2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Fresno

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KAISER PERMANENTE®

Kaiser Permanente Northern California Region Community Benefit

CHNA Report for KFH Fresno

Contents

I. Introduction/background

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach.

We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) report

The Patient Protection and Affordable Care Act (ACA), enacted on 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. 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) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at https://www.kp.org/chna.

D. Kaiser Permanente's approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long-standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs includes the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 120 publicly available indicators to understand health through a

framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH Fresno will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website (www.kp.org/chna).

II. Community served

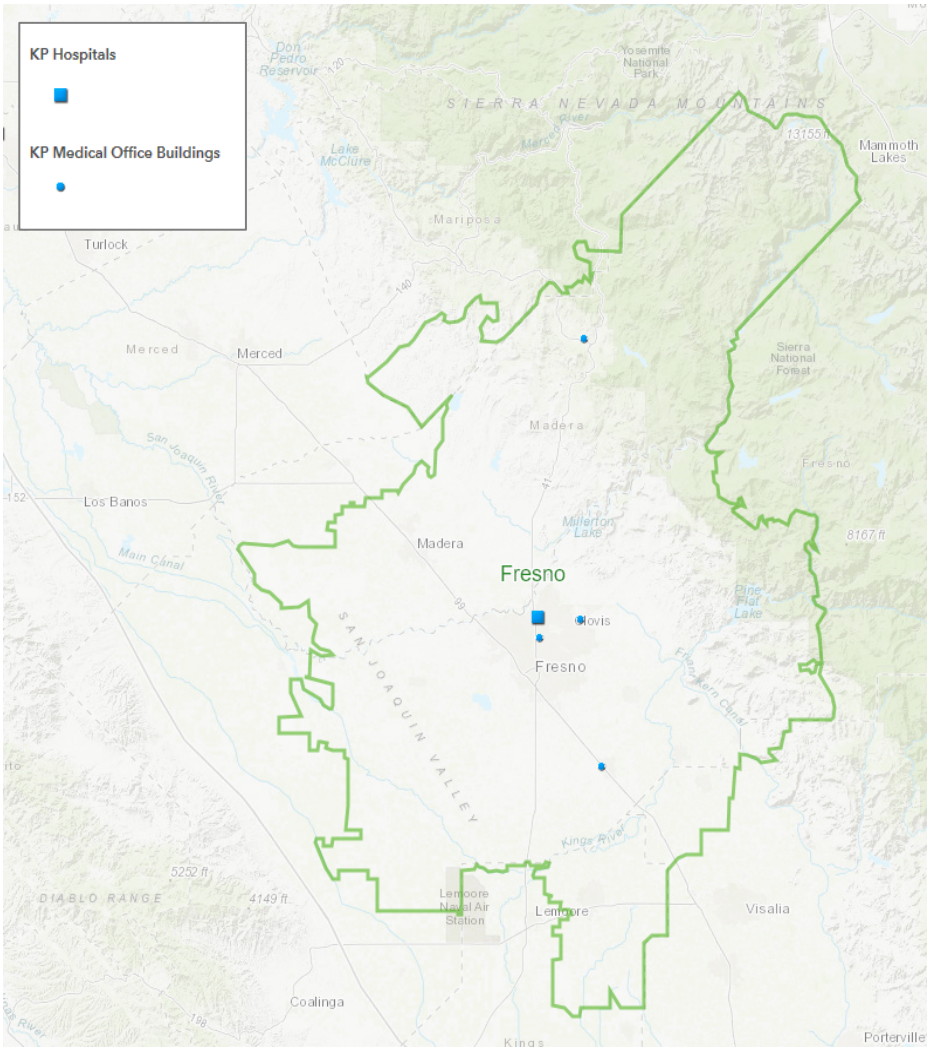
A. Kaiser Permanente's definition of community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and description of community served

i. Map

KFH Fresno Service Area



ii. Geographic description of the community served

KFH Fresno is located at 7300 North Fresno Street, Fresno, CA 93720 and its Service Area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, including Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O'Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquillity, Traver, and Wishon.

iii. Demographic profile of the community served

Demographic profile: **KFH Fresno Service Area**

Race/ethnicity		Socioeconomic Data	
Total Population	1,144,573	Living in poverty (<100% federal poverty level)	25.6%
Asian	8.9%	Children in poverty	36.6%
Black	4.7%	Unemployment	7.6%
Native American/Alaska Native	1.1%	Uninsured population	13.8%
Pacific Islander/Native Hawaiian	0.2%	Adults with no high school diploma	25.4%
Some other race	16.2%		
Multiple races	3.9%		
White	65.2%		
Hispanic/Latino[1]	52.2%		

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

KFH Fresno was part of a Central Valley regional collaborative that included the following hospitals.

Adventist Health Hanford	Kaiser Permanente-Fresno Service Area
Adventist Health Reedley	Kaweah Delta Health Care District
Adventist Health Selma	Madera Community Hospital
Clovis Community Medical Center	San Joaquin Valley Rehabilitation Hospital
Community Regional Medical Center (includes Community Behavioral Health Center)	Sierra View Medical Center
Fresno Heart and Surgery	Saint Agnes Community Medical Center
	Valley Children's Healthcare

B. Identity and qualifications of consultants used to conduct the assessment

KFH Fresno contracted with Ad Lucem Consulting, a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-

[1] Kaiser Permanente data sources reference "Hispanic" or "Hispanic/Latino" demographic populations. Latino was used throughout this report's narrative to refer more broadly to all populations of Hispanic and/or Latino origin.

understand, usable formats, bringing a hands-on, down-to-earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed CHNA reports and Implementation Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting please visit www.adlucemconsulting.com.

HC2 Strategies (www.hc2strategies.com) is the consultant hired by the regional hospital collaborative to collect the primary data used for this CHNA. HC2 is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities.

IV. Process and methods used to conduct the CHNA

A. Secondary data

i. Sources and dates of secondary data used in the assessment

KFH Fresno used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review approximately 120 indicators from publicly available data sources.

For details on specific sources and dates of the data used, please see Appendix A.

ii. Methodology for collection, interpretation, and analysis of secondary data

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allows users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members using key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from local governmental and public health agencies as well as leaders, representatives, and members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

ii. Methodology for collection and interpretation

Key Informant Interview Methodology: HC2 Strategies conducted key informant interviews with 49 individuals working in four different geographic areas within the KFH Fresno Service Area, including the counties of Fresno (14 key informants), Kings (12 key informants), Madera (11 key informants), and Tulare (11 key informants). Key informants represented a diversity of agencies that serve children, homeless populations, LGBTQ+, veterans, seniors, tribal populations, African Americans, and Hmong and Spanish speaking populations. Other organizations represented included public health agencies, law enforcement, health care organizations, funders, and school districts.

The key informants were identified based on their knowledge of and experience working with the highest need communities throughout the KFH Fresno Service Area. The key informants represent agencies and organizations working on health and/or root causes of health who have insight into health priorities and the assets available to address them.

The interviews were conducted in English and transcribed for later analysis. See Appendix E for the key informant interview guide.

Interview questions were developed by HC2 Strategies and addressed the following topics:

- Vision of a health community
- Greatest health needs that have greatest impact on overall health in the community
- Greatest health needs of children faced in the community
- Specific populations that are disproportionately affected by the health problems
- Challenges the community faces in addressing health needs
- Social factors that have the biggest influence on health issues
- Existing community assets or resources that could be used to address these health issues and inequities
- What hospitals can do to improve the health and quality of life in the community
- Opportunities for systems-level collaborations or local policies that could help address challenges
- Suggestions for new activities or strategies

Key Informant Interview Data Analysis: The initial interview analysis was conducted by HC2 Strategies. Upon completion of all interviews, responses were grouped by question, analyzed for common themes across respondents, and the number of times each theme occurred was tabulated. HC2 Strategies delivered to Ad Lucem Consulting a spreadsheet containing counts of themes mentioned by key informants. The themes were further organized by Ad Lucem Consulting into the health needs defined by the KP CHNA data platform, then the number of mentions for all themes related to a particular health need were tallied to develop an interview data score.

Focus Group Methodology: HC2 Strategies conducted 24 community resident focus groups in four different geographic areas within the KFH Fresno Service Area, including the counties of Fresno (10 focus groups), Kings (5 focus groups), Madera (5 focus groups) and Tulare (4 focus groups). Fifteen groups were conducted in English, eight were conducted in Spanish and one was conducted in Hmong. In total, 284 individuals participated in the focus groups; focus group participants were male and female adult residents of the KFH Fresno Service Area and users of a variety of community services. Populations represented by focus group members included low-income (rural and urban populations), homeless, seniors, youth, Hmong and Spanish speaking, LGBTQ+, and parents. Focus group conversations were transcribed and translated to English for later analysis.

Focus group questions were developed by HC2 Strategies and addressed the following topics (see Appendix F for focus group guide):

- Vision of a healthy community
- Biggest health issues in the community
- Health services that are lacking for you and people you know
- Resources that exist outside of healthcare to help people live healthier lives
- Barriers to accessing community resources
- Perception of different hospitals and their current programs and services
    - What are they doing well and can do more of
    - What needs to be improved

Focus Group Data Analysis: The initial focus group analysis was conducted by HC2 Strategies. Upon completion of all focus groups, responses were grouped by question, analyzed for common themes across all focus group participants, and the number of times each theme occurred was tabulated. HC2 Strategies delivered to Ad Lucem Consulting a spreadsheet containing counts of themes mentioned by focus group participants. The themes were further organized by Ad Lucem Consulting into the health needs defined by the KP CHNA data platform, then the number of mentions for all themes related to a particular health need were tallied to develop a focus group data score.

Two additional Leadership focus groups were conducted by Ad Lucem Consulting in Fresno and Madera counties with representatives from local elected officials' offices and leadership from the KFH Fresno Service Area. These focus groups obtained leadership perspectives on the topics discussed by the community resident groups. The Leadership focus groups were not included in the focus group analysis or scoring to prevent biasing the overall focus group findings away from the voice of the community residents towards the perspective of Kaiser Permanente leaders and elected officials.

Key Informant Interview and Focus Group Scoring:

Ad Lucem Consulting combined the key informant interview and focus group participant data and organized the total number of responses by the 13 Kaiser Permanente health needs categories. The 13 health needs were scored according to the following system:

- "High" score = 76 or more individuals mentioned health need
- "Medium" score = 50-75 individuals mentioned health need
- "Low" score = 25-49 individuals mentioned health need
- "Very Low" score = 0-24 individuals mentioned health need

C. Written comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This email address will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, the KFH Fresno had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

The Kaiser Permanente CHNA data platform includes approximately 120 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

Primary data collection and health need ranking processes are also subject to limitations and information gaps:

- Themes identified during interviews, focus groups and surveys were likely dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of stakeholders sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meetings, and to how those individuals voted on that particular day.

V. Identification and prioritization of the community's health needs

A. Identifying community health needs

i. Definition of "health need"

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are

identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

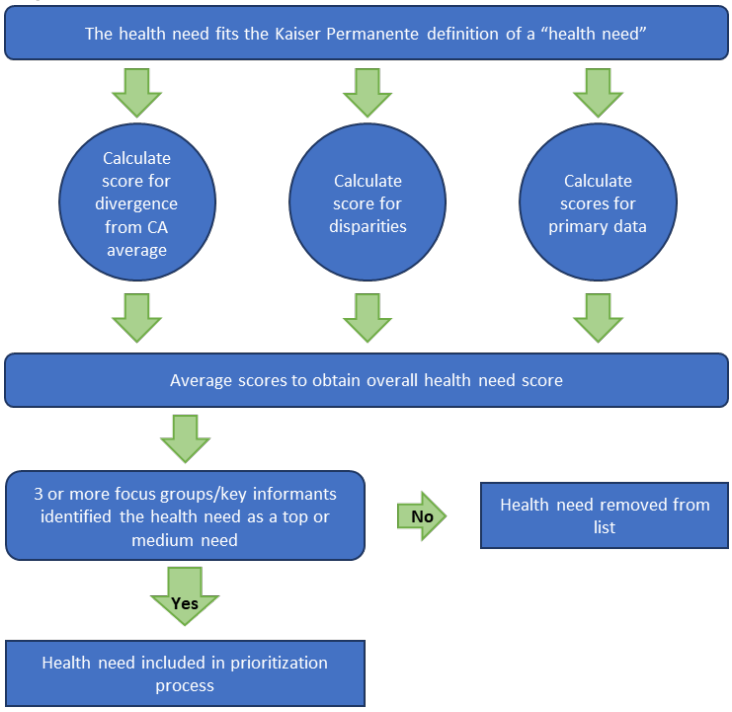
ii. Criteria and analytical methods used to identify the community health needs

The following criteria were used to identify the community health needs for the KFH Fresno Service Area:

- The health need fits the Kaiser Permanente definition of a "health need" as described above.
- The health need was confirmed by multiple data sources (i.e., the health need was identified in both secondary and primary data).
- One or more Indicator(s) related to the health need performed poorly against a defined benchmark (e.g. state average).
- The community prioritized the health need. A health need was prioritized based on the frequency with which key informants and focus groups mentioned the need. A need was only included in the final list of health needs if at least three key informants and/or focus groups identified it as a need.

We reviewed the approximately 120 indicators in the KP CHNA data platform and integrated the secondary and primary data using numerical scores as described below and illustrated in Figure 2 (please see Appendix G for a detailed description of the scoring methodology).

Figure 2. Health Need Prioritization Flow Chart



- Reviewed all indicators grouped by health need in the CHNA data platform.
- Reviewed z scores in the data platform to assess poor performance compared to CA average. If the z score was less than -1 then the performance was "worse" or "much worse."
- Reviewed z scores for disparities among ethnic groups.
- Organized primary data themes by health need - matched health issues mentioned by Focus Groups/Key Informants to the topics represented by the indictors grouped for each health need in the CHNA data platform.
- Developed scores for divergence from the CA average, disparities and primary data (see Appendix G).

- Removed health needs not mentioned by 3 or more focus groups/key informants from the list of needs presented for prioritization.
- Presented needs for prioritization to community residents and leaders.

B. Process and criteria used for prioritization of health needs

Criteria:
Before beginning the prioritization process, KFH Fresno chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Community prioritizes the health need:** Community residents and leaders expressed that the health need is a top priority.
- **Existing attention/resources dedicated to the issue:** The inventory of assets/primary data identified existing Service Area programming/organizations to address the health need.
- **Effective and feasible interventions exist:** Evidence based or recognized best practices are available to address the health need.
- **Opportunity to intervene at the prevention level:** The health need can be addressed through upstream strategies.

Prioritization Process:
A process was conducted to rank the health needs into highest, medium and lower priority during a 90-minute meeting. The meeting was attended by 19 community residents recruited by the Fresno Housing Authority Resident Services Program, which hosted the meeting. Participants included a diverse group with representation from a variety of ages, genders, ethnicities, and physical and cognitive abilities. At the meeting, the primary and secondary data, organized by nine health needs, were presented and discussed via a gallery walk format. The data scoring was also presented and participants engaged in a multi-voting method (described below) to rank the health needs.

Multi-voting method: Participants reviewed the prioritization criteria and were instructed to apply the criteria to vote for their top health needs. Participants took part in two rounds of voting to prioritize the nine health needs. For the first round, all health needs were listed and participants voted for their top priority health needs. The four needs that received the most votes were identified as highest priority health needs. The same voting process was used for round two: participants voted for their top three priority health needs among the remaining eight health

needs; the three health needs that received the most votes in the second round were identified as medium priority health needs. The remaining two needs were identified as lower priority health needs.

C. Prioritized description of all the community needs identified through the CHNA

The prioritization process resulted in the following grouping of health needs into highest, medium, and lower priority. (Detailed profiles of each health need are found in Appendix C.)

Highest Priority

- **Mental Health**: Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. The KFH Fresno Service Area residents say they have more days with poor mental health compared to the state and Service Area non-Hispanic Whites have a higher rate of suicide deaths than other ethnic groups. Primary data described prejudice and stigma around mental health as barriers to care and noted that children's trauma in the home contributes to poor mental health.
- **Economic Security**: Economic security and stability lays the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing. Economic security contributes to good health. It facilitates access to healthcare services, healthy eating, and other factors that play a role in overall wellbeing. The KFH Fresno Service Area benchmarks poorly compared to the state on many economic security indicators and there are a number of ethnic/racial disparities within the county. Unemployment in the Service Area is high relative to the state, as is the number of children living in poverty. Black, Pacific Islander and "other" ethnicity children are among those most impacted by poverty. Homelessness, lack of affordable housing, transportation and a lack of professionals/graduates and jobs were mentioned as important issues by key informants and focus group participants.
- **Access to Care**: Access to high-quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidities and increases quality of life, especially for the most vulnerable. In the KFH Fresno Service Area, residents are more likely to be enrolled in Medicaid or other public insurance than the state average, which is a factor related to overall rates of poverty. Latino, Native American/Alaskan Native and residents identifying as "other" ethnicities are most likely to be uninsured. When describing issues in accessing care locally, focus groups and interviewees described language barriers, high costs and limited health insurance coverage, limited culturally sensitive services, and a lack of care for seniors.
- **Violence/Injury Prevention**: Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries. Non-Hispanic Whites and Blacks as well as Latinos

are disproportionately impacted by motor vehicle crash deaths in the KFH Fresno Service Area. The Service Area also ranks higher for pedestrian accident deaths when compared to the state. Focus group and interview participants described community safety concerns and high crime and gang activity as influencing this health need.

Medium Priority

- **Substance Abuse/Tobacco**: Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death, with second hand smoke exposure putting people around smokers at risk for the same respiratory diseases as smokers. Substance abuse is linked with community violence, sexually transmitted infections, and teen pregnancies. More residents smoke in the KFH Fresno Service Area as compared to the state average. Primary data described the links between mental health and substance abuse, highlighting that substance abuse affects all ages.
- **Obesity/HEAL/Diabetes**: A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in the KFH Fresno Service Area as compared to the state average. Physical inactivity and soft drink consumption are higher in the Service Area, and disparities in obesity are highest among Latinos and Blacks. The lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in primary data, and overweight and obesity were mentioned as risk factors for chronic diseases.
- **Climate and Health:** Climate change poses a threat to the health and well-being of current and future generations. Climate change has been linked to vector-borne disease, health related issues, and respiratory diseases. Clean air and water are necessary for health, but rapid climate change contributes to increased drought and poor air quality. Drought severity and heat index ranking are worse in the KFH Fresno Service Area than the state average. Primary data focused on farming pollution, Valley Fever, and the lack of clean air and water as issues related to this health need.

Lower Priority

- **Asthma**: Prevention and management of asthma, by reducing exposures to triggers such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care. The asthma hospitalization rate is greater in the KFH Fresno Service Area compared to the state average. Under 10% of key informant interviewees/focus group participants discussed asthma, indicating this is not a high priority need for residents. The overall score for this health need was in the lowest tertile.
- **Oral Health:** Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and

culturally/linguistically appropriate dental care - access to dentists is worse in the KFH Fresno Service Area compared to the state average. Sixteen percent of Service Area residents have poor dental health, meaning six or more permanent teeth have been removed. Just ten percent of key informant interviewees/focus group participants discussed oral, indicating this is not a high priority need for residents. The overall score for oral health was in the lowest tertile.

D. Community resources potentially available to respond to the identified health needs

The KFH Fresno Service Area contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment.

Key resources available to respond to the identified health needs of the community are listed in Appendix D Community Resources.

VI. KFH Fresno 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH Fresno's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH Fresno's Implementation Strategy Report, including the health needs identified in the facility's 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit www.kp.org/chna.

For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH Fresno in the 2016 Implementation Strategy Report.

1. Access to Care and Coverage
2. Healthy Eating Active Living (HEAL)
3. Behavioral Health

KFH Fresno is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH Fresno tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. Kaiser Permanente's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1)

how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH Fresno had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH Fresno will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2017 and 2018, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

KFH programs: From 2017-2018, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- Medicaid: Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
- Medical Financial Assistance: The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
- Charitable Health Coverage: Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
- Workforce Training: Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
- Research: Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research

and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes

Grantmaking: For 70 years, Kaiser Permanente has shown its commitment to improving community health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2017-2018, KFH Fresno awarded 259 grants amounting to a total of $10,096,398.41 in service of 2016 health needs. Additionally, KFH Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH Fresno Service Area. During 2017-2018, a portion of money managed by this foundation was used to award 2 grants totaling $9,449.40 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH Fresno leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report below.

Collaborations and partnerships: Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2017-2018, KFH Fresno engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs. Examples of collaborations and partnerships are included in the section of the report below.

C. 2016 Implementation Strategy evaluation of impact by health need

Fresno Medical Center Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Access to Care and Coverage	There were 78 grants totaling $6,889,930.78 that addressed Access to Care in the KFH-Fresno service area.	KP Medicaid and Charity Care: In 2017 and 2018 KP served 738 and 18 Medi-Cal members respectively totaling $12,867,825.52 worth of care. KP also provided a total of $7,699,134.03 of Medical Financial Assistance (MFA) to 10,901 individuals in 2017 and 5,852 individuals in 2018.
		PHASE: Over the course of three years (2017-2019), Camarena Health is the recipient of a $150K grant to support the successful use of PHASE among clinic sites. Strategies include implementing and codifying an organization-wide HTN protocol and strengthening their team-based care approaches. Camarena is reaching almost 6,000 patients through PHASE. 88% of their patients with diabetes and 71% of their patients with hypertension have their blood pressure controlled.
		Capital Grant: Buddhist Tzu Chi received a $650,000 grant to buy a new dental mobile unit that will increase dental service to seniors, children, veterans, migrant families, and people residing in rural areas. The unit will have three dental chairs and provide free dental care to clients, and services will include cleaning, filling, and extraction along with oral health education.
		Capital Grant: Camarena Health received a $550,000 grant for the purchase of a new medical and dental mobile unit that will service isolated corners of Madera County where low-income residents face serious challenges in accessing primary care due to the county's geography and its limited transportation services.
		Capital Grants: Fresno American Indian Health Project (FAIHP) received a $368,520 grant to build a new Fresno American Indian Health Center in Fresno County. Through this addition, the project will increase access to primary care for American Indian and Alaskan Native populations in the region. Upon completion, the new health center will allow FAIHP to integrate primary health care services into its existing behavioral health program and to replace existing the electronic health record with an updated platform that supports the provision of integrated care.
		Access to Services: KFH-Fresno awarded Buddhist Tzu Chi Medical Foundation $80,000 to support its Mobile Vision Project that out reaches to 2,000 children to increase access to vision services and provide no-cost, high-quality vision services including screenings, eye examinations, and reading/prescription glasses.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Healthy Eating Active Living	There were 62 grants totaling $1,549,422.24 that addressed Healthy Eating Active Living in the KFH-Fresno service area.	CalFresh: FOOD, Inc. (dba) Central California Food Bank received a $95,000 grant to provide targeted outreach to low-income communities in Kings and Madera counties through its CalFresh outreach program, which aims to increase CalFresh participation. To date, the CalFresh Outreach program has pre-screened 790 individuals for food insecurity and assisted 110 households in completing a CalFresh application. Fifty of those applications were approved.
		Access to Healthy Food: KFH-Fresno awarded Fresno Metro Ministry $95,000 for its Food to Share program to increase healthy food access and consumption in six under-resourced neighborhoods in Fresno reaching 10,000 residents and distributing 440,000 pounds of healthy food. In 2019, 2,700 people will participate in healthy cooking demos at farmer's market style food distributions.
		Access to Clean Water: KFH-Fresno award $75,000 to Madera Unified School District (MUSD) for its Water Stations project, which will install filtered hydration stations at 17 MUSD schools and three district-wide departments, providing access to clean drinking water and encouraging students and staff to choose water over sugary drinks. The project will impact 11,470 students and faculty members.
		Physical Education: KFH-Fresno awarded Fresno Unified School District with $75,000 to implement project Aces, which will increase focused physical activity for 300 staff and approximately 3,160 students during and after school sessions within the district.
		Recreation: Fresno United Neighborhoods (FUN) received $30,000 to support FUN Learner Pool Summer and Lifeguard Development programs, which will provide three free extended family swim hours (M-F, 5PM-8PM) at five learner pool sites during the summer and swim scholarships for 200 low income participants who will learn water safety skills, basic swimming techniques, and develop a love of swimming at Edison High School Pool. The proposed learner pool special events attract 100 plus participants at each learner pool.
Mental Health & Wellness	There were 41 grants totaling $1,356,377.70 that addressed Mental Health and Wellness in the Fresno service area.	Resilience: Family Foundations Counseling Services received a $98,000 grant to expand school-based mental health services from three days a week to a full five days a week at Hamilton Middle School. The expansion will reduce current student wait list times and ensure that Hamilton students affected by trauma have access to trauma-informed mental health and wellness services.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Stigma: Camarena Health received a $90,000 grant to reduce the stigma associated with mental health by developing two awareness campaigns that promote mental health and wellness. The campaigns expect to reach 2,500 students at a Madera Unified School District high school and 750 pregnant mothers at a community health center.
		Increase Mental Health Services: KFH-Fresno awarded $150,000 to Fresno Interdenominational Refugee Ministries (FIRM) to help the Fresno Southeast Asian Coalition for Action (FSACA) improve access to and utilization of mental health services for 12,500 Southeast Asians in Fresno. FIRM aims to reduce barriers and increase FSACA's capacity to serve the diverse Southeast Asian population by reducing the stigma associated with mental health services and meet social non-medical needs that can be barriers to care.
		Establishing Networks and Referrals: California Health Collaborative received $70,000 to support its Perinatal Mental Health Integration Program, which helps build a strong network and referral process for women experiencing postpartum depression and implement provider training, a referral network, and a maternal wellness coalition. The program is expected reach 2,230 women.
		Social Emotional Programs in Schools: KFH-Fresno provided Every Neighborhood Partnership $23,000 to implement a social emotional wellness program impacting 500 Fresno Unified School District students. Students will participate in a three-tiered mentoring program that includes Beat the Odds, Yoga, SPARKs PE, Drum Fit curriculum, and one-on-one mentoring.

VII. Appendix

A. Secondary data sources and dates
    i. Kaiser Permanente CHNA Data Platform secondary data sources
B. Community Input Tracking Form
C. Health Need Profiles
D. Community resources
E. Other – Key Informant Interview Guide
F. Other – Focus Group Guide
G. Other – Prioritization and Scoring Methodology

Appendix A. Secondary data sources and dates

i. Secondary sources from the Kaiser Permanente CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	US Drought Monitor	2012-2014
43.	USDA - Food Access Research Atlas	2014

Appendix B. Community input tracking form

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
1	Key Informant Interview	Career Technical Education Coordinator / Fresno Regional Workforce Development Board	1	Minority, medically underserved and low income	Leader	February-September 2018
2	Key Informant Interview	Executive Director / Children Services Network	1	Minority, medically underserved and low income	Leader	February-September 2018
3	Key Informant Interview	Founder, Director / Fresno EOC Street Saints	1	Minority, medically underserved and low income	Leader	February-September 2018
4	Key Informant Interview	Executive Director / The Fresno Center	1	Minority, medically underserved and low income	Leader	February-September 2018
5	Key Informant Interview	Executive Director / Centro Binacional Para el Desarrollo Indigena Oaxaqueno	1	Minority, medically underserved and low income	Leader	February-September 2018
6	Key Informant Interview	Executive Director / California Health Collaborative	1	Minority, medically underserved and low income	Leader	February-September 2018
7	Key Informant Interview	Executive Director / United Health Centers	1	Minority, medically underserved and low income	Leader	February-September 2018
8	Key Informant Interview	CEO / Cal Viva Health Net	1	Minority, medically underserved and low income	Leader	February-September 2018
9	Key Informant Interview	Past National Commander / Disabled Americans	1	Minority, medically underserved and low income	Leader	February-September 2018
10	Key Informant Interview	Director / Fresno County Public Health	1	Minority, medically underserved and low income	Leader	February-September 2018
11	Key Informant Interview	Director / West Care	1	Minority, medically underserved and low income	Leader	February-September 2018
13	Key Informant Interview	Director / Poverello House/MAPP Point	1	Minority, medically underserved and low income	Leader	February-September 2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
14	Key Informant Interview	Director / Every Neighborhood Partnership	1	Minority, medically underserved and low income	Leader	February-September 2018
15	Key Informant Interview	Director / Fresno County Dept. Behavioral Health	1	Minority, medically underserved and low income	Leader	February-September 2018
16	Key Informant Interview	Executive Director / Kings United Way	1	Minority, medically underserved and low income	Leader	February-September 2018
17	Key Informant Interview	Executive Director / Kings County Commission on Aging	1	Minority, medically underserved and low income	Leader	February-September 2018
18	Key Informant Interview	Chief of Police / Hanford Police Department	1	Minority, medically underserved and low income	Leader	February-September 2018
19	Key Informant Interview	President / Adventist Health	1	Minority, medically underserved and low income	Leader	February-September 2018
20	Key Informant Interview	VP Population Health / Adventist Health	1	Minority, medically underserved and low income	Leader	February-September 2018
21	Key Informant Interview	Executive Pastor / Koinonia Church	1	Minority, medically underserved and low income	Leader	February-September 2018
22	Key Informant Interview	Director / Kings County Department of Behavioral Health	1	Minority, medically underserved and low income	Leader	February-September 2018
23	Key Informant Interview	Supervisor / Kings County Board of Supervisors	1	Minority, medically underserved and low income	Leader	February-September 2018
24	Key Informant Interview	Superintendent / Kings County Office of Education	1	Minority, medically underserved and low income	Leader	February-September 2018
25	Key Informant Interview	Chief Executive Officer / Lemoore Chamber of Commerce	1	Minority, medically underserved and low income	Leader	February-September 2018
26	Key Informant Interview	Family Physician / Adventist Health Physicians Network	1	Minority, medically underserved and low income	Leader	February-September 2018
27	Key Informant Interview	City Manager / City of Hanford	1	Minority, medically underserved and low income	Leader	February-September 2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
28	Key Informant Interview	CEO / Camarena Health	1	Minority, medically underserved and low income	Leader	February-September 2018
29	Key Informant Interview	Director / Madera County Public Health Department (Live Well Madera Collaborative)	1	Minority, medically underserved and low income	Leader	February-September 2018
30	Key Informant Interview	Executive Director / Community Action Partnership Agency of Madera County	1	Minority, medically underserved and low income	Leader	February-September 2018
31	Key Informant Interview	Secretary / Guadalupe Society	1	Minority, medically underserved and low income	Leader	February-September 2018
32	Key Informant Interview	Executive Director / Madera Chamber of Commerce	1	Minority, medically underserved and low income	Leader	February-September 2018
33	Key Informant Interview	Pediatrician / Medical Doctor & Madera Community Hospital Trustee	1	Minority, medically underserved and low income	Leader	February-September 2018
34	Key Informant Interview	Executive Director / Madera County Superintendent of Schools	1	Minority, medically underserved and low income	Leader	February-September 2018
35	Key Informant Interview	Executive Director / First 5 Madera	1	Minority, medically underserved and low income	Leader	February-September 2018
36	Key Informant Interview	Director, Student Health / Madera Unified School District	1	Minority, medically underserved and low income	Leader	February-September 2018
37	Key Informant Interview	Sheriff / Madera County Sheriff Dept	1	Minority, medically underserved and low income	Leader	February-September 2018
38	Key Informant Interview	Executive Director / Fresno Madera Agency on Aging	1	Minority, medically underserved and low income	Leader	February-September 2018
39	Key Informant Interview	Director of Population Health / Kaweah Delta Health Care District	1	Minority, medically underserved and low income	Leader	February-September 2018
40	Key Informant Interview	Assistant Health Officer / Tulare County HHSA	1	Minority, medically underserved and low income	Leader	February-September 2018
41	Key Informant Interview	Program Manager / Anthem Blue Cross	1	Minority, medically underserved and low income	Leader	February-September 2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
42	Key Informant Interview	CEO / Altura Centers for Health	1	Minority, medically underserved and low income	Leader	February-September 2018
43	Key Informant Interview	Executive Director / The Source LGBT+ Center	1	Minority, medically underserved and low income	Leader	February-September 2018
44	Key Informant Interview	CEO / Sierra View Medical Center	1	Minority, medically underserved and low income	Leader	February-September 2018
45	Key Informant Interview	Tule River Tribe Community Member / Tribal Council	1	Minority, medically underserved and low income	Leader	February-September 2018
46	Key Informant Interview	Branch Manager / Knights of Columbus, St. Anne's	1	Minority, medically underserved and low income	Leader	February-September 2018
47	Key Informant Interview	Family Health Care Network	1	Minority, medically underserved and low income	Leader	February-September 2018
48	Key Informant Interview	Chief of Police / Police Department	1	Minority, medically underserved and low income	Leader	February-September 2018
49	Key Informant Interview	Executive Director / First 5 Tulare County	1	Minority, medically underserved and low income	Leader	February-September 2018
1	Focus group	Poverello House	15	Minority, medically underserved, and low income	Member	February-October 2018
2	Focus group	The Fresno Center	15	Minority, medically underserved, and low income	Member	February-October 2018
3	Focus group	West Fresno Family Resource Center	12	Minority, medically underserved, and low income	Member	February-October 2018
4	Focus group	Disabled Veterans of America	9	Minority, medically underserved, and low income	Member	February-October 2018
5	Focus group	Centro La Familia	11	Minority, medically underserved, and low income	Member	February-October 2018
6	Focus group	Fresno Barrios Unidos	15	Minority, medically underserved, and low income	Member	February-October 2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
7	Focus group	Centro La Familia	9	Minority, medically underserved, and low income	Member	February-October 2018
8	Focus group	Parent Institute for Quality Education	13	Minority, medically underserved, and low income	Member	February-October 2018
9	Focus group	Youth Leadership Institute	11	Minority, medically underserved, and low income	Member	February-October 2018
10	Focus group	Fresno Housing Authority	15	Minority, medically underserved, and low income	Member	February-October 2018
11	Focus group	Adventist Health Medical Office - Home Garden	7	Minority, medically underserved, and low income	Member	February-October 2018
12	Focus group	Kings Partnership for Prevention	23	Minority, medically underserved, and low income	Member	February-October 2018
13	Focus group	Champions Recovery Program	12	Minority, medically underserved, and low income	Member	February-October 2018
14	Focus group	Head Start	8	Minority, medically underserved, and low income	Member	February-October 2018
15	Focus group	The Source - LGBT	10	Minority, medically underserved, and low income	Member	February-October 2018
16	Focus group	Camarena Health Centers - Promotoras	12	Minority, medically underserved, and low income	Member	February-October 2018
17	Focus group	City of Madera - Senior Services	10	Minority, medically underserved, and low income	Member	February-October 2018
18	Focus group	First 5 Madera County Parents	4	Minority, medically underserved, and low income	Member	February-October 2018
19	Focus group	Guadalupe Society	15	Minority, medically underserved, and low income	Member	February-October 2018
20	Focus group	Glory of Zion Church - African American	16	Minority, medically underserved, and low income	Member	February-October 2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
21	Focus group	Community Service Education & Training (CSET)	10	Minority, medically underserved, and low income	Member	February-October 2018
22	Focus group	General/Promotora group - Spanish	19	Minority, medically underserved, and low income	Member	February-October 2018
23	Focus group	General, includes farm workers - Spanish	10	Minority, medically underserved, and low income	Member	February-October 2018
24	Focus group	St. Anne's Church - Faith based group	3	Minority, medically underserved, and low income	Member	February-October 2018
25	Focus group	Kaiser Permanente Leaders, Fresno Business/Elected Officials	7	Healthcare/ Government	Leader	9/10/18
26	Focus group	Kaiser Permanente Leaders, Madera Business/Elected Officials	6	Healthcare/ Government	Leader	9/10/18
27	Prioritization Meeting	Fresno Housing Authority Residents Services Program, Parc Grove Commons	19	Minority, medically underserved, and low income	Member	12/12/18

Appendix C. Health Need Profiles

Health Needs Profiles Overview

Presented below are profiles of KFH Fresno Service Area health across 9 categories of health needs:

- Mental Health
- Economic Security
- Access to Care
- Violence/Injury Prevention
- Substance Abuse/Tobacco
- Obesity/Healthy Eating Active Living/Diabetes
- Climate and Health
- Asthma
- Oral Health

The selected categories that are included here each meet the following criteria:

- Meets the Kaiser Permanente definition of a health need (either a poor health outcome and its associated driver, or a health driver that is associated with a poor health outcome that hasn't yet itself arisen as a need).
- The health need is confirmed by multiple data sources.
- Several indicator(s) related to the health need perform(s) poorly against a state benchmark.
- The community prioritized the health need; 25 or more key informants and/or individual focus group participants mentioned the health need.

Cancers, Cardiovascular Disease/Stroke, Maternal and Infant Health, and HIV/AIDS/STDs are the health needs for which secondary data was available, but were not identified as high, medium or low needs during the KFH Fresno primary data collection.

Each profile contains a rationale for why the particular issue is a critical health need; key findings that surfaced from both primary (qualitative) and secondary (quantitative) data analyses; as well as conclusions about demographic populations and geographic communities that are disproportionately impacted by the health issue. The findings include prevalence/incidence rates for health outcomes that pertain to the category of need in comparison to statistics for the State of California. In addition, we list factors that contribute to those issues. Following the legend shown below, instances where the County performs markedly worse than State level averages are noted. Indicators for which there were ethnic disparities within the County are also noted.

- Yellow: Indicates disparity for particular ethnic group(s) as compared with County averages
- Blue: Indicates where the KFH Fresno Service Area outcomes are notably worse than State of California averages (elevated z score)
- Orange: Indicates both presence of ethnic disparity and where the KFH Fresno Service Area outcomes are notably worse than State of California averages (elevated z score)

Mental Health

Rationale: Why this is a Critical Health Need

Mental health and well-being provides people with the basis from which to cope with and manage life's stressors and difficulties, allowing for improved personal wellness, meaningful social relationships, and productive contributions to communities.

Key Findings Across the KFH Fresno Service Area

- KFH Fresno Service Area residents are more likely to self-report mentally unhealthy days per month compared to their counterparts across the state.
- Depression among Medicare beneficiaries is also similar in the County as compared to state benchmarks.
- While the difference is not significant, the KFH Fresno Service Area has fewer mental health providers per 100,000 residents compared to the state.

Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Suicide Deaths	10.8	10.3
Poor Mental Health Days	4.1	3.7
Deaths by Suicide, Drug or Alcohol Poisoning	42	34
Depression Among Medicare Beneficiaries	13%	14%
Seriously Considered Suicide	11%	10%

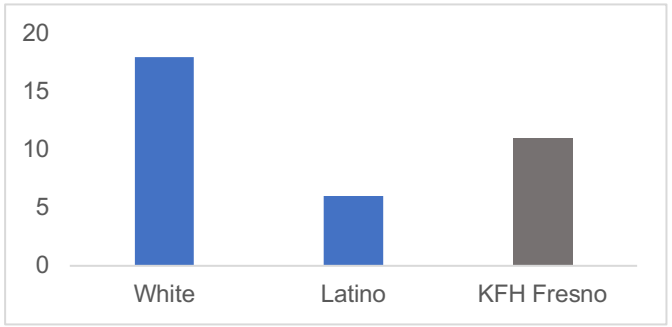
Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Mental Health Providers	252	289
Social and Emotional Support (Insufficient)	27%	25%
Social Associations	6	7

Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Non-Hispanic whites are more likely to experience mortality by suicide than other racial/ethnic groups in the KFH Fresno Service Area.



Primary Data: What Community Stakeholders Say About this Health Need

- Just under a quarter of interviewees/focus group participants identified factors that have an impact on Mental Health, including:
    - Prejudice/stigma regarding mental health and barriers to seeking care
    - Children's trauma in the home

Community Resident and Key Informant Voices

"*And then I think on the mental health side, there's also some significant need...we're seeing a lot more mental health issues at a much younger age with kids*." *– Key Informant*

"Most of the kids that we deal with that have gotten themselves in a bad situation...It's because the stability in the home isn't there…Many of these kids live in home environments where it's extremely disruptive. And as a result of the disruption, they don't get a nice pattern of school attendance or learning going." – Key Informant

"One of the reasons why I agreed with mental health as a priority medical issue here is that it is just so prevalent. So you're talking about kids. You're talking about mothers. You're talking about veterans. You're talking about working adults who face, perhaps, depression, or other issues stemming from mental health, and it just permeates so much of what they do." – – Elected Official Representative

Economic Security

Rationale: Why this is a Critical Health Need

Economic security and stability lay the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing.

Key Findings Across the KFH Fresno Service Area

- Poverty directly impacts the residents of the KFH Fresno Service Area as a whole. Over a third of children and over a quarter of the general population in the KFH Fresno Service Area live below the 100% Federal Poverty Line (FPL), both of which are greater than the state average.
- The unemployment rate in the KFH Fresno Service Area is double that of the state average.
- The KFH Fresno Service Area benchmarks poorly compared to the state on a number of indicators that contribute to economic security, including the number of adults with some level of higher education, children living in single-parent households, and preschool enrollment.

Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Children Below 100% FPL	37%	22%
Population Below 100% FPL	26%	16%
Unemployment	8%	4%
Income Inequality – 80/20 Ratio	4	5.07

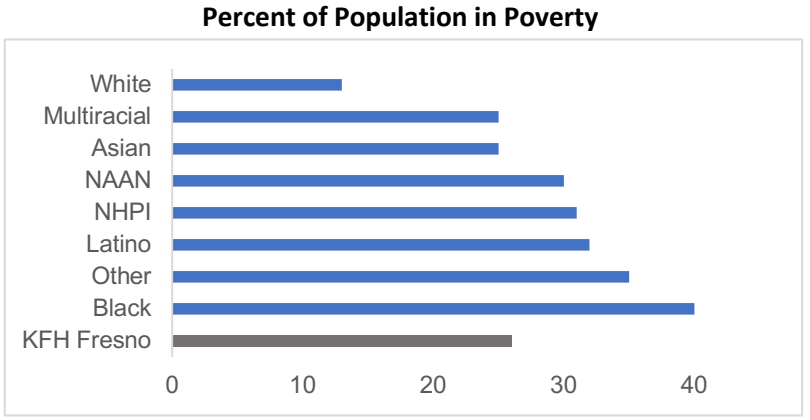
Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Adults with No High School Diploma	25%	18%
Adults with an Associate's Degree or Higher	28%	40%
Adults with Some Post-Secondary Education	53%	64%
Expulsions	.2	.1
Preschool Enrollment	36%	49%
Reading Proficiency	31%	40%
Suspensions	10	6
Children in Single-parent Households	40%	32%
Free and Reduced Price Lunch	74%	59%
Opportunity Index	43	52
Young People Not in School and Not Working	10%	8%
Housing Problems	45%	46%
On-Time High School Graduation	82%	83%
High Speed Internet	88%	95%
Banking Institutions	2	3
Segregation Index	.4	.4
Severe Housing Problems	27%	27%
Cost Burdened Households	41%	43%
Uninsured Children	5%	10%

Populations Disproportionately Impacted

- Extreme poverty directly impacts Black and Native Hawaiian/Pacific Islander children and those who selected "other" most acutely. Latinos and Native American/Alaska Natives also have higher rates of children living below the 100% FPL.
- A variety of racial/ethnic populations live below the 100% FPL in the KFH Fresno Service Area, with Black, Latino, Native American/Alaska Native, Native Hawaiian/Pacific Islander, and individuals who self-identify as "Other" impacted most.
- Latino adults and individuals who selected the racial/ethnic category "other" are also least likely to have a high school diploma.



Primary Data: What Community Stakeholders Say About this Health Need

- Almost 2/3 of interviewees/focus group participants identified issues related to Economic Security, including:
  - Homelessness and affordable housing
  - Lack of transportation
  - Education, lack of professionals/graduates, and employment opportunities
  - Poverty

Community Resident and Key Informant Voices

"We have an increasing number of people who are homeless and that's similar to other areas. But it's a also a social situation that's impacting health for those individuals." - Key Informant

"It's the "brain drain"… the people who do go to a 4 year college never come back. People don't want to live here..." - Focus Group Participant

"It's the socioeconomic [factors] and all of the ripple effects that come from that, the poverty, the transportation…" – Elected Official Representative

Access to Care

Rationale: Why this is a Critical Health Need

Access to high quality, culturally competent, affordable healthcare and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable communities.

Key Findings Across the KFH Fresno Service Area

- Compared to state benchmarks, the KFH Fresno Service Area compares similarly on both outcomes associated with access to care.
- The KFH Fresno Service Area ranks higher than the state in terms of the percentage of the population enrolled in Medicaid or other public insurance, which is a factor related to overall poverty rates within the County.
- While the difference is not significant, the KFH Fresno Service Area has fewer primary care physicians per capita than the state average.

Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
30-Day Readmissions	15%	14%
Recent Primary Care Visit	77%	73%

Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Uninsured Population	14%	13%
Medicaid/Public Insurance Enrollment	35%	22%
Primary Care Physicians	62	78
Federally Qualified Health Centers	2	3

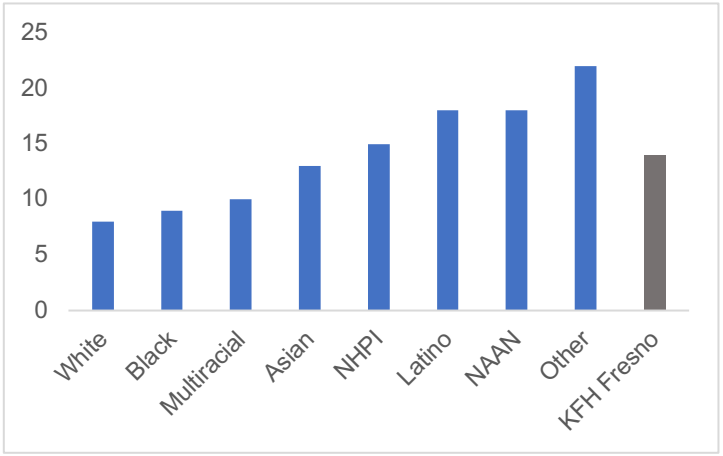
Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Native Hawaiian/Pacific Islander (NHPI), Latino, Native American/Alaskan Native (NAAN), and residents who selected the "other" racial/ethnic category are most likely to be uninsured in the KFH Fresno Service Area.

Percent of Residents without Health Insurance



Primary Data: What Community Stakeholders Say About this Health Need

- More than half of interviewees/focus group participants discussed issues related to Access to Care, including:
  - Lack of care for seniors
  - Culturally sensitive services; language barriers
  - Affordability of medications
  - Limited health insurance coverage

Community Resident and Key Informant Voices

"There's also language access for the Hmong community, access to services for the Hmong community…There's forty to seventy languages spoken in the community. [There's] need for translation or need for culturally relevant services." - Key Informant

"Lack of providers. You can be there [at the clinic] upwards of hours. [There is a need for] more providers accepting majority of insurances. Currently they don't and they turn you away and you are back to square one." - Focus Group Participant

Violence/Injury Prevention

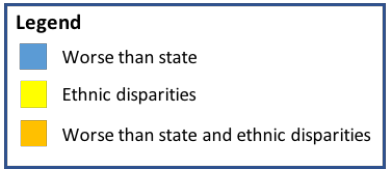
Rationale: Why this is a Critical Health Need

Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

Key Findings Across the KFH Fresno Service Area

- Motor vehicle crash deaths are more frequent in the KFH Fresno Service Area, compared to the state average. They also impact certain racial/ethnic groups more than others.
- While not statistically significant, the rate of injury deaths is higher in the KFH Fresno Service Area compared to the state.
- While not statistically significant, the rate of violent crimes is higher in the KFH Fresno Service Area compared to state benchmarks.

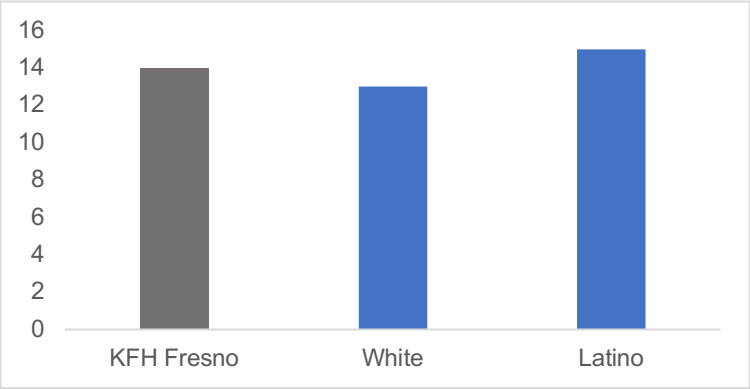
Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**	**Indicator**	**KFH Fresno Service Area**	**State of California**
Motor Vehicle Crash Deaths	14	9	Violent Crimes	516	403
Pedestrian Accident Deaths	3	2			
Domestic Violence Hospitalizations	6	5			
Injury Deaths	56	47			



Populations Disproportionately Impacted

- Latinos are most likely to experience motor vehicle crash mortality, with Non-Hispanic Whites and Non-Hispanic Blacks also experiencing elevated mortality.

Motor Vehicle Crash Deaths (per 100,000)



Primary Data: What Community Stakeholders Say About this Health Need

- Fewer than 10% of interviewees/focus group participants identified issues related to Violence/Injury Prevention, including:
    - Community safety concerns
    - High amount of crime and gangs

Community Resident and Key Informant Voices

"*Be concerned about the shooting and stuff that's going on here in Fresno. You sit up there on your back patio…about 10 minutes, and you hear this, they go to shooting. And then you run back in the house, 'cause you're scared.*" *– Focus Group Participant*

"Safety, I think would also be an issue. The reason why [children are] probably not outside is new parents don't want to let them because of the safety issues." – Key Informant

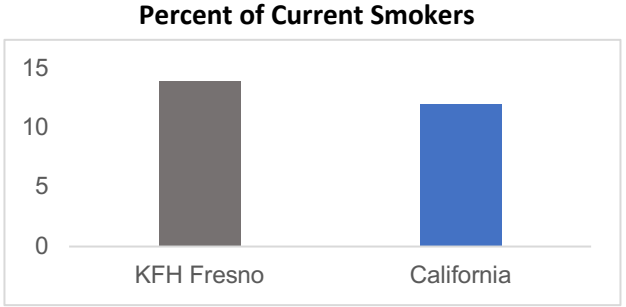
"We've got issues of gangs. We still have, like 14,000 gang members in Fresno that cause trauma in neighborhoods." – Key Informant

"Fresno is 94th out of 100 in terms of [availability of] parks, so the ability to have access to safe spaces for active living. That's both not only having the parks, but having the crime, etcetera, around them." – Elected Official Representative

Substance Abuse/Tobacco

Rationale: Why this is a Critical Health Need

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death as it can cause multiple diseases, and second-hand smoke exposure putts people around smokers at risk for the same respiratory diseases as smokers. Substance abuse is linked with mental and physical illness and mortality, community violence, sexually transmitted infections, and teen pregnancies.



Key Findings Across the KFH Fresno Service Area

- Smoking rates are higher in the KFH Fresno Service Area as compared to the state average.

Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Impaired Driving Deaths	27%	29%

Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Current Smokers	14%	12%
Excessive Drinking, CA	31%	33%
Beer, Wine, and Liquor Stores	1	1
Opioid Prescription Drug Claims	6%	7%

Legend
- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for factors contributing to substance abuse/tobacco health outcomes.

Primary Data: What Community Stakeholders Say About this Health Need

- Just under one-fifth of interviewees/focus group participants discussed Substance Abuse/Tobacco, including:

- Connection between mental health and substance abuse
- Substance abuse affects all ages

Community Resident and Key Informant Voices

"*I think behavioral health and substance abuse are two issues that are, you know, we're just at the tip of the iceberg with the opiate crisis. But I think those are enormous.*" *– Key Informant*

"We should be able to do programs that are dual diagnosis, like dealing with drug addiction and depression or mental health services…A lot of time they want you to deal with your drug addiction first and then deal with the mental health issue or vice versa." – Focus Group Participant

Obesity/Healthy Eating, Active Living/Diabetes

Rationale: Why this is a Critical Health Need

A healthy lifestyle that includes good nutrition and regular physical activity improves overall physical and mental health, thus reducing risk of negative health outcomes such as obesity, diabetes, cardiovascular disease, cancer, and stroke.

Key Findings Across the KFH Fresno Service Area

- Rates of obesity are high in the KFH Fresno Service Area when compared to state levels. Adults have an obesity rate that is almost 1.4 times that of the state average and the youth obesity is slightly higher than the state.
- When compared to the rest of the state, the KFH Fresno Service Area benchmarks poorly on many of the factors that contribute to obesity rates, including soft drink consumption, food insecurity, physical inactivity among adults and exercise opportunities, among others.
- More KFH Fresno Service Area residents receives SNAP benefits than the state average, which relates to poverty and food access among residents of this community.

Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Obesity (Adult)	37%	27%
Obesity (Youth)	22%	20%
Diabetes Management (Hemoglobin A1c Test)	83%	82%
Diabetes Prevalence	9%	9%

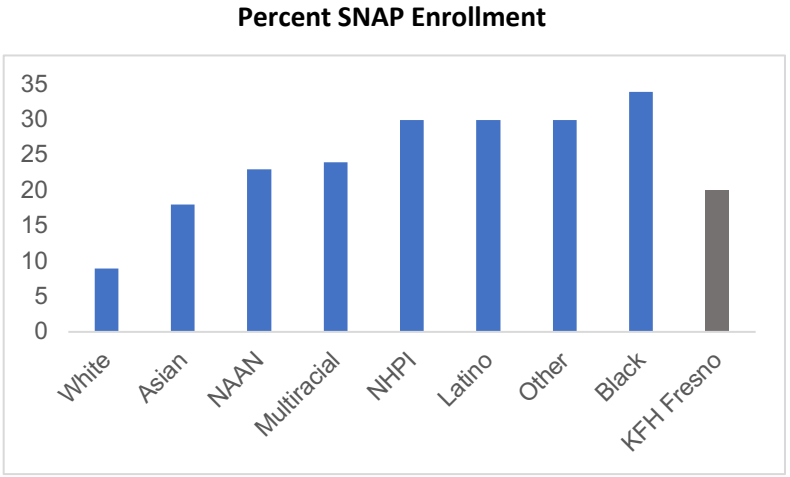
Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
SNAP Benefits	20%	9%
Physical Inactivity (Adult)	21%	17%
Food Environment Index	7	8
Soft Drink Consumption	25%	18%
Exercise Opportunities	77%	94%
Food Insecurity	16%	13%
Walkable Destinations	8%	29%
Driving Alone to Work	77%	73%
Healthy Food Stores (Low Access)	15%	13%
Grocery Stores and Produce Vendors	3	2
Children Walking or Biking to School	59%	39%
Physical Inactivity (Youth)	40%	38%

Populations Disproportionately Impacted

- Obesity disproportionately affects non-Hispanic Black adults and Latino adults and youth.
- Black, Latino, multi-racial, Native American/Alaska Native (NAAN), Native Hawaiian/Pacific Islander (NHPI) residents and residents who selected the "other" racial/ethnic category experience highest rates of disparity related to SNAP participation.



Primary Data: What Community Stakeholders Say About this Health Need

- 40% of interviewees/focus group participants discussed issues related to HEAL/Obesity/Diabetes, including:
  - Overweight/obesity and chronic diseases
  - Access to healthy foods
  - Access to physical activity/recreational options

Community Resident and Key Informant Voices

"*We live in a rural area so we have limited access to fresh fruit and vegetables and fresh organic meat.*" *– Key Informant*

"Access to communal recreation for [kids] to do things outside. Outside of the home, outside of school hours. We lack recreation for them." – Key Informant

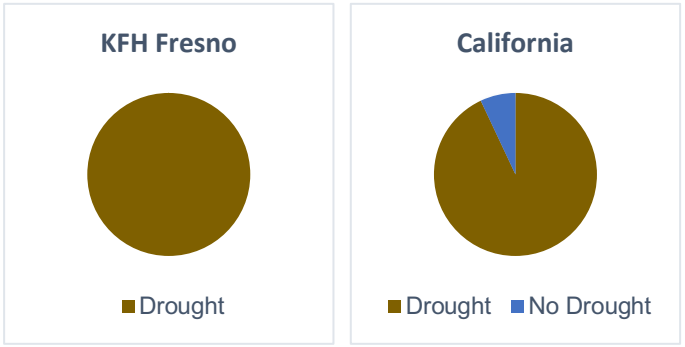
"All the people here in this room has (sic) diabetes, about 80%. We need to know how to control our diabetes. It's an issue among diabetics if you don't know how to control it and it will continue to be a bigger problem." – Focus Group Participant

Climate and Health

Rationale: Why this is a Critical Health Need

Climate change poses a threat for the health and well-being of current and future generations. Climate change has been linked to vector-borne disease, health related issues, and respiratory diseases. Clean air and water are necessary for health, but rapid climate change contributes to increased drought and poor air quality.

Percentage of Time Spent in Drought (2012-14)



Key Findings Across the KFH Fresno Service Area

- The rate of climate-related mortality, though not significant, is double in the KFH Fresno Service Area as compared to the state average.
- Drought severity is higher in the KFH Fresno Service Area relative to the state benchmark.
- The heat index is higher in the Fresno Service Area, meaning there were more days annually with high temperature and humidity compared to the state.

Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Climate-Related Mortality Impacts	16%	8%

Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Drought Severity	100%	93%
Heat Index	10%	3%
Flood Vulnerability	3%	4%
Drinking Water Violations	1	1
Road Network Density	2	2
Tree Canopy Cover	24%	8%

Legend
- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for climate and health indicators.

Primary Data: What Community Stakeholders Say About this Health Need

- Fifteen percent (15%) of interviewees/focus group participants discussed Climate and Health issues, including:
    - Physical environment (e.g., agricultural pollution)
    - Clean air/clean water
    - Valley fever[2]

Community Resident and Key Informant Voices

"The biggest health issues that we have here is valley fever, I got it. I was hospitalized for 22 days at Community Hospital. They operated on me, I was on bed rest for 6 months. It's because of all the chemicals in the air. Especially for those [people] that live outside of the city." – Focus Group Participant

"*We live in a very heavy agricultural county and it's really important that we keep our kids safe from pesticides, [give them] clean water.*" *– Key Informant*

"Water – we get stomach problems and throat problems. We have no other choice. It's horrible water. Water is yellow. I used to collect the water and take it to the meetings to try and make a change." – Focus Group Participant

[2] Valley fever is a fungal infection caused by coccidiodes organisms. It can cause fever, chest pain and coughing, among other signs and symptoms. Two species of coccidioides fungi cause valley fever. These fungi are commonly found in soil in specific regions. The fungi's spore can be stirred into the air by anything that disrupts the soil, such as farming, construction and wind. (Source: https://www.mayoclinic.org/diseases-conditions/valley-fever/symptoms-causes/syc-20378761)

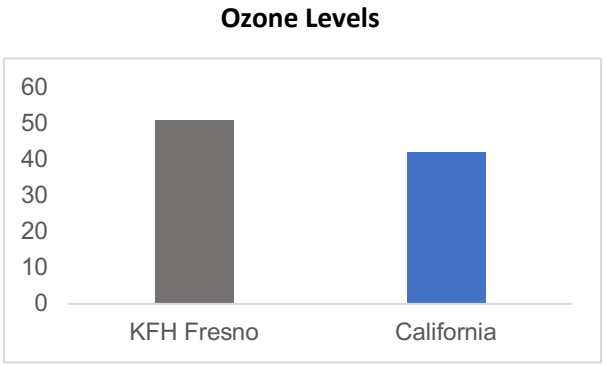
Asthma

Rationale: Why this is a Critical Health Need

Prevention and management of asthma by reducing exposures to triggers and other risk factors that increase the severity of asthma, such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care.

Key Findings Across the KFH Fresno Service Area

- Asthma prevalence is slightly higher in the KFH Fresno Service Area as compared to the state average.
- Asthma hospitalizations are higher among residents living in the KFH Fresno Service Area when compared to the state average.
- Ozone levels and particulate matter 2.5 levels are higher in the KFH Fresno Service Area compared to California.



Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**	**Indicator**	**KFH Fresno Service Area**	**State of California**
Asthma Hospitalizations	3	2	Ozone Levels	51%	42%
Asthma Prevalence	10%	8%	Particulate Matter 2.5 Levels	15%	11%
			Respiratory Hazard Index	2	2

Legend
- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for asthma indicators.

Primary Data: What Community Stakeholders Say About this Health Need

- Just under 10% of interviewees/focus group participants discussed Asthma, including:
    - Asthma linked to poor air quality
    - Lots of asthma in children

Community Resident and Key Informant Voices

"In our community, [there is] our poor air quality. A lot of asthma…I have probably three or four [staff] out right now because of allergy related and health related breathing issues in this county and this year has been worse." – Key Informant

"Asthma. It's because of the air we have in this community, if you stand on a high mountain and look down in the valley we have bad air. Everything settles down in the valley." – Focus Group Participant

"During the summer months when everybody needs to be more active we have, besides excessive heat, the air quality is unhealthy, unhealthy for sensitive groups, so that discourages you too." – Elected Official Representative

Oral Health

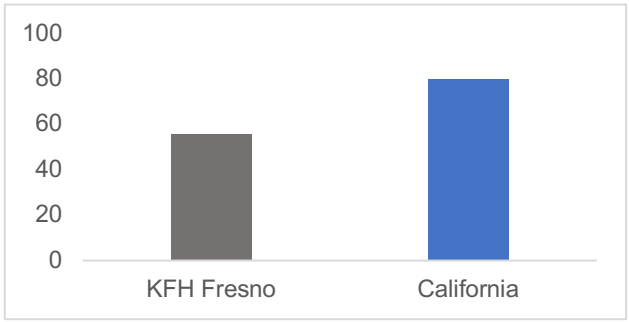
Rationale: Why this is a Critical Health Need

Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care.

Key Findings Across the KFH Fresno Service Area

- Sixteen percent of the KFH Fresno Service Area's population has poor dental health, meaning that they have had six or more permanent teeth removed due to decay or infection.
- There is more limited access to dentists in the KFH Fresno Service Area relative to the population, as compared to the state average.
- KFH Fresno Service Area residents spend more on soft drinks for at-home consumption compared to the state average.

Dentist Availability Rate



Related Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Poor Dental Health	16%	n/a

Factors that Contribute to Health Outcomes		
Indicator	**KFH Fresno Service Area**	**State of California**
Dentists	56	80
Soft Drink Consumption, CA	25%	18%
Health Professional Shortage Area - Dental	9%	13%
Recent Dental Exam, Youth	88%	87%
Dental Insurance Coverage	41%	39%

Legend
- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for oral health indicators.

Primary Data: What Community Stakeholders Say About this Health Need

- Ten percent (10%) of interviewees/focus group participants discussed issues related to Oral Health, including:

- Dental insurance coverage
- Dental care is very expensive
- Children's poor oral health

Community Resident and Key Informant Voices

"I think the greatest health need is medical [coverage] for dental and vision." – Key Informant

"*Tooth decay among children at very early ages seems to be very prevalent in the population in this area*." *– Key Informant*

Appendix D. Community resources

The Central Valley Regional CHNA Benefits Workgroup compiled a list of community assets/resources included below. Ad Lucem Consulting categorized and filled gaps in the assets/resources and added assets/resources identified in key informant interviews and focus groups.

Asset/Resource Provider Name	
Business Sector - Promotes businesses and the local economy. Partners with local organizations to support community health and wellness	
Chowchilla Chamber of Commerce	Hispanic Chamber of Kings and Tulare County
Dinuba Chamber of Commerce	Madera Chamber of Commerce
Fresno Chamber of Commerce	Ruiz Foods
Community, Family and Children's Services – Parenting and child development services to support healthy, strong and resilient families	
Bringing Broken Neighborhoods Back to Life (Selma)	Help Me Grow Fresno and Kern Counties
Child Abuse Prevention Councils (multiple counties)	Madera County Interagency Council for Children
Cradle to Career Fresno County	Pediatric Death Review Teams (multiple counties)
Exceptional Parents Unlimited	Safe Kids Central California and Kings County
Fresno Council on Child Abuse Prevention	Suspected Child Abuse & Neglect (SCAN) Teams for Fresno and Madera Counties
Family Resource Centers (multiple locations)	Tulare County Early Child Care Centers
Family Services of Tulare County	Turning Point of Central California, Inc.
First 5 (multiple counties)	
Cultural, Ethnic, Gender, Persons with Disabilities, and LGBTQ Communities - Programs and advocacy for individuals and groups to preserve culture and identity, defend rights, combat discrimination, and increase opportunity	
Alliance for Medical Outreach and Relief	Easterseals Central California
Binational Health Week of Central California Planning Committee	El Quinto Sol de America
Campesinas Unidas	Soroptimist International of Madera
Central California Women's Conference	The Source LGBT + Center
Centro La Familia	Valley Alliance for Latina Leadership Excellence
Community Integrated Work Program	Ventanilla de Salud Program, Mexican Consulate Fresno
Council of Indian Organizations	Vision Y Compromiso Promotores Network

Disease Specific Organizations - Provide support, education and advocacy for persons experiencing specific diseases/conditions	
Alzheimer's Association	Congestive Heart Failure Support Group
American Cancer Society	El Portal Cancer Center
American Heart Association	Leukemia and Lymphoma Society
American Lung Association	Susan G. Komen Race for the Cure
Camp Sunshine Dreams	
Education – Post-secondary educational opportunities to build skills and enhance economic security	
ABC30 Fresno Community Advisory Committee	Every Neighborhood Partnership Fresno
California Health Sciences University	Fresno City College
California State University, Fresno (Nursing Student Program; Maddy Institute)	Fresno Pacific University
Central Valley School Health Advisory Panel	Madera Community College Center
College of the Sequoias	San Joaquin Valley College
Economic Security/Employment - Programs and organizations that provide economic assistance, job/skills training, and assistance obtaining benefits	
Central California Chapter of the Project Management Institute	Proteus, Inc.
Central Valley Medical	Visalia Emergency Aid Council
Community Services Employment Training, Tulare County	Workforce Investment/Development Boards (Fresno, Madera, Kings, Tulare counties)
Madera County Economic Development Commission	
Environment - Organizations addressing clean water and air, environmental protection, and active transportation to decrease pollution and address climate change	
Children's Health and Air Pollution Study for the San Joaquin Valley	Fresno County Bicycle Coalition
Coalition for Clean Air	Tulare Basin Wildlife Partners
Community Water Center	UC Cooperative Extension
Food Security -- Provide foods/meals in a variety of settings	
Episcopal Church of the Savior Soup Kitchen	Foodlink for Tulare County
Fellowship Baptist Church of Fresno	Food Banks/Food Pantries (various locations)
Foundations/Funders - Provide grants to organizations to address health, economic, educational and other needs	
Central Valley Community Foundation	Fresno Area Hispanic Foundation
Central Valley Farmworker Foundation	United Way (Fresno and Madera, Kings, Tulare counties)

Health Care - Includes hospitals and clinic providing health services, health insurance providers and organizations working to increase access to health care	
Advanced Foot Care and Clinical Research Center	Fresno Healthy Communities Access Partners
Adventist Health	Fresno-Madera Medical Society
Affiliated Physician Practices	Health Net
Altura Health Clinics	Hinds Hospice
Anthem Blue Cross	Kaiser Foundation Hospital Fresno
Arya Medical Group	Madera Community Hospital
Avalon Healthcare	Madera Rehab and Nursing
CalViva Health	Omni Family Health
Camarena Health Center	Optimal Hospice
California Association of Healthcare Leaders	Optimal Hospice
California Association of Rural Health Clinics	St. Agnes Medical Center Fresno
California Central Blood Center	Tulare Regional Medical Center
Chowchilla Skilled Nursing Facility	Valley Children's Hospital Madera
Community Medical Center Fresno	VeeMed
eClinicalWorks	VEP Healthcare
Family HealthCare Network	Vida Sana Health Clinic
Forward Advantage	Visalia Medical Clinic
Healthy Eating, Active Living/Obesity/Diabetes - Organizations working to prevent obesity and diabetes and increase access to healthy eating and physical activity opportunities	
Farmers Markets (multiple locations)	Regional Partnership on Childhood Obesity Prevention
Kings County Diabesity Coalition	Tulare County Diabetes Workgroup
Lindsay Wellness Center	Visalia Farmer's Market Association
Live Well Madera County Obesity and Diabesity Workgroup	Water Safety Council of Fresno County
Housing and Homelessness - Organizations addressing homelessness and providing access to low-income housing	
Fresno Rescue Mission	Madera Rescue Mission
Kings Gospel Mission	Self-Help Enterprises Visalia
Kings Tulare Homeless Alliance	Visalia Rescue Mission

Local Government and Elected Officials - Oversee the operation of government, make laws and policies, and manage a variety of services including public transportation and planning	
Assembly Member Frank Bigelow	Congressman Jim Costa
City Governments (various locations)	County Boards of Supervisors (various locations)
City Councils (various locations)	
Maternal and Infant Health - Organizations promoting women's health and infant health before, during, and after pregnancy including reducing racial and ethnic differences in maternal and infant health outcomes	
Bi-Annual Babies First Coordinating Council	Madera County Breastfeeding Coalition
California Breastfeeding Coalition (multiple counties)	March of Dimes Central Valley Division
Fresno Babies First Breastfeeding Taskforce	Kern County Medically Vulnerable Infant Project
Fresno County Pre-term Birth Initiative	Preterm Birth Collective Impact Initiative for Fresno County
Mental/Behavioral Health and Substance Abuse - Organizations working to address psychological and emotional illness and health, reduce stigma and provide substance abuse recovery services	
Central California Perinatal Mental Health Collaborative	Fresno County Suicide Prevention Collaborative
Central Valley Opioid Safety Coalition	National Alliance on Mental Illness, Fresno County
Central Valley Recovery Services	Survivors of Suicide Loss, Fresno County
Community Conversations on Mental Health Fresno County	
Public Agencies - Provide a variety of public services including public health, social services, law enforcement, recreation and education	
County Department of Social Services/Human Services (Fresno, Madera, Kings)	Parks and Recreation Departments (Fresno, Madera, Kings, Tulare)
County Department of Behavioral Health (Fresno, Madera, Kings)	Police and Sheriff's Departments (multiple locations)
County Department of Public Health (Fresno, Madera, Kings)	Public Libraries (Fresno, Madera, Kings, Tulare Counties)
School Districts and County Offices of Education (Fresno, Madera, Kings, Tulare)	Tulare County Health and Human Services Agency (incl. Human Services, Public Health and Mental Health)
Service Organizations - Voluntary organizations/clubs whose members do charitable community work and/or raise money for other organizations.	
Lion's Clubs	Rotary Clubs of Madera
Kiwanis Clubs	20/30 Club

Seniors Services - Organizations and agencies that address the diverse needs of older adults including nutrition, socialization, housing, and health	
Cedar Creek Retirement Community	Kings-Tulare Area Agency on Aging
Congregate Meal Programs (multiple locations)	Kings County Commission on Aging Council
Agency on Aging Fresno and Madera Counties	Senior Centers (multiple locations)
Violence and Injury Prevention - Organizations working to prevent violence, support victims of domestic violence and assault, and prevent injuries	
California State Injury Prevention Collaborative	Resource Center for Survivors, Fresno County Rape Crisis Services
Fresno County Sexual Assault Response Team	Tulare County Sexual Assault Response Team
Marjaree Mason Center	
Youth Services - Organizations helping young people to reach their full potential through activities, leadership development, counseling, and academic supports	
Boys and Girls Club (various locations)	Teen Parent Support Group, First 5 Fresno
Boy Scouts of America, Troop 257	Valley Teen Ranch
California Safe Teen Driving Committee	Visalia Optimist Club
Pregnant or Parenting Teen Youth Conference	Youth Boardgaming League
ProYouth	
Other Assets/Resources -- Multi-service organizations addressing a variety of health, education, economic and other needs	
California Partnership for the San Joaquin Valley	Kings Partnership for Prevention
Catholic Charities	Kings View
Central Valley SPCA	Poverello House
Fresno Community Health Improvement Partnership	Roman Catholic Diocese of Fresno, Health Ministry Office
Fresno Metro Ministry	Salvation Army
Hands in the Community Kings/Tulare Counties	San Joaquin Valley Public Health Consortium
James Irvine Foundation New Leadership Network	Seventh Day Adventist Church
KARELink Kings County	Shinzen Friendship Garden
Kings Community Action Organization	St. Mary's Church
Kings County Wellness Bridge	WestCare

Appendix E. Other appendices – Key Informant Interview Guide

2019 Community Health Needs Assessment - Key Informant Interview

Name:

Date:

Organization:

Title:

Introduction

Hello, my name is _____ and I work with the hospital council. We are currently in the process of completing the 2019 comprehensive regional community health needs assessment (CHNA), this includes Fresno, Kings, Madera and Tulare counties.

You have been identified as an individual with extensive and important knowledge of the [name of community] that can help us with the CHNA -- to help ensure that we get a clear picture of health-related issues that impact our community. We are very interested in having you share thoughts and ideas that go beyond access to medical care, taking into consideration the social determinants of health such as, economic stability, education, food security, build environment and system changes that impact health. Your input will inform the development of the CHNA as well as a community health implementation plan.

This interview will take about 20-30 minutes. Our discussion today will be incorporated into the Community Health Needs Assessment for and a final copy of the report can be provided should you wish. Everything we talk about today is confidential, however, the key themes will be identified and incorporated into the report.

Before we begin, do you have any questions?

Questions

1. Please share your role within your organization and a brief description of your organization.

2. What geographic area do you primarily serve?

3. What is your vision of a healthy community?

4. In your opinion, what are the most **important health need**s that have the greatest impact on overall health in the community?

    a. In your opinion, are there any specific populations that are disproportionately affected by the health problems just mentioned?

b. How would you describe these health needs impact (effect) on the health of your community?

c. Are there other priorities in the community you serve that have not been discussed?

5. Are you aware of **social factors** that influence the issues we've discussed for your community? If so, what social issues have the biggest influence on these issues? Prompt: economic factors,

6. What are the greatest needs of children in your community, including social and health issues?

7. What are the challenges your community face in addressing health needs?

8. What existing community assets and resources could be used to address these health issues and inequities?

    a. Do you see opportunities for systems-level collaborations or local policies that could help address the health challenges discussed?

9. What can hospitals in your community do to improve the health and quality of life in the community?

    a. How can hospitals in your community better improve services and relationships in the community?

    b. Suggestions for new activities or strategies?

10. Anything you would like to add that we haven't discussed?

Thank you again for your time

Appendix F. Other appendices – Focus Group Guide

2019 Community Health Needs Assessment - Community Focus Group

Name:

Location:

Date:

Introduction

Hello, my name is _____ and we are working with (hospital name). I will be asking you questions about your community and my team will be taking notes.

We want to thank you for agreeing to be a part of this discussion, which will last about 60-90 minutes. We are currently in the process of completing the 2019 community health needs assessment. As a part of the Affordable Care Act, the federal government requires nonprofit hospitals to conduct a community health needs assessments every three years. This means collecting information on the community, including input from those who matter most—our community members. We will then use the results of the assessment to develop and implement a plan to improve community health.

The information we gather today will help (hospital name) determine the most pressing health needs in our community and what we can do to improve them. Everything we talk about today is confidential and no one will be identified by name or know that you participated. However, we will summarize and identify the key themes of our discussion to incorporate into the final report.

Before we begin, we'd like to talk about a few guidelines for our discussions:

- There are no right or wrong answers. We want your honest opinions about the issues facing you, your families, and greater community.
- Every opinion counts. We will respect other's opinions.
- Everyone should have an equal chance to speak. Please speak one at a time and do not interrupt anyone else.
- Do not hesitate to ask questions if you are not sure what we mean by something.
- What's said here, stays here. Everything we discuss today is completely confidential.
- We'd also like to record our conversation. Our note taker will be taking notes so that we remember what people had to say. If you are not comfortable with this, please let us know now.

Do you have any questions?

<u>Questions</u>

1. Let's start by introducing ourselves. Please tell us very briefly your first name, the town/city you live in, and one thing that you are proud of about your community.

2. What is your vision of a healthy community?

3. From your perspective, what are the biggest health issues in your community? Why?

4. In your opinion, what health services are lacking for you and the people you know? (Probes: prenatal care, reproductive services dental care, vision care, mental health services, community clinics, etc.)

5. Outside of healthcare, what resources exist in your community to help you and the people you know to live healthier lives?

6. What are the barriers to accessing these resources? What resources are missing?

7. What is your perception of (hospital name) and current programs/services?
    a. What are we currently doing good that we can do more of?
    b. What needs to be improved?

8. Is there anything else you would like to share with our team about the health of your community that hasn't already been addressed?

Thank you again for your time.

Appendix G. Other appendices – Prioritization and Scoring Methodology

Secondary Data scoring

State benchmarking and racial/ethnic disparity scores were each tabulated by averaging the z scores (as computed by Kaiser Permanente) across all indicators associated with a particular health need. Ad Lucem Consulting created an additional score for each health need with the objective of identifying areas of greatest disparity and need. These scores were created by coding z scores for each indicator according to the following scale (Table 1), where 4 indicates the greatest disparity/need and 0 represents the lowest level of need, and then computing an average across all indicators for each health need. This methodology was chosen to make the scores accessible for lay audiences and maintain the focus on areas of greatest disparity and need.

Table 1. Score Conversion Scale

Ad Lucem converted score	Compared to average:	Z score (difference from benchmark/ average)
4	Much worse	-2 to -3
3	Worse	-1 to -1.99
2	Average	-0.99 to .99
1	Better	1 to 1.99
0	Much better	2 to 3

The secondary data revealed that certain ethnic/racial groups had worse health outcomes when compared to the county overall. The majority of health needs had a least one core or related indicator where ethnic/racial disparity data were available; for four health needs - Oral Health, Climate and Health, Asthma, and HIV/AIDS/STDS - no disparities data were available and the needs received a disparities score of zero, which may not accurately reflect true disparities. Although the scores are limited by availability of disparities data, it is important to consider ethnic/racial disparities when possible during health need scoring as disparities paint a more detailed picture of the need in a community and how specific groups of people may be disproportionately impacted by certain health needs

Table 2: Secondary Data scoring

Health Need	State benchmarking (Average Z score across indicators):	State benchmarking (Ad Lucem converted score average):	Racial/ethnic disparities (Average Z score across indicators):	Racial/ethnic disparities (Ad Lucem converted score average:
Economic Security	-0.8	2.6	-1.0	2.7
Obesity/HEAL/Diabetes	-0.7	2.4	-0.6	2.5
CVD/Stroke	-1	2.6	-0.1	2.2
Access to Care	-0.6	2.4	-0.5	2.3
Maternal and Infant Health	-1.5	3.2	-1.9	3.0
Substance Abuse	-0.5	2.3	0.2	2.2
Mental Health	-0.5	2.2	-0.3	2.3
Cancers	-0.1	2.1	0.5	1.6
Violence and Injury	-0.4	2.2	-0.8	2.7
Climate and Health	-0.4	2.1	n/a	n/a
Asthma	-1.1	2.7	n/a	n/a
Oral Health	-0.7	2.6	n/a	n/a
HIV/AIDS/STDS	0.9	1.3	n/a	n/a

Primary Data scoring

In order to determine the relative importance of health needs according to the qualitative data collected during the key informant interviews and focus groups, a high, medium, low and very low coding scheme was applied to each of the health needs. A health need received a "high" designation if 76 or more individual key informants or focus group participants (as a whole) mentioned the health need for the KFH Fresno Service Area. A health need received a medium designation if it was mentioned 50 to 75 times. A health need received a low designation if it was mentioned 25 to 49 times. A health need received a very low designation if 0 to 24 individuals mentioned the need.

To calculate a primary data score for each health need, the number of mentions were counted and assigned to each of the designations as follows:

- High 76 or more individuals mentioned health need
- Medium 50-75 individuals mentioned health need
- Low 25-49 individuals mentioned health need
- Very Low 0-24 individuals mentioned from health need

The number of mentions were ranked and assigned scores as follows:

- High 4
- Medium 2
- Low 0
- Very Low n/a

Table 3: Primary Data – Interview and Focus Group scoring

Health Need	Number of Mentions	Ranking	Scoring
Economic Security	210	High	4
Access to Care	168	High	4
Obesity/HEAL/Diabetes	132	High	4
Mental Health	75	Medium	2
Substance Abuse/Tobacco	55	Medium	2
Climate and Health	49	Low	0
Oral Health	34	Low	0
Asthma	30	Low	0
Violence/Injury Prevention	27	Low	0
CVD/Stroke	19	Very Low	n/a
Maternal and Infant Health	12	Very Low	n/a
HIV/AIDS/STDS	9	Very Low	n/a
Cancers	7	Very Low	n/a

The converted state benchmarking and ethnic disparities scores and the combined interview and focus group scores were compiled into a final prioritization matrix (Table 4) that informed the community resident prioritization meeting. Health needs with very low ranking were excluded from Table 4 because they were not prioritized by the community frequently.

The three scores were averaged for each of the nine health needs, then multiplied by 100 to aid in interpretation of the overall score.

Table 4. Final Prioritization Matrix

Health Need	Score for Comparison to CA Average	Score for Racial/Ethnic Disparities	Combined Interview/ Focus Group Score	Overall Score
Economic Security	2.6	2.7	4	**310**
Obesity/HEAL/Diabetes	2.4	2.5	4	**297**
Access to Care	2.4	2.3	4	**290**
Mental Health	2.2	2.3	2	**217**
Substance Abuse	2.3	2.2	2	**217**
Violence and Injury	2.2	2.7	0	**163**
Asthma	2.7	n/a	0	**90**
Oral Health	2.6	n/a	0	**87**
Climate and Health	2.1	n/a	0	**70**