in Appendix E. Additionally, multiple unsuccessful attempts were made to convene a group representative of the Native American community. Future reporting cycles will seek to establish and strengthen partnerships to ensure this population is adequately represented.

Methodology

To determine key informant and focus group participants, members of the Community Benefit Workgroup individually created lists of people they considered should be interviewed. The group was provided a sample sector list for consideration, which included: community based organizations, local business, foundation/funders, school board/district, city council, public health department, law enforcement, legal, faith-based organizations, and hospital leaders. Additionally, work group members were asked to consider the following criteria:

- Does this person represent a vulnerable population?
- Does this person represent the uninsured/underinsured population?
- Does this person's role transcend over more than one county?
- Do we have representation from all sectors?
- Does it meet the requirements of needs assessments?
- Does this person cross sectors?

> **I think that a healthy community is one that supports opportunities for residents to be healthy, that overcomes traditional barriers for people who have experienced inequities in the past.**
>
> *[W]hen everyone has the same opportunity regardless of race or socioeconomic background and [the] environment includes economic opportunities, educational opportunities, access to resources including health care, healthy diet, [and] physical activity opportunities, [with] communities that are designed for good health so they have lots of green spaces and walking opportunities - [then] there's lots of opportunity for people to connect with the rest of their neighbors and to find support in that. So, [to have] a sense of cohesiveness and [a] support system [you] need to have...economic vitality,clean air, clean water free of toxins, be free of violence, and cohesive families and support systems."*
> *—Key Informant*

Additionally, workgroup members were asked to consider the following populations for inclusion in focus groups: those dealing with mental health issues or substance abuse, migrant farm workers, minority, low income, uninsured/underinsured, and youth. While members considered potential groups and venues, they were asked to keep the following criteria in mind:

- Does this group represent a vulnerable population(s)?
- Does this group represent the uninsured/underinsured population?
- Do we have a strong relationship with this group?
- Can we strengthen this relationship?

Finally, the work group was encouraged to send survey links to partner organizations that did not make the key informant list. A public announcement was also broadcast on Univision, Channel 21's "Arriba Valle Central" show (a trusted Spanish television station). Laura Acosta of HC^2 Strategies, Inc. was interviewed by Lupita Lomeli about the purpose of the survey, hospitals involved, and why the survey was being collected. During the broadcast, the survey link was shared on the screen and contact information was provided so that the community had the opportunity to call, if they had any questions. This opportunity enables future collaborations, including potential participation when hospitals identify priority areas. Conversations with Univision will take place on potential alignment opportunities.

Objectives

By engaging the community, our main objective was to discover strategies in which our hospitals could collaborate to better serve communities and elevate the health status of our region. To better understand the needs, the focus groups and key informant interviews concentrated on a few main themes:

- Visions of a Healthy Community
- Health Needs
- Existing Resources
- Barriers to Accessing Resources and Addressing Needs
- Methods of Hospital Improvement
- Additional Feedback

Additionally, key informants were asked about the greatest health and social needs of children. Survey respondents were asked about community health problems and needs, including what is healthy in the community, what is not healthy in the community, and what the community needs to be healthy. Participants were also asked about children's greatest social and health needs, services that could improve health in the community, barriers for clients from an organizational perspective, and any additional feedback. Finally, the codebooks (a document that includes definitions of themes and sub-themes that are used as references for the coding of narrative text) and survey results were instrumental in discovering commonalities in themes to inform this report.

Health Need Rankings

To determine the overall health needs identified by key informants and focus group participants, this report utilized an analysis technique developed by Ad Lucem Consulting to rank needs. After the interviews and focus group transcripts were analyzed according to themes and number of people who mentioned each theme, Ad Lucem further organized themes into 13 health and social needs after combining data from key informants and focus groups. Health needs were then ranked according to the following:

- "*High*" score = 75-100 (or more) individuals mentioned health need
- "*Medium*" score = 50-74 individuals mentioned health need
- "*Low*" score = 25-49 individuals mentioned health need
- "*Very Low*" score = 0-24 individuals mentioned health need

Themes Organized by Health or Social Need

Access to Care
- Access to Health Care Services
- Care for Seniors
- Culturally Sensitive Services
- Affordable Medications

Asthma
- Asthma/Respiratory Illness
- Asthma

Cancer
- Cancer

Climate and Health
- Physical Environment
- Valley Fever
- Clean Air and Water

Cardiovascular Disease/Stroke
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Stroke

Economic Security/Homelessness
- Transportation
- Affordable Housing
- Employment Opportunities
- Lack of Young Professionals/Graduates
- Homelessness/Services for Homeless
- Poverty
- Education
- Economic Factors

HIV/AIDS/STIs
- STIs

Mental Health
- Mental Health
- Stable Home for Children

Maternal and Infant Health
- Women's Health
- Maternal and Child Health

Obesity/Healthy Eating Active Living/Diabetes
- Obesity/Overweight
- Diabetes
- Access to Healthy Foods
- Physical Activity/Recreational Options/Access
- Prevention of Chronic Disease

Oral Health
- Dental Care

Substance Abuse/Tobacco
- Alcoholic Hepatitis
- Substance Abuse Services

Violence and Injury Prevention
- Community Safety
- Crime and Gangs
- Child Abuse and Neglect

Health and Social Need Rankings, Four-County Region

Health Need	Number of Mentions	Ranking
Economic Security/ Homelessness	**210**	**High**
Access to Care	**168**	**High**
Obesity/HEAL/Diabetes	**132**	**High**
Mental Health	**75**	**High**
Substance Abuse/Tobacco	55	Medium
Climate and Health	49	Low
Oral Health	34	Low
Violence/Injury Prevention	32	Low
Asthma	30	Low
CVD/Stroke	19	Very Low
Maternal and Infant Health	12	Very Low
HIV/AIDS/STIs	9	Very Low
Cancer	7	Very Low

Health and Social Need Rankings, Fresno

Health Need	Number of Mentions	Ranking
Economic Security/ Homelessness	**66**	**High**
Obesity/HEAL/Diabetes	**35**	**High**
Mental Health	**33**	**High**
Access to Care	**23**	**High**
Substance Abuse/Tobacco	**22**	**High**
Asthma	12	Medium
Violence/Injury Prevention	12	Medium
Climate and Health	11	Medium
Oral Health	11	Medium
Maternal and Infant Health	6	Low
HIV/AIDS/STIs	4	Very Low
CVD/Stroke	3	Very Low
Cancers	2	Very Low

Health and Social Need Rankings, Kings

Health Need	Number of Mentions	Ranking
Access to Care	**49**	**High**
Economic Security/ Homelessness	**39**	**High**
Obesity/HEAL/Diabetes	**20**	**High**
Mental Health	19	Medium
Substance Abuse/Tobacco	15	Medium
Climate and Health	5	Very Low
Oral Health	5	Very Low
Asthma	4	Very Low
Violence/Injury Prevention	3	Very Low
CVD/Stroke	2	Very Low
Cancers	1	Very Low
Maternal and Infant Health	1	Very Low
HIV/AIDS/STIs	1	Very Low

Health and Social Need Rankings, Madera

Health Need	Number of Mentions	Ranking
Economic Security/ Homelessness	**48**	**High**
Access to Care	**32**	**High**
Obesity/HEAL/Diabetes	**25**	**High**
Mental Health	17	Medium
Substance Abuse/Tobacco	14	Medium
Asthma	9	Low
Oral Health	9	Low
Violence/Injury Prevention	9	Low
CVD/Stroke	8	Low
Climate and Health	6	Low
Cancers	3	Very Low
Maternal and Infant Health	2	Very Low
HIV/AIDS/STIs	0	Very Low

Health and Social Need Rankings, Tulare

Health Need	Number of Mentions	Ranking
Economic Factors/ Homelessness	**51**	**High**
Access to Care	**33**	**High**
Obesity/HEAL/Diabetes	**27**	**High**
Mental Health	19	Medium
Substance Abuse/Tobacco	17	Medium
Climate and Health	11	Medium
Violence/Injury Prevention	8	Low
CVD/Stroke	6	Low
Oral Health	6	Low
Asthma	5	Very Low
HIV/AIDS/STIs	4	Very Low
Maternal and Infant Health	3	Very Low
Cancers	1	Very Low

Individual County Scale:
"*High*" = 20 or more
"*Medium*"= 11-20
"*Low*"= 6-10
"*Very Low*"= 0-5

Findings by Themes

Visions of a Healthy Community

The main findings related to visions of a healthy community involved access to quality health services. Beyond simply having geographic access, many mentioned access to quality services (care and technology), having enough doctors to provide services, and needing more places to receive those services (hospitals, clinics, urgent care). Many key informants and focus group participants also mentioned ease of access and having health navigators available to help patients maneuver through a complicated system.

The next most commonly mentioned theme was the need for a safe community. Many mentioned safe parks for families to enjoy, safe homes, and having an overall sense of safety, lack of violence, and community cohesion.

The third most commonly mentioned, healthy communities theme was having more access to healthy foods. Many participants expressed that access is not limited to vendors or places to buy food, but is also affected by affordability.

Using the CHNA framework as a reference point (see page 13 for a definition of each category), survey participants were asked about factors that contribute to people's health in a positive way. The top three factors for each included:

Social and Economic:	Health System:	Public Health and Prevention:	Physical Environment:
• Affordable Housing Options • High Employment Levels • High Levels of Civic Engagement and Connection to Community	• Access to Health Care Providers within a Reasonable Distance • Access to Providers with Expanded Hours • Affordable Co-Payments or Out of Pocket Costs	• High Rates of Prenatal Care and Breastfeeding • High Percentage of Residents Engaging in Physical Activity and Healthy Diet • Low Infant Mortality Rate	• Access to Healthy Foods and Grocers • Access to Parks and Green Spaces • Access to Public Transportation

Health Needs

Key informants, focus group, and survey participants were asked about the greatest health and social needs among community members. Across the three groups, the most commonly mentioned health needs were lowering the high rates of chronic disease (including diabetes, obesity, and high blood pressure), and access to mental health services.

Key Informants

For key informants, the most commonly mentioned health needs were: 1. access to health care, 2. lack of mental health services, and 3. health literacy. When discussing access to health care access key informants focused on three barriers: 1. transportation to services, 2. adequate health insurance coverage, and 3. cultural sensitivity among providers. The majority of key informants agreed that lack of transportation or lack of funds to pay for transportation, played a major role in why many people in their communities do not receive health care services. And, in cases where transportation may be available, many noted that use of public transportation could be time consuming when considering wait and transit time.

Adequate insurance coverage was also discussed as an access issue across the region. While noted that many had access to health services through Medi-Cal, that coverage meant nothing if people did not know how to access the services available to them or if providers had limited availability (or no availability) for serving those with Medi-Cal.

Additionally, a lack of culturally sensitive services was discussed as a factor that limited access to health care. For some key informants a lack of providers who spoke different languages (i.e. Spanish, Hmong) or translators served as a hindrance to receiving good health care. In these instances, it was noted that the use of children to translate often result in inaccurate information, potential psychological trauma to children, and absences from school when parents (or grandparents) had multiple appointments. For other key informants, it was mentioned that there was a lack of culturally sensitive services for the LGBTQ+ community. These key informants noted a lack of training among providers to collect sexual orientation and gender identity data (SOGI), how to ask relevant questions based on sexual orientation and potential exposure risks, and how to appropriately address transsexual health needs while using proper pronouns and chosen names.

Access to mental health services was the second most commonly mentioned need. Not only was it noted that services were lacking for populations in terms of types of services (general therapy, pediatric, substance abuse), but also that there was a lack of providers to provide the services.

The third most commonly mentioned health need by key informants concerned health literacy. Many discussed that community members struggled with how to appropriately use the health care system, how to manage certain diseases, and how to engage in health behaviors that promote overall well-being.

In addition, key informants noted that it simply is not enough to provide general health education. According to these informants, there is a great need to provide health education that is available in a variety of languages, acknowledges cultural differences and provides community members with health promotion strategies that are tailored to specific cultural needs. As one key informant stated, "the argument that I have [is]...we shouldn't try to get people of cultures to change their eating. What we should do is work on portion control...You're not going to get an Hispanic person to not eat tortillas, but you have to convince them that one or two tortillas is a serving and not 12. What we need to work on is staying within their historical diet, but work on portion control."

Key Informant Perspectives on Health Needs

[In] our two county area... transportation is a challenge when it comes to seeking health care. We offer transportation to our patients...but it does have an impact on accessibility. And if there is access to public transportation, it's not immediate. You know...it could take a full day to have a doctor's visit or a visit to a specialist.

[There are] huge gaps in mental health delivery. Both for adult and pediatric populations. In addition to that, [there is a] lack of access to adequate substance abuse help for our patients suffering from addictions to opiates or alcohol or illicit drug use. I think those are huge gaps for us on the medical side.

We have a knowledge deficit within our community about wellness and accountability for wellness and what that means.

Focus Groups

For focus group participants, the top health needs in their communities were: 1. high rates of chronic disease, 2. access to mental health and substance abuse services, and 3. high rates of asthma and respiratory illnesses. Many focused group participants noted high rates of diabetes, obesity, and high blood pressure. In addition to the high rates, they also noted that many who are living with chronic diseases lacked the knowledge for controlling illness or understood the implications of uncontrolled illnesses. As one focus group participant expressed, "The biggest problem I see in the community is diabetes... [About 80% of] the people here in this room [have] diabetes about 80%. We need to know how to control our diabetes. It's an issue among [diabetics] if you don't know how to control [it, it]...will continue to [become] a bigger problem...This is an issue I see in the community. We don't know how to manage our diabetes...We need more education on how to better manage our health issues."

Similar to the key informants, focus group participants also ranked access to mental health services as the second greatest need in their communities. Specifically, depression was most commonly mentioned with senior, homeless, youth and LGBTQ+ populations being referenced as high risk. For focus group participants, not only is there a lack of providers, but some felt that generational gaps, language barriers, and stigma also caused people to not seek help. One participant acknowledged, "I think [with] mental health there is a stigma...people need to talk about it instead of shrugging it under the rug. They didn't have the education to reach out for help. It goes back to the resource program. When people come to these [educational resource] programs the people that really care."

Survey

Among survey participants the most commonly mentioned health needs were chronic diseases (such as diabetes, obesity, asthma, and cancer), access to mental health services (including services for substance abuse), and high rates of youth or adults engaging in risky health or sexual behaviors (such as tobacco usage, binge drinking, unprotected sex, and recreational drug use).

Social Needs

Across the three groups, there were a few commonalities in social need topics across the region. For example, both survey participants and key informants recognized economic factors such as poverty and low educational attainment, were major needs in the region. Additionally, key informants and focus group participants mentioned poor air and water quality as having a major impact on health. One key informant noted, "Environmentally, [we] live in one of the worst places...California, 93706...Fresno State did a study and said out of the 10 worst places to live environmentally in California, five of them are in 93706."

Focus Groups

Among focus group participants the most commonly mentioned social needs were: 1. better physical environment, and 2. a need for safer communities. Participants quite frequently mentioned poor air and water quality, and specifically; how poor air quality leads to high rates of asthma and other respiratory illnesses. Participants discussed how many in the community were scared to drink the water and often drank bottled water instead for fear of contamination.

The next most commonly mentioned social factor mentioned by the focus groups was a need for safer communities. Participants recognized that the lack of a safe community directly resulted in reduced opportunities for physical activity. Many mentioned a high rate of gang activity and violence in their communities and a need for more community engagement from law enforcement.

Key Informants

Among key informants, the most commonly mentioned social needs were: 1. economic factors, 2. access to healthy foods and food insecurity, 3. physical environment, and 4. educational attainment. When discussing economic factors, key informants pointed to a lack of employment opportunities and high rates of poverty.

Access to healthy foods and food insecurity was tied with physical environment as the second most commonly mentioned social determinant of health. For key informants, the issue of access to healthy foods was not only geographical in nature (retailers in rural areas), but also the availability of vendors that sell fresh fruits and vegetables, and the ability to afford foods were issues. In their estimation, a lack of access to healthy foods leads directly to instances of food insecurity in their communities. According to one key informant, "In our community we have a high instance of food instability for our area. We have some of...probably some of the poorest areas within the Central Valley and all of California. And I think food instability plays a huge role into the health of our community because these people have no access to the foods that can help them in their overall health."

As previously mentioned, physical environment was also commonly mentioned by key informants as social factors. Similar to the focus groups, the majority of key informants mentioned poor air and water quality. One key informant commented on her community by stating, " [There is] a lot of asthma. I have a lot of staff who are...out right now because of allergy related and health related breathing issues in this county and this year has been worse. And they're turning into bronchitis and we have...just a lot of challenges. So we worry about our air quality. We have...one whole zip code, that I happen to live in, that has problems with the quality of their water and those things worry me about the health of the children that are growing up in that area, with the lead in the water."

The fourth most commonly mentioned social factor by key informants, was low educational attainment. Informants stressed that low levels of educational attainment leads directly to being unemployed or underemployed and that also played a role in low levels of health literacy.

Focus Group Perspectives on Social Needs

Water – we get stomach problems and throat problems. We have no other choice. It's horrible water. Water is yellow. I used to collect the water and take it to the meetings to try and make a change. I got discouraged. I don't see any progress.

1. Physical Environment

And be concerned about the shooting and stuff that's going on here in Fresno. You sit up there on your back patio...to get some air and... [in] about 10 minutes... they go to shooting. And then you run back in the house cause you're scared.

2. Safer Community

Survey

In alignment with key informants and focus groups, survey participants, mainly responded 1. high poverty rates, 2. low educational attainment, and 3. lack of affordable housing as social issues in their communities.

Children's Health and Social Needs

To better serve families, we were also interested in the greatest health and social needs among children in our communities. Between the key informants and survey participants, there were a couple of similarities. For example, both informants and survey participants identified access to health care and higher levels of health literacy as the first and second greatest health needs. For social needs, both key informants and survey participants agreed that access to healthy foods was the third greatest need for children in their communities.

Also of note, key informants identified the same health needs for children as they did for adult populations—health literacy, access to health care, and access to mental health services. As one informant stated, "You know some of [the needs of children], I don't think vary greatly from the adults. But I think...education...[is] important. Culturally, kind of appropriate education, that [they really] understand and thinking in terms of just wellness and kind of getting that [education] at an early age."

Key Informants—Health Needs

For key informants, the greatest health need for children was greater levels of health literacy. They also expressed that with more health education, that included the entire family, children would have better outcomes. As one key informant expressed, "I think education is probably the most important thing that we need to get to our children. As far as healthy living, healthy habits. Things that [are] not actually being taught. I think we put too much pressure on them, or on our students as a whole, to obtain these high degrees of expertise in education; but yet we don't teach them how to take care of themselves. We don't teach them how to have healthy living habits." Other key informants noted that parents need to be educated to help children form and maintain good health behaviors.

Access to health care was the second most commonly mentioned health need for children across the region. Informants stressed that access should not be limited to caring only for the sick, but there is a great need for a focus on preventive care. Many expressed that they have seen increasingly higher levels of obesity and diabetes in younger populations and unless there is appropriate intervention, these populations would have much poorer health outcomes later in life. Informants also stressed a need for specialized services for children. While many expressed great satisfaction with the services at Valley Children's Healthcare, they also noted that it was the only provider for an array of pediatric services within the region. This, they stated, puts a strain on families who may need the services, but struggle with transportation.

The third most commonly mentioned health need for children was access to mental health services. As with adults, key informants mentioned seeing higher levels of depression in younger populations; and in extreme cases, suicidal ideation. One informant affirmed, "We also noticed that there's a lot of children that [have] mental health issues, that are not being serviced properly because of the difference in cultures and traditions. So right now...we are also working on being a neighborhood resource center to tackle [the issues that confront] our youth...When it comes to mental health and child abuse and just being able to educate our parents [on] how to go about raising their kids properly—especially in our area."

Survey—Health Needs

Among survey participants, the most commonly mentioned health needs for children were: 1. opportunities to improve health literacy and knowledge to navigate the health system, 2. access to health care, and 3. access to dental providers.

Key Informant on Children's Health Needs

"I think health care is very important; that the kids are regularly getting checked and are growing up healthy and strong."

Key Informant on Children's Social Needs

"Well from my perspective it's stable homes. Most of the kids that we deal with... that have either gotten themselves in a bad situation or have gone down a road where they get themselves in multiple bad situations—it's because the stability in the home isn't there to provide that home base...in terms of feeling safe. And I think many of these kids live in home environments where it's extremely disruptive."

Key Informants—Social Needs

When asked about the greatest overall social need for children, key informants overwhelmingly agreed that a stable home was lacking for many children in the community. Many discussed issues such as children growing up in broken homes due to parental incarceration or drug abuse, children in the foster care system, and parents' inability to properly care for children due to lack of knowledge. One key informant thought, "[C]hild abuse and neglect is one of our two strategic priorities in Madera County... kids need a stable home...[T]he adult leadership in that home [needs to be] fiscally stable, mentally stable...[and provide] support system...[C]hildren [must] have a place that feels safe...they are not subjected to abuse of any kind...[where] they are not neglected, [but] they're prioritized in the home and given that attention." And while survey participants were not given 'stable homes' as a response option, a few participants wrote in comments in the "other" text box, that reflected that need. Examples of comments included: "Intelligent parenting;" "Too many parents using drugs and children follow example as they grow;" and "An intact, stable family. Crime free history of family members and friends."

The second most commonly mentioned social need from key informants was high poverty rates. While discussing poverty, many key informants made the connection between poverty and poor health outcomes such as high rates of depression and inability to seek care. Other informants pointed to inter-woven issues with poverty such as high crime rates and food insecurity.

Related to the social need of poverty, the third most commonly mentioned social need was a lack of access to healthy foods. Informants attributed a lack of healthy foods to poor health outcomes such as obesity and diabetes. Informants also frequently referenced the need for programs that would provide students with nutritious meals all year long since many students miss out on meals during the summer months.

Survey—Social Needs

Similar to needs mentioned elsewhere, survey participants ranked the following needs for children: 1. clean air and water, 2. opportunities to engage in physical activity (i.e., after-school sports programs, recreational centers), and 3. access to healthy foods.

Existing Resources

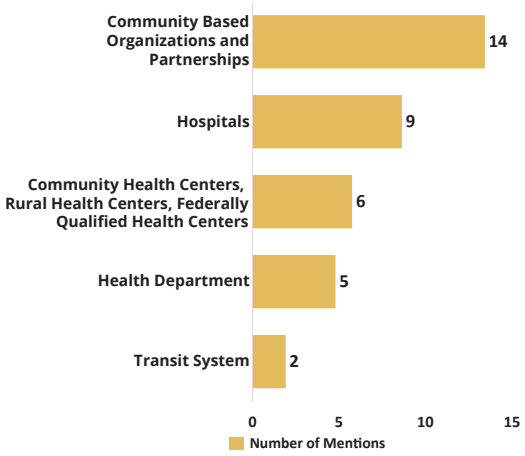
When asked about existing community resources, the majority of key informants and focus group participants identified community based organizations as the best resources to help residents live healthier lives. Many focus group participants pointed to organizations that serve low-income populations, homeless, veterans, youth, and culturally appropriate services and resources. Among key informants, community based organizations were also identified, but many went one step further and identified potential partnerships that could be formed across the community to improve services and resources for the region's most vulnerable. Many mentioned Kings Partnership for Prevention and discussed how this model might be useful in other areas. As one informant stated, "I think we certainly have an infrastructure of health care providers and nonprofits and government agencies that if focused on one particular major issue could make a huge difference. I've often told my staff that if the CEOs of all the hospital systems in the Valley were to get together and agree to tackle one particular issue that we would see a dramatic drop or difference in that issue over the period of the next two to three years."

Beyond community based organizations, focus group participants also identified local community health clinics (including rural health clinics, RHCs) and federally-qualified health centers (FQHCs) as valuable community resources. Participants frequently mentioned organizations such as Camarena Health, Planned Parenthood, and Family Healthcare Network as important resources for low-income individuals and families. According to one focus group participant, "Camarena Health is not perfect, but offers the community services such as lab, family medicine, pharmacy, optometry, dental, pediatrician, mental health, gynecologist, [and] chiropractic [services]. What we need is more campuses. Everything...within in a walking distance. It would be good to have this in other parts of Madera." Similarly, key informants also mentioned hospitals, FQHCs, and the health department as resources in the community.

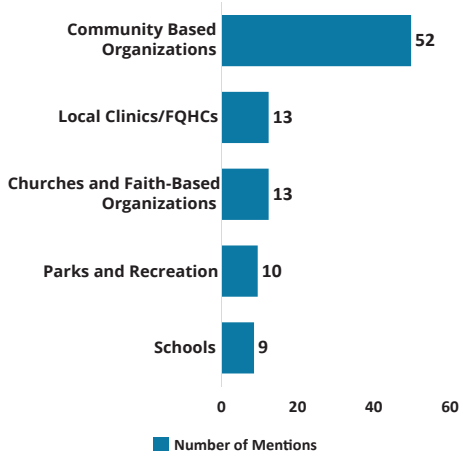
Other types of resources identified by focus group participants, included churches and faith-based organizations that have food pantries and are willing to host events (e.g., meeting place for LGBTQ+ support groups), county parks and recreation, and schools. And while many participants noted that these organizations do a lot of good in the community, they wished there were more community engagement and awareness about the services offered.

Top Five Community Resources

Key informant responses to the question, "What existing community assets and resources could be used to address health issues?"



Focus group responses to the question,"Outside of health care, what resources exist in your community to help youlive healthier lives?"



Barriers

When discussing barriers to receiving health care, key informants, focus groups and survey participants tended to focus on different factors. For example, key informants spoke more to systematic factors such as recruitment of medical providers; however, focus group and survey participants (organizational representatives) spoke more to individual-level factors, such as cost and long wait times.

Key Informants

When discussing challenges in addressing health issues and inequities, the majority of key informants mentioned lack of funding and other resources. Informants frequently commented on disparities in funding allocations, often leading to a reduced flow of dollars into the Central Valley. Specifically, informants mentioned competition with larger areas such as Los Angeles and the Bay Area for dollars that are typically population-based, rather than need-based. Additionally, informants spoke to a lack of other resources, such as staff, infrastructure, time, and failure to maximize resources through alignment of organizational goals and inter-agency cooperation.

The second most commonly referenced challenge among key informants was a lack of medical providers. Many discussed the difficulty in recruiting providers into the Central Valley due to lower salary levels and a lack of conveniences (e.g., shopping, restaurants, recreational opportunities) that would draw more providers into the region. As one informant expressed, "The challenges that the community faces... particularly... for where our sites are in rural areas, it's tough to find providers to work there. People like to live where they work, and unfortunately, many of the communities in Fresno County do not provide the kind of housing and shopping and all of the amenities that most providers want to have in their private lives. So, recruiting providers to...drive 45 minutes or an hour to work is quite tough. So, even if you can find them for the urban areas of Visalia and Fresno and Bakersfield, it's much, much tougher when you start looking at...communities like Kerman and Earlimart and Mendota, where they've got to drive...50 minutes from Fresno to go work." In addition to a lack of providers, a few informants discussed overwhelming caseloads for providers currently in the region, resulting in reduced provision of care for residents and aging physicians who may not have kept up with continuing education to be able to provide the best care possible.

And, the third ranked challenge discussed was a lack of meaningful partnerships across the region that would result in greater collective impact. Informants acknowledged the traditional school of thought leading to functional versus project

based interventions that would involve a variety of sectors, tackling issues from all angles.

Focus Group Participants

For focus group participants, the greatest barrier to receiving care was transportation. Not only did participants discuss the physical lack of a transportation system in some areas, but also issues with affording transportation options for homeless or low-income residents. According to one participant, "Our transportation system is a big problem. If we had a better way to get them to the resources they need, that would be one less excuse. I'm not saying that would actually help them, but I'm thinking that's the number one excuse we get. Not that we are a huge city, but it is still difficult."

The second most commonly referenced barrier was cost of services. Even when participants had access to programs such as Emergency Medi-Cal, out-of-pocket costs for services and medications still served as a major barrier. Other participants noted that for those who may be undocumented, coverage was difficult to obtain. Further complicating matters, some residents may make slightly over the threshold and be deemed unqualified for low-income programs and services. One participant concluded, "The money isn't enough. My son had an estimate for a health service and it came to be $3000. Now he doesn't want to go. That's why [diseases remain] like cancers or bone problems. It's too expensive. People who work out in the fields can't afford it or [can't afford to] take a day off. They get a disease that sticks to their skin, but they don't want to get treated. I tell him to go get seen. It's sad when the doctors tell you, [you] can't be seen or you don't qualify for the service."

The third ranked barrier mentioned by focus groups was a lack of knowledge of available resources. Many discussed that while resources were available, many in the community simply did not know about them. One participant offered "That's the biggest problem, is the knowledge, the lack of advertising [for] some of these programs and the lack of knowledge in the community. I don't think that we put out the literature and the education for the people."

Key Informant Perspectives on Barriers

1. Funding and Other Resources

[A] challenge in the Central Valley, which is not usually highlighted in the health assessment, is the lack of resources in comparison to the rest of the state. The Central Valley is grossly underfunded by comparison. When you look at the need...government funding tends to be population-based rather than needs-based. And so that's an issue.

2. Medical Providers

Doctors that come here to do their residency don't stay. So we're kind of left with providers that have, you know, been here for a long time and aren't doing the continuing education or being culturally sensitive or competent.

3. Partnerships

[T]he problem is that many health care systems view themselves in competition with one another, so that's an issue. So, if those CEOs would be willing to get together with perhaps, you know, the government or private sector as partners and say here's the topic we're going to deal with... we're going to focus our systems on addressing this issue. You can make a huge difference, huge difference, but that never happens.

Survey

The online survey also contained questions specific to those representing community based organizations and needs of their clients. When asked, "When your clients seek medical care, are any of the following a barrier?" Respondents ranked cost as the greatest barrier, ability to take time off work without losing pay as the second greatest, and waiting times as the third greatest.

Hospital Improvement

Key informants, focus group, and survey participants were asked about ways hospitals could improve their services and overall quality of life across the region. Across all three groups, the most commonly mentioned suggestion for improvement was better engagement with the community through outreach programs. In fact, community engagement was the second most commonly referenced suggestion for improvement by both key informants and focus group participants. Similarly, survey participants requested hospitals offer more health education, available to all community members as well as wellness and nutrition programs.

Focus Group Participants

For focus group participants, their chief concern and suggestion stemmed from needing faster service when visiting the emergency room (ER). Many complained of unreasonable wait times, with the highest length of time mentioned being 18 hours while waiting for service. One focus group participant affirmed, "Long wait time. They don't treat their patients right – I had a burst gallbladder [and] I waited 8 hours. Doctors asked why I didn't get seen earlier." Another participant stated, "The ERs in this town are horrible. It doesn't matter which hospital you go to. I went to Saint Agnes, and I spent five hours and barely got seen for five minutes."

The second most frequently mentioned suggestion for improvement was more community engagement and outreach. Participants craved more interaction with the hospitals and physicians, more knowledge about programs and events, and more health education. A broader offering of programming was also suggested to perform outreach to specific populations such as low-income, youth, and LGBTQ+. Many also suggested better marketing, not only in volume but in a variety of languages, so that people would know the resources available to them. And finally, one participant suggested hospitals provide more avenues for community members to offer input, and simply "not just waiting several years for a focus group."

Lastly, focus group participants suggested hospitals offer training to improve customer service. Participants complained about feeling less than welcomed, unimportant, and in some cases, discriminated against by staff.

"More compassion" was often referenced, when describing interactions with physicians, nurses, and front desk staff. One participant offered, "Treat people like they are people. Even when they are trying to tell you what is wrong with you, they talk to you over your head. They don't talk to you like you are a human being, you are a number."

Key Informants

For key informants, top suggestions for hospital improvement centered around forming better partnerships with other organizations in the community such as schools, community based organizations that serve specific populations, other hospitals, and public health organizations. Many informants stressed the need to communicate and form cooperative relationships, rather than competing. While dollars are scarce, some felt there would be a better chance of bringing dollars into the Valley by working jointly instead of separately. As one informant stated, "What I'm saying is that they can't work in silos, they can't work in their own silo. It doesn't work like that in Kings County. You have to get out of your silo and be willing to partner with others to make things happen. And, I think that builds political will because...if one person goes to city council and talks about the need for 'X' it doesn't have near the impact as having multiple organizations and businesses and representatives there to talk about it—our elected officials listen to the larger voice."

Similar to focus group participants, key informants also stressed the need for greater community engagement and outreach to various groups in the community. As one informant stated, "I think there needs to be a true outreach. I think that the hospitals know who they know. And that's who they work with. I think there are relationships that aren't inclusive...I don't think they really understand that. Hospitals have the answer to a lot of the questions that we need answered. And it's not happening...especially the hospitals that you're talking about...hospitals that people in our community are afraid to go to, because they don't feel they [will be] treated right. They don't feel that they matter because there is no relationship between [such a] hospital and this community. And so because there is no relationship, people don't care what you know until they know that you care."

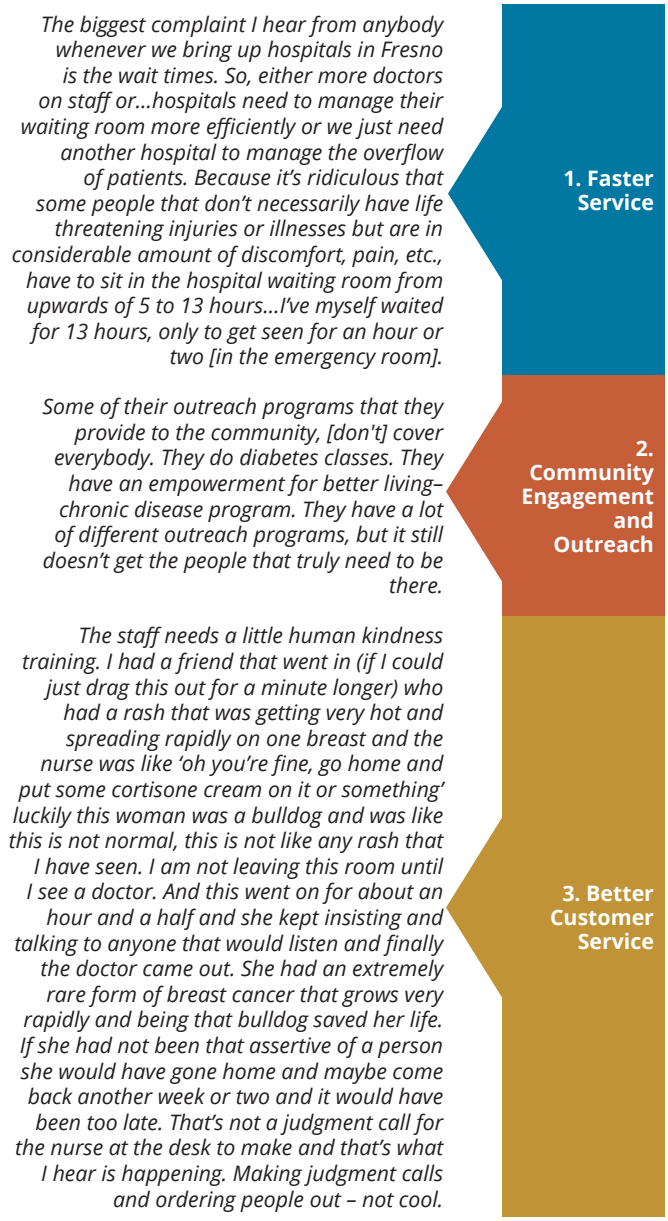
And the third most commonly mentioned suggestion for improvement involved creating better linkages and wrap-around services for discharged patients. Many lamented that patients were often sent back into environments that were not helpful to healing, with needs beyond basic health care. A few mentioned patients being referred to programs with long waiting lists, causing delays when the needs are immediate. According to one informant, "The best thing I could think of is that when a patient is admitted that their discharge plan is in development. Because if we admit someone to the hospital and then they get discharged to a less than ideal situation, the chances of them being readmitted are much higher. So, if there was a good way to connect...Somewhere along the line...where that patient's going to land [at discharge]. Do they do they need to be in a step down facility or...at home with a nurse that visits to make sure they're getting their medications, and so forth. So, I guess just building that bridge between the hospital and the provider."

Survey

In alignment with key informants and focus group participants, survey participants wanted more community outreach in the form of health education, wellness, and nutrition programs. Many described needing more information on how to eat healthy, engage in physical activity, and education on maintenance of chronic illnesses. Other suggestions included low-cost exercise programs, cooking classes, programs to help patients fill out forms for various programs, and community gardening programs.

And as echoed many times by all, the second and third most commonly mentioned suggestions for improvement involved improved access to health care and improved access to mental health and substance abuse services.

Focus Group Perspectives on Hospital Improvement



Top Identified Needs, by Theme

Health Needs			
Rank	**Key Informants**	**Focus Groups**	**Survey**
1	Access to health care	Chronic diseases	Chronic diseases
2	Lack of mental health services	Access to mental health and substance abuse services	Access to mental health and substance abuse services
3	Health Literacy	Asthma and respiratory illnesses	Adults and youth engaging in risky health behaviors

Social Needs			
Rank	**Key Informants**	**Focus Groups**	**Survey**
1	Economic factors	Better physical environment	High rates of poverty
2	Access to healthy foods/food insecurity	Safer communities	Low educational attainment
3	Poor physical environment		Lack of affordable housing

Children's Health Needs			
Rank	**Key Informants**	**Focus Groups**	**Survey**
1	Health literacy		Health literacy
2	Access to health care services		Access to health care services
3	Access to mental health services		Access to dentists

Children's Social Needs			
Rank	**Key Informants**	**Focus Groups**	**Survey**
1	Lack of a stable home		Clean air and water
2	High poverty rates		Opportunities for physical activity
3	Lack of access to healthy foods		Access to healthy foods

Barriers to Care			
Rank	**Key Informants**	**Focus Groups**	**Survey**
1	Lack of funding and resources	Transportation	Cost of services
2	Lack of medical professionals	Cost of services	Ability to take time off from work
3	Lack of meaningful partnerships	Knowledge of available resources	Long wait times at doctor's office/hospital

Suggestions for Hospital Improvement			
Rank	**Key Informants**	**Focus Groups**	**Survey**
1	Increase community partnerships	Faster service at emergency departments	More low-cost health education, wellness, and nutrition programs
2	Greater community engagement	Greater community engagement	Improved access to health care
3	Better linkages and wrap around services for discharged patients	Better customer service	Improved access to mental health and substance abuse services

PRIORITIZATION OF HEALTH NEEDS

Process and Criteria

On January 10, 2019 HC² Strategies, Inc. facilitated a strategy meeting with the members of the Community Benefits Workgroup to review the results of the CHNA and determine the priority need(s) that the hospitals will address over the next three years. To aid in determining the priority health need(s), the Workgroup were given several critical pieces of information and criteria to consider when making a decision.

The first piece of information consists of potential health need scores which can be seen in the table presented on the succeeding pages (44-47). The formulas used to calculate these scores is based on an adaptation of Kaiser Permanente's methodology for determining potential health need scores. Categories that reflect social determinants of health are color-coded green.

To determine the potential health need scores first, the categories used for the qualitative health need rankings (page 29) were used as the potential health needs. Steps in the analysis are as follows:

1. Percentages were calculated for each the qualitative health need rankings using the number of mentions by key informants and focus group participants (i.e., number of mentions for specific topic/total number of mentions * 100). This ensured the input received from community members was fully taken into account and properly weighted when determining the potential health need score. The benchmark for the qualitative health need rankings is set at 10%. This can be interpreted as 10% or less of key informants and focus group participants discussed topics relevant to the potential health need.
2. Indicators used in this assessment were tied to a health or social need category to determine potential health need scores. Each category contains indicators that are mutually exclusive.
3. Rates or percentages for each indicator were compared to the state benchmark, with desired direction indicating the ideal outcome in comparison to the state. For example, the desired direction for the violent crime rate is below the state benchmark.
4. The average was calculated for the four-county region for each indicator.
5. Points were determined based on the difference from the state benchmark. Indicators that deviated 2% or 2 points more from the state benchmark were allocated two (2) points. Indicators that were within 1%-2% or 1 to 2 points from the state benchmark were allocated one point (1). Indicators that were 1% or more or 1 point or more below the state benchmark were allocated zero points (0).
6. The potential health need score was calculated by taking the average of all points within each category.

IDENTIFIED HEALTH NEEDS

The Community Benefits Workgroup collectively reviewed the findings of this assessment and discussed best methods for prioritizing health needs. It was decided each hospital would conduct their own prioritization process and identify priority needs. This will allow each hospital to consider their unique resources, on-going initiatives, and specific needs of the communities in which they work. In addition to those considerations, Workgroup members were also urged to consider the criteria below to make a decision during their individual prioritization process. The criteria listed recognize the need for a combination of information types (e.g, health indicators and primary data) as well as consideration of issues such as practicality, feasibility, and mission alignment.

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Existing resources and programs to address problems
- Feasibility of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Potential Health Need Score
- Severity
- Solution could impact multiple problems

After conducting an individual prioritization process, the Workgroup agreed to reconvene in October 2019 to identify regional priority needs. In their respective implementation plans hospitals will address the needs that were identified, strategies to address needs, partners, and metrics that will be used to measure progress.

Potential Health Needs Table

Potential Health or Social Need	Associated Indicators	State Benchmark	Desired Direction	Average Value for Four-County Region	Difference from the State Value	Points	Potential Health Need Score
	Ambulatory Care Sensitive Condition Discharge Rate per 1,000 Medicare Enrollees	36.2	↓	46.03	9.83	2	
	Federally Qualified Health Centers Rate per 100,000 Population	2.74	↑	5.14	2.4	0	
	Insurance - Population Receiving Medicaid	26.60%	↓	39.68%	13.08%	2	
	Insurance - Uninsured Population	12.60%	↓	14.05%	1.45%	1	**1.57**
	Mortality-Influenza/Pneumonia, Rate per 100,000 Population	14.3	↓	18.08	3.78	2	
	Primary Care Physician Rate per 100,000 Population	78.0	↑	47.4	-30.6	2	
Access to Care	Qualitative Health Need Ranking: Access to Care	10.00%	↓	20.19%	10.19%	2	
	Asthma - Active Prevalence	8.70%	↓	11.30%	2.60%	2	
	Asthma - Active Prevalence, Children	15.20%	↓	20.00%	4.80%	2	
	Asthma - ED Visits, Rate per 100,000 Population	45.8	↓	58.28	12.48	2	
	Asthma - Hospitalizations, Rate per 100,000 Population	4.8	↓	5.48	0.68	0	
	Asthma - Hospitalizations, Age 0-4, Rate per 10,000 Children	19.6	↓	27.25	7.65	2	**1.56**
	Asthma - Hospitalizations, Age 5-17, Rate per 10,000 Children	7.7	↓	10.15	2.45	2	
	Asthma - Lifetime Asthma Prevalence	14.80%	↓	18.70%	3.90%	2	
	Mortality- Chronic Lower Respiratory Disease, Rate per 100,000 Population	32.1	↓	37.98	5.88	2	
Asthma	Qualitative Health Need Ranking: Asthma	10.00%	↓	3.61%	-6.39%	0	
	Mortality - All Cancers, Rate per 100,000 Population	157.1	↓	153.28	-3.82	0	**0.00**
Cancer	Qualitative Health Need Ranking: Cancer	10.00%	↓	.084%	-9.92%	0	
	CalEnviroScreen 3.0 Score	27.93%	↓	38.71%	10.78%	2	
	Poor or Fair Health	16.60%	↓	23.20%	6.60%	2	**1.33**
Climate and Health	Qualitative Health Need Ranking: Climate and Health	10.00%	↓	5.89%	-4.11%	0	
	Heart Disease Among Medicare Population	23.60%	↓	29.28%	5.68%	2	
	High Blood Pressure Among Medicare Population	49.60%	↓	58.10%	8.50%	2	
	Mortality - Coronary Heart Disease, Rate per 100,000 Population	89.1	↓	102.98	13.88	2	**1.60**
	Mortality - Stroke, Rate per 100,000 Population	35.3	↓	40.2	4.9	2	
CVD/Stroke	Qualitative Health Need Ranking: CVD/ Stroke	10.00%	↓	2.28%	-7.72%	0	

Potential Health or Social Need	Associated Indicators	State Benchmark	Desired Direction	Average Value for Four-County Region	Difference from the State Value	Points	Potential Health Need Score
Economic Security/ Homelessness	Broadband Access	95.40%	↑	68.16%	-27.24%	2	1.56
	Housing - Cost Burdened Households	42.80%	↓	39.34%	-3.46%	0	
	Housing - Substandard Housing	45.58%	↓	43.29%	-2.29%	0	
	Population Age 16-19, Not in School and Not Working	7.70%	↓	9.28%	1.58%	1	
	Population Age 25+ With Bachelors Degree or Higher	32.00%	↑	14.91%	-17.09%	2	
	Population Age 25+ Without a High School Diploma	17.90%	↓	28.38%	10.48%	2	
	Population Receiving Public Assistance	3.80%	↓	7.54%	3.74%	2	
	Population Receiving SNAP Benefits	11.20%	↓	21.15%	9.95%	2	
	Poverty - Children Below 100% FPL	21.93%	↓	34.71%	12.78%	2	
	Poverty - Population Below 100% FPL	15.80%	↓	24.71%	8.91%	2	
	Reading Above Proficiency, 4th Grade Reading Test	39.50%	↑	28.63%	-10.87%	2	
	Reading Below Proficiency, 4th Grade Reading Test	60.50%	↓	71.37%	10.87%	2	
	Unemployment Rate	4.30%	↓	7.05%	2.75%	2	
	Unsheltered People Experiencing Homelessness, Fresno City & County/ Madera County CoC	68.90%	↓	78.40%	9.50%	2	
	Unsheltered People Experiencing Homelessness, Visalia/Kings, Tulare Counties CoC	68.90%	↓	67.40%	-1.50%	0	
	Qualitative Health Need Ranking: Economic Security	10.00%	↓	25.24%	15.24%	2	
HIV/AIDS/STIs	Chlamydia Incidence per 100,000 Population	506.2	↓	597.38	91.18	2	0.50
	HIV Prevalence per 100,000 Population	376.4	↓	139.5	-236.9	0	
	Gonorrhea Incidence per 100,000 Population	164.9	↓	157.15	-7.75	0	
	Qualitative Health Need Ranking: HIV/AIDS/ STIs	10.00%	↓	1.08%	-8.92%	0	
Maternal and Infant Health	Breastfeeding Initiation	93.80%	↑	88.95%	-4.85%	2	0.88
	Head Start Programs, Rate per 100,000 Population	5.9	↑	7.38	1.48	0	
	Infant Mortality per 1,000 Births	5	↓	5.7	0.7	0	
	Low Birth Weight	6.80%	↓	6.63%	-0.17%	0	
	Teen Births (Under Age 20) per 1,000 Female Population	17.6	↓	33.03	15.43	2	
	Women Who Received Adequate or Adequate Plus Prenatal Care	77.90%	↑	76.10%	-1.80%	1	
	Women Who Received Prenatal Care in the First Trimester	83.30%	↑	76.95%	-6.35%	2	
	Qualitative Health Need Ranking: Maternal and Infant Health	10.00%	↓	1.44%	-8.56%	0	

Potential Health or Social Need	Associated Indicators	State Benchmark	Desired Direction	Average Value for Four-County Region	Difference from the State Value	Points	Potential Health Need Score
Mental Health	Children Who Experienced Two or More Adverse Events	16.40%	↓	17.88%	1.48%	1	0.75
	Depression Among Medicare Beneficiaries	14.30%	↓	13.63%	-0.67%	0	
	Mental Health Care Provider Rate per 100,000 Population	280.6	↑	214.58	-66.02	2	
	Mortality-Alzheimer's Disease, Rate per 100,000 Population	34.20	↓	36.98	2.78	2	
	Poor Mental Health Days (30 Day Period)	3.4	↓	3.9	0.5	0	
	Students Who Experienced Depression in the Past Year, 9th Grade	31.50%	↓	30.97%	-0.53%	0	
	Students Who Experienced Suicidal Ideation in the Past Year, 9th Grade	19.00%	↓	20.10%	1.10%	1	
	Qualitative Health Need Ranking: Mental Health	10.00%	↓	9.01%	-0.99%	0	
Obesity/HEAL/ Diabetes	Access to Exercise Opportunities	89.60%	↑	64.20%	-25.40%	2	0.94
	Diabetes Prevalence (Medicare Population)	25.30%	↓	31.73%	6.43%	2	
	Fast Food Restaurant Rate per 100,000	80.51	↓	59.43	-21.08	0	
	Fitnessgram Healthy Zone, Grade 5	40.70%	↑	41.98%	1.28%	0	
	Fitnessgram Healthy Zone, Grade 7	38.70%	↑	43.18%	4.48%	0	
	Fitnessgram Healthy Zone, Grade 9	37.20%	↑	41.50%	4.30%	0	
	Food Environment - Grocery Stores Rate per 100,000 Population	21.14	↑	24.51	3.37	0	
	Food Environment - SNAP-Authorized Food Stores Rate per 100,000 Population	6.81	↑	13.13	6.32	0	
	Food Insecurity - Children	19.00%	↓	25.23%	6.23%	0	
	Food Insecurity - Overall	11.70%	↓	13.49%	1.79%	1	
	Mortality-Diabetes, Rate per 100,000 Population	20.70	↓	24.60	3.90	2	
	Obesity (Adult)	22.50%	↓	28.03%	5.53%	2	
	Physical Inactivity (Adult)	17.20%	↓	20.33%	3.13%	2	
	Poor Physical Health (30 Day Period)	3.50	↓	4.15	0.65	0	
	Recreation and Fitness Facility Access Rate per 100,000 Population	10.75	↑	5.59	-5.16	2	
	Qualitative Health Need Ranking: Obesity/ HEAL/Diabetes	10.00%	↓	15.87%	5.87%	2	
Oral Health	Dentist Rate per 100,000 Population	82.3	↑	52.5	-29.8	2	1.00
	Qualitative Health Need Ranking: Oral Health	10.00%	↓	4.09%	-5.91%	0	

Prioritization of Health Needs

Potential Health or Social Need	Associated Indicators	State Benchmark	Desired Direction	Average Value for Four-County Region	Difference from the State Value	Points	Potential Health Need Score
Substance Abuse/ Tobacco	Adults Who Are Current Smokers	11.00%	↓	14.70%	3.70%	2	**0.83**
	Excessive Drinking	17.80%	↓	17.55%	-0.25%	0	
	Liquor Store Rate per 100,000 Population	10.73	↓	6.8	-3.93	0	
	Mortality-Chronic Liver Disease and Cirrhosis, Rate per 100,000 Population	12.2	↓	18.28	6.08	2	
	Mortality-Drug-Induced Deaths, Rate per 100,000 Population	12.2	↓	13.73	1.53	1	
	Qualitative Health Need Ranking: Substance Abuse/Tobacco	10.00%	↓	6.61%	-3.39%	0	
Violence/Injury Prevention	Mortality - Motor Vehicle Accident, Rate per 100,000 Population	8.8	↓	15.73	6.93	2	**1.17**
	Mortality - Accidents, Rate per 100,000 Population	30.3	↓	18.28	-12.02	0	
	Substantiated Child Abuse Cases per 1,000 Child Population	8	↓	9.48	1.48	1	
	Unintentional Injury Hospitalizations per 100,000 Children, ages 5-12	118.1	↓	121.57	3.47	2	
	Violent Crime Rate per 100,000 Population	461.92	↓	510.04	48.12	2	
	Qualitative Health Need Ranking: Violence/ Injury Prevention	10.00%	↓	3.85%	-6.15%	0	

Note: The benchmark for the qualitative health need rankings is set at 10%. This can be interpreted as 10% or less of key informants and focus group participants discussed topics relevant to the potential health need. Desired direction is in reference to the state benchmark and can be interpreted as either above benchmark (arrowing pointing up) or below benchmark (arrow pointing down). For example, the desired direction for the violent crime rate is below the state benchmark.

REGIONAL EVALUATION

Evaluating our efforts encourages accountability to the communities we serve and allows us to share our successes. This section presents selected outcomes for Fiscal Year 2017-2018. These outcomes are related to priority needs that were selected by the hospitals during the 2016 CHNA cycle. The outcomes presented here represent only the shared priority health needs for participating hospitals and not a complete list. More detailed and complete findings can be found in each hospital's 2019 implementation plan/community benefit report.

More than **3 Billion Dollars** were collectively spent on community benefits during FY '17-'18

Each hospital had the opportunity to determine where community benefit dollars were spent during the previous fiscal year. Collectively, a large portion of the money spent supported initiatives aimed at increasing access to health care, decreasing chronic diseases, increasing access to mental health services, prevention of asthma, and increasing access to dental care. Money was also spent supporting partnerships through community building activities.

More than **32,000 people** were collectively served by community benefit programs

Hospitals provided community benefits to residents in their community in a variety of ways. To respond to needs identified by the 2016 Regional Community Health Needs Assessment, hospitals continued and implemented new services. Examples of services include programs aimed at reducing obesity and diabetes, health professional medical education, services for the homeless, support groups, and trauma and injury prevention workshops.

Access to Health Care

Access to care can be described as the timely use of personal health services to achieve the best health outcomes. During Fiscal Year 2017-2018, hospitals implemented a variety of strategies to increase community members' ability to receive care. For example, nearly 2,400 medical professionals were trained through programs at the Community Medical Centers, Kaiser Permanente, Fresno Service Area, Saint Agnes Medical Center, and Valley Children's Healthcare. Hospitals also increased access through providing workshops to the public and intensive case management services. For example, Adventist Health Medical Centers (Hanford, Reedley, and Selma) offered childbirth and breastfeeding classes to 288 expecting mothers and fathers. Community Medical Centers provided case management through its Community Connections program, which provided rapid assessment, screening, treatment, and referral services. Community Medical Centers also partnered with the Family Health Care Network to provide services to families living in Southwest Fresno and provided financial support to Fresno Medical Respite Center to provide a safe discharge place for the homeless to continue their recovery.

Breathing Problems (Asthma)

Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing which often occurs at night or early in the morning. To help community members successfully manage asthma symptoms, hospitals implemented screening programs, partnered with community-based organizations, and offered support groups and smoking cessation programs. For example, Madera Community Hospital increased efforts to evaluate patients through an asthma assessment tool to measure disease severity. Adventist Health Medical Centers (Hanford, Reedley, and Selma) offered a smoking cessation program and a support group (Better Breather's Club) for those living with chronic lung diseases including asthma, COPD, pulmonary fibrosis, and other issues.

Mental Health

Mental health conditions can cause alterations in thinking, mood and/or behavior leading to distress, impaired functioning, and decreased quality of life. During Fiscal Year 2017-2018, hospitals worked to improve mental health outcomes and access to services through partnering with community-based organizations, participating in regional collaboratives, provided training to medical professionals, and offered trainings to community members. For example, Valley Children's Healthcare participated in various coalitions and offered a seminar titled, "A Discussion on Teen Depression and Suicide Prevention" that drew over 200 attendees from across the Central Valley. Community Regional participated as a non-funded partner in the collaborative aimed to expand MAP sites. Since opening a MAP site at the Deran Koligan Ambulatory Care Center in November 2017 on the Community Regional campus, more than 160 individuals and families have received assistance. Kaiser Permanente, Fresno Service Area taught 854 students how to handle conflict with empathy via the Peace Signs program.

Prevention of Chronic Disease

Chronic diseases such as obesity and diabetes can lead to poorer health outcomes and decreased quality of life. During Fiscal Year 2017-2018 hospitals worked to combat chronic disease through offering community education workshops and participating in regional coalitions. For example, Kaiser Permanente, Fresno Service Area offered education on healthy eating and active living to 2,290 students via The Best Me program. Madera Community Hospital supported a "Walk with a DOC" program to encourage community outreach and health education. Adventist Health Medical Center (Hanford, Reedley, and Selma) offered the Diabetes Among Friends program to teach self-management skills. And, Community Regional's Ambulatory Care Center continued to provide diabetes education and care through the Diabetes Medical Home.

APPENDIX

APPENDIX A: GLOSSARY OF TERMS

Ambulatory Care Sensitive Conditions (ACSC)

A set of 28 medical conditions/diagnoses "for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition." Examples of ACSCs include:

- Angina
- Aspiration
- Asthma
- Cellulitis
- Congestive heart failure
- Constipation
- Convulsions/epilepsy
- COPD
- Dehydration and gastroenteritis
- Dental conditions
- Diabetes complications
- Ear, nose and throat infections
- Gangrene
- Gastro-oesophageal reflux disease
- Hypertension
- Iron deficiency anaemia
- Influenza
- Nutritional deficiencies
- Pelvic inflammatory disease
- Perforated/bleeding ulcers
- Pneumonia and other acute LRTI
- Tuberculosis and other vaccine preventable
- UTI/pyelonephritis

Benchmark

A benchmark is a measurement that serves as a standard by which other measurements and/or statistics may be measured or judged. A “benchmark” indicates a standard by which a community can determine whether how well the community is performing in comparison to the standard for specific health outcomes.

Community Resources

Community resources include organizations, people, partnerships, facilities, funding, policies, regulations, and a community’s collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

Continuums of Care

Local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

Federal Poverty Level

The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services and used to determine financial eligibility for certain federal programs. One can calculate various percentage multiples of the guidelines by taking the current guidelines and multiplying each number by 1.25 for 125 percent, 1.50 for 150 percent, etc. 150%, 200%, and 400% are included in the table below.

2018 Poverty Guidelines for the 48 Continental United States, Annual Salary

Persons in Family/ Household Size	Poverty Guideline (Level)	150% of the FPL	300% of the FPL	400% of the FPL
1	$12,140	$18,210	$36,420	$48,560
2	$16,460	$24,690	$49,380	$65,840
3	$20,780	$31,170	$62,340	$83,120
4	$25,100	$37,650	$75,300	$100,400
5	$29,420	$44,130	$88,260	$117,680
6	$33,740	$50,610	$101,220	$134,960
7	$38,060	$57,090	$114,180	$152,240
8	$42,380	$63,570	$127,140	$169,520
For families/households with more than 8 persons, add $4,320 for each additional person.				

2018 Poverty Guidelines for the 48 Continental United States, Monthly Salary

Persons in Family/ Household Size	Poverty Guideline (Level)	150% of the FPL	300% of the FPL	400% of the FPL
1	$1,012	$1,518	$3,035	$4,047
2	$1,372	$2,058	$4,115	$5,487
3	$1,732	$2,598	$5,195	$6,927
4	$2,092	$3,138	$6,275	$8,367
5	$2,452	$3,678	$7,355	$9,807
6	$2,812	$4,218	$8,435	$11,247
7	$3,172	$4,758	$9,515	$12,687
8	$3,532	$5,298	$10,595	$14,127

Federally Qualified Health Center
Federally Qualified Health Centers are community-based health care providers that receive funds from the Health Resources & Services Administration Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

Focus Group
Small number of people (usually between 4 and 15, but typically 8) brought together with a moderator to focus on a specific topic. For this CHNA, focus groups answered questions related to components of a healthy community and issues in their community.

Food insecurity
A lack of consistent access to food resulting in reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns and reduced food intake.

Housing Cost Burden
Measures the percentage of household income spent on mortgage costs or gross rent. The US Department of Housing and Urban Development currently defines housing as affordable if housing for that income group costs no more than 30 percent of the household's income. Families who pay more than 30 percent of their income for housing are considered cost burdened; families who pay more than 50 percent of their income for housing are severely cost burdened.

Health indicator
A single measure that is reported on regularly and that provides relevant and actionable information about population health and/or health system performance and characteristics. An indicator can provide comparable information, as well as track progress and performance over time.

Healthy People 2020
Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

Housing Units with Substandard Conditions
Housing that poses a risk to the health, safety or physical well-being of occupants, neighbors, or visitors. Substandard housing increases risk of disease, crime, social isolation and poor mental health. Substandard housing is associated with one or more of the following conditions:

(1) Is dilapidated;
(2) Does not have operable indoor plumbing;
(3) Does not have a usable flush toilet inside the unit for the exclusive use of a family;
(4) Does not have a usable bathtub or shower inside the unit for the exclusive use of a family;
(5) Does not have electricity, or has inadequate or unsafe electrical service;
(6) Does not have a safe or adequate source of heat;
(7) Should, but does not, have a kitchen; or
(8) Has been declared unfit for habitation by an agency or unit of government.

Infant Mortality Rate
Expressed as a rate per 1,000 births, this is defined as the death of a child prior to its first birthday (should be read, for example, as 7.8 infant deaths for every 1,000 births).

Low Birth Weight
Expressed as a rate per 1,000 births, this refers to infants born with a weight between 1,500 and 2,500 grams or between 3.3 and 5.5 pounds. Very low birth weight infants are born with a weight less than 1,500 grams.

Prenatal Care
Adequacy of prenatal care calculations are based on the Adequacy of Prenatal Care Utilization Index (APNCU), which measures the utilization of prenatal care on two dimensions. The first dimension, adequacy of initiation of prenatal care, measures the timing of initiation using the month prenatal care began reported on the birth certificate. The second dimension, adequacy of received services, is measured by taking the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. The expected number of visits is based on the American College of Obstetrics and Gynecology prenatal care visitations standards for uncomplicated pregnancies (1), and is adjusted for the gestational age at initiation of care and for the gestational age at delivery. The two dimensions are combined into a single summary index, and grouped into four categories: Adequate Plus, Adequate, Intermediate, and Inadequate.

- *Adequate Plus:* Prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received.
- *Adequate:* Prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received.

- *Intermediate:* Prenatal care begun by the 4th month of pregnancy and 50-79% of recommended visits received.
- *Inadequate:* Prenatal care begun after the 4th month of pregnancy or less than 50% of recommended visits received.

Primary Data

Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this CHNA, primary data were collected through focus groups and key informant interviews.

Rate per 100,000 Population

Rates per 100,000 population are a useful calculation that allows for comparison of some variable across geographic locations, by normalizing raw counts. This is calculated by taking the number of the variable of interest (i.e, deaths), dividing by the total population of the given area, and multiplying the result by 100,000.

Secondary Data

Data that has already been collected and published by another party. Typically, secondary data collected for CHNAs is quantitative (numerical) in nature (for example, data collected by a local or state department of health, the Centers for Disease Control and Prevention, or a state department of education).

Teen Birth Rate

Expressed as a rate per 1,000 births, this refers to the number of live births by females who are between the ages of 15 and 19.

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APPENDIX C: QUALIFICATIONS OF CONSULTANTS

Laura Acosta, HC² Strategies, Inc.
HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities.

Laura Acosta has experience in health care administration, community based activities, faith communities, and healthy communities initiatives. She provides leadership to various community-based activities focused on improving the quality of life for Inland Empire, California residents. She has extensive knowledge and experience with community benefits, community health needs assessments, and community health plans. Ms. Acosta earned her Bachelor degree in Business Administration, and a Master in Public Health from Loma Linda University with a focus in policy and leadership. She has been involved in leadership programs with the Inland Empire Economic Partnership and Healthcare Executives of Southern California, and has been actively involved in experience design.

Jessica L.A. Jackson, Wildfire Graphics & Analytics, LLC
Jessica Jackson is the owner of Wildfire Graphic & Analytics, LLC, an evaluation and graphic design consulting company. Ms. Jackson is a program evaluator, health behavior researcher, and expert in data visualization. Ms. Jackson's ten plus years in public health have included working with diverse organizations and stakeholders; including governmental agencies, hospitals, health care systems, and academic institutions. Her approach to evaluation involves translating public health surveillance, health care, and programmatic data into actionable products that can be used to drive decision making and ultimately, empower communities. Most notably, Ms. Jackson's experience lies in community health, with an emphasis on needs assessment, community-based participatory research, strategic planning, and innovation.

Ms. Jackson is an alumna of Vanderbilt University (Nashville, TN) where she earned a Bachelor of Science in Human and Organizational Development. She also attended Claremont Graduate University (Claremont, CA), where she obtained a Master of Arts in Psychology in Health Behavior Research and Evaluation. While at CGU, she concurrently earned a Master of Public Health in Applied Biostatistics and Epidemiology.

Ad Lucem Consulting
Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to position clients for success. Ad Lucem Consulting synthesizes complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem supports clients through a variety of services that can be applied to a range of issues. They have developed CHNA reports and Implementation Plans for hospitals and collaboratives including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

APPENDIX D: HEALTH INDICATOR TABLES

Social and Economic Factors Indicators	Fresno County	Kings County	Madera County	Tulare County	State Estimate
Children Below 100% Federal Poverty Level, Percent	38.7%	29.8%	32.1%	38.3%	21.9%
Head Start Programs, Rate (Per 10,000 Children)	4.81	6.99	9.18	8.52	5.9
Mortality-Drug-Induced Death Rate per 100,000	15.9	13.3	15.6	10.1	12.2
Mortality-Motor Vehicle Traffic Crash Death Rate per 100,000 Population	14.7	13.2	17.1	17.9	8.8
Population Age 16-19 Not in School and Not Employed, Percent	9.7%	8.3%	8.4%	10.7%	7.7%
Population Age 25+ with Bachelor's Degree or Higher, Percent	19.7%	12.8%	13.1%	14.0%	32.0%
Population Age 25+ with No High School Diploma, Percent	26.2%	27.2%	28.3%	31.8%	17.9%
Population Below 100% Federal Poverty Level , Percent	26.9%	21.6%	22.1%	28.3%	15.8%
Population Receiving Public Assistance Income, Percent	8.4%	5.8%	5.6%	10.4%	3.8%
Population Receiving SNAP Benefits, Percent	23.1%	16.2%	18.9%	26.4%	11.2%
Students Scoring ' 'Not Proficient' or Worse on 4th Grade Reading Test, Percent	68.9%	65.6%	77.3%	73.7%	60.5%
Students Scoring 'Proficient' or Better on 4th Grade Reading Test, Percent	31.1%	34.4%	22.7%	26.3%	39.5%
Substantiated Child Abuse Cases per 1,000, 2015	8.6	12.3	9	8	8
Total Homeless Population, 2018	2,144	967	2,144	967	N/A
Unemployment Rate, Percent	6.6%	6.7%	6.2%	8.7%	4.3%
Violent Crimes, Raw Count, 2017	5,745	754	891	1,645	N/A

Public Health and Prevention Indicators	Fresno County	Kings County	Madera County	Tulare County	State Estimate
Access to Exercise Opportunities, Percent	79.4%	44.6%	74.2%	58.6%	89.6%
Adults who are Current Smokers, Percent	14.2%	14.5%	14.3%	15.8%	11.0%
Diabetes (Medicare Population), Percent	30.9%	33.0%	30.7%	32.3%	25.3%
Excessive Drinking, Percent	16.1%	19.2%	17.1%	17.8%	17.8%
High Blood Pressure (Medicare Population), Percent	55.9%	59.1%	57.1%	60.3%	49.6%
Heart Disease (Medicare Population) Percent	26.5%	32.5%	27.9%	30.2%	23.6%
Poor or Fair Health (Age-Adjusted), Percent	23.6%	21.1%	22.1%	25.9%	16.6%
Poor Physical Health Days, 30 Day Period	4.2	4.2	3.7	4.5	3.5
Poor Mental Health Days, 30 Day Period	3.8	3.7	4.2	3.9	3.4
Population with no Leisure Time Physical Activity, Percent	20.6%	17.7%	18.8%	24.2%	17.2%
Obesity, Percent	28.5%	24.1%	26.1%	33.4%	22.5%
STI--Chlamydia Incidence, per 100,000 Population	664	660.3	495.5	569.7	506.2
STI--HIV Prevalence, per 100,000 Population	215.4	121.8	133.7	87.1	376.4
STI--Gonorrhea Incidence, per 100,000 Population	204.8	158.3	114.8	150.7	164.9

Appendix

Health System Indicators	Fresno County	Kings County	Madera County	Tulare County	State Estimate
Active Asthma Prevalence, Percent	11.3%	15.3%	10.3%	8.6%	8.7%
Ambulatory Care Sensitive Condition Discharge Rate	41.3	43.6	44.7	54.5	36.2
Asthma ED Visits, Rate per 100,000	67.4	65	60.2	40.5	45.8
Asthma Hospitalizations, Rate per 100,000	7.4	4.0	6.0	4.5	4.8
Breastfeeding Initiation, Percent	87.7%	87.8%	90.9%	89.4%	93.8%
Dentists, Rate per 100,000 Population	59.3	57.4	43.3	50.0	82.3
Depression Among Medicare Recipients, Percent	13.0%	13.9%	13.3%	14.3%	14.3%
Infant Mortality Rate (Per 1,000 Live Births)	6.3	5.7	5.2	5.6	5.0
Lifetime Asthma Prevalence, Percent	16.3%	26.7%	17.1%	14.7%	14.8%
Low Weight Births (Under 2500g) , Percent	7.5%	6.4%	6.3%	6.2%	6.8%
Mental Health Care Provider, Rate per 100,000 Population	293.2	186.3	142.9	235.9	280.6
Mortality - All Cancers, Age-Adjusted Death Rate per 100,000 Population	141.9	152.2	140.6	138.4	140.2
Mortality- Diabetes, Age-Adjusted Death Rate per 100,000 Population	26.4	24.7	20.8	26.5	20.7
Mortality - Alzheimer's Disease, Age-Adjusted Death Rate per 100,000 Population	37.6	40.3	41.5	28.5	34.2
Mortality - Coronary Heart Disease, Age-Adjusted Death Rate per 100,000 Population	108.1	91.6	91.7	120.5	89.1
Mortality - Stroke, Age-Adjusted Death Rate per 100,000 Population	44.7	34.1	41.1	40.9	35.3
Mortality - Influenza/Pneumonia, Age-Adjusted Death Rate per 100,000 Population	18.6	17.4	13.7	22.6	14.3
Mortality- Chronic Lower Respiratory Disease, Age-Adjusted Death Rate per 100,000 Population	33.8	41	37.3	39.8	32.1
Mortality- Chronic Liver Disease and Cirrhosis, Age-Adjusted Death Rate per 100,000 Population	16.4	17.6	20.7	18.4	12.2
Mortality- Accidents (Unintentional Injuries), Age-Adjusted Death Rate per 100,000 Population	43.8	38.6	45.8	39.0	30.3
Mortality- Motor Vehicle Traffic Crashes, Age-Adjusted Death Rate per 100,000 Population	14.7	13.2	17.1	17.9	8.8
Mortality- Drug-Induced Deaths, Age-Adjusted Death Rate per 100,000 Population	15.9	13.3	15.6	10.1	12.2
Primary Care Physicians, Rate Per 100,000 Population	65.2	41.1	40.0	43.3	78.0
Population Receiving Medicaid, Percent	41.6%	31.3%	43.9%	41.9%	26.6%
Rate of Federally Qualified Health Centers per 100,000 Population	2.58	6.54	4.64	6.78	2.74
Teen Births (per 1,000 female population aged 15 to 19 years old)	29.5	31.5	35.4	35.7	17.6
Uninsured Population, Percent	14.2%	12.8%	14.3%	14.9%	12.6%
Women who Received Adequate or Adequate Plus Prenatal Care , Percent	88.8%	66.0%	70.2%	79.4%	77.9%
Women who Received Prenatal Care in the First Trimester, Percent	87.9%	69.1%	74.9%	75.9%	83.3%

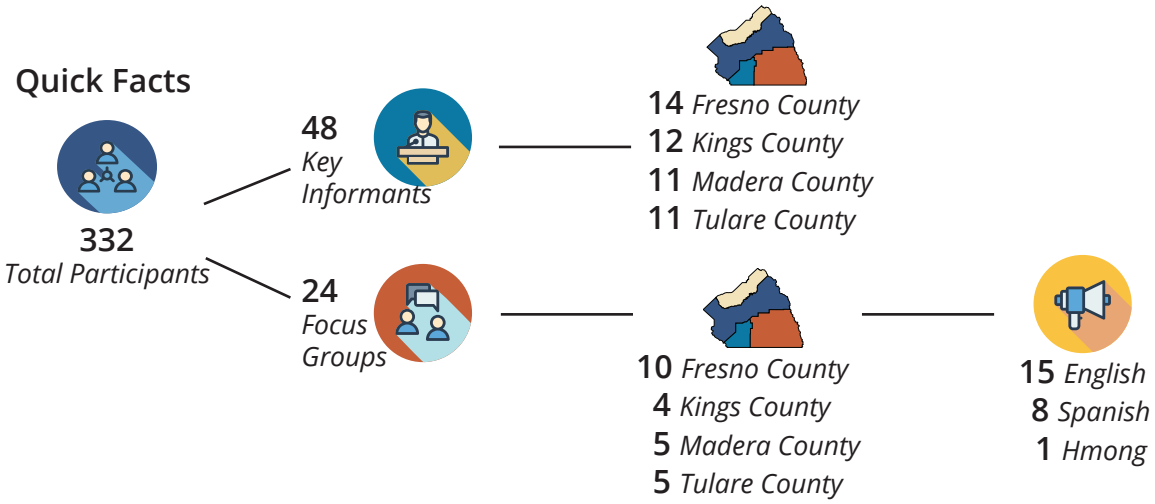
Physical Environment Indicators	Fresno County	Kings County	Madera County	Tulare County	State Estimate
Broadband Access, Percent	86.2%	70.7%	67.5%	48.3%	95.4%
Cost Burdened Households, Percent	42.0%	36.3%	38.8%	40.3%	42.8%
Fast Food Restaurant Rate, per 100.000 Population	68.14	58.18	51.7	59.7	80.51
Food Insecurity--Children, Percent	26.2%	24.2%	23.8%	26.7%	19.0%
Food Insecurity--Overall, Percent	14.5%	13.6%	11.4%	13.0%	11.7%
Grocery Store Rate, per 100,000 Population	27.62	18.3	25.19	26.91	21.14
Housing Units with One or More Substandard Conditions, Percent	45.5%	40.2%	43.0%	44.5%	45.6%
Liquor Store Rate per 100,000 Population	10.32	4.58	6.63	5.65	10.73
Recreation and Fitness Facility Access, per 100,000 Population	6.66	4.58	5.3	3.17	10.75
SNAP-Authorized Retailers, Rate per 100,000 Population	10.75	8.3	10.14	11.53	6.81

Appendix

Maternal and Child Health Indicators	Fresno County	Kings County	Madera County	Tulare County	State Estimate
Adverse Childhood Experiences	17.9%	17.5%	18.0%	18.1%	16.4%
Asthma Diagnoses, Children	19.3%	26.3%	18.2%	16.2%	15.2%
Asthma Hospitalizations, Age 0-4, Rate per 10,000	38.1	22.2	31.9	16.8	19.6
Asthma Hospitalizations, Age 5-17, Rate per 10,000	16.0	9.3	9.6	5.7	7.7
Children Below 100% Federal Poverty Level, Percent	38.7%	29.8%	32.1%	38.3%	21.9%
Fitnessgram Healthy Zone Percentage, Grade 5	44.3%	45.2%	31.4%	47.0%	40.7%
Fitnessgram Healthy Zone Percentage, Grade 7	44.0%	48.5%	33.4%	46.8%	38.7%
Fitnessgram Healthy Zone Percentage, Grade 9	43.2%	39.2%	39.3%	44.3%	37.2%
Food Insecurity--Children, Percent	26.2%	24.2%	23.8%	26.7%	19.0%
Immunizations, Kindergartners	96.2%	96.9%	95.9%	97.1%	92.8%
Infant Mortality Rate (Per 1,000 Live Births)	6.3	5.7	5.2	5.6	5.0
Students Scoring ' 'Not Proficient' or Worse on 4th Grade Reading Test, Percent	68.9%	65.6%	77.3%	73.7%	60.5%
Students Scoring 'Proficient' or Better on 4th Grade Reading Test, Percent	31.1%	34.4%	22.7%	26.3%	39.5%
Students Who Experienced Depression in the Past Year, 9th Grade	N/A	32.0%	30.5%	30.4%	31.5%
Students Who Experienced Suicidal Ideation in the Past Year, 9th Grade	N/A	21.8%	20.3%	18.2%	19.0%
Substantiated Child Abuse Cases per 1,000, 2015	8.6	12.3	9	8	8
Teen Births (per 1,000 female population aged 15 to 19 years old)	29.5	31.5	35.4	35.7	17.6
Unintentional Injury Hospitalizations per 100,000 Children, ages 5-12	138.8	N/A	165.1	60.8	118.1
Women who Received Adequate or Adequate Plus Prenatal Care , Percent	88.8%	66.0%	70.2%	79.4%	77.9%
Women who Received Prenatal Care in the First Trimester, Percent	87.9%	69.1%	74.9%	75.9%	83.3%

APPENDIX E: DESCRIPTION OF KEY INFORMANTS AND FOCUS GROUPS

This assessment would not have been possible without input from our community. This section outlines the community leaders that served as key informants for this assessment, as well as, a description of the focus groups convened.



Description of Focus Groups

Fresno County Focus Groups

Organization	Location	Populations Served	Language	Number of Participants
Centro La Familia	302 Fresno Street Fresno CA. 93706	Urban populations - Hispanic/Latino	Spanish	11
Centro La Familia	302 Fresno Street Fresno CA. 93706	LGBTQ+	English	9
Disabled Veterans of America	2615 E Clinton, Fresno, CA 93703	Disabled veterans	English	9
Fresno Barrios Unidos	4403 E. Tulare Ave., Fresno, CA 93702	Youth population	English	15
Fresno Housing Authority	2670 E Clinton Ave. Fresno, CA 93703	Low-income residents: families, seniors, Hispanic/Latino populations, African Americans	English and Spanish	15
Parent Institute for Quality Education	29568 Hidalgo Street, Cantua Creek, CA 93608	Rural populations - Spanish	Spanish	13
Poverello House	412 F Street Fresno CA 93706	Homeless	English	15
The Fresno Center	2670 E Clinton Ave. Fresno, CA 93703	Southeast Asians	Hmong	15
West Fresno Family Resource Center	1802 E. California Ave. Fresno, CA 93706	African American women, Seniors	English	12
Youth Leadership Institute	1749 L Street Fresno 93721	Young men of color	English	11

Kings County Focus Groups

Organization	Location	Populations Served	Language	Number of Participants
Adventist Health Medical Office - Home Garden	11899 Shaw Pl, Hanford, CA, 93230	General Community	Spanish	7
Kings Partnership for Prevention	460 Kings County Drive, Suite 101, Hanford, CA 93230	Representation from public health, law enforcement, schools	English	23
Champions Recovery Program	11517 15th Ave, Lemoore CA 93245	Recovery for substance abuse, mental illness, and homelessness	English	12
Head Start	1130 N. 11th Avenue, Hanford, CA 93230	Parents	English	8

Madera County Focus Groups

Organization	Location	Populations Served	Language	Number of Participants
Camarena Health Centers - Promotoras	344 E. 6th. St. Madera, Ca 93638"	General Community	Spanish	12
City of Madera - Senior Services	Frank Bergon Senior Center, 238 South D St Madera, CA 93638	Seniors	English	10
First5 Madera County Parents	525 E. Yosemite Ave, Madera CA 93638	Parents	Spanish	4
Guadalupe Society	1250 E. Almond Ave, Madera CA 93637	Faith-based group	Spanish	15
Glory of Zion Church	1250 E Almond Ave, Madera, CA 93637	African American populations	English	16

Tulare County Focus Groups

Organization	Location	Populations Served	Language	Number of Participants
Community Service Education & Training (CSET)	312 NW 3rd Ave, Visalia, CA 93291	Low-income residents: Hispanic/Latino populations, LGBTQ+	English and Spanish	10
General/Promotora Group	1500 W Tulare Dr, Tulare, CA 92374	Low-income residents: General populations	Spanish	19
General Community Group	21679 Ave. 254, Tonyville, CA 93247	Low-income residents: farm workers, Hispanic/Latino populations	Spanish	10
St. Anne's Church	378 North F Street, Porterville, CA 93257	Faith-based group	English	3
The Source - LGBT	208 W Main Street Suite B Visalia, CA 93291	LGBTQ+ Community	English	10

Appendix

Description of Key Informants

Fresno County Key Informants

Name	Title	Organization	Sector
Artie Padilla	Director	Every Neighborhood Partnership	Community-Based Organization
Brian King	Founder/Director	Fresno Equal Opportunity Commission Street Saints	Community-Based Organization
Colleen Curtis	Executive Director	United Health Centers	Federally Qualified Health Centers
Cruz Avila	Director	Poverello House/MAPP Point	Community-Based Organization-Homeless populations
David Pomaville	Director	Fresno County Public Health	Public Health
Dawan Utecht	Director	Fresno County Dept. Behavioral Health	Public Health
Gayle Duffy	Executive Director	Children Services Network	Community Based Organization
Georege Seese	Past National Commander	Disabled Veterans of Americans	Veterans, Mental Health
Greg Hund	CEO	CalViva Health Net	Health
Leoncio Vasquez Santos	Executive Director	Cenro Binacional Para el Desarrollo Indigena Oaxaqueno	Community Based Organization
Melissa Mendes	Career Technical Education Coordinator	Fresno Regional Workforce Development Board	Business
Pao Yang	Executive Director	The Fresno Center	Community-Based Organization - Southeast Asian refugees (Cambodians, Hmong, Lao, and Vietnamese)
Shawn Jenkins	Director	West Care	Health - LGBTQ+
Steve Ramirez	Executive Director	California Health Collaborative	Community-Based Organization - Health

Kings County Key Informants

Name	Title	Organization	Sector
Amy Ward	Chief Executive Officer	Lemoore Chamber of Commerce	Business
Andrea Kofl	President	Adventist Health	Health Care
Andrew Cromwell	Executive Pastor	Koinonia Church	Church
Bobbie Wartson	Executive Director	Kings County Commission on Aging	Community-Based Organization/Seniors
Darrel Pyle	City Manager	City of Hanford	City
Dr. Candice Golez	Family Physician	Adventist Health Physicians Network	Health Care
Joe Neves	Supervisor	Kings County Board of Supervisors	Public Health
Lisa Lewis	Director	Kings County Department of Behavioral Health	Public Health
Nanette Villareal	Executive Director	Kings United Way	Non-Profit
Nina Plata	VP Population Health	Adventist Health	Health Care
Parker Sever	Chief of Police	Hanford Police Department	Law Enforcement
Tim Bowers	Superintendent	Kings County Office of Education	District School Board

Madera County Key Informants

Name	Title	Organization	Sector
Caitlyn Pendley	Director, Student Health	Madera Unified School District	Education
Cheryl Mohr	Executive Director	Madera County Superintendent of Schools	Education
Chinayera Black-Hardaman	Executive Director	First 5 Madera	Funder
Debi Bray	Executive Director	Madera Chamber of Commerce	Business
Dr. Aftab Naz	Pediatrician	Medical Doctor & Madera Community Hospital Trustee	Health Care
Gloria Medina	Secretary	Guadalupe Society	Religious
Jay Varney	Sheriff	Madera County Sheriff Dept	Law Enforcement
Jean Robinson	Executive Director	Fresno Madera Agency on Aging	Community-Based Organization/Seniors
Mattie Mendez	Executive Director	Community Action Partnership Agency of Madera County	Community-Based Organization
Paulo Soares	CEO	Camarena Health	Health Care
Sara Bosse	Director	Madera County Public Health Department (Live Well Madera Collaborative)	Public Health

Tulare County Key Informants

Name	Title	Organization	Sector
Brian Poth	Executive Director	The Source LGBT+ Center	LGBTQ+
Donna Hefner	CEO	Sierra View Medical Center	Health Care
Eric Kroutil	Chief of Police	Porterville Police Department	Law Enforcement
Graciela Soto Perez	CEO	Altura Centers for Health	Health Care
Janet Paine	Program Manager	Anthem Blue Cross	Medi-Cal Patients
Jorge Fernandez	Branch Manager	Knights of Columbus	Faith-Based
Karen Haught	Assistant Health Officer	Tulare County Health and Human Services Agency	Tulare County Residents
Marisol de la Vega Cardoso	Chief Business Development Officer	Family Health Care Network	Health Care
Michelle Morrow	Executive Director	First5 Tulare County	Funder
Ryan Gates	Director of Population Health	Kaweah Delta Health Care District	Health Care
Willy Carillo	Tule River Tribe Community Member	Tribal Council	Tule River Tribe

APPENDIX F: KEY INFORMANT CODE BOOKS AND FREQUENCIES

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Additional Comments	Q13. Anything you would like to add that we haven't discussed?		**5**	**4**	**5**	**8**	**22**
Challenges	Q8. What are the challenges your community face in addressing health needs?		**22**	**9**	**15**	**18**	**64**
Affordability		*There's also insurance. Just having affordable insurance that would be an obstacle. We have a payment plan for those that are uninsured but once they need acute care or lab or pharmacy or radiology we don't cover that. We only cover the services we provide.*	*1*	*0*	*0*	*1*	*2*
Medical Providers		*I think one of our problems is having the ability to recruit, recruit the professional services needed here locally.*	*8*	*1*	*6*	*5*	*20*
Partnerships		*I think that we have to get to a point where, there's a lot of agencies and systems in place But we don't always communicate. So people operate in silos. And we don't a lot of times realize how much of what we do, of what we're doing, crosses over into somebody else's business and embracing that instead.*	*5*	*2*	*1*	*3*	*11*
Resources/ Funding		*Well I think it makes it a challenge for us working with hospitals, health care providers, and the public and private sector to address these needs, because there's a limited amount of resources available. And without...coverage or funding from either public or private sector it makes it difficult to address these multiple needs.*	*8*	*5*	*8*	*9*	*30*
Zoning Laws		*I think we, we have some local zoning laws that are pretty restrictive in terms of where health care services can be provided. And I think it's realistic that if access to health care providers is an issue then, you know part of the solution needs to be less restrictions on where health care providers can provide service.*	*0*	*1*	*0*	*0*	*1*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Children Health and Social Needs	• Q7. What are the greatest needs of children in your community, including social and health issues? • Q5. Are there other priorities in the community you serve that have not been discussed?		**48**	**24**	**31**	**25**	**128**
Access to Health Care		*I think health care is very important; that the kids are regularly getting checked and are growing up healthy and strong.*	*5*	*3*	*4*	*3*	*15*
Prevention of Chronic Disease		*Diabetes, due to the nutrition and the obesity that we're seeing in children. And I know our school systems have really been trying to work on that as far as the vending machines and the soda machine but we do see children with a higher BMI than we used to have and therefore we're seeing quite a bit more children with diabetes.*	*1*	*0*	*3*	*2*	*6*
Access to Healthy Foods		*I think food would be another one. Because you hear that ...they have problems in the summer accessing food.*	*0*	*5*	*1*	*2*	*8*
Asthma		*I know to be really prevalent in our community is asthma for our children. The air quality at various times with the heat conditions that we endure is just in the Central Valley, as well.*	*1*	*0*	*1*	*1*	*3*
Child Abuse and Neglect		*There are many challenges, there's awareness. I can tell you one of the concerns that I have is we have about a hundred and twenty seven children disclosed last year that they were victims of sexual assault. Those are the children that disclose. There are probably many children that feel that they cannot disclose, in fear that that no one will believe them. So we need to do a better job in prevention.*	*0*	*0*	*3*	*1*	*4*
Child Care		*Taking care of them. Literally take care of them. Getting child care is expensive and work.*	*2*	*0*	*1*	*0*	*3*
Clean Air and Water		*Pesticide free zones. You know we live in a very heavy AG county and it's really important that we keep our kids safe from pesticides, clean water.*	*1*	*0*	*0*	*1*	*2*
Community Safety		*Safety, I think would also be an issue. The reason why they're probably not outside, new parents don't want to let them because of the safety issues.*	*2*	*1*	*0*	*1*	*4*
Culturally Sensitive Services		*To service our students in terms of their, how they were brought up their culture, their tradition. A lot of the programs are not culturally...culturally competent or staff are not culturally competent to provide services to a lot of the children here.*	*2*	*0*	*1*	*0*	*3*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Dental Care		Also tooth decay among children at very early ages seems to be very prevalent in the population in this area. And so, having dental where we encourage people to bring in their babies by the time they're 1 year old so that we can start teaching parents how to take care of their children.	1	0	2	1	4
Early Childhood Development		I think for me that would be a focus on early child development. Because I think that that's a critical time and by early I mean birth to, I'll go as far as maybe eight to 10 years old because I think that that if you do a lot in that part of a person's life you've done a great deal to establish a healthy person.	0	1	0	0	1
Health Literacy/ Education		Well, first thing is again education. If they get educated, they will learn how to take care of themselves.	13	7	2	4	26
Homelessness		I've got a quote here actually this was published out of the Visalia Unified School District, superintendent wrote an article in our local paper that 63% of our kids are from socio economic disadvantaged backgrounds; and are on the free lunch and breakfast programs in the district; and which we have 504 homeless students in our school district in Visalia School District alone which is about 2%t of our total patient merit student population is homeless	1	0	1	1	3
Special Needs		In addition to that, I think it goes undetected often and that is Identifying special needs in young children. So working with them to identify some of their many challenges and being able to offer preventative support, early intervention services to those young children, maybe developmental delays and other types of special needs.	0	0	1	0	1
Immunizations		Immunizations and proper dental care.	0	0	0	1	1
Mental Health		And then I think on the mental health side, there's also some significant need...we're seeing a lot more mental health issues at a much younger age with kids.	5	0	3	1	9
Physical Activity/ Recreation		Of course, is the access to care. And we need we I feel we need still more pediatricians, but also the access to communal recreation for them to do things outside. Outside of the home outside of school hours. I think we lack recreation for them.	1	2	1	2	6
Physical and Occupational Therapy		Lack of physical and occupational therapy. Cause, pretty much for any type of occupational therapy you have to go into Fresno now. So maybe but physical therapy with an emphasis on occupational therapy.	0	0	1	0	1

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Poverty		*Tulare County's children is the poorest, next to Fresno County which has 58 out of 58 counties. So we have children growing up in very desperate situations. And that has a great ripple effect into their ability to harness their access to education and to be engaged in the educational system, to take full advantage of what's available to them. So I think we have great financial insecurity...amongst our children.*	*5*	*1*	*1*	*3*	*10*
SIDS		*As far as infants, I have had a great concern about sleep related infant deaths. So we've tried to have some, doing some campaigns and work to try to help people make sure their babies are sleeping in safe environments.*	*0*	*0*	*0*	*1*	*1*
Stable Home		*Well from my perspective it's stable homes. Most of the kids that we deal with that are that have either gotten themselves in a bad situation or have gone down a road where they get themselves in multiple bad situations. It's because the stability in the home isn't there to provide that home base where, you know, everybody needs to feel comfortable in terms of feeling safe. And I think many of these kids live in home environments where it's extremely disruptive. And as a result of the disruption, they don't get a nice pattern of school attendance or a nice pattern of learning going or they don't internalize the things that they learn in school, which will help them have better health and wellness outcomes as they grow up and become the adults that are in the community.*	*8*	*4*	*4*	*1*	*17*
Undocumented		*So immigration...we have kids here that are undocumented and sometimes people avoid going to the doctor because they don't feel like it might be safe.*	*0*	*0*	*0*	*1*	*1*
Existing Resources	Q9. What existing community assets and resources could be used to address these health issues and inequities?		**7**	**9**	**16**	**10**	**42**
Colleges/ Universities		*The public health department and we also partner up with the UC cooperative and stuff...We have good partnerships but, I think they could be stronger.*	*0*	*0*	*0*	*1*	*1*
Community Based Organizations and Partnerships		*Well there are many dedicated individuals and organizations in our county. Such as the family resource centers, C-SET, Proteus and then in the hospitals and the health department and First5. Many such organizations that are working together to try to make things better for everyone.*	*5*	*0*	*3*	*1*	*9*
FQHCs		*Our FQHC Camarena Health, they do a lot towards health care in the community.*	*1*	*2*	*1*	*2*	*6*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Faith Based Organizations		*And I think one of the aspects we have in the valley is the faith based organizations... we've often overlook them as a public health partner because of the fear of separation of church and state. And I'm not advocating for all one religion I'm just advocating that or acknowledging that the faith leaders in our community have a very strong voice and that they can help carry a public health message.*	*1*	*0*	*0*	*0*	*1*
Health Department		*We have... Madera County health department.*	*0*	*0*	*4*	*1*	*5*
Hospitals		*Well I think the hospital's on the right track having these community health positions created, that interact more with the community organizations and health organization and partners.*	*1*	*4*	*3*	*1*	*9*
Legal Aid		*Legal aid also is important because, a lot of them are thrown out of their homes or you know their credit is ruined because, I mean the legal aid could just keep them in the home until they find another one or... that could be a resource if they could have referral services, which they do.*	*0*	*0*	*1*	*0*	*1*
Outreach Workers/ Promotoras		*Well, we have a lot of resources that we use. To lift them we use our Promotoras, which are our local promoters. We use our outreach workers to communicate.*	*0*	*0*	*0*	*1*	*1*
Schools		*Well we have school, the school can always refer and...sometimes you hear a teacher getting folks together to buy shoes for kids or the schools have access to a lot of information about families.*	*0*	*0*	*1*	*0*	*1*
Transit System		*And another asset in the community that just occurred to me, is we have a very good public transit system.*	*0*	*1*	*0*	*1*	*2*
Vacant Retail Space		*So we've got, you know, vacant retail space in downtown and we have retail space at the mall. We have vacant retail space in shopping centers on the east side of town as well. So I think those are assets, we have vacant buildings that could be easily outfitted to be you know a clinic type setting.*	*0*	*1*	*0*	*0*	*1*
Health Needs	• Q4. In your opinion, what are the most important health needs that have the greatest impact on overall health in the community? • Q5. Are there other priorities in the community you serve that have not been discussed?		**46**	**27**	**31**	**46**	**150**
Access to Care		*One of the challenges... is the some of the more rural areas in the county, it may not have as much access to health care as we do right here in the city of Madera.*	*13*	*10*	*12*	*13*	*48*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Access to Care: Culturally Sensitive Services		*I think just training, you know training providers. It's really important that providers collect SOGIE data which is sexual orientation and gender identity data. Some do, some don't. So if you don't know you're dealing with a gay man who's sexually active with other men... know how to treat that person. You don't know what's going on with them. So, if you don't ask the right questions, you're not going to get the right answers.*	*0*	*0*	*1*	*1*	*2*
Access to Care: Insurance		*I think coverage, as we've learned over the last few years now with the passage of the Affordable Care Act; I think people need to know they have a safety net available to them, some form of coverage that will address their health and medical needs.*	*2*	*0*	*1*	*0*	*3*
Access to Care: Transportation		*Understanding [in] our two county area, that transportation is a challenge when it comes to seeking health care. We offer transportation to our patients...but it does have an impact on accessibility. And if there is access to public transportation, it's not immediate. You know, you have two different lines then it could take a full day to have a doctor's visit or a visit to a specialist.*	*4*	*5*	*3*	*4*	*16*
Affordable Medications		*Nutritious meals. And being able to afford the medication that they need.*	*0*	*1*	*1*	*0*	*2*
Asthma/ Respiratory Illness		*In our community, our poor air quality. A lot of asthma. I have a lot of staff who are, I have I probably have three or four out right now because of allergy related and health related breathing issues in this county and this year has been worse.*	*4*	*2*	*0*	*1*	*7*
Care for Seniors		*Yes, there are several health needs of our communities. Elder care is one. Alzheimer's. Drug and alcohol treatment and after care.*	*1*	*1*	*0*	*1*	*3*
Prevention of Chronic Diseases		*It is well-known and well-documented that our community is plagued by obesity and diabetes, and needs improvement in access to mental health services. The aforementioned issues should continue to be at the forefront of needs our community needs to address cohesively.*	*3*	*1*	*3*	*6*	*13*
Dental Care		*I think the greatest health need is medical dental and vision.*	*0*	*0*	*2*	*1*	*3*
Health Literacy		We have a knowledge deficit within our community about wellness and accountability for wellness and what that means.	*10*	*3*	*2*	*4*	*19*
Infectious Diseases		*I think substance abuse services and mental health services, also infectious diseases that we have in our communities.*	*1*	*0*	*0*	*0*	*1*
Maternal and Child Health		*Healthy mothers, so they'll have healthy babies.*	*2*	*0*	*0*	*3*	*5*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Mental Health/ Substance Abuse Services		*Huge gaps in mental health delivery. Both for adult and pediatric populations. In addition to that, lack of access to adequate substance abuse help for our patients suffering from addictions to opiates or alcohol or illicit drug use. I think those are huge gaps for us on the medical side.*	*9*	*6*	*6*	*8*	*29*
Physical Activity Opportunities		*Well activity is one, you know, keeping the individuals in the community active. It helps our overall health.*	*0*	*0*	*1*	*1*	*2*
STIs/STDs		*And we still have a high rate of sexually transmitted diseases and we're seeing increases of HIV rates again in young adults. So poor, what do you call, prevention behavior when it comes to sex behaviors.*	*2*	*0*	*0*	*3*	*5*
Social Support/ Connection		*Well I think that research shows us that having meaningful connections in your life is probably one of the most important health considerations. So, having meaningful relationships and the ability to have time for those relationships. Generally speaking shows some of the best health outcomes, regardless of you know obesity or heart problems or anything actually, being lonely is deadly. So I think the ability to have meaningful connections in the community and the ability to get out and do things with people in meaningful ways. Which, includes of course things like exercise, and cooking, and eating, and education, and all those things social events. But I think that meaningful connection between human beings is probably the most vital.*	*1*	*2*	*1*	*0*	*4*
Valley Fever		*We are also in a in a Valley Fever area. And sometimes I think Valley Fever is not identified and treated early enough...I think we could do a little bit better job of screening.*	*0*	*1*	*0*	*2*	*3*
Vision Care		*So, adequate nutrition, adequate dental care, vision care.*	*0*	*0*	*2*	*0*	*2*
Improvement	Q10. What can hospitals in your community do to improve the health and quality of life in the community? Q11. How can hospitals in your community better improve services and relationships in the community?		**39**	**26**	**23**	**27**	**115**
Better Communication		*So, just communication would be a huge thing. And to come up with the structure, so we always keep every single person on the same plane.*	*4*	*1*	*1*	*2*	*8*
Better Customer Service		Customer service training, customer service training, customer service training, customer service training!	*1*	*1*	*0*	*2*	*4*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Better Linkages/ Wrap Around Services		Focus more on discharge planning and communication with resources in the community where they're going to link people to. And when I talk about linking, I mean you actually talked to somebody, instead of giving somebody a sheet of paper and say 'go check out one of these places.'	5	2	2	0	9
Better Partnerships		I guess what I'm saying is that they can't work in silos, they can't work in their own silo. It doesn't work like that in Kings County. You have to get out of your silo and be willing to partner with others to make things happen. And, I think that that builds political will because, if they see if one person goes to city council and talks about the need for or X, it doesn't have near the impact as having multiple organizations and businesses and representatives there to talk about it--our elected officials listen to the larger voice.	14	8	8	9	39
Community Engagement/ Outreach		Once again outreaching. You know, I know they have a lot of diverse board that's in these hospitals and board of directors position. But, for example my organization we've been around for 27 years. I don't believe we have ever met or had a meeting with the hospital executives or board members to address the needs of our community, when we have been around for so long serving thousands of folks that go to their hospitals. I think that in itself says a lot.	9	9	7	10	35
Data Sharing		Data in order to provide good proactive, preventative care. We need to know who our patients are, who our members are in our community. And so we need to invest in shared health information exchanges, data warehouses where hospitals feed in our data lab, local labs. Physicians offices and anybody providing health care services to our community members, that we share our data in a safe protected fashion but, that allows us to identify and stratify our communities population health needs and then pro-actively reach out to our high risk, rising risk members in our community to engage them in the services and systems of care that we're putting in place.	1	0	1	1	3
Expand and Enhance Services		I think if there, If they had more specialty clinics available that would definitely have an impact. Community Medical Center does have outpatient clinics for specialty services and that could be enhanced. I think the other hospitals should also seek to provide that same access.	3	2	2	1	8
Improve Wait Time for Service		So, but it seems like the complaints that I get about hospitals and even clinics, is that 'well I had to go to the hospital, I had to go to the clinic and I had to wait three hours.'	1	1	1	0	3
Physician Recruitment		I think just making sure that they're continually working on hiring good qualified doctors. I mean, I think the maybe perhaps the number one complaint I hear about our local hospital is that they're not as competent, as they believe they are.	1	2	1	2	4

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Opportunities	Q9a. Do you see opportunities for systems-level collaborations or local policies that could help address the health challenges discussed?		**11**	**10**	**10**	**7**	**38**
Collaborative CHNA/CHIP		*But the other thing that I would like to look toward, not for this assessment, but for the next round with the hospital. So this group did their own health assessment prior to my coming as the health director. And they did a good job. But I really would like to see that done in in conjunction with the hospitals together as opposed to doing two assessments separately. I think it would serve the community better and that those partnerships could be strengthened between the partnership and the hospitals. So, I think that's an opportunity.*	*0*	*0*	*2*	*2*	*4*
Current Partnerships/ Initiatives		*Of course there are different strategies, different work that is already going on in the community. Community organizations getting together, working to make sure that for instance that there is health care for everyone, no matter their immigration status.*	*5*	*5*	*2*	*3*	*15*
Maximize Funding/ Resources		*So, I think maximizing resources and whether that resource is a clinic, fire station, or some other kind of public building to be able to proactively address some of the social and inequities.*	*2*	*2*	*4*	*1*	*9*
Willingness to Collaborate		*I do think there is a willingness amongst all of the agencies, including community agencies. Any health related and education to come together to address the health needs of the community. There's definitely a willingness.*	*4*	*3*	*2*	*1*	*10*
Role	Q1. Please share your role within your organization and a brief description of your organization.		**14**	**12**	**9**	**11**	**46**
Service Area	Q2. What geographic area do you primarily serve?		**14**	**12**	**10**	**12**	**48**
Service Area	Q6. Are you aware of social factors that influence the issues we've discussed for your community? If so, what social issues have the biggest influence on these issues?		**54**	**20**	**25**	**37**	**136**
Access to Healthy Foods/ Food Insecurity		*Yes we live in a rural area. So we have limited access to fresh fruit and vegetables and fresh organic meat.*	*2*	*4*	*4*	*6*	*16*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Affordable Housing		*I also think that the lack of affordable housing is a, probably one of the most bad surfaces. Every community needs assessment I've been involved in, that surfaces as one of the biggest issues, if not the biggest issue. And those families that are not able to work and not able to keep a roof over their head.*	*5*	*2*	*0*	*2*	*9*
Citizenship Status/ Undocumented		*Well right now is the fear, the undocumented are they are not.. they're kind of hiding out. I know some of them don't work and when they're making raids some of them don't even go to work or go outside their home. So, they're not going to the doctor.*	*3*	*0*	*2*	*2*	*7*
Crime/Gangs		*We've got issues of gang. We still have, like 14,000 gang members in Fresno that cause trauma in neighborhoods.*	*3*	*0*	*2*	*1*	*6*
Cultural Factors		*I think that there's a Hispanic population in King County, is a little over 50 percent. And I'm thinking that there is a culture there or I think there is a culture in that population that don't always access the programs that are available to them.*	*6*	*3*	*1*	*0*	*10*
Attitudes Towards Health Care		*I would say overall one of the challenges, is overall people's overall lack of vision for what the future could look like. So, I think sometimes people do know that things are maybe available, resources but they're not motivated to access them. And that may be because they just are hopeless about what is around them. So, I think there's a general sense of hopelessness within our community that is that keeps people from being able to move to the next level.*	*2*	*1*	*1*	*0*	*4*
Economic Factors		*I would add a piece of the economic piece within our city in particular and I think maybe inadequate or stressed systems that don't provide adequate economic opportunities for individuals. And so the cycle of poverty often is perpetuated because there doesn't seem to be a way out. And I'm not sure that our economic systems are helping very much.*	*15*	*5*	*9*	*12*	*41*
Economic Factors: Employment Opportunities		*It's no secret, I mean you look you can look at the unemployment rates in some of the outlying areas and see that in some of our areas unemployment rates during certain times of the year more than three times the state rate, the average California unemployment rate. So unemployment can be very high.*	*4*	*2*	*2*	*5*	*13*
Economic Factors: Poverty		*So, we we're very one of the most impoverished areas in the whole state of California. So, our average household income is below well below the federal poverty level. So, that's a significant risk factor.*	*7*	*1*	*4*	*6*	*18*
Education		*I think if we talk about the biggest impact, poverty is probably the biggest and what leads before that, poverty lower than average high school graduation rates college graduation rates are lower than the average*	*4*	*0*	*4*	*4*	*12*

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Homelessness		*And we have an increasing number of people who are homeless and that's similar to other areas. But it's a also a social situation that's impacting health for those individuals.*	*3*	*1*	*0*	*2*	*6*
Language Barriers		*There's also language access for the Hmong communities service, access to services for the Hmong community. There's always Language barriers, there's over forty language barriers, forty to seventy languages spoken in the community. Need for translation or need for culturally relevant services other than that.*	*4*	*0*	*2*	*2*	*8*
Physical Environment		*Environmentally, we're live in a one of the worst places to live at in California, 93706. They did a study, Fresno State did a study and said out of the 10 worst places to live environmentally in California, five of them are in 93706.*	*8*	*3*	*0*	*5*	*16*
Stigma/ Discrimination		*And I think it has more to do with belief systems. For our LGBTQ community, I think the kids do feel really alienated due to discriminatory beliefs. You know some of the religious beliefs and some cultural beliefs that get in the way of their families accepting and supporting them or them finding community in their communities.*	*1*	*2*	*1*	*1*	*5*
Suggestions	Q12. Suggestions for new activities or strategies?		**2**	**3**	**4**	**2**	**11**
Community Wellness Centers		*I've seen this in Arizona and it'd be great to see it here, wellness centers at shopping or community centers. Health and wellness programs out in the community that attract older adults, and it can be intergenerational. But programs on yoga, diabetes education, exercise, nutrition, a wellness program.*	*0*	*0*	*1*	*0*	*1*
Encourage Volunteerism		*Well, I think that one of the things that the hospitals need to do is encourage more volunteerism from the community.*	*1*	*0*	*0*	*0*	*1*
Evaluation		*Yeah I think that they need to evaluate what they've been doing all the time and see are they really reaching the key places that they that they're really needed at...How do you really do a real analysis on building relationships, helping these underserved communities, and really take an honest look at if what you do is really reaching those people, that you're really trying to reach.*	*1*	*0*	*0*	*0*	*1*
Expanded Flu and Well Baby Clinics		*You know, I think timing wise again, the well baby clinics and the immunization clinics surrounded around the start time of school...We usually start around here about September, October. Maybe we should just have it kind of opened up. Saying you know, hey we're going to we're going to have a flu clinic and we're also going to have you know shingles and pneumonia.*	*4*	*0*	*4*	*4*	*12*

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Fund SDoH		*I'd like to see the hospitals get engaged in funding more that is on the social determinants side. There are successful projects that in the valley that I think that there are worthy investment that are about safe food access or you know physical activity active transportation that kind of thing. But I don't know how open all of the hospitals are to funding something that doesn't look and feel a lot like health care.*	*0*	*0*	*1*	*0*	*1*
Health Care Navigators		*Health care navigators. It's not something that's like you get paid for it, but It would be so beneficial for people...So, you know when a person comes into a hospital they go to registration or they present to the front door. And then we kind of guide them from there.*	*0*	*1*	*0*	*1*	*2*
Housing Support Center		*So it has to be somewhere where the neighbors aren't going to complain about it. And then I think I think once the location is identified, I think members of our community will certainly volunteer to support the Housing Support Center and certainly agencies have all indicated that they would support the center by having staff there...We need permanent housing but the support center there's really no sustainable revenue stream for that. And it be a great investment for a hospital.*	*0*	*1*	*0*	*0*	*1*
Job Fairs		*I guess the other thing I would suggest is, and they may already be doing this, but if they're not you know where they have the job fairs you know have someone, a representative from the hospital there to provide the different Job opportunities with the hospital.*	*0*	*0*	*1*	*1*	*2*
Partner with UC		*But, provide this area as a training for future professionals in the health care industry, under the direction say of a UC system or state college with an emphasis on mental health services.*	*0*	*0*	*1*	*0*	*1*
Vision	Q3. What is your vision of a healthy community?		**15**	**12**	**11**	**12**	**50**
Access to Care		*My vision of a healthy community would be to say that I mean we don't have people using the emergency room. Everybody's got a medical home And we're focused on prevention versus episodic care.*	*0*	*0*	*0*	*5*	*5*
Abundant Resources		*My vision I guess I would say would be that individual, as they're growing up especially. Can have the resources they need to identify their strengths and their weaknesses and the ability to find additional resources in their community to support their strengths and to help compensate for their weaknesses. So that would be everything including education and health and nutrition. And. The arts and opportunities to excel in various forms of development and giftedness and. Education that. That leads to meaningful work. And I think. A community could be healthy if if children and families had those resources and knew where they could always find them.*	*0*	*2*	*1*	*0*	*3*

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Access to Healthy Foods		*I feel that a healthy community is where everyone has access. No matter, you know, their income level to fresh fruit, fresh vegetables, fresh meats. Where everyone has access to medical care and we're all striving to live a healthy life.*	*0*	*1*	*5*	*2*	*8*
Access to Parks		*I think healthy neighborhoods also have parks and recreation places where people can walk in and play and work out.*	*1*	*0*	*0*	*0*	*1*
Affordable Housing		*I think if I could wave a magic wand, it would be to produce massive amounts of affordable housing so that people can have a roof over their head. I really believe that an individual or a family cannot be healthy until their basic needs are met, food and shelter being those basic needs.*	*1*	*2*	*2*	*1*	*6*
Affordable Medications		*No hunger. People able able to pay for the medicine that they need. Transportation, no isolation.*	*0*	*1*	*1*	*0*	*2*
Clean Water		*Affordable housing. Safe places where people can, you know, participate in physical activity, safe water.*	*0*	*0*	*0*	*1*	*1*
Community Engagement/ Outreach		*I think it encompasses, obviously your physical health. Optimal physical health, but I also believe that it's also having access to community events, community partnerships. It includes people coming together and, you know, just building relationships and making the community everything that it possibly can be.*	*0*	*1*	*0*	*2*	*3*
Culturally Sensitive Services		*Yes, so for our population it's access to culturally sensitive care. And medically accurate care, because that's not happening in this area at all.*	*0*	*0*	*0*	*1*	*1*
Economic Opportunities		*A healthy communities rely on not just health care but you know adequate economies to be able to afford some of the basics needs of life.*	*3*	*2*	*0*	*0*	*5*
Fewer People on Medi-Cal		*Fewer people on Medi-Cal, seriously. One of our goals is to have fewer members. Maintain our market share and have fewer members because that is one indication that the service areas are healthier. Because, healthier people are more likely to be employed and no longer qualify for Medi-Cal.*	*1*	*0*	*0*	*0*	*1*
Health Education		*Beyond that I think some factors that really contribute to healthy communities are kind of multiple or multi-interagency collaboration and really being able to get out in the community and not necessarily sitting back waiting for folks to seek health care; but really being able to go and educate the members of a community about health care, about what is important, about what is needed, and teaching them how to access those services. Going beyond just the medical delivery but health education around healthy lifestyles and just healthy eating, active living and really getting the community in the mindset of really taking control of their own health, is very important.*	*1*	*0*	*1*	*1*	*3*

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Healthy Families		*I think a healthy community has families and children at the center, of their plan. And understanding that parents, you know, who need to work need good quality child care. Parents who have health issues, need quality care. Children need quality health access...I think it's just understanding that within this county we have to really look at where our families are and meet them where they are.*	*0*	*1*	*1*	*1*	*3*
Healthy Kids		*My vision of a healthy community is one where all children are immunized when they reach kindergarten, they are free from illness and disease. Their families are resilient. And everyone is successful.*	*0*	*0*	*0*	*1*	*1*
Interagency Collaboration		*My vision of a healthy community is one where the individual and the community meaning, local government and partnerships and non-profit organizations help- based organizations and so forth are working collaboratively or more closely to be able to maximize the health of all individuals in the community. And that there is a safety net that's established for people who may struggle with health issues and that there are mechanisms and programs in place to be able to restore people to good health.*	*2*	*1*	*1*	*1*	*5*
Low Poverty Rates		*Some of the things that I think you mentioned the that people feel safe. That people are healthy, have access to good medical care, good education. Gotta say that and yeah, lower poverty, higher economic, you know those kinds of things.*	*0*	*0*	*2*	*0*	*2*
Mental Health/ Substance Abuse Services		*Healthy community is where people in the community residents have access to high quality physical and behavioral health services, preferably in an easy to navigate system of care.*	*1*	*0*	*1*	*0*	*2*
Quality Education		*A healthy community is a community that has access to health care. A community that is educated about the resources and opportunities that are out there. A community that has employment, has the ability to access employment, low unemployment rate, and a higher education rate as well. That's what we consider a healthy community is an educated community in terms of resources, education, and their rights.*	*1*	*1*	*2*	*0*	*4*
Recreational Opportunities		*I think it also is a community that has recreational options, entertainment options, quality of life options. And one that has the ability to access those options or qualities or services, that kind of thing.*	*1*	*1*	*1*	*1*	*4*
Safe Community		*A community where, you know, a place where you can go out... and if you have a safe place to walk or you have a safe place to meet and you have. A connection with other people in your community.*	*1*	*1*	*2*	*2*	*6*

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Smart Land Use		*Obviously, community design with land use planning in mind to reduce or mitigate environmental health and air quality issues is important. And, you know, a community that functions well in terms of policy issues. That there is dialogue and discussion and hopefully consensus about things that need to be done in the community to improve it, not just from a health perspective but also from an economic and land use perspective.*	*1*	*0*	*0*	*0*	*1*
Total Well-Being		*A community where people can thrive, excel to their greatest potential and live lives that are full.*	*2*	*2*	*0*	*2*	*6*
Transportation		*Sometimes transportation is a challenge. We have some communities that are not, they all don't have pharmacies. They all do not have access to prescription meds. They rely heavily their, on you know, post office service, general delivery type, delivery of maintenance medications. Or they really have a hard time struggling to try to get prescription drugs for any kind of treatment that they might be going through.*	*0*	*2*	*1*	*0*	*3*
Vulnerable Populations	Q5. In your opinion, are there any specific populations that are disproportionately affected by the health problems just mentioned?		**27**	**18**	**21**	**14**	**80**
Active Duty Military		*With the Lemoore Naval Air Station here we have an influx of people that are not native. And so, they come in and they're not you know they have no immunity to, like I say Valley Fever or even West Nile.*	*0*	*1*	*0*	*0*	*1*
African American		*I think the African-American population is the main one that should be in that room. The community is feeling the brunt of all these health issues in West Fresno.*	*5*	*0*	*0*	*1*	*6*
Asian		*Yes, the Southeast Asian is really uneducated about the health issues that are that they're facing or I mention a cancer, they say cancer is a stigma. So prevention for cancer intervention and access to it seems like it's not there. But the issue is they're not educated about it.*	*1*	*0*	*0*	*0*	*1*
Children		*I think children of lower income this is children, living in the federal poverty guidelines. I think that they are definitely affected based on lack of transportation to health care.*	*0*	*1*	*4*	*0*	*5*
Hispanic		*Our Hispanic population has a higher diabetes rate. So I would say the Hispanic population.*	*4*	*0*	*2*	*3*	*9*

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Homeless		So, I would say that people who are homeless. They're chronic users of emergency rooms and I would say the homeless population. But I would even say within the homeless population, we have a growing number of seniors within the homeless population. So, I think a lot of times we think of the homeless as an individual who you know probably young or middle age. But what I've noticed in the last 20, 25 years of doing, I've been in the field for 30 years, I think what I've noticed is that we have an aging homeless population with chronic health conditions and they lack access to specialized care.	0	1	1	0	2
LGBTQ+		Yes, so certainly our transgender population. Anyone with, anyone...our male men who have sex with men, so our MSM population. Anyone who identifies as LGB or T. We have a lack of resources education advocacy for that population. And our trans population often has to travel over a hundred miles to get what they need. And we have people who are HIV positive that are going outside of our county to seek primary care physicians because the one primary care physician in our county is too busy to see them or often cancels appointments. We have one infectious disease provider in our area.	0	1	0	1	2
Low Income		Yeah I think some of the, you know, lower income populations, you know, definitely struggle for a couple of reasons. You know, I think some that we see in terms of job type or work type that they have, you know, not having access for kind of, you know, to leave or work sick time et cetera to get to doctors visits or to take care of their health. You know, a lot of that goes back to the needs for non-traditional hours or non traditional kind of ways to delivering that type of services or education go into the evenings weekends.	4	5	10	5	24
Middle Age Men		And middle aged males. Apparently we have a higher suicide rate amongst middle age males right now.	0	1	0	0	1
Migrant Farm Workers		Primarily an agricultural based economy and because of that there is a lot of seasonal workers that come to the area. And you know they are typically making minimum wage. They come into this into the service area and then they move on to follow harvest. So, I think that alone impacts the continuity of care that a lot of children of those migrant workers get as they move from one service to the area. There may be gaps in getting immunizations and various other routine care that they need.	2	3	0	0	5
Native Americans		We also know that there's somewhat higher rates of diabetes in the Latino population and the American Indian population.	0	0	0	2	2

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Rural Residents		*The undocumented and people in rural areas.*	*4*	*0*	*1*	*0*	*5*
Seniors		*I think that the geriatric population is underserved here and they see that in not only the veterans community, but I see it throughout the Valley in the waiting times for appointments things like that... My biggest concern is the older population and we'll say from 75 and above, because it just seems like it's easier for our community here to tell them there's nothing they can do with them and then treat the younger people because of the amount of appointment times that are available in the Valley.*	*2*	*3*	*1*	*0*	*6*
Undocumented/ Immigrant		*Yes of course, I will say the immigrants in general. No matter where we are coming from. Bad particularly, I will say that Indigenous communities because of our view in terms of or health and how that differs from how people in this country view and access health services. That has been very, very challenging, for the Indigenous community.*	*5*	*0*	*1*	*0*	*6*
Uninsured		*Probably those that are in the lower socioeconomic status. The lower income, those that are and we kind of call them the uninsured and the underinsured.*	*0*	*2*	*1*	*2*	*5*

APPENDIX G: FOCUS GROUP CODE BOOKS AND FREQUENCIES

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Additional Comments	Q8. Anything you would like to add that we haven't discussed?		**14**	**4**	**4**	**1**	**23**
Barriers	Q6. What are the barriers to accessing these resources?		**67**	**24**	**38**	**31**	**160**
Access to or Use of Technology		*When you go to check in at the hospital, you check in at the kiosk and I don't know how to use it. They refer me to check in to the machine and I don't know how to use. The check in clerk gets upset when you ask them. It's not their fault, its our because we don't know. But that's why they are there and get paid, to help us out.*	*3*	*0*	*2*	*0*	*5*
Citizenship Status		*The other health problems are the undocumented group. They are afraid to go seek medical services. It's very common. They don't go take care of themselves. They hide. This affects the entire community. If they get a disease everyone can get it. It is not good for the community for them to live like this.*	*0*	*1*	*5*	*2*	*8*
Cost/Expensive		*We need money to pay for doctor services. They cost too much and give too little. I was such in need that I almost sold my house. They did not listen to me or take care of me the first time around. I needed extensive surgery.*	*7*	*5*	*10*	*9*	*31*
Lack of Knowledge		*I think that, that's the biggest problem is the knowledge, the lack of advertising some of these programs and the lack of knowledge in the community. I don't think that we put out the literature and the education for the people.*	*14*	*9*	*5*	*2*	*30*
Language		*Language barrier. That's why sometimes people don't look for the services. It's like a taboo, for people who don't know the English.*	*13*	*5*	*4*	*1*	*23*
Limited Insurance Coverage		*Even if you do have insurance, sometimes that insurance sometimes that insurance doesn't cover everything.*	*7*	*0*	*5*	*8*	*20*
Transportation		*Our transportation system is a big problem. If we had a better way to get them to the resources they need, that would be one less excuse. I'm not saying that would actually help them but I'm thinking that's the number one excuse we get. Not that we are a huge city but it is still difficult.*	*23*	*4*	*7*	*9*	*43*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Existing Resources	Q5. Outside of health care, what resources exist in your community to help you and the people you know to live healthier lives?		**42**	**29**	**21**	**18**	**110**
Churches and Faith Based Organizations		*Fellowship Baptist church, they give out food once a week*	*9*	*1*	*1*	*2*	*13*
Community Based Organizations	Includes NGOs, food pantry/giveaways, community educational programs	*There is a variety of food banks around here that will distribute food.*	*23*	*13*	*11*	*5*	*52*
Gym		*The gyms but you have to pay for that it's not something that is provided for free.*	*1*	*1*	*1*	*3*	*6*
Health Education Courses		*I know of the educational classes that Adventist Health offers, they teach you how to eat, healthy diet, how to manage your diabetes but I'm not exactly sure how to access the services.*	*0*	*2*	*0*	*2*	*4*
Local Clinics/ FQHCs		*A lot of folks don't know, Camarena Health Center takes in everybody. Lots of folks think it's for Spanish or White. It's for everybody. They have eye vision, dental, medical care. They will work with you. You have to pay for something but they won't turn you down because you ain't got it. Some urgency come up and need a tooth pull, they will take you. Corner of 6th and A street.*	*1*	*5*	*6*	*1*	*13*
Parks and Recreational		*And we do have some resources. At Hanford Parks and Rec has some programs. My kids are in them and they love them. But some of it may be the advertising that they are available. So not everybody knows that it is there. Getting the word out to parents.*	*0*	*4*	*2*	*4*	*10*
Schools		*I know some schools offer certain programs. I don't know if it's selected schools that have more migrant workers or poverty ratio schools. But I know some schools offer health educational programs for parents after school.*	*5*	*3*	*0*	*1*	*9*
Supplemental Nutrition and Welfare Programs		*And to bring up Section 8, SNAP, WIC giving people a helping hand.*	*3*	*0*	*0*	*0*	*3*
Health Issues	Q3. From your perspective, what are the biggest health issues in your community? Why?		**73**	**34**	**61**	**52**	**220**

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Asthma/ Respiratory Illness		Asthma. It's because of the air we have in this community, if you stand on a high mountain and look down in the valley we have bad air. Everything settles down in the valley.	7	2	8	3	20
Chronic Disease			9	1	1	2	13
Chronic Disease: Alcoholic hepatitis		I was just saying diabetes and hepatitis that goes from drinking. Yeah, there's a lot of that.	2	0	0	0	2
Chronic Disease: Arthritis		High blood pressure, diabetes, strokes, arthritis, obesity, cancer.	1	0	0	0	1
Chronic Disease: Cancer		With the cancers, A lot of that comes with the farming area. with all the chemicals we use. We did a lot of flagging. Chemicals for fertilizers.	2	1	3	1	7
Chronic Disease: Diabetes		The biggest problem I see in the community is diabetes in the community. All the people here in this room has diabetes about 80%. We need to know how to control our diabetes. It's an issue among diabetes if you don't know how to control and will continue to be a bigger problem. We will have high blood pressure, kidney problem. This is an issue I see in the community. We don't know how to manage our diabetes issue. We need more education on how to better manage our health issues.	9	3	6	6	24
Chronic Disease: Heart Disease		To piggy back on overweight and obesity, heart disease and cancers all of those are prevalent in this area.	0	1	2	1	4
Chronic Disease: High Blood Pressure		High blood pressure, lots of tension. Perhaps it's because they have one thing and don't know how to treat it. This might be because they don't have a doctor and don't know where to go.	2	1	5	4	12
Chronic Disease: High Cholesterol		High blood pressure, cholesterol, diabetes, lots of stress.	0	0	1	1	2
Chronic Disease: Kidney Failure		Diabetes, kidney failure, it's linked.	0	0	1	1	2
Chronic Disease: Obesity/ Overweight		Obesity, there are a lot of McDonalds, too much fast food.	5	3	3	2	13
Chronic Disease: Sickle Cell		Anemia Sickle Cell	0	0	1	0	1
Chronic Disease: Stroke		High blood pressure, diabetes, strokes, arthritis, obesity, cancer.	1	0	0	0	1
Chronic Disease: Thyroid Issues		For us its going to be diabetes, high cholesterol, high blood pressure, thyroid issues.	0	0	0	1	1

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Mental Health/ Substance Abuse Services		*I think mental health there is a stigma that people need to talk about it instead of shrugging it under the rug. They didn't have the education to reach out for help. it goes back to the resource program. When people come to these programs the people that really care want to help out.*	*11*	*9*	*4*	*9*	*33*
SDoH: Physical Environment		*Water – we get stomach problems and throat problems. We have no other choice. It's horrible water. Water is yellow. I used to collect the water and take it to the meetings to try and make a change. I got discouraged. I don't see any progress.*	*8*	*4*	*3*	*8*	*23*
SDoH: Safer Communities		*And be concerned about, the shooting and stuff that's going on here in Fresno. You sit up there on your back patio, and just set out there to get some air and stuff. And you sit out there about 10 minutes, and you hear this, they go to shooting. And then you run back in the house, cause you're scared.*	*7*	*2*	*4*	*4*	*17*
STDs/STIs		*I think that we have a big problem right now, thinking about it, is teenagers are…bit concerned right now we're getting a lot of case of HIV positive.*	*2*	*1*	*0*	*1*	*4*
Valley Fever		*The biggest health issues that we have here is valley fever, I got it. I was hospitalized for 22 days at Community hospital. They operated on me, I was on bed rest for 6 months. It's because of all the chemicals in the air. Especially those that live outside of the city.*	*2*	*0*	*3*	*0*	*5*
Improvement	Q7b. What needs to be improved?		**64**	**27**	**23**	**25**	**139**
Better Communication	Describes cultivating better channels of communication between providers or staff at a hospital, between hospitals, or between hospitals and community based organizations.	*There's different stories there's good and there's bad of course but I think what there needs to be is more cohesion sometimes even among their staff. There are staffers on my end who are pro breast-feeding but there are other staff that wouldn't collaborate with them. I just came from a coalition meeting this week and we were discussing about having breast feeding resource nurses/ training nurses so that if the lactation consultant is not there then the nurses can.. I've heard about customer service complaints like for instance a nurse would say 'what do you want me to do now?' with regards to a mother wanting to breast feed.*	*2*	*4*	*0*	*0*	*6*
Better Customer Service		*Bed side manners. That is very critical, both as a patient. I did not like the way they were doing. If they would explain what they are doing especially if they see someone concerned. Ease this persons' mind.*	*8*	*3*	*11*	*5*	*27*
Better Technology and Services		*They need better equipment. I didn't get an MRI done because they didn't have it. [Madera Community Hospital]*	*5*	*1*	*1*	*3*	*10*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Community Engagement/ Outreach		*Some of their outreach programs that they provide to the community, but it doesn't cover everybody. They do diabetes classes. They have an empowerment for better living – chronic disease program. They have a lot of different outreach programs, but it still doesn't get the people that truly need to be there.*	*14*	*8*	*2*	*5*	*29*
Cultural Sensitivity/ Training		*I would love for doctors who practice medicine to be up to standards of care for patients who are LGBT. Often times in rural communities we have FQHCs that have policies and procedures that protect trans people and gay people and the doctors themselves have no idea that these policies exist. Our FQHCs takes two forms of medi-cal insurance both Medi-Cal providers have policies for treatment and protocols for all kinds of things but the doctors have no idea how to treat LGBT. They only get 2 hours training. It would be nice if patients didn't have to educate their doctors on prep, HRT, on all kinds of things for our community.*	*6*	*2*	*0*	*0*	*8*
Faster Service		*The biggest complaint I hear from anybody whenever we bring up hospitals in Fresno is the wait times. So, either more doctors on staff or just, hospitals need to manage their waiting room more efficiently or we just need another hospital to manage the over-flow of patients. Because it's ridiculous that some people, that don't necessarily have life threatening injuries or illnesses but are in considerable amount of discomfort, pain, etc. Have to sit in the hospital waiting room from upwards of 5 to 13 hours…I've myself waited for 13 hours, only to get seen for an hour or two [emergency room].*	*16*	*9*	*6*	*7*	*38*
Language/ Translators		*In addition to health issue is the language barrier. When the elderly people go to the hospital sometimes they don't provide the interpreter for the needs they have. Sometimes they do have a Hmong interpreter but when you get there, they can't find one. there should be one there all the time so that they are there when they need us.*	*5*	*0*	*1*	*0*	*6*
More Rooms/ Beds/Waiting Areas		*A lot of people in the waiting room. People being treated in the waiting room and it is no longer private if people are listening to your needs. I've heard people don't like to go there because if you go there you will die. My daughter goes to Fresno. [Referencing Kaweah Delta]*	*3*	*0*	*1*	*3*	*7*
Parking and Transportation		*There is no parking, space is there. Parking garage but you have to walk all the way around.*	*6*	*0*	*1*	*2*	*9*
Missing Resources	Q6. What resources are missing?		**45**	**28**	**28**	**19**	**120**

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Access to Healthy Foods	Includes mentions of cost of eating healthy and physical access to healthy foods (grocery stores, farmer's markets)	*Healthy food. There are lots of fast food restaurants and we are seeing that kids are gaining weight and are not healthy. There is not a lot of physical activity. There are people who complain that there are a lot of healthy people but there is no money to buy food. The healthier the food the more expensive it is.*	*2*	*3*	*6*	*7*	*18*
Affordable Housing		*Homes and housing for needy people. It seemed like they don't want to help. So why does it take 6 months. I don't get that. The people that need homes, don't have it. that's not proper. I don't get that. You go look for housing you have to wait 6 months to get a place. That's not right.*	*0*	*1*	*1*	*0*	*2*
Child Care/After School		*We need more day care services available and affordable when we go to work. Or free if we qualify.*	*3*	*0*	*0*	*1*	*4*
Employment Opportunities		*People who do want to work and able to make a living, not everybody can have a job. But the people that can have a job are often working part time. Those part-time places like Walmart and Target, are big corporations don't employ people enough to make a living wage. You can work part-time someplace and they are giving you the maximum amount of hours that you can get. But you can't pay for rent by yourself. You still qualify for food stamps and full assistance because you are still living below the poverty line even when you are working.*	*6*	*6*	*7*	*3*	*22*
Homeless Shelters/ Services for Homeless		*There should be a homeless fund so we can help. there are a lot of homeless. We are not proud of that. We look the other way. We see them living underneath the bridge. If the help exists why don't they go and seek it?*	*15*	*10*	*10*	*5*	*40*
LGBTQ+ Safe Spaces		*I think one thing that they can improve on here in Fresno, would be LGBTQ safe spaces. So, I know if an individual wants to go ahead and go get hormone treatment, I think Planned Parenthood is the only place. But even then, there are special requirements, so maybe making it more accessible. So, you can go ahead and get that hormone treatment or have health care professionals that are respectful of who they are, and don't have that bias of "oh, you're not actually this, you're this," based on genitalia and stuff like that.*	*4*	*0*	*0*	*0*	*4*

Lack of Young Professionals/ Graduates	Participants describing the impact of the "brain drain" that occurs when young people leave the community and fail to return.	*It's the "brain drain", a lot of the people who do go to a 4 year college they go and never come back. People don't want to live here if they have the options to live somewhere else. so you have to try really hard to recruit specialist, doctors, even just professionals, you cant get a whole foods or Trader Joe's. They won't put one here because the demographic data they look at is college graduates not college students. So we have COS, which would place kids in college, per capita we don't 'have enough college graduates which is their target so they will never put one here.*	*3*	*2*	*0*	*0*	*5*
Recreational Options	Including access to free or low cost gyms or fitness classes	*Free sources for people to get active, because everything cost money and not everyone has extra dollars to pay for the gym and go be with people.*	*12*	*7*	*4*	*3*	*26*
Needed Services	Q4. In your opinion, what health services are lacking for you and the people you know?		**85**	**56**	**37**	**38**	**216**
Access to Health Care		*Lack of providers. You can be there upwards of hours. More providers accepting majority of insurances. Currently they don't and they turn you away and you are back to square one.*	*38*	*33*	*10*	*15*	*96*
Dental Care		*Dental service because obviously it is very expensive, there are many people do not have to have this. Some only go once a year.*	*10*	*5*	*7*	*5*	*27*
Mental Health/ Substance Abuse Services		*We should be able to do programs that are dual diagnosis, like dealing with drug addiction and depression or mental health services trying to get those programs together. A lot of time they don't want you to deal with your drug addiction first and then deal with the mental health issue or vice versa because they want you to eliminate one of them.*	*12*	*13*	*4*	*7*	*36*
Occupational Therapy		*I have a couple of children who require like OT in all kinds of other things, and it is very difficult for them to be seen at any time. My one son, he has to go to occupational therapy once a week, but it has taken us, we've been here for two years, he finally got seen this year, and then the doctors got screwed up through Medi-Cal or whatever it was, and then he got cut off, and it has been 6 months since we've got to go back. And we're still fighting it. It's like a lot of the children's and my dependent's care...*	*1*	*1*	*1*	*0*	*3*
Physical Therapy		*I think that one of the issues we have here... after you have a procedure or surgery, knee replacement, shoulder replacement whatever. You only get so much PT, in this facility. That's it and then they tell you to go out and get a private facility, exercise club or something like that, but they don't fund it. It's you're out there on your own.*	*3*	*0*	*0*	*0*	*3*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Services for Seniors		*This is actually care of elderly. One health issue that my husband and I struggled with a few years ago and we have lots of friends with similar experiences when your parents are no longer able to take care of themselves. And to find some place when they need assisted living. Fortunately my husband and I were able to provide for my mother in law. But there are many families who cant. And if you have people working, they can't always afford assisted living that is available.*	*2*	*1*	*4*	*0*	*7*
Sex and Health Education		*Classes on nutrition for kids and very important to engage parents. If the parents don't have the information they can't enforce what the kids learn. The kids aren't responsible for their actions.*	*9*	*2*	*4*	*8*	*23*
Vision Care		*I have vision needs but can't access them because my insurance does not cover it.*	*6*	*0*	*5*	*3*	*14*
Women's Health		*There should be more places for woman who are going through menopause. I know 2 fiends who are going through menopause, they are going a little crazy, they asked me how I got through it. They feel like they are going crazy. We need more counseling services.*	*4*	*1*	*2*	*0*	*7*
Negative Perceptions	Q7. What is your perception of hospital name and current programs/ services?		**41**	**23**	**20**	**17**	**101**
Dirty	Includes two references to Madera Community Hospital, two references to Community Regional Medical Center, and one reference to Kaweah Delta	*What is missing is that it needs to be cleaner, perhaps because it's very busy. I think this is one of the places that needs to be much cleaner. Overall its good. [Kaweah Delta]*	*2*	*0*	*2*	*1*	*5*
Fear		*I'm scared of Saint Agnes, everybody I knew that went there, didn't come back.*	*2*	*0*	*0*	*1*	*3*
Lack of Technology		*Another friend went in and they didn't have the equipment in the emergency room and I guess upstairs neither. All they needed to do was stabilize her and they weren't able to stabilize her and eventually she did pass away that night whereas … Delta down the road had the stuff that could've sustained her but it wasn't there.*	*0*	*1*	*0*	*0*	*1*
Poor Service	Includes references to poor customer service, misdiagnosis, perceived discrimination. Five comments are general references to poor treatment received at area hospitals.		*37*	*22*	*18*	*15*	*92*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Poor Service: Adventist Health		*Adventist Health sucks in Reedley. They need to be audited. When they first took over the Sierra King system, I noticed some of their hospitals even shut down. And Adventist Healthcare, they're a joke.*	*3*	*8*	*0*	*0*	*11*
Poor Service: Community Regional Medical Center		*Like I was telling you, the lady that went to Fresno Community, they were like four doctors come in and see her and stuff. They were like ok, we're going to find out what's wrong with you. As soon as they find out she was homeless, they didn't come see her anymore.*	*8*	*0*	*0*	*0*	*8*
Poor Service: Kaiser Permanente		*That happens at Kaiser, they ask you what you are going to talk to your doctor about and don't let you ask them questions that are outside of what you scheduled your visit for.*	*1*	*0*	*0*	*0*	*1*
Poor Service: Kaweah Delta Medical Center		*My husband left the ER and they didn't even know he was missing. [Kaweah Delta]*	*0*	*2*	*0*	*3*	*5*
Poor Service: Madera Community Hospital		*I was sent home when I felt very anxious. They diagnosed me with cancer when I didn't have it. I had to wait for 1 month until I saw my doctor. [Madera Community Hospital]*	*1*	*0*	*8*	*0*	*9*
Sierra View		*Perception would be negative. There's been a lot of different people that said they didn't get the care they should have, that they didn't find the answer or had to go elsewhere. Recently when I took my grandson to the ER the wait was very long, but they didn't greet you, it was cold and cut and dry and get in the line. That's the one thing I've noticed. I've had services done in Sierra View and the nurses were great, maybe just the ER.*	*0*	*0*	*0*	*3*	*3*
Saint Agnes		*Tell Saint Agnes they are going to have a big loss suit on their hands because they can't refuse medical care. They use their religious presence and do what they want. They need to change their attitudes.*	*2*	*1*	*1*	*0*	*4*
Western Dental		*At Western Dental, they don't have great customer service. I thought to myself they probably don't pay them right because they are very rude.*	*1*	*0*	*0*	*0*	*1*
Positive Perceptions	• Q7. What is your perception of hospital name and current programs/ services? • Q7a. What are we currently doing good that we can do more of?		**46**	**12**	**81**	**32**	**171**
Good Doctors and Staff			*16*	*4*	*38*	*6*	*64*
Good Doctors: Adventist Health		*My husband lives at the clinic, when it's not me it's him. Our doctor sees us together. Dr. Gomez has been really good to use. She sees us. The doctors are good here.*	*0*	*1*	*0*	*0*	*1*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Good Doctors: Clovis Community Medical Center		*Community Medical but not Fresno, the Clovis they do follow up. They call and see how you are doing.*	*0*	*0*	*1*	*0*	*1*
Good Doctors: Community Regional Medical Center		*I'd rather go to Community [Regional Medical Center]. They have good doctors, there. They do. They saved my life.*	*3*	*0*	*0*	*0*	*3*
Good Doctors: Kaweah Delta Medical Center		*I had my own little room, just outside of surgery. I didn't know I was so sick. I had a good experience, they were good to me. [Kaweah Delta Medical Center]*	*0*	*1*	*0*	*2*	*3*
Good Doctors: Sierra View		*The perception that I've seen, it's turned over completely positive. Everybody loves to work for here and there. Good working environment, what I hear it's been great. Everybody tries to help. if anything I have nothing but kudos for them.*	*0*	*0*	*0*	*1*	*1*
Good Doctors: Saint Agnes		*That's his reality. My reality is much different, I've had 3 children born in Saint Agnes and after the first one, we considered other hospitals but my wife said, no. The process here was a lot different than what I experienced before. This is what we wanted.*	*1*	*0*	*1*	*0*	*2*
Good Doctors: Valley Children's		*They make you feel like you are important, the other hospital makes you feel like you are bothering them, not at Valley Children's.*	*0*	*0*	*16*	*0*	*16*
Good Services			*26*	*8*	*40*	*24*	*98*
Good Services: Adventist Health		*Adventist Health - Shuttle transport to the appointments but they need to cover more ground. We have clinics in Taft and Oakhurst, but I think helping the patients get to their appointments is helpful but they need to get to other appointments as well. that's where the opportunity exists.*	*1*	*3*	*0*	*0*	*4*
Good Services: Clovis Community Medical Center		*I think that Clovis Hospital, at least their natal department is doing really well. They're one of the best around.*	*1*	*0*	*0*	*0*	*1*
Good Services: Community Regional Medical Center		*Well speaking from experience, I was a week-long patient at Community, in the neuro floor for a stroke, actually two. And I received like...they were awesome. I had awesome doctors, awesome nurses. In the ER when I was brought in by ambulance, they brought a specialist on the monitor... they had the neurologist, specialist on the monitor, evaluated from there and then I was took up the 9th floor, and awesome care. Awesome doctors...Community on my part for that was awesome [CRMC].*	*5*	*0*	*0*	*0*	*5*
Good Services: Kaiser Permanente		*Kaiser has a good program is MFA but not a lot of people know how to utilize this service. The income bracket is really high, so a lot of people can quality. That is a good service but it's not being shared. I didn't know about it until my doctor told me to go apply. If the doctor didn't tell me I would never find out about this service.*	*1*	*0*	*0*	*0*	*1*

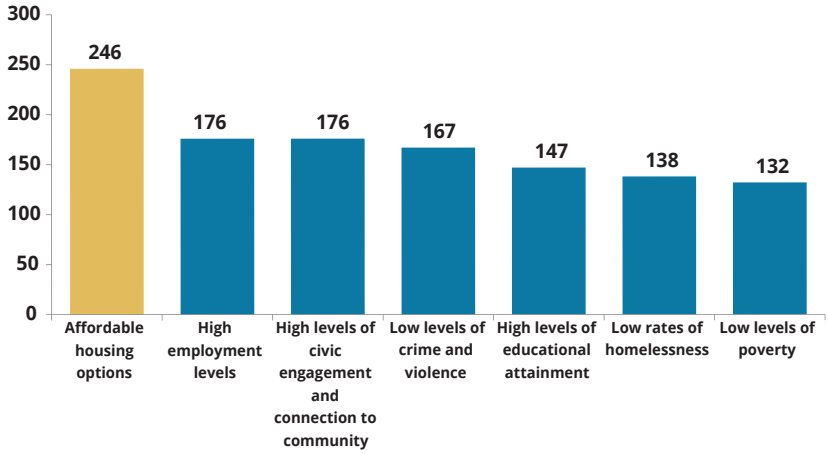
Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Good Services: Kaweah Delta Medical Center		*The Bridge program is a great program to work with. I wish Sierra View had something like that because sometimes is very hard to work with them. [Kaweah Delta]*	*0*	*0*	*0*	*5*	*5*
Good Services: Madera Community Hospital		*Maternity services are good, and they should continue this. [Madera Community Hospital]*	*0*	*0*	*6*	*0*	*6*
Good Services: Sierra View		*I noticed that they reached out to local doctors to expand their services. There's a little complex of doctors, I think Sierra View purchased that. They are helping to develop different services in for our area. I'd like to see them continue to do that and provide more and more services so we don't have to go out of town. Of course I'll keep plugging with the pregnancy issues.*	*0*	*0*	*0*	*7*	*7*
Good Services: Saint Agnes		*I think Saint Agnes, I had two knee re-placements, and they gave me very good service. I had no problems.*	*4*	*0*	*0*	*0*	*4*
Good Services: Valley Children's		*They receive money and they share with the community. Everyone has benefited. [Valley Children's]*	*1*	*1*	*14*	*0*	*16*
Good Technology			*0*	*0*	*1*	*2*	*3*
Good Technology: Kaweah Delta Medical Center		*Great doctors and equipment in the ER and reception. [Kaweah Delta]*	*0*	*0*	*0*	*1*	*1*
Good Technology: Valley Children's		*Great technology for ultrasounds, big screens. [Valley Children's]*	*0*	*0*	*1*	*0*	*1*
One-Stop Shop	Two references to Valley Children's, one to Camarena Health, and three to Kaiser Permanente	*I love our Kaiser because everything's convenient. It's right there, you don't have to ride to get x-rays or whatever you need it's all there. Your medication, the pharmacy and everything. So it's real convenient.*	*4*	*0*	*2*	*0*	*6*
Vision	• Q2. What is your vision of a healthy community?		**49**	**21**	**10**	**8**	**88**
Abundant Resources		*I think that having abundant resources for the needs and crisis that we have in our town and not have time to reach out to other counties and other programs outside of our county.*	*3*	*1*	*0*	*0*	*4*
Access to Care		*To expand on what [] said, guaranteed access to, for example, health care, mental health for those who need it, which should be everyone, everyone needs health care right?*	*7*	*2*	*1*	*1*	*11*

Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Access to Healthy Food Options		Fresh food available, a place where people can prepare their fresh food, place where people can sleep, a clean community is a healthy community. One where everyone has access to dental or any kind of, access to diapers or toiletries if they can't afford it. Items are expensive if you have more than one little one. A community where they come together to give kids backpacks, a community that works together is a healthy community.	5	2	1	0	8
Access to Parks		More parks. More outdoorsy stuff for the area.	5	0	1	0	6
Clean Air and Water		My vision of a healthy community is that we should have safe and clean drinking water, more safer parks for the community to enjoy, drugs and smoking free environment, more job opportunities, more quality schools, less gang related activities and more policy	2	0	0	0	2
Clean Community		Streets to be paved, not a lot of trash on the streets, that way our kids would not get sick.	3	3	0	1	7
Community Engagement		I think there should be a lot of events where people can come and just really know who it is in the community with you, so you can be comfortable with them, just be there for them as a community.	5	0	0	0	5
Community Gardens		Community gardens.	1	0	0	0	1
Compassionate Care		It's one thing I think too, to follow that, is that [], something I [] to fall away is compassion for people in this group. Social service, medical it's just you're just seen as a diagnosis. And not considered a human being. And that's a decline that I've seen in professionals over the years.	1	0	0	0	1
Drug Free		A healthy community is one free of drugs.	1	1	2	0	4
Economic Opportunities		It would be a Community where people can get employed, treasure and respect their jobs.	3	3	0	1	7
Healthy Families		It would be healthy homes. Healthy families, healthy relationships. That has a lot to do with what we were saying, the things that happen later in life. People are walking around wounded with all these things that have happened. I think it starts at the home. So having whole healthy families. Having those resources for families to have counseling, marriage counseling, whatever they need to become home. So I would say families and homes.	0	1	1	0	2
Lack of Chronic Disease		A community free of diabetes, asthma and any other diseases that can harm our children. One where you don't hear there's all these diseases. This is a healthy community to me. Where they don't have these diseases.	0	0	1	1	2

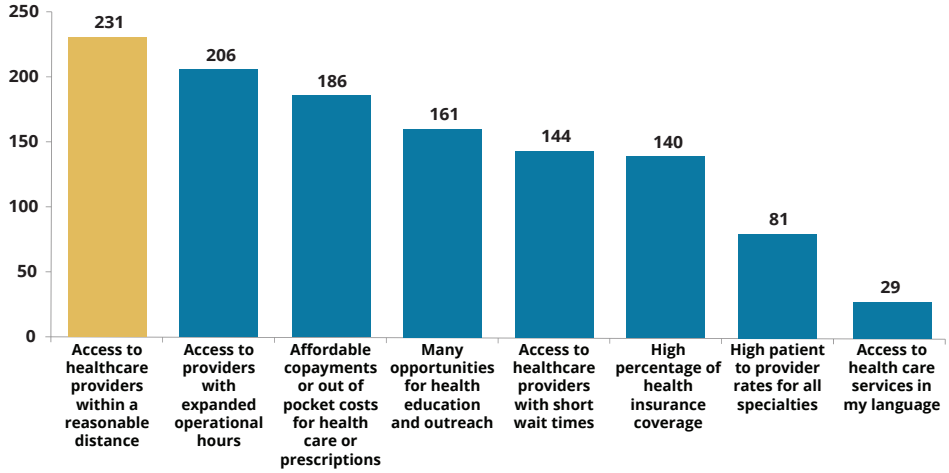
Code	Question	Example Quote	Fresno	Kings	Madera	Tulare	Total Counts
Language Classes		*I guess something that could help this community is to encourage language training. You know people who only speak English learn Spanish, Hmong. People who speak Hmong can learn Spanish and English and so on and so forth.*	*1*	*0*	*0*	*0*	*1*
Less Liquor/Fast Food		*A lot less liquor stores.*	*2*	*0*	*0*	*1*	*3*
Greater Health Literacy		*A healthy community has insurance or health coverage, people don't know how to use the services. Educate people what kind of services they have for coverage. More education around health.*	*0*	*0*	*1*	*0*	*1*
Quality Education		*I believe the changes begin at home, but schools also needs to change. Our kids spend a lot of time at school. Right now, there are a lot of kids with asthma and obesity. They should also give the information to the parents. They tend to eat pizza and hamburgers. My priority is kids and children with good health.*	*1*	*0*	*0*	*1*	*2*
Recreational Opportunities		*Opportunities for affordable extracurricular activities for families (sports, dance classes, kid yoga)– opportunities for kids*	*1*	*3*	*0*	*0*	*4*
Resources for Homelessness/ No Homelessness		*My vision is that someone needs to do something for the homeless people who don't have places to live and knowing or not they create problems for the community.*	*4*	*1*	*0*	*0*	*5*
Safe Community		*A healthy community for me would be to get rid of the violence and bring in more jobs because that's what we need.*	*9*	*2*	*0*	*0*	*11*
Youth-Focused Activities		*More stuff to do for the youth, like youth centers. They take the youth centers away.*	*1*	*1*	*0*	*0*	*2*

APPENDIX H: SURVEY RESULTS

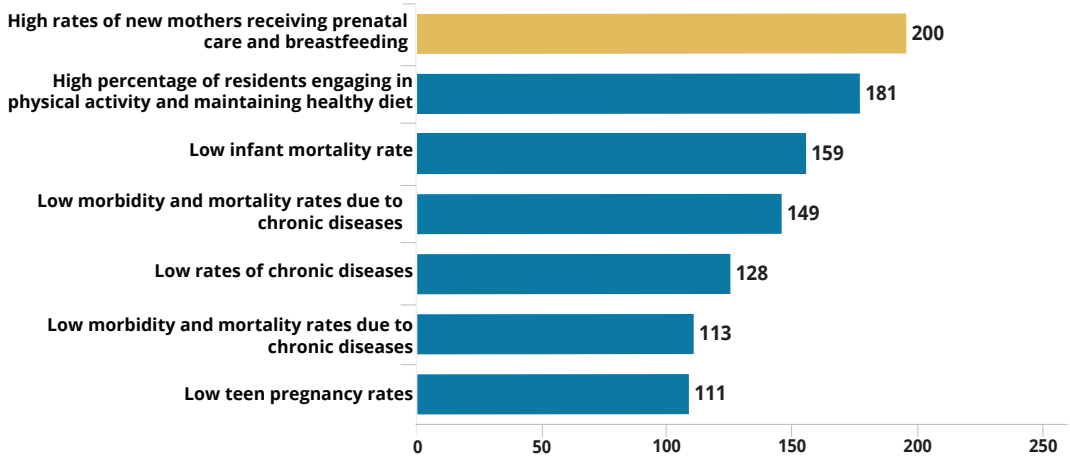
Q1. From a social and economic lens (how well people live in their community), what aspects of your community contribute to people's health in a positive way? (Please select all that apply.)



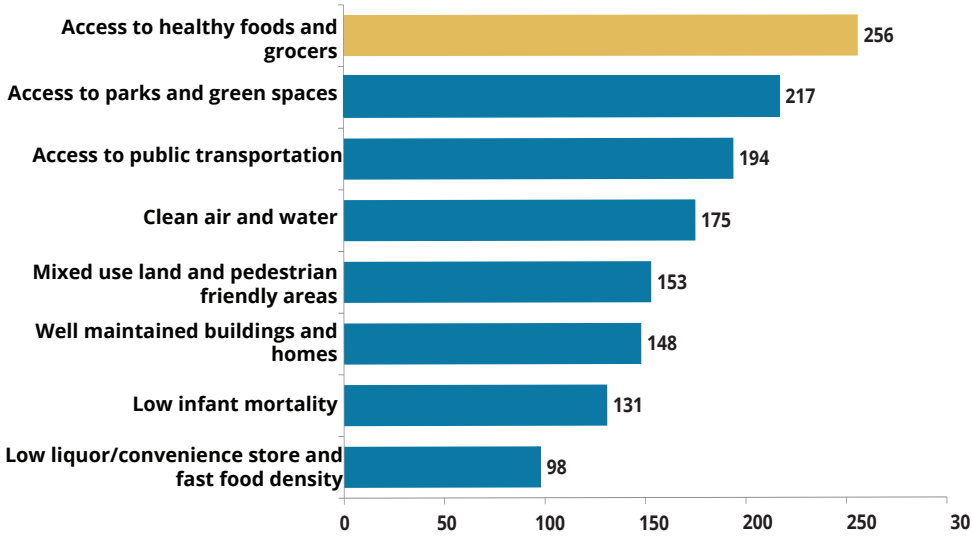
Q2. From a health system lens, (one in which patients receive efficient coordinated care for a variety of illnesses), what aspects of your community contribute to people's health in a positive way?



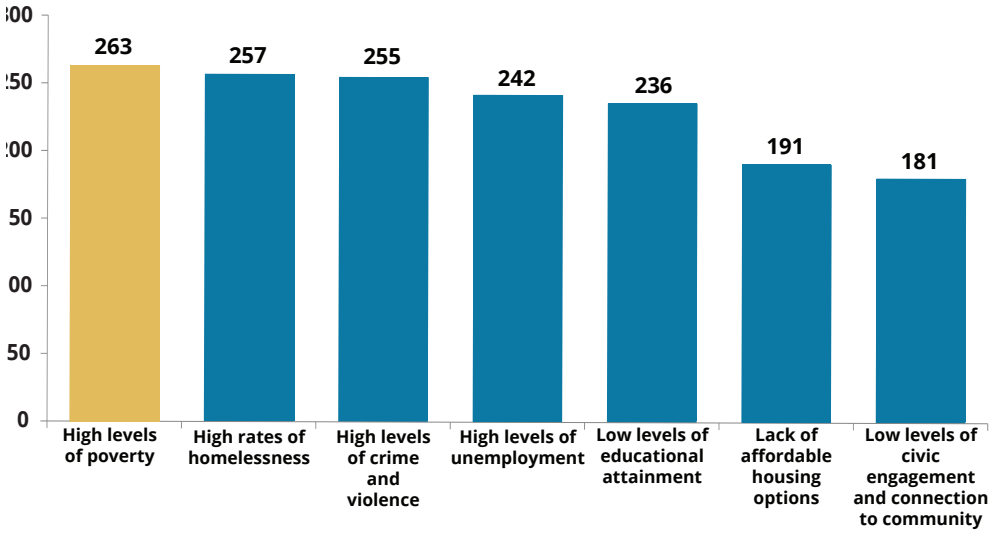
Q3. From a public health and prevention lens (ensuring that a community has access to preventative services and the information necessary to make healthy decisions), what aspects of your community contribute to people's health in a positive way?



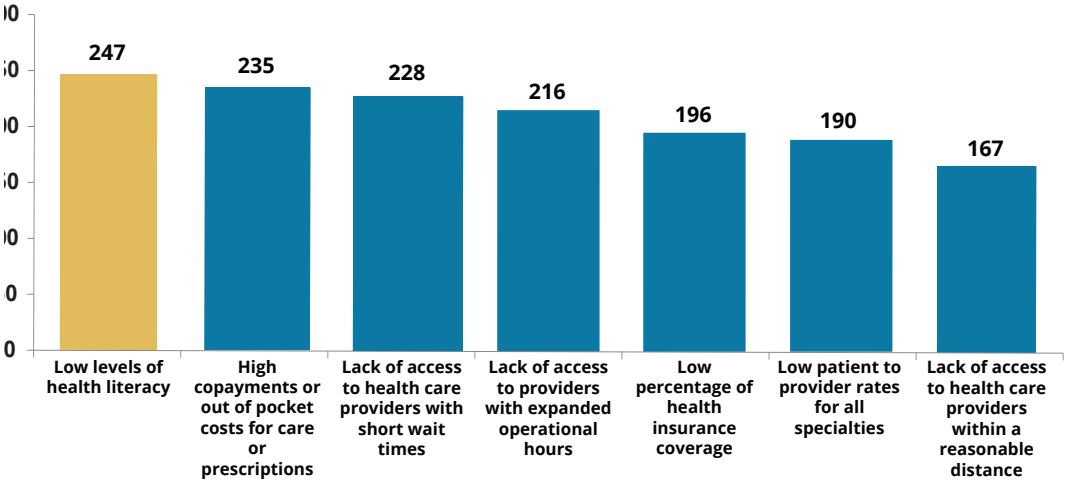
Q4. From a physical environment lens (where we live, work, and play), what aspects of your community contribute to people's health in a positive way?



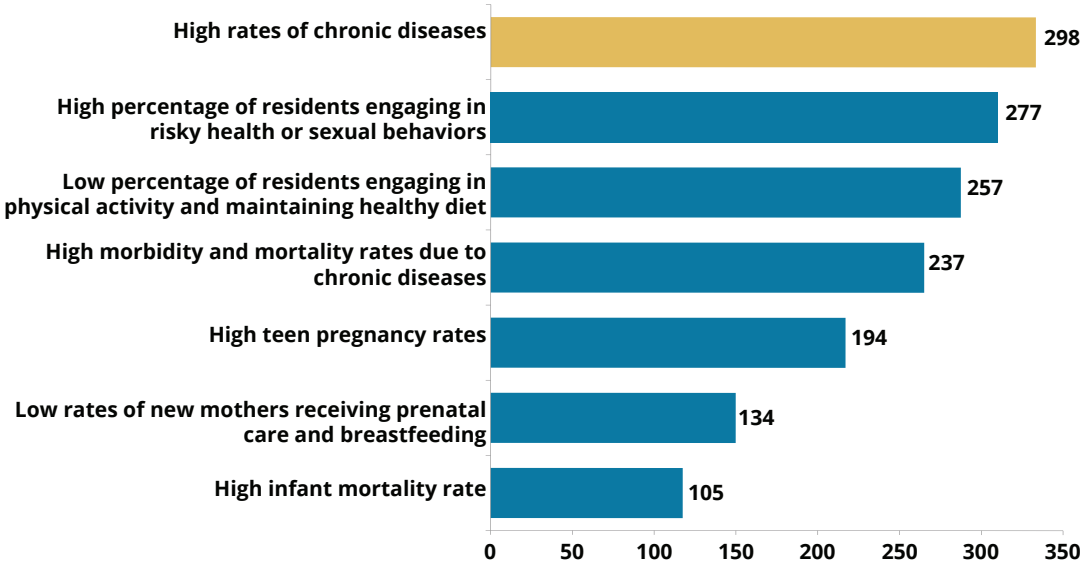
Q5. From a social and economic lens (how well people live in their community), What aspects of your community contribute to people's health in a negative way? (Please select all that apply.)



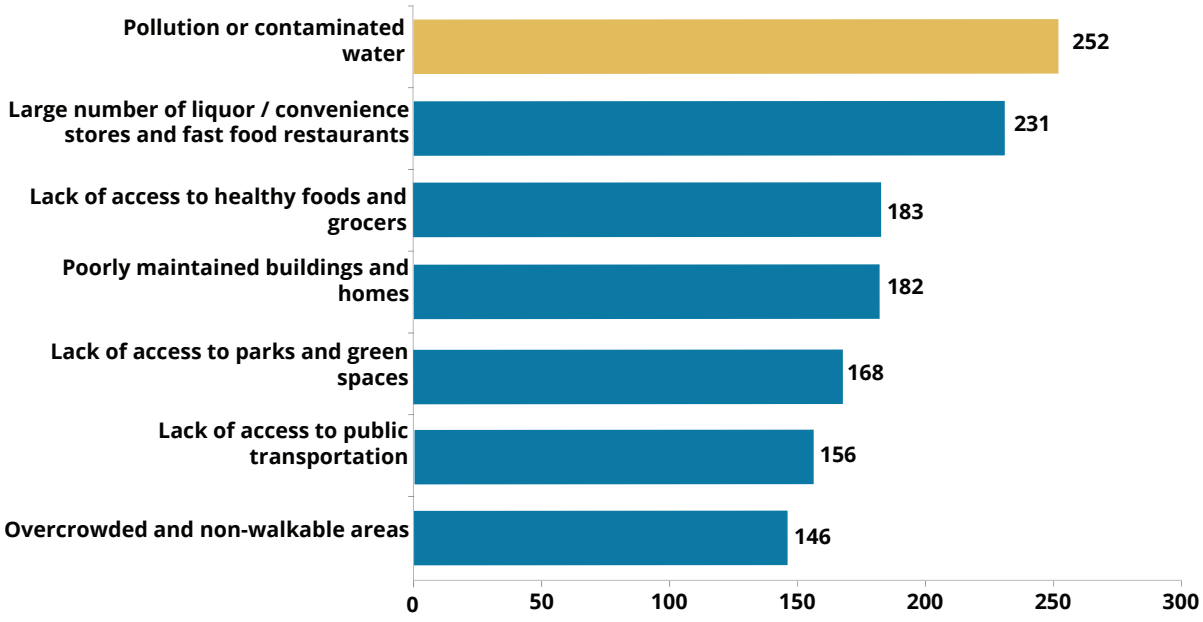
Q6. From a health system lens, (one in which patients receive efficient coordinated care for a variety of illnesses), what aspects of your community contribute to people's health in a negative way? (Please check all that apply.)



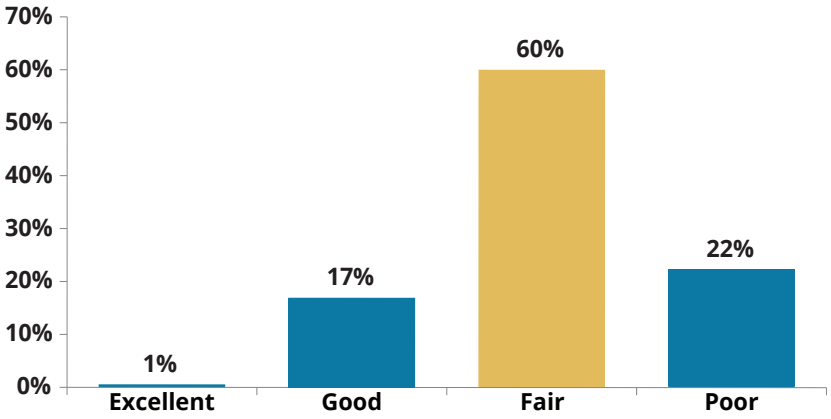
Q7. From a public health and prevention lens (ensuring that a community has access to preventative services and the information necessary to make healthy decisions), what aspects of your community contribute to people's health in a negative way? (Please select all that apply.)



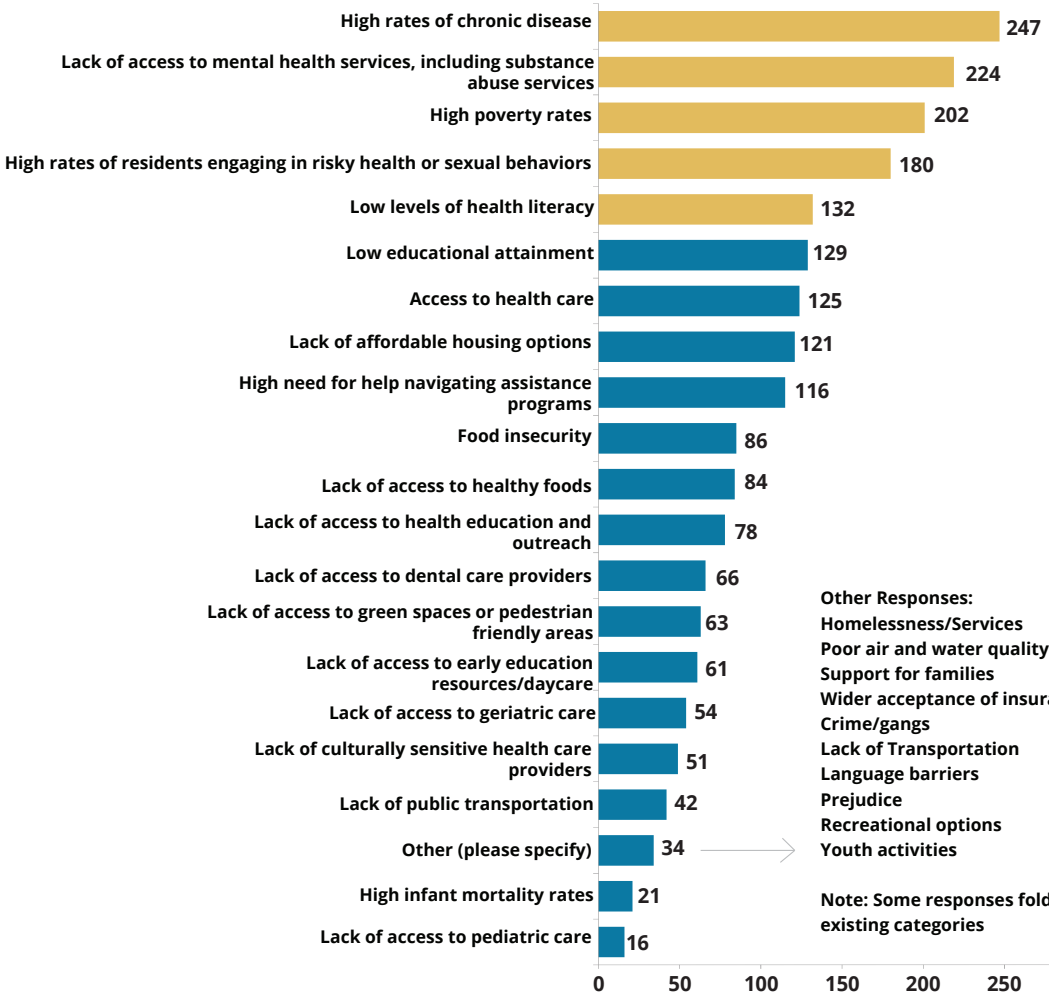
Q8. From a physical environment lens (where we live, work, and play), what aspects of your community contribute to people's health in a negative way?



Q9. How would you rate the health of your community?



Q10. What do you believe are the top five health or social issues in your community?

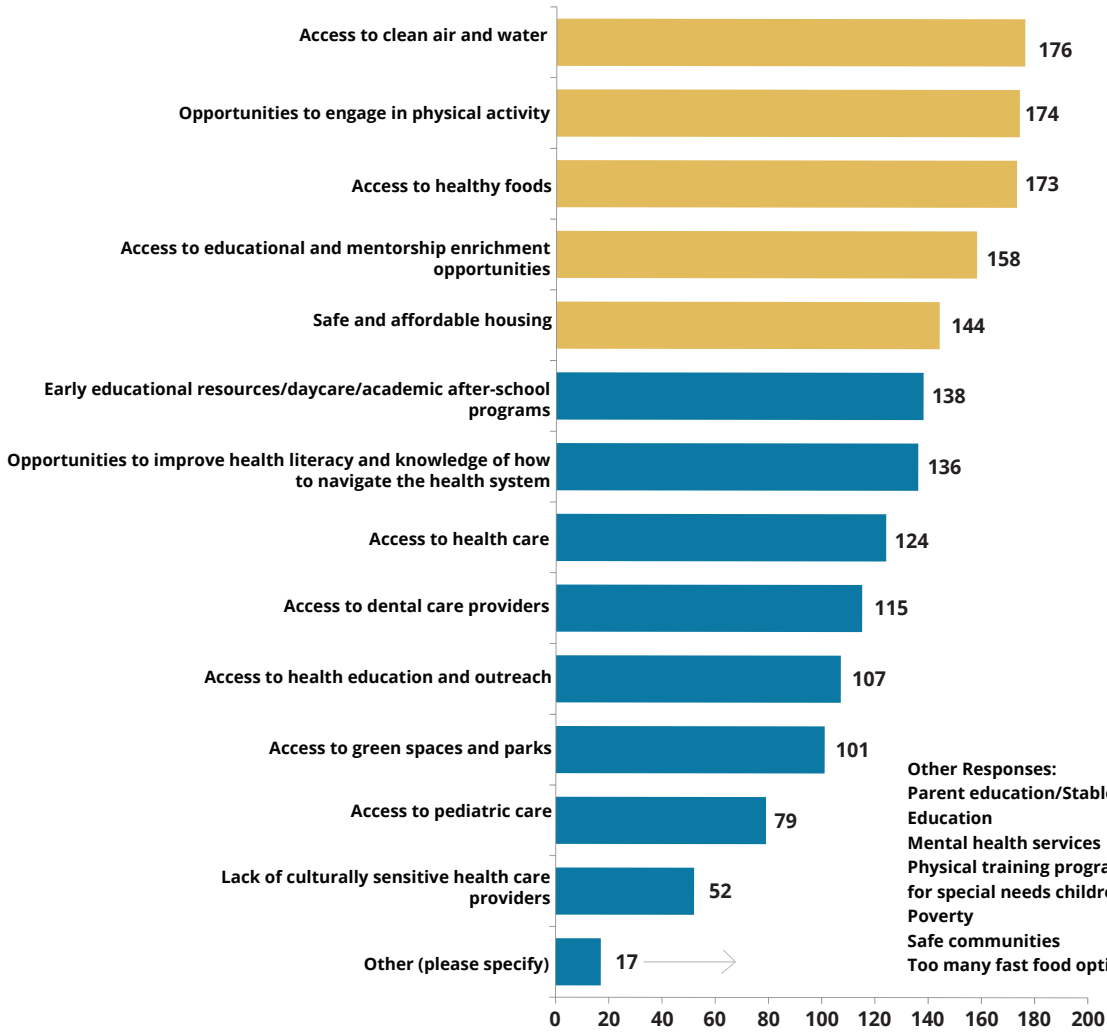


Other Responses:

Homelessness/Services	5
Poor air and water quality	4
Support for families	2
Wider acceptance of insurance types	2
Crime/gangs	1
Lack of Transportation	1
Language barriers	1
Prejudice	1
Recreational options	1
Youth activities	1

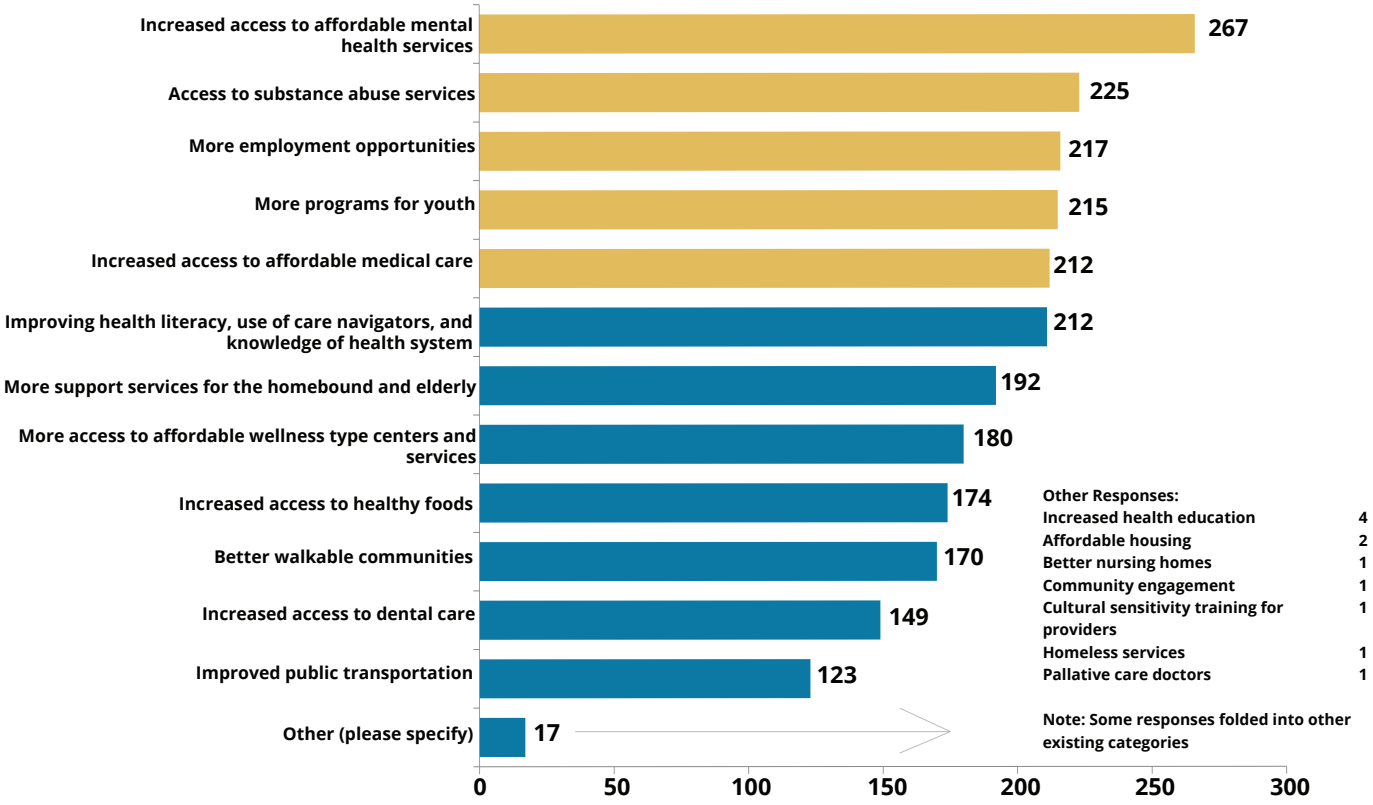
Note: Some responses folded into other existing categories

Q11. What are the greatest needs of children in your community, including social and health issues? (Please select the top five)

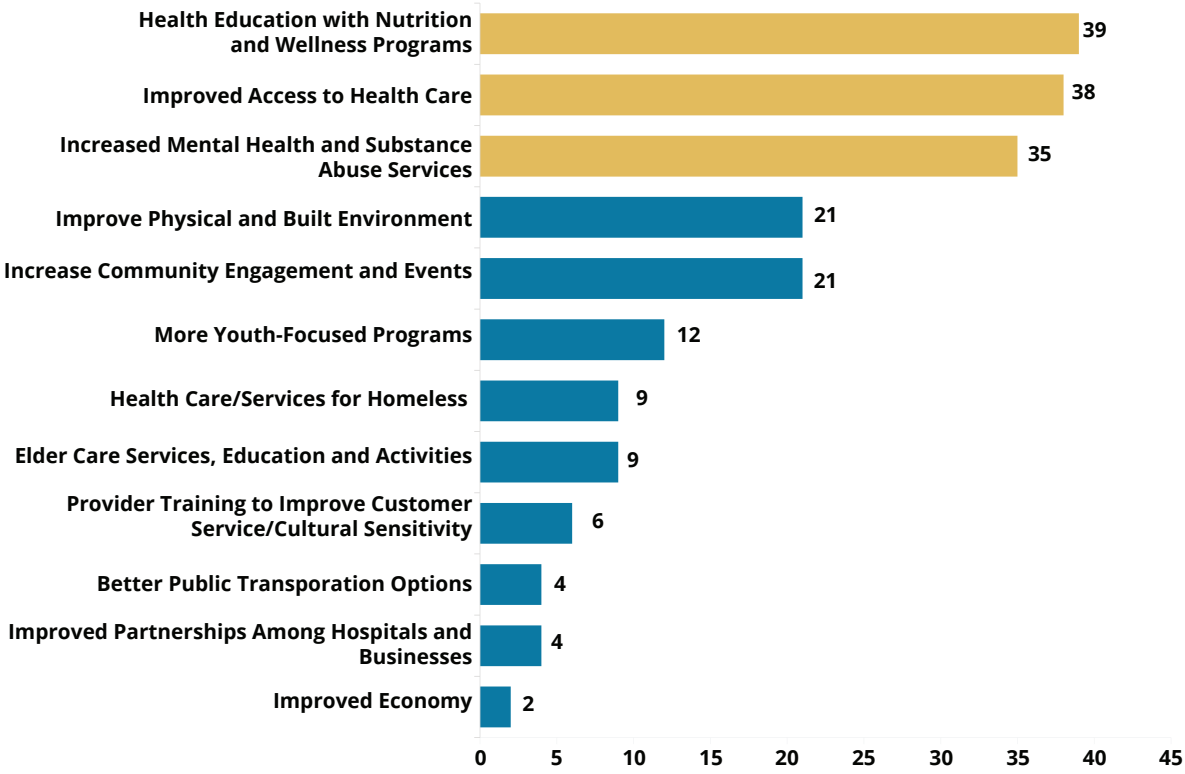


Other Responses:	
Parent education/Stable home	5
Education	2
Mental health services	1
Physical training programs for special needs children	1
Poverty	1
Safe communities	1
Too many fast food options	1

Q12. What do you believe are ways to improve people's health in your community? (Please select all that apply)



Q13. What services do you think we could offer to improve health and quality of life in the community?



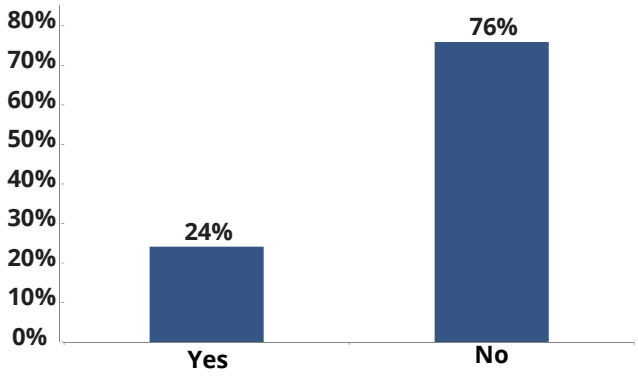
Q14. Is there anything else you'd like to share with us?

1. *I don't like that the hospital is understaffed. Ancillary services the employees are overworked and don't care for the patients. It's like an assembly line for lab, x-rays etc. Get them in get them out is sorry service.*
2. *Adventist Heath Care has the worst P. A.s working for them they don't cover a lot of medication and on my allow a certain amount a year per script. It's the worst health care ever.*
3. *More providers need to be under one roof or in one complex as "one stop" centers. Medical/dental//mental health/AOD services all together so that transportation issues are eased and also for those who walk it is easier. Sears is sitting empty!*
4. *Need better doctors.*
5. *Need more geriatric care. More help for providers too.*
6. *Either physicians are fully committed to the community, or they risk being considered an enigma, aloof, and impersonal. What better way to be engaged, learn first hand the pulse, if you will, of your neighbors?*
7. *I believe that Adventist Health is doing well with making a conscientious effort of improving the health outcomes of my community. The next step is looking at providing a safety net for those that are the most overlooked.*
8. *Need expanded opportunities to engage youth in health-related activities*
9. *Please consider giving us a labor target that will allow us to put more focus on the quality of work and care of our patients, not just the volume of patients. Thank you*
10. *We need to improve the doctor shortage by retention and recruitment efforts.*
11. *Our youth need outlets their health starts young. I think getting them involved in growing, caring even nursing food to health would get them more involved.*
12. *We need to consider collaborating to develop a FNP residency program with a local FNP program. This will give their students clinical sites and will help draw them into our network allowing us to further meet the needs of our vast clinic system.*
13. *We need better services for the mentally ill that includes conserving those that are unable to care for themselves.*
14. *Work with state & federal government to improve air quality.*
15. *You are missing a whole class of people in this serve, the disabled who cannot get social security due to being a stay at home mom.*
16. *You guys do a good job, but don't forget about how your actions impact the community - you are one of the great institutions of the area, and if you treat people well and consistently show concern, it makes a big difference.*
17. *Hospital care that is directed to those seeking hospital care and where information that is accurate about a hospitalized individuals. Losing,tracking, patients who are in the hospital is critical. It is NOT acceptable to lose a patient, who is hospitalized, and hospital staff can not find a patient who is under hospital care.*
18. *It seems that cool your Delta always wants to choose the people from the white middle-class to represent all the agencies I think half of the town is Mexican American I need to make sure they are ideas and thoughts are brought into the process even nice to have the African-American also closing Tulare District Hospital has made things worse*
19. *Yes please train your health care professionals to be more sensitive to cultural diversity, and NOT to give the patient false diagnosis without knowing well what the illness is all about. They should be accountable for these issues, think about the language barrier from the standpoint of view of the patient and the health care provider; I encounter this issue last week, and still could not communicate with the person who came to my room in several ways: 1. She did not want to hear what I needed to tell her, she kept interrupting me; 2. I was unable to understand her from the point of view of the lack of communication skills (language = Asian); 3. She left the room and left me hanging there for a while then I left. How can she still be there?*
20. *I would like to see a resource sight where people can search opportunities.*
21. *There should be more programs and support for people who live alone are not able to take care of them selves.*
22. *"I think that it is important to involve the community members when developing programs/services. We need sustainable programs instead of short lived grant funded programs that go away when the funding sunsets.*
23. *I feel we health systems have done what they can do in terms of offering health services. But more intervention in community is needed, to offer preventive measures to avoid costly health care, or worse preventable chronic illnesses that take away loved ones.*
24. *The first questions should have included a none of the above option.*
25. *We need the urgent care back.*
26. *My name is Jerry Dickerson, I work for Community Medical Centers as a Project Manager in Corporate IS. I have for some time been an advocate for the investment in early childhood education on wellness and developing metrics for assessing how well parents are doing to ensure their children are living well and if not what resources can be provided so they get back on track before they become dependent on more expensive medical services with preventable chronic conditions (i.e. obesity, diabetes, heart disease, drug/alcohol dependency, etc.). I would happily work on my own-time pro-bono to help our local schools and parents become more aware of the needs here. I'm active in the local California Central Valley chapter of Project Management Institute and am an Elder and past-Trustee of Clovis Hills Community Church where I've seen investment in the next generation paying off in more healthy*

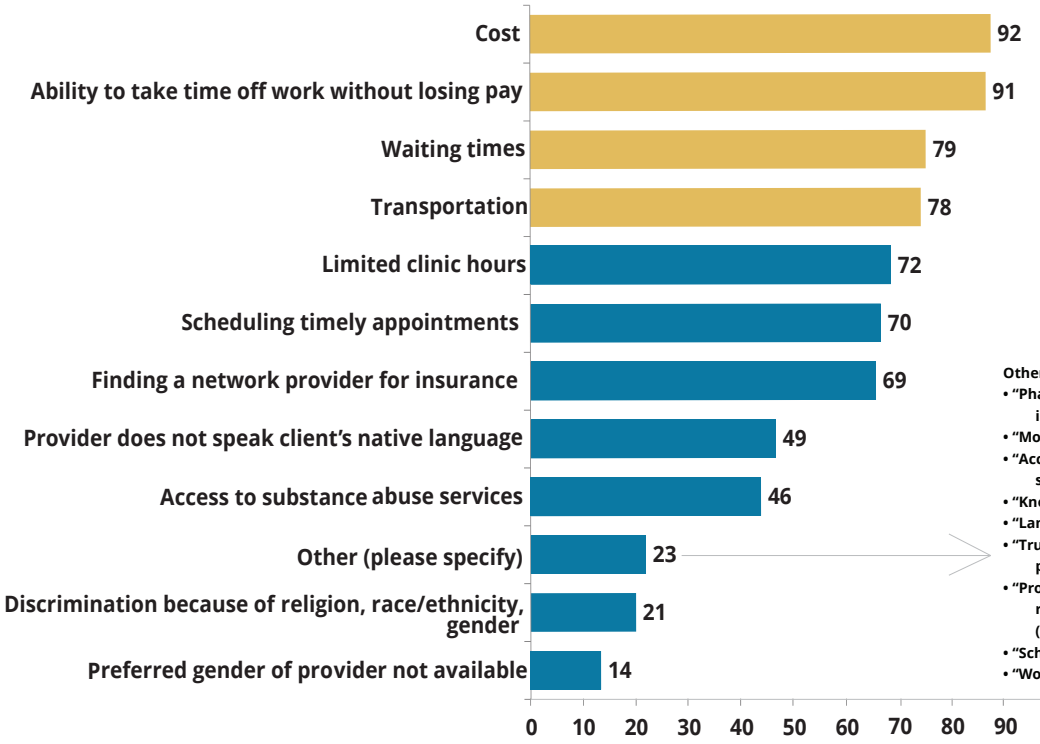
families. I would be delighted to have the opportunity to do the same for others in our community. I love living in the Central Valley and the people who live here and feel it is a privilege and a joy to serve our community in all roles I play here.

27. *Coordinated use of MyChart is awesome!*
28. *When I leave one doctor office I should be able to return if I choose, different circumstances sometimes require change, if I am paying I should get to choose.*
29. *Proactive rather than reactive. No more bandage and call it a day.*
30. *Yes, both a nurse and police officer told us our son would be held on a 72 hour involuntary hold- and yet, out of his mind he was dropped off at our home (he doesn't live here) by the police officer. Still a threat to himself and us. I can think of nothing more hopeless for Madera families than mental health issues and addiction. He was trying to kill himself and they just abandoned him.*
31. *It is unacceptable that the son and daughter of a patient finds out an hour lately from a paramedic that their mother is being flown to a hospital in Los Angeles from Madera, for the fact that all of had been put into action and not a word was relayed to the direct family is horrible on madera hospitals part. Thank god the paramedic who is a family friend relayed the info so the family could arrange and know exactly where to go and how to handle the situations*
32. *I just recently moved back to madera from Nevada and I am very upset with how the quality of my medical care has gone down just because I moved here...*
33. *More shelters for the homeless*
34. *If the population that needs help does not have enough interest to seek it there is no point in expanding unused services.*
35. *Number one priority is to treat mental health on par with physical heath. So many issues in health care and the hospital setting would be better addressed if we had the same services and resources for mental health as we do for physical health.*
36. *Air quality continues to be poor impacting those with chronic diseases.*
37. *Get a victory garden set up for the mental health and elderly patients. This helps keep people engaged and active with a sense of purpose.*
38. *More local medical and dental locations that takes individuals medical plans without the high costs.*
39. *I live in a community of 5,000 in foothills so access is a challenge.*
40. *A program that could take food that is being thrown away and give it to individuals who need it.*
41. *Have the community engage in community services and voluntarism*
42. *We live in a area of the country that is experiencing a epidemic of obesity ,,, diabetes , obesity ... AND THE HOSPITALS ARE NOT REACHING OUT TO COMBAT THIS PROBLEM ..*
43. *The key word is affordable.*
44. *Work stress and caring for aging parents is still a problem.*
45. *We have many opportunities for improvement and not enough resources to support the demand. :(*
46. *See comments in #11. Children and adults need role models that will potentate healthy living habits. Question is, how do you make that connection?*
47. *Bring in more child/teen psychiatrist and child psychologists into this county.*
48. *Need for Spanish speaking staff is high. In the Central Valley*
49. *There is a HUGE gaps in substance abuse and mental health services in this area that just perpetuates the problem. Housing is health care. Homelessness and access to care for Veterans is also a massive in this area.*
50. *I would like that for every department in the hospital to have a waiting room or a lobby for visitors. For Example, the L&D department does not have a waiting room or lobby and visitors aways have to stand in front of the clerk and wait until they can go inside and see their person. I think Saint Agnes should do a lobby room in front of the desk so visitors can sit and wait until they can go inside to see their person.*
51. *I see so many patients with a diagnosis of OSE but can not afford a CPAP.*
52. *Treat all people equal no matter color race .or education level we are all humans.*
53. *Also to educate the public on limiting the use of paper, plastic, and Styrofoam products. I think hospitals and schools should also start to think of ways to become self-sustainable, such as wasted foods be utilized for compost and have milk crate gardens that take advantage of flat roof tops. I think that hospitals and schools need to promote more recycling and clean ways to live.*
54. *"Employment, Education, Affordable Programs for*
55. *Drug Rehabilitation, Community Programs for youth. The income discrepancy in this area is severe and that contributes to all the above."*
56. *Summer Health camps for the youth might provide a better desire for education and improve overall health, wellness and awareness for them.*
57. *More emphasis, or interest in the North side of Visalia California I would like to see a community completely safe, healthy physical, and mentally*
58. *Having talks in groups also improves health*

Q15. The next question applies to persons answering on behalf of community organizations? Does this apply to you?



Q16. When your clients seek medical care, are any of the following a barrier? (Please select all that apply)



Other Responses:

- "Pharmaceutical costs and lack of integrated health information"
- "More Spanish speaking staff needed"
- "Access to substance abuse AND mental health services"
- "Knowing their rights as a patient"
- "Language spoken"
- "Trusting a hospital system to know where their patient are in the system of care"
- "Providers not accepting all insurances, specialist referrals very limited, no service available (dental/vision)"
- "Scheduling appointments with specialists"
- "Working with youth, youth feel judged by staff"

APPENDIX I: COMMUNITY RESOURCES

In an effort to better understand our community asset, hospitals were tasked with exploring current and desired partnerships and compiling a list of community resources. Identified resources are as follows:

- 20/30 Club
- ABC30 Fresno Community Advisory Committee, Fresno
- Advanced Foot Care and Clinical Research
- Affiliated Physician Practice
- Alliance for Medical Outreach and Relief
- Altura Health Clinics
- Alzheimer's Association
- American Cancer Society
- American Heart Association
- American Lung Association
- Amore Foundation
- Anthem Blue Cross
- Arya Medical Group
- Assembly Member Frank Bigalow
- Avalon Healthcare
- Bi-Annual Babies First Coordinating Council
- Binational Health Week of Central California Planning Committee
- Boy Scouts of America, Troop 257
- Bringing Broken Neighborhoods Back To Life (Selma)
- CA Health Collaborative
- Cal Viva
- California Association of Healthcare Leaders
- California Association of Rural Health Clinics
- California Breast Feeding Coalition Communication Committee
- California Health Sciences University
- California Partnership for the San Joaquin Valley
- California Safe Teen Driving Committee
- California State Injury Prevention Collaborative
- California State University, Fresno
- California State University, Fresno, University Advisory Board
- Camarena Health Center
- Camp Sunshine Dreams
- Campesinas Unidas
- Catholic Charities
- Cedar Creek Retirement Community
- Central California Blood Center
- Central California Chapter of the Project Management Institute
- Central California Perinatal Mental Health Collaborative
- Central California Women's Conference
- Central Valley Farmworker Foundation
- Central Valley Community Foundation
- Central Valley Health AKA More than CPR
- Central Valley Lioness Lions Club
- Central Valley Opioid Safety Coalition
- Central Valley Recovery Services
- Central Valley School Health Advisory Panel
- Central Valley SPCA
- Centro La Famila
- Champions Recovery Systems
- Child Abuse Prevention Councils
- Children's Health and Air Pollution Study for the San Joaquin Valley
- Chowchilla Chamber of Commerce
- Chowchilla Skilled Nursing Facility
- City of Dinuba Parks and Recreation
- City of Visalia
- College of Sequoias
- Community Conversations on Mental Health – Fresno County
- Community Integrated Work Program
- Congestive Heart Failure Support Group
- Congressman Jim Costa
- Council of Indian Organizations
- County Pediatric Death Review Teams
- Cradle to Career Partnership, Fresno County
- Community Service Education & Training (CSET)
- Cutler/Orosi Lion's Club
- Dinuba Chamber of Commerce
- Dinuba Kiwanis Club
- Dinuba Unified School District
- Easterseals Central California
- eClinical Works
- El Portal Cancer Center
- Episcopal Church of the Saviour Soup Kitchen
- Every Neighborhood Partnership
- Exceptional Parents Unlimited
- Family HealthCare Network
- Family Services of Tulare County
- Fesno Madera Medical Society
- First 5 of Madera County
- First 5 of Tulare County
- FoodLink for Tulare County
- Forward Advantage
- Fresno and Clovis Rotary Clubs
- Fresno Area Hispanic Foundation
- Fresno Babies First Breastfeeding Task Force
- Fresno Chamber of Commerce
- Fresno City College
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno Council on Child Abuse Prevention
- Fresno County 5150 Task Force
- Fresno County Farm Bureau
- Fresno County Health Improvement Initiative
- Fresno County Health Improvement Partnership Diabetes Collaborative
- Fresno County Office of Education
- Fresno County Office of Education Teen Parent Support Collaborative
- Fresno County Pre-Term Birth Initiative
- Fresno County Sexual Assault Response Team
- Fresno County Suicide Prevention Collaborative
- Fresno Healthy Communities Access Partners
- Fresno Madera Agency on Aging
- Fresno Metro Ministries
- Fresno Pacific University

- Fresno Rescue Mission
- Fresno State Nursing Student Program
- Fresno State Project Management Institute
- Goshen Family Resource Center
- Greenhill Lions Club
- Guadalupe Society
- Hands in the Community (Kings/Tulare counties)
- Hanford Joint Union High School District
- Health Net
- Healthy Communities Access Program (HCAP)
- Help Me Grow – Fresno and Kern Counties
- Hinds Hospice
- Hispanic Chamber of Kings and Tulare County
- James Irvine Foundation New Leadership Network
- KARELink
- Kern County Medically Vulnerable Infant Project
- Kings Canyon Joint Unified School District (Reedley)
- Kings Community Action Organization
- Kings County Commission on Aging Council
- Kings County Department of Behavioral Health
- Kings County Department of Public Health
- Kings County Diabesity Coalition
- Kings County Multi-Disciplinary Team
- Kings County Wellness Bridge
- Kings Gospel Missions
- Kings Partnership for Prevention
- Kings Tulare Homeless Alliance (CoC)
- Kings United Way
- Kingsview
- Kiwanis Club of Madera
- Leukemia & Lymphoma Society
- Lindsay Family Resource Center
- Lindsay Kiwanis Club
- Lindsay School District
- Lindsay Wellness Center
- Live Well Madera County
- Live Well Madera County Obesity and Diabesity Workgroup
- Maddy Institute, California State University, Fresno
- Madera Chamber of Commerce
- Madera City Council
- Madera City Schools
- Madera Community College Center
- Madera County Board of Supervisors
- Madera County Breast Feeding Coalition
- Madera County Child Abuse Prevention Council
- Madera County Economic Development Commission
- Madera County Health Department
- Madera County Interagency Council for Children
- Madera County Office of Education
- Madera County Office of Education Pregnant or Parenting Teen Youth Conference
- Madera County Sheriff's Department
- Madera Ministerial Association
- Madera Police Department
- Madera Rehab and Nursing
- Madera Unified School District Wellness Committee
- March of Dimes California Advocacy and Government Affairs Committee
- March of Dimes Central Valley Division
- Mariposa County Interagency Team Member
- Marjaree Mason Center
- Mayor's Community Advisory Board Panel
- Model of Care Partnership Oversight Committee, Fresno County
- National Alliance on Mental Illness – Fresno County
- OMNI Health Centers
- Optimal Hospice
- Optimist Club of Visalia
- Poverello House
- Preterm Birth Collective Impact Initiative for Fresno County
- Proteus Inc.
- ProYouth
- Quinto Sol De America
- RAD-AID (Aid to Tanzania)
- Regional Partnership on Childhood Obesity Prevention
- Resource Center for Survivors, Fresno County Rape Crisis Services
- Roman Catholic Diocese of Fresno, Health Ministry Office
- Rotary Clubs of Madera
- Ruiz Foods
- Safe Kids Central California
- Safe Kids Kings County
- Samaritan Center
- San Joaquin Valley College
- San Joaquin Valley Health Consortium
- Self-Help Enterprises
- Seventh Day Adventist Church
- Shinzen Garden
- Soroptimist Club of Madera
- St. Mary's Church
- Survivors of Suicide Loss – Fresno County
- Susan G. Komen Race for the Cure
- Suspected Child Abuse & Neglect (SCAN) Teams for Fresno and Madera Counties
- Teen Parent Support Program – First 5 Fresno
- Terra Bella Unified School District
- Tulare County Diabetes Workgroup
- Tulare County Early Child Care Centers
- Tulare County HHSA
- Tulare County Libraries
- Tulare County Mobilizing for Action through Partnerships and Programs Committee
- Tulare County Office of Education
- Tulare County Sexual Assault Response Team
- Turning Point of Central California Inc
- Unintentional Injury
- United Way of Fresno
- United Way of Tulare County
- University of California Cooperative Extension
- Valley Alliance for Latina Leadership Excellence
- Valley Children's Hospital
- Valley Teen Ranch
- VeeMed
- Ventanilla de Salud Program, Mexican Consulate Fresno
- VEP Healthcare
- Vida Sana Health Clinic
- Visalia Emergency Aid Council
- Visalia Family Resource Center
- Visalia Farmers' Market Association

- Visalia Medical Clinic
- Visalia Rescue Mission
- Visalia Unified School District
- Vision Y Compromiso Promotores Network
- Water Safety Council of Fresno County
- West Fresno Family Resource Center
- Westcare
- Woodlake Family Resource Center
- Workforce Development
- Workforce Investment Board
- Youth Boardgaming League

Hospital Council
of Northern & Central California

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2019 CHNA approval

This community health needs assessment was adopted on 10/17/19 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2019.

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at https://www.adventisthealth.org/about-us/community-benefit/