



2019

REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Fresno County • Kings County • Madera County • Tulare County

Agenda



1

Introduction

Brief introduction to the process for conducting community health needs assessments



2

Findings

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



3

Discussion

Opportunity to ask questions and freely converse about findings



4

Closing

Discussion about next steps and action items

Introduction

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

The goals of this assessment are to:

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

Introduction



Participating Hospitals

- Adventist Health Hanford
- Adventist Health Reedley
- Adventist Health Selma
- Clovis Community Medical Center
- Coalinga Regional Medical Center (Closed)
- Community Regional Medical Center (includes Community Behavioral Health Center)
- Fresno Heart & Surgical Hospital
- Kaiser Permanente-Fresno Service Area
- Kaweah Delta Health Care District
- Madera Community Hospital
- San Joaquin Valley Rehabilitation Hospital
- Sierra View Medical Center
- Saint Agnes Medical Center
- Tulare Regional Medical Center (Adventist Health oversees the operations of the hospital. Doors opened to the public October 15, 2018.)
- Valley Children's Healthcare

CHNA Structure



This report utilized both primary and secondary data to investigate health issues and needs across the region.

Primary Data:

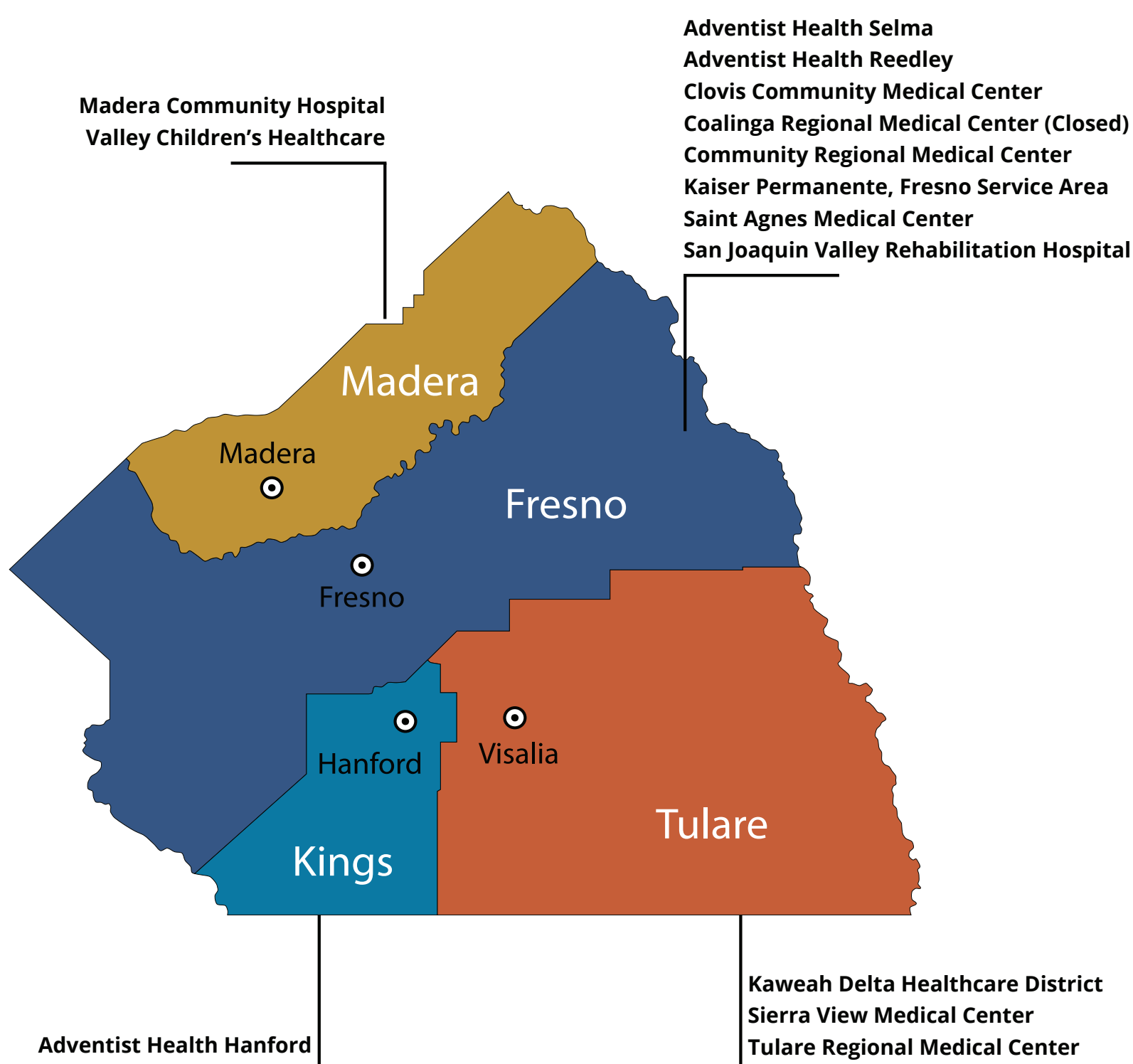
- Total of 680 participants
- 348 responses to Community Health Survey
- 24 Focus Groups (284 people total)
- 48 Key Informant Interviews

Secondary Data:

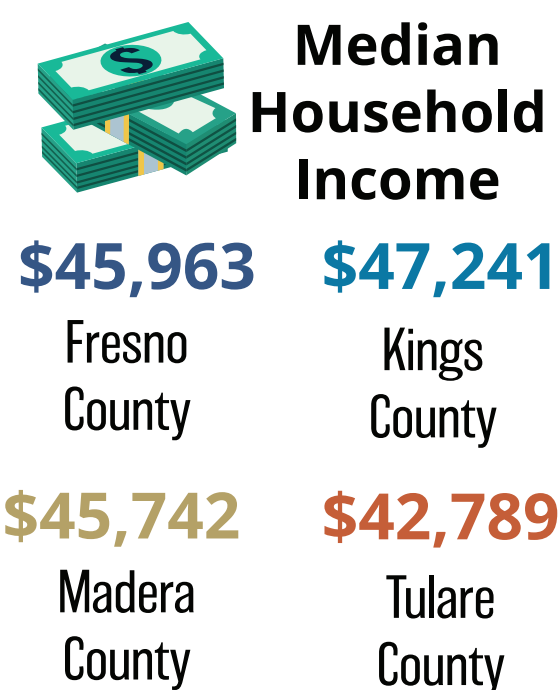
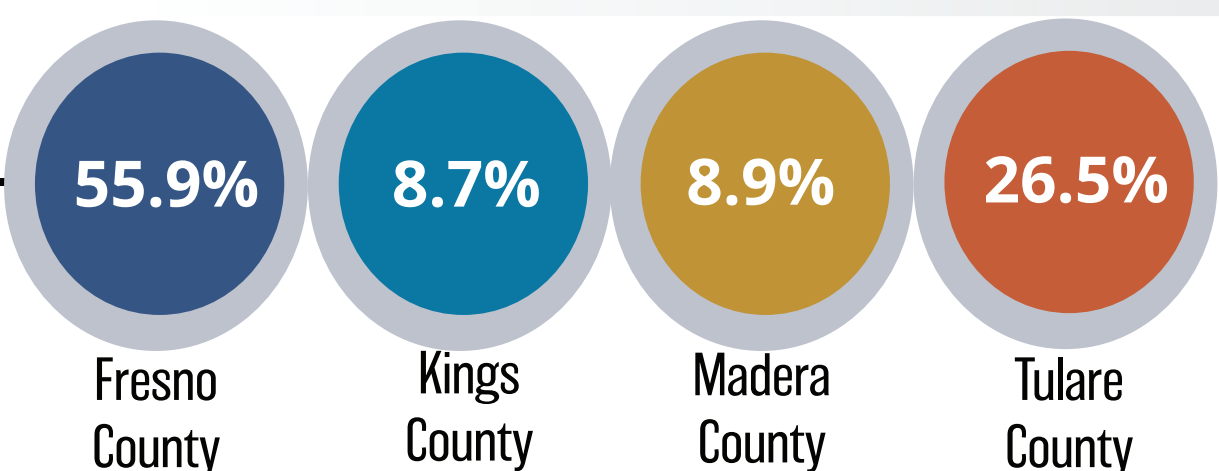
- Data presented within four domains: Social and Economic Factors, Health System, Physical Environment, and Public Health and Prevention
- Over 70 unique indicators, including demographic information
- Custom Report from Community Commons
- National and state specific resources



Community Profile



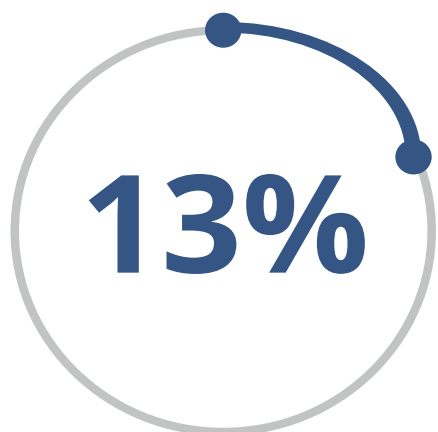
In 2016, approximately **1,722,556** lived in the four-county region. Fresno County comprised the largest portion.



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



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



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



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



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

Fresno County Report Card

*Better than other counties in
the region*

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

*Worse than other counties in
the region*

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



*Better than other
counties and state*

- Adequate/Adequate Plus Prenatal
- First Trimester Prenatal Care
- Mental Health Provider Rate
- Grocery Store Rate

Legend

Orange = Social and Economic Factors
Blue = Public Health and Prevention
Gold = Health System
Green = Physical Environment

Kings County Report Card



*Better than other counties in
the region*

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

*Worse than other counties in
the region*

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

*Better than other
counties and state*

- Asthma Hospitalization
- Mortality—Stroke
- Housing Cost Burden
- Housing with Substandard Conditions

Legend

Orange = Social and Economic Factors

Blue = Public Health and Prevention

Gold = Health System

Green = Physical Environment

Madera County Report Card



*Better than other counties in
the region*

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

*Worse than other counties in
the region*

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



*Better than other
counties and state*

- Gonorrhea Incidence
- Mortality—Influenza/Pneumonia
- Food Insecurity, Overall
- Fast Food Restaurant Rate

Legend

Orange = Social and Economic Factors

Blue = Public Health and Prevention

Gold = Health System

Green = Physical Environment

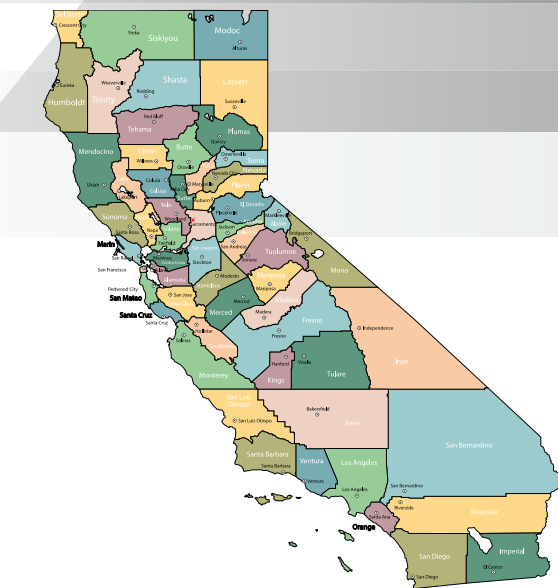
Tulare County Report Card

Better than other counties in the region

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

Worse than other counties in the region

- Population Age 25+ with No High School Diploma
- Uninsured Population
- Population Receiving SNAP Benefits
- Population Receiving Public Income Assistance
- Population below 100% FPL
- Teen Birth Rate
- Unemployment Rate
- Young People Not in School or Working
- Adults who are Current Smokers
- Adults with No Leisure Time Physical Activity
- High Blood Pressure
- Obesity
- Mortality—Diabetes
- Mortality—Coronary Heart Disease
- Mortality—Influenza/Pneumonia
- Mortality—Motor Vehicle Crashes
- Poor or Fair Health
- Poor Physical Health Days
- ACSC Discharge Rate
- Food Insecurity, Children
- Broadband Access
- Recreation and Fitness Facility Access



Better than other counties and state

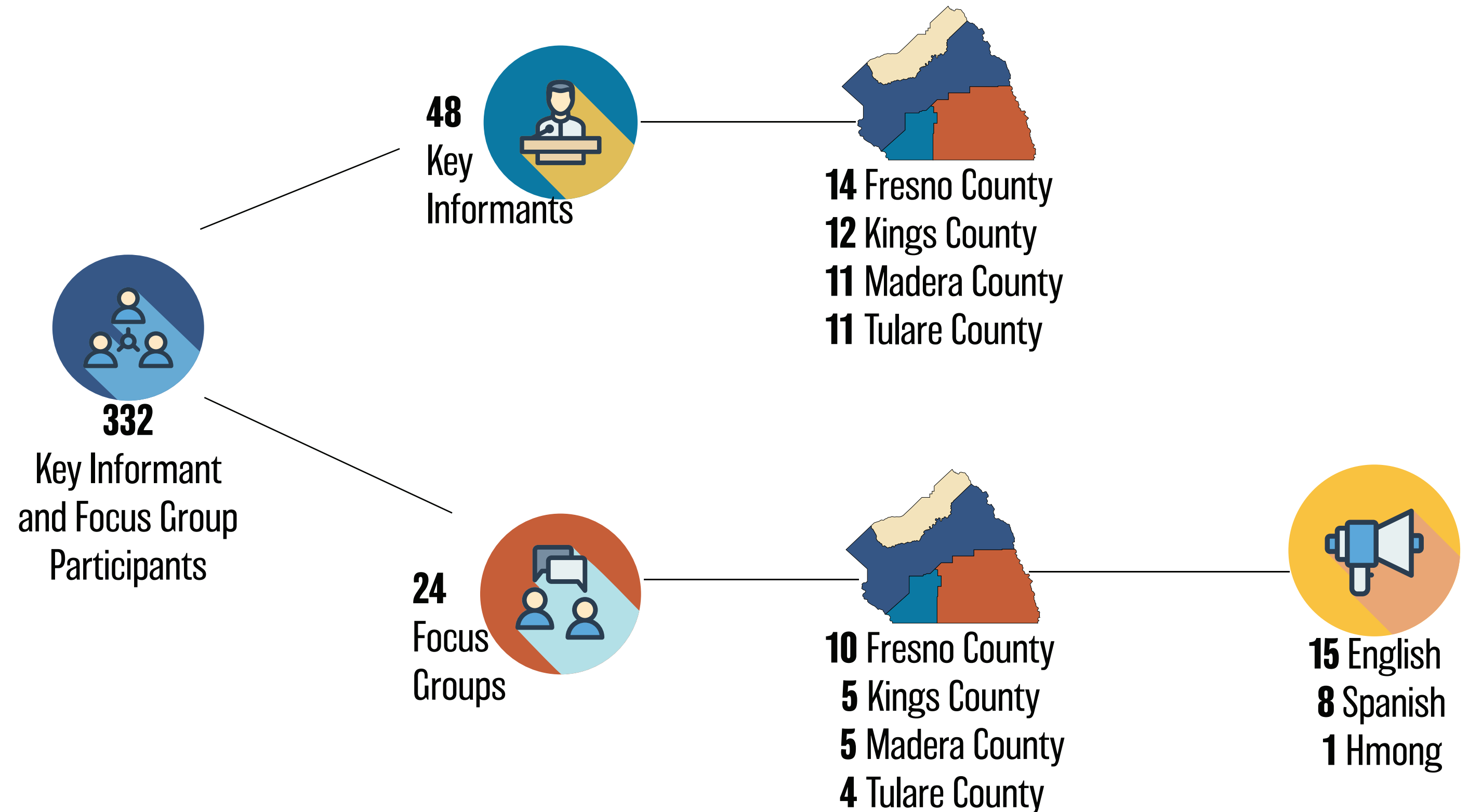
- HIV Prevalence
- Active Asthma Prevalence
- Asthma ED Visits
- Low Birth Rate
- Mortality—All Cancers
- Mortality—Alzheimer's Disease

Legend

Orange = Social and Economic Factors
Blue = Public Health and Prevention
Gold = Health System
Green = Physical Environment

Voices from the Community

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



Voices from the Community

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

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

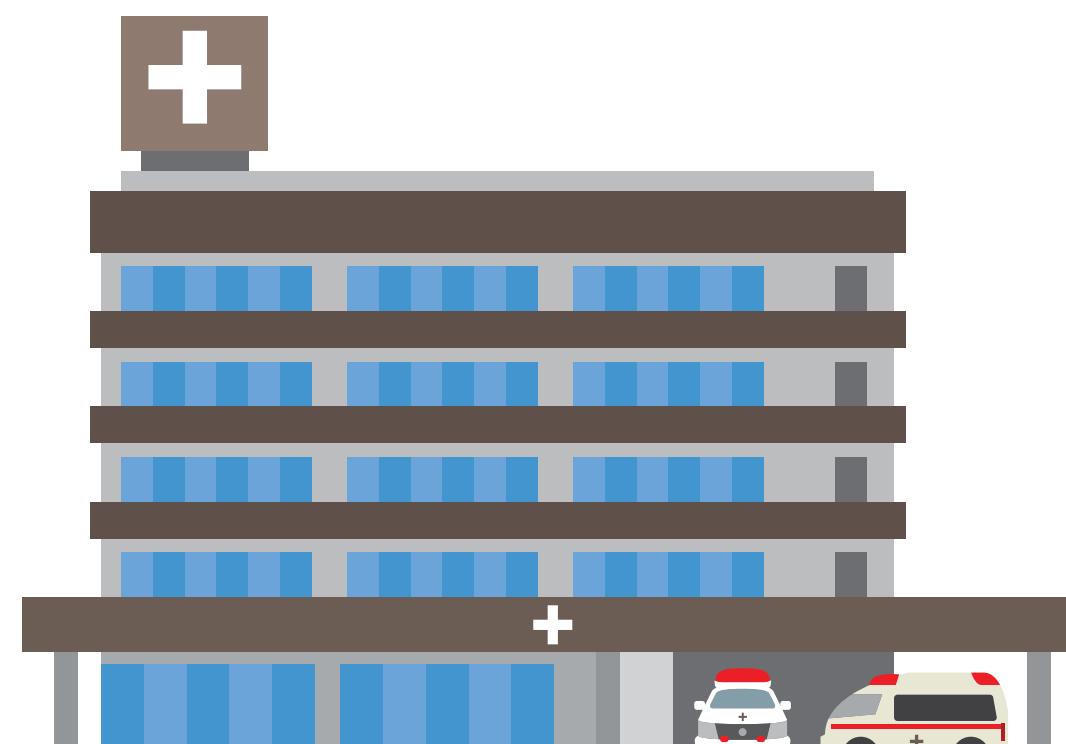
- "High" score = 75-100 (or more)
individuals mentioned health need
- "Medium" score = 50-74 individuals
mentioned health need
- "Low" score = 25-49 individuals
mentioned health need
- "Very Low" score = 0-24 individuals
mentioned health need

Health Need Rankings, Four-County Region

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

Voices from the Community

Overall Findings Across the Region



Access to Health Care

"Lack of providers. You can be there upwards of hours. More providers accepting majority of insurances. Currently they don't and they turn you away and you are back to square one."
—Focus Group Participant

Obesity/HEAL/Diabetes

"Diabetes, due to the nutrition and the obesity that we're seeing in children...our school systems have really been trying to work on that, as far as, the vending machines and the soda machine. But, we do see children with a higher BMI than we used to have and therefore we're seeing quite a bit more children with diabetes."
—Key Informant



Mental Health

"I think mental health, there is a stigma that people need to talk about it instead of shrugging it under the rug. They didn't have the education to reach out for help."
—Focus Group Participant

Substance Abuse/Tobacco

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



Voices from the Community

Fresno County Findings



Obesity/HEAL/Diabetes

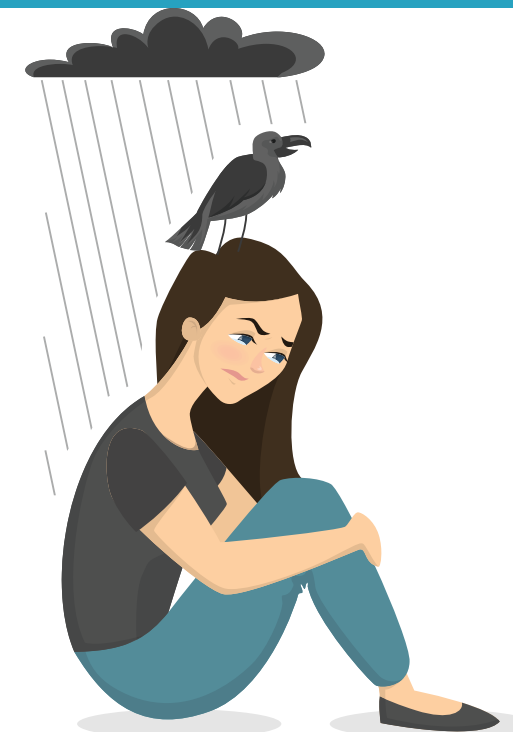
"I think one of the biggest issues is diabetes and high blood pressure. Lack of education to help the community. The majority of our elders are so reliant on going to an herbal store rather than taking the prescription that the doctor prescribes. Diabetes is a big issue, but how do we educate on them?"

—Fresno Focus Group Participant

Mental Health

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

—Fresno Key Informant



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

Individual County Scale:

"High" = 20 or more

"Medium" = 11-20

"Low" = 6-10

"Very Low" = 0-5

Voices from the Community

Kings County Findings

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

Individual County Scale:

"High" = 20 or more

"Medium" = 11-20

"Low" = 6-10

"Very Low" = 0-5



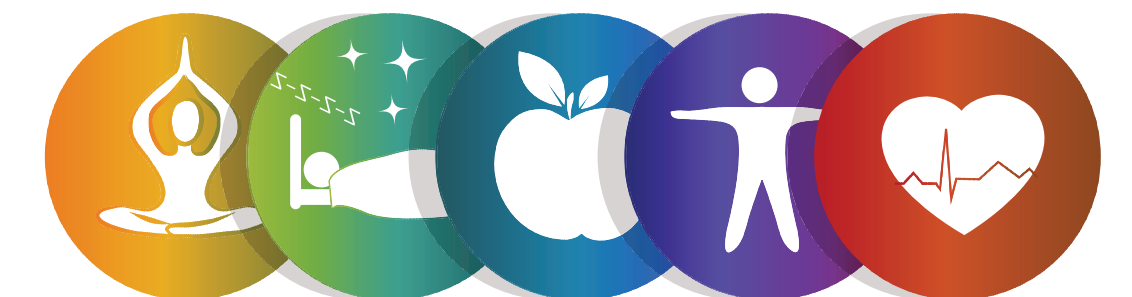
Access to Health Care

"Difficulty finding doctors who take certain insurances. I don't get why they get so particular about it. Access to care is horrible here."

—Kings Focus Group Participant

Obesity/HEAL/Diabetes

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



Voices from the Community

Madera County Findings



Access to Health Care

"I went to the specialty doctor and wanted a second opinion, but I couldn't get another specialty doctor and had to stay with the same one. I keep being sent to the same one. I needed a referral in order to get a second opinion."
—Madera Focus Group Participant

Obesity/HEAL/Diabetes

"We're seeing in childhood, obesity is becoming a real issue."
—Madera Key Informant



Health Need Rankings, Madera

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

Individual County Scale:

"High" = 20 or more

"Medium" = 11-20

"Low" = 6-10

"Very Low" = 0-5

Voices from the Community

Tulare County Findings

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

Individual County Scale:

"High" = 20 or more

"Medium" = 11-20

"Low" = 6-10

"Very Low" = 0-5



Access to Health Care

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

Climate and Health

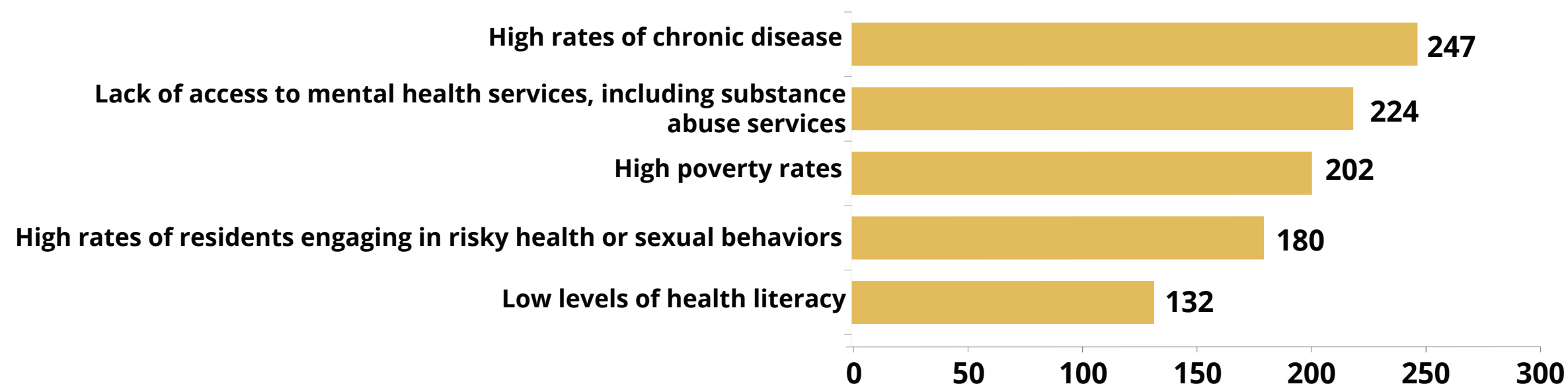
"Allergies. Lots of pesticides in the community, it affects us all, but more the children and elderly. Their immune system is not as strong."
—Tulare Focus Group Participant



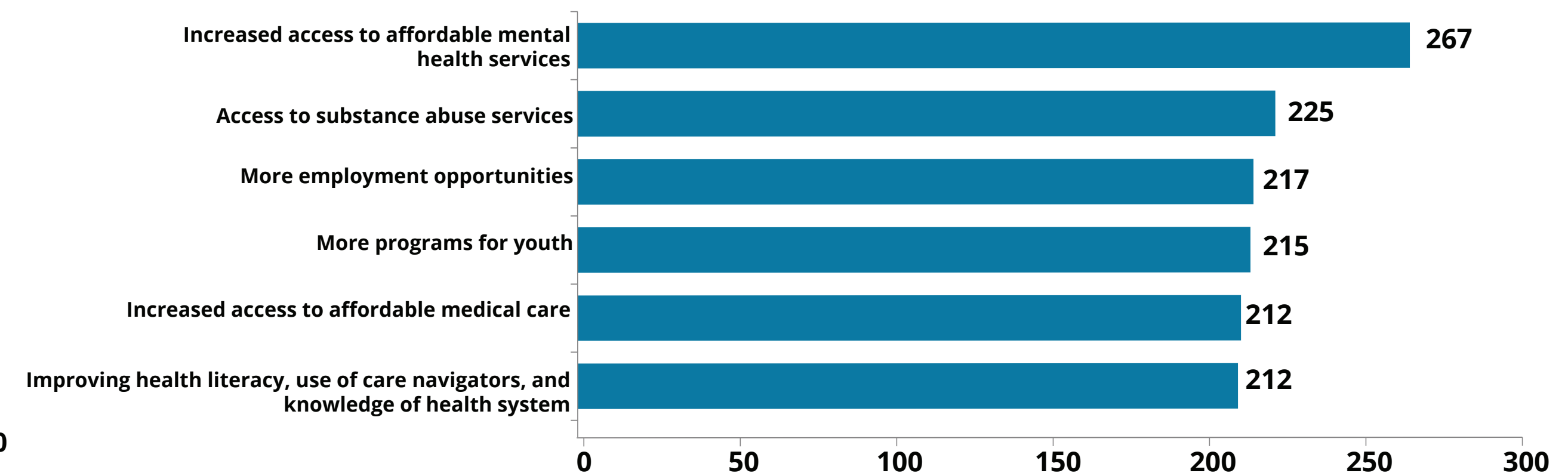
Voices from the Community



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



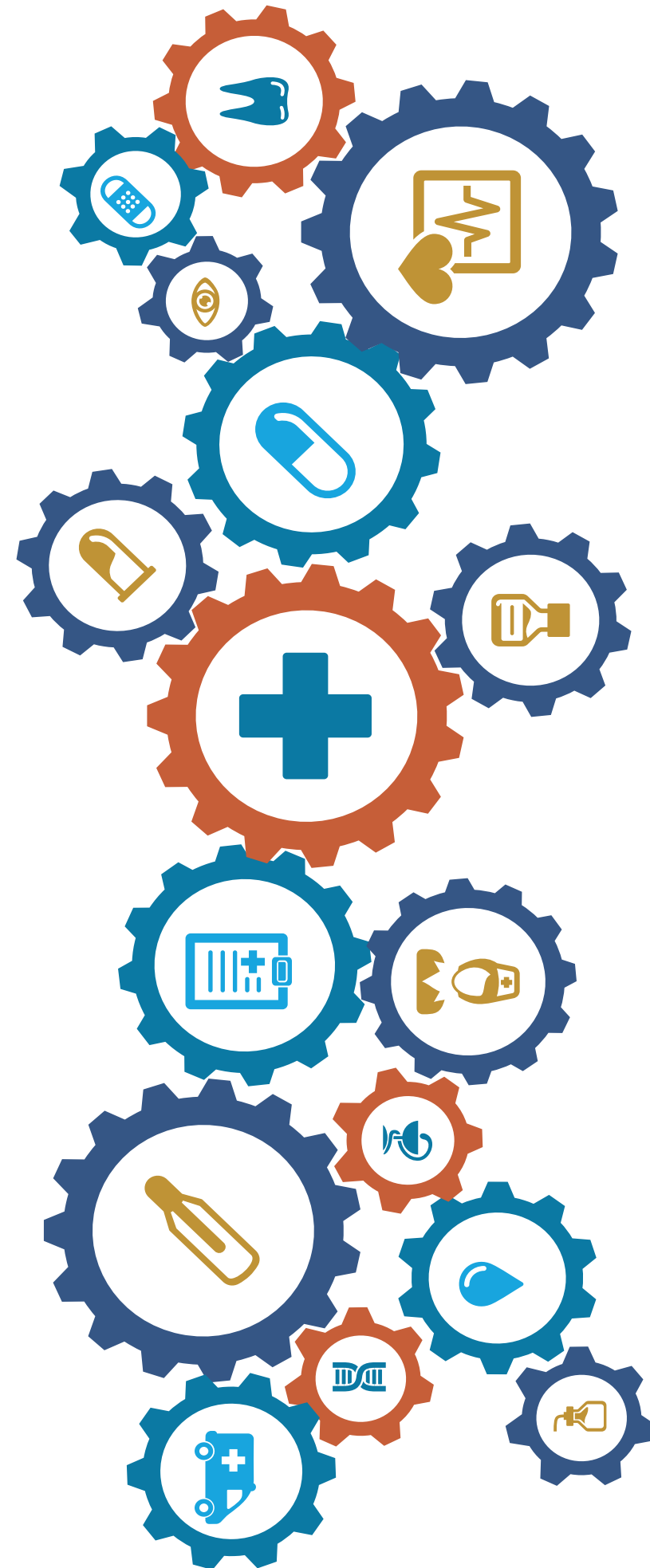
Q12. What do you believe are ways to improve people's health in your community? (Please select all that apply)



Top Health Needs



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



Access to Health Care

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

Access to Mental Health Services

- Affordable Care
- Expanded Therapy Types
- Pediatric Services
- Provider Recruitment

Access to Substance Abuse Services

- Affordable Care
- Provider Recruitment
- Long-term Recovery Housing

Climate and Health

- Asthma/Allergies/Respiratory Illness
- Access to Clean Water

Obesity/Healthy Eating, Active Living/Diabetes

- Health/Nutritional Education
- Free or Reduced Cost Physical Activity

Top Social Needs

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

Access to Healthy Foods

- Affordability
- Increase Vendors

Affordable Housing

- Better Housing Options for Homeless

Economic Factors

- Economic Development
- Educational Attainment
- Employment Opportunities
- Poverty

Violence and Injury Prevention

- Safer Parks and Communities
- Crime/Gang Reduction



Children's Top Health Needs

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

Access to Health Care

- Preventative Care
- Reduce Obesity/Diabetes
- Specialized Services

Health Literacy

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

Access to Dental Providers

Access to Mental Health Providers

- Early detection
- Reduce child abuse and neglect/ACEs



Children's Top Social Needs

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

Access to Healthy Foods

- Affordability
- Increase Vendors

Clean Air and Water

- Allergies/Respiratory Illness

Opportunities for Physical Activity

- After-school sports programs
- Recreational centers

Reduce Poverty

- Food insecurity
- Crime/Gang Reduction

Stable Home

- Crime and Drug Free Homes
- Parental Education
- Support Systems



Discussion



Were any findings surprising? Any not surprising?

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



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

What other questions do you have?

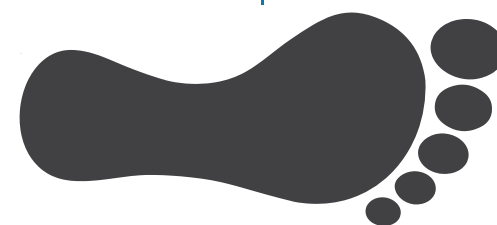
Next Steps

Late Jan/Early Feb



Schedule and Conduct
Prioritization Meeting

Complete Compliance
Check and Copy Edits



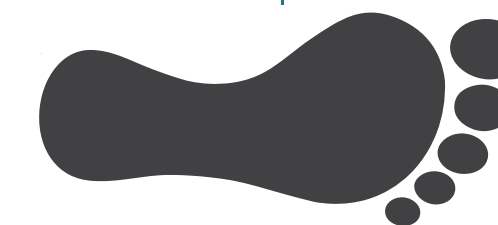
Early Feb

Mid Feb



Last Call for Edits

Finalize CHNA



Late Feb

March



Legal Adoption
Final Approval
Distribute Final CHNA
Make Widely Available (April 1)

Contact Information



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