REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Fresno County • Kings County • Madera County • Tulare County
Agenda

1. Introduction
   Brief introduction to the process for conducting community health needs assessments

2. Findings
   Review of CHNA structure and findings from primary and secondary data collected across the region

3. Discussion
   Opportunity to ask questions and freely converse about findings

4. Closing
   Discussion about next steps and action items
The CHNA represents a commitment to improving health outcomes through rigorous assessment of health status, 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 underserved 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 implement an **implementation strategy** based on the collective prioritized issues
Participating Hospitals

- 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)
- Fresno Heart & Surgical Hospital
- 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
This report utilized both primary and secondary data to investigate health issues and needs across the region.

Primary Data:
- Total of 680 participants
- 348 responses to Community Health Survey
- 24 Focus Groups (284 people total)
- 48 Key Informant Interviews

Secondary Data:
- Data presented within four domains: Social and Economic Factors, Health System, Physical Environment, and Public Health and Prevention
- Over 70 unique indicators, including demographic information
- Custom Report from Community Commons
- National and state specific resources
In 2016, approximately 1,722,556 lived in the four-county region. Fresno County comprised the largest portion.

- **Fresno County**: 55.9%
- **Kings County**: 8.7%
- **Madera County**: 8.9%
- **Tulare County**: 26.5%

### Median Household Income

- **Fresno County**: $45,963
- **Kings County**: $47,241
- **Madera County**: $45,742
- **Tulare County**: $42,789

King 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.

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 estimate is 11%.

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

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

13%
Fresno County Report Card

Better than other counties in the region
- Population Age 25+ with Bachelor’s Degree
- Population with No High School Diploma
- Access to Exercise Opportunities
- Adults who are Current Smokers
- Excessive Drinking
- High Blood Pressure
- Heart Disease
- ACSC Discharge Rate
- Mental Health Care Provider Rate
- Mortality—Chronic Lower Respiratory Disease
- Mortality—Chronic Liver Disease and Cirrhosis
- Primary Care Physician Rate
- Teen Birth Rate
- Women who Received Adequate/Adequate Plus Prenatal Care
- First Trimester Prenatal Care
- Broadband Access
- Grocery Store Rate
- Recreation and Fitness Facility Access

Worse than other counties in the region
- Head Start Program Rate per 10,000 Children
- Children Below 100% FPL
- Violent Crime
- Rate of FQHCs
- Breastfeeding Initiation
- Chlamydia Incidence
- Gonorrhea Incidence
- Asthma ED Visits
- Asthma Hospitalizations
- Infant Mortality
- Low Birth Weight
- Mortality—Stroke
- Mortality—Drug Induced Deaths
- Food Insecurity, Overall
- Housing Units with Substandard Conditions
- Fast Food Restaurant Rate
- Housing Cost Burden

Better than other counties and state
- Adequate/Adequate Plus Prenatal
- First Trimester Prenatal Care
- Mental Health Provider Rate
- Grocery Store Rate

Legend
Orange = Social and Economic Factors
Blue = Public Health and Prevention
Gold = Health System
Green = Physical Environment
Kings County Report Card

Better than other counties in the region
- Uninsured Population
- Population Receiving Medi-Cal
- Population below 100% FPL
- 4th Graders, Not Proficient on Reading Test
- 4th Graders, Proficient on Reading Test
- Violent Crime
- Adults with No Leisure Time Physical Activity
- Asthma Hospitalizations
- Mortality—Coronary Heart Disease
- Mortality—Stroke
- Mortality—Accidents (Unintentional Injuries)
- Mortality—Motor Vehicle Crashes
- Poor or Fair Health
- Poor Mental Health Days
- Housing Cost Burden

Worse than other counties in the region
- Population with Bachelor’s Degree or Higher
- Child Abuse Cases
- Excessive Drinking
- Access to Exercise Opportunities
- Chlamydia Incidence
- First Trimester Prenatal Care
- Adequate/Adequate Plus Prenatal Care
- Active Asthma Prevalence
- Lifetime Asthma Prevalence
- Diabetes (Medicare Population)
- Mortality—All Cancers
- Mortality—Chronic Lower Respiratory Disease
- Grocery Store Rate
- SNAP-Authorized Food Stores

Better than other counties and state
- Asthma Hospitalization
- Mortality—Stroke
- Housing Cost Burden
- Housing with Substandard Conditions

Legend
Orange = Social and Economic Factors
Blue = Public Health and Prevention
Gold = Health System
Green = Physical Environment
Madera County Report Card

Better than other counties in the region

- Head Start Program Rate per 10,000 Children
- Population Receiving SNAP Benefits
- Unemployment Rate
- Breastfeeding Initiation
- Chlamydia Incidence
- Gonorrhea Incidence
- Food Insecurity, Overall
- Food Insecurity, Children
- Fast Food Restaurant Rate

Worse than other counties in the region

- Population Receiving Medi-Cal
- 4th Graders, Not Proficient on Reading Test
- 4th Graders, Proficient on Reading Test
- Dentist Provider Rate
- Mental Health Provider Rate
- Primary Care Provider Rate
- Mortality—Alzheimer’s Disease
- Mortality—Accidents (Unintentional Injuries)
- Poor Mental Health Days

Legend
Orange = Social and Economic Factors
Blue = Public Health and Prevention
Gold = Health System
Green = Physical Environment
Tulare County Report Card

Better than other counties in the region

- Child Abuse Cases
- HIV Prevalence
- Rate of FQHCs
- Active Asthma Prevalence
- Asthma ED Visits
- Low Birth Weight
- Mortality—All Cancers
- Mortality—Alzheimer’s Disease
- Mortality—Drug Induced Deaths
- SNAP Authorized Food Stores

Worse than other counties in the region

- Population Age 25+ with No High School Diploma
- Uninsured Population
- Population Receiving SNAP Benefits
- Population Receiving Public Income Assistance
- Population below 100% FPL
- Teen Birth Rate
- Unemployment Rate
- Young People Not in School or Working
- Adults who are Current Smokers
- Adults with No Leisure Time Physical Activity
- High Blood Pressure
- Obesity

- Mortality—Diabetes
- Mortality—Coronary Heart Disease
- Mortality—Influenza/Pneumonia
- Mortality—Motor Vehicle Crashes
- Poor or Fair Health
- Poor Physical Health Days
- ACSC Discharge Rate
- Food Insecurity, Children
- Broadband Access
- Recreation and Fitness Facility Access

Better than other counties and state

- HIV Prevalence
- Active Asthma Prevalence
- Asthma ED Visits
- Low Birth Rate
- Mortality—All Cancers
- Mortality—Alzheimer’s Disease

Legend
Orange = Social and Economic Factors
Blue = Public Health and Prevention
Gold = Health System
Green = Physical Environment
Voices from the Community

- Primary data collected came from three sources: key informant interviews, focus groups, and an online community survey
- A total of 680 participants provided input for this assessment
- Seven surveys administered across the region, five in English and two in Spanish with 348 respondents
- 332 key informants and focus group participants
- Focus groups were conducted in English, Spanish, and Hmong. Two groups were bilingual (folded into the Spanish count)
- Key informants represented an array of sectors, such as public health, faith-based organizations, and community-based organizations
- Focus group participants represented an array of diverse and low-income populations
- Survey participants included general community members and people who represent community-based organizations
Voices from the Community

To better understand the themes, this assessment used an analysis method designed by Ad Lucem Consulting to rank the health needs. After initial content analysis, themes were organized into 12 health needs:

- Access to Care
- Asthma
- Cancer
- Climate and Health
- Cardiovascular Disease/Stroke
- HIV/AIDS/STIs
- Mental Health
- Maternal and Infant Health
- Obesity/Healthy Eating Active Living/Diabetes
- Oral Health
- Substance Abuse/Tobacco
- Violence and Injury Prevention

- "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

<table>
<thead>
<tr>
<th>Health Need Rankings, Four-County Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Need</td>
</tr>
<tr>
<td>Economic Security/Homelessness</td>
</tr>
<tr>
<td>Access to Care</td>
</tr>
<tr>
<td>Obesity/HEAL/Diabetes</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Substance Abuse/Tobacco</td>
</tr>
<tr>
<td>Climate and Health</td>
</tr>
<tr>
<td>Oral Health</td>
</tr>
<tr>
<td>Violence/Injury Prevention</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>CVD/Stroke</td>
</tr>
<tr>
<td>Maternal and Infant Health</td>
</tr>
<tr>
<td>HIV/AIDS/STIs</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
</tbody>
</table>

Note: "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.
**Voices from the Community**

**Overall Findings Across the Region**

**Obesity/HEAL/Diabetes**

“Diabetes, due to the nutrition and the obesity that we’re seeing in children...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.” —Key Informant

**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.” —Focus Group Participant

**Mental Health**

“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.” —Focus Group Participant

**Substance Abuse/Tobacco**

“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.” —Key Informant
### Voices from the Community

#### Fresno County Findings

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

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

---

**Mental Health**

“Mental Health is a big deal. We have a lot of our kids that’s on medication now. A lot of our family members on medication. Post traumatic stress syndrome because of the murders and the gang violence that happened and our kids are terrified and stressing over whether they can, whether they’re going to live or not.”
—Fresno Key Informant

**Obesity/HEAL/Diabetes**

“I think one of the biggest issues is diabetes and high blood pressure. Lack of education to help the community. The majority of our elders are so reliant on going to an herbal store rather than taking the prescription that the doctor prescribes. Diabetes is a big issue, but how do we educate on them?”
—Fresno Focus Group Participant
Voices from the Community

Kings County Findings

Health Need Rankings, Kings

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

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

Access to Health Care

“Difficulty finding doctors who take certain insurances. I don’t get why they get so particular about it. Access to care is horrible here.”
—Kings Focus Group Participant

Obesity/HEAL/Diabetes

“Obesity, we see the youth eating fast food. They get home from school and want to play video games, sleep and eat.”
—Kings Focus Group Participant
Voices from the Community

Madera County Findings

**Access to Health Care**

“I went to the specialty doctor and wanted a second opinion, but I couldn’t get another specialty doctor and had to stay with the same one. I keep being sent to the same one. I needed a referral in order to get a second opinion.”

—Madera Focus Group Participant

**Obesity/HEAL/Diabetes**

“We’re seeing in childhood, obesity is becoming a real issue.”

—Madera Key Informant

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

Individual County Scale:

"High" = 20 or more
"Medium" = 11-20
"Low" = 6-10
"Very Low" = 0-5
Voices from the Community

Tulare Focus Group Participant

“Allergies. Lots of pesticides in the community, it affects us all, but more the children and elderly. Their immune system is not as strong.”

Tulare Key Informant

“Tulare County Ranks 49th out of 58 counties in access to clinical care...So I think simply, access to care is a big driver...We have about half the number of primary care physicians in our county, the other counties in California enjoy.”

Climate and Health

“‘Allergies. Lots of pesticides in the community, it affects us all, but more the children and elderly. Their immune system is not as strong.’

—Tulare Focus Group Participant

Access to Health Care

“Tulare County Ranks 49th out of 58 counties in access to clinical care...So I think simply, access to care is a big driver...We have about half the number of primary care physicians in our county, the other counties in California enjoy.”

—Tulare Key Informant

Health Need Rankings, Tulare

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

Individual County Scale:

‘High’ = 20 or more  ‘Medium’ = 11-20  ‘Low’ = 6-10  ‘Very Low’ = 0-5
Q10. What do you believe are the top five health or social issues in your community?

- High rates of chronic disease
- Lack of access to mental health services, including substance abuse services
- High poverty rates
- Low levels of health literacy
- High rates of residents engaging in risky health or sexual behaviors

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

- Increased access to affordable mental health services
- Access to substance abuse services
- More employment opportunities
- More programs for youth
- Increased access to affordable medical care
- Improving health literacy, use of care navigators, and knowledge of health system

Survey Findings in Brief
Top Health Needs

Presented in Alphabetical Order
Common High and Medium Ranked Health Needs, Expanded

Access to Health Care
- Access to Specialty Care
- Affordable Care
- Cultural Sensitivity
- Provider Recruitment
- Transportation

Access to Mental Health Services
- Affordable Care
- Expanded Therapy Types
- Pediatric Services
- Provider Recruitment

Access to Substance Abuse Services
- Affordable Care
- Provider Recruitment
- Long-term Recovery Housing

Climate and Health
- Asthma/Allergies/Respiratory Illness
- Access to Clean Water

Obesity/Healthy Eating, Active Living/Diabetes
- Health/Nutritional Education
- Free or Reduced Cost Physical Activity
Top Social Needs

Presented in Alphabetical Order
Identified from KIs, FGs, and Survey

Access to Healthy Foods
- Affordability
- Increase Vendors

Affordable Housing
- Better Housing Options for Homeless

Economic Factors
- Economic Development
- Educational Attainment
- Employment Opportunities
- Poverty

Violence and Injury Prevention
- Safer Parks and Communities
- Crime/Gang Reduction
Children’s Top Health Needs

Presented in Alphabetical Order
Identified from KIs, FGs, and Survey

Access to Health Care
- Preventative Care
- Reduce Obesity/Diabetes
- Specialized Services

Health Literacy
- Emphasis on Healthy Eating and Active Living
- Health Education for the Entire Family

Access to Dental Providers

Access to Mental Health Providers
- Early detection
- Reduce child abuse and neglect/ACEs
Children’s Top Social Needs

Presented in Alphabetical Order
Identified from KIs, FGs, and Survey

Access to Healthy Foods
- Affordability
- Increase Vendors

Clean Air and Water
- Allergies/Respiratory Illness

Opportunities for Physical Activity
- After-school sports programs
- Recreational centers

Reduce Poverty
- Food insecurity
- Crime/Gang Reduction

Stable Home
- Crime and Drug Free Homes
- Parental Education
- Support Systems
Discussion

Were any findings surprising? Any not surprising?

How do you envision implementing strategies to address needs? How will you work to build partnerships?

How would you prioritize these needs? What criteria would you use?

What other questions do you have?
Next Steps

Late Jan/Early Feb
- Schedule and Conduct Prioritization Meeting
- Complete Compliance Check and Copy Edits
- Early Feb

Mid Feb
- Last Call for Edits
- Late Feb

March
- Finalize CHNA
- Legal Adoption Final Approval Distribute Final CHNA
- Make Widely Available (April 1)
Contact Information

8780 19th Street Suite 239, Rancho Cucamonga, CA 91701
1-909-758-1326
www.hc2strategies.com
lauraacosta@hc2strategies.com