Adventist Medical Center – Reedley

2016 Community Health Needs Assessment

ACKNOWLEDGEMENTS

This report was made possible through the financial support of 15 hospitals and the leadership of the Hospital Council of Northern and Central California's Community Benefit Workgroup and the leadership from Ms. Ivonne Der Torosian, Regional Vice President, Hospital Council, who coordinated the production of the Community Health Needs Assessment. Leap Solutions, LLC provided consulting and data compilation support to identify and prioritize the community health needs.

The demographic, key indicators and health outcome data used for this report were made available by Kaiser Permanente's web-based data platform now publicly available at www.chna.org. This platform is specifically designed to support community health needs assessments and community collaboration. These materials were an invaluable resource that streamlined data collection and provided a framework to identify priorities and future actions.

This report would not have been possible without the input of community members, hospital executives and staff on the front lines of our health care system and the public health officers who shared their perspectives. Their voices and endorsement of greater coordination are important, as the community reflects upon, reforms and renews the commitment to meeting our health care needs.

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Collaborating to achieve whole-person health in our communities

Adventist Health Medical Center – Reedley invites you to partner with us to help improve the health and wellbeing of our community. Whole-person health—optimal wellbeing in mind, body and spirit—reflects our heritage and guides our future. Our hospital is part of Adventist Health, a faith-based, nonprofit health system serving more than 75 communities in California, Hawaii, Oregon and Washington. Community has always been at the center of Adventist Health's mission—to share God's love by providing physical, mental and spiritual healing.

The Community Health Needs Assessment is one way we put our faith-based mission into action. Every three years, we conduct this assessment with our community. The process involves input and representation from all: community organizations, providers, educators, businesses, parents, and the often marginalized—low-income, minority, elderly and other underserved populations.

This report is the result of a unique collaboration among the hospitals committed to serve the nearly 1.7 million diverse residents in the Central California counties of Fresno, Kings, Madera and Tulare. Since 2011, this is the third shared needs assessment process to identify the health needs of the region and reflects a strong desire and commitment to align strategies and resources in order to achieve quality care and health equity for the communities served. With coordinating support from the Hospital Council of Northern and Central California, a total of 15 medical centers and hospitals have worked together on this Community Health Needs Assessment (CHNA) covering four counties. The Hospital Council works with hospitals to advance quality health care delivery and supports the CHNA process with a committee comprised of key executives representing the major hospitals in each county. This Hospital Council Community Benefit Workgroup (workgroup) invested significant time and resources to work on the design of the overall CHNA strategy and the coordination of primary and secondary data collection with Leap Solutions, LLC, an independent consulting firm.

We use the Community Health Needs Assessment to achieve these goals:

- Learn about the community's most pressing health needs
- Understand the health behaviors, risk factors and social determinants that impact our community's health
- Identify community resources and prioritize needs
- Collaborate with community partners to develop collective strategies

Partnering with our communities for better health

While conducting the Community Health Needs Assessment we solicited feedback and input from a broad range of stakeholders. Contributors to the process included these partners:

- Public Health County Directors
- Community Leaders
- Hospital Employees
- Community Members

Data Sources

Based on the input provided by community residents, youth, leaders, and health care workers who participated in focus groups, stakeholder interviews and/or completed the CHNA Survey throughout the four-county region, 11 health needs emerged as a priority *(Figure 1)*. Seven of the identified health needs are common throughout all four counties. Each of the health needs was identified by reviewing both community input and secondary data to confirm these needs perform below state averages. The health needs were also reviewed to determine the extent to which health inequities may exist and which segments of the population are more negatively impacted. Given the high rates of poverty, low education levels and lack of insurance among residents, all of the needs identified can be linked to health outcome disparities for key segments of the population. Forty-three stakeholders, including public health experts, ranked the health needs in order of importance based on the severity of the impact on each county, the impact on quality of life and disproportionate impact on vulnerable populations.

The workgroup considered a significant number of health metrics and indicators in each of the four counties that underperform against state averages. The 11 health needs listed in Figure 1 reflect the core concerns that the health care community can address in meaningful ways**.**

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

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

Health need not identified

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

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

The assessment drew from publically available secondary data sources, as well as from nationally recognized data sources. We collected data on key health indicators, morbidity, mortality, and various social determinants of health from the Census, Centers for Disease Control and Prevention, Community Commons, Nielsen, and various other state and federal databases. In addition, to validate data and ensure a broad representation of the community, Adventist Medical Center - Reedley partnered with 14

other hospitals to conduct a community health survey, key interviews and focus groups. Questions focused on access to, and use of, health care services; vision of a healthy community; and top community health needs and barriers to accessing resources.

This report is the result of a unique collaboration among the hospitals committed to serve the nearly 1.7 million diverse residents in the Central California counties of Fresno, Kings, Madera and Tulare. Since 2011, this is the third shared needs assessment process to identify the health needs of the region and reflects a strong desire and commitment to align strategies and resources in order to achieve quality care and health equity for the communities served. With coordinating support from the Hospital Council of Northern and Central California, a total of 15 medical centers and hospitals have worked together on this Community Health Needs Assessment (CHNA) covering four counties. The Hospital Council works with hospitals to advance quality health care delivery and supports the CHNA process with a committee comprised of key executives representing the major hospitals in each county. This Hospital Council Community Benefit Workgroup (workgroup) invested significant time and resources to work on the design of the overall CHNA strategy and the coordination of primary and secondary data collection with Leap Solutions, LLC, an independent consulting firm.

Prioritization process

The top five common health needs that emerged across the four-county region are **Access to Care, Breathing Problems (Asthma), Diabetes, Mental Health and Obesity**. Access to care remains a high concern for the four-county region. The four counties surveyed in this report are considered Health Professional Shortage Areas due to the shortage of primary medical care, dental or mental health providers. Other factors that influence access to care include the high cost of copays and deductibles, the long wait times to see a doctor and the limited number of non-emergency health facilities open during the weekend or evening hours. Socioeconomic conditions throughout most of the communities in the four-county region including poverty, education and access to food influence access to care.

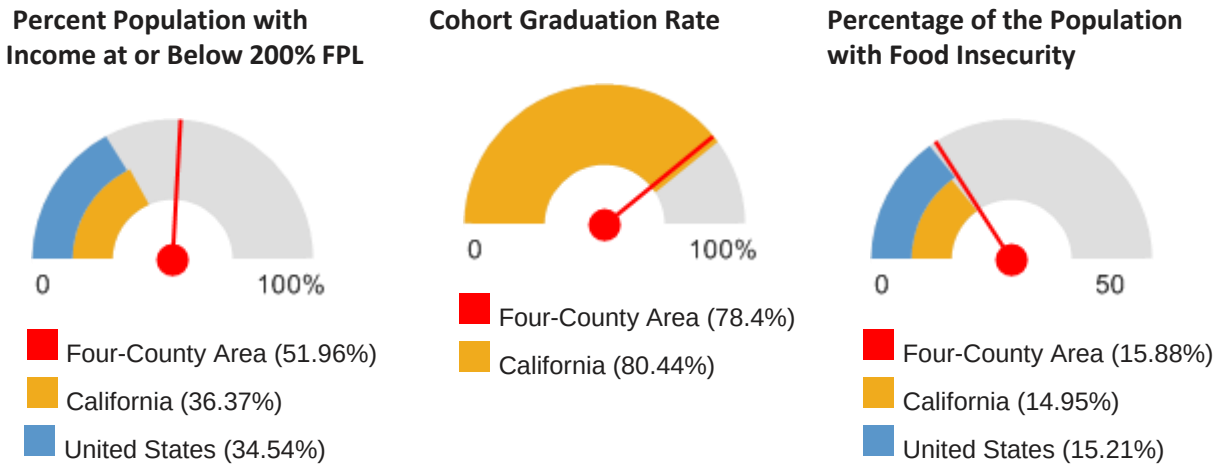

Figure 2 graphically illustrates the Poverty, Graduation and Food Insecurity Rates for the Four-County Region Source: CHNA.org

The data clearly shows that the priority health needs are aggravated by social determinants of health status including poverty, education, economic security climate and environmental conditions throughout the region.

Respondents to the Community Health Needs Assessment Survey (CHNA Survey) and community focus group participants pointed to the high number of days that are both excessively hot and exceed clean air standards as well as a limited number of places to exercise safely as key obstacles to a healthy environment in which they live and work.

When asked what behaviors contribute to poor health in their community, residents pointed to substance use, poor eating and limited exercise. Focus group participants also raised concerns about overall life stress regarding both economic and environmental factors. The perceptions of residents are directly linked to issues that health care participants in this CHNA indicated their patients experienced: lack of access to resources, lack of knowledge and language barriers.

Top priorities identified in partnership with our communities

Adventist Health Medical Centers – Reedley Top Priority Health Needs For 2016-2019

Prioritized Need	Health Indicator
Access to Health Care	Preventable hospital stays, underinsured, inadequate utilization, lack of education about the system
Diabetes	Diabetes rates, economic security, food security, education level, key health behavior
Obesity	Overweight/physical activity, adult/youth obesity, economic security, food security
Respiratory Illnesses	Air quality, health behavior, Asthma, COPD
Mental Health and Substance Abuse	Access through integrated services, referrals, physician recruitment

Making a difference: Results from our 2013 CHNA/CHP

Adventist Health wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2013 we conducted a CHNA and the identified needs were:

Obesity and Diabetes

- Educated 200 people yearly at our Free Diabetes Support Group meetings in Hanford and Selma.
- Created a new Community Wellness and Diabetic Programs Director position to lead community wellness and diabetic programs and provide nutritional counseling in clinics.
- Informed 47 older adults about smart food choices and exercise at Eat Smart & Live Strong classes.
- Provided over 10,000 free health screenings at our 20 week Hanford Thursday Night Market Place since 2013.
- Equipped our four hospitals with lactation rooms for nursing moms to pump milk. Designated areas were also identified in all clinics.
- In 2015 Adventist Health Central Valley launched “Esperanza,” a one-minute, 10-episode telenovela on a local Spanish television station to educate viewers about diabetes and healthy living.

- Establish partnership with community organizations, schools, and communities that support lifelong healthy lifestyles that focus on reducing the obesity epidemic in our Central Valley.
- Support and promote breastfeeding friendly communities efforts in our region. Continue to hold Breast Feeding Support Classes and education through county sponsored breastfeeding coalitions.
- Advocate and energize efforts to establish parks and recreational facilities. Support community organizations and programs that promote wellness and physical activity through sponsorship or partnership.

Breathing Problems

- Adventist Health is collaborating with the American Lung Association to bring the first “Better Breather's Club” to Kings County.

Access to Care

- Educated 1156 people on various health topics at “First Friday with a Physician” lectures since 2013.
- Launched A Time to Heal program at Breast Care Center in Hanford to help women in the community with the healing process in 2014
- Recruited over 60 physicians to the Consolidated Medical Staff since 2013
- Opened a Joint Replacement Center on 2nd floor of AMC – Hanford.
- Opened 4 new Rural Health Clinics in Oakhurst, Wasco, Madera Ranchos and Shafter since 2013.
- Began providing shuttle service for Community Care Patients in Hanford and Reedley who have transportation challenges.
- Our Nutritional Services teamed up with Kings County Commission on Aging to provide 27,682 meals as part of Kings County Senior Nutrition Program. They served, on average, 340 hot meals weekly at four congregate meal sites in Kings County, along with 200 frozen meals a week for home-bound seniors.

1. Introduction and Background

1.1. About Adventist Medical Center - Hanford

Adventist Medical Center – Hanford is part of the Adventist Health Central Valley Network a nonprofit, faith-based organization operating more than 50 sites in Kings, Tulare, Kern and southern Fresno counties.

AMC-H is one of four hospitals the network owns and operates. AMC-H was first incorporated into the community in March 1908. It occupied a three-story frame residence at the corner of Irwin and Ivy streets and was called the Hanford Sanitarium. In 1956, the name was changed to Hanford Community Hospital (HCH) when it changed from a proprietary hospital to a nonprofit facility through purchase of stock from private interests.

In 1962, HCH directors entered into an agreement with the Seventh-day Adventist Church to assume ownership and build a new hospital facility. The hospital was subsequently relocated in 1965 to 450 Greenfield Avenue. The name was changed to Hanford Community Medical Center (HCMC) in the late 1980s, and a three-story Kerr Outpatient Center was built just north of the hospital in 1993 to provide space for outpatient surgery and lab services as well as physician offices.

HCMC became AMC-H when the new hospital opened and commenced operation at 115 Mall Drive in Hanford on Sunday, December 5, 2010. The hospital features 142 private beds, including 120 medical/surgical beds and 22 intensive care units. It also offers 26 private emergency rooms, including four trauma rooms. On March 6, 2016, Central Valley General Hospital closed and the new Family Birth Center at Adventist Medical Center – Hanford opened. The new modern facility, which is equipped with the latest technology, features 11 private labor and delivery rooms, two surgery suites, 16 postpartum rooms, and a six-bed neonatal intensive care unit operated by Valley Children's Healthcare.

AMC-H Facilities:
142 Beds
24-hour Emergency Services
Breast Care Center
Cardiac Catheterization Laboratory
Cardiopulmonary Services
Chaplain Services
Dialysis Services
Family Birthing Center
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Intensive Care Services
Lung Care Center
Medical/Surgical Nursing Care
Physical Therapy
Cancer Center
Sleep Apnea Center

Social Services
Intensive Care Neonatal Nursery
Physicians Network

AMC-S Facilities:
57 Beds
24-hour Emergency Services
Chaplain Services
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Medical/Surgical Nursing Care
Physical Therapy
Social Services

AMC-R Facilities:
49 Beds
35 Rural Health Clinics in 25 Communities
24-hour Emergency Services
Cardiopulmonary Services
Chaplain Services
Family Birthing Center
Family Medicine Residency Programs
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Intensive Care Services
JobCare
Medical/Surgical Nursing Care
Physical Therapy
Social Services

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental, and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist healthcare facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise, and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the healthcare system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes, and dispensaries

worldwide. And the same vision to treat the whole person—mind, body, and spirit—continues to provide the foundation for our progressive approach to health care.

Our Mission: To share God's love by providing physical, mental, and spiritual healing.

Our Vision: Adventist Health will be a recognized leader in mission focus, quality care, and fiscal strength.

1.2. About Adventist Medical Center – Hanford Community Benefit

In support of our mission we are committed to assessing and responding to the needs of the community we serve through our Community Benefit programs.

Understanding that true impact on any of the identified needs will only occur with combined efforts from multi-sector partners, Adventist Medical Center – Hanford's approach to Community Benefit is strategically collaborative. Addressing the issues of access to care, chronic disease, poverty, and education is a daunting task and we are fortunate to have great partners at the table. We have partnered with many outstanding local organizations like local School Districts, Health Departments, churches and community based organizations. Addressing identified issues, expanding capacity, and strengthening relevant infrastructure are the overarching goals of our ongoing community benefit efforts.

2. Purpose of Community Health Needs Assessment (CHNA) Report

The Community Health Needs Assessment report provides a roadmap for improving and promoting the health of the community. The CHNA process identifies factors that influence the health of a population and determine the availability of resources that adequately address health concerns. With the information provided in this report, hospital leaders will develop a plan to address community health priorities and build the capacity of existing programs, resources and partnerships.

3. History of Community Health Needs Assessments in Our Region

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

In California, community health needs assessment reporting requirements have been in effect since 1994 with passage of Senate Bill 697. Each of the participating hospitals has fulfilled requirements to file

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

a Community Benefits plan with the California Office of Statewide Health Planning and Development.[2] The notable difference in new federal statutes mandated as part of the Patient Protection and Affordable Care Act 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.

This report represents the third time that hospitals in the four-county region of Fresno, Kings, Madera and Tulare have collaborated on the Community Health Needs Assessment process. The Hospital Council initiated this four-county community health needs assessment report for the first time in 2011. Given the unique landscape of the urban, rural and farming communities and the shared demographics of patient populations in the region, this collaboration supports the completion of the required reporting and fosters the opportunity for more unified and strategic thinking about addressing population needs in the region and ultimately achieving health equity.

3.1. Hospital Council of Northern and Central California

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

3.2. Consultants Involved and Qualifications

This report is the second time that Leap Solutions, LLC has facilitated the development of this community health needs assessment for the Hospital Council of Northern and Central California. Leading this effort on behalf of Leap Solutions, LLC is senior associate, Maria Hernandez, PhD and Managing Partner and Founder, Scott Ormerod. Consultant Susana Morales-Konishi provided additional support. She has significant operational work experience in nonprofits serving youth and elders. All three consultants participated in primary data collection efforts and have prior experience designing community surveys, coordinating community outreach efforts, conducting stakeholder interviews and facilitating focus groups. In addition to these experiences, all have prior work coordinating and facilitating projects in public health departments and in hospital systems. Dr. Maria Hernandez brings unique expertise in community health interventions related to asthma, hospital governance and addressing health care outcome inequities.

[2] See past reports posted here http://www.oshpd.ca.gov/HID/SubmitData/CommunityBenefit/

4. Overview of Efforts to Address Health Needs Identified in the 2013 CHNA Report

In the CHNA report published in 2013, all four counties were found to be experiencing high rates of **obesity, diabetes, teen pregnancy, self-reported poor health and limited life expectancy**. **Asthma** rates exceeded California averages in all but one of the counties. At that time, community stakeholders and facility staff also raised concerns about serving the needs of the **mentally ill** with both short term and long term therapies as a key health need.

4.1. Purpose of 2013 Implementation Strategy Evaluation of Impact

Adventist Medical Center Hanford's 2013 Implementation Strategy was developed in response to the needs of our service area community members. In an effort to promote collaboration and inclusivity, in fiscal year 2013, Adventist Medical Center - Hanford joined 15 hospitals in the neighboring four counties in a Community Benefit Work Group chaired by the Hospital Council of Northern and Central California to conduct a Community Health Needs Assessment of the Central Valley region. Leading health indicators identified in the collaborative CHNA were prioritized using four criteria:

1. Impact: Which of the leading indicators, if improved, would make the greatest impact on health, quality of life, and health disparities?

2. Severity: Which of the leading indicators is associated with the most severe negative health repercussions in the region?

3. Resources: Which of the leading indicators can be addressed with existing resources across the study region?

4. Outcome: Which of the leading indicators, if addressed effectively, would yield the most visible improvement in our mortality and morbidity rates?

The following high priority health indicators and health needs were the ultimate results:

<u>Health Indicators:</u>
Access to Care
Obesity
Overweight/Physical Activity
Mental Health

<u>Health Needs:</u>
Access to Care
Diabetes
Poverty
Education

4.2. 2013 Implementation Strategy Evaluation of Impact Overview

After conducting the CHNA, we asked the following questions:

1) What is really hurting our communities?
2) How can we make a difference?
3) What are the high impact interventions?
4) Who are our partners?
5) Who needs our help the most?

Input was collected from communities that needed our help the most. From this analysis, three primary focus areas were identified as needing immediate attention:

Priority Area 1: Obesity

Identified Need:
Kings County has the highest percent of overweight adults. Community members and stakeholders tended to view obesity and diabetes as the same health need and these were consistently called out as one of the top five health needs facing the community. In addition to the concentrated poverty that exists throughout the region, participants in focus groups also pointed out two factors that they believe contribute to high rates of diabetes and obesity: access to healthy food at reasonable prices and limited places to exercise safely. More than half of the adults in the U.S. are now believed to be overweight or obese. In adults, obesity is defined as a Body Mass Index of 30 kg/m or more and overweight is a BMI of 25 kg/m or more. Figure 1 below shows the rates of obesity for all four counties in our study region.

Goal: Promote health and reduce chronic disease risk through the consumption of healthy diets and achievement and maintenance of healthy body weights.

Objectives:
- Reduce the proportion of children and adolescents who are considered obese.
- Improve percentage of adults that report no leisure time through physical activity.
- Improve access to and education about healthy food.
- Increase the proportion of infants who are breastfed.

Interventions:
1. Establish partnership with community organizations, schools, and communities that support lifelong healthy lifestyles that focus on reducing the obesity epidemic in our Central Valley.
2. Support and promote breastfeeding friendly communities' efforts in our region. Continue to hold Breast Feeding Support Classes and education through county sponsored breastfeeding coalitions.
3. Advocate and energize efforts to establish parks and recreational facilities. Support community organizations and programs that promote wellness and physical activity through sponsorship or partnership.

4. Education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.

Evaluation Indicators:
Short Term – Increase enrollment of participants in educational program provided by network.
Long Term – Policy interventions that make healthy dietary and activity choices easier.

Collective Impact Indicators

- Improve breastfeeding rates.
- Reduce obesity in the community by creating awareness of healthy lifestyle choices.
- Improve families' ability to achieve wellness in their own neighborhoods and schools.
- Have a seat at the table in affecting local policy related to health care.

Update on Indicators for 2015:

Every hospital campus in our network now has a lactation room available to nursing mothers.

Began Fun Fitness Friday classes at Kings Canyon Unified School District with 3rd and 4th grade students. 160 Students were taught about the importance of nutrition, activity, and good hygiene.

Our long-term evaluation indicators:

Increased our engagement with government leaders to ensure policy reflects what the community needs to ensure health is on the agenda for all policymakers.

Program Highlight:

In 2015 our network committed to working with other community organization in starting up farmers' markets in local communities with a focus on promoting education of healthy food choices. The cities of Avenal and Huron will begin to have farmers' markets in the spring and summer of 2016.

Priority Area 2: Diabetes

Identified Need:
Diabetes is a health need in our service area, as marked by incidence rates and adult hospitalizations that are higher than the state average. Its potential impact on the cost of care is not sustainable within our communities. Several factors contribute to the high rates in the region: poor nutrition and/or lack of physical exercise, poor access to care, and poor health literacy. Chronic conditions are clearly a leading source of concern among focus participants, and diabetes was the most often mentioned condition that participants believe needs to be addressed.

Goal: Reduce diabetes in communities that Adventist Health / Central Valley Network serves.

Objectives:

- Increase education about diabetes in the community.

Interventions:
1. Monthly Diabetes Support Classes in Hanford and Selma.
2. Education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.
3. Actively participate and contribute to Kings County Diabesity Coalition.
4. Eat Healthy, Live Strong Weekly Community Workshop Series.

Evaluation Indicators:
Short Term – Increase monthly Diabetes Support Classes attendance.
Long Term – Increase diabetes education and screening opportunities in our communities.
Collective Impact Indicator– Reduce obesity in the community by creating awareness of healthy lifestyle choices.

Update on Indicators for 2015:

Increased the number of participates from 252 to 278 in our free Diabetes Support Group meetings in Hanford and Selma.

Created a new Community Wellness and Diabetic Programs Director position to lead the development and implementation of community wellness and diabetic programs for our network and to provide nutritional counseling services in our Community Care clinics. As a result, Eat Healthy & Be Active workshops were launched in Hanford and Selma, providing 8 people with tips on incorporating healthy nutrition practices and physical activity in their daily life. Eat Smart & Live Strong classes were offered in Hanford to 47 older adults to help inform them about smart food choices and exercise.

Program Highlight: Launched "Esperanza," a one-minute, 10-episode telenovela on a local Spanish television station to educate the Spanish-speaking community about diabetes and ways to manage it by eating healthier and exercising. Provided portion plate and food journal to those who requested through our website at http://www.ahsaludporvida.com.

Priority Area 3: Improve Access to Health Care
Identified Need:
Summary: Access to care is a health need in the Fresno Service Area because of its potential impact on the rate of premature deaths that are higher than the state average. The health need is likely being impacted by the shortage of primary care providers, the high number of uninsured individuals, and the high number of adults and children living in poverty. In particular, the problem is worse in the rural communities within the Fresno Service area, possibly due to the lack of appropriate transportation, and the higher rates of people who are linguistically isolated, specifically in Kings and Tulare County.

Goal: Improve Access to Health Care.

Objectives:
- Enhance navigation of health services.
- Increase awareness of health and related services available.
- Increase the number of healthcare providers and locations.
- Reduce barriers and increase awareness of services available.

Interventions:

- Use Health Explorer Program to increase the number high school students who are interested in a health profession through hands on experiences, lectures, and tours.
- Increase the number of health providers through; University of California San Francisco (UCSF) Fresno Family Medicine Residency Program, Hanford Family Practice Residency Program, and Central California Faculty Medical Group (CCFMG)
- Provide online health portal for patients to access health information.
- Physician Recruiting AMCH.
- Expanded our free shuttle services and provided 8,603 free round-trip rides to clinic appointments in 2015.
- Provided 5,827 health screenings (1,743 blood pressure checks, 921 blood glucose checks, 3,155 pulse ox checks, and 8 temperature checks) at the 20-week Hanford Thursday Night Market Place. In 2014 we provided 3,977 health screenings.

Evaluation Indicators:

Short Term – Increase number of clinics and health care providers in our network.
Long Term – Increase the number of health career connections through local colleges and high schools.
Collective Impact Indicator –Increase the number of healthcare providers and types of services provided.

Update on Indicators for 2015:

Recruited 22 physicians to the Consolidated Medical Staff and graduated 8 doctors from the Hanford and Reedley family medicine residency programs.

Program Highlight:
Completed construction on the new Family Birth Center in Hanford, which opened its doors to expectant mothers and their families on March 6, 2016. The center features 11 private labor and delivery rooms, 2 surgery suites, and 6 neonatal intensive care unit (NICU) beds operated by Valley Children's Healthcare; also 16 postpartum rooms.

Priority Areas Not Addressed

Other needs identified in the CHNA, but not addressed in this plan are mental health and poverty. Our network has not specifically addressed the following prioritized health needs identified in the CHNA as part of this Community Health Plan due to limited resources and the need to allocate significant resources on the other priority health needs identified above.

Mental Health is currently being addressed by County Departments of Behavioral Health and other private agencies. Our network does provide behavioral health services, but not at the extent desired to address this need in our communities.

Poverty is another priority that we do not directly address but our network attempts to link patients to resources that can assist in their needs.

5. CHNA Data Collection Process

To conduct a Community Health Needs Assessment, the IRS requires nonprofit hospitals to conduct a needs assessment every three years that involves defining the community the hospital serves and identifying significant health needs of that community. The process for determining those health needs requires collecting reliable public health data or metrics to measure against a benchmark (i.e. state averages) and engaging the community to solicit their input on the needs they perceive to be the most pressing in their community. The needs assessment process also requires that the community participate in prioritizing health needs and that a hospital identifies potential resources available to address those needs.

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

Figure 5.1 depicts the overall framework for identifying a health need that involves both quantitative (secondary) and qualitative (primary) data.

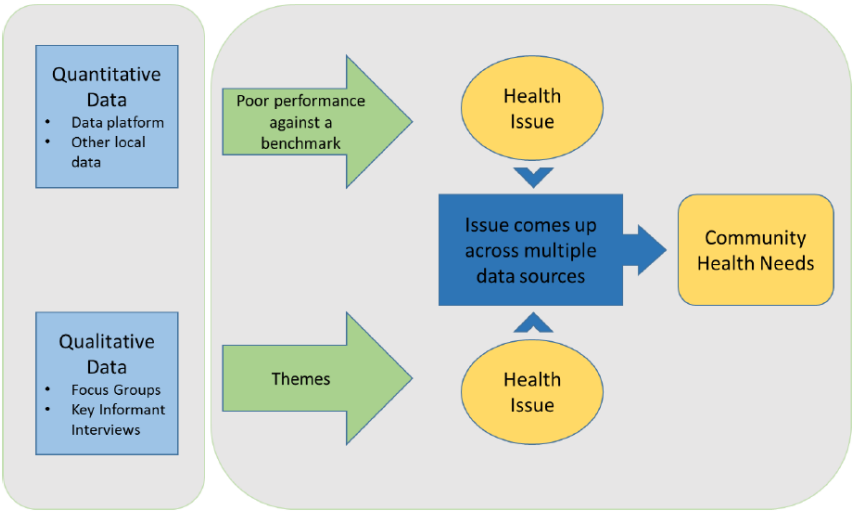

Figure 5-1: Summary of the overall framework for identifying community health needs.

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

5.1. Key Terms and Definitions Used in this Report and Definitions

Throughout this report we will use key terms that reflect agreed upon definitions that have unique and important implications for the CHNA methodology. We have listed these terms here:

5.1.1. Definition of Community

A community is defined as having both physical and geographic components as well as socioeconomic and psychosocial factors that define a sense of community. Individuals can thus be part of multiple communities - geographic, virtual and social. The current focus on community-based participatory research in public health has prompted an evaluation of what constitutes a community.[3] This literature suggests community can be defined as: "a group of people with diverse characteristics who are linked by social ties, share common perspectives and engage in joint action in geographical locations or settings." The World Health Organization similarly defines community as "a group of people living in the same geographic area with some degree of common interests and an easy means of communication."[4] In this report, the definition for community is **the geographic area served by specific hospital facilities and the populations they serve**.

5.1.2. Community Stakeholder

The traditional definition of a stakeholder is "any group or individual who can affect or is affected by the achievement or non-achievement of an organization's objectives."[5] In this context, community stakeholders is defined as the patients, residents in the hospital's service area, health care providers, community leaders and public health department staff within each county in which our hospitals operate.

5.1.3. Health Indicators

Health indicators are the metrics or quantifiable characteristics of an individual, population, or environment and are used to describe one or more aspects of the health of an individual or population. Health indicators can be organized into several categories[6]. In this report, consultants looked at indicators that measure **health status** such as mortality (i.e. death rate, life expectancy), morbidity (rates of diabetes) and mental health status (rates of suicide, depression). Other indicators include **determinants of health** such as economic security, food security, education level and key **health behaviors** (i.e. smoking, limited exercise, or unsafe sex). Another set of indicators reviewed includes **health care access** which considers the affordability of care, the quality of care and patterns of utilization of clinical and preventive services (i.e. immunizations).

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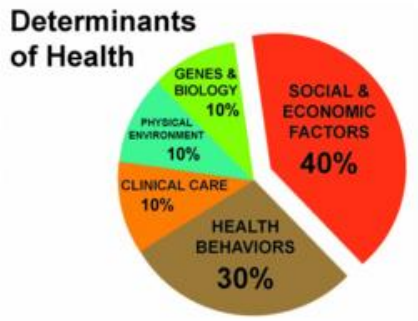
[3] MacQueen, K., McLellan, E., Metzger, D., Kegeles, S., Straauss, R., Scotti, R., Blanchard, L. and Trotter, R., What Is Community? An Evidence-Based Definition for Participatory Public Health. American Journal of Public Health. 2001 December; 91(12): 1929–1938.

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

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

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

5.1.4. Social Determinants of Health



5.1.4 The factors that influence health outcomes

The conditions in which people live, learn, play and work impact overall health and these conditions are referred to as the social determinants of health[7]. Poverty, education level, limited access to healthy food and substandard housing can have negative impacts on health and quality of life. During the past 10 years, a growing body of work has focused on identifying the factors that lead to good health outcomes. This global effort has engaged public health leaders, health researchers, policy makers and health advocates to highlight the "unequal distribution of health-damaging experiences as a toxic combination of poor social policies and programs, unfair economic arrangements and bad politics."[8]

5.1.5. Health Need

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

5.1.6. Primary Data

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

5.1.7. Secondary Data

Secondary data is collected and published by local, state or federal agencies dedicated to public health, population health or targeted populations (i.e. CDC, US Census Community Survey, California Health Interview Survey, BRFSS, OSPD, etc.) or the publicly available platforms that have summarized this data for widespread use (kidsdata.org, countyhealthrankings.org, or kidscount.org).

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

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

5.2. Regional CHNA Methodology

Step 1: A review of the secondary data

In order to conduct the regional CHNA for Fresno, Kings, Madera and Tulare counties, hospital leaders from each county engaged with the Hospital Council of Northern and Central California to form the Hospital Council Community Benefit Workgroup. This workgroup represents 15 hospitals throughout the four counties. Under their direction, consultants reviewed the secondary data in the region in order to begin looking for evidence of health needs, to design a community engagement process to solicit feedback on these needs and create a process to prioritize these needs based on community input.

Consultants from Leap Solutions reviewed three sources to determine what the most common health needs are for consideration in a CHNA. Included in the review were the metrics or indicators identified by the Center for Disease Control[9] and metrics used by Healthy People 2020 initiative,[10] a collaboration of the US Department of Health and Human Services and other federal agencies and research institutions. Consultants also reviewed the list of the most commonly identified health needs across Kaiser Permanente CHNA Data Platform (www.chna.org). After reviewing all the lists, the consultants found that the 15 potential health needs identified by the CHNA Data Platform align well with those defined by the CDC and those used by the Healthy People 2020 initiative. They were therefore adopted for use in this CHNA effort as a means to guide the primary and secondary data collection. These are listed as follows:

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

Appendix A contains a list of the various sources of information made available through the CHNA Data Platform. It also lists any additional sources that the consultants have cited in this report.

Consultants used the CHNA Data Platform to conduct an initial review of secondary data and found that the four counties perform lower than state averages on most of the health indicators associated with the 15 potential health needs. **Section 8: *Health Needs and Associated Metrics and Indicators*** in this report provides metrics associated with the 15 potential health needs and illustrates how the counties perform compared to California as a whole.

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

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

Step 2: Engaging the Community—CHNA Survey, Focus Groups and Key Stakeholder Interviews

Community Survey – The next step in the CHNA process requires engaging the community to solicit their perceptions of the most pressing health needs in their community. This effort included CHNA Surveys, focus groups and key stakeholder interviews with public health directors, hospital CEOs and nonprofit organization leaders serving unique segments of the community (i.e. the disabled, poor, or unique ethnic groups). These three methodologies were used in order to reach community members who might be more comfortable sharing their perspectives on an individual survey versus attending a focus group and vice versa.

In order to leverage the opportunity to use a consistent set of questions across all four counties, the Workgroup selected a CHNA Survey designed by the Healthy Madera Coalition with the County Public Health Department staff. Thirty-six questions centered on key health concerns and factors that influence the health of the community and included demographic information **(See Appendix B: Community Health Needs Assessment Survey**).

The CHNA Survey centered on soliciting input on:

- community health needs,
- environmental factors that influence the health of the community,
- behaviors that impact health,
- barriers to getting health care in their county,
- indicators of a healthy community, and
- factors in their community needing most improvement.

Three questions were used to determine if the respondent was a hospital staff member and what hospital they worked at in order to distinguish health care workers versus residents taking the survey. Health care workers were asked to complete a question about what patient issues they most often see in their department.

The survey was placed on Survey Monkey, an online web platform, in both Spanish and English and corresponding website links were emailed to hospital and facility staff as well as community members. The survey link was configured to allow for confidentiality of responses and it remained open between July 1 and Dec 2, 2015.

This year two community organizations were contracted to assist with the community outreach efforts. These were: Fresno Metro Ministry—a nonprofit established in 1970 with a mission to advocate for the health and well-being of the community –and Centro La Familia Advocacy Services—a nonprofit working to empower low income people to access life sustaining resources through education, training and social services. In addition, the Madera County Department of Public Health and Camarena Health – a Federally Qualified Health Center assisted with the outreach efforts in their own county and provided the community survey used for this CHNA.

Voice of the Community

Two things you would like to improve in your community:

"Active living and healthy eating initiatives. Pride in the community; a cleaner community"

Figure 5.2-1 summarizes the responses of the CHNA Survey from each county.

County	Total Respondents	Total Health Care Staff	Total Community Responses	% Speaking English at Home	% Speaking Spanish At Home
Fresno	659	560	99	100%	5.90%
Kings	114	56	58	100%	14.49%
Madera	163	28	135[11]	100%	92.02%
Tulare	189	110	79	100%	15.20%

Figure 5.2-1: Summary of the total respondents from each county by health care staff and by community members and the percent of participants speaking Spanish at home.

The detailed results of the CHNA Survey are found in **Section 11: *Community Perspectives***. The tables in **Appendix C** summarize the responses to the following five key questions which were designed to identify the health needs of the community:

- Q11: In your opinion, what are the three (3) biggest health problems in your community?
- Q12: In your opinion, what are the three (3) biggest social and economic problems in your community
- Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?
- Q14: In your opinion, what are the three (3) behaviors that most affect health in your community?
- Q16: In your opinion, what three (3) things make it hard to get health care in your community?

Focus Groups – A total of 15 focus groups were conducted ranging in size from 4 to 24 participants. **Appendix C** contains the list of focus group sessions conducted for this needs assessment. The focus groups were attended by hospital and facility staff, community leaders from nonprofit and faith-based organization and elected officials and residents. These sessions were conducted primarily in English. Focus groups comprised of primarily residents, including mothers and youth were conducted in English and Spanish. Childcare was provided at two of the focus groups.

All of the focus groups followed the same format and agenda:

- An introduction and overview of the CHNA process and purpose
- A review of eight key health indicators to understand how their county ranked in comparison with California and the United States

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

- A review of how other residents and health care workers responded to the CHNA Survey and whether those attending agree or disagree with most common responses to the above-mentioned five key questions (Q11, Q12, Q13, Q14 and Q16)
- A large group discussion was facilitated on three additional questions that were used to seek the group's consensus on:
    - What are some key services you believe would help address these challenges from the following options:
        1. More community clinics/ambulatory centers
        2. More regional initiatives on community health
        3. Engaging nonprofits in coordinated care
        4. Using community advisory councils
        5. More patient support groups
        6. More health education fairs/ events
        7. More upstream health interventions
        8. OTHER
    - What ONE effort would make the greatest impact on health outcomes in your community from the following options:
        1. More disease prevention efforts
        2. More coordinated care programs/services
        3. More upstream health initiatives
        4. Better community infrastructure to support healthy living
        5. Improved health education
        6. Improved environmental conditions
        7. Improved economic conditions
        8. OTHER
    - Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?

In order to keep each of the focus groups to a 60-minute format, it was necessary to choose among a significant amount of secondary data to share with participants. Each of the health need summary reports developed from the CHNA data platform for all 15 potential health needs exceed 120 pages. A summary of the key data related to each of the health needs across all four counties is over 50 pages and can be found in **Appendix G**.

The consultant's decision to review the status of only eight health indicators was based on: [1] the complexity of looking at all 15 potential health needs in just one hour with different audiences and [2] the need to allow for enough time for the focus group participants to fully engage in a discussion of what they perceive as health needs based on their own perceptions and experiences. It was equally important to avoid selecting one of the 15 to review without adding unintended bias into the discussion. The consultants selected health indicators directly linked to the results of the 2013 Hospital Council Regional CHNA Report produced for the same four counties. This allowed for the focus group participants to continue discussing asthma, obesity, access to care, mental health and socioeconomic factors that were concerns raised in 2013 CHNA.

The key health indicators shared with the participants at the beginning of the focus groups were:

1. percent of adults with asthma,
2. percent of adults who are overweight,
3. suicide rate,
4. premature deaths,
5. percent of adults in poor health,
6. heart disease mortality rate,
7. percent of population living in a health professional shortage area, and
8. percent of population living 200% the federal poverty line

After the focus group participants reviewed the key health indicators, consultants then presented the preliminary results on the five core questions in the Community Health Needs Assessment Survey (CHNA Survey) using the most up-to-date, completed survey results in respective counties. For the first set of focus groups conducted in the initial weeks of this outreach effort, completed survey totals were understandably small. CHNA survey results were continuously updated throughout the entire period of conducting focus groups.

The data presented from the survey was intended to simply be a "pulse" of community perceptions. Participants were always reminded about the total number of people who had taken the survey to date. However, it should be noted that the major trends in survey responses for each county did not change as more data became available.

As the consultants reviewed responses to each of the five key questions, participants were asked to comment on the existing results and report out on their own views of what they would have rated as the top three concerns. Consultants also facilitated a discussion on the extent to which survey responses matched their experiences. Participants were asked about the local community factors that may serve as important context on why they considered those as the most common answers. If the participants' answers differed from the survey outcomes, the consultants noted their responses and engaged in dialogue identifying what were viewed as the key issues.

During all focus groups, participants were afforded the opportunity to complete paper copies of the survey in English or Spanish if they had not completed one online. These paper copies were manually entered into the final compilation of the survey results. The focus group participants were also provided a handout with the links to the English and Spanish version of the survey to encourage their friends and colleagues to also complete the survey. The results of the focus group discussions are summarized in **Section 11: *Community Perspectives***.

Key Stakeholder Interviews – The workgroup identified approximately 95 individuals considered to be key stakeholders in the region that would be important to interview. Consultants contacted each stakeholder offering to conduct phone or in-person interviews. Thirty-five stakeholder interviews were conducted between July 20 and September 10 **(See Appendix D)**. The format for these was identical to the focus group process.

Participants in this effort included the following stakeholders in all four counties: County Public Health Directors, hospital executives and nonprofit leaders who serve the community with social, health, or educational support services. These key stakeholders were selected by the workgroup because they would provide a unique perspective on the health of the community, health care delivery systems in place and overall conditions that influence health behaviors. In addition, as per

IRS guidelines the CHNA community outreach also involved the Tule River Nation Elders and Tribal Council Members in Tulare County.

Each key stakeholder was given the opportunity to review the key health indicators for their county and then was asked to rank responses to each of the five key questions reviewed by the focus groups.

The key stakeholders were also asked to respond to the following specific questions that were not part of the online survey:

- Given the health needs you've identified; what one effort do you believe would have the greatest impact on health outcomes in your region from the following list?
    1. More disease prevention efforts
    2. More coordinated care programs/services
    3. More upstream health initiatives
    4. Better community infrastructure to support healthy living
    5. Improved health education
    6. Improved environmental conditions
    7. Improved economic conditions
    8. OTHER
- What is currently working well to address health needs in your community?
    1. Health care reform
    2. Network of FQHCs and Rural Health Clinics
    3. Public outreach efforts by nonprofits or faith based organizations
    4. Public outreach by public agencies
    5. Charitable care provided by hospitals, clinics, or nonprofits
    6. Nothing is working well now
    7. OTHER
- What resources are available to address these needs?

Participants who were based in a health care setting were also asked about key activities conducted by their organization to address these challenges. Hospital CEOs who participated in the interviews were also asked about the key ways their community benefit dollars are used to address these needs.

Step 3: Identifying Health Needs

In order to identify the health needs in this CHNA report, the workgroup and health officers from each County's Department of Public Health met November 12, 2015 to review the survey data collected from respondents and a summary of secondary data on the health needs for all four counties.

Voice of the Community

Two things you would like to improve in your community:

"Chronic Asthma program for children. An in depth study on pesticide use in the county and its effects on birth defects and later health issues"

Everyone attending this session was provided two separate informational packets. The first set of information was emailed several days in advance with the following information:

- Key Drivers and Social Determinants of Health throughout the four-county region
  - Poverty
  - Education
  - Health Insurance/Access to Care
  - Food Insecurity
  - Environmental Conditions
- Key Health Indicators
- Mortality and Morbidity
- Key Health Behaviors
- CHNA Survey Responses for all Four Counties
- The List of 15 Potential Health Needs for consideration
- A List of other potential health needs (Infant mortality, low birth weight infants, teen births, child abuse—the first two of which were highlighted as potentially included in Maternal and Infant Health)

The 27-page packet of information contained 100 individual metrics associated with the 15 potential health needs (**See Section 8: *Health Needs and Associated Metrics and Indicators***). The workgroup and public health officers were asked to attend the meeting prepared to discuss the following:

1) Based on the information, what would I call out as a Health Need? Bring your list for each county in your organization's service area.
2) How does the CHNA Survey Feedback influence my decision?
3) What is in reach for my organization to address?
4) What social determinants of health can my organization address?
5) Is there a health need all hospitals can agree to address regionally?

At the meeting, participants were also provided additional information on four emerging concerns for which additional data was requested by different members of the workgroup. Consultants provided additional data on the following issues:

- Breathing Problems or Asthma
- Mental Health
- Children's Health

Discussion during the session highlighted the great concern among all participants about the sheer number of health indicators and metrics that show the region's poor performance when compared to the state overall. In essence the majority of 15 potential health needs reviewed have some indication that either the community sees it as a need and/or the secondary data available suggests a need exists.

It also became clear that there was a need to balance between the health needs that hospitals and health care staff can effectively address and those which require a much broader community of civic leaders to engage and address. The workgroup and public health officers recognize economic security is inextricably linked to Access to Care. The key activity for health care leaders to address

remains Access to Care. Similarly, Breathing Problems (asthma) are linked to the air quality in the region. As health care providers, they must remain focused on treating asthma effectively.

At the end of this meeting, consultants were asked to further review whether the health needs had met the agreed upon criteria for defining a health need. These criteria include three elements as follows: the community must see the health indicator as a need, the data on the health indicator suggests the region performs poorer than California as a whole, or the health indicator suggests health inequities exists such that some segments of the population are being impacted more than others.

In order to insure the criteria were met, consultants prepared a comprehensive analysis of the health needs reviewing the community perspectives, the secondary data and an assessment of the extent to which health disparities exist for that indicator **(See Appendix G)**.

One of the unexpected challenges of using these three criteria is that not all data is reported by race or ethnicity making it difficult to assess for evidence of health inequities. The consultants used the impact of poverty and lack of education throughout the region as well as existing national data on disease trends among African Americans, Latinos, Asians, Native Americans and Caucasians to determine whether health inequities may exist.

Four health needs selected by the workgroup posed additional questions for the consultants to address. Specifically, substance abuse and cancers stand out as needs that the community highlighted more so than the workgroup members. Oral health (dental care) and heart disease stood out as concerns among the workgroup and public health officers more so than the community.

The data on cancer rates and cancer mortality reveal that cervical and lung cancers show a higher incidence across all four counties than state averages. Cancer mortality rates are higher than state averages in Fresno and Tulare counties; however, the cancer mortality rate is slightly less than California as a whole across all four counties combined. Cancer health disparities are seen nationally and cancers disproportionately impact African Americans, American Indian/Alaska Natives, Pacific Islanders and Latinos[12]. Given the high percentages of those demographic groups in the region, this required further review. While cancer was mentioned in the focus group sessions in all counties, it is specifically Madera's CHNA Survey results that point to a high frequency of residents who see cancer as a concern. A review of the 2012 CDC State Cancer Profiles[13] reports that for Fresno, Kings and Madera Counties all have falling incidence rates for cancer while the incidence in Tulare County is stable. Data on African American cancer incidence rate is stable, as is the case for Asian/Pacific Islander and Latinos (**See Section 8: *Health Needs and Associated Metrics and Indicators-Cancer***).

Substance abuse was called out primarily by residents and key stakeholder interviews. The available data on alcohol abuse suggests that only Tulare County's data on alcohol consumption puts it above the state average. However, 2012 data from the Substance Abuse and Mental Health Services Administration suggests that roughly 10% of the population age 12 and over uses marijuana and

[12] Cancer Health Disparities. National Cancer Institute. See http://www.cancer.gov/research/areas/disparities

[13] National Cancer Institute CDC State Cancer Profiles. See: http://statecancerprofiles.cancer.gov/

roughly 3.5% -4.5% use more illicit drugs. Residents suggested that methamphetamine use is of concern (**See Section 8: *Health Needs and Associated Metrics and Indicators-Substance Abuse***).

Heart disease and oral health stand out as factors workgroup members viewed as health needs more so than the community members. Consultants reviewed the data on mortality due to heart disease and found that it is above the state average across all four counties. Poor dental care utilization (no dental exam) is reported in Fresno, Kings and Tulare Counties and poor dental health is reported for Fresno, Madera and Tulare Counties (**See Section 8*: Health Needs and Associated Metrics and Indicators-Heart Disease and Oral Health***).

The consultants also reviewed data on Maternal and Infant Health to best integrate the concerns raised in the CHNA Survey and focus groups. It was also important to recognize both the community and the workgroup's concern specifically for teen and unintended pregnancies and infant mortality. The indicators for Maternal and Infant Health encompass much more. The Maternal and Infant Health need addresses a broad range of indicators such as access to prenatal care, immunization rates, fitness level and obesity rates for children. Given that the region has such a high number of children, the consultants have expanded this need to reflect the broader concerns for children's health. Specifically, 29 percent of Fresno's population is under the age of 18. In Kings and Madera Counties, that number is 27 percent but in Tulare County that number jumps to 32 percent. The largest ethnic group represented among these children is Latino. Approximately one fourth of all infants born in Kings, Madera and Tulare Counties are born to mothers with either no or late prenatal care. Over one third of children in each county live in poverty and the majority are eligible for a reduced price for lunch. Children in the region have higher rates of uninsured status in Kings, Madera and Tulare Counties—particularly among Latino residents where documentation status may be in question. In addition, three alarming health factors for children in the region are their overall fitness levels at grade 9, the percent that are overweight or obese and the high rate of teens having children. None of the counties in the region match California rates for fitness among 9th graders and throughout all four counties 2 out 5 children are overweight or obese. While the teen birth rate in California stands at 23.2 per 1,000 women aged 15 – 19, the rate of teen births in Kings, Madera and Tulare Counties is almost double that rate.

These findings and the unique structure of the CHNA Survey used for this needs assessment suggest that the full range of factors related to Maternal and Infant Health need to be included as a health need and not only a focus on teen pregnancies.

Step 4: Prioritizing Health Needs

The final step in the CHNA process was to order the health needs identified from highest importance to less importance. The workgroup identified 92 community stakeholders to complete a poll that would ask them to rank the importance of the health needs by county. They were asked to base their ranking on the degree to which the health need **impacts a large number of residents**, **severely impacts quality of life** and has a **disproportionate impact on vulnerable populations**. The ranking survey was completed by 43 individuals who were largely community leaders in the public and nonprofit sectors. An even representation of stakeholders in each county participated in this ranking of health needs. None of these individuals were affiliated with any of the hospitals involved in this CHNA process. Figure 5.2-3 summarizes the ranking provided by the stakeholders. **Appendix G** contains the **Health Need Profiles** on each of these needs and reflects the integration of the

community perspectives (primary data) and health indicators on each need (secondary data) described here.

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

Figure 5.2-3: Summary of health needs ranked across all four counties ranked in order of importance by community stakeholders.

Health need not identified

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

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

5.3. Limitations of Data Collected

The data source for much of the secondary data was the Kaiser Permanente CHNA data platform (www.chna.org), which includes approximately 150 health indicators that provide comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data. Due to the rural nature of the four counties, some data was only available in aggregate form making an assessment of health indicators among different ethnic groups a challenge. This limited the opportunity to examine some health disparities within the community. Secondary data are not always updated on an annual basis, which required referencing older data sets. Participation in the California Health Interview Survey (CHIS) can also pose unique challenges among low-income residents or among the undocumented residents who may decline engaging in this survey due to a lack of trust in organizations perceived to pose a threat to their status in the United States.

Limitations also center on the use of community input through focus groups, interviews and surveys, which were designed to reach community leaders and residents with unique perspectives on health care in the region. An invitation to participate in all of these data collection strategies was coordinated either by the workgroup, contracted community nonprofits and/or Leap Solutions, LLC. The members of the workgroup and the partner organizations that provided community outreach support for this CHNA reached out to a broad range of diverse residents. While this effort did not

intend to reach a stratified random sample of participants that mirrors the demographic makeup of each county, this information should be seen as a broad and deliberate effort to connect with the community by reaching out to residents and health care workers in each county. The participants in the focus groups and those interviewed are reflective of those who serve on the frontlines of service delivery, those who reside in low-income neighborhoods and key stakeholders who see the impact of health concerns in their organizations and their communities.

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

6. Communities Served

A total of 27 different cities and several unincorporated regions make up the communities served in Fresno, Kings, Madera and Tulare Counties which together comprise a major portion of San Joaquin or Central Valley of California. The region spans approximately 14,392 square miles.

Adventist Medical Center – Hanford cares for patients through more than 60 sites in Kings, Tulare, Fresno, Madera and Kern counties. The network's hospitals in Hanford, Reedley and Selma, over 35 Community Care clinics, and other service sites experience more than 1 million patient interactions a year through more than 2,900 employees. Our vision is to be the best place to receive care, the best place to practice medicine and the best place to work.

Madera County is the furthest north of all four counties and covers approximately 2,153 square miles and is one of the access points to the iconic Yosemite National Park. Madera County is home to approximately 151,435 residents with the largest city being Madera. It has an economy centered on agriculture, food processing plants, bottling manufacturers, building materials, health care and the hospitality industry. The largest demographic group in Madera County is Latino.

Fresno County is home to over 939,605 residents and covers approximately 6,011 square miles largely of agricultural land. The City of Fresno is the largest of the cities in this county with a population of approximately 516,000 residents, making it the fifth largest city in California. Latinos make up the largest demographic group and the major employers in the county are farming, food processing, health care, universities, insurance, Caltrans and federal offices for the IRS.

Kings County is home to approximately 151,806 residents with the largest city being Hanford. It is the smallest of the four counties with roughly 1,389 square miles. The major employers in this area are agricultural growers, food processing plants, health care, California State Prison at Corcoran and the Naval Air Station at Lemoore. Latinos make up the largest demographic group.

Tulare County is home to 446,644 residents living throughout 4, 839 square miles of agricultural lands. Major employers in the county include universities, health care, food processing, casinos and tourism. Sequoia National Park, is in the eastern part of the county and was the second national park established in the nation. The largest demographic group is Latino.

6.1. Map of Region Served

Figure 6.1-1 is a map of the region covered by this CHNA report.

Figure 6.1-2 lists the major cities in the four-county region.

Fresno		Kings	Madera	Tulare
Clovis	Kingsburg	Avenal	Chowchilla	Dinuba
Coalinga	Mendota	Corcoran	Madera	Exeter
Fowler	Orange Grove	Hanford		Farmersville
Fresno	Parlier	Lemoore		Lindsay
Firebaugh	Reedley			Porterville
Huron	San Joaquin			Tulare
Kerman	Sanger			Visalia
	Selma			Woodlake

Figure 6.1-2: List of the major cities in each of the four counties participating in this CHNA

6.2. Hospital Locations by County

According to the Hospital Council of Northern and Central California[14], hospitals in the region generated $6.8B and stimulated the local economies with over 52,000 jobs in 2012. The industry provides the region direct and indirect high paying jobs and touches the lives of over 1.7M residents.

Figure 6.2 shows the location of each hospital within the counties involved in this CHNA.

Fresno		Kings	Madera	Tulare
Adventist Health/Adventist Medical Center-Selma Adventist Health/Adventist Medical Center - Reedley Kaiser Permanente Fresno Medical Center	Coalinga Regional Medical Center Community Regional Medical Center Clovis Community Medical Center Fresno Heart & Surgical Hospital Saint Agnes Medical Center San Joaquin Valley Rehabilitation Hospital	Adventist Health/Adventist Medical Center – Hanford	Madera Community Hospital Valley Children's Healthcare	Kaweah Delta Health Care District Sierra View Medical Center Tulare Regional Medical Center

Figure 6.2: List of the hospitals located in each of the four counties participating in this CHNA.

6.3. Hospitals Serving Multiple Counties

Several of the hospitals in the region serve patients across one or more counties. These are:

- **Adventist Health/Adventist Medical Center** serves residents in Fresno and Kings Counties.
- **Coalinga Regional Medical Center** serves the communities of Huron, Avenal, Cantua Creek, Kettleman City and Five Points.
- **Community Regional Medical Center and Clovis Community Medical Center** serve residents in Fresno, Kings, Madera and Tulare Counties.
- **Kaiser Permanente Fresno** and its satellite locations serve residents in Fresno, Kings, Madera and Tulare Counties.
- **Saint Agnes Medical Center** serves residents in Fresno, Kings, Madera and Tulare Counties

[14] King, P. The Economic Impact of San Joaquin Valley Hospitals. Hospital Council of Northern and Central California, 2012. See: http://www.hospitalcouncil.org/sites/main/files/file-attachments/the_economic_impact_of_san_joaquin_area_hospitals_april_18_2012.pdf

- **Valley Children's Healthcare** serves patients from Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, San Luis Obispo, Stanislaus and Tulare Counties.

7. Demographic Overview of Communities Served

7.1. Population Characteristics: Race and Ethnicity

The largest demographic group in each county is Latino. Figure 7.1-1 shows the total raw population numbers and Figure 7.2-1 provides a graphic summary with percentages of major ethnic and racial groups that form the demographics of each county.

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

Figure 7.1-1: Summary of the raw population totals for each county by demographic groups. Data Source: www.chna.org

COUNTY DEMOGRAPHIC OVERVIEW

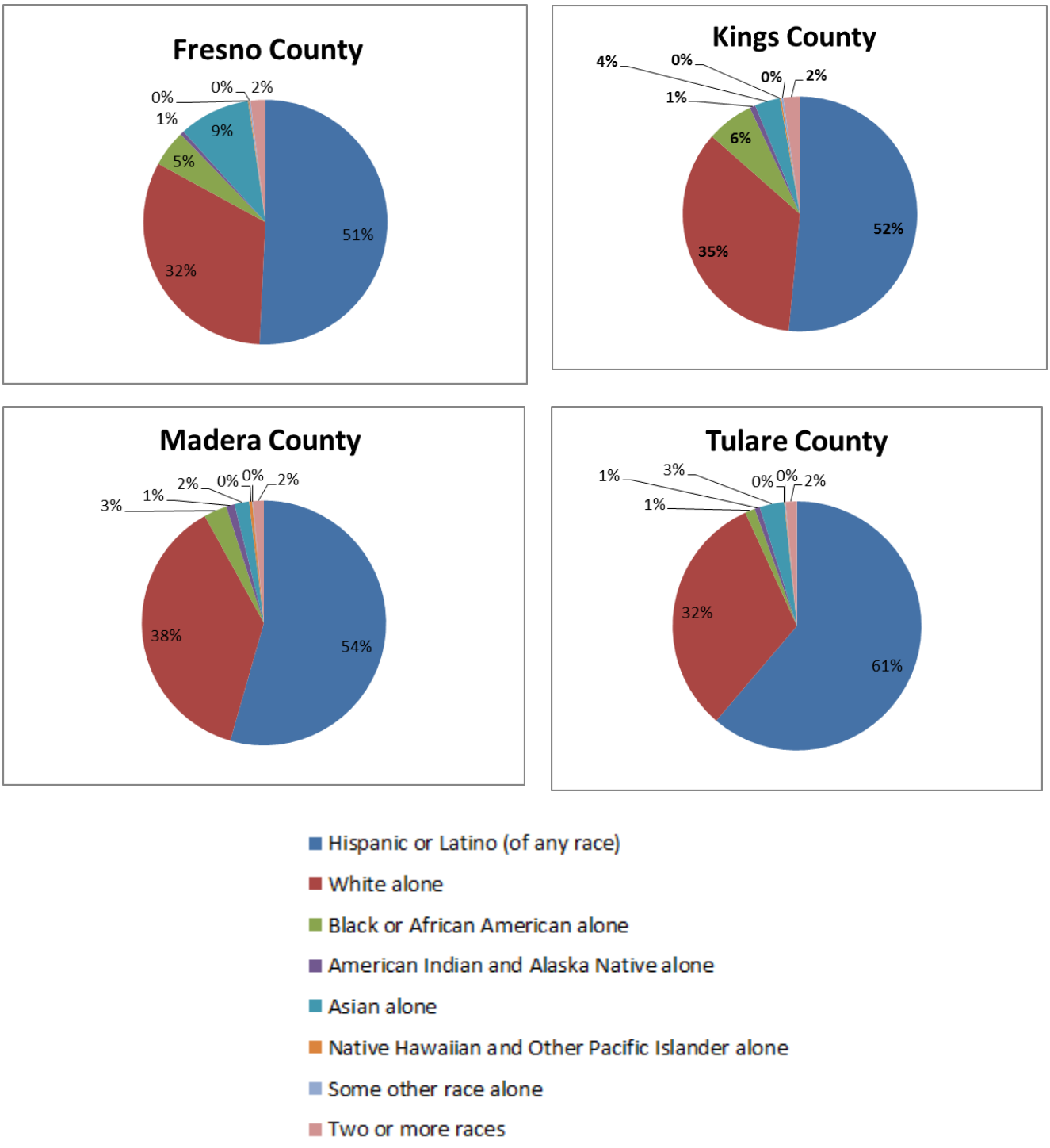
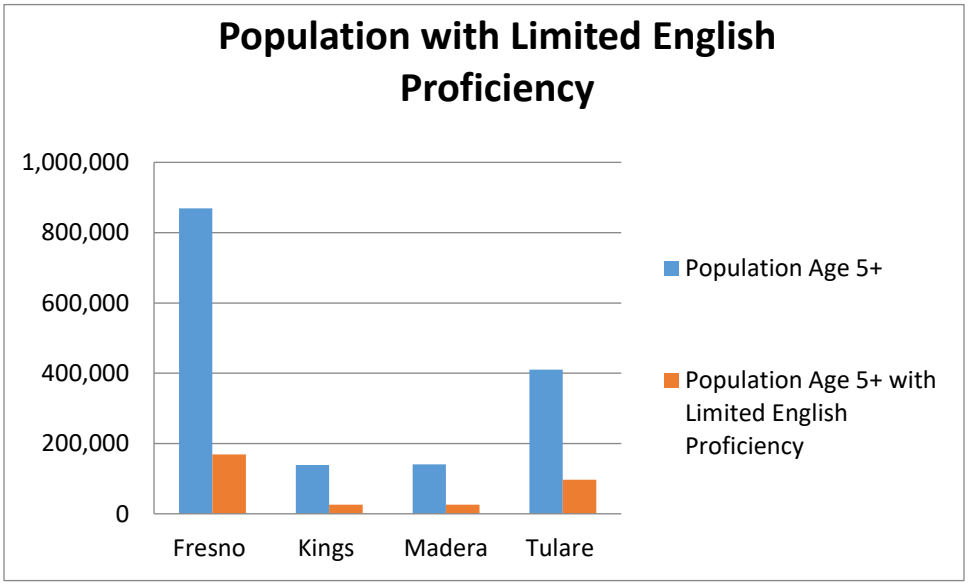


Figure 7.1-2: Graphical summary of the population demographics in each of the four counties.

7.2. Population Characteristics: Linguistically Isolated

The diversity of the region is reflected in the wide range of languages spoken in each County. Slightly more than 20 percent of the entire region's population over age 5 has a limited English proficiency.



Among all four counties **84 percent of residents with limited English proficiency speak Spanish**; 10.26 percent speak Asian or Pacific Island Languages and 4.7 percent speak Indo-European Languages[15].

7.3. Population Characteristics: Age

The four counties are home to a large number of young residents, particularly in Fresno County where 29 percent of the population is under age 18. Fresno and Tulare Counties have the largest number of children relative to other age groups as is seen in Figures 7.2.1 and 7.2.2.

	CA	Fresno	Kings	Madera	Tulare
Age 0 -17	24.20%	29.28%	27.66%	28.10%	31.98%

Figure 7.2: Graphical summary of the number of residents with limited English proficiency. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

[15] Data source: American Survey, see citation number 21.

Age 18 – 64	63.67%	60.12%	63.86%	59.82%	58.1%

Figure 7.3-1: Summary of the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Figure 7.3-2 shows the population age distribution of all four counties

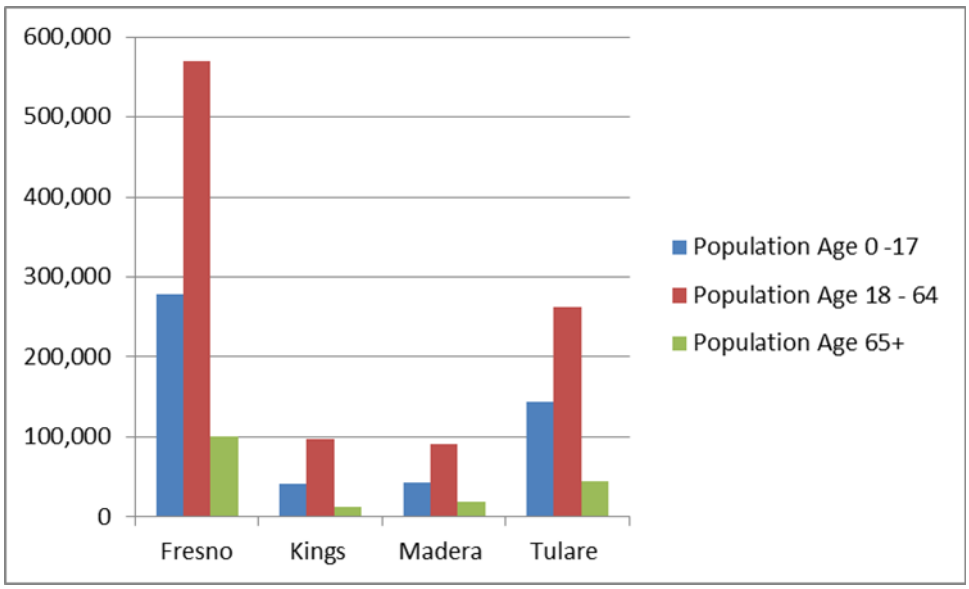


Figure 7.3-2: Graphically shows the population age distribution of all four counties.
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

7.4. Population Characteristics: Socioeconomic Status -Poverty

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

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

costs[16]. **Appendix F** contains the Real Cost Measure in California profiles for each of the four counties showing the additional number of families who are struggling to meet basic needs.

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

Figure 7.4 summarizes a few of the key measures of the impact of poverty.

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

Figure 7.4-1: Highlights two of the Real Cost Measures on the impact of poverty in all four counties.

Unemployment in the Central Valley, unlike other areas of the State, remains at double digits. Focus group data suggests that unemployment contributes to broad level of financial stress in many households. **Per capita income ranges from $17,894 in Tulare County to $20,208 in Fresno County and all are substantially lower than the California average of $29,527**. Figure 7.4-2 provides an overview of the socio-economic level in the region.

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

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

[17] Data Source: CHNA.org see citation number 21

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

Figure 7.4-2: Summary of the economic conditions in all four counties

7.5. Population Characteristics: Socio Economic Status--Education

Education or educational attainment is strongly linked to health outcomes. A 25-year-old in the US without a high school diploma today will die 9 years sooner than college graduates[18]. People with more education live longer, experience better health outcomes and tend to practice health-promoting behaviors (i.e. getting regular exercise, refraining from smoking, or getting timely medical checkups, immunizations or screenings).[19] **Unfortunately, over a quarter of the population in each county of the region, lacks a high school diploma**. Within each county, less than 20 percent of the population has a bachelor's degree compared to 30 percent of California as a whole. While graduation rates are strong across the four counties, those with a HS diploma appear not to be staying in the area. Table 7.5 summarizes the social determinants of health related to education.

Population Characteristics: Socioeconomic Level- Education[20]	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Cohort High School Graduation Rates (*students receiving a HS diploma within 4 years)*	85.7%	85.0%	75.2%	87.9%	87.8%
Percent of Population Age 25 with Associate's Degree or Higher	38.43%	27.9%	20.42%	21.56%	21.06%
Percent of Population without a High School Diploma[21]	18.76%	26.94%	29%	31.5%	31.99%
Persons with a Bachelor's Degree or Higher (age 25 and over)	30.7%	19.6%	12.9%	13.6%	13.3%

Figure 7.5: Highlights of the key data on the education level of the residents in all four counties. NOTE: The cohort graduation rate is defined as "The number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. From the beginning of 9th grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die."

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

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

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

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

8. Health Needs and Associated Metrics and Indicators

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

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

8.1. Access to Care

Definition: Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes"[22]. There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of our patient populations continues to grow, the importance of a health care workforce that is culturally effective is essential to achieve access and health equity. The barriers to obtain health care services include a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills".

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

Figure 8.1 summarizes key indicators that reflect on resident's access to care. A key factor impacting the region as a whole is the low rate of primary care physicians in the region and consequently the high range of the population that lives within a Health Professional Shortage Area (HPSA). Over a quarter of adults in the region do not have access to a regular physician. Another factor that exacerbates access to care is the high rate of adults and children that lack insurance. These factors impact rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care.

Health Need: Access to Care	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Rate of Primary Care Physicians per 100,000 residents	72.2	64.0	37.7	46.0	42.5
Population Living within a HPSA[23]	25.18%	81.67%	100%	100%	100%
Preventable Hospitalizations: Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive[24]	45.3	53.1	62.6	49	59.1
Percentage of Mothers with Late or No Prenatal Care[25]	18.1%	13.7%	26.2%	26.3%	26.0%
Infant Mortality Rate per 1,000 Births[26]	5	6.3	5.7	5.2	5.6
Percent of Children Without Insurance[27]	7.89%	6.90%	8.10%	9.27%	7.39%
Years of Potential Life Lost, Rate per 100,000 Population[28]	5.6	7.0	6.4	6.7	7.4
Population with No Insurance -Adults	23.91%	26.96%	24.61%	29.78%	28.95%
Percent of Adults without Regular Doctor[29]	27.13%	25.05%	27.42%	29.92%	33.48%
Percent of Adults Without Any Regular Doctor[30]	27.13%	25.05%	27.42%	29.92%	33.48%
Percent of Population Age 65 with Pneumonia Vaccination (Age-Adjusted)	63.40%	59.50%	69.30%	68.20%	58.70%
Percent of Medicare Enrollees with Diabetes with Annual Exam	81.46%	81.99%	73.92%	85.33%	79.99%
Percent of Adults with High Blood Pressure Not Taking Medication	30.30%	27.96%	20.81%	19.54%	37.71%

Figure 8.1-1 Summary of health indicators associated with Access to Care

[23] Data Source: US Department of Health & Human Services, see citation number 33.
[24] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County
[25] Data Source: Centers for Disease Control and Prevention, see citation number 11.
[26] Data Source: Centers for Disease Control and Prevention, see citation number 10.
[27] Data Source: US Census Bureau, see citation number 15.
[28] University of Wisconsin Population Health Institute, County Health Rankings 2014 Source Geography: County
[29] Data Source: Centers for Disease Control and Prevention see citation 4.
[30] Data Source: Centers for Disease Control and Prevention, see citation number 4.

8.2. Breathing Problems (Asthma)

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

Figures 8.2-1 and 8.2-2 provide a summary of the high rates of asthma in the region and the rates of ED visits and hospitalizations due to asthma

Health Need: Asthma (CHRONIC DISEASE) [31]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with Asthma	14.21%	15.79%	17.34%	16.69%	14.62%
Percent of Children Diagnosed with Asthma	15.40%	21.30%	22.30%	11.50%	10.30%

Figure 8.2-1: Summary of the percent of adults and children diagnosed with asthma in the four counties.

Asthma Related ED Visits/Hospitalizations for Children and Adults[32]	ED Visits Children per 10,000		Hospitalizations Children per 10,000		ED Visits Adults per 10,000	Hospitalizations Adults per 10,000
	0 - 4	5 - 17	0 -4	5 – 17	18 – 64	18 - 64
Fresno	226.0	100.5	42.8	15.4	51.3	8.1
Kings	206.1	116.0	36.9	9.9	73.8	9.7
Madera	248.8	121.4	29.9	9.9	46.2	2.3
Tulare	117.1	57.4	21.8	6.1	41.5	6.5
California	113.2	67.1	22.1	7.8	39.8	5.4

Figure 8.2-2: Summary of the ED and Hospitalizations for children and adults in the four counties

[31] Data source: Center for Disease Control and Prevention, see citation number 4.

[32] Data Source: California Breathing 2012 citation 1

8.3. Cancers

Definition: Cancer is the name given to a collection of related diseases with similar characteristics. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Cancer cells differ from normal cells by the way they grow out of control and become invasive. Cancer is a genetic disease—it results from changes to the genes that control the way cells function, especially how they grow and divide. There are over 100 different kinds of cancer. Genetic changes that cause cancer can be inherited from either parent. They can also arise during a person's lifetime as a result of errors that occur as cells divide or because of damage to DNA caused by certain environmental exposures to substances such as the chemicals in tobacco smoke and radiation, such as ultraviolet rays from the sun. [33]

Health Need: Cancers [34]	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Cancer Mortality, Age Adjusted Death Rate (Per 100,000 Pop.)	152.9	153.0	147.1	147.3	155.4
Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	122.4	110.32	114.8	104.7	104.5
Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	7.80	8.30	11.10	11.80	10.70
Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	41.5	38.7	38.6	40.9	39.7
Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	49.5	52.7	50.8	52.2	52.5
Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	136.4	132.9	120.7	123.5	114.6

Figure 8.3: Summary of the Cancer rates in the four counties.

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

[34] Data source: Center for Disease Control, see citation number 9, 17.

8.4. Climate and Health

Definition: The Centers for Disease Control has called attention to the potential interaction between climate change and public health. As different parts of the planet see fluctuations in total rainfall, extreme heat and cold, drought, rising sea levels, more intensified storms and air pollution there is the potential for new hazards for the health of different segments of the population[35]. The risk of higher rates of infectious disease or breathing problems due to air pollution or increased pollens and the risk of injury in heavy storms are all examples of the way climate change may impact public health.

Passage of California SB 535 requires a review of air quality in communities thought to be disproportionally burdened with multiple sources of pollution and key data are summarized at the Office of Environmental Health Hazard Assessment using the CalEnviroScreen. Table 8.4-1 summarizes key data on pollution and asthma related ED visits for each county. Table 8.4-2 provides a summary of select data from the CalEnviroScreen platform.

Health Need: Climate and Health	CA Average	Fresno	Kings	Madera	Tulare
Percent of Days Exceeding Standards[36]	2.47%	6.5%	4.26%	3.36%	6.70%

Figure 8.4-1: Summary of the percent of days where the air quality in each county exceeds standards.

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

[36] Data Source: Centers for Disease Control and Prevention, see citation Appendix A citation 8

Health Need: Climate and Health—Air Quality (SOCIAL DETERMINANT OF HEALTH)[37] *The* CalEnviroScreen *2.0 Score ranges from 1- 100 and is based on a calculation of the region's pollution burden and population characteristics.*					
	CalEnviroScreen 2.0 Score Range (CES 2.0 Score)	**Age Adjusted Asthma related ED visits per 10,000 (Asthma)**	**Total pounds of selected active pesticide ingredients (Pesticides)**	**Diesel PM emissions from on-road and non-road sources (Diesel PM)**	**Pollution Burden Score**
Fresno (130 census tracts)	Range: **89.72 – 37.52** Average: **54.03**	Range: **132.4 – 33.30** Average: **74.99**	Range: **96,414.46 - 23.70** Average: **3,507.57**	Range: **60.37 – 2.45** Average: **27.69**	Range **9.58 – 5.34** Average: **6.92**
Kings (14 census tracts)	Range: **68.62 - 36.64** Average: **46.77**	Range **92.57 – 37.91** Average: **74.09**	Range: **328.00 – 68.40** Average: **103.44**	Range: **22.41 – 2.38** Average: **10.74**	Range: **7.38 – 4.9** Average: **6.25**
Madera (12 census tracts)	Range: **58.46- 37.97** Average: **49.64**	Range: **86.24 - 51.70** Average: **78.37**	Range: **512.11 - 75.8** Average: **265.45**	Range: 20.84 – 3.1 Average: **11.80**	Range: **7.49 – 5.58** Average: **6.86**
Tulare (49 census tracts)	Range: **63.46 - 37.13** Average: **47.02**	Range: **67.61 – 30.48** Average: 49.09	Range: **704.51 – 1.28** Average: **129.03**	Range: **24.64- 2.01** Average: **8.9**	Range: **7.76-4.87** Average: **6.23**
FOR COMPARISON Santa Barbara County (1 census tract)	**37.34**	**28.76**	**23.90**	**8.70**	**5.60**

Figure 8.4-2: Summary of select data from the CalEnviroScreen Platform looking at overall measures of pollution and asthma rates in the four-county census tracts. Santa Barbara County scores are provided for comparison. The CalEnviroScreen 2.0 Score is based on the pollution burden and population characteristics that weigh key risk factors.

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

8.5. Cardiovascular Disease/Stroke (Heart Disease)

Definition: Heart disease continues to be the leading cause of death for both men and women in the United States. Coronary artery disease is the most common type of heart disease that affects the blood flow to the heart and is associated with risk factors such as high blood pressure, high LDL cholesterol and smoking[38]. According to the CDC, "More than 600,000 Americans die of heart disease each year. That's one in every four deaths in this country."[39] In addition, there is growing evidence demonstrating that income inequality, access to economic opportunity and educational attainment have a great impact on the rates of death from heart disease.

Health Need: Heart Disease[40]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with Heart Disease	3.45%	3.70%	3.86%	3.55%	2.70%
Heart Disease Mortality Rate per 100,000	158.4	175.6	187.4	191.5	201.8
Percentage of Medicare Beneficiaries with Heart Disease	26.1%	27.38%	32.83%	29.49%	31.32%
Percent of Adults with High Blood Pressure	26.2%	27.8%	31.2%	33.6%	28.8%
Percentage of Medicare Beneficiaries with High Blood Pressure	51.51%	55.01%	58.57%	55.43%	59.41%

Figure 8.5: Summary of the rate of heart disease in the four counties.

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

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

[40] Data source: Centers for Disease and Control, see citation number 4, Centers for Medicare and Medicaid Services, see citation number 25.

8.6. Diabetes

Definition: Diabetes occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose—the body's primary source of energy. Diabetes will result in elevated blood glucose levels and other metabolic abnormalities that can lead to lowered life expectancy, heart disease, kidney failure, amputations of legs and adult onset blindness.[41]

Health Need: Diabetes (CHRONIC DISEASE) [42]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with Diagnosed Diabetes (Age-Adjusted)	8.05%	9%	8.7%	8%	7.4%
Percentage of Medicare Beneficiaries with Diabetes	26.64%	31.37%	32.52%	30.37%	31.83%

Figure 8.6: Summary of the percent of diagnosed Diabetes in the four counties.

8.7. Economic Security

Definition: Economic security is defined as "the degree to which individuals are protected against hardship causing economic losses"[43]. The long-term stress of poverty or economic insecurity is associated with a shorter life span[44], chronic disease and poor mental health[45]. Continued work on the rise of income inequality in the U.S. has further focused on two dimensions of economic insecurity that are of key concern for public health: "the risk of large, involuntary expenditures—such as medical out-of-pocket (MOOP) expenditures —and the capacity of individuals or households to use their wealth to reduce the effect of income changes on consumption"[46].

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

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

[42] Data source: Centers for Disease and Control, see citation number 7, Centers for Medicare and Medicaid Services, see citation number 25.

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

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

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

[46] Hacker, J., The Great Risk Shift: The New Economic Insecurity and the Decline of the American Dream, rev. and exp. ed., New York: Oxford University Press, 2008 See:

Health Need: Economic Security-Poverty [47] (SOCIAL DETERMINANT OF HEALTH)	CA Average	FRESNO	KINGS	MADERA	TULARE
Percent of Households Where Costs Exceeds 30% of Income	45.89%	43.78%	38.48%	43.15%	42.43%
Percent of Families with Income Over $75,000	46.75%	32.98%	31.11%	29.20%	28.37%
Per Capita Income	$29,527	$20,208	$18,429	$17,847	$17,894
Percent of Households with Public Assistance Income	3.97%	7.88%	5.32%	5.77%	9.10%
Percent of Population Under 18 Living in Poverty	22.15%	37.05%	30.32%	32.94%	35.83%
Percent of Population Under 18 Living 200% below the Federal Poverty Level (FPL)	45.95%	63.13%	60.84%	65.48%	66.64%
Percent of Total Population Living in Poverty	15.94%	25.96%	21.0%	22.80%	26.18%
Percent of Total Population Living 200% below the FPL	35.91%	50.05%	48.13%	51.01%	53.98%
Percent of Total Population with Income at or Below 50% FPL	6.91%	11.33%	9.54%	9.29%	10.55%
Unemployment Rate	7.20%	11.0%	11.5%	13.50%	12.20%
Households with No Motor Vehicles	7.77%	9.25%	6.70%	5.86%	6.73%

Figure 8.7-1: Summary of the Economic Security Index for the four counties.

[47] Data source: American Community Survey, see citation number 21, Department of Labor and Statistics, see citation number 36.

Health Need: Economic Security-Food Insecurity (SOCIAL DETERMINANT OF HEALTH)[48] [49]	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Percent of Students Eligible for Free School Lunch	56.33%	74.53%	65.72%	76.6%	72.74%
Percent of Population with Food Insecurity	16.24%	18.91%	18.0%	16.0%	17.71%
Percent of Households Receiving Supplemental Nutrition Assistance Program Benefits	8.07%	18.15%	13.82%	15.71%	21.42%
Grocery Store Establishments, Rate per 100,000 Population	21.7	25.26	18.30	24.53	26.01
Percent of Low Income Population with Low Food Access	3.4%	6.75%	7.62%	4.77%	6.87%
Percent of Total Population with Low Food Access	14.31%	16.99%	33.22%	12.28%	14.84%
Limited Access to Healthy Food	3.0%	5.0%	6.0%	8.0%	8.0%
SNAP-Authorized Retailers, Rate per 100,000 Population	63.93	103.93	79.09	98.1	103.58
WIC-Authorized Food Store Rate (Per 100,000 Pop.)	15.8	30.97	18.2	22.9	24

Figure 8.7-2: Summary of the Economic Security –Food Insecurity index in the four counties.

[48] Data source: US Census Bureau, County Business Patterns, see citation number 22

[49] Data source: Department of Agriculture, Economic Research Service, see citation numbers 26,27.

8.8. HIV/AIDS/Sexually Transmitted Disease

Definition: HIV is the Human Immunodeficiency Virus, which weakens a person's immune system by destroying the cells that normally fight disease or infection. The virus is spread through certain body fluids that can lead to an Acquired Immune Deficiency Syndrome or AIDS. HIV reduces T-cells in the body that makes it harder for the body to fight off infection and become vulnerable to opportunistic infections and/or cancers. AIDS can be acquired through unsafe sex or contaminated syringes. Other sexually transmitted diseases (STD) are also considered to assess the health status of a population. These include chlamydia, gonorrhea, hepatitis, herpes, human papillomavirus virus (HPV), pelvic inflammatory disease and syphilis. Figure 8.8 summarizes the rates of HIV, AIDS and STDs.

Health Need: HIV, AIDS and Sexually Transmitted Diseases (HEALTH OUTCOMES)[50]	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Population with HIV/ AIDS Rate per 100,000	363	200.7	176.7	150.7	67.4
Chlamydia Infection Rate per 100,000	444.9	639	362.9	430.9	449.6
Gonorrhea Infection Rate per 100,000	89.09	157.3	28.6	77.8	37

Figure 8.8: Summary of the HIV, AIDS and STD rates in the four counties.

[50] Data source: US Department of Health & Human Services, see citation numbers 30,31.

8.9. Maternal, Infant and Child Health

Definition: Maternal and Infant Health refers to the indicators that capture the health of women during and after pregnancy (anemia, diabetes, hypertension, or postpartum depression) as well as birth outcomes (preterm birth, birth weight, birth defects and sudden infant death syndrome). Figures 8.9-1 and 8.9-2 provide a summary of Child and Maternal Health Indicators and Birth Outcomes for the four counties.

Health Need: Child and Maternal Health [51]	CA Average	Fresno	Kings	Madera	Tulare
Infant Mortality Rate (Per 1,000 Births)	5	6.3	5.7	5.2	5.6
Percent of Mothers with No or Late Prenatal Care	18.1%	13.7%	26.2%	26.3%	26.0%
Teen Birth Rate (Per 1,000 Population) for women age 15 - 19	23.2	39.0	41.2	41.8	43.5
Percent of Preterm Births	8.8%	10.2%	8.0%	8.1%	9.9%
Percent of Low Birth Weight Births	6.8%	7.5%	6.4%	6.4%	6.2%
Kindergartners with all required Vaccinations	90.4%	95.2%	96.7	93.0%	96.5%
Percent of Children Physically Fit at Grade 9	64.2%	57.7%	59.4%	59.1%	59.4%
Percent of Children Overweight or Obese	38.0%	42.7%	43.5%	44.1%	43.8%
Percent of Children Without Insurance[52]	7.89%	6.90%	8.10%	9.27%	7.39%
Percent of Children Diagnosed with Asthma	15.4%	21.3%	22.3%	11.5%	10.3%
Substantiated Cases of Child Abuse and Neglect per 1,000	8.7	8.4	10.9	8.4	8.1
Median Number of Months in Foster Care	15.2	17.5	13.6	8.6	13.4
Percent of Children Completing High School	80.8%	78.8%	80.3%	79.8%	82.6%

Figure 8.9-1: Summary of the Child and Maternal Health Indicators in the four counties.

[51] Data source: US Department of Health & Human Services, see citation number 32.

[52] Data Source: US Census Bureau, see citation number 15.

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

Figure 8.9-2: Summary of the Birth Outcomes in the four counties.

8.10. Mental Health

Definition: Mental disorders are health conditions that are characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.[53]

According to the 2013 California Health Care Almanac, 1 in 20 adults suffer from a serious mental illness, while the rate for children is much higher: 1 in 13. Half of adults and two thirds of children did not get treatment for mental health disorders. One of the factors most often correlated with mental illness is living in poverty.[54]

Health Indicator: Mental Health[55]	CA Average	Fresno	Kings	Madera	Tulare
Percentage of Medicare Beneficiaries with Depression	13.39%	11.36%	14.14%	11.21%	12.23%
Suicide, Age Adjusted Death Rate per 100,00	10.2	8.8	7.7	14.8	10.4

Figure 8.10-1: Summary of the rates of suicide in the region and the percent of Medicare beneficiaries with depression

Other challenges to addressing mental health issues are the need for both mental health professionals and facilities to provide acute care. The region has few resources to address the mentally ill. Figure 8.10-2 highlights the shortage of psychiatric beds and psychiatrists.

	Fresno	Kings	Madera	Tulare
Total Psychiatric Beds Available per 100,000[56]	8.13	0	6.12	13.97
Psychiatrists per 100,000 people[57]	12.3	6.5	9.2	5.6

Figure 8.10-2: Summary of the key resources in the region to serve the mentally ill.

[53] Healthy People 2020 http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders
[54] California Healthcare Almanac: Mental Health Care in California-Painting a Picture, 2013. See www.chcf.org
[55] Data source: Centers for Disease and Control, see citation numbers 9,10.
[56] Source: "California's Acute Psychiatric Bed Loss" California Hospital Association, 2012
Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). "The Shortage of Public Hospital Beds for Mentally Ill Persons."
[57] Ibid. California Healthcare Almanac

8.11. Obesity

Definition: Weight that is higher than what is considered a healthy weight for a given height is described as overweight or obese. An individual's Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.[58] It is estimated that there are roughly 30 comorbid conditions associated with severe obesity. These include diabetes mellitus (occurs in 15 to 25 percent of obese patients), heart disease, gastroesophageal reflux, stress urinary incontinence, abdominal hernia, nonalcoholic steatohepatitis (NASH) and debilitating joint disease. Obesity is also associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.[59]

Health Need: Obesity[60]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults Overweight	35.85%	34.94%	52%	37%	36.50%
Percent of Adults with BMI > 30.0 (Obese)	22.32%	28.7%	24.8%	26.6%	29.4%
Percent of Children Overweight or Obese[61]	38.0%	42.7%	43.5%	44.1%	43.8%

Figure 8.11: Summary of the percentages of overweight and obese adults and children in all four counties.

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

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

[60] Data source: Centers for Disease and Control, see citation number 4.

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

8.12. Oral Health (Dental Care)

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

Health Need: Oral Health[62]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with Poor Dental Health	11.3%	12.0%	8.8%	19.4%	12.2%
Percent of Adults with No Dental Exam in the past 12 months	30.5%	39.0%	36.0%	28.9%	37.2%
Percent of Children aged 2 -11 with no dental exam in the last 6 – 12 months[63]	3.9%	23.7%	5.9%	29.4%	7.5%

Figure 8.12: Summary of the percent of adults with poor dental health and those with no dental exam in the last 12 months and children age 2 -11 who saw a dentist 6 – 12 months ago.

8.13. Overall Health

Definition. Overall Health is defined by the World Health Organization as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"[64].

Health Indicator: Overall Health[65]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with Poor or Fair Health (Age-Adjusted)	18.4%	23.4%	26.9%	31.1%	24.6%

Figure 8.13: Summary of the percent of adults in each county who self-report poor or fair health.

[62] Data source: Centers for Disease and Control, see citation number 5.

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

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

[65] Data source: Centers for Disease and Control, see citation number 5.

8.14. Substance Abuse

Definition: Substance abuse, also referred to as "substance use disorder"[66], is defined as a dependency on mind and behavior altering substances. It is associated with family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime. The health impact of substance abuse can lead to several negative health outcomes such as: cardiovascular conditions, sexually transmitted diseases and HIV.[67]

Health Indicator: Substance Abuse [68]	CA Average	Fresno	Kings	Madera	Tulare
Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.2%	16.8%	14.0%	14.7%	18.2%
Percent of Population Smoking Cigarettes (Age-Adjusted)	12.8%	13.5%	12.6%	13.6%	14.3%
Percent of Adults Ever Smoking 100 or More Cigarettes	36.95%	31.27%	31.01%	37.81%	31.35%

Figure 8.14: Summary of the percent of adults drinking and smoking excessively in all four counties.

8.15. Violence/Injury Prevention

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

Health Indicator: Violence/Injury Prevention[69]	CA Average	Fresno	Kings	Madera	Tulare
Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)	28.5	38.4	37.5	41.3	35.4
Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)	7.9	13.2	13.9	18.2	13.2
Pedestrian Motor Vehicle Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)	2.0	2.5	2.0	2.7	2.6
Homicide, Age-Adjusted Death Rate (Per 100,000 Pop.)	5.1	7.4	5.7	5.8	7.9

Figure 8.15: Summary of the rate of accidental injury and homicide for all four counties.

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

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

[68] Data source: Centers for Disease and Control, see citation number 5.

[69] Data source: Centers for Disease and Control, see citation number 9, US Department of Transportation, see citation number 37.

9. County Rankings

Given the wide range of health indicators that have been reviewed for each of the 15 potential health needs, it is useful to understand where each of the four counties rank overall within California. The Robert Wood Johnson Foundation (RWJ), in collaboration with the University of Wisconsin Population Health Institute, provides access to a national database that provides an overall rank for each county of every state using a common and consistent ranking system[70]. **Within California's 58 counties, the overall rank for Fresno is 49, Kings ranks 43, Madera ranks 46 and Tulare ranks 45**. Each of the four counties fall in the bottom half of California Counties for Health Outcomes, Quality of Life, Health Factors, Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment. The one exception is Kings County where it ranks in the upper half of the state's counties for Length of Life and Health Behaviors. Figure 9.1 shows the summary of results across all major factors ranked in this system.

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

Figure 9.1: Summary of the County Health Rankings California 2015

The ranking system[71] used by RWJ is based on a "conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health).

The results of the data suggest that in the Fresno, Kings, Madera and Tulare Counties concentrated poverty, poor air quality, limited education, language isolation and the significant percent of population that live within a Health Professional Shortage Area (HPSA) raise substantial challenges for the most disadvantaged members of the population who seek health care.

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

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

10. Health Inequities

A confluence of demographic factors in this region –low income, limited education and being uninsured—create a unique dynamic for the residents in the four counties that impacts health inequities in each of the 15 potential health needs reviewed for this CHNA. Using the information provided in the Real Cost Measure reviews for each county, the largest share of poor individuals in the region are Latino, African American and Asian. Figure 10-1 shows that the percent of racial and ethnic minority families living below the real cost measure in each county is over twice that of whites. Figure 10-2 shows that it is also the case that the largest share of poor are those who are foreign born and non-citizens.

	Percent Below Real Cost Measure (RCM)[72]			
Race/Ethnicity	**Fresno**	**Kings**	**Madera**	**Tulare**
Latino	53%	55%	48%	56%
African Am	53%	35%	51%	52%
Asian	40%	44%	33%	31%
White	21%	19%	31%	25%

Figure 10-1: Summary of the percent of families living below the RCM in each county by race and ethnicity.

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

Figure 10-2: Summary of the percent of families living below the RCM in each county by citizenship status

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

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

Figure 10-3: Summary of the percent of families living below the RCM in each county by education level

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

The following health indicators have all been associated with poor outcomes when looked at by race, gender and socioeconomic status[73]:

- Life Expectancy
- Premature Birth
- Infant Mortality
- Preventable Hospitalizations
- Cancer
- Suicide
- Heart Disease
- Obesity
- Mental Health
- HIV Infection Rates
- Asthma
- Substance Abuse

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

- **Cardiovascular disease** is the leading cause of death in the United States. Non-Hispanic black adults are at least 50 percent more likely to die of heart disease or stroke prematurely (i.e., before age 75 years) than their non-Hispanic white counterparts.[74]
- The prevalence of **adult diabetes** is higher among Hispanics, non-Hispanic Blacks and those of other or mixed races than among Asians and non-Hispanic whites. Prevalence is also higher among adults without college degrees and those with lower household incomes[75].
- The **infant mortality** rate for non-Hispanic Blacks is more than double the rate for non-Hispanic whites. Rates also vary geographically, with higher rates in the South and Midwest than in other parts of the country.
- Men are far more likely to commit suicide than women, regardless of age or race/ethnicity, with overall rates nearly four times those of women. For both men and women, **suicide rates** are highest among American Indians/Alaska Natives and non-Hispanic whites.[76]

In the comprehensive summary of the secondary data available on each of the 15 potential health needs **(See Appendix H)** notations have been provided where specific data in the region points to health disparities for the communities served. When no local data was available, the consultants relied upon national trends on the incidence of prevalence of a condition based on ethnicity and/or poverty levels. For example, in Fresno County Non-Hispanic Blacks have almost double the risk of infant mortality compared to Hispanics or Latinos in Fresno County.

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

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

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

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

11. Community Perspectives

The full summary of CHNA Survey responses, focus group themes and key stakeholder interview responses can be found in **Appendix C**. The following four sections provide a high-level summary of the responses to five key questions in the CHNA Survey by County. These survey questions provided the greatest insights into the perceived health needs of the community, the factors that influence overall health and the conditions that make it difficult to get health care.

11.1. FRESNO COUNTY

Health

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

Social and Economic

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

Healthy Environment

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

Behaviors

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

Health care

CHNA survey participants were concerned with waiting time to see the doctor and high co-pays and deductibles. The third most common factor listed by health care workers is medication affordability. Among community members, the top concern for members was lack of health insurance. Community members selected lack of transportation, not enough doctors here and doctors not speaking languages found in the community as top concerns in accessing health care.

Children and Adolescents

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

Key Stakeholder Interviews

Key stakeholders interviewed in Fresno, identified mental health, obesity and diabetes as the biggest health problems. They identified poverty and not enough local jobs as the biggest social and economic problems. According to the feedback gathered, the region's air pollution and the limited number of places to buy affordable and healthy foods are key obstacles to having a healthy environment. The three behaviors identified that influence health in the community are poor eating habits, alcohol abuse and lack of exercise. When asked what makes it difficult to get health care, the responses focused on lack of health insurance, access to pharmacies and lack of sufficient insurance claim coverage for care.

11.2. KINGS COUNTY

Health

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

Social and Economic

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

Healthy Environment

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

Behaviors

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

Health care

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

Children and Adolescents

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

Key Stakeholder Interviews

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

11.3. MADERA COUNTY

In Madera County, primarily health care workers completed survey.

Health

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

Social and Economic

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

Healthy Environment

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

Behaviors

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

Health care

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

Children and Adolescents

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

Key Stakeholder Interviews

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

11.4. TULARE COUNTY

Health

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

Social and Economic

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

Healthy Environment

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

Behaviors

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

Health Care

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

Children and Adolescents

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

Key Stakeholder Interviews

Key stakeholders interviewed in Tulare County, identified breathing problems and mental health as the biggest health problems. They identified poverty, lack of local jobs and lack of healthy youth

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

12. CHNA Survey Responses to Resources Available

Residents who completed the CHNA Survey were asked to identify resources in community that address the needs they identified.

12.1. Fresno County Resources

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

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

Figure 12.1-1: Summary of resources in Fresno County identified in the CHNA Survey

12.2. Kings County Resources

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

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

Figure 12.2.2: Summary of Kings County Resources identified in the CHNA Survey

12.3. Madera Resources

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

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

Figure 12.3.3: Summary of Madera County Resources identified by community respondents

12.4. Tulare County Resources

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

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

Figure 12.4.4: Summary of Tulare County Resources identified in the CHNA Survey

Key comments:

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

13. Conclusion

During a time when health care reform at a national level continues to improve access to health care, the challenges faced by the poor, the undocumented, and those with limited education are deeply felt in California's Central Valley. Even with the support of community benefit programs, nonprofit organizations and faith-based institutions, residents in the region still report that finding health care is a challenge due to costs (copays and prescription costs), poor access during the evening or weekends, and difficulty finding a regular primary care provider. Access to quality health care greatly influences all other health needs and the quality of life residents in the region can enjoy.

The other needs identified in this assessment—obesity, diabetes, asthma, mental health, dental care, substance abuse, maternal and infant health—can all be influenced by improved access to care. The Hospital Council and the Community Benefit Workgroup also appreciate that more coordinated care among providers and more health education will also improve the health outcomes in the communities served. This Community Health Needs Assessment has highlighted how much the health needs of residents interact with the socioeconomic conditions that require broad community engagement. A deep understanding and commitment to broad multidisciplinary approaches to address the needs is clear and will shape future endeavors to respond to these needs.

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

Hospitals in Fresno, Kings, Madera and Tulare Counties remain committed to supporting activities designed in partnership with local stakeholders to improve the total health of their communities by addressing social determinants of health. The continued collaborative partnerships between hospitals and cross-sector stakeholders in their communities are critical in addressing prioritized local health needs with a collective impact approach and are an important part of the region's health care safety net. The 2016 Community Health Needs Assessment report findings will be used by hospital leaders to create recommendations and an action plan to address priority health needs.

Adventist Medical Center - Hanford is dedicated to the stewardship of resources that address identified needs of the communities we are privileged to serve. Understanding the diversity of our service area is a high priority and we are committed to working collaboratively with relevant partners to align existing resources. The needs of community members within our surrounding service area are robust and different for every person. A unique approach of accepting the idea that there is no "one size fits all" solution to meet the needs of our community creates an opportunity to lead with empathy in our efforts to maximize impact.

Adventist Medical Center - Hanford plans to leverage the results of this CHNA. Using this report as a guide, the development and ongoing management of our Implementation Strategy for the next three years will be in alignment with our mission and the prioritized health needs identified in this report.

14. Appendices

Appendix A: Secondary Data Sources Cited in this Report

Appendix B: Community Health Needs Assessment Survey

Appendix C: Community Health Needs Assessment Survey Results by County

Appendix D: Focus Group List

Appendix E: Stakeholder List

Appendix F: New Measure of Poverty: Fresno, Kings, Madera, Tulare County

Appendix G: Profiles on 11 Health Needs

Appendix H: Comprehensive Four-county Health Needs Review

15. APPENDIX A: Secondary Data Sources Cited in This Document

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16. APPENDIX B: Community Health Needs Assessment Survey

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

Service Area Demographics

1. In which county do you live? -Fresno -Kings -Madera - Tulare
2. As a community member, please identify the hospital where you typically receive health care services?
3. Please indicate the place where you and your family receive primary health care services.
   a. Doctor's Office
   b. Urgent Care
   c. Free Community Health clinic/Health Fair
   d. School Based Health Center
   e. Hospital Emergency Department
   f. Other:

4. Are you a staff member of a health care facility? Y or No
5. If so, for which hospital do you work?
6. What community health challenges do you experience most in your department? (Select Top 3)
   □ Lack of preventive care
   □Lack of health knowledge
   □Language barriers
   □Access to resources
   □Care Compliance
   □Understanding of coverage
   □Under-insured
   □Uninsured

7. What department do you work in?
8. What is your home zip code?
9. Please rate the overall health of your community.
   □ Excellent □ Good □ Ok □ Poor □ Very Poor □ Don't Know

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

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

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

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

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

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

□ Air pollution (dirty air)

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

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

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

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

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

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

□ It is NOT hard to get health care

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

17. What are the greatest behavior concerns children and adolescents face in your community?
    a. Mental health issues (e.g. depression)
    b. Domestic violence
    c. Alcoholism
    d. Motor vehicle injuries
    e. Youth violence (gang fights, murders)
    f. Suicide
    g. Other
18. What are the greatest needs of children and their families in your community?
19. What resources are available to help address these issues identified above?
20. When you think about the resources and services that help members of your community stay health, what three organizations stand out (Example: Health and Human Services, YMCA, Boys and Girls Club)
21. Which of your three choices above do you see taking a leadership role at improving the health of your community?
22. What are the five most important parts of a healthy thriving community? Choose three

□Safe place to raise kids
□Parks and recreation facilities
□ Community involvement
□ Jobs
□ Affordable housing
□ Time for family
□ Good air quality
□ Low crime and violence
□ Services for elders
□ Access to health care
□ Good schools
□ Inexpensive childcare
□ Access to healthy food
□ Green/open spaces

□ Diversity is respected
□ Support agencies (e.g., social workers, churches and temples)
□ People know how to stay healthy
□ Other:

23. What are two things that make you most proud of your community?
24. What activities would energize you enough to become involved (or more involved) in building a healthier community?
25. What are the two things you would like to improve in your community?

Please tell us about yourself:

26. What is your age? _____
27. Please indicate your gender. Choose one:
□ Female □ Male □ Other:
28. What is your highest educational level? Choose one:
□ Less than high school
□ High school diploma
□ GED
□ Some college
□ College degree
□ Graduate/professional degree
□ Other:

29. How many people live in your household?
1 2 3 4 5 Other (please explain):
30. How would you rate your health in general? Choose one.
□ Excellent □ Very Good □ Good □ Fair □ Poor □ Don't Know

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

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

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

□ Less than $10,000
□ $10,000 to $14,999
□ $15,000 to $24,999
□ $25,000 to $34, 999
□ $35,000 to $49,999
□ $50,000 to $74,999
□ $75,000 to $99,999
□ $100,000 to $149,000

□ $150,000 to $199,999
□ $200,000 or more
□ Don't Know

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

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

36. What race and ethnic group do you most identify with? Check all that apply:

☐ Black/African American
☐ White/Caucasian
☐ Asian (if checked, please select a choice below):
- Cambodian
- Chinese
- Korean
- Hmong
- Vietnamese
- Filipino
- Pakistani
- Japanese
- Thai
- Laotian
- East Indian
- Native Hawaiian or Pacific Islander
- Other: _____

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

o Mexicano
o Salvadoreño
o Puertorriqueño
o Nicaragüense
o Other: _____

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

☐ Other: _____

Thank you very much for your participation!

17. APPENDIX C: Community Health Needs Assessment Survey Results by County

Fresno CHNA Survey Results

The following tables provide the detailed summary of responses by Fresno County health care workers and Community Members to four central questions about health challenges, socioeconomic challenges facing their community, factors that challenge the health of their community, behaviors that influence the health of their community and what challenges exist to get health care in their community. We have also included responses to a question on the biggest behavioral health challenges facing children.

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

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

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

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

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

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

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

Fresno County Focus Group Outcomes

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

Fresno County Focus Group Themes				
Q11	**Q12**	**Q13**	**Q14**	**Q16**
In your opinion, what are the three (3) biggest health problems in your community?	In your opinion, what are the three (3) biggest social and economic problems in your community?	In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?	In your opinion, what are the three (3) behaviors that most affect health in your community?	In your opinion, what three (3) things make it hard to get health care in your community?

• Obesity • Diabetes • Cancer • Breathing Problems • Mental health	• High poverty rates • Lack of quality of education • Lack of vocational programs • Lack of quality housing • No access to higher education • Transportation	•Poverty •Lack of access to free parks •No access to quality healthy food	• Teen pregnancy • Lack of access to health care • Stress	• Inability to pay for medications or copays are too high • Not enough medical providers • Lack of quality health insurance

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

What are some key services you believe would help address these challenges?
• Upstream interventions • Regional initiatives • Advisory Councils • Health Fairs • Parental Engagement
What ONE effort would make the greatest impact on health outcomes in your community?
• Upstream health initiatives • Improved economic conditions • Improved community infrastructure for healthy living
Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?
• Fresno school/PD (focus on children overcoming life challenges) • Fresno movement promoting reading • Fresno County Community Health Improvement Partnership (Robust public health presence/stepping/inform infrastructure by listening to community) • Doctor's Academy (health careers program) • Pharmacy School • Teaching Health Center • Community's (Valley) Coordinate Health Program • Valley Children's Healthcare program to address diabetes

- School-based clinic by Sierra Vista
- San Joaquin Valley PRIME
- Fresno Building Health Communities - focusing on youth
- Off the Front (Obesity Prevention, School-Based)
- Pre-term birth initiative (men and women)
- UCSF Health Policy Institute
- Fresno County Health Improvement Partnership (FCHIP)
- Farmers' Market Providing Fresh Foods/Accept WIC

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

- Non-profit collaboration
- Affordable Care Act
- Federally Qualified Health Clinics i.e., Clinica Sierra Vista – but concerned with high fees and long delay in getting appointments.
- Non-Governmental Organizations
- Health Fairs
- Charitable Care

Fresno Key Stakeholder Interview Outcomes

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

Q11: In your opinion, what are the three (3) biggest health problems in your community?

Respondents raised mental health and obesity as equally high concerns followed by diabetes and breathing problems.

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

Figure 17.1-1: Summary of the rankings stakeholders assigned to top health needs identified by the community

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

Respondents ranked poverty and not enough local jobs as the most important underlying root cause in their communities.

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

Figures 17.1-2: Summary of the rankings stakeholders assigned to the social and economic problems in the community

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

Respondents in Fresno were very concerned with air pollution in their communities.

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

Figure 17.1-3: Summary of the rankings stakeholders assigned to three biggest obstacles to a healthy environment identified by community members

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

Respondents were equally concerned with poor eating habits, alcohol consumption and lack of exercise in their communities—no one item was ranked the first priority.

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

Figure 17.1-4: Summary of the ranking stakeholders assigned to the three behaviors community members believe affect their community

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

Key stakeholders in Fresno tied in their rankings for the absence of health insurance, lack of nearby pharmacies and health insurance not covering the needed care as the top factors that make it hard to get health care. There were also several other factors tied for second.

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

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

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

Figure 17.1-5: Summary of the ranking stakeholders in Fresno County assigned to factors that make it hard to get health care

The CHNA Survey also asked health care workers to comment on the challenges they see in their own facilities. Figure 17.1-6 shows that in Fresno County the more common issues were a lack of health knowledge, language barriers and a general challenge in accessing existing resources.

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

Figure 17.1-6: Highlights of the most frequent health challenges health care workers in Fresno County experience in their department

Kings County CHNA Survey Results

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

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

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

Kings County	Responses	
Q12: In your opinion, what are the three (3) biggest social and economic problems in your community? (Please choose three)	Health care Workers **Total N=40**	Community Members **Total N= 55**
Not enough local jobs	50.0%	52.7%
Poverty	60.0%	60.0%
Overcrowded housing	0.0%	7.3%
Homelessness	27.5%	23.6%
Not enough education (example: not finishing high school)	40.0%	34.5%
Gangs	25.0%	30.9%
Racism and discrimination	2.5%	1.8%
No health insurance	20.0%	20.0%
Not enough interesting or wholesome youth activities	40.0%	27.3%
Fear of crime	5.0%	7.3%
Poor access to grocery stores	5.0%	3.6%
Poor access to drinking water	0.0%	7.3%
Inadequate public transportation	7.5%	12.7%
Not enough police and/or firefighters	2.5%	5.5%
Other (please specify)	15.0%	5.5%

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

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

Kings County	Responses	
Q16: In your opinion, what three (3) things make it hard to get health care in your community? (Please choose three)	Health care Workers **Total N=40**	Community Members **Total N= 55**
It is NOT hard to get health care	22.5%	10.9%
No health insurance	22.5%	16.4%
Medi-Cal / Medicare is too hard to get	5.0%	9.1%
Medi-Cal / Medicare is too hard to use	17.5%	18.2%
No health care available at night or on weekends	25.0%	29.1%
Insurance doesn't cover the care I need	12.5%	21.8%
There isn't a pharmacy close to me	2.5%	3.6%
Can't get off work to see a doctor	15.0%	16.4%
The only place to go is to the emergency room	2.5%	7.3%
Can't afford medicine	35.0%	32.7%
Covered California / Obama Care is too hard to get	2.5%	3.6%
Covered California / Obama Care is too hard to use	10.0%	3.6%
No transportation	32.5%	12.7%
Not enough doctors here	30.0%	32.7%
Waiting time to see the doctor is too long	35.0%	34.5%
Doctors and staff don't speak languages found in our community	10.0%	3.6%

High co-pays and deductibles	17.5%	29.1%
Other (please specify)	2.5%	14.5%

Kings County	**Responses**	
Q17: What are the greatest behavioral concerns children and adolescents face in your community?	Health care Workers	Community Members
	Total N=40	**Total N= 55**
Mental health issues (e.g. depression)	37.5%	32.7%
Domestic violence	7.5%	10.9%
Alcoholism	12.5%	0.0%
Motor vehicle injuries (including pedestrian and bicycle accidents)	0.0%	0.0%
Youth violence (gang fights, murders)	30.0%	41.8%
Suicide	0.0%	3.6%
Other (please specify)	12.5%	10.9%

Kings County Focus Group Outcomes

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

KINGS COUNTY FOCUS GROUP THEMES				
Q11	**Q12**	**Q13**	**Q14**	**Q16**
In your opinion, what are the three (3) biggest health problems in your community?	In your opinion, what are the three (3) biggest social and economic problems in your community?	In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?	In your opinion, what are the three (3) behaviors that most affect health in your community?	In your opinion, what three (3) things make it hard to get health care in your community?

• Obesity • Diabetes • Mental health • Substance abuse	• Poverty • Lack of jobs • No activities for youth • Lack of education • No grocery stores nearby	• Air Pollution • Lack of green spaces	• Substance abuse • Poor eating habits • Lack of exercise • Stress • Lack of parental engagement	• Poor Transportation

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

What are some key services you believe would help address these challenges?
• Upstream interventions • More community clinics • Health education especially in rural areas
What ONE effort would make the greatest impact on health outcomes in your community?
• Health education • Upstream health initiatives
Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?
• School-based health centers, • Kings Partnership for Prevention
What would you say is currently working well to address health needs in your community?
• Federally Qualified Health Centers and rural health network • Public outreach improving with coordinated efforts

Kings County Key Stakeholder Interviews

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

Q11: In your opinion, what are the three (3) biggest health problems in your community?

Respondents raised breathing problems and obesity as the most important.

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

Figure 17.2-1: Summary of the rankings stakeholders assigned to top health needs identified by the community

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

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

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

Figure 17.2-2: *Summary of the rankings stakeholders assigned to the social and economic problems in the community*

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

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

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

Figure 17.2-3: Summary of the rankings stakeholders assigned to three biggest obstacles to a healthy environment identified by community members

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

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

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

Figure 17.2-4: Summary of the ranking stakeholders assigned to the three behaviors community members believe affect their community

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

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

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

Figure 17.2-5: Summary of the ranking stakeholders in Fresno County assigned to factors that make it hard to get health care

The CHNA Survey also asked health care workers to comment on the challenges they see in their own facilities. Figure 17.2-6 shows that in Kings County, health care workers pointed out a lack of health knowledge, language barriers and access to resources as key community health challenges.

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

Figure 17.2-6: Highlights of the most frequent health challenges health care workers in Fresno County experience in their department

Madera CHNA Survey Results

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

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

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

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

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

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

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

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

Health Concern Facing Children in Madera: What are the three biggest health problems facing children ages 0 – 18 in your community?	Percent of Community Members (N=135)
Lack of Prenatal Care	4.5%
Not enough doctors	6.7%
Teeth problems	2.5%
Mental health issues	4.5%
Motor vehicle injuries (including pedestrian and bicycle accidents)	5.2%
Poor birth outcomes	6.0%
Breathing problems/asthma	29.1%
Sexually transmitted diseases	4.5%
Youth violence	11.9%
Domestic violence	4.5%
No health insurance	10.5%
Suicide	1.5%
Teens getting pregnant	9.0%
Bullying	13.4%
Alcoholism	13.4%
Drug Abuse	7.5%
Malnutrition	3.0%
Poverty	9.0%
Sometimes we don't have enough food to feed our kids	5.2%
Child abuse or neglect	9.7%
Lack of affordable childcare	9.7%
Diabetes	9.0%
Obesity	2.6%
Other	5.2%

Madera County Focus Group Responses

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

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

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

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

• More upstream health initiatives
Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?
• Community clinic • Neighborhood stabilization programs • Healthy eating programs
What would you say is currently working well to address health needs in your community?
• Community Clinic • Community Outreach

Madera Key Stakeholder Interviews

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

Q11: In your opinion, what are the three (3) biggest health problems in your community?

Respondents raised diabetes and mental health as the most pressing issue in their community.

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

Obesity		
1st	2nd	3rd

Figure 17.3-1: Summary of the rankings stakeholders assigned to top health needs identified by the community

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

Respondents said poverty and not enough educations were the most pressing issues in their community.

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

Figure 17.3-2: Summary of the rankings stakeholders assigned to the social and economic problems in the community

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

Key stakeholders in Madera County said not having enough places to buy healthy affordable food and air pollution are the pressing issues in their community.

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

Figure 17.3-3: Summary of the rankings stakeholders assigned to three biggest obstacles to a healthy environment identified by community members

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

Key stakeholders rated lack of exercise and drug abuse as the behaviors that most affect health in their communities.

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

Figure 17.3-4: Summary of the ranking stakeholders assigned to the three behaviors community members believe affect their community

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

Respondents in Madera County view the lack of doctors, insurance not covering the care needed and not enough facilities open at night or weekends as all equally important in access to health care.

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

Figure 17.3-5: Summary of the ranking stakeholders in Fresno County assigned to factors that make it hard to get health care

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

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

Figure 17.3-6: Highlights of the most frequent health challenges health care workers in Fresno County experience in their department

Tulare CHNA Survey Results

The following tables provide the detailed summary of responses by Tulare County health care workers and community members to four central questions about health challenges, socioeconomic challenges facing their community, factors that challenge the health of their community, behaviors that influence the health of their community and what challenges exist to get health care in their community

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

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

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

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

Tulare County	Responses	
Q14: In your opinion, what are the three (3) behaviors that most affect health in your community? (Please choose three)	Health care Workers	Community Members
	Total N=93	**Total N= 72**
Alcohol abuse (drinking too much alcohol)	33.3%	38.9%
Driving while drunk or on drugs	5.4%	4.2%
Drug abuse	52.7%	61.1%
Lack of exercise	45.2%	38.9%
Poor eating habits	62.4%	59.7%
Not getting "shots" (Vaccines/immunizations to prevent disease)	1.1%	0.0%
Smoking/tobacco use	15.1%	9.7%
Unsafe sex (not using condom or birth control)	6.5%	13.9%
Using weapons (knives, guns, etc.)	8.6%	11.1%
Not getting regular checkups by the doctor	25.8%	15.3%
Life stress (not able to deal with life stresses)	28.0%	30.6%
Teenage sex	6.5%	6.9%
Talking or texting while driving	7.5%	5.6%
Other (please specify)	2.2%	4.2%

Tulare County	Responses	
Q16: In your opinion, what three (3) things make it hard to get health care in your community? (Please choose three)	Health care Workers	Community Members
	Total N=93	**Total N=72**
It is NOT hard to get health care	18.3%	16.7%
No health insurance	30.1%	38.9%
Medi-Cal / Medicare is too hard to get	7.5%	4.2%
Medi-Cal / Medicare is too hard to use	14.0%	11.1%
No health care available at night or on weekends	19.4%	22.2%
Insurance doesn't cover the care I need	16.1%	23.6%
There isn't a pharmacy close to me	1.1%	1.4%
Can't get off work to see a doctor	10.8%	9.7%
The only place to go is to the emergency room	15.1%	5.6%
Can't afford medicine	29.0%	26.4%
Covered California / Obama Care is too hard to get	7.5%	8.3%
Covered California / Obama Care is too hard to use	7.5%	9.7%
No transportation	15.1%	11.1%
Not enough doctors here	38.7%	29.2%
Waiting time to see the doctor is too long	35.5%	31.9%
Doctors and staff don't speak languages found in our community	4.3%	11.1%
High co-pays and deductibles	23.7%	27.8%
Other (please specify)	6.5%	11.1%

Tulare County	Responses	
Q17: What are the greatest behavioral concerns children and adolescents face in your community?	Health care Workers	Community Members
	Total N=93	**Total N= 72**
Mental health issues (e.g. depression)	35.5%	44.4%
Domestic violence	5.4%	8.3%
Alcoholism	5.4%	4.2%
Motor vehicle injuries (including pedestrian and bicycle accidents)	1.1%	1.4%
Youth violence (gang fights, murders)	40.9%	26.4%
Suicide	4.3%	4.2%
Other (please specify)	7.5%	11.1%

Tulare Focus Group Responses

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

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

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

What are some key services you believe would help address these challenges?
• Upstream interventions • Collaboration • More access to care
What ONE effort would make the greatest impact on health outcomes in your community?
• Economic conditions • Improved community infrastructure • Upstream health initiatives
Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?
• Water Distribution Centers • Central California Family Crisis Center • FoodLink • ProYouth HEART
What would you say is currently working well to address health needs in your community?
• Public health outreach by public agencies • Faith based, charitable care • Hospital providers

Tulare County Key Stakeholder Interviews

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

Q11: In your opinion, what are the three (3) biggest health problems in your community?

Respondents viewed breathing problems and mental health as the most important health concerns facing their community.

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

Figure 17.4-1: Summary of the rankings stakeholders assigned to top health needs identified by the community

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

Respondents in Tulare County viewed poverty and lack of local jobs as the most pressing issues in their communities.

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

Figure 17.4-2: Summary of the rankings stakeholders assigned to the social and economic problems in the community

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

Respondents ranked air pollution and too many hot days in their community as the key obstacles to a healthy environment.

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

Figure 17.4-3: Summary of the rankings stakeholders assigned to three biggest obstacles to a healthy environment identified by community members

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

Respondents were very concerned with poor eating and drug abuse in their communities as the key behaviors that most affect health in their community.

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

Figure 17.4-4: Summary of the ranking stakeholders assigned to the three behaviors community members believe affect their community

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

Respondents were very concerned about health care being overall hard to use and the lack of access to care on the weekends.

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

Figure 17.4-5 Summary of the ranking stakeholders in Fresno County assigned to factors that make it hard to get health care

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

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

Other (please specify)	17.0%	

Figure 17.4-6: Highlights of the most frequent health challenges health care workers in Fresno County experience in their department

18. APPENDIX D: Focus Group List

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

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

19. APPENDIX E: Stakeholder Interviews

	NAME/TITLE	INSTITUTION	SOURCING	DATE OF INTERVIEW
1.	Gilda Zarate	Madera Public Health Department	Public Health/Latino Community Expertise	7/20/15
2.	Nichole Mosqueda	Camarena Health	Service Provider (health care)	7/20/15
3.	David Pomaville, Director	Fresno Department of Public Health	Public Health	7/21/15
4.	Lemuel Mariano, YLI Specialist	Youth Leadership Institute	Latino Community	7/21/15
5.	Cruz Avilla, ED	Poverello House	Service Provider (homeless)	7/21/15
6.	Lowell Ens, ED	Stone Soup	Service Provider (Hmong Community)	7/21/15
7.	Suzie Skadan, Dir Health Svcs,	Visalia Unified	Service Provider (health care)	7/21/15
8.	Artie Padilla, ED	Every Neighborhood Partnership	Community Member	7/21/15
9.	Sher Moua	Fresno Center for New Americans	Community Member (Latino)	7/21/15
10.	John Strubert, CEO	Clovis Community Medical Center	Service Provider (health care)	7/31/15
11.	Evan Rayner, CEO	Madera Community Hospital	Service Provider (health care)	7/20/15
12.	Dr Soldo, CMO	Saint Agnes Medical Center	Service Provider (health care)	7/22/15
13.	Nancy Hollingsworth, CEO	Saint Agnes Medical Center	Service Provider (health care)	7/22/15
14.	Stacy Vaillancourt, CAO	Saint Agnes Medical Center	Service Provider (health care)	7/22/15
15.	Lori Wightman, CNO	Saint Agnes Medical Center	Service Provider (health care)	7/22/15
16.	Jonathan Felton, COO	Saint Agnes Medical Center	Service Provider (health care)	7/22/15
17.	Wanda Holderman, CEO	Fresno Heart & Surgical Hospital	Service Provider (health care)	7/23/15

	NAME/TITLE	INSTITUTION	SOURCING	DATE OF INTERVIEW
18.	Jeffrey Hudson, VP Pt Care	Sierra View Medical Center	Service Provider (health care)	7/23/15
19.	Ron Wheaton, VP Phys Recruit	Sierra View Medical Center	Service Provider (health care)	7/23/15
20.	Melissa Fuentes, Director of Social Services	Sierra View Medical Center	Service Provider (health care)	7/23/15
21.	Shay Moore, ED Clinical Manager	Sierra View Medical Center	Service Provider (health care)	7/23/15
22.	Donna Hefner, CEO	Sierra View Medical Center	Service Provider (health care)	7/23/15
23.	Karen Haught, County Health Officer	Tulare County Health and Human Services Agency	Service Provider (health care)	7/23/15
24.	Betty Jones, Director of Infection Prevention	Sierra View Medical Center	Service Provider (health care)	7/23/15
25.	Pam Avilla, Instructor	Porterville High School Health Academy, Pathways	Community Member	7/23/15
26.	Susan Chapman	Adventist Health	Service Provider (health care)	7/24/15
27.	Keith Winkler, Health Director	Kings County Public Health	Public Health	7/24/15
28.	Lindsay Mann, CEO	Kaweah Delta Health Care District Hospital	Service Provider (health care)	7/24/15
29.	Jeff Garner	Kings County Action Organization	Community Member	7/24/15
30.	Karen Buckley, CNO	Community Regional Medical Center	Service Provider (health care)	8/7/15
31.	Xee Thao, Social Worker, Board Member	Stone Soup	Community Member (Hmong Community)	8/25/15
32.	Cassandra Joubert, Director	Central California Children's Institute	Community Member (children & youth)	8/25/15
33.	Wayne Ferch, CEO	Adventist Health/Adventist Medical Centers	Service Provider (health care)	9/2/15

	NAME/TITLE	INSTITUTION	SOURCING	DATE OF INTERVIEW
34.	Dr Rouillard, MD Physician in Chief	Kaiser Permanente	Service Provider (health care)	9/3/15
35.	Dawan Utecht, Director	Fresno County Behavioral Health	Service Provider (Mental Health)	9/8/15
36.	Preston Prince, Director	Fresno County Housing Authority	Service Provider (housing)	9/9/15

20. APPENDIX F: New Measure of Poverty

The Real Cost Measure in California

United Ways of California

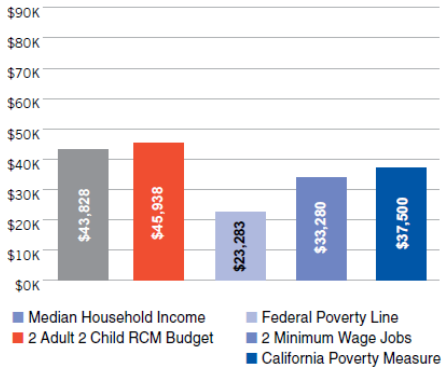
Fresno

The **Real Cost Measure** (RCM) estimates the amount of income required to meet basic needs (the "Real Cost Budget") for a given household type in a specific community. The Real Cost Measure builds a bare-bones budget that reflects constrained yet reasonable choices for essential expenses: housing, food, transportation, health care, taxes and childcare.

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

2012 Annual County Income Comparison

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



Three Real Cost Budgets for the County

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

The Real Cost Measure in Fresno

Households of color struggle disproportionately...

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

Families with children face a larger barrier to economic security.

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

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

- 86% of households below RCM have at least one working adult.
- 62% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age child) would need to hold more than 2 full-time, minimum-wage jobs to achieve economic security.

High housing costs are a major challenge for struggling households...

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

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

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

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

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

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

The Real Cost Measure in California

United Ways of California

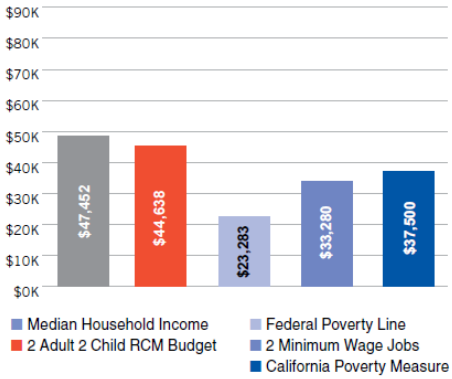
Kings

The **Real Cost Measure** (RCM) estimates the amount of income required to meet basic needs (the "Real Cost Budget") for a given household type in a specific community. The Real Cost Measure builds a bare-bones budget that reflects constrained yet reasonable choices for essential expenses: housing, food, transportation, health care, taxes and childcare.

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

2012 Annual County Income Comparison

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



Three Real Cost Budgets for the County

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

The Real Cost Measure in Kings

Households of color struggle disproportionately...

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

Families with children face a larger barrier to economic security.

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

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

- 86% of households below RCM have at least one working adult.
- 69% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age child) would need to hold more than 2 full-time, minimum-wage jobs to achieve economic security.

High housing costs are a major challenge for struggling households...

- 38% of all households in the county spend more than 30% of their income on housing.

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

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

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

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

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

The Real Cost Measure in California

United Ways of California

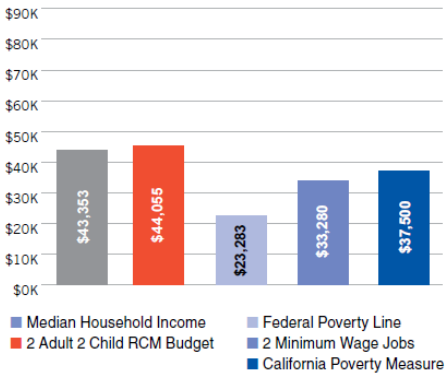
Madera

The **Real Cost Measure** (RCM) estimates the amount of income required to meet basic needs (the "Real Cost Budget") for a given household type in a specific community. The Real Cost Measure builds a bare-bones budget that reflects constrained yet reasonable choices for essential expenses: housing, food, transportation, health care, taxes and childcare.

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

2012 Annual County Income Comparison

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



Three Real Cost Budgets for the County

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

The Real Cost Measure in Madera

Households of color struggle disproportionately...

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

Families with children face a larger barrier to economic security.

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

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

- 94% of households below RCM have at least one working adult.
- 58% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age child) would need to hold more than 2 full-time, minimum-wage jobs to achieve economic security.

High housing costs are a major challenge for struggling households...

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

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

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

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

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

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

The Real Cost Measure in California

United Ways of California

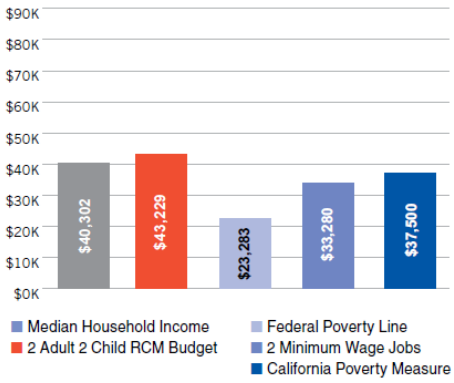
Tulare

The **Real Cost Measure** (RCM) estimates the amount of income required to meet basic needs (the "Real Cost Budget") for a given household type in a specific community. The Real Cost Measure builds a bare-bones budget that reflects constrained yet reasonable choices for essential expenses: housing, food, transportation, health care, taxes and childcare.

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

2012 Annual County Income Comparison

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



Three Real Cost Budgets for the County

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

The Real Cost Measure in Tulare

Households of color struggle disproportionately...

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

Families with children face a larger barrier to economic security.

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

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

- 86% of households below RCM have at least one working adult.
- 55% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age child) would need to hold more than 2 full-time, minimum-wage jobs to achieve economic security.

High housing costs are a major challenge for struggling households...

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

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

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

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

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

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

21. APPENDIX G: Profiles on Health Needs

ACCESS TO CARE

RANKING: Fresno County: ❶ Kings County: ❸ Madera County: ❷ Tulare County: ❶

Definition:

Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes"[77]. There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of patient populations continues to grow the importance of a health care workforce that is culturally effective is essential to achieve access and health equity. The barriers to obtain health care services include: a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the health care they need and when they do get care, burdens them with large medical bills".

Relevant Health Access Data (Secondary Data)

Health Indicators

The absence of care impacts a myriad of health outcomes that define good health. The following table summarizes just a few health indicators related to access to care: residents with a regular primary care physician, preventable ED visits, percent of mothers receiving prenatal care, infant mortality and premature death (years of potential life lost).

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Preventable Hospitalizations: Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive[78]	45.3	53.1	62.6	49	59.1
Percentage Mothers with Late or No Prenatal Care[79]	18.1%	13.7%	26.22%	26.29%	26.04%
Infant Mortality Rate per 1,000 Births[80]	5	6.3	5.7	5.2	5.6

[77] See Healthy People 2020 http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

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

[79] Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10. Source geography: County

[80] Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10. Source geography: County

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Percent of Children Without Insurance[81]	7.89%	6.9%	8.1%	9.27%	7.39%
Years of Potential Life Lost, Rate per 100,000 Population[82]	5.594	7,009	6,372	6,693	7,367
Population Living within a Health Professional Shortage Area (HPSA)[83]	25.18%	81.67%	100%	100%	100%
Population with No Insurance -Adults	23.91%	26.96%	24.61%	29.78%	28.95%
Percent of Adults without Regular Doctor[84]	27.13%	25.05%	27.42%	29.92%	33.48%
Rate of Primary Care Physicians per 100,000 residents	72.2	64.0	37.7	46.0	42.5

The data above highlight that the region has very few indicators that consistently outperform the state averages across all four counties. Most residents live in a Health Professional Shortage Area and over a quarter of the adults have neither insurance nor a regular doctor.

Poverty

In each county nearly a quarter of the population lives in poverty. Unemployment in the Central Valley, unlike other areas of the State, remains at double digits, which also contributes to broad level of financial stress in many households. Per capita income ranges from $17,887 in Tulare County to $20,230 in Fresno County and all are substantially lower than the California figure of $29,906.

Poverty	CA Average	Fresno	Kings	Madera	Tulare
Percent of Households Where Costs Exceeds 30% of Income[85]	44.99%	43.33%	37.35%	41.02%	41.51%
Percent of Families with Income Over $75,000	47.06%	32.6%	32.61%	29.71%	28.08%
Per Capita Income	$29,906	$20,230	$18,517	$17,797	$17,887
Percent of Households with Public Assistance Income	3.99%	8.2%	4.88%	5.78%	10.29%
Percent of Population Under 18 Living in Poverty	22.7%	37.56%	33.06%	32.88%	37.28%
Percent of Population Under 18 Living 200% below the Federal Poverty Level(FPL)	46.42%	64.36%	60.95%	64.79%	67.74%

[81] *Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013. Source geography: County*

[82] Data Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National. Accessed via CDC WONDER. 2008-10. Source geography: County

[83] Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA

[84] *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County*

[85] *Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

Health Access as Perceived by Community Members (Primary Data)

The CHNA survey revealed two key factors that respondents felt made it hard to get health care: In Fresno and Kings counties, the **waiting time to see the doctor is too long**. The length of time to see a doctor is largely driven by the limited number of primary care physicians and specialists in the region as indicated by the designation of a Health Professions Shortage Area (HPSA).

In Madera and Tulare counties, **no health insurance** was mentioned as the top issue. Lack of access to insurance was further linked to the cost of insurance on the exchange—even with subsidies-- and the challenge of **undocumented residents who cannot apply for insurance**. Based on 2008 projections from the Public Policy Institute, the following table shows that undocumented immigrants, who would not have access to health insurance, represent between 5 percent and 7.7 percent of the region's population[86].

	Total Population	Number of Undocumented Immigrants	Percent of County Total Population
Fresno	909,000	49,000	5%
Kings	150,000	9,000	5.8%
Madera	149,000	12,000	7.7%
Tulare	426,000	29,000	6.8%

During the focus group sessions and stakeholder interviews, the challenges in access to care reinforced the concerns listed in the survey and surfaced additional issues:

1. Lack of doctors in the region who are a cultural fit with the population in the region (i.e. native Spanish speakers)
2. Difficulty of paying co-payments or the affordability of medicines
3. Medi-Cal and Medicare are too hard to use or navigate
4. Transportation from rural areas of each county in the region continues to remain a challenge

Since 100 percent of the residents in Kings, Madera or Tulare counties and 81.67 percent of Fresno County's residents live in a Health Professional Shortage Area (HPSA), the challenge of finding a primary care physician is much clearer. The following table highlights the number of health professionals per 100,000 residents and the percent of adults without any regular doctor. For patients seeking a physician with similar linguistic or cultural background, the quest for care can be especially challenging. Among Latinos, for example, the number of Latino physicians in the state has actually declined in the last 10 years. In 1980, there were 135 Latino physicians for every 100,000 Latinos in the U.S.; by 2010, that

[86] Hill, L. and H. Johnson "Unauthorized Immigrants in California: County Estimates" Public Policy Institute of California July 2011 See: http://www.ppic.org/content/pubs/report/R_711LHR.pdf

figure had dropped to just 105 per 100,000. In California, Latinos make up only 4.8 percent of all physicians[87].

The affordability of receiving health care services or paying for medications is impacted by the level of poverty in the region. Over half of the population throughout all four counties lives at 200 percent below the Federal Poverty Level. Recent reports suggest that affordability of copays or medications is a factor for Medicaid and Medicare recipients across the nation[88].

Research on the impact of limited transportation in access to care confirms that the poor and underinsured are the most impacted[89]. Approximately 8.1 percent of households throughout the region have no family car[90].

The Sub Populations Experiencing Greatest Impact:

The high number of residents living in poverty within the region and the challenge of being undocumented makes the poor, undocumented resident the most impacted in accessing health care services. The Kaiser Family Foundation has found that nationwide the median household income for undocumented residents is $27,400, half of the amount for documented residents in the U.S. as a whole. Among undocumented immigrants, 46 percent are uninsured. Nationally 71 percent of undocumented residents versus 87 percent of citizens receive preventive services. Further, 16 percent of undocumented residents delay or go without health care due to cost versus 11 percent of citizens[91]. A study by the Public Policy Institute of California in 2009, found that the number of residents who live 2 - 15 miles away from any Emergency Department was influenced by their legal, income and insurance status[92].

Area	Total % Safety Net Users in County Living 2 – 15 Miles Away from ED	Percent of Safety Net User Who Are Unauthorized Immigrants	Percent of Low Income Residents 200%FPL	Percent of Non-Citizens	Percent of Medi-Cal Recipients
Fresno	73%	63%	74%	67%	75%

[87] Rivero, E. Rate of Latino physicians shrinks, even as Latino population swells. UCLA Newsroom. February 10, 2015 See: http://newsroom.ucla.edu/releases/rate-of-latino-physicians-shrinks-even-as-latino-population-swells

[88] Lieberman, T. Why Low-Income Seniors Fail to Get Help Paying for Health Care, Center for Advancing Health Prepared Patient Blog, February 11, 2014

[89] Syed, S., Gerber, B. and L. Sharp. "Traveling towards disease: transportation barriers to health care access". Journal of Community Health. 2013 Oct;38(5):976-93

[90] Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

[91] Key Facts on Health Coverage for Low Income Immigrants Today and Under the ACA, Kaiser Commission on Key Facts Medicate and the Uninsured, Kaiser Family Foundation, March 2013 See: https://kaiserfamilyfoundation.files.wordpress.com/2013/03/8279-02.pdf

[92] Lee, H. Hill, L., and S. McConville Access to the Healthcare Safety Net in California. Public Policy Institute of California, Oct 2012. See: http://www.ppic.org/content/pubs/report/R_1012HLR.pdf

Kings	26%	17%	22%	16%	22%
Madera	62%	86%	73%	85%	79%
Tulare	58%	58%	56%	57%	56%
CA Average	64%	59%	61%	59%	62%

SUMMARY:

The Central Valley region population is largely Latino due to the unique demographics of the region. The region's high concentration of poverty coupled with the majority of residents living in a Health Professional Shortage Area make access to care highly problematic for residents as a whole. For those who are low income and lack easy access to transportation, access to care is a substantial challenge. In California's Central Valley when the poor live in a rural area or have no family car, regular checkups or follow-up care is even more difficult.

Available data supports the stress and the decline on health outcomes due to the lack of economic security, such as:

Poverty
Poverty is viewed as a significant social determinant of health because the absence of economic resources impacts housing choices, food options and overall lifestyle choices. Within the four counties a disproportionate number of residents live in poverty. In each county nearly a quarter of the populations live in poverty. Unemployment in the Central Valley, unlike other areas of the State, remains at double digits which also contributes to broad level of financial stress in many households. Per capita income ranges from $17,887 in Tulare County to $20,230 in Fresno County and all are substantially lower than the California figure of $29,906.

Poverty	CA Average	Fresno	Kings	Madera	Tulare
Percent of Households Where Costs Exceeds 30% of Income	45.89%	43.78%	38.48%	43.15%	42.43%
Percent of Households Where Costs Exceeds 30% of Income[93]	44.99%	43.33%	37.35%	41.02%	41.51%
Percent of Families with Income Over $75,000	47.06%	32.6%	32.61%	29.71%	28.08%
Per Capita Income	$29,906	$20,230	$18,517	$17,797	$17,887
Percent of Households with Public Assistance Income	3.99%	8.2%	4.88%	5.78%	10.29%
Percent of Population Under 18 Living in Poverty	22.7%	37.56%	33.06%	32.88%	37.28%
Percent of Population Under 18 Living 200% below the Federal Poverty Level (FPL)	46.42%	64.36%	60.95%	64.79%	67.74%

[93] *Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

Percent of Total Population Living in Poverty	16.38%	27.36%	22.73%	23.16%	27.42%
Percent of Total Population Living 200% below the FPL	36.37%	50.9%	49.23%	51.19%	55.22%
Percent Total Population with Income at or Below 50% FPL	7.08%	12.1%	9.55%	9.66%	10.85%
Unemployment Rate	7.08%	11%	11.5%*	13.5%*	12.2%
Households with No Motor Vehicles	7.81%	9.24%	6.9%	6.7%	6.95%

Those living in poverty vary greatly among race/ethnic groups throughout the region.

Percent Living in Poverty by Ethnicity[94]	**Fresno**	**Kings**	**Madera**	**Tulare**
White	22.25	22.54	23.23	27.02
Black, African American	39.61	27.56	39.91	39.87
Native American/Alaska Native	30.51	39.13	21.98	35.73
Asian	27.79	8.83	13.51	19.18
Native Hawaiian/Pacific Islander	50.62	3.77	2.75	38.56
Latino	34.86	29.67	29.1	34.43
Other	37.94	26.36	21.94	30.21
Two or More Races	28.53	18.5	18.69	28.15

Children Living in Poverty

While data for children in each demographic group in every county is not available, existing data indicates substantial disparities exist for children living in poverty when compared to state averages in every ethnic group[95].

Children living in poverty	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
	2011-2013	2011-2013	2011-2013	2011-2013	2011-2013
African American/Black	35.4%	56.5%	-	-	-
American Indian/Alaska Native	33.9%	-	-	-	-
Asian American	12.7%	39.6%	-	-	-

[94] Data Source: *U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008)*.

[95] Source: www.KidsData.org

Hispanic/Latino	31.4%	45.1%	38.1%	39.4%	42.9%
Native Hawaiian/Pacific Islander	22.2%	-	-	-	-
White	11.0%	16.6%	15.0%	-	20.5%
Multi-Racial	17.1%	34.4%	-	-	-

Percent of income spent on housing

The U.S. Dept. of Housing and Urban Development considers housing "affordable" if total expenses (rent or mortgage payments, taxes, insurance, utilities and other related payments) account for less than 30 percent of total household income.

Households with a High Housing Cost Burden[96]	CA Average	Fresno	Kings	Madera	Tulare
Housing cost burden	44.7%	44.0%	-	43.7%	44.7%

Unemployment

Unemployment is an important indicator because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food and other necessities that contribute to health status.

Unemployment	CA Average	Fresno	Kings	Madera	Tulare
Unemployment Rates[97]	8.5	13.8	14.6	12.5	15.5

Food Insecurity

Food insecurity is defined as the inability to obtain adequate nutritional food or the lack of sufficient food consumption over a sustained period of time. Despite being home to some of the nation's largest farms for fruits and vegetables in the Central Valley, residents in all but Madera County experience greater food insecurity than the California average of 14.95 percent. All four counties however, have a larger percentage of residents who live with limited access to healthy food than the California average of 3.4 percent. These range as high as 7.62 percent for Kings and 6.87 percent Tulare County and 4.77 percent in Madera County, respectively.

[96] U.S. Census Bureau, American Community Survey (Sept. 2014).

[97] US Department of Labor, Bureau of Labor Statistics. 2015 - November. Source geography: County

Food insecurity in the region[98]	CA Average	Fresno	Kings	Madera	Tulare
Percent of Students Eligible for Free School Lunch	58.13%	72.35%	65.72%	76.6%	74.53%
Percent of Population with Food Insecurity	14.95%	16.56%	16.17%	13.83%	15.05%
Percent of Households Receiving Supplemental Nutrition Assistance Program Benefits	8.74%	19.45%	15.26%	17.78%	22.88%
Grocery Store Establishments, Rate per 100,000 Population	21.7	25.26	18.30	24.53	26.01
Percent of **Low Income** Population with Low Food Access	3.4%	6.75%	7.62%	4.77%	6.87%
Percent of **Total Population** with Low Food Access	14.31%	16.99%	33.22%	12.28%	14.84%
Percent of Population in Tracts High Healthy Food Access[99]	3.29%	1.67%	3.73%	2.76%	6.59%
SNAP-Authorized Retailers, Rate per 100,000 Population	63.93	103.93	79.09	98.1	103.58
WIC-Authorized Food Store Rate (Per 100,000 Pop.)	15.8	31	18.2	22.9	24

Education

Education or educational attainment is strongly linked to health outcomes. People with more education live longer, experience better health outcomes and tend to practice health-promoting behaviors (i.e. getting regular exercise, refraining from smoking, or getting timely medical checkups, immunizations or screenings).[100] Unfortunately, over a quarter of the population in each county of the region, does not have a high school diploma. Within each county, less than 20 percent of the population has a bachelor of arts compared to 30 percent of California as a whole.

[98] *Data Source: Feeding America. 2013. Source geography: County*

[99] *Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract*

[103] Data Source: Socioeconomic Status and Health: The Challenge of the Gradient. Adler, N. Boyce, T. Chesney, M. Cohen, S. Folkman, S. Kahn, R. and S. L Syme. American Psychologist Vol 49. No. 1. 15 – 24, 1994

Educational Attainment[101]	CA Average	Fresno	Kings	Madera	Tulare
On Time Graduation Rate	85.7	85.0	75.2	87.9	87.8
Percent of Population Age 25 with Associate's Degree or Higher	38.43%	27.9%	20.42%	21.56%	21.06%
Percent of Population without a High School Diploma	18.51%	26.78%	29.06%	30.54%	31.95%
Persons with an Associates Degree or Higher (age 25 and over)	38.78%	27.47%	20.66%	21.45%	20.8%

Approximately 29 percent of Fresno's population is under the age of 18. In Kings and Madera County, that number is 27 percent but in Tulare County that number jumps to 32 percent. The largest ethnic group represented among these children is Latino. Table 9.3.1 below highlights key leading indicators associated with child and maternal health. **Approximately a fourth of all infants born in Kings, Madera and Tulare Counties are born to mothers with either no or late prenatal care.** Over a third of children in each county live in poverty and the majority are eligible for a reduced price for lunch. Children in the region have higher rates of uninsured status in Kings, Madera and Tulare counties—particularly among Latino residents where documentation status may be in question. Three alarming health factors for children in the region are their overall fitness levels at grade 9, the percent that are overweight or obese children and the high rate of teens having children. None of the counties in the region match California rates of fitness among 9th graders and throughout all four counties 2 out 5 children are overweight or obese. **While the teen birth rate in California stands at 23.2 per 1,000 women aged 15 – 19, the rate of teen births in Kings, Madera and Tulare County is almost double that rate.** Despite these challenges, high school graduation rates in the region are close to or above the state average.

[101] *Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2013-14. Source geography: School District*

Child and Maternal Health	California Average	Fresno	Kings	Madera	Tulare
Infant Mortality Rate (Per 1,000 Births)	5	6.3	5.7	5.2	5.6
Percent of Mothers with No or Late Prenatal Care	18.1%	13.7%	26.22%	26.29%	26.04%
Teen Birth Rate (Per 1,000 Population) for women age 15 - 19	23.2	39.0	41.2	41.8	43.5
Percent of Preterm Births	8.8%	10.2%	8.0%	8.1%	9.9%
Percent Low Birth Weight Births	6.8%	8.0%	6.3%	5.7%	6.8%
Kindergartners with all required Vaccinations/Immunizations	90.4%	95.2%	96.7%	93.0%	96.5%
Percent of children living below 100% FPL	22.7%	39.1%	33.06%	32.88%	37.28%
Percent of children living in food insecurity	26.3%	32.3%	31.1%	30.6%	32.7%
Percent of children eligible for reduced price lunch	59.2%	73.1%	66.8%	77.2%	75.6%
Percent of Children Physically Fit at Grade 9	37.6%	36.0%	29.6%	30.4%	34.2%
Percent of Children Overweight or Obese at Grade 9	36.0%	42.3%	42.0%	42.8%	41.6%
Percent of Children Uninsured	7.89	6.9%	8.1%	9.27%	7.39%
Percent of Children Diagnosed with Asthma	15.4%	21.3%	22.3%	11.5%	10.3%
Substantiated Cases of Child Abuse and Neglect per 1,000	8.7	8.4	10.9	8.4	8.1
Median Number of Months in Foster Care	15.2	17.5	13.6	8.6	13.4
Percent of Children Completing High School on Time	71%	66.9%	70.3%	75.3%	75%

SUMMARY

The four counties in the region have concentrated poverty, which translates into poor economic security. The stress and challenge of living in poverty has direct health consequences for residents. Coupled with income disparities and racial and ethnic discrimination there is evidence that reduced life span, poor general health and poor mental health exists among different racial and ethnic groups. Health care workers and residents consistently identified poverty as one of the top 3 obstacles for creating a healthy community. The need to address the region's poor economic conditions was

recognized by key stakeholders as critical to improve overall health. Several key quantitative data points were reinforced with the CHNA survey. Poverty was seen as a key challenge to overall health of the community by survey respondents, focus group participants and key stakeholders. Furthermore, when asked what one step they would take to improve the health of the community, stakeholders suggested that addressing poverty and job growth was an essential step.

Data Source: California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015).
Data Source California Department of Public Health "Teen Births in California: A Resource for Planning and Policy, 2005

Data Source: California Department of Public Health, Immunization Branch, Kindergarten Assessment Results (Feb 2015) http://www.cdph.ca.gov/programs/immunize/pages/immunizationlevels.aspx Data Source: UCLA Center for Health Policy Research, California Health Interview Survey. Accessed at http://www.chis.ucla.edu/ (Aug. 2013).

Data Source: California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

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

BREATHING PROBLEMS (Asthma)

RANKING: Fresno County: ❷ Kings County: ❷ Madera County: ❹ Tulare County: ❹

Definition: 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.

Relevant Health Outcome Data

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Asthma Prevalence (Adults)[102]	14.2%	15.8%	17.3%	16.7%	14.6%
Asthma Diagnoses (Children age 1 – 17)[103]	15.4%	21.3	22.3%	11.5%	10.3%

The high rates of asthma translate in to high rates of ED visits and Hospitalizations per 10,000 residents across the region among adults and children[104].

	ED Visits Children		Hospitalizations Children		ED Visits Adults	Hospitalizations Adults
	0 - 4	5 - 17	0 -4	5 – 17	18 – 64	18 - 64
Fresno	226.0	100.5	42.8	15.4	51.3	8.1
Kings	206.1	116.0	36.9	9.9	73.8	9.7
Madera	248.8	121.4	29.9	9.9	46.2	2.3
Tulare	117.1	57.4	21.8	6.1	41.5	6.5
CA Average	113.2	67.1	22.1	7.8	39.8	5.4

Drivers of Health Related to Rates of Asthma—Focus Group and Stakeholder Themes **(Primary Data)**

Survey respondents identified Breathing Problems as one of the top four health concerns in Fresno, Kings, Madera and Tulare Counties. When participants were asked to identify three biggest obstacles to having a healthy environment, air pollution was raised as a core concern. This was the same response in our focus groups and stakeholder interviews. In addition, focus groups participants in rural settings raised pesticide use as a specific contributing factor. Stakeholder interviews also raised the issue of poor housing stock in their region where housing in low income neighborhoods has a tendency to exhibit some of the known triggers for Asthma (i.e. dust, mold, pest infestation).

[102] *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County*

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

[104] *Source California Breathing County Profiles 2012*

The passage of SB535, the Global Warming Solutions Act, required the reporting and verification of emissions of greenhouse gases and monitoring of these key data in the region. The California Office of Environmental Health Hazard Assessment (OEHHA) has identified communities in the Central Valley as those most impacted by pollution, pesticides and heat exacerbated by climate change that contributes to childhood morbidity[105]. The following table highlights the level of air pollution, pesticides and diesel fuel matter that impacts the four counties in our region.

	CalEnviroScreen 2.0 Score Range **(CES 2.0 Score)**	Age Adjusted Asthma related ED visits **(Asthma Pctl)**	Total pounds of selected active pesticide ingredients **(Pesticides)**	Diesel PM emissions from on-road and non-road sources **(Diesel PM)**	**Pollution Burden Score[106]**
FRESNO (130 census tracts)	Range: 89.72 – 37.52 Average: **54.03**	Range: 132.4 – 33.30 Average: **74.99**	Range: 96,414.46 - 23.70 Average: **3,507.57**	Range: 60.37 – 2.45 Average: **27.69**	Range 9.58 – 5.34 Average: **6.92**
KINGS (14 census tracts)	Range: 68.62 - 36.64 Average: **46.77**	Range 92.57 – 37.91 Average: **74.09**	Range: 328.00 – 68.40 Average: **103.44**	Range: 22.41 – 2.38 Average: **10.74**	Range: 7.38 – 4.9 Average: **6.25**
MADERA (12 census tracts)	Range: 58.46- 37.97 Average: **49.64**	Range: 86.24 - 51.70 Average: **78.37**	Range: 512.11 - 75.8 Average: **265.45**	Range: 20.84 – 3.1 Average: **11.80**	Range: 7.49 – 5.58 Average: **6.86**
TULARE (49 census tracts)	Range: 63.46 - 37.13 Average: **47.02**	Range: 67.61 – 30.48 Average: **49.09**	Range: 704.51 – 1.28 Average: **129.03**	Range: 24.64- 2.01 Average: **8.9**	Range: 7.76-4.87 Average: **6.23**
FOR COMPARISON ONLY Santa Barbara County	***37.34***	***28.76***	***23.9***	***8.7***	***5.6***

[105] Lessard, L. Alcala, E. and J. Capitman. Pollution, Poverty, and Potentially Preventable Childhood Morbidity in Central California. The Journal of Pediatrics 2016; 168: 198 – 204.

[106] Average of percentiles from the Pollution Burden indicators (with a half weighting for the Environmental Effects indicators). Data Source: SB535 List of Disadvantaged Communities California Communities Environmental Health Screening Tool,2014

(1 census tract)					

In addition to outdoor air quality factors, the region also has a high rate of adults who are smokers. Smoking and exposure to second hand smoke are also factors that exacerbate asthma. The following table shows the percent of adults who are smokers and the percent of children who are exposed to second hand smoke by county. In addition, this table includes the percent of children living in crowded households. A growing body of work suggests that poor and overcrowded housing can exacerbate asthma where pet dander, dust, mold and pest infestations exist.

Risk Factors for Asthma	CA Average	Fresno	Kings	Madera	Tulare
Percent of adults who are current smokers[107]	12.8%	13.5%	12.6%	13.6%	14.3%
Households with children (age 0 – 17) where smoking is permitted[108]	1.3%	1.1	1.4%	1.3%	1.3%
Children Living in Crowded Households[109]	28.0%	35.5%	LNE	LNE	27.4%

The Sub Populations Experiencing Greatest Impact

Adults across the region are experiencing higher rates of asthma prevalence than the state average. A lower percent of children have been diagnosed with Asthma in Madera and Tulare counties but both adults and children have high rates of hospitalizations and ED visits in the region. The one exception is in Tulare County. There is some evidence of a greater risk for asthma morbidity among Latinos and African American children compared to non-Latino White children[110].

SUMMARY

Asthma continues to be a chronic condition that impacts the entire region. Adults and children are both experiencing high prevalence rates that lead to high rates of ED visits and hospitalizations. Pollution and poor housing conditions and high rates of smoking contribute to the prevalence of Asthma.

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[107] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

[108] Data Source: Child and Teen 2011 -2012 Health Profiles UCLA Center for Health Policy Research California Health Interview Survey.

[109] **Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Dec. 2014).

[110] Everhart, R., Kobel, S., McQuad, E., Salcedo, L., York, D., Potter, C. and D. Koinis-Mitchell "Differences in Environmental Control Asthma Outcomes Among Urban Latino, African American and Non-Latino White Families. Pediatric Allergy, Immunology, and Pulmonology, Vol 24. No 3, 2011.

Diabetes

RANKING: Fresno County: ❸ Kings County: ❶ Madera County: ❶ Tulare County: ❷

Definition: Diabetes occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose—the body's primary source of energy. Diabetes will result in elevated blood glucose levels and other metabolic abnormalities that can lead to lowered life expectancy, heart disease, kidney failure, amputations of legs and adult onset blindness.[111]

Relevant Health Outcome Data

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with Diabetes	8.05%	9.0%	8.7%	8.0%	7.4%
Percent of Medicare Beneficiaries with Diabetes	26.64%	31.37%	32.52%	30.37%	31.83%
Youth Diabetes Hospitalization	1.3%	1.1%	LNE	1.2%	1.3%
Percent of Hospitalizations Due to Adult Diabetes	31.0%	35.1%	29.3%	33.3%	34.4%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Data Source: Special tabulation by the State of California, Office of Statewide Health Planning and Development (Sept. 2015). Cited at Kidsdata.org

Data Source: UCLA Center for Health Policy Research Diabetes Tied to A Third of CA Hospital Stays, Driving Health Care Costs Higher May 15, 2014

Drivers of Health Related to Rates of Diabetes—Focus Group and Stakeholder Themes **(Primary Data)**

1. Lack of access to affordable healthy foods—food prices are high at major outlets but some are using local "farmers' markets" to access fresh food at reasonable prices and some use WIC payments at authorized local farmers' markets and fruit stands
2. Lack of physical activity due to multiple work roles and limited time available to exercise or the work done daily is so strenuous that it's unlikely they have energy left to exercise
3. Lack of access to health care professionals-- specifically those who are a cultural fit with the population (i.e. native Spanish speakers)—limits early diagnosis
4. High cost of care—copayments and medications are seen as too expensive given other cost of living factors (i.e. rent, transportation, food, etc.)

Drivers of health related outcomes regarding Access—**Secondary Data**

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

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Health Outcomes	22.3%	28.3%	24.8%	26.6%	29.4%
Percent of Population Obese (Adult)					
Health Behaviors	16.6%	19.1%	19.0%	19.3%	18.3%
Percent of Population Physically Inactive					
Physical Environment	74.9%	63.73	55.56	55.02	52.02
Fast Food Establishments, Rate Per 100,000					

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County

The Sub Populations Experiencing Greatest Impact:

The population with the highest rate of diabetes in California are Latinos. Within the region, over half of the population is Latino (53.94%). More of the Latino population in the region is male (51.31%) and of the Latino population in the region, 41.35% are between the ages of 18 and 44. The following table summarizes the percent of hospitalizations for patients aged 35 or older by race in California:

Racial/Ethnic Group	Percent of Hospitalizations for Patients with Diabetes
White	27.5%
Latino	43.2%
African American	39.3%
Asian American/Pacific Islander	38.7%
American Indian/Alaska Native	40.3%
Other	37.7%

Source: Source: *Office of Statewide Health and Planning Development, 2011* Note: Patients whose racial/ethnic designations are not known are not shown in the table. Patients' racial/ethnic designation was considered unknown if it was not noted in their records, or if the racial/ethnic designation was removed from the data set to protect patient anonymity. Cited from UCLA Center for Health Policy Research, May 2014

SUMMARY:
Diabetes is a health need in the Fresno service area as evidenced by the high rates of the disease among adults –especially older adults enrolled in Medicare—and the high rates of hospitalization seen among adults. Several leading indicators likely drive this health outcome: high rates of obesity and high rates of physical inactivity.

Heart Disease

RANKING: Fresno County: N/A Kings County: ❼ Madera County: ❻ Tulare County: N/A

Definition: Heart disease continues to be the leading cause of death for both men and women in the US. Coronary artery disease is the most common type of heart disease that affects the blood flow to the heart and is associated with risk factors such as high blood pressure, high LDL cholesterol and smoking[112]. According to the CDC, "More than 600,000 Americans die of heart disease each year. That's one in every four deaths in this country."[113] In addition, there is growing evidence demonstrating that income inequality, access to economic opportunity and educational attainment has a great impact on the rates of death from heart disease.

Relevant Health Access Data (Secondary Data)

Health Indicators

The following table summarizes heart disease, high blood pressure, high cholesterol and heart attack rates in the region.

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Percentage of adults aged 18 and older that have ever been told by a doctors that they have coronary heart disease or angina.	3.5%	3.7%	3.9%	3.6%	2.7%
Percentage of adults aged 18 and older that have ever been told by a doctor that they have high blood pressure or hypertension.	26.2%	27.8%	31.2%	33.6%	28.8%
Percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or health professional that they had high blood cholesterol.	36.00%	36.17%	51.89%	44.61%	29.76%
Death rate due to coronary heart disease per 100,000 population.	158.4	175.6	187.4	191.5	201.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County

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

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

The Sub Populations Experiencing Greatest Impact

Heart disease death rates are remarkably different for communities of color. According to the California Department of Public Health, heart disease was the leading cause of death for all race/ethnic groups in all years from 2000 through 2008 with the following exceptions:

- African American/Blacks have the highest age-adjusted heart disease rates compared to any other race/ethnic group.
- For Asians, heart disease was second to cancer in all years except 2002
- For Hispanics, heart disease was the leading cause from 2000 through 2006 and was second to cancer in 2007 and 2008.
- For Two or More Races, heart disease was second to cancer in 2006 and 2007.

Drivers of Health Related to Rates of Heart Disease —Focus Group and Stakeholder Themes **(Primary Data)**

Survey respondents identified heart disease as a health issue in their communities, while focus group participants did not identify heart disease as primary concern, they did speak to the social determinants of health that can cause heart disease –smoking, stress, limited exercise.

SUMMARY:

The region's high heart disease rates as well other contributors cause great stress in the respective communities. With the exception of Tulare County, the other three counties are statistically and alarmingly above the California average for all indicators contributing to death by heart disease.

Maternal & Infant Health

RANKING: Fresno County: ❻ Kings County: ❽ Madera County: N/A Tulare County: ❻

Definition:

Maternal and infant health are two very important indicators of overall community health. Maternal health starts with expectant mothers having adequate access to prenatal care and living in healthy conditions. While infant health includes everything babies and children need in order to thrive and live happy healthy lives. Living conditions as well as the social determinants of health are indicative of both of these health outcomes.

Relevant Health Access Data (Secondary Data)

Health Indicators

Poverty

Throughout California, Latino, African American and Multi-Racial children are more likely to live in poverty than Caucasians. While data for each demographic group in every county is not available, the largest region of Fresno County indicates substantial disparities for children living in poverty. In Fresno County, African American children have the highest rate of poverty with over half of this population living in poverty.

	CA	FRESNO	KINGS	MADERA	TULARE
	2011-2013	2011-2013	2011-2013	2011-2013	2011-2013
African American/Black	**35.4%**	56.5%	-	-	-
American Indian/Alaska Native	**33.9%**	-	-	-	-
Asian American	12.7%	39.6%	-	-	-
Hispanic/Latino	**31.4%**	45.1%	38.1%	39.4%	42.9%
Native Hawaiian/Pacific Islander	22.2%	-	-	-	-
White	11.0%	16.6%	15.0%	-	20.5%
Multi-Racial	17.1%	34.4%	-	-	-

Source: KidsData.org

Low Birthweight

A baby that weighs less than 5.5 pounds at birth is at increased risk of long-term disabilities such as developmental delays, learning disabilities and autism. The following table summarizes the percent of babies born with low birth weight by demographic group.

	CA	FRESNO	KINGS	MADERA	TULARE
African American/Black	11.7%	15.8%	-	-	-
American Indian/Alaska Native	6.9%	-	-	-	-
Asian American	7.7%	9.1%	-	-	8.8%
Hispanic/Latina	6.4%	7.2%	6.3%	5.7%	6.9%
White	6.0%	7.4%	4.7%	5.0%	6.0%
Multi-Racial	7.4%	11.4%	-	-	-

Source: KidsData.org

Teen Births

Teen moms have a higher risk for a wide range of challenges that pose greater disadvantage for mother and father. Children born to teen moms are more likely to enter the foster care system and are at greater risk for academic and behavioral problems.

The following table highlights Teen Birth Rate per 1,000 residents in each county and California. Where data is available, teen birth rates are higher for Latinas throughout all the four counties.

	CA	FRESNO	KINGS	MADERA	TULARE
African American/Black	28.3	55.3	-	-	-
American Indian/Alaska Native	28.9	-	-	-	
Asian American	4.8	24.2	-	-	-
Hispanic/Latina	34.9	49.9	48.5	51.8	51.8
White	9.2	14.5	31.0	17.2	22.1
Multi-Racial	16.5	25.4	-	-	-

Child Abuse Rates

Child neglect and abuse pose significant threats of physical injury and even death for children. It is also the case that children in these conditions surfer from cognitive, emotional and behavioral problems that may become evident with difficulty in school, anxiety, depression, substance abuse, delinquency and early sexual activity. Child abuse rates in the region are relatively close to that of the state with one exception: Kings County.

	California	Fresno	Kings	Madera	Tulare
Substantiated Cases of Child Abuse and Neglect (per 1,000)	8.7	8.4	10.9	8.4	8.1

Source: www.KidsData.org

When looking at these rates by ethnicity, one sees the highest rates of abuse are among African American and American Indian children.

Child Abuse Rates by Race and Ethnicity per 1,000 residents

	Fresno	**Kings**	**Madera**	**Tulare**
African American/Black	177.1	184.6	161.3	241.3
American Indian/Alaska Native	80.6	207.1	103.4	113.7
Asian/Pacific Islander	33.5	43.2	-	41.5
Hispanic/Latino	71.4	72.1	46.9	75.9
White	54.1	89.1	60.6	84.5

Source: KidsData.org

Foster Care

The number of children in foster care by county and the average number of months in foster care is listed here. In all but one county (Fresno) children remain in foster care below the average length of time throughout California's foster care system as a whole (15.2 months).

	FRESNO	KINGS	MADERA	TULARE
African American/Black	339	47	27	46
American Indian/Alaska Native	54	8	9	13
Asian/Pacific Islander	59	8	1	4
Hispanic/Latino	1,315	260	212	717
White	362	89	91	286
TOTAL CHILDREN IN FOSTER CARE	2,129	412	341	1,067

Median Number of Months in Foster Care	17.5	13.6	8.6	13.4

Source: www. KidsData.org

Food Insecurity

The percent of children living with food insecurity is above the state average in all four counties.

CA	FRESNO	KINGS	MADERA	TULARE
26.3%	32.3%	31.1%	30.6%	32.7%

Source: www.KidsData.org

Obesity Among Children

Percentage of public school students in grades 5, 7 and 9 with Body Mass Indices (BMIs) in the overweight or obese ranges of the 2000 Centers for Disease Control and Prevention sex-specific BMI-for-age growth charts.

California	38.0%
Fresno	42.7%
Kings	43.5%
Madera	44.1%
Tulare	43.8%

	CALIFORNIA			FRESNO			KINGS			MADERA			TULARE		
Race/Ethnicity	Grade 5	Grade 7	Grade 9	Grade 5	Grade 7	Grade 9	Grade 5	Grade 7	Grade 9	Grade 5	Grade 7	Grade 9	Grade 5	Grade 7	Grade 9
African American/ Black	58.9%	59.3%	61.4%	57.8%	58.2%	54.5%	65.3%	50.5%	59.1%	49.0%	54.2%	64.7%	54.5%	52.9%	61.7%
American Indian/Alaska Native	54.3%	54.9%	58.6%	42.9%	37.1%	42.7%	-	-	-	-	-	-	40.6%	49.3%	51.1%
Asian American	73.2%	76.2%	78.5%	58.7%	65.4%	66.5%	-	68.8%	67.7%	-	-	68.8%	67.7%	63.8%	71.0%
Filipino	62.1%	68.2%	70.5%	64.3%	66.2%	66.1%	76.3%	67.4%	64.6%	-	-	-	51.0%	54.7%	59.6%
Hispanic/Latino	51.1%	53.8%	57.3%	48.9%	52.3%	53.5%	53.0%	51.9%	55.4%	51.2%	53.6%	54.7%	53.8%	53.6%	57.2%
Native Hawaiian/ Pacific Islander	49.3%	48.3%	51.6%	65.6%	67.6%	-	-	-	-	-	-	-	-	-	-
White	71.7%	72.5%	73.4%	62.3%	67.6%	66.4%	61.5%	64.1%	68.2%	67.1%	60.2%	68.9%	62.3%	63.4%	66.5%
Multi-Racial	66.3%	66.6%	68.9%	67.1%	66.3%	54.8%	-	-	-	-	-	62.2%	57.6%	55.3%	59.9%

Source Kidsdata.org citing: **Data Source:** Babey, S. H., et al. (2011). *A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th- and 9th-graders, 2005-2010*. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files. **Data Source:** California Dept. of Education, Physical Fitness Testing Research Files. Accessed at http://www.cde.ca.gov/ta/tg/pf/pftresearch.asp (Jan. 2015).

Healthy Weight

The chart above shows the percentage of public school students in grades 5, 7 and 9 with body composition falling within or below the Healthy Fitness Zone of the Fitnessgram assessment, by

race/ethnicity (e.g., in 2014, 49.3 percent of Native Hawaiian/Pacific Islander 5th graders in California public schools were at a healthy weight or underweight).

The highlighted percentages suggest a population where half or less than half of the demographic group is at an ideal weight.

Maternal and Infant Health Perceived by Community Members (Primary Data)

The CHNA survey overall reported that the highest most pressing needs for families in the region were improved social support services and resources for families. Respondents also stated that improving economic conditions was critical to improving material and infant health outcomes.

During the focus group sessions and stakeholder interviews, participants spoke of poverty as the root cause for poor maternal and infant health in addition to being the root cause for other negative health outcomes for children, such as abuse and low educational attainment.

SUMMARY:

The region demonstrates higher than state averages for many indicators that negatively impact health for mothers, infants and children overall. While residents and key stakeholders expressed concerns for teen pregnancy, asthma among children and poverty, the full range of indicators that underperform against state averages point to key challenges in the region.

Mental Health

RANKING: Fresno County: ❹ Kings County: ❺ Madera County: ❺ Tulare County: ❺

Definition: Mental disorders are health conditions that are characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.[114]

Relevant Health Outcome Data

The percent of adults reporting that they have felt the need to see a mental health professional during the last 12 months is higher than the California average for two of the four counties. The data also show that the region has high rates of mentally unhealthy days.

	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults Reporting Poor Mental Health[115]	15.9%	13.6%	10.9%	18.6%	16.4%
Average Mentally Unhealthy Days[116]	3.6	3.7	4.3	4.6	4.6

There is also evidence of higher rates of treatment activity in two of the counties within the region. Both Fresno and Tulare Counties have large numbers of 72 Hour Evaluations and Treatment (51/50 holds) for adults compared to Kings and Madera County as seen in the following table[117].

	CA Average	Fresno	Kings	Madera	Tulare
72 Hour Eval & Treatment (CHILD)	16,115	0	0	0	0
72 Hour Eval & Treatment (ADULT)	109,583	2,656	0	0	1,562
14 Day Intensive Treatment	51,948	368	0	0	1,307
Additional 14 Day Intensive Treatment (Suicidal)	2013	0	0	0	4
30 Day Intensive Treatment	3,461	34	0	0	77
180 Day Post Certification Intensive Treatment	13	1	0	0	0
Temporary Conservatorships	4,191	0	10	10	19
Permanent Conservatorships	7,121	0	69	47	89

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

[115] Data Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.Source geography: County (Grouping)

[116] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12. Source geography: County

[117] Source: California Department of Health Care Services- Mental Health Services Division Involuntary Detention Data, 2011-12

The rate of youth who report needing help for Emotional or Mental Health Problems suggests Fresno county has an elevated rate compared to the state as a whole. However, the rate of hospitalizations (per 1,000) for mental health issues among children age 5 – 19 shows that the region does not exceed the rate for California as a whole as seen in the table below[118]:

	CA Average	Fresno	Kings	Madera	Tulare
Percent of Youth Reporting Needing Help for Emotional/Mental Health Problems	19.2%	32.5%	8.7%	LNE	LNE
Hospitalization Rate Per 1,000 of Youth ages 5 – 19 for mental health issues	5.1	2.9	5.2	2.0	2.2

Drivers of Health Related to Mental Health—Focus Group and Stakeholder Themes **(Primary Data)**

Residents pointed to the lack of access to mental health professionals and services in their own communities as one of the factors that posed a key challenge. Some described having the personal experience or knowing a family who had a child placed in a treatment facility as far away as Santa Barbara or Los Angeles.

According to the California Hospital Association, the estimated target number for psychiatric beds is a ***minimum*** of 1 public psychiatric bed for every **2000** people with serious psychiatric disorders.[119] None of the counties in the region have a sufficient number of psychiatric beds. The table below summarizes the number of beds available in the region.

	CA Average	Fresno	Kings	Madera	Tulare
Total Psychiatric Beds Available[120]	17.21	16	0	0	13.94

The consultants also looked at the availability of mental Health providers in each county, which shows further evidence of limited resources[121].

	CA Average	Fresno	Kings	Madera	Tulare

[118] Special tabulation by the State of California, Office of Statewide Health Planning and Development (Sept. 2015); California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010, 2010-2060 (Sept. 2015).

[119] *Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). "The Shortage of Public Hospital Beds for Mentally Ill Persons."*

[120] Source: "California's Acute Psychiatric Bed Loss" California Hospital Association, 2012

[121] Data Source: University of Wisconsin Population Health Institute, County Health Rankings 2014 Source Geography: County

Mental Health Care Provider per 100,000 people	157	119.8	56.8	70.2	123.9

The focus groups and stakeholder interviews revealed that mental health is viewed as one of the top four concerns throughout all four counties. The table below shows the percent of respondents (both health care workers and community members) who selected mental health issues as a concern in each county.

Mental health issues (example: depression or schizophrenia)	Health Care Workers	Community Members
Fresno	40.7%	43.7%
Kings	37.5%	43.6%
Madera	38.1%	28.6%
Tulare	39.8%	50.0%

The CHNA survey also found that the mental health issues were seen often as a key behavioral concern that children and youth face in their community. The table below shows the percent of respondents who selected mental health as one of the greatest behavioral concerns for youth.

Mental health seen as the greatest behavioral concerns for children and adolescents	Health Care Workers	Community Members
Fresno	33.2%	39.1%
Kings	37.5%	32.7%
Madera	23.8%	4.5%
Tulare	35.5%	44.4%

The Sub Populations Experiencing Greatest Impact

Within each county, the percent of different ethnic groups who have taken prescription medicine for emotional/mental health issues in the past year varies substantially.[122] Of the available data, American Indians have the greatest likelihood of having taken medication to address mental health needs.

	CA Average	Fresno	Kings	Madera	Tulare
Latino	6.7%	9.0%	3.2%	6.0%	12.5%
American Indian/Alaska Native	20.2%	56.9%	NA	81.7%	NA
Asian	4.7%	1.1%	NA	NA	NA
African American/Black	9.2%	2.5%	19.1%	NA	NA
White	13.9%	17.0%	21.1%	11.6%	5.8%
Other Single/Two or More Races	9.2%	NA	NA	10.2%	50.1%

[122] Data Source: Source: 2014 California Health Interview Survey

While there is no county specific data available on mental health status of racial and ethnic youth across our region, there is evidence to suggest that Native Hawaiian/Pacific Islanders, Latinos and Multi-racial youth self-report particularly higher rates of depressed feelings than other racial/ethnic groups:

Percent of Youth Who Self Report Depressed Feelings[123]	
African American/ Black	27.9%
American Indian/Alaskan Native	27.9%
Asian	27.5%
Hispanic/Latino	31.7%
Native Hawaiian/Pacific Islander	35.0%
White	27.8%
Multi-Racial	30.0%
Other	26.2%

SUMMARY

Mental Health remains a concern for residents and health care workers in the region. While the secondary data suggests youth are not necessarily experiencing higher rates of hospitalizations for mental health conditions, children in Fresno report feeling the need for help for emotional problems at a higher rate than children in California as a whole. Contributing to the community's concern is the reality that few options exist for those seeking mental health professionals or services related to acute care.

[123] Data Source: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

Obesity

RANKING: Fresno County: ❺ Kings County: ❹ Madera County: ❸ Tulare County: ❸

Definition: Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. An individual's Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.[124] It is estimated that there are roughly 30 comorbid conditions associated with severe obesity. These include diabetes mellitus (occurs in 15 to 25 percent of obese patients), heart disease, gastroesophageal reflux, stress urinary incontinence, abdominal hernia, nonalcoholic steatohepatitis (NASH) and debilitating joint disease. Obesity is also associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer and with skin infections, urinary tract infections, migraine headaches, depression and pseudotumor cerebri.[125]

Relevant Health Outcome Data

The percent of adults with a BMI over 30 in California is 22.3 percent. All four counties in the region exceed that rate by 2 – 7 percent. The percent of obese or overweight youth is even higher than the overall percent of California youth who are obese or overweight:

	CA Average	Fresno	Kings	Madera	Tulare
Percent of adults with BMI over 30[126]	22.3%	28.7%	24.8%	26.6%	29.4%
Percent of Children Overweight or Obese[127]	38.0%	42.7%	43.5%	44.1%	43.8%

Drivers of Health Related to Obesity—

Community members and stakeholders tended to view obesity and diabetes as the same health need and these were consistently called out as one of the top five health needs facing the community. In addition to the concentrated poverty that exists throughout the region, participants in focus groups also pointed out two factors that they believe contribute to high rates of diabetes and obesity: access to healthy food at reasonable prices and limited places to exercise safely. The following table shows the challenges of both limited physical activity and poor consumption of fresh fruits and vegetables and the percent of population living in "food deserts"—census tracts with limited access to a large grocery store.

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

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

[126] Source: Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

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

Key Health Drivers	CA Average	Fresno	Kings	Madera	Tulare
Percent of Population with no Leisure Time Physical Activity[128]	16.6%	19.1%	19%	19.3%	18.3%
Percent of Adults with Inadequate Fruit / Vegetable Consumption[129]	71.5%	71.8%	75.3%	76.5%	76.1%
Percent of Population with Low Food Access[130]	14.3%	17.0%	33.2%	12.3%	14.8%

The Sub Populations Experiencing Greatest Impact

In California there is evidence that obesity disproportionately affects low income individuals and people of color. The following table shows the prevalence of **obesity by income** (as a percent of FPL) for adults in 2003 and 2011-12[131]

	0% - 199% FPL	200% - 399% FPL	400% FPL and Above
2003	24.4%	20.8%	17.0%
2011-12	30.5%	23.8%	20.2%

The table below illustrates obesity disparities by race and ethnicity in California. American Indians, African Americans, Pacific Islanders and Latinos have higher rates of obesity and that the trend for increased obesity throughout the state continues among all ethnic groups[132].

Ethnicity	Obesity Prevalence	
	2001	2011-2012
Overall	19.3%	24.8%
White	17.5%	21.9%
Asian	5.3%	9.7%
Latino	25.4%	32.6%
Black	31.0%	36.1%

[128] Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

[129] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

[130] Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

[131] Source: 2003 and 2011-12 California Health Interview Surveys Cited in: Wolstein, J. Babey. S. and A. Diamant Obesity in California 2015 UCLA Center for Health Policy Research.

[132] Ibid

American Indian	31.0%	36.2%
Pacific Islander	36.5%	37.1%
Two or More Races	23.1%	23.4%

When looking at the patterns of children among all racial groups in grade 9 who are at a healthy weight or underweight, it becomes clearer that a smaller percent of Latinos, American Indian/Alaska Native and African Americans are at a healthy weight[133]:

Children in grade 9 who are at a healthy weight or underweight					
Ethnic Group	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
White	73.4%	66.4%	68.2%	68.9%	66.5%
African American/Black	61.4%	54.5%	59.1%	64.7%	61.7%
American Indian/Alaska Native	58.6%	42.7%	N/A	N/A	51.1%
Asian American	78.5%	66.5%	67.7%	68.8%	71.0%
Filipino	70.5%	66.1%	64.6%	N/A	59.6%
Hispanic/Latino	57.3%	53.5%	55.4%	54.7%	57.2%
Native Hawaiian/Pacific Islander	51.6%	N/A	N/A	N/A	N/A
Multi-Racial	68.9%	54.8%	N/A	62.2%	59.9%

SUMMARY

The region has high rates of adults and children who are obese or overweight. Using California data alone, one can extrapolate that American Indian, Black, Pacific Islander and Latino adults are most likely to be obese. Among youth, Native Hawaiian, Latino, American Indian and African Americans are the least likely to be of a healthy weight or underweight in Grade 9. Factors that contribute to this health outcome are linked to limited consumption of wholesome fruits and vegetables and less opportunity to be physically active.

[133] Source: California Dept. of Education, Physical Fitness Testing Research Files. Accessed at http://www.cde.ca.gov/ta/tg/pf/pftresearch.asp (Jan. 2015).

Oral Health (Dental Care)

RANKING: Fresno County: ❽ Kings County: ❾ Madera County: ❽ Tulare County: ❾

Definition: Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss and other diseases and disorders that affect the oral cavity.[134]

Relevant Health Outcome Data

Fresno and Tulare Counties have over a third of adults with no recent dental exam and Fresno, Madera and Tulare County have high rates of adults in poor oral health—meaning they self-report having six or more of their permanent teeth removed due to tooth decay, gum disease, or infection. A high percentage of children age 2 – 11 across all four counties have not seen a dentist within the last 6 – 12 months—particularly in Madera and Fresno Counties.

Indicator Data	CA Average	Fresno	Kings	Madera	Tulare
Percent of Adults with no Dental Exam in last 6-12 months	30.5%	39%	36%	28.9%	37.2%
Percent Adults with Poor Dental Health[135]	11.3%	12%	8.8%	19.4%	12.2%
Children aged 2 -11 with no dental exam in the last 6 – 12 months[136]	12.9%	23.7%	5.9%	29.4%	7.5%

Tooth decay for children can have significant consequences to their quality of life and ability to engage in normal daily activities. Nationally 1 of 5 (20 percent) children aged 5 to 11 years have at least one untreated decayed tooth and 1 of 7 (13 percent) adolescents aged 12 to 19 have at least one untreated decayed tooth[137].

Drivers of Health Related to Oral Health—Focus Group and Stakeholder Themes **(Primary Data)**

Residents in Madera County selected teeth problems with the greatest frequency in the survey and it was also raised in the focus group conducted with community leaders. Participants mentioned that few dentists in the region will treat patients with no insurance or covered with the State Children's Health Insurance Program (SCHIP).

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[134] World Health Organization, Health Topics: Oral Health See: http://www.who.int/topics/oral_health/en/

[135] *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis byCARES. 2006-10. Source geography: County*

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

[137] Dye BA, Xianfen L, Beltrán-Aguilar ED. *Selected Oral Health Indicators in the United States 2005–2008*. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012.

Teeth Problems Selected as One of Top 3 Health Concerns	Health Care Workers	Community Members
Fresno	5.3%	5.7%
Kings	2.5%	7.3%
Madera	9.5%	**24.06%**
Tulare	3.2%	4.2%%

One contributing factor that may play a role in poor oral health is the absence of dentists in the region. All four counties have lower numbers of dentists than the State as a whole.

	CA Average	**Fresno**	**Kings**	**Madera**	**Tulare**
Access to Dentists, Rate per 100,000 Pop	77.5	**55.7**	**57.6**	**43.3**	**46.7**

The Sub Populations Experiencing Greatest Impact:

There is substantial evidence that being poor impacts the quality of dental care for children. The percentage of children and youth aged 5 to 19 years with untreated tooth decay is twice as high for those from low-income families (25 percent) compared with children from higher-income households (11 percent).[138]

The CDC also highlights key disparities that exist in receiving dental care among key racial and ethnic groups finding that non-Hispanic blacks, Hispanics, American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the nation. Other disparities in dental care include the following findings[139]:

- The greatest racial and ethnic disparity among children aged 2–4 years and aged 6–8 years is seen in Mexican American and black, non-Hispanic children.
- Black, non-Hispanics and Mexican Americans aged 35–44 years experience untreated tooth decay nearly twice as much as White, non-Hispanics.
- Adults aged 35–44 years with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.
- The 5–year survival rate is lower for oral pharyngeal (throat) cancers among Black men than Whites (36 percent versus 61 percent).

[138] Dye BA, Xianfen L, Beltrán-Aguilar ED. *Selected Oral Health Indicators in the United States 2005–2008*. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012.

[139] Centers for Disease Control Division of Oral Health "Disparities in Oral Health" See: http://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

- 47.2 percent of U.S. adults have some form of periodontal disease. In adults aged 65 and older, 70.1 percent have periodontal disease. Periodontal Disease is higher in men than women and greatest among Mexican Americans and Non-Hispanic Blacks and those with less than a high school education.

SUMMARY

Finding a dentist in the region is perceived as a challenge among residents and community leaders and for good reason—there are few dentists relative to the population. The impact on low-income residents is far greater given the additional challenge of finding a dentist who is willing to accept Medi-Cal payments. Unfortunately, this impacts the large number of Latino families in the region that experience high rates of poverty and lack of insurance due to immigration status.

Substance Abuse/Substance Use Disorder

RANKING: Fresno County: ❼ Kings County: ❻ Madera County: ❼ Tulare County: ❽

Definition: Substance abuse, also referred to as "substance use disorder"[140], is defined as a dependency on mind and behavior altering substances. It is associated with family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime. The health impact of substance abuse can lead to several negative health outcomes such as: cardiovascular conditions, sexually transmitted diseases and HIV.[141]

Relevant Health Outcome Data

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Estimated Adults Drinking Excessively[142]	17.02%	16.8%	14%	14.7%	18.2%
Percent of Adult Current Smokers[143]	12.8%	13.5%	12.6%	13.6%	14.3%
Youth Who Self Report Any Alcohol/Drug Use in the last 30 Days[144]	1.3%	1.1%	N/A	1.2%	1.3%

Relevant Data —Focus Group and Stakeholder Themes **(Primary Data)**

Participants who completed the CHNA survey did not select alcohol abuse in high frequency as one of the top three health concerns. It also did not get raised in the stakeholder interviews. However, when participants were asked what factors most impact the overall health of the community, substance abuse was identified by a high percent of health care workers and residents. A summary of survey outcomes for this question is provided in the table below. Residents in Fresno selected alcohol abuse the least often while residents in Tulare selected drug abuse more often. Health care workers in Fresno and Tulare Counties selected drug abuse the most often.

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

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

[142] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

[143] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

[144] Data Source: Special tabulation by the State of California, Office of Statewide Health Planning and Development (Sept. 2015). Cited at Kidsdata.org

The extent to which Drug Abuse and Alcohol Abuse is seen as one of the 3 behaviors that most affect health in the community		Health care Workers	Residents
Fresno	Drug abuse	46.50%	32.20%
	Alcohol abuse	30.20%	19.50%
Kings	Drug Abuse	35.00%	58.20%
	Alcohol Abuse	35.00%	20.00%
Madera	Drug Abuse	38.10%	41.35%
	Alcohol Abuse	28.60%	50.38%
Tulare	Drug Abuse	52.70%	61.10%
	Alcohol Abuse	33.30%	38.90%

When asked about why alcohol and drug abuse was an issue, participants raised concerns about the limited number of wholesome activities and life stress that face the communities with high rates of poverty.

The Sub Populations Experiencing Greatest Impact

The following tables summarize the number of hospitalizations related to drug and alcohol use in all four counties for all age groups among all ethnic groups[145]:

	Fresno			**Kings**			**Madera**			**Tulare**		
Ethnic Group	N	Pop	Rate/ 100,000	N	Pop	Rate	N	Pop	Rate	N	Pop	Rate
White/Other/ Unknown	508	303,946	167.1	63	52,116	120.9	57	55,397	102.9	212	144,447	146.8
African American/Black	72	47,219	152.5	3	10,034	*	7	5,230	*	5	5,837	*
Hispanic	442	500,527	88.3	55	81,357	67.6	39	86,639	45.0	166	286,323	58.0
American Indian	8	6,471	*							5	3,576	*
Asian/PI	21	93,719	22.	1	5,076	*				1	15,165	*

This data indicates that Whites, Latinos and African Americans in Fresno County have the highest rates of substance abuse that lead to hospitalization. In Kings, Madera and Tulare County, Whites and Latinos have consistently high rates of substance abuse that lead to hospitalization.

[145] Source: California Office of Statewide Health Planning and Development, Inpatient Discharge Data
Prepared by: California Department of Public Health, Safe and Active Communities Branch.
Report generated from http://epicenter.cdph.ca.gov on: January 21, 2016

Substance abuse data by race and ethnicity for the region's youth is not available at the county level. The 2012 California Healthy Kids Survey reports that **12.4 percent** of California's teenagers have tried marijuana, cocaine, sniffing glue and other drugs. In Fresno, Kings, Madera and Tulare Counties that percentage drops to **8.4 percent.**

The following table shows the percent of California youth who self-report using any and no alcohol and drugs in the last month.[146] Higher rates of use exist among Latinos, American Indian/Alaskan Native and Blacks compared to Asian and Native Hawaiian/Pacific Islanders and Other ethnic groups.

Race/Ethnicity	**Any**	**None**
African American/Black	28.1%	71.9%
American Indian/Alaska Native	28.8%	71.2%
Asian	13.5%	86.5%
Hispanic/Latino	31.4%	68.6%
Native Hawaiian/Pacific Islander	22.8%	77.2%
White	27.7%	72.3%
Multi-racial	25.7%	74.3%
Other	23.8%	76.2%

In addition to the disparities in substance abuse among California youth, other data suggests disparities exist in health outcomes associated with substance abuse. The National Institute on Alcohol Abuse and Alcoholism suggests that key health outcome disparities also exist in alcohol use among Latinos, African Americans and Native Americans:

- Cirrhosis death rates are very high among white Americans of Hispanic origin, lower among non-Hispanic Blacks and lower still among non-Hispanic whites.[147]
- Hispanics and Blacks have a higher risk for developing alcohol-related liver disease than whites.
- Alcohol-related traffic deaths are many times more frequent among Native Americans or Alaska natives than among other minorities.
- Self-reported rates of DUI are highest among mixed race and Native Americans and Alaska Natives.
- Hispanics are overrepresented among drunk drivers and DUI-related fatalities.
- Between 2001 and 2005, alcohol played a role in 11.7 percent of all Native American deaths, which is more than twice the rates of the general American public.[148].

[146] Data Source: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). Definition Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether they used alcohol or any illegal drug (excluding tobacco) in the past 30 days, by race/ethnicity.

[147] National Institute on Alcohol Abuse and Alcoholism 2009-2013 Health Disparities Strategic Plan, p.4

[148] Ethnicity and Health Disparities in Alcohol Research, Chartier and Caetano http://pubs.niaaa.nih.gov/publications/arh40/152-160.htm

SUMMARY

While residents in the region did not name substance abuse as a top health concern, they did identify both alcohol and drug abuse as key behaviors that interfere with the health of their community. Statewide data suggest that Latino, American Indian/Alaska Native and African American youth more often report some use of drugs or alcohol. Discussions about why these behaviors persist focused on the limited number of wholesome activities available for youth and the life stressors common among poor working families.

Violence/Unintentional Injury

RANKING: Fresno County: ❾ Tulare County: ❼

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

Relevant Health Access Data (Secondary Data)

Health Indicators

This indicator is relevant because it assesses community safety and because accidents are a leading cause of death in the U.S.

Indicator	CA Average	Fresno	Kings	Madera	Tulare
Rate of violent crime offenses reported by law enforcement per 100,000 residents. (Violent crime includes homicide, rape, robbery and aggravated assault.)	425	543.1	397.9	521.4	452.7
Rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data only where data is available.	28.5	38.4	37.5	41.3	35.4
This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object and a non-fixed object, an overturn and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.	7.9	13.7	13.9	18.2	13.5

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.	5.1	7.3	5.7	5.8	7.9

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County

Drivers of Health Related to Rates of Violence and Unintentional Injury —Focus Group and Stakeholder Themes **(Primary Data)**

Survey respondents identified violence/gang-related violence as an important issue in their communities. Focus group participants also identified violence/gang-related violence as an issue. They also shared stories of the dangers of driving and texting.

SUMMARY:
The region suffers from higher than average rates for all causes of potential unintended injury.

22. APPENDIX H: Comprehensive Four-county Health Needs Analysis

DEFINITIONS OF INDICATORS USED IN THE HEALTH NEED SUMMARIES:

Demographics: describes the population of interest by measuring its characteristics (e.g. total population, age breakdowns, linguistically isolated people). Unlike other categories, demographic indicators are purely descriptive and not generally compared to benchmarks or viewed as positive or negative.
Health Outcomes: includes both morbidity (measures of disease burden and quality of life—e.g., obesity rates, asthma incidence, etc.) and mortality (measures of rates and causes of death—e.g., cancer mortality, motor vehicle deaths, etc.).
Social and Economic Factors: includes measures of social status, educational attainment and income, all of which have a significant impact on an individual's health. This category includes Key Drivers (poverty, high school graduation and un-insurance), which are among the most predictive upstream indicators of community health.
Health Behaviors: refers to the personal behaviors that influence an individual's health – either positively or negatively (e.g. breastfeeding, smoking, eating fruits and vegetables).
Physical Environment: measures characteristics of the built environment of a community that can impact the health of that community either positively or negatively (e.g. parks, grocery stores, walkability).
Clinical Care: measures clinical care being delivered to the community (e.g. rate of preventative screenings, ambulatory care sensitive discharges) as well as factors that impact peoples' access to timely, affordable clinical care (e.g. number of primary care physicians, number of FQHCs).
SPECIAL ATTENTION IS GIVEN TO THREE KEY DRIVERS
"Key Drivers" of health from the list of common indicators.

Key Driver Indicator	Measure
Poverty	% of population below 100% FPL
High School Graduation	% of adults age 25+ without a high school diploma or equivalent
Insurance	% of population without health insurance coverage

FRESNO COUNTY

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
1. **Access to care *(clinical care)***	YES SURVEY: 18.1% of HCW and only 10.3% of residents indicated it was NOT difficult to get health care in Fresno County. The reasons most often cited as what makes it hard to get health care among residents were: • No health insurance • Can't afford medicine • Waiting time to see the doctor is too long The reasons most often cited as what makes it hard to get health care among HCWs were: • High co-pays and deductibles • Can't afford medicine INTERVIEWS:	YES Insurance **29.96%** of those age 18 and over have no insurance versus 23.91% of Californians in this age cohort** Health Care Professional Shortage Area Status **81.67%** of Fresno County residents live in a HCPSA versus 25.18%**	YES Statewide ethnic minorities are disproportionately uninsured Whites: 9.63% African American/Black: 14.22% Asian: 13.05% Latino: 25.9% Native Hawaiian/Pacific Islander: 18.22% *Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	Several Stakeholders selected "no health insurance" as a primary reason why health care is hard to get as well as MediCal Medi-Cal and Medicare are too hard to use and that the only place to go for care is the ED in Fresno County FOCUS GROUPS: Focus group participants raised "not enough doctors", "lack of quality health insurance" and "poverty" as the three things that make it hard to get health care in the region.		
2. Asthma/Breathing problems *(health outcome)*	YES SURVEY 46.7% of HCW and 41.4% of residents listed Breathing problems as a concern. This made it the second most frequently chosen concern. INTERVIEWS	YES The overall prevalence rate for asthma is **19.4%** Fresno County versus 14.1% in CA Fresno County shows ED Visits rates per 10,000 are above State Age 0 – 17: 134.1 vs 79.4 Age 18+: 51.2 vs 39.6	YES National data suggests Latinos are 40% more likely to die from Asthma than other demographic groups Hospitalization Rates for Fresno County Whites: 12.9 African American/Black: 36.3 Latino: 11.2 Asian/PI: 7.1

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	3 stakeholders listed this as a 1st concern, 4 listed as 2nd and 6 listed this as 3rd. FOCUS GROUP Breathing Problems was raised as a concern.	This is also the case for Hospitalizations Age 0 – 17: 22.8 vs 11.7 Age 18+: 10.2 vs 7.5 *Source: California Breathing, Fresno County Profile, 2015*	ED Visits for Fresno County Whites: 63.5 African American/Black: 128.3 Latino: 71.6 Asian/PI: 16.7 *Source: California Breathing, Fresno County Profile, 2015*
3. Cancers *(health outcome)*	NO Survey Only 18.3% of HCW rated this as a health concern versus 12.6% of residents FOCUS GROUP Cancer was raised as concern INTERVIEWS Stakeholders did not select Cancer as a concern	NO Fresno County has an overall Cancer Mortality rate **153** deaths per 100,000 versus 152.9 in CA The annual incidence rate of breast cancer is **114.8** per 100,000 versus 122.1 in California The rate of Cervical Cancer is **8.3** per 100,000 versus 7.7 in California	YES African Americans have a higher rate of Colorectal, Lung and Prostrate cancers. Breast Cancer Incidence Rates per 100,000 in Fresno: Whites: 120.4 African Americans/Blacks: 110.6 American Indian/Alaskan Native: 46.6 Asian/PI: 72.5 Latino: 90 Colorectal Cancer Incidence Rates per 100,000 in Fresno:

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
		The rate of Colon/Rectal Cancer is **37** per 100,000 versus 40 in California The rate of Lung Cancer is **52.7** versus 48 in California** The rate of Prostate Cancer is **132.9** versus 126.9 *Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology and End Results Program. State Cancer Profiles. 2008-12. Source geography: County*	Whites: 36.5 African Americans/Blacks: 49.3 American Indian/Alaskan Native: N/A Asian/Pacific Islander: 31.1 Latino: 38.2 Lung Cancer Incidence Rates per 100,000 in Fresno Whites: 53.9 African Americans/Blacks: 78.6 American Indian/Alaskan Native: 37.4 Asian/PI: 30.5 Latino: 33.5 Prostate Cancer Incidence Rates per 100,000 in Fresno Whites: 134.7 African Americans/Blacks: 189

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
			American Indian/Alaskan Native: not available Asian/PI: 68.5 Latino: 117.8 Source: *Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology and End Results Program. State Cancer Profiles. 2007-11. Source geography: County*
4. Climate Health *(physical environment)*	YES SURVEY 83.5% of HCW and 78.2% of residents listed air pollution as one of the 3 obstacles making it difficult to have a healthy community. This was the most frequently chosen item identified as an obstacle. 40% of HCW and 14.9% of residents also listed too many hot days as an obstacle FOCUS GROUP	YES The Percent of Days Exceeding Ozone Standards is **9.25%** versus the CA average of 2.38%** The Percent of Days Exceeding Standards for Particulate Matter is **5.65%** versus 1.35%**	N/A

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	The three most often concerns raised were • Lack of access to free parks • No access to quality healthy food • Poverty INTERVIEWS Air pollution was listed as the 1st concern among 13 stakeholders 3 stakeholders listed not enough places to safely exercise as their 1st concern and 3 listed it as their 2nd concern		
5. CVD/ Heart Disease/Hypertension *(health outcome)*	NO SURVEY 28% of HCW and 18.4% of residents listed heart disease as a health concern. FOCUS GROUP Not raised as a concern	NO **3.7%** of adults aged 18 and older have been told by a doctor that they have coronary have heart disease or angina versus 3.5% in CA	NO In California, adult rates of heart disease for ethnic groups fall below national averages except for African Americans but less than 2% difference. Whites: 4.51% African Americans: 4.27%

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	INTERVIEWS None of the stakeholders selected heart disease as a concern	Percentage of the Medicare fee-for-service population with ischemic heart disease in Fresno County is **55.01%** vs. 51.51% in California. Within the report area the rate of death due to coronary heart disease per 100,000 population is **118.6** in Madera County vs. 106.5 in California. **27.8%** of adults age 18 and older have ever been told by a doctor that they have high blood pressure or hypertension versus 26.2% *Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed*	Latinos: 2.38% Other: 2.46% *Data Source: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. Overview: BRFSS 2010.* It should be noted that racial and ethnic minority populations confront more barriers to CVD diagnosis and care, receive lower quality treatment and experience worse health outcomes than their white counterparts. Such disparities are linked to a number of complex factors such as income and education, genetic and physiological factors, access to care and communication barriers

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
		via CDC WONDER. 2009-13. Source geography: County	
6. Diabetes *(health outcome)*	YES SURVEY: 39.8% of HCW and 36.8% of residents ranked Diabetes as a health concern. This made Diabetes 4th most frequently chosen health concern INTERVIEW: 6 placed it 2nd; 4 placed it 3rd FOCUS GROUPS identified diabetes as a problem	NO **9%** of Fresno adults have diabetes versus 8.05% of CA *Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County* More recent data suggests a higher prevalence rate of 6.9% of Fresno's adults have diabetes compared to 6.9% of California adults *Data Source: The Burden of Diabetes in California September 2014*	YES Hispanics and African Americans have twice the prevalence of type 2 diabetes and are twice as likely to die from their disease. Hispanics, African Americans and Asian/Pacific Islanders have higher prevalence of type 2 diabetes than non-Hispanic Whites. Hispanics and African Americans have two times higher prevalence: 1 in 20 non-Hispanic Whites have type 2 diabetes, compared with 1 in 10 Hispanics and 1 in 11 African Americans *Source: The Burden of Diabetes in California September 2014*
7. Economic Security	YES SURVEY	YES Poverty	YES

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
(social and economic factors)	53.1% of HCW and 70.1% of residents listed poverty as a concern FOCUS GROUPS High rates of poverty and lack of good jobs were listed as concerns INTERVIEWS 14 of the stakeholders ranked this as the 1st concern and 3 ranked it as their 2nd concern	**27.36%** of Fresno's residents live below the poverty level versus 16.38 % of Californians** <u>Educational Attainment</u> **26.78%** of Fresno county residents do not have a high school diploma versus 18.51% of Californians**	Ethnic minorities have disproportionate rates of poverty in Fresno than across California African American: **39.6%** vs 24.8% Nat Am/Alaskan: **30.5%** vs 24.1% Asian: **27.8%** vs 11.9% Latino: **34.9%** vs 23.1% Multi-Racial: **28.5%** vs 16.0% Native Hawaiian/Pacific Islander:**50.6%** vs 16.9% White: **22.3%** vs 14.7% *Data Source: Factfinder, US Census 2010 – 2014 Poverty Status American Community Survey 5 year Estimates*
8. HIV/AIDS/ STD *(health behaviors)*	NO SURVEY 3.2% of HCW and 2.3% of residents ranked sexually transmitted diseases as a top health concerns INTERVIEWS	YES The prevalence rate for **HIV** is **215.88** per 100,000 versus 376.16 in California.	YES Higher rates in HIV and Sexually Transmitted Diseases exist for African Americans Fresno County HIV Prevalence Rates per 100,000

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	No interviewees raised sexually transmitted diseases as a concern FOCUS GROUPS Sexually transmitted diseases were not raised as a concern.	The rate of Gonorrhea infection is **157.3** per 100,000 versus 89.09 in California** *Data Source: 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. 2012. Source geography: County* The rate of Chlamydia infection is **599.83** per 100,00 versus 459.2 in California** *Data Source: 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*	White: 189.27 African American: 692.98 Latino: 220.5 Statewide Gonorrhea Rates per 100,000 show ethnic disparities: Whites: 70.6 African American: 410.5 Asian/PI: 23.8 American Indian/ Alaskan Native: 130.9 Latino: 80.7 Statewide Chlamydia Rates per 100,000 show ethnic disparities Whites: **176.1** African American/Black: **909.8** Asian/PI: 117 American Indian/Alaskan Native: **339.4** Latino: **362.7**

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
		Prevention. 2014. Source geography: County	*Data Source: 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. 2013. Source geography: County*
9. Maternal/ Infant Health *(health outcome)*	Pre-Term Births NO SURVEY: only 1.8% HCW chose poor birth outcomes as a health need, 17.2% of Residents chose this INTERVIEW: no interviews listed this as a concern FOCUS GROUPS: not raised as a concern Child Abuse NO SURVEY: Only 4.6& of HCW listed child abuse as a concern, 6.9% of residents INTERVIEW:	Pre Term Births YES Fresno County **10.2%** versus California 8.8%** Source: California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015). Immunizations NO	Pre-Term Births YES California rates of preterm births show ethnic disparities Whites: 7.9 African American 12.8 Latino: 9.0 (California Department of Public Health Dept of Maternal Infant Health) Child Abuse: YES Fresno Rates of protected service/child placement in foster care per 1,000 African American: 177 Native Am/Alaska: 80.6

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	no interviewees raised this FOCUS GROUPS: Not raised	**95.2%** of all Kindergarteners have required immunizations, compared to 90.4% CA Pre Natal Care NO Only 13.7% of mothers receive late or no prenatal care versus 18.1% of mothers in California. *Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10. Source geography: County*	Asian/Pac Islander: 33.5 Hispanic: 71.5 White: 54.1 Data Source: www.KidsData.org Webster, D., et al. California Child Welfare Indicators Project Reports, UC Berkeley Center for Social Services Research (May 2015).

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		Women in all ethnic groups receive prenatal care in the first trimester at higher rates than CA African Am: **87.5%** vs 78.3 Am Ind/Alaskan: **77.1%** vs 68.9% Asian/Pac Isl: **87.2%** vs 86.5% Latina: **87.3%** vs 81.3% White: **91.2%** vs 87.5% Multi-Racial: **88.6%** vs 82.4% (kidsdata.org) Child Abuse: NO Fresno County **8.4** child abuse cases per 1,000 versus 8.7 in California Teen Pregnancy YES Fresno County has higher rates of Teen Pregnancies per 1,000	

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		across all ethnic groups than California African Am: **55.3** vs 28.3 Native Am/Alaskan: not avail Asian/Pac Isl: **24.2** vs 4.8 Latina: **49.9** vs 34.9 White: **14.5** vs 9.2 Multi-Racial: **25.4** vs 16.5 Source: www.kidsdata.org Data Source: *California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015).*	

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10. Mental health *(health outcome)*	YES SURVEY: 40.7% of HCW and 43.7% residents selected mental health as a health concern. This made mental health the third most frequently chosen concern. INTERVIEW: 7 placed it 1st, 4 placed it 2nd,5 placed it 3rd FOCUS GROUPS mental health was consistently raised as a concern	NO **13.6%** of adults in Fresno County self-report poor mental health versus vs 15.9% in California. The average number of Mentally Unhealthy Days for adults in Fresno County is 3.7 versus 3.6 for Californians as a whole *Data Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.Source geography: County (Grouping)* Fresno County's suicide rate is **8.83** per 100,000 versus 9.8 for California as a whole *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.*	YES Based solely on concentrated poverty and demographics only

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		Accessed via the Health Indicators Warehouse. 2006-12. Source geography: County Children show lower rates of mental illness per 1,000 than CA 5- 14 yrs: 1.1 vs 2.7 15-19 yrs 6.6 vs 9.7 Ages 5 – 19 yrs 2.9 vs 5.1 Data Source : www.Kidsdata.org	
11. Obesity *(health behaviors)*	YES SURVEY 59.6% of HCW and 56.3% of residents listed poor eating habits as behaviors that affect the health of the community making this the top 3 behaviors of concern. This was the most frequently chosen health concern. INTERVIEW: 9 interviewees raised Obesity as 1st priority concern, 4 raised this as 2nd	YES **28.7%** of Fresno adults aged 20 and older self report that they have a Body Mass Index (BMI) greater than 30.0 (obese) versus 22.32% of CA** **34.94%** of Fresno adults are overweight versus 35.85% for California as a whole	YES Data on overweight adults shows that ethnic disparities exist in California: Whites: 35.64% African Americans: 37.89% Latinos: 39.41% Other: 28.8% Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor*

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	priority FOCUS GROUP: Obesity was raised as a health concern.		*Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County*
12. Oral/ Dental Care *(clinical care)*	NO SURVEY: 5.3% of HCW reported teeth problems as a concern vs 5.7% of residents INTERVIEW: Not raised as a concern. FOCUS GROUP: Not raised as a concern	YES **12%** of Adults have poor dental health (6 or more permanent teeth removed) versus CA 11.3% **39%** adults with no dental exam versus 30.5% in CA** *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis byCARES. 2006-10. Source geography: County*	YES See "Racial and ethnic Disparities in Dental Care for Publicly Insured Children, Health Affairs July 2010
13. Overall Health, Mortality and Self Reported	n/a	YES **23.4%** of adults self report being in poor health versus 18.4% in CA**	

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Health *(health outcome)*		Premature death measured by total years lost shows Fresno well above CA rate: **7,009** years lost per 100,000 versus 5,229** *Data Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10. Source geography: County*	
14. Substance abuse -or substance use disorder *(health behavior)*	NO SURVEY: HCW 7.8% vs 8.0% of residents saw alcoholism as a problem INTERVIEWS 3 stakeholders ranked alcohol abuse as the number one behavior that threatens the health of the community; 4 ranked it second.	YES Percent of persons alcohol dependence and or substance abuse in Fresno region **9.79** versus **7.3%** in **CA** Data Source: http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsCA2012.htm#fig5-1 SEE	YES Latinos report a higher rate of use of an illicit drug than other demographic groups. 47% use Marijuana. *Source: Partnership Attitude Tracking Study (PATS) 2013*

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	5 stakeholders ranked drug abuse as the number one behavior that threatens the health of the community. FOCUS GROUP Participants did not raise substance abuse as a health concern or behavior that threatens the community.	TABLE 5.8 for regions: 15R Fresno; 17R Inyo, Kern, Kings, Tulare; 20R Madera, Mariposa, Merced, Stanislaus	
15. Violence and Unintentional Injury *(health outcome)*	NO SURVEY: Only 8.0% of HCW and 4.6% of residents listed youth violence as a health concern, Only 5.5% of HCW and 10.3% of residents listed domestic violence as a health concern INTERVIEW: Not raised FOCUS GROUPS: Not raised	YES Homicide rate is **7.36** per 100,000 in Fresno compared to 5.1 in California** Fresno County's mortality rate for pedestrian accidents is **2.54** per 100,000 compared to 2 for California Fresno County's mortality rate due to motor vehicle accidents is	YES Homicide rates in Fresno show substantial ethnic differences African American: **25.73** Asians: 4.11 Latinos: 8.23 Whites: 3.31 California's homicide rate for those age 10 – 24 is 7.87 per 100,000 but for African Americans that figure is 38.10

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		13.2 per 100,000 compared to 7.9 for California**	*Data Source Lost Youth: A County by County Analysis of 2013 CA Homicide Victims*

[1] *The item was listed as one of the top 3 health problems (Q11) or social and economic challenges (Q12) on the CHNA survey and listed as the first or second item by majority of stakeholder interviews **or** listed as a concern in our community focus groups. Access to care is reviewed in Q16 of the survey.*

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1. **Access to care *(clinical care)***	YES Only 22.5% of HCW and 10.9% of residents indicated it was NOT difficult to get health care in Kings County. The biggest reasons cited for making it difficult to get health care among <u>residents</u> in Kings County were: • Waiting time to see doctors • Cant's afford medicine • High co-pays and deductibles The biggest reasons cited for making it difficult to get health care among HCW were: • High copays and deductibles • Waiting time to see doctors	YES <u>Insurance</u> **24.61%** of those age 18 and over have no insurance versus 23.91% of Californians in this age cohort <u>Health Care Professional Shortage Area Status</u> **100%** of Kings County residents live in a HCPSA versus 25.18%**	YES Statewide ethnic minorities are disproportionately uninsured Whites: 14.67% African American/Black: 20.93% Latino: 38.69%

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	• Can't afford medicine		
2. Asthma/ Breathing problems (health outcome)	YES SURVEY 37.5% of HCW and 36.4% of residents listed Breathing problems as a concern. INTERVIEWS 1 stakeholder listed this as a 1st concern and 2 listed this as 3rd. FOCUS GROUPS Breathing Problems was raised as a concern by focus group participants.	YES The overall prevalence rate for asthma is **17.3%** versus 14.2% CA However, the region shows ED Visits rates per 10,000 are above State ED Visits Age 0 – 17: 140.1 vs 79.4 Age 18+: 79.1 vs 39.6 Hospitalizations Age 0 – 17: 17.2 vs 11.7 Age 18+: 15.2 vs 7.5	YES National data suggests Latinos are 40% more likely to die from Asthma than other demographic groups Hospitalizations Rates for Kings County Hospitalization Rates for Ethnic Minorities Show Whites: 15.2 African American/Black: 12.8 Latino: 9.9 Asian/PI: N/A ED Visits for Ethnic Minorities Show

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		Source: California Breathing, Kings County Profile, 2015	Whites: 68.3 African American/Black: 128.2 Latino: 71.6 Asian/PI: N/A *Source: California Breathing, Kings County Profile, 2015*
3. Cancers (health outcome)	NO SURVEY Only 15.1% of HCW and 9.1% of residents listed Cancer as a health concern. INTERVIEWS No stakeholder listed as concern FOCUS GROUPS Not raised as a concern	NO Kings County has an overall Cancer Mortality rate 147.1 deaths per 100,000 versus 152.9 in CA The annual incidence rate of breast cancer is 103.8 per 100,000 versus 122.1 in California The rate of Cervical Cancer is 11.1 per 100,000 versus 7.7 in California	YES African Americans have a higher rate of Colorectal, Lung and Prostrate cancers. Breast Cancer Incidence Rates per 100,000 in Kings County: Whites: 102.5 African Americans/Blacks: not avail American Indian/Alaskan Native: not avail Asian/PI: 144.6 Latino: 85.5

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		The rate of Colon/Rectal Cancer is 37.7 versus 40 in California The rate of Lung Cancer is 50.7 versus 48 in California** The rate of Prostate Cancer is 116.6 versus 126.9	Colorectal Cancer Incidence Rates per 100,000 in Kings County: Whites: 37.9 African Americans/Blacks: N/A American Indian/Alaskan Native: N/A Asian/PI: N/A Latino: 38.2 Lung Cancer Incidence Rates per 100,000 in Kings County: Whites: 50.6 African Americans/Blacks: 79.4 American Indian/Alaskan Native: not avail Asian/PI: not avail Latino: 29.5 Prostate Cancer Incidence Rates per 100,000 in Kings County: Whites: 107.4 African Americans/Blacks: 160.6

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			American Indian/Alaskan Native: not available Asian/PI: not avail Latino: 114.4 Source: Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology and End Results Program. State Cancer Profiles. 2007-11. Source geography: County
4. Climate Health (physical environment)	YES SURVEY 80 % of HCW and 75.4% of residents listed air pollution as a key obstacle for a healthy community INTERVIEWS 2 stakeholders listed this as a 1st obstacle and 1 listed this as 3rd	YES The Percent of Days Exceeding Ozone Standards is **5.39%** versus the CA average of 2.38%** The Percent of Days Exceeding Standards for Particulate Matter is 6.05% versus 1.35%**	N/A

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	FOCUS GROUPS The three most often concerns raised were: • Pollution • Lack of green spaces • Poverty		
5. CVD/ Heart Disease/Hypertension *(health outcome)*	NO SURVEY 27.5% of HCW and 10.9% of residents ranked heart disease as a health concern. INTERVIEWS 1 stakeholder listed this as 3rd FOCUS GROUPS Not raised as a concern	YES **3.9%** of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina in Kings County vs. 3.5% in California. Percentage of the Medicare fee-for-service population with ischemic heart disease in Kings County is **32.83%** vs. 26.1% in California.	NO In California, adult rates of heart disease for ethnic groups fall below national averages except for African Americans but less than 2% difference. Whites: 4.51% African Americans: 4.27% Latinos: 2.38% Other: 2.46% *Data Source: Centers for Disease Control and Prevention, Office of Surveillance,*

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		Within the report area the rate of death due to coronary heart disease per 100,000 population is **114.5** in Kings County vs. 106.5 in California. **31.2%** of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension in Kings County vs. 26.2% in California.	*Epidemiology and Laboratory Services.* *Overview: BRFSS 2010*
6. Diabetes *(health outcome)*	YES SURVEY 67.5% of HCW and 54.4% of residents ranked Diabetes as a health concern. INTERVIEWS 1 stakeholder listed it as 1st concern FOCUS GROUPS Participants identified Diabetes as a concern	NO 8.7% of Kings County adults have diabetes versus 8.05% of CA	YES Hispanics and African Americans have twice the prevalence of type 2 diabetes and are twice as likely to die from their disease. Hispanics, African Americans and Asian/Pacific Islanders have higher prevalence of type 2 diabetes than non-Hispanic Whites. Hispanics and

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			African Americans have two times higher prevalence: 1 in 20 non-Hispanic Whites have type 2 diabetes, compared with 1 in 10 Hispanics and 1 in 11 African Americans Source: The Burden of Diabetes in California September 2014
7. Economic Security *(social and economic factors)*	YES SURVEY 60.0% of HCW and 60.0% of residents listed poverty as a concern FOCUS GROUPS High rates of poverty and lack of good jobs were listed as concerns INTERVIEWS 1 stakeholder ranked this as the 1st concern and 1 listed this as 2nd	YES <u>Poverty</u> 22.73% of the total population lives in <u>poverty</u> versus 16.38% of Californians <u>Educational Attainment</u>	YES Ethnic minorities have disproportionate rates of poverty in Kings County than across California African American: **27.56%** vs 24.77% Asian: 8.83% vs 11.95% Islander: **3.77%** vs 16.88% Latino: 33.81% vs 23.11% White: **22.54%** vs 14.67% Multi-Racial: **18.5%** vs 15.98%%

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		29.06% of the adult population does not have a high school degree vs 18.51% California adults	Native American/Alaska Native: 39.13% vs 24.15% *Data Source: Factfinder, US Census American Survey 2014*
8. HIV/AIDS/ STD *(health behaviors)*	NO SURVEY 2.5% of HCW and 9.1% of residents ranked sexually transmitted diseases as a top health concerns INTERVIEWS No interviewees raised sexually transmitted diseases as a concern FOCUS GROUPS Sexually transmitted diseases were not raised as a concern.	NO The prevalence rate for HIV is **186.23** per 100,000 versus 376.16 in California. The rate of Gonorrhea infection is **98.04** per 100,000 versus 11,850 in California** The rate of Chlamydia infection is **354.4** per 100,00 versus 459.2 in California**	YES Statewide Gonorrhea Rates per 100,000 show ethnic disparities: Whites: 70.6 African American/Black: **410.5** Asian/PI: 23.8 American Indian/ Alaskan Native: 130.9 Latino: 80.7 Statewide Chlamydia Rates per 100,000 show ethnic disparities: Whites: 176.1 African American/Black: 909.8 Asian/PI: 117

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
			American Indian/Alaskan Native: 339.4 Latino: 362.7 *Data Source: 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. 2013. Source geography: County*
9. Maternal/ Infant Health *(health outcome)*	Pre-Term Births NO SURVEY None INTERVIEWS No stakeholder listed this as a concern FOCUS GROUPS Not raised as concern Child Abuse	Infant Mortality YES Kings County infant mortality rate is 5.7 per 1,000 versus 5.0 in California as a whole *Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.* *Centers for Disease Control and Prevention, Wide-Ranging Online*	Pre-Term Births YES California rates of preterm births show ethnic disparities Whites: 7.9 African American 12.8 Latino: 9.0 (California Department of Public Health Dept. of Maternal Infant Health)

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	NO SURVEY 0% of HCW listed child abuse as a concern while 7.3% of residents listed it as concern INTERVIEWS No stakeholders raised this FOCUS GROUPS Not raised <u>Teen pregnancy or unintended pregnancy</u> NO SURVEY: HCW 17.5% and community members 27.3% identified this a major concern INTERVIEWS: None FOCUS GROUPS: None	*Data for Epidemiologic Research. 2006-10. Source geography: County* <u>Pre Term Births</u> YES Kings County pre-term birth rate is **8.0** per 1,000 versus California 8.8** *Data Source: California Department of Public Health Dept. of Maternal Infant Health* <u>Child Abuse</u>: NO Kings County 10.9 child abuse cases per 1,000 versus 8.7 in California <u>Immunizations</u> NO	<u>Teen pregnancy or unintended pregnancy</u> YES Teen births in Kings County is 48% among Latinas compared to 34.9% in California

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		96.7% of all Kindergarteners have required immunizations in Kings County, compared to 90.4% CA Pre Natal Care NO Only 26.29% of mothers receive late or no prenatal care versus 18.1% of mothers in California. Women in all ethnic groups receive prenatal care in the first trimester at higher rates than CA African Am: **67.5%** vs 78.3 Am Ind/Alaskan: LNE vs 68.9% Asian/Pac Isl: **82.7%** vs 86.5% Latina: **63.8%** vs 81.3% White: **80.4%** vs 87.5% Multi-Racial: **69.7%** vs 82.4% Source: kidsdata.org Teen pregnancy or unintended pregnancy	

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		YES Teen births in Kings County 41.2% compared to 23.2% in California	
10. Mental health *(health outcome)*	YES SURVEY 37.5% of HCW and 32.7% of community members said mental health issues important INTERVIEWS 1 stakeholder ranked mental health as 3rd FOCUS GROUPS Substance abuse and life stress were identified and listed as very important root cause of mental health in the community.	NO **10.9%** of adults in Kings County self-report poor mental health versus vs 15.9% in California. The average number of Mentally Unhealthy days for adults in Kings County report an average of **4.3** days per month of poor mental health days versus 3.6 for California overall *Data Source: University of California Center for Health Policy Research, California Health*	YES Based solely on concentrated poverty and demographics only

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
		Interview Survey. 2013-14. Source geography: County (Grouping) The suicide rate in Kings County is **7.7** per 100,000 versus 9.8 per 100,000 for California as a whole *Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, California Department of Public Health - Death Public Use Data. 2010-12. Source geography: ZIP Code*	
11. Obesity (*health behaviors)*	YES SURVEY	YES	YES

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	57.5%% of HCW and 50.9% of residents listed obesity as a health concern. INTERVIEWS All stakeholders ranked obesity as 1st FOCUS GROUPS The community members ranked obesity as one of the top four concerns.	**24.8%** of Kings County adults are obese versus 22.3% in CA** **52%** of Kings County adults are overweight versus 35.8% in CA**	Data on overweight adults shows that ethnic disparities exist in California: Whites: 35.64% African Americans: 37.89% Latinos: 39.41% Other: 28.8% Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County*
12. Oral/ Dental Care *(clinical care)*	NO SURVEY: 5.3% of HCW reported teeth problems as a concern vs 5.7% of residents INTERVIEW: Not raised as a concern. FOCUS GROUP: Not raised as a concern	YES **12%** of Adults have poor dental health (6 or more permanent teeth removed) versus CA 11.3% **39%** adults with no dental exam versus 30.5% in CA** *Data Source: Centers for Disease Control and*	YES See "Racial and ethnic Disparities in Dental Care for Publicly Insured Children, Health Affairs July 2010

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
		Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County	
13. Overall Health, Mortality and Self-Reported Health *(health outcome)*	N/A	**YES** Premature death measured by total years lost shows Kings County well above CA rate: **6,372** years lost per 100,000 versus 5,229** **26.9%** of adults self-report being in poor health versus 18.4% in CA**	
14. Substance abuse -or substance use disorder	YES SURVEY	YES Percent of persons with alcohol dependence and or substance	YES

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
(health behavior)	35% of HCW and 58.2.5 of residents identified drug abuse as a major concern INTERVIEWS 3 stakeholders ranked drug abuse as 1st FOCUS GROUPS Community members identified this as a major priority	abuse in Kings County region **9.49 *** Rate of substance abuse/alcohol dependence in **CA 2013: 7.3%** SEE TABLE 5.8 for regions: 15R Fresno; 17R Inyo, Kern, Kings, Tulare; 20R Madera, Mariposa, Merced, Stanislaus Counties Data Source: SAMHSA publication http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsCA2012.htm#fig5-1	Latinos report a higher rate of use of an illicit drug than other demographic groups. 47% use Marijuana. *Source: Partnership Attitude Tracking Study (PATS) 2013*
15. Violence and Unintentional Injury *(health outcome)*	NO SURVEY	NO	YES Homicide rates in Kings County show substantial ethnic differences

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Health Concern?** (2 out of 3 sources: survey, focus group or interview) [1]	**Secondary Data Affirms Health Need Exists?** (**County data differs negatively from state average, rate or percentage at levels >2% difference)	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	30.0% of HCW and 41.8% of residents identified violence as a concern, this was not in the top 3 INTERVIEWS None FOCUS GROUPS No	Homicide rate is **5.7** per 100,000 in Kings County compared to 5.1 in California** Kings County's mortality rate for pedestrian accidents is **2** per 100,000 compared to 2 for California Kings County's mortality rate due to motor vehicle accidents is **13.9** per 100,000 compared to 7.9 for California**	African American: **N/A** Asians: N/A Latinos: N/A Whites: N/A California's homicide rate for those age 10 – 24 is 7.87 per 100,000 but for blacks that figure is 38.10 *Data Source Lost Youth: A County by County Analysis of 2013 CA Homicide Victims*

[1] *The item was listed as one of the top 3 health problems (Q11) or social and economic challenges (Q12) on the CHNA survey and listed as the first or second item by majority of stakeholder interviews* ***or*** *listed as a concern in our community focus groups. Access to care is reviewed in Q16 of the survey.*

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
1. Access to care *(clinical care)*	YES SURVEY: 23.8% of HCW and 7.52% of residents indicated it was NOT difficult to get health care in Madera County. The reasons most often cited as what makes it hard to get health care among residents were:	YES Insurance: 29.78% of those age 18 and over have no health insurance versus 23.91% of Californians Health Care Professional Shortage Area **100% of** Madera County vs. 25.18% of Californians live in an HCPSA	YES Statewide ethnic minorities are disproportionately uninsured Whites: 9.63% African American/Black: 14.22% Asian: 13.05% Latino: 25.9% Native Hawaiian/ Pacific Islander: 18.22% *Data Source: US Census Bureau, American Community*

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	• No health insurance • Can't afford medicine • Waiting time to see the doctor is too long The reasons most often cited as what makes it hard to get health care among HCWs were: • High co-pays and deductibles • Can't afford medicine INTERVIEWS: Stakeholders ranked three reasons as the		*Survey. 2010-14. Source geography: Tract*

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	top reasons why health care is hard to get in Madera County: not enough health care is available at night or on weekends, insurance does not cover the care needed and that there are not enough physicians here FOCUS GROUPS: Focus group participants raised a lack of public transportation, lack of quality health insurance and		

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	poverty as key reasons why health care is hard to get in the region.		
2. Asthma/ Breathing Problems *(health outcome)*	YES SURVEY: 38.1% of HCW and 28.57% community members selected breathing problems as a health concern making it the second most common item INTERVIEWS: All interviewees ranked breathing problems as third most important concern in the region	YES The overall prevalence rate for asthma is **15.5%** Madera County versus 14.1% in CA for all ages Madera County shows ED Visits rates per 10,000 are above State for adults: Age 0 - 17: 155.5 vs 79.4 Age 18+: 44.0 vs 39.6 This is also the case for Hospitalizations Age 0 – 17: 15.3 vs 11.7 Age 18+: **3.5** vs 7.5 *Source: California Breathing, Madera County Profile, 2015*	YES National data suggests Latinos are 40% more likely to die from Asthma than other demographic groups Hospitalization Rates per 10,000 for Madera County: Whites: 11.4 African American/Black: **49.9** Latino: 5.5 Asian/PI: NA ED Visits Whites: 63.5 African American/Black: **337.3**

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	FOCUS GROUPS: Community members raised breathing problems as a major health concern in their community.		Latino: **78.6** Asian/PI: NA *Source California Breathing, County Profile 2015*
3. Cancer *(health outcome)*	NO SURVEY Only 9.5% of HCW and 24.06% of residents selected cancer as a top 3 health concern.	NO Madera County has an overall Cancer Mortality rate **147.3** deaths per 100,000 versus 152.9 in CA The annual incidence rate of breast cancer is **104.7** per 100,000 versus 122.1 in California The rate of Cervical Cancer is **11.8** per 100,000 versus 7.7 in California**	NO Available data shows that Latinos have equal or lower incidence of all cancers to whites except for cervical cancer: <u>Breast Cancer Incidence Rates per 100,000 in Madera County</u>: Whites: 108

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	INTERVIEWS Stakeholders did not raise cancer as a key concern FOCUS GROUPS Participants did not raise cancer as a key concern	The rate of Colon/Rectal Cancer is **38.7** per 100,000 versus 40 in California The rate of Lung Cancer is **51.6** per 100,000 versus 48 in California The rate of Prostate Cancer is **123.5** versus 126.9 *Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology and End Results Program. State Cancer Profiles. 2008-12. Source geography: County*	African Americans/Blacks: 83.3 American Indian/Alaskan Native: NA Asian/PI: NA Latino: 71.5 Cervical Cancer Incidence Rates per 100,000 in Madera County: Whites: 11.9 Latino: 13.3 African American: NA American Indian/Alaskan Native: NA Asian: NA Colorectal Cancer Incidence Rates per 100,000 in Madera County: Whites: 38.3 African Americans/Blacks: NA

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			American Indian/Alaskan Native: NA Asian/PI: NA Latino: 36.6 Lung Cancer Incidence Rates per 100,000 in Madera County: Whites: 50.9 African Americans/Blacks: 71.9 American Indian/Alaskan Native: NA Asian/PI: NA Latino: 31.8
4. Climate Health *(physical environment)*	YES SURVEY 57.1% of HCW and 52.63% of residents listed air pollution as one of the 3 obstacles making it difficult to	YES The Percent of Days Exceeding Ozone Standards is **4.37%** versus the CA average of 2.38% The Percent of Days Exceeding Standards for Particulate Matter is **3.01%** versus 1.35%	NA

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	have a healthy community. <u>This was the most frequently chosen item identified as an obstacle.</u> 38.1% of HCW and 15.79%% of residents also listed too many hot days as an obstacle FOCUS GROUP The most frequent concerns raised were • Pollution • Lack of green spaces		

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	INTERVIEWS Air pollution was listed as the 1st concern among 13 stakeholders Too Many Hot Days was ranked the 3rd by the stakeholders		
5. CVD/ Heart Disease/ Hypertension *(health outcome)*	NO SURVEY: HCW 38.1% and 8.27% of community members selected heart disease as a major health concern INTERVIEWS:	YES **3.6%** of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina in Madera County vs. 3.5% in California. Percentage of the Medicare fee-for-service population with hypertension in Madera County is **55.43%** vs. 51.51% in California.	NO In California, adult rates of heart disease for ethnic groups fall below national averages except for African Americans but less than 2% difference. Whites: 4.51% African Americans: 4.27% Latinos: 2.38% Other: 2.46%

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	Stakeholders did not raise heart disease as a health concern FOCUS GROUPS: Heart disease was not identified as health priority by community members.	Within the report area the rate of death due to coronary heart disease per 100,000 population is **135.6** in Madera County vs. 106.5 in California. **33.6%** of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension in Madera County vs. 26.2% in California. *Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County*	*Data Source: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. Overview: BRFSS 2010.* It should be noted that racial and ethnic minority populations confront more barriers to CVD diagnosis and care, receive lower quality treatment and experience worse health outcomes than their white counterparts. Such disparities are linked to a number of complex factors such as income and education, genetic and physiological factors, access to care and communication barriers.

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
6. **Diabetes (health outcome)**	YES SURVEY: 28.6% of HCW and 32.33% or residents listed diabetes as concern (5th and 3rd ranking concerns, respectively) INTERVIEWS: Stakeholders ranked diabetes as either the first or third most important concern FOCUS GROUPS:	NO 8% of Adults in Madera County have been told they have diabetes vs. 8.05% of Californians *Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County* More recent data suggests a higher prevalence rate of 10.2% of Madera County adults have diabetes compared to 6.9% of California adults *Data Source: The Burden of Diabetes in California September 2014*	YES Hispanics and African Americans have twice the prevalence of type 2 diabetes and are twice as likely to die from their disease. Hispanics, African Americans and Asian/Pacific Islanders have higher prevalence of type 2 diabetes than non-Hispanic Whites. Hispanics and African Americans have two times higher prevalence: 1 in 20 non-Hispanic Whites have type 2 diabetes, compared with 1 in 10 Hispanics and 1 in 11 African Americans

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	Participants did not raise diabetes as a concern.		*Data Source: The Burden of Diabetes in California September 2014*
7. Economic Security (social and economic factors)	YES SURVEY 28.6% of HCW and 30.08% of residents selected poverty as a concern FOCUS GROUPS Participants identified three major concerns: • Homelessness • Gangs • Poverty INTERVIEWS	YES <u>Poverty</u> **23.16%** of Madera County residents live in Poverty versus 16.4 % of Californians Source: American Fact Finder <u>Educational Attainment</u> **30.54%** of Madera County residents have less than a high school diploma versus 18.51% in California	YES Ethnic minorities have disproportionate rates of poverty in Madera County than across California African American: **39.9%** vs 24.8% Asian: **13.5%** vs 11.9% Latino: **29.1%** vs 23.1% White: **23.2%** vs 14.7% Multi-Racial: **18.7%** vs 16% Nat Am/Alaskan: 22.0% vs 24.1 Native Hawaiian/Pacific Islander: 2.8% vs 16.9%

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	Stakeholders identified the following as social and economic concerns: • Poverty • Not enough local jobs • Not enough education • Gangs		*Data Source: FactFinder US CENSUS 2010 – 2014 Poverty Status American Community Survey 5 year Estimates*
8. HIV/AIDS/ STDs *(health behaviors)*	NO SURVEY None of the HCW selected sexually transmitted diseases as the top health concern. Only 6.77% of residents selected this as a concern.	NO The rate of HIV Prevalence in Madera County is **137.55** per 100,000 versus a rate of 376.16 in California The rate of Gonorrhea infection is **77.8** per 100,000 versus 89.09 in California** *Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and*	YES Madera County HIV Prevalence Rates per 100,000 White: 73.11 African American: 1,375.81 Latino: 110.76 *Statewide Gonorrhea Rates per 100,000 show ethnic disparities*:

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	INTERVIEW None of those interviewed raised sexually transmitted disease as an problem FOCUS GROUPS Sexually transmitted diseases were raised as a concern	*Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2012. Source geography: County* The rate of Chlamydia infection is **526.28** per 100,00 versus 459.2 in California** *Data Source: 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. 2014. Source geography: County*	Whites: 49.17 African American: **302.31** Asian/PI: 19.66 American Indian/ Alaskan Native: 51.87 Latino: 58.5 Statewide Chlamydia Rates per 100,000 show ethnic disparities: Whites: **176.1** African American/Black: **909.8** Asian/PI: 117 American Indian/Alaskan Native: **339.4** Latino: **362.7** *Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention,*

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			National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2013. Source geography: County
9. Maternal /Infant Health *(health outcomes)*	Pre-Term Births NO 0% of HCW and 6.02% of residents indicated poor birth outcomes was a health concern Child Abuse: NO SURVEY: None INTERVIEWS: All interviewees ranked child abuse as the second most important concern	Pre Term Births NO 8.1% of births in Madera County are Pre-Term *Data Source: California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015).* Immunizations: NO 93.0% of all Kindergarteners have required immunizations, compared to 90.4% CA Pre Natal Care:	Pre-Term Births YES California rates of preterm births show ethnic disparities Whites: 7.9 African American 12.8 Latino: 9.0 Data Source: California Department of Public Health Dept. of Maternal Infant Health Child Abuse: YES Madera County rates of protected service/child placement in foster care per 1,000 African American: 161.3

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	FOCUS GROUPS: None	YES 26.2% of mothers receive late or no prenatal care versus 18.1% of mothers in California *Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10. Source geography: County* Women in all ethnic groups receive prenatal care in the first trimester at higher rates than CA African Am: **53.3%** vs 78.3 Native American/Alaskan: N/A Asian/Pac Isl: **88.6%** vs 86.5% Latina: **68.0%** vs 81.3% White: **82.9%** vs 87.5% Multi-Racial: **79.3%** vs 82.4%	Native Am/Alaska: 103.4 Asian/Pac Islander: N/A Hispanic: 46.9 White: 60.6 Data Source: www.kidsdata.org *Data Source: Webster, D., et al. California Child Welfare Indicators Project Reports, UC Berkeley Center for Social Services Research (May 2015).*

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		Data Source: www.kidsdata.org California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files (Mar. 2015). Child Abuse: NO Madera County 8.4 child abuse cases per 1,000 versus 8.7 in California (Kidscount.org) Teen Pregnancy: Madera's teen pregnancy rate per 1,000 compared to California for all ethnic groups: African Am: not avail Native American/Alaskan: not avail Asian/Pac Isl: not avail Latina: **51.8** vs 34.9 White: **17.2** vs 9.2 Multi-Racial: **25.4** vs 16.5	

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		Source: www.kidsdata.org	
10. Mental health *(health outcomes)*	YES SURVEY: 38.1% HCW and 9.77% community members ranked this as a concern INTERVIEWS: All interviewees identified this as a major concern FOCUS GROUPS: Community members did not say mental health issues were	YES **18.6%** of adults in Madera County self-report poor mental health versus vs 15.9% in California. The average number of Mentally Unhealthy Days for adults in Madera County is 4.6 versus 3.6 for Californians as a whole *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12. Source geography: County* Madera County's suicide rate is **17.37** per 100,000 versus 9.8 in California. *Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, California Department of Public Health - Death Public Use Data. 2010-12. Source geography: ZIP Code*	YES In California, the rate of mental illness for children was 7.6% but higher rates are found among Latinos (8.0%), African American (8.0%).

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	the most important health issue in their community, instead they said substance abuse and stress. Substance abuse and poverty were identified and listed as very important root cause of mental health concerns in the community.		
11. **Obesity *(health behaviors)***	NO SURVEY: HCW 42.9% and community members 36.84% ranged obesity as a concern	YES **26.6%** of Madera County adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in Madera County vs. 22.32% in California. **37%** of Madera County adults are overweight versus 35.8% in California as a whole.	YES Data on overweight adults shows that ethnic disparities exist in California: Whites: 35.64% African Americans: 37.89% Latinos: 39.41%

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	INTERVIEWS: All interviewees ranked obesity as third FOCUS GROUPS: Obesity was ranked very highly by community members. Community members were concerned with obesity and also related poor eating habits and lack of exercise.		Other: 28.8% Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County* Obesity disproportionately affects California's poorest individuals. Adults living below 200% FPL had a higher prevalence of obesity (31 percent) than their higher income counterparts (20 percent).
12. Oral Health *(clinical care)*	NO SURVEY: 9.5% of HCW and 23.31% of residents	YES 19.4% of adults report poor dental health (6 or more permanent teeth removed) versus 11.3% for California	YES See "Racial and ethnic Disparities in Dental Care for Publicly Insured Children, Health Affairs July 2010

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	indicated teeth problems are a concern INTERVIEWS: None FOCUS GROUPS: Community members listed this a concern	**28.9%** adults with no dental exam versus 30.5% in CA**	
13. Overall Health: premature death, self reported health *(health outcomes)*	n/a	**31.1%** of adults in Madera County report being poor or fair health versus 18.4% of Californians as a whole Premature death rate is **6,693** years of potential life lost versus 5,594 for California *Data Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10. Source geography: County*	

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14. Substance abuse *(health behaviors)*	YES SURVEY: HCW 28.6% and community members 50.38% ranged alcohol abuse as a top behavior INTERVIEWS: All interviewees ranked drug abuse as the number one most important concern FOCUS GROUPS: Community members mentioned this a primary concern	YES Percent of persons alcohol dependence and or substance abuse in Madera County region **9.64** * compared to the Rate of substance abuse/alcohol dependence in California in 2013**:** **7.3%** Data Source: http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsCA2012.htm#fig5-1 SEE TABLE 5.8	YES Latinos report a higher rate of use of an illicit drug than other demographic groups. 47% use Marijuana. *Source: Partnership Attitude Tracking Study (PATS) 2013*
15. Violence/ Unintentional Injury *(health behaviors)*	NO SURVEY Only 19.0% of HCW listed youth violence as a health need,	NO The Homicide rate is **5.8** per 100,000 in Madera County compared to 5.1 in California	YES Homicides in Madera County by race and ethnicity is only available for Latinos who show a higher

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	while 15.04% of residents did so and only 4.8%% listed domestic violence as a health need, while 10.53% of residents did so INTERVIEW: Stakeholders did not raise youth violence or domestic abuse as concerns. FOCUS GROUPS: Participants raised gangs as a concern.	Madera County's mortality rate for pedestrian accidents is **2.7** per 100,000 compared to 2 for California Madera County's mortality rate due to motor vehicle accidents is **18.2** per 100,000 compared to **7.9** for California**	rate **6.39** per 100,000 versus 4.72 for whites. *Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source geography: County* California's homicide rate for those age 10 – 24 is 7.87 per 100,000 but for blacks that figure is 38.10 *Data Source Lost Youth: A County by County Analysis of 2013 CA Homicide Victims*

[1] *The item was listed as one of the top 3 health problems (Q11) or social and economic challenges (Q12) on the CHNA survey and listed as the first or second item by majority of stakeholder interviews* ***or*** *listed as a concern in our community focus groups. Access to care is reviewed in Q16 of the survey.*

TULARE COUNTY

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
1. **Access to care *(clinical care)***	YES SURVEY Only 18.3% of HCW and 16.7% of residents indicated it was NOT difficult to	YES Insurance **28.95%** of those age 18 and over have no insurance versus 23.91% of Californians in this age cohort ** Health Care Professional Shortage Area Status	YES Statewide ethnic minorities are disproportionately uninsured

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	get health care in Tulare County FOCUS GROUPS The biggest reasons cited for making it difficult to get health care among residents in Tulare County were: • Insurance doesn't cover services needed • Can't afford medicine The biggest reasons cited for making it difficult to get health care among HCW were:	**100%** of Tulare County residents live in a HCPSA versus 25.18%**	Whites: 9.63% African American/Black: 14.22% Asian: 13.05% Latino: 25.9% Native Hawaiian/Pacific Islander: 18.22% *Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

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	• Insurance doesn't cover services needed • Can't afford medicine		
2. Asthma /Breathing Problems (health outcome)	YES SURVEY 35.5% of HCW and 44.4% of residents listed Breathing problems as a concern. INTERVIEWS 10 stakeholders listed this as a 1st concern, 1 listed it as 2nd and 1 listed this as 3rd.	YES The overall prevalence rate for asthma is **14.6%** versus 14.2% CA However, the region shows ED Visits rates per 10,000 are above State ED Visits Age 0 – 17: 73.4 vs 79.4 Age 18+: 41.1 vs 39.6 Hospitalizations Age 0 – 17: 10.3 vs 11.7 Age 18+: 9.2 vs 7.5	YES National data suggests Latinos are 40% more likely to die from Asthma than other demographic groups Hospitalizations Rates for Tulare County Hospitalization Rates for Ethnic Minorities Show Whites: 12.5 African American/Black: 50.4 Latino: 9.6 Asian/PI: N/A

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	FOCUS GROUPS Breathing Problems was raised as a concern.	Source: California Breathing, Tulare County Profile, 2015	ED Visits for Ethnic Minorities Show Whites: 41.5 African American/Black: 223.1 Latino: 34.3 Asian/PI: 12.5 *Source: California Breathing, Tulare County Profile, 2015*
3. Cancers (health outcome)	NO SURVEY Only 16.1% of HCW and 11.1% of residents listed	NO Tulare County has an overall Cancer Mortality rate **155.4** deaths per 100,000 versus 152.9 in CA The annual incidence rate of breast cancer is **104.5** per 100,000 versus 122.4 in California	YES African Americans have a higher rate of Colorectal, Lung and Prostrate cancers.

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	Cancer as a health concern. INTERVIEWS No stakeholder listed as concern FOCUS GROUPS Cancer was raised as a concern	The rate of Cervical Cancer is **10.7** per 100,000 versus 7.7 in California The rate of Colon/Rectal Cancer is **37** versus 40 in California The rate of Lung Cancer is **49.3** versus 48 in California** The rate of Prostate Cancer is **108.5** versus 126.9	Breast Cancer Incidence Rates per 100,000 in Tulare County: Whites: 104.4 African Americans/Blacks: 242.3 American Indian/Alaskan Native: 42.9 Asian/PI: 78.5 Latino: 81.3 Colorectal Cancer Incidence Rates per 100,000 in Tulare County: Whites: 36.3 African Americans/Blacks: N/A American Indian/Alaskan Native: N/A Asian/PI: 32.2

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			Latino: 34.3 Lung Cancer Incidence Rates per 100,000 in Tulare County: Whites: 49.3 African Americans/Blacks: 110 American Indian/Alaskan Native: not avail Asian/PI: 35 Latino: 29.7 Prostate Cancer Incidence Rates per 100,000 in Tulare County: Whites: 102.6 African Americans/Blacks: 272.5

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			American Indian/Alaskan Native: not available Asian/PI: 72 Latino: 92.7 Source: *Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology and End Results Program. State Cancer Profiles. 2007-11. Source geography: County*
4. Climate Health (physical environment)	YES SURVEY 80.6 % of HCW and 76.4% of residents listed air pollution as	YES The Percent of Days Exceeding Ozone Standards is **10.96%** versus the CA average of 2.38%** The Percent of Days Exceeding	N/A

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	a key obstacle for a healthy community INTERVIEWS 10 stakeholders listed this as a 1st concern, 1 listed it as 2nd and 1 listed this as 3rd. FOCUS GROUPS The three most often concerns raised were: • Pollution • Lack of green spaces • Poverty	Standards for Particulate Matter is **4.61%** versus 1.35%**	
5. Economic Security	YES SURVEY	YES Poverty	YES

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(social and economic factors)	74.2% of HCW and 69.4% of residents listed poverty as a concern INTERVIEWS 5 stakeholders ranked this as the 1st concern and 3 listed this as 2nd FOCUS GROUPS Poverty was raised as concern as well as poor quality of education and poor housing conditions.	27.42% of the total population lives in poverty versus 16.38% of Californians Educational Attainment 31.95% of the adult population does not have a high school degree vs 18.51% California adults	Ethnic minorities have disproportionate rates of poverty in Tulare County than across California African American: **39.87** vs 24.77% Asian: 19.8% vs 11.95% Islander: **16.88%** vs 16.88% Latino: 33.81% vs 23.11% White: **27.02%** vs 14.67% Multi-Racial: **28.15%** vs 15.98%% Native American/Alaska Native: 35.73% vs 24.15% *Data Source: Factfinder, US Census American Survey 2014*
6. Diabetes (health outcome)	NO	NO	YES

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	SURVEY 72% of HCW and 37.5% of residents ranked diabetes as a health concern INTERVIEWS 3 stakeholders listed it as 1st concern, 6 stakeholders listed it as 2nd and 2 listed as 3rd. FOCUS GROUPS Not identified as a concern	7.4% of Tulare County adults have diabetes versus 8.05% of CA	Hispanics and African Americans have twice the prevalence of type 2 diabetes and are twice as likely to die from their disease. Hispanics, African Americans and Asian/Pacific Islanders have higher prevalence of type 2 diabetes than non-Hispanic Whites. Hispanics and African Americans have two times higher prevalence: 1 in 20 non-Hispanic Whites have type 2 diabetes, compared with 1 in 10 Hispanics and 1 in 11 African Americans

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
			Source: The Burden of Diabetes in California September 2014
7. Heart Disease *(health outcome)*	NO SURVEY 20.4% of HCW and 22.2% of residents ranked heart disease as a health concern. INTERVIEWS Not raised as a concern FOCUS GROUPS Not raised as a concern	YES **2.7%** of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina in Tulare County vs. 3.5% in California. Percentage of the Medicare fee-for-service population with ischaemic heart disease in Tulare County is 31.32% vs. 26.1% in California. Within the report area the rate of death due to coronary heart disease per 100,000 population is 133.6 in Tulare County vs. 106.5 in California. 28.8% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension in Tulare County vs. 26.2% in California.	NO In California, adult rates of heart disease for ethnic groups fall below national averages except for African Americans but less than 2% difference. Whites: 4.51% African Americans: 4.27% Latinos: 2.38% Other: 2.46% *Data Source: Centers for Disease Control and Prevention, Office of*

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
			Surveillance, Epidemiology and Laboratory Services. Overview: BRFSS 2010
8. HIV/AIDS/STD *(health behaviors)*	NO SURVEY 1.1% of HCW and 1.4% of residents ranked sexually transmitted diseases as a top health concerns INTERVIEWS Not raised FOCUS GROUPS Sexually transmitted diseases were not raised as a concern.	NO The prevalence rate for HIV is **81.59** per 100,000 versus 376.16 in California. The rate of Gonorrhea infection is **86.76** per 100,000 versus 89.09 in California** The rate of Chlamydia infection is 515.92 per 100,00 versus 459.08 in California**	YES Statewide Gonorrhea Rates per 100,000 show ethnic disparities: Whites: 70.6 African American/Black: **410.5** Asian/PI: 23.8 American Indian/ Alaskan Native: 130.9 Latino: 80.7 Statewide Chlamydia Rates per 100,000 show ethnic disparities:

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			Whites: 176.1 African American/Black: 909.8 Asian/PI: 117 American Indian/Alaskan Native: 339.4 Latino: 362.7 *Data Source: 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. 2013. Source geography: County*
9. Maternal/Infant Health *(health outcome)*	Pre-Term Births NO	Pre Term Births YES	Pre-Term Births YES

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	SURVEY None INTERVIEWS No stakeholder listed this as a concern FOCUS GROUPS Not raised as concern Child Abuse NO SURVEY 1.1% of HCW listed child abuse as a concern while 5.6% of residents listed it as concern INTERVIEWS	Tulare County 9.9 per 1,000 versus California 8.8** (California Department of Public Health Dept. of Maternal Infant Health) Source: California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015). Child Abuse: NO Tulare County 8.1 child abuse cases per 1,000 versus 8.7 in California Immunizations NO 96.5% of all Kindergarteners have required immunizations, compared to 90.4% CA	California rates of preterm births show ethnic disparities Whites: 7.9 African American 12.8 Latino: 9.0 (California Department of Public Health Dept. of Maternal Infant Health) Teen pregnancy or unintended pregnancy YES Teen births in Tulare County is 71.9 among Latinas compared to 53.1 in California

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	No stakeholders raised this FOCUS GROUPS Not raised Teen pregnancy or unintended pregnancy NO SURVEY: HCW 17.5% and community members 27.3% identified this a major concern INTERVIEWS: None FOCUS GROUPS: None	Pre Natal Care NO Only 26.04% of mothers receive late or no prenatal care versus 18.1% of mothers in California. Women in all ethnic groups receive prenatal care in the first trimester at higher rates than CA African Am: **86.8%** vs 78.3 Native American/Alaskan: 57.7% vs 68.9% Asian/Pac Isl: **80.3%** vs 86.5% Latina: **81.4%** vs 81.3% White: **85.6%** vs 87.5% Mult-iRacial: **80.2%** vs 82.4% (kidsdata.org) Teen pregnancy or unintended pregnancy YES Teen births in Tulare County 41.2% compared to 23.2% in California	

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
10. Mental health (health outcome)	YES SURVEY 39.8% of HCW and 50.0% of community members said mental health issues important INTERVIEWS 4 stakeholders ranked mental health as 1st and 1 raised it as 2nd FOCUS GROUPS Mental health was raised as a concern	***YES*** *16.4% of adults in Tulare County versus 15.9% of adults in California self-report poor mental health days* The average number of mentally unhealthy days for adults in Tulare County is *4.6 days poor mental health days versus 3.6 days in California* *Data Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14. Source geography: County (Grouping)* *10.4 per 100,000 suicides in Tulare County versus 9.8 in California s a whole* *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12. Source geography: County*	YES Based solely on concentrated poverty and demographics only
11. Obesity *(health behaviors)*	YES	YES	YES

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
	SURVEY 57.0%% of HCW and 44.4% of residents listed obesity as a health concern. INTERVIEWS 1 stakeholders ranked obesity as 2nd and 1 ranked it as 3rd FOCUS GROUPS Not raised	**29.4%** of Tulare County adults are obese versus 22.3% in CA** **36.5** of Tulare County adults are overweight versus 35.8% in CA	Data on overweight adults shows that ethnic disparities exist in California: Whites: 35.64% African Americans: 37.89% Latinos: 39.41% Other: 28.8% Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County* Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance*

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Health Needs (health outcomes that are disproportionately impacting a particular population).	**Community Stated as Need** (2 out of 3 sources: survey, focus group or interview)	**Secondary Data Affirms Health Need?** (**County data falls below state average or percentages at levels **>2% diff)**	**Are there Health Disparities?** (do ethnic minorities experience higher rates of this indicator?)
			System. Additional data analysis by CARES. 2011-12. Source geography: County
12. Oral/ Dental care (clinical care)	NO SURVEY Only 3.2% of HCW and 4.2% of residents chose this as a health concern. INTERVIEWS Not raised FOCUS GROUPS Dental health was raised in the focus groups	YES **12.2%** of Adults have poor dental health (6 or more permanent teeth removed) versus CA 11.3% **37.2%** adults with no dental exam (Tulare County) vs 30.51% in CA**	YES See "Racial and ethnic Disparities in Dental Care for Publicly Insured Children, Health Affairs July 2010
13. Overall Health, Mortality and		**YES**	

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Self-Reported Health (health outcome		Premature death measured by total years lost shows Tulare County well above CA rate: **7,367** years lost per 100,000 versus 5,529** **24.8%** of adults self-report being in poor health versus 18.4% in CA**	
14. Substance abuse -or substance use disorder *(health behavior)*	YES SURVEY 33.3% of HCW and 38.9% of residents identified drug abuse as a major concern INTERVIEWS 5 stakeholders ranked drug abuse as 1st and 2 ranked it as 2nd FOCUS GROUPS	YES Rate of substance abuse/alcohol dependence in **CA 2013: 7.3%** SAMHSA publication http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsCA2012.htm#fig5-1 SEE TABLE 5.8 for regions: 15R Fresno; 17R Inyo, Kern, Kings, Tulare; 20R Madera, Mariposa, Merced, Stanislaus Counties	YES Latinos report a higher rate of use of an illicit drug than other demographic groups. 47% use Marijuana. *Source: Partnership Attitude Tracking Study (PATS) 2013*

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	Substance abuse was raised as a concern		
15. Violence and Unintentional Injury *(health outcome)*	NO SURVEY 2.2% of HCW and 4.2% of residents identified youth violence as a concern INTERVIEWS Not raised as a concern FOCUS GROUPS Gang violence and well as domestic violence were cited as concerns	NO Homicide rate is **7.9** per 100,000 in Tulare County compared to 5.1 in California Tulare County's mortality rate for pedestrian accidents is **2.6** per 100,000 compared to 2 for California Tulare County's mortality rate due to motor vehicle accidents is **13.5** per 100,000 compared to 7.9 for California**	YES Homicide rates in Tulare County show substantial ethnic differences African Am.: N/A Asians: N/A Latinos: N/A Whites: 4.2 California's homicide rate for those age 10 – 24 is 7.87 per 100,000 but for blacks that figure is 38.10 *Data Source Lost Youth: A County by County Analysis of 2013 CA Homicide Victims*

[1] *The item was listed as one of the top 3 health problems (Q11) or social and economic challenges (Q12) on the CHNA survey and listed as the first or second item by majority of stakeholder interviews* ***or*** *listed as a concern in our community focus groups. Access to care is reviewed in Q16 of the survey.*

[2] http://www.samhsa.gov/data/sites/default/files/substate2k12-StateTabs/NSDUHsubstateStateTabsCA2012.htm#fig5-1 SEE TABLE 5.8

[3] http://stateofobesity.org/disparities/latinos/

2016 CHNA approval

This community health needs assessment was adopted on October 18, 2016 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2016.

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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx