

# 2022 Community Health Needs Assessment



Kaiser Permanente Fresno Medical Center

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Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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# Kaiser Permanente Fresno Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente Fresno Medical Center 2022 Community Health Needs Assessment

## Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Fresno Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Fresno Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Health Eating Active Living opportunities
3. Mental & behavioral health
4. Housing
5. Chronic disease & disability
6. Income & employment
7. Community safety

To address those needs, Kaiser Permanente Fresno Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

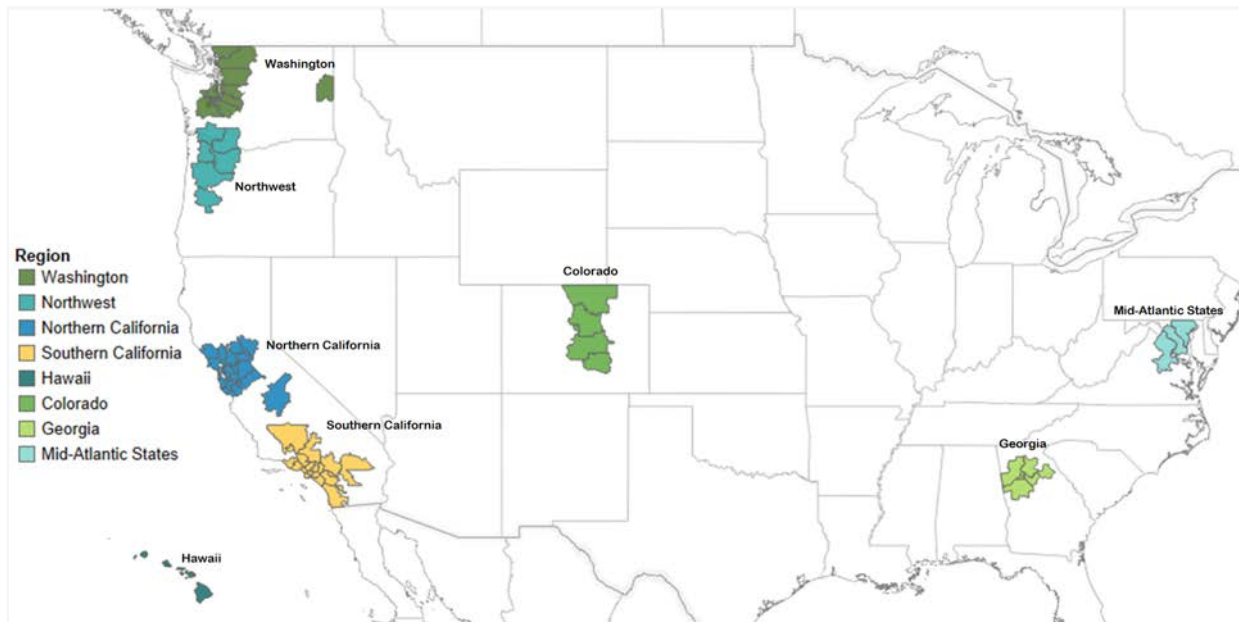
# Introduction/background

## About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas



## About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and well-being of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

## Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

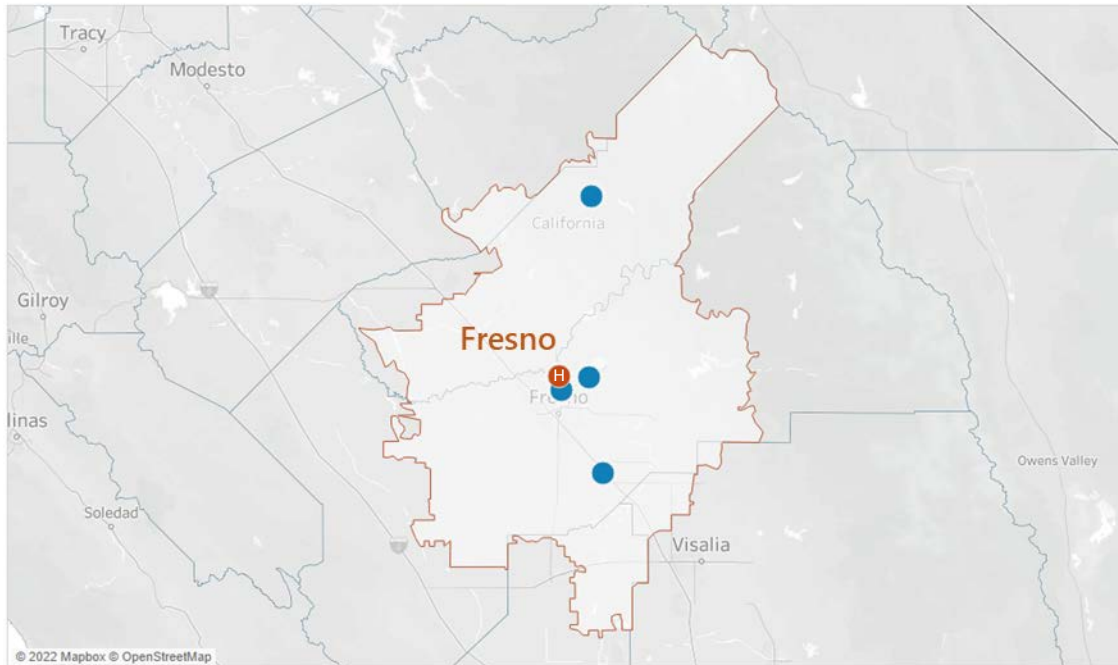
The Kaiser Permanente Fresno Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

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

### Fresno service area

🏥 Kaiser Permanente hospital   ● Kaiser Permanente medical offices





## Fresno service area demographic profile

Total population:	1,206,026
American Indian/Alaska Native	0.6%
Asian	9.0%
Black	4.1%
Hispanic	54.7%
Multiracial	2.1%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	29.2%
Under age 18	28.7%
Age 65 and over	12.4%

## Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, the pandemic has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

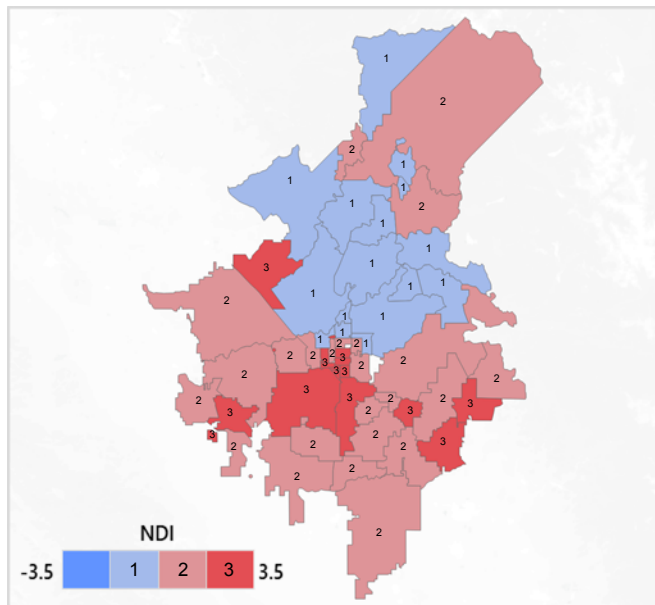
## Neighborhood disparities in the Fresno service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

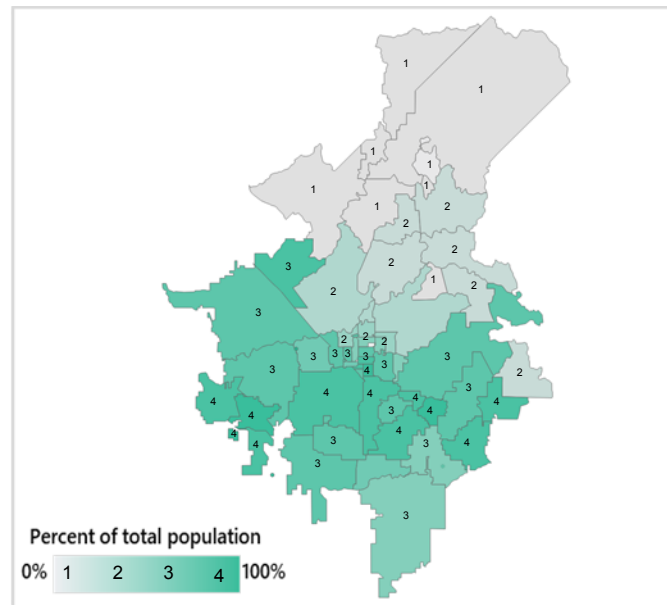
The map on the left shows the NDI for ZIP codes in the Fresno service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

### FRESNO SERVICE AREA

Neighborhood Deprivation Index



People of color





## Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. 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.

### Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

### Consultants who were involved in completing the CHNA

Ad Lucem Consulting, the consultant for this CHNA, specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to position clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting has developed CHNA reports and Implementation Plans for individual hospitals and collaboratives, 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](http://www.adlucemconsulting.com).

## Methods used to identify and prioritize needs

### Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at [kp.org/chnadata](http://kp.org/chnadata). Specific sources and dates of secondary data are listed in Appendix A.

### Community input

In addition to reviewing the secondary data available through the Community Health Data Platform, and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

## Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org). This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

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

## Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Fresno Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

# Identification and prioritization of the community's health needs

## Process for identifying community needs in the Fresno service area

Before beginning the prioritization process, Kaiser Permanente Fresno Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified,

clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Fresno Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the seven significant health needs.

## Description of prioritized significant health needs in the Fresno service area.

**1. Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care such as a primary health care provider — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system in the Fresno service area is strained, lacking easily accessible, affordable health care providers who represent the communities they serve. This provider shortage exacerbates existing inequities experienced by disadvantaged and underserved populations and leads to worse health outcomes. Medicaid/public insurance enrollment is an asset in the service area facilitating access to care for low-income service area residents, however communities with large Hispanic populations have higher percentages of uninsured residents. Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers. The pandemic negatively impacted Fresno service area residents' ability and desire to access health care and the switch to telehealth proved difficult for seniors and those with unreliable internet access.

**2. Health Eating Active Living opportunities:** The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight. Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Parts of the Fresno service area lack access to healthy food (due to financial and geographic barriers). While SNAP enrollment in the service area is more than double the state average, the number of convenience stores is also significantly higher, indicating service area residents' need for financial support for food purchases and an excess of markets that are unlikely to carry a wide array of healthy options. Key informants described food bank services as in high demand and needing more culturally appropriate offerings. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases. The built and natural environments play a role in a community's ability to access outdoor spaces for exercise and activity. The Fresno service area has less infrastructure to support physical activity, including: less tree canopy cover, a lower walkability index, and a smaller percentage of workers commuting by public transit, walking, or biking than the state average. Additionally, ZIP codes with larger Hispanic populations than the service area average saw lower walkability indexes. Key informants stated that residents in lower-income communities simply do not have a built environment and community infrastructure to support a healthy lifestyle.

**3. Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Mental and behavioral health is a critical and urgent health need in the Fresno service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations, where the need has been amplified by the pandemic. Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language/culture, and social stigma. Key informants in the Fresno service area identified substance use as a top need, stressing the inextricable tie to mental and behavioral health and noting that there was a substantial rise in substance use during the pandemic. Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health. Key informants listed children, adolescents, the elderly, unhoused, low-income residents, immigrants, LGBTQ+ residents, and communities of color as having high need for accessible mental health services.

**4. Housing:** Having a safe place to call home is essential for the health of individuals and families. Housing and rental costs have soared in recent years, with many families experiencing difficulty paying for housing. Because California encompasses ZIP codes with some of the most expensive real estate in the country, the available data comparing the Fresno service area to state averages does not reveal the crisis level housing problems described by key informants or reflect the racial/ethnic disparities they identified. Black and Hispanic renters are more likely to live in cost-burdened households and face housing instability. In the Fresno service area, housing cost burden and overcrowded housing are elevated issues in communities of color. This is a source of significant stress and anxiety for many residents in the service area, leading to and compounding mental and behavioral health issues. Job loss associated with the pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situations even more precarious.

**5. Chronic disease & disability:** Chronic diseases are the leading causes of death and disability in America, increase the risk for severe COVID-19 illness, and are a leading driver of health care costs. Disadvantaged and underserved communities in the Fresno service area are experiencing higher chronic disease (specifically asthma, diabetes, and heart disease) and disability rates and worse health outcomes. According to key informants, systemic barriers, such as lack of preventive primary care, inability to pay for treatment, and language/cultural barriers, perpetuate high rates of chronic disease and disability. The pandemic exacerbated these disparities and underscored the need to improve the social determinants of health that impact chronic disease and disability.

**6. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. While employment rates in the Fresno service area are higher than the California average, income is lower, and poverty is higher. As a result, food insecurity is a concern for many residents. Affordable, easily accessible healthy foods are a key element of the social determinants of health, and programs such as WIC and the Fresno County Health Improvement Partnership are working to ensure sustainable access to healthy foods for children. However, key informants expressed concern that these organizations are limited in what they can accomplish and asserted that more resources are needed. Areas with larger Hispanic populations than the service area average perform better than the state average on employment indicators (unemployment rate and the jobs proximity index), while simultaneously performing worse on all income and poverty

indicators, pointing to disparities in quality jobs. Key informants felt that inequities in economic security were made more apparent during the pandemic and that communities of color were disproportionately affected.

**7. Community safety:** The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive. People can be victims of violence, witness violence or property crimes, or hear about crime and violence from others. Key informants listed several types of violence – gun violence, domestic violence, and violent crime – as ongoing problems in the Fresno service area. Community safety also reflects injuries caused by accidents — unintentional injuries are the leading cause of death for children, youth, and younger adults and account for nearly 30 percent of emergency department visits. Injury deaths were substantially higher in the Fresno service area than the California average. Communities that have been systematically marginalized experience higher rates of violence, including deaths and injuries from firearms. Key informants stated that these inequities contribute to feelings of frustration and hopelessness in historically disadvantaged areas, and complex solutions are necessary to meaningfully address inequities. From the perspective of key informants, the pandemic exacerbated all factors that threaten community safety, including high unemployment, increased substance abuse, unstable housing, struggles with mental health, and racial/ethnic tensions.

### Health need profiles

Detailed descriptions of the significant health needs in the Fresno service area follow.

# Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

The capacity of the health care system in the Fresno service area is strained, lacking easily accessible, affordable health care providers who represent the communities they serve. This provider shortage exacerbates existing inequities experienced by disadvantaged and underserved populations and leads to worse health outcomes.

- Medicaid/public insurance enrollment is an asset in the service area (31% higher than the state average), facilitating access to care for low-income service area residents. While the percentage of the total uninsured population in the service area is similar to the state average, communities with a larger Hispanic population than the service area average have a higher percentage of uninsured residents as compared to the state average.
- Access to care in the Fresno service area is constrained by the number of available providers. The availability of dentists in the service area is 32 percent lower than the state average and the number of primary care physicians is 23 percent worse than the state average. Access to specialty care was a concern for key informants. They stated that this care remains limited and barriers to receiving care are numerous, including few local specialists, inadequate appointment availability, lack of insurance, and inadequate transportation option.
- Infant deaths are 60 percent worse in the service area than the state average (6 per 100,000 population).

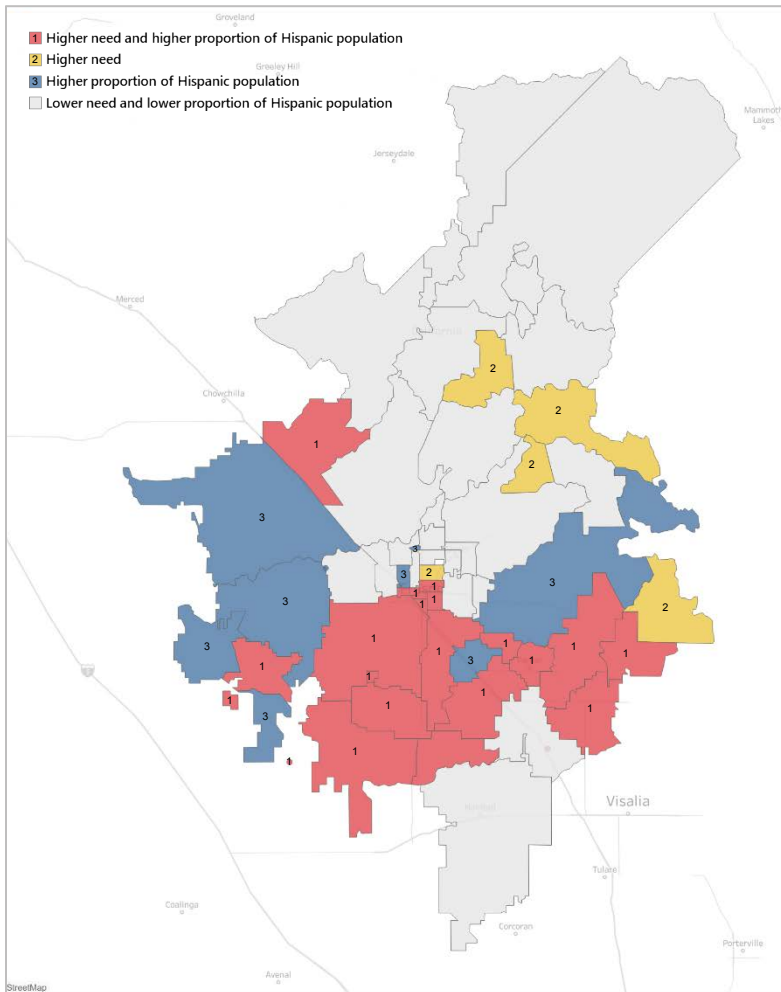
Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers. They expressed a need for health care language services beyond English and Spanish. Without adequate translation accommodation, many Fresno service area residents feel unable or unwilling to seek out necessary health care. Hmong and indigenous Mexican languages were specifically cited by key informants.

According to key informants, health care providers saw successes with the switch to telehealth models of care during the COVID-19 pandemic; for many patients, telehealth resulted in more consistent follow up and monitoring of chronic diseases/disabilities. However, key informants described that telehealth did not work for some service area residents, particularly seniors and low-income residents, who often lack computer and Internet access, or the ability to use technology.

The pandemic negatively impacted Fresno service area residents' ability and desire to access health care. Key informants reported that many health care providers closed clinics or offered limited hours/services during 2020. Key informants described that service area residents may not have felt safe accessing services, may have worried about missing work to access health care, or were unwilling to seek out a COVID-19 diagnosis for fear of social stigma, being hospitalized, or losing employment.

**PERCENT UNINSURED,  
FRESNO SERVICE AREA, 2015-2019**

Areas in red (1) are ZIP codes with a **Hispanic population over 55%** (Service area average) and **higher uninsured rates** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

We don't have enough mental health practitioners, and the number of those who accept Medi-Cal are limited. Things need to get severe before people can access services, and that's a problem because we like to get upstream and intervene before it gets severe. We don't have enough facilities (local or state-wide) for people who need to be placed in a mental health facility. We have people who end up in the hospital because we don't have an open slot in a facility, or the facilities are unwilling to take them.

- Public health official

For our communities, one of the biggest issues is language access. Most people think if you come from Mexico, you speak Spanish. In some indigenous communities, we don't speak Spanish. That means that many people arrive here in the US and cannot express what they need or want.

- Community-based non-profit leader

**ACCESS TO CARE INDICATORS  
FRESNO SERVICE AREA, 2015-2019**

	Fresno Service Area	California
Dentists, per 100,000 population	60	87
Primary Care Physicians, per 100,000	62	80
Percent uninsured	8%	8%
Medicaid/public insurance enrollment	50%	38%

Source: [Kaiser Permanente Community Health Data Platform](#)



# Health need profile: Healthy Eating Active Living opportunities

The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight.

Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases.

About 2 in 5 adults and 1 in 5 children and adolescents in the United States are obese, and many others are overweight. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.

However, many Americans live in food deserts, without access to affordable, healthy food. Communities of color and people living in low-income neighborhoods also have less access to parks and green spaces — and lower life expectancy — than those living in more affluent, predominantly white areas.

Areas of the Fresno service area lack access to healthy food (due to financial and geographic barriers) as well as infrastructure that supports physical activity. A multi-sector approach is necessary to address these deficits.

- In the Fresno service area, obesity rates are 37 percent higher than the California average and physical inactivity among adults is 35 percent higher than the state average.
- The built and natural environments play a role in a community's ability to access outdoor spaces for exercise and activity. The Fresno service area has 38 percent less tree canopy cover than the state average and the walkability index for the service area is 30 percent worse than the state average. The percentage of workers commuting by public transit, walking, or biking is 61 percent lower than the state average.
- Additionally, ZIP codes with larger Hispanic populations than the service area average saw lower walkability indexes.

Key informants described Healthy Eating Active Living (HEAL) opportunities as a top health need, stating that residents in lower-income communities simply do not have a built environment and community infrastructure to support a healthy lifestyle.

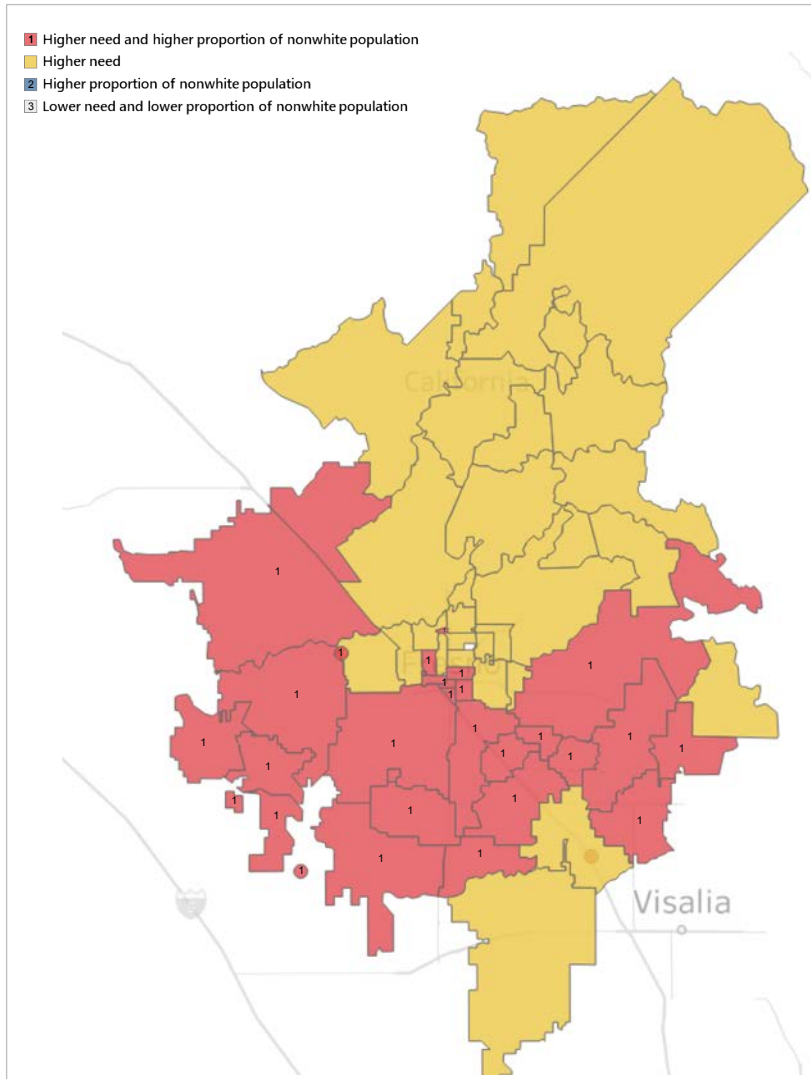
While SNAP enrollment is over double in the service area than the state average, the number of convenience stores per 1000 residents is 50 percent higher than the state average, indicating service area residents' need for financial support for food purchases and an excess of markets that are unlikely to carry a wide array of healthy options. While key informants reported that overall access to farmers markets has improved in the Fresno service area, access remains limited in more rural, isolated, or underserved areas.

Key informants described food bank services as in high demand and stated that food banks need more resources and support. According to key informants, immigrant populations in the Fresno service area often eat quite differently, and less healthfully, than in their country of origin. Key informants requested culturally and linguistically appropriate nutrition education, more easily accessible information on the connection between nutrition and health outcomes, and more culturally relevant offerings at food banks. The Hmong community and indigenous Mexican immigrants were identified by key informants as needing culturally and linguistically relevant HEAL resources.

While key informants did not directly connect the COVID-19 pandemic to a reduction in HEAL opportunities, they discussed that morbidity and mortality rates were higher among service area residents with HEAL related chronic diseases (diabetes, heart disease, and obesity).

**WALKABILITY INDEX, FRESNO SERVICE AREA, 2012**

Areas in red (1) are ZIP codes with a **Hispanic population over 55%** and a **lower walkability index** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

The entire construct of our environment really makes it easier to be overweight than at a healthy weight. Fresno County is a poster child for urban sprawl, so planning and urban design haven't been ideal.

– Public health official

There aren't enough opportunities to buy healthy foods, like farmers markets. More of the farmers markets are using CalFresh and EBT, which is really good, but we need to get that more in front of all members of the communities. We could be holding them [farmers markets] in harder-to-reach parts of the communities.

– Health care executive

**HEAL INDICATORS, FRESNO SERVICE AREA, 2012-2020**

	Fresno Service Area	California
Obesity (Adult)	34%	25%
Exercise opportunities	75%	93%
Physical inactivity (Adult)	24%	18%
Walkability index	8	11
Food insecure	15%	11%
Grocery stores per 1,000 population	0.3	0.2

Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indians/Alaska Natives, and the unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental and behavioral health is a critical and urgent health need in the Fresno service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations, where the need has been amplified by the COVID-19 pandemic.

- In the Fresno service area, the limited capacity of mental health providers is persistent, leaving residents' mental health conditions untreated. There are 11 percent fewer providers per 100,000 population than the California average.
- This provider shortage directly impacts the community as evidenced by the high rate of deaths of despair (due to suicide, alcohol-related disease, and drug overdoses) which exceeds the state average by 21 percent.

Key informants in the Fresno service area identified substance use as a top need, stressing the inextricable tie to mental and behavioral health and noting that there was a substantial rise in substance use during the pandemic. The percentage of current smokers in the Fresno service area is substantially higher than the state average.

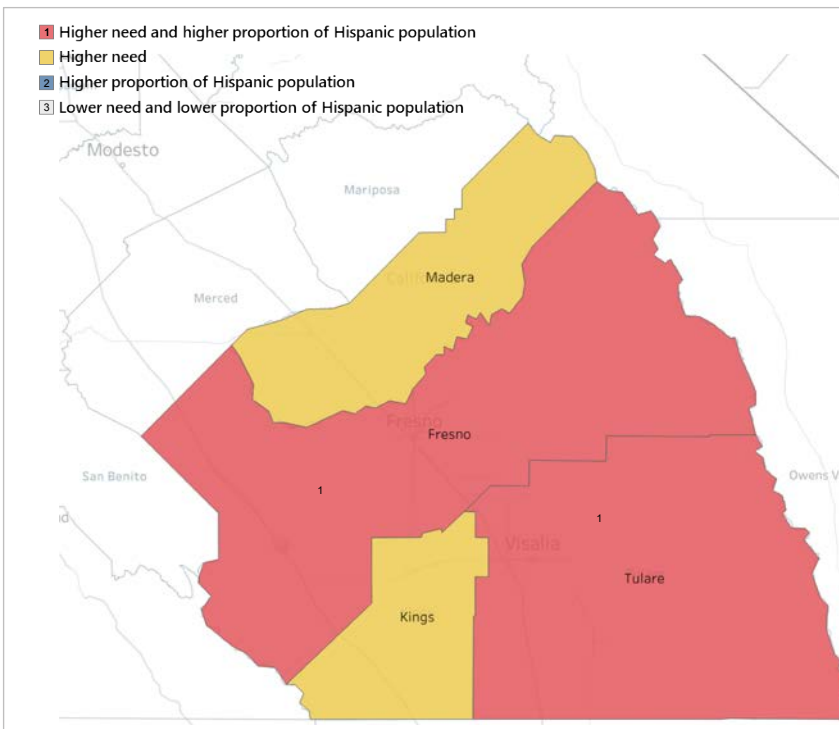
Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language/culture, and social stigma.

Key informants asserted that every vulnerable or underserved population in the Fresno service area has been disproportionately impacted by the insufficient availability of mental health services. Key informants listed children, adolescents, the elderly, unhoused, low-income residents, immigrants, LGBTQ, and communities of color as having high need for accessible mental health services.

According to Fresno service area key informants, prevalent mental and behavioral health issues predate the pandemic, but the pandemic made it much worse, with substance use dramatically increasing during the pandemic.

DEATHS OF DESPAIR, FRESNO SERVICE AREA, 2018

Areas in red (1) are counties with a non-white population over 71% (Service Area average) and higher rates of deaths of despair than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

One of the challenges that I saw was that someone would get a referral to mental health services, and they would have to go to a different facility that they don't know, don't have a rapport with, working with people they don't necessarily trust. We need systems that are meeting people where they are, not expecting someone who is homeless or in poverty to know how to navigate these incredibly challenging systems.

– Community-based non-profit leader

How do you build into the fabric of individuals and families the ability to have healthy responses to stress? If we can build support and networks so families have [coping] skills and resources to reach out to in times of need, it will hopefully prevent child abuse, substance abuse, homelessness, etc.

– Public health official

MENTAL HEALTH INDICATORS, FRESNO SERVICE AREA, 2015-2020

	Fresno service area	California
Deaths of despair, per 100,000 population	42	34
Suicide deaths, per 100,000 population	11	11
Poor mental health (age-adjusted average of days per month among adults)	4	4
Mental health providers, per 100,000 population	315	352
Opioid overdose deaths, per 100,000 population	5	6

Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members— have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Because California encompasses ZIP codes with some of the most expensive real estate in the country, the available data comparing the Fresno service area to state averages does not reveal the crisis level of housing problems described by key informants or reflect the racial/ethnic disparities they identified.

While most Service Area measures for housing were better than California state averages, they were worse than the national averages.

- Overcrowded housing was 12 percent worse in the Fresno service area than the state average and 171 percent worse than the national average.
- Similarly, while the severe housing cost burden was 6 percent better than the state average, it was 29 percent worse than the national average.
- The housing affordability index in the Fresno service area is 49 percent higher than the state average, indicating an increased ability of a typical resident to purchase a home in the area; however, this measure is 15 percent worse than the national average.
- Though the percentage of income for mortgage was 38 percent better than the state average, it was 11 percent worse than the national average.

Housing cost burden is an elevated issue in communities of color: ZIP codes with larger populations of Asians, Blacks, and Hispanics had higher percentages of severe housing cost burden. Additionally, ZIP codes with larger Hispanic populations than the service area average exceeded the state average for overcrowded housing and in about half of the ZIP codes with a higher than average Hispanic population, there is a low rate of home ownership.

Key informants identified housing as a top need, citing “housing deserts” as a major concern in the Fresno service area. Key informants described housing and rental inventories at historic lows and stated that available dwellings are often not affordable. They also cited housing instability and multigeneration or overcrowded households as a source of significant stress and anxiety for many residents in the Service Area, leading to and compounding mental and behavioral health issues.

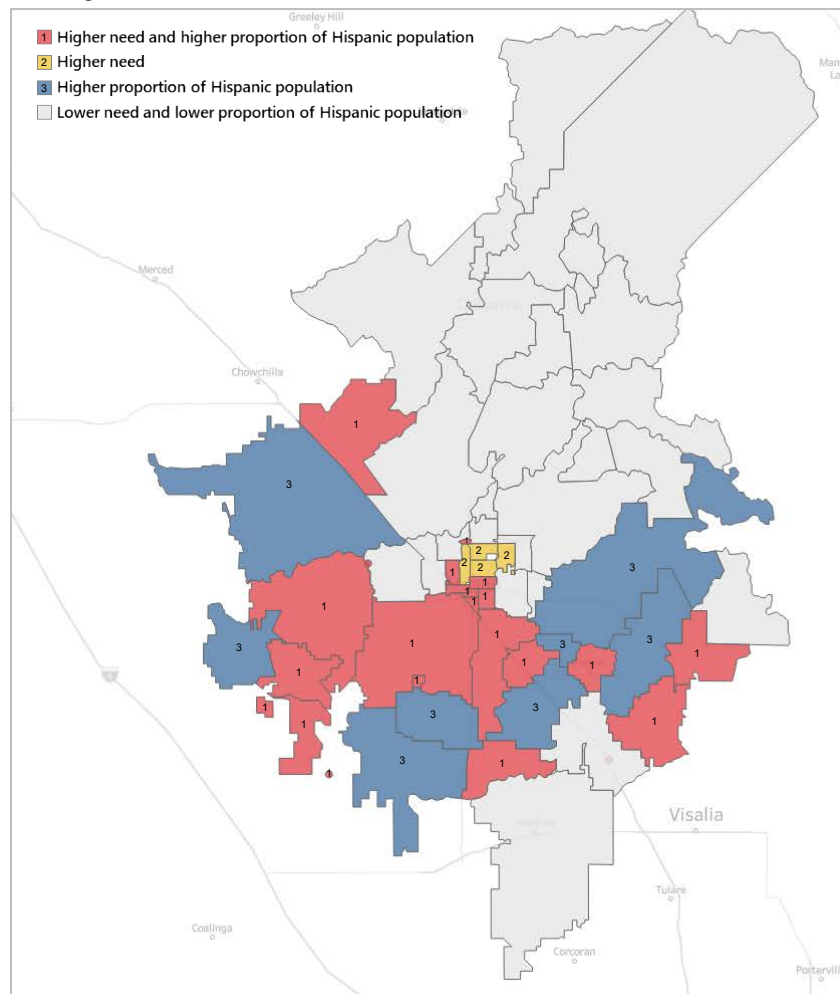
According to several key informants, despite targeted federal assistance and eviction moratoriums during the COVID-19 pandemic, housing instability and homelessness increased in the Fresno service area.



Even before the pandemic, homelessness has been a persistent problem within the service area, according to key informants. They perceive many barriers to making sustainable changes to support the unhoused, including insufficient resources for temporary/transitional housing, a general “not in my backyard” attitude around shelters and housing for the homeless, and a lack of treatment options for mental illness and substance abuse.

### HOMEOWNERSHIP RATES, FRESNO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Hispanic population over 55%** (Service Area average) and **lower homeownership rates** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Homelessness has so many layers to it. It’s not just about building enough shelters to put everybody in a bed. It has many root causes – mental illness, drug abuse, economic factors, low education, generational poverty, the list goes on and on. One specific challenge to addressing homelessness right now is the housing crisis.

– Community-based nonprofit leader

Things right now have us 35,000 housing units short, just in the city of Fresno. It’s just not working, so we need to look at innovative approaches to permanent housing. It doesn’t necessarily mean building an apartment building. We need to look at things like single room occupancy units, investing in [converted shipping containers] and tiny homes.

– Community-based nonprofit leader

### HOUSING INDICATORS, FRESNO SERVICE AREA, 2015-2020

	Fresno Service Area	California	United States
Overcrowded housing	9%	8%	3%
Severe housing cost burden	18%	19%	14%
Housing affordability index	131	88	155
Home ownership rate	55%	55%	64%

Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Chronic disease & disability



Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes.

These and other chronic diseases are the leading causes of death and disability in America, increase the risk for severe COVID-19 illness, and are a leading driver of health care costs.

High blood pressure, diabetes, and smoking are key risk factors for heart disease and stroke, along with poor nutrition and lack of physical activity. Many of these same risk factors are also linked to cancer, which is the second leading cause of death nationwide. Nearly a quarter of adults in the U.S. have arthritis, most of whom are of working age; arthritis is a leading cause of work disability and a common cause of chronic pain.

While a healthy diet and exercise can help prevent and manage chronic conditions, people of color and families with low incomes are more likely to live in neighborhoods that lack health-promoting infrastructure, such as parks and green spaces and places to buy affordable healthy food. Furthermore, they are more likely to be uninsured and less likely to receive preventive services and care for chronic health conditions.

Chronic disease and disability are prevalent in the Fresno service area, with disadvantaged and underserved communities experiencing higher disease and disability rates and worse health outcomes. The COVID-19 pandemic exacerbated these disparities and underscored the need to improve the social determinants of health that impact chronic disease and disability.

- Health indicator data illustrates that the prevalence of chronic diseases (specifically asthma, diabetes, and heart disease) is worse in the Fresno service area than the California average and the proportion of adults reporting poor or fair health days is 48 percent worse than the state average.
- Asthma rates are particularly high in the service area (37 percent worse than the state average). While Climate and Environment did not rank as a top health need in this assessment, climate factors related to asthma are substantially worse in the service area than California overall; air pollution was 29 percent worse than the state average and the respiratory hazard rating was 40 percent worse than the state average.
- The percentage of the service area population with any disability was substantially higher than the state average, and every ZIP code in the service area with a black population larger than the service area average had higher rates of disability than the state average.

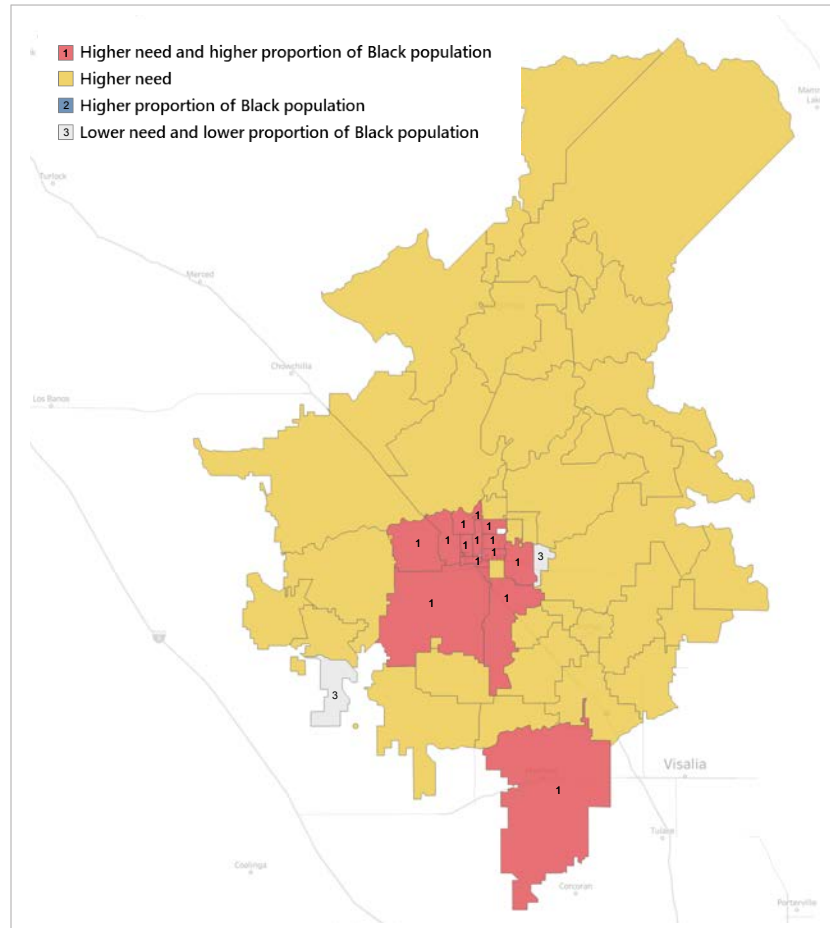
Key informants in the Fresno service area described chronic disease and disability as a top concern for residents, specifying diabetes, heart disease, and obesity. According to key informants, systemic barriers, such as lack of preventive primary care, inability to pay for treatment, and language/cultural barriers, perpetuate high rates of chronic disease and disability.

From the key informants' perspective, the pandemic had a disastrous impact on people of color with chronic diseases and disabilities in the service area. Key informants described that different populations need different approaches to prevention and management of chronic diseases and disabilities. They stated that what works for one group may not work for another and that patients often feel more connected to and respond better to health care workers who represent their specific community or culture.



**POPULATION WITH ANY DISABILITY,  
FRESNO SERVICE AREA, 2015-2019**

Areas in red (1) are ZIP codes with a Black population over 4% (Service Area average) and a higher percentage of the population with any disability than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Our local African American population is only 4 percent; this area is predominantly Hispanic and white. But when you look at ER data you see need for a targeted campaign for African Americans. There are just not enough African Americans in this field to advocate for the African American community.

– Community-based nonprofit leader

Diabetes is very prevalent, despite our best efforts, and it is a big challenge for our patients. Many of our patients are generally unhealthy and it leads to other health issues. Last year, those who died from COVID-19 or took longer to recover were often diabetics or overweight. COVID-19 elevated the problems we already have with diabetes.

– Health care executive

**CHRONIC DISEASE & DISABILITY INDICATORS,  
FRESNO SERVICE AREA, 2015-2020**

	Fresno Service Area	California
Asthma prevalence	7%	5%
Adults reporting poor or fair health	24%	16%
Population with any disability	13%	11%
Diabetes prevalence	32%	28%

Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

While employment rates in the Fresno service area are higher than the California average, income is lower, and poverty is higher. As a result, food security is a concern for many residents. Targeted investments and strategic multi-sector planning are needed for the economy to benefit all residents more equally.

- In the Fresno service area, the unemployment rate is similar to the California average, however, the percentage of young people not in school and not working is 43 percent higher than the state average.
- The median household income is lower in the Fresno service area than the state average while the overall poverty rate is 56 percent higher than the state average and the percentage of children living in poverty is 78 percent higher than the state average.
- The percentage of students eligible for free or reduced-price school meals is 47 percent higher in the Fresno service area than the statewide average.

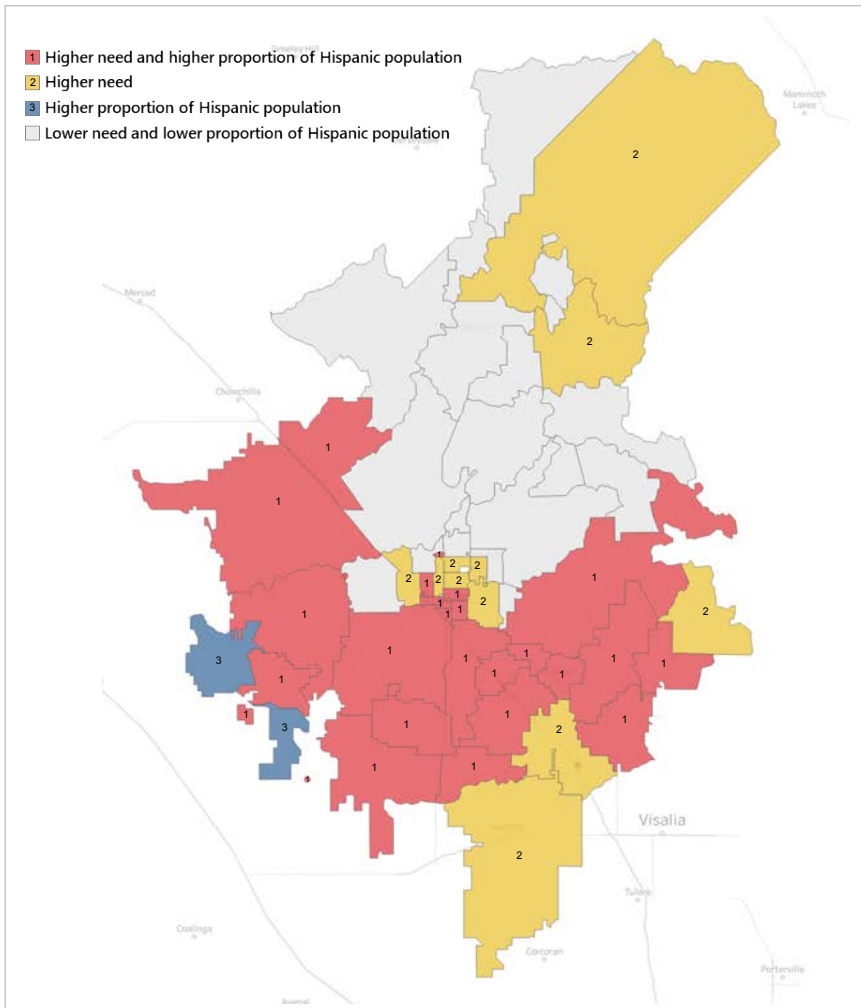
Key informants reported that both economics and food security are priority health issues in the Fresno service area. Affordable, easily accessible healthy foods are a key element of the social determinants of health, and programs such as WIC and the Fresno County Health Improvement Partnership are working to ensure sustainable access to healthy foods for children. However, key informants expressed concern that these organizations are limited in what they can accomplish and asserted that more resources are needed.

ZIP codes with larger Hispanic populations than the service area average perform better than the state average on employment indicators (unemployment rate and the jobs proximity index), while simultaneously performing worse on all income and poverty indicators, pointing to disparities in quality jobs.

According to key informants, black, indigenous, and people of color in the community were disproportionately affected by the economic insecurity caused by the COVID-19 pandemic. Key informants felt that inequities were made more apparent during the pandemic, which has led to public acknowledgment and discussion of income and employment inequities.

**POVERTY RATE, FRESNO SERVICE AREA, 2015-2019**

Areas in red (1) are ZIP codes with a **Hispanic population over 55%** (Service Area average) and **higher poverty rates** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Economic security correlates directly with homelessness. We see people on the fringes of homelessness every day. We see about 100 unique individuals every day in one of our programs. These are people who have lost jobs and are needing assistance with rent, electric bills, etc.

– Community-based non-profit leader

Our region is a food apartheid and racialized capitalism is one of the biggest threats to disadvantaged people having access to health and wellness. The agri-business and agri-economy model of the Central Valley leaves already marginalized people more at risk. There is an overall lack of regard for the humanity of the farm and agricultural workers.

– Community-based non-profit leader

**INCOME INDICATORS, FRESNO SERVICE AREA, 2014-2020**

	Fresno Service Area	California
Children living in poverty	30%	17%
Poverty rate	20%	13%
Young people not in school and not working	3%	2%
Median household income	\$58,723	\$82,053
Free and reduced-price lunch	65%	44%

Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Community safety



The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive.

People can be victims of violence, witness violence or property crimes, or hear about crime and violence from others. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. Within families, intimate partner violence (IPV) and child maltreatment frequently occur together, each with adverse health effects. One in four American women reports IPV during her lifetime.

Communities that have been systematically marginalized experience higher rates of violence, including deaths and injuries from firearms. Chronic stress from living in unsafe neighborhoods can have long term health effects, and fear of violence can keep people indoors and isolated. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to local policing practices.

Community safety also reflects injuries caused by accidents — unintentional injuries are the leading cause of death for children, youth, and younger adults and account for nearly 30 percent of emergency department visits.

All measures of community safety were substantially worse for the Fresno service area than the California average:

- Pedestrian accident deaths are 44 percent higher
- Motor vehicle crash deaths are 64 percent higher
- Injury deaths are 21 percent higher
- Violent crimes are 29 percent higher

Key informants listed several types of violence – gun violence, domestic violence, and violent crime – as ongoing problems in the Fresno service area.

According to key informants, long-standing inequities within the Fresno service area present challenges to making significant improvements to community safety. Key informants stated that these inequities contribute to feelings of frustration and hopelessness in historically disadvantaged areas, and complex solutions are necessary to meaningfully address inequities.

From the perspective of key informants, the COVID-19 pandemic exacerbated all factors that threaten community safety, including high unemployment, increased substance abuse, unstable housing, struggles with mental health, and racial/ethnic tensions.

## COMMUNITY SAFETY INDICATORS, FRESNO SERVICE AREA

\*Rates in this table are per 100,000 population.

	Fresno Service Area	California
Violent crimes, 2014-2018	540	418
Injury deaths, 2020	61	50
Motor vehicle crash deaths, age-adjusted, 2015-2019	16	10
Pedestrian accident deaths, 2015-2019	4	3

Source: [Kaiser Permanente Community Health Data Platform](#)

## MOTOR VEHICLE CRASH DEATHS, FRESNO SERVICE AREA, 2015-2019

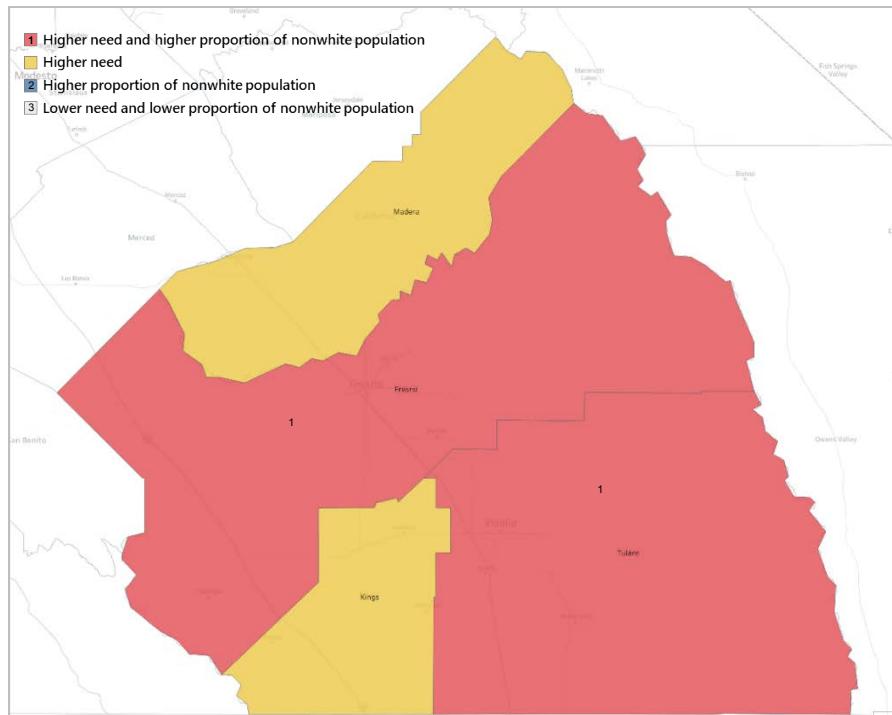
Areas in red (1) are counties with **non-white populations over 71%** (Service Area average) and **higher motor vehicle crash deaths** than the CA average.

We have definitely seen an increase in violence during the pandemic. The question is, what triggers the violence? Where is it coming from? We need to look at the root causes of violence.

– Public health official

Fresno has a long-standing history of geographic inequity. Southwest Fresno has geographically been a community of color for over 100 years. This area is where most of the homelessness, homicides, and drug issues are. No matter what kind of data point you're looking at, this is an historically disadvantaged area.

– Community-based nonprofit leader



Source: [Kaiser Permanente Community Health Data Platform](#)

### Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Fresno service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

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

# Kaiser Permanente Fresno Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Fresno Medical Center’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

## Kaiser Permanente Fresno Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Mental Health
3. Economic Security
4. Obesity/HEAL/Diabetes

## 2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Fresno Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Fresno Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente 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. During 2020-2021 a portion of money managed by this foundation was used to award 12 grants totaling \$993,577 in service of 2019 IS health needs in the Fresno service area.

One example of a key accomplishment in response to our 2019 IS includes a \$90,000, 24-month grant to Resiliency Center of Fresno to promote a proactive approach to mental health, trauma intervention and emotional well-being for children and families. Working in partnership with Fresno



Police Department, the Center identifies children who have been a witness of or victim of trauma. The program is expected to reach 2,600 children with assessment, linkage to community resources and mental health services for them and their families. The ultimate goal is to mitigate trauma’s impact on the children’s academic, behavioral and physical health.

As the health and economic toll of the pandemic continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Fresno Building Healthy Communities was awarded a \$75,000 grant for the COVID-19 Vaccine Equity initiative to increase vaccination rates among communities hit hardest by the pandemic--disproportionately people of color—through culturally relevant vaccination outreach and registration in accessible neighborhood locations such as laundromats and barber shops and through social media to increase vaccination trust and ultimately vaccination rates in these communities.

### Kaiser Permanente Fresno Medical Center 2019 IS priority health needs and strategies

#### Access to Care

**Care and coverage:** Kaiser Permanente Fresno Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	13	10	\$3,199,009	\$5,443,015
Charitable Health Coverage	214	196	N/A	\$188
Medical Financial Assistance	7,120	5,841	\$7,333,617	\$6,045,836
<b>Total care &amp; coverage</b>	<b>7,347</b>	<b>6,047</b>	<b>\$10,532,626</b>	<b>\$11,489,039</b>

**Other access to care strategies:** During 2020-2021, 40 grants were awarded to community organizations, for a total investment of \$3,418,337 to address access to care in the Fresno service area.

#### *Examples and outcomes of most impactful other strategies*

##### Central Valley Asthma Relief Project

Central California Asthma Collaborative was awarded \$75,000 to provide home-based education and intervention for low-income residents of Fresno and Tulare counties. The project is expected to serve 100 individuals who will gain knowledge of home environmental asthma triggers and asthma management to reduce asthma burden and unintended ER visits and hospitalizations.

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## 211 Expansion

United Way Fresno and Madera Counties was awarded \$100,000 over 2 years to provide residents of Fresno and Madera Counties with expanded information and referral to community resources through 211 and the integration of the Unite Us digital platform with 211. The project is expected to reach 80,000 community members with improved access to an updated and equitable network of safety net services.

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## Mental Health

During 2020-2021, 22 grants were awarded to community organizations, for a total investment of \$907,266 to address mental and behavioral health in the Fresno service area.

*Examples and outcomes of most impactful strategies*

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### Thriving Schools

Family Foundations Counseling Services was awarded \$100,000 over 2 years to implement the Thriving Schools program in 10 Fresno Unified School District schools. This project is expected to reach 800 youth, family and staff through trauma-informed practices, social-emotional skill building, mental health supportive services and community-building activities, enhancing school climate.

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### Proactive Approach to Mental Health, Trauma Intervention and Emotional Well-being for Children and Families

Resiliency Center of Fresno was awarded \$90,000 over 2 years to provide timely support to children impacted by trauma and their families. The program is expected to provide 2,600 children with assessment, linkage to community-based services and mental health counseling.

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## Economic Security

During 2020-2021, 22 grants were awarded to community organizations for a total investment of \$562,536 to address economic security in the Fresno service area.

*Examples and outcomes of most impactful strategies*

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### Youth Empowerment Solutions

West Fresno Family Resource Center was awarded \$100,000 over 2 years to improve school attendance, graduation rates, and career/college readiness among low-income youth residing in Southwest Fresno. The program is expected to serve 50 high school youth per year with supportive activities to identify a career path, set goals, and develop the skills needed to advance toward their education/career goals.

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### Housing for Health Program

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Community Action Partnership of Madera County, Inc., was awarded \$25,000 to provide health and housing stabilization services for individuals and families who are homeless or at risk of losing their homes. The program is expected to reach 135 individuals in Madera County with mental health assessments and treatment, medical attention, and rental assistance.

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### Transform Care: Whole Person Approaches

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Poverello House was awarded \$25,000 to provide shelter and service navigation for chronically homeless people. The program is expected to reach 20 individuals with services that link them to medical care, substance abuse treatment, and permanent supportive housing.

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### Obesity/HEAL/Diabetes

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During 2020-2021, 45 grants were awarded to community organizations for a total investment of \$3,043,447 to address obesity/HEAL/diabetes in the Fresno service area.

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*Examples and outcomes of most impactful strategies*

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### CalFresh Outreach

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Central California Food Bank was awarded \$95,000 to provide CalFresh information and application assistance to food insecure populations in Fresno, Madera, Tulare, and Kings counties. This program is expected to reach 2,448 individuals, resulting in more eligible individuals and families accessing CalFresh benefits.

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### Supplemental Produce Program

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Madera County Food Bank was awarded \$25,000 to support healthy eating by expanding fresh fruit and vegetable distribution in existing food bag/box programs. The program is expected to reach 50,000 people who cannot typically afford to purchase fresh produce.

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### Food to Share

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Fresno Metro Ministry was awarded \$180,000 over 2 years to support: expanded recovery and redistribution of excess nutritious food from schools and retail outlets, formation of a resident led CalFresh Advisory Workgroup and healthy cooking courses. This program is expected to reach 24,358 individuals resulting in access to healthier food, development of food preparation skills, and civic engagement opportunities.

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## Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

<b>Source</b>	<b>Dates</b>
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

	<b>Source</b>	<b>Dates</b>
1.	California Department of Public Health, California for All. Vaccination Progress Data. Coronavirus COVID-19 Response	2021

## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Fresno County Public Health Department	1	Public health	Leader	7/2/2021
2	Key informant interview	The Fresno Center	1	Underserved communities	Leader	6/28/2021
3	Key informant interview	West Fresno Family Resource Center	1	Families	Leader	6/24/2021
4	Key informant interview	Fresno American Indian Health Project	1	American Indians	Leader	7/16/2021
5	Key informant interview	Centro Binacional para el Desarrollo Indigena Oaxaqueno	1	Indigenous communities from Oaxaca	Leader	6/29/2021
6	Key informant interview	Fresno Barrios Unidos	1	Youth, young adults, and their families	Leader	7/13/2021
7	Key informant interview	Poverello House	1	Food insecure, unhoused	Leader	7/22/2021
8	Key informant interview	First 5 Fresno County	1	Children in their first five years, and their families	Leader	8/20/21
9	Key informant interview	Madera County Public Health Department	1	Public health	Leader	7/15/2021
10	Key informant interview	Camarena Health	1	Underserved communities	Leader	7/12/2021



## Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	United Way of Fresno and Madera Counties	Connects residents to housing, health, employment, and education programs provided by local organizations/agencies and provides programs to increase resident financial stability and well-being
	Catholic Charities Diocese of Fresno	Serves families in need of food, clothing, housing, utilities support and education resources as well as senior companionship
	Evangelicals for Social Action/Love INC	Faith-based organization that refers community residents to churches/ministries addressing a wide range of health needs
Access to care	Federally Qualified Health Centers	Outpatient clinics providing health services to low income, underinsured and high need populations in Fresno, Kings, Tulare and Madera counties. Providers include (but are not limited to) Camarena Health, Clinica Sierra Vista, United Health Centers, Valley Health Team, and Family Healthcare Network
	Hospitals/Medical Centers	Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care including, but not limited to Community Regional Medical Center, Kaiser Foundation Hospital Fresno, Adventist Health, St. Agnes Medical Center, Tulare Regional Medical Center, and Valley Children’s Hospital Madera
	Health Insurance Counseling & Advocacy Program, Valley Caregiver Resource Center	Aids Medicare beneficiaries who need assistance with understanding Medicare rights and benefits, supplemental plans, prescription drug coverage, long-term care policies, billing problems and Medicare appeals
Healthy Eating Active Living Opportunities	Central California Food Bank	Provides food to over 220 partner feeding sites including churches, community centers, senior-serving organizations so they can feed the hungry in their respective neighborhoods. The Food Bank’s Groceries2Go, Mobile Pantry, School Food and BackPack programs and Neighborhood Markets provide food in convenient locations
	Fresno Metro Ministry	Facilitates access to fresh, healthy foods through a variety of food systems initiatives including Homegrown Health and Food to Share. Convenes the CalFresh and EBT Advocacy Taskforce
	Parks and Recreation Departments	Public parks, recreation facilities and programming in multiple jurisdictions
Housing	Poverello House	Provides resident rehabilitation program, temporary overnight shelter, and social services as well as meals and services that improve people’s quality of life (clothing distribution, medical clinic)

Identified need	Resource provider name	Summary description
	Fresno Mission	Offers temporary shelter, a warming center, transitional apartments and community information and referral to housing assistance as well as supportive services such as case management
	Fresno Housing	Public agency that assists low- and moderate-income residents, including seniors and the disabled, afford safe and quality housing. Administers/manages a variety of affordable subsidized housing sites and programs
Mental/behavioral health	Kings View	Provides mental and behavioral health services including outpatient treatment and drug and alcohol recovery
	National Alliance on Mental Illness, Fresno County	Raises community awareness of mental illness and provides support groups and HelpLine to persons with mental illness and their families and friends, education, and advocacy
	Fresno County Department of Behavioral Health	Government agencies providing culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families
Chronic disease and disability	Resources for Independence Central Valley	Work readiness, assistive technology training, peer support and youth empowerment programs for persons with disabilities to empower them to live independently
	American Heart Association	Support and education for persons/families living with heart disease
	Fresno Diabetes Collaborative	Increases awareness and access to local resources for the prevention and treatment of prediabetes and diabetes
Income and employment	Fresno County Economic Opportunities Commission	Operates human services programs designed to reduce poverty, increase self-sufficiency, and build stronger communities including preschool education, vocational training/counseling, and job placement services
	Central Valley Opportunity Center	Employment, education, economic development, and social service programs
	Proteus, Inc.	Administers education/employment programs for adults, youth, and dislocated workers, including career and technical education classes and student scholarship programs, in multiple locations
Community safety	Marjaree Mason Center	Provides emergency and longer-term safe housing, case management, counseling, legal advocacy, and variety of other supportive services to adults and children impacted by domestic violence, and other crises
	Centro La Familia	Assists victims of domestic violence, sexual assault, human trafficking, and other serious crimes