



COMMUNITY BENEFIT REPORT
September 2020 – August 2021

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California Department of Health Care Access and Information
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Our Mission and Vision

Mission

To improve the health status of the community. To promote medical education.

Vision

To serve the community as the provider, practice location and employer of choice — establishing Community Health System as the leader in clinical excellence, technological innovation, quality service, superb facilities and compassionate care.

Commitment to Diversity

As a locally owned and -operated healthcare network, Community Health System (CHS) respects and celebrates the Central Valley's rich and diverse heritage. Our commitment to diversity and inclusion is a cornerstone of our patient care and work culture. All are welcome as valued members of our community whether patient, employee, physician, student or visitor.

CHS prides itself for being a diverse healthcare provider. This is reflected in its workforce with 35% of clinical and non-clinical staff identifying as Latino, 23% are of Asian descent and 4% are African-American. Community's executive leadership at CHS is represented by 54% women.

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I. Introduction and Organizational Overview

Who We Are

Community Health System (CHS) is a locally owned, not-for-profit, healthcare network based in Fresno, California. Established in 1897, CHS is now the region's largest healthcare provider and private employer. We operate four hospitals, a cancer institute along with several long-term care, outpatient and other healthcare facilities. CHS operates a physician residency program with one of the nation's top-rated medical schools, University of California, San Francisco (UCSF).

With 8,900 employees and 1,875 affiliated physicians, CHS serves a 15,000-square-mile area that includes Fresno, Madera, Kings and Tulare counties — and beyond.

CHS operates its facilities under two hospital licenses: Community Regional Medical Center (CRMC) and Clovis Community Medical Center (CCMC). Fresno Heart & Surgical Hospital (FHS) and Community Behavioral Health Center (CBHC) operate under the Community Regional license. CHS also operates several long-term care, outpatient and other healthcare facilities.

CHS is home to the only Level 1 trauma center and comprehensive burn center between Los Angeles and Sacramento. We serve as the area's main "safety-net" provider, caring for our region's most vulnerable populations.

This consolidated report is submitted on behalf of the system of hospitals and providers that are part or partners of the CHS system.

Hospital campuses

Clovis Community Medical Center
Community Regional Medical Center
Community Behavioral Health Center
Fresno Heart & Surgical Hospital

Outpatient centers

Advanced Medical Imaging
Community Cancer Institute
Deran Koligian Ambulatory Care Center
Marjorie E. Radin Breast Care Center

Long-term care center

Community Subacute & Transitional Care Center

Hospitality home

Terry's House

Affiliations

California Health Sciences University
Central California Faculty Medical Group
Community Care Health
Community Health Partners
Samuel Merritt College
University of California, San Francisco, School of Medicine
University of the Pacific

Specialty centers

Advanced Diagnostic Testing Center
Bob Smittcamp Family Neuroscience Institute
Disease Management Center
Deran Koligian Ambulatory Care Center
Leon S. Peters Burn Center
Leon S. & Pete P. Peters Future Generations Center
Leon S. Peters Rehabilitation Center
Marjorie E. Radin Breast Care Center
Primary Stroke Center
 Community Regional Medical Center
Surabian Dental Care Center
Table Mountain Rancheria Trauma Center
Wound Care Centers
 Clovis Community Medical Center
 Community Regional Medical Center

Clinics

Community Gynecologic Oncology Specialists
Community Maternal Fetal Medicine – Subhashini Ladella, MD
Community Medical Oncology Specialists
Community Neurosciences Institute – Clovis
Community Neurosciences Institute – Fresno
Community Neurosciences Institute – River Park
Community Neurosciences Institute – Visalia
Community Pediatric Specialists
Community Perinatology
Community Primary Care – Ali M. Fayed, MD
Community Primary Care – Christopher Kuebrich, MD
Community Specialty Surgery Associates
M2 Oncology, A Member of Community Health Partners

Accreditation

Every three years, the Joint Commission inspects participating hospitals to gauge the quality of care. CHS' hospitals are fully accredited.

Governance

CHS is governed by a volunteer Board of Trustees comprised of local civic leaders and physicians. The Trustees set the vision and policy direction for the organization and approve the organization's strategic, business and financial plans.

II. Commitment to Community Benefit

CHS' commitment to community benefit is demonstrated at every level of the organization. Evidence of our mission is the continual investment in improving the health of those we serve and in our workforce of more than 10,000 employees, physicians and volunteers. An integral part of our mission is our patient population that includes more than 54,700 admissions, 204,458 outpatient visits and 159,500 emergency department visits equaling more than 418,000 patients to whom we provided quality medical care. Over the past two decades, no other hospital organization in the San Joaquin Valley has invested more to ensure healthcare access to all people of this growing region.

The Board of Trustees reviews the community needs assessment, the annual community benefit report and our impact on the areas of greatest need. Senior management encourages initiatives to expand access to healthcare services in our community and is committed to investing in and partnering with local, nonprofit organizations working in socio-economically disadvantaged neighborhoods and rural populations. A multi-stakeholder committee ensures the Board and senior management directives are fulfilled and approves financial allocations to community benefit programs, outreach and education.

Many CHS leaders and staff members participate in a wide array of community service-oriented groups, extending our community benefit outreach far beyond dollars invested.

Community benefit and community service are at the heart of our healthcare system.

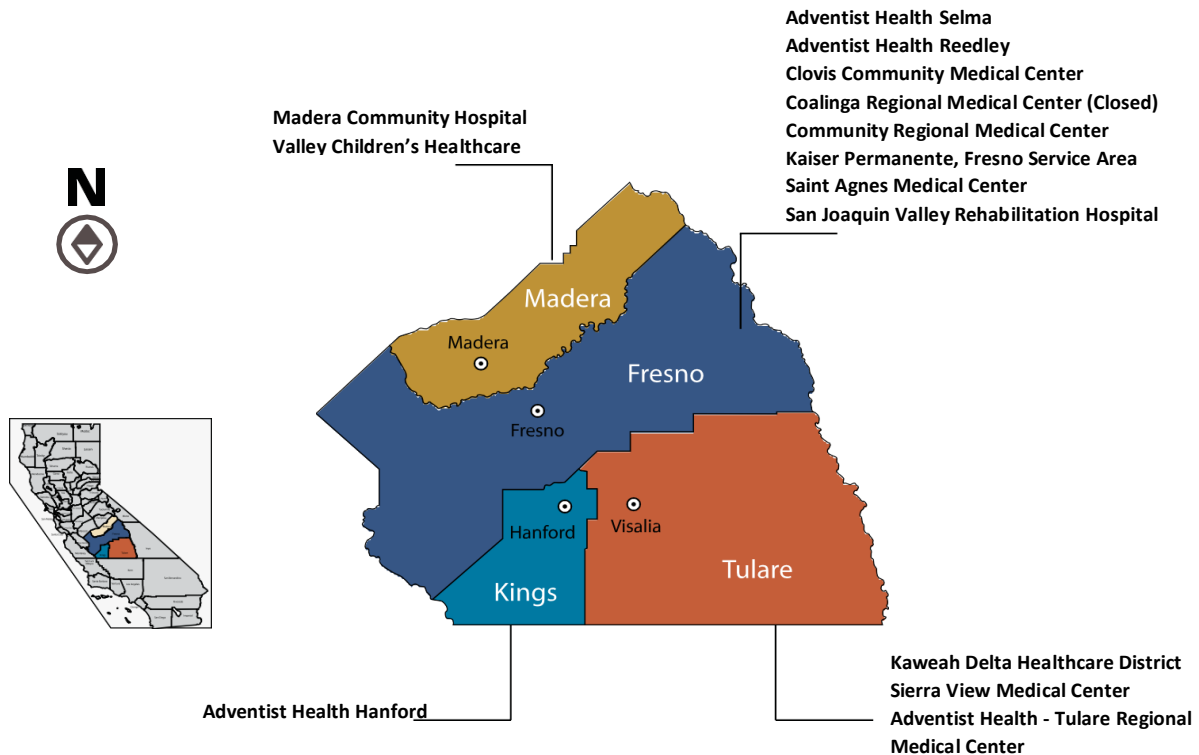
III. CHS' Service Area: A Look at Our Unique Region

CHS is located in the heart of California's San Joaquin Valley, an area often referred to as "Appalachia of the West" because of our similarities with that region's poverty, unemployment and health disparities. Our community is incredibly diverse and we care for patients from around the world in our Level 1 trauma center and comprehensive burn center. Our trauma and burn centers serve nine counties including Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare, and Tuolumne. We are located near major interstate highways and three popular National Parks.

From the **2019 Community Health Needs Assessment**, the following demographic information helps paint a picture of our region and the people we serve.

Community Profile

According to the U.S. Geological Survey, the Central Valley covers about 20,000 square miles and is in one of the most notable land depressions in the world. Occupying a central position in California, it is bounded by the Cascade Range to the north, the Sierra Nevada to the east, the Tehachapi Mountains to the south and the Coast Ranges and San Francisco Bay to the west. The Central Valley can be divided into two large parts: the northern one-third, known as the Sacramento Valley, and the Southern two-thirds, called the San Joaquin Valley. The San Joaquin Valley can be split further into the San Joaquin Basin and the Tulare Basin. The Community Health Needs Assessment (CHNA)-participating hospitals are located in the heart of the Central Valley within four adjoining counties — Fresno, Kings, Madera and Tulare.



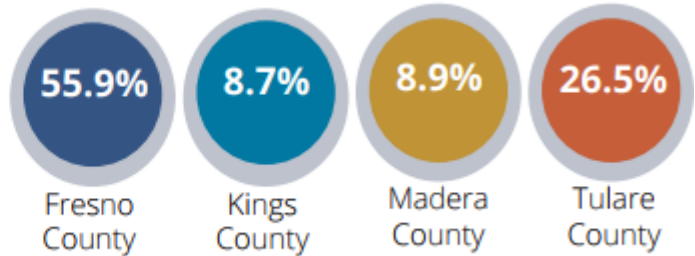
Population Characteristics

According to the U.S. Department of Health & Human Services Administration for Children & Families, in 2016 there were about 1.7 million persons living in the Fresno, Kings, Madera and Tulare counties.¹ Fresno County comprised 56% of population while Kings County was fourth with 8.7% of the total population.

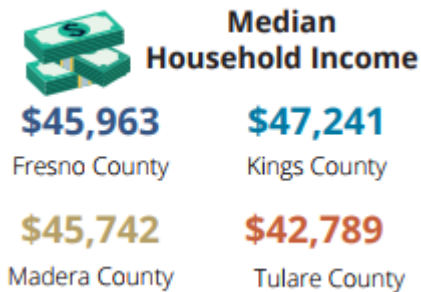
In 2016, approximately

1,722,556

lived in the four-county region. Fresno County comprised the largest portion.



In 2016, the median household income for the four-county region was between \$46,000 and \$43,000 — with Fresno County having the highest incomes and Tulare County the lowest. Across the region 46% of housing is renter occupied, in alignment with the California 45.9% average.

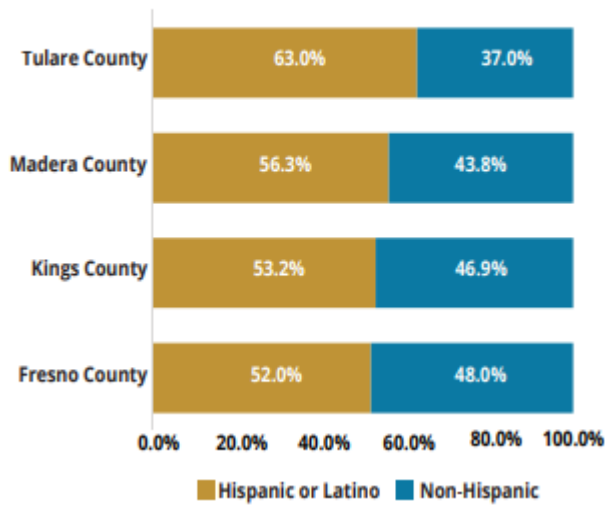


The average percentage of renter-occupied housing across the region is **46%**. This is in alignment with the state average of **45.9%**.

When it comes to ethnicity, the majority of residents in the four-county region identify as Hispanic or Latino. Tulare County has the highest percentage of individuals identified as Latino with 63%. Tulare County also has the largest segment of the population considered to be linguistically isolated at 15%.

¹ Data Source: Community Commons (2018). U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

By ethnicity, the majority identify as Hispanic or Latino, in every county.



Kings and Tulare counties have the largest populations of families/households with children under 18 years with 47% and 48% respectively.

Health Indicators: Education

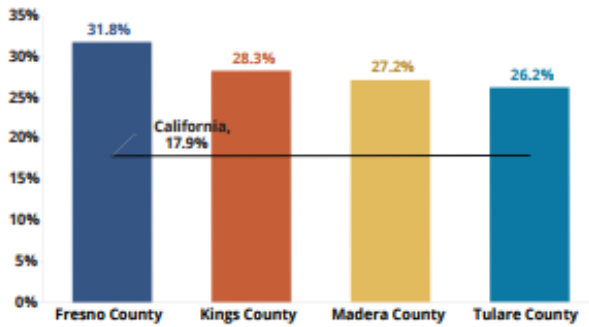
Education is an important factor in health status. Graduation from a high school or a post-secondary education, such as receiving a Bachelor’s or Associate degree is linked to better health outcomes.

High school graduation rates in our four-county region surpassed the 17.9% statewide graduation rate with Fresno County having the greatest discrepancy at 31.8%.² But when comparing post-secondary education, the four-county region is below the state average with Kings County having the least amount of people earning a bachelor’s degree or higher. According to the 2016 American Community Survey, 12.8% of Kings County residents received a bachelor’s degree or higher, compared to 32% in California as a whole.³

² Data Source: Community Commons (2018). U.S. Census Bureau, American Community Survey 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

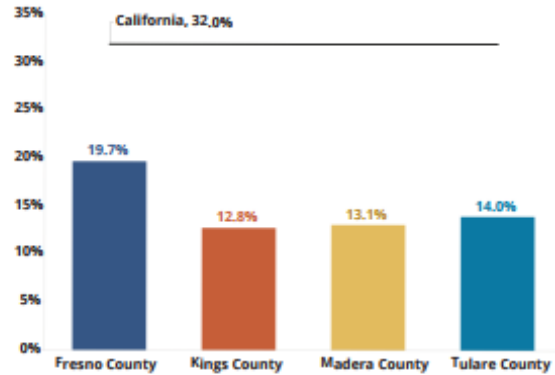
³ Data Source: Community Commons (2018). U.S. Census Bureau, American Community Survey 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Percent of Population Aged 25 and Older with No High School Diploma



Data Source: Community Commons (2018). US Census Bureau, American Community Survey, 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Percent of Population with Bachelor's Degree or Higher



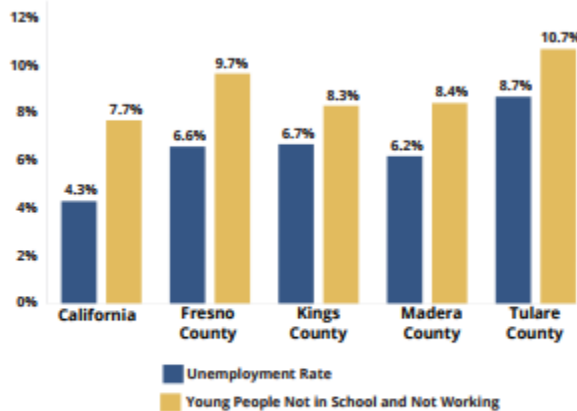
Data Source: Community Commons (2018). US Census Bureau, American Community Survey, 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Health Indicators: Employment

Unemployment can lead to financial instability and serve as a barrier to health access and utilization. Many secure health coverage through an employer; however, even with Medicaid expansion, lack of employment may prevent some from affording medical office co-pays or medications.

When analyzing employment figures, Tulare County has the highest rate of unemployed adults in the four-county region at 8.7%, compared to the 4.5% state average. Young adults in Tulare County also face the highest unemployment rates in the region at 10.7% compared to the 7.7% California average.⁴

Employment Figures



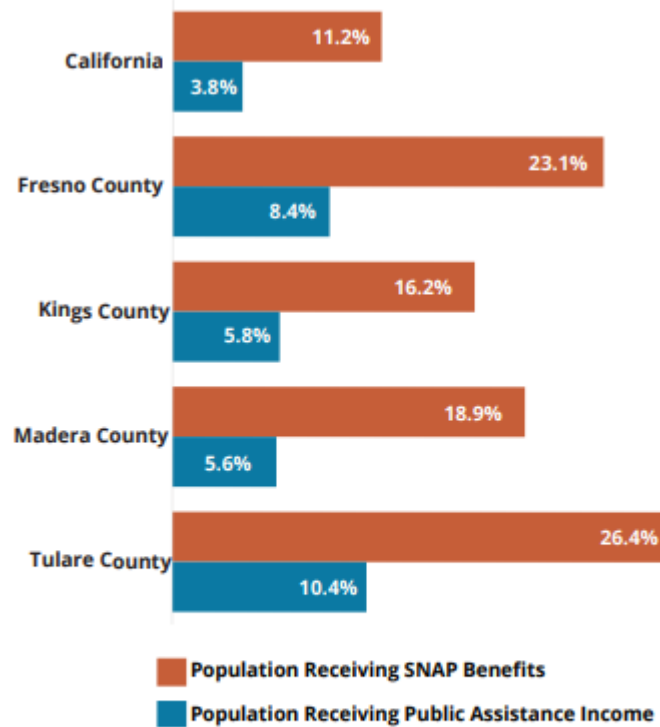
Data Sources: Community Commons (2018). US Census Bureau, American Community Survey, 2012-16. US Department of Labor, Bureau of Labor Statistics, 2018 - August. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

⁴ Data Sources: Community Commons (2018). U.S. Census Bureau, American Community Survey 2012-16. U.S. Department of Labor Statistics 2018. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Health Indicators: Measures of Poverty

Poverty is a strong risk factor for disease and death, especially among children. Children who grow up in poverty are eight times more likely to die from homicide, five times more likely to have a physical or mental health problem and twice as likely to be killed in an accident.

Public assistance information is relevant because it provides an assessment of vulnerable populations, which are more likely to have multiple issues with health access, health status and social support needs. Across the four-county region, Tulare County has the largest population receiving public assistance income in the form of the Temporary Assistance to Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). In Tulare County, 26.4% of residents receive SNAP compared to 11.2% in California. In California, 3.8% of residents receive public income assistance compared to 10.4% of residents in Tulare County.⁵



Data Sources: Community Commons (2018). US Census Bureau, American Community Survey, 2012-16. US Census Bureau, Small Area Income & Poverty Estimates, 2015. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Access to Care

Access to care is arguably the most critical component of measuring community health. Access can be measured at the individual level, such as health insurance coverage, and at the system level, including availability of primary healthcare and medical professional shortages, etc. When an individual has the ability and means to secure timely treatment and quality comprehensive care is

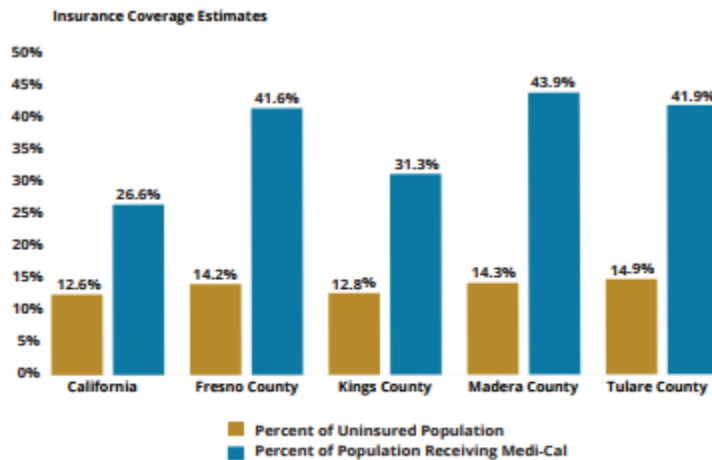
⁵ Data Sources: Community Commons (2018). U.S. Census Bureau, American Community Survey 2012-16. U.S. Census Bureau, Small Area Income & Poverty Estimates 2015. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

readily available and affordable, then access to care is the highest.

Insurance coverage is an important factor determining community health. Lack of coverage results in barriers to accessing primary care, specialty care and other health services. Medi-Cal population rates provide a glimpse of vulnerable residents likely to experience multiple social and economic challenges when accessing care.

In the four-county area, 43.9% of Madera County residents receive Medi-Cal compared to 26.6% of residents statewide. Tulare County residents experience the highest uninsured rates in the region at 14.9% compared to 12.6% in California.⁶

CRMC has one of the highest Medi-Cal discharge rates in California. In 2019, 81% of CHS patients were covered by government insurance and 43% received Medi-Cal benefits.

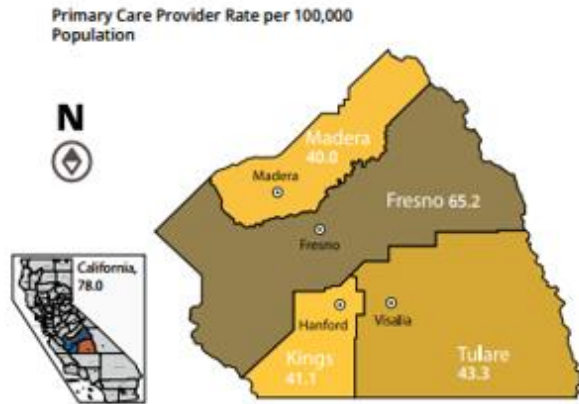


Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

The Central San Joaquin Valley has one of the lowest ratio of physicians per 100,000 population in California. Fresno County has 65.2 primary care providers for every 100,000 people, while Madera County has the lowest rate with 40 primary care providers per 100,000.⁷ All counties in our region fall below the statewide rate of 78 primary care providers per 100,000.

⁶ Data Source: Community Commons (2018). U.S. Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

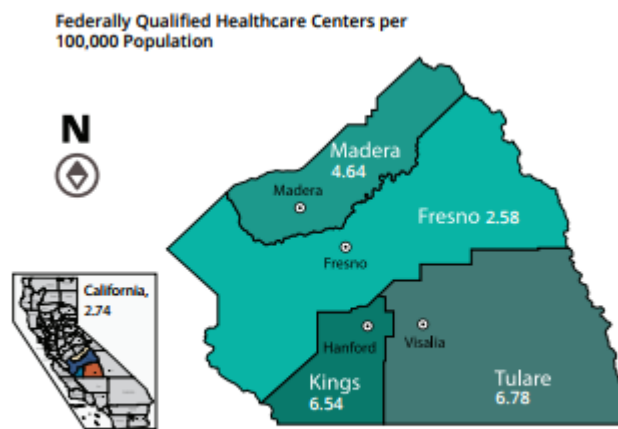
⁷ Data Source: Robert Wood Johnson Foundation (2018). County Health Rankings and Roadmaps. Retrieved from <https://countyhealthrankings.org>



Data Source: Robert Wood Johnson Foundation (2018). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org>

Community Health Centers (CHCs) are community assets providing timely healthcare to vulnerable populations in areas designated as medically underserved. CHCs include Federally Qualified Health Centers (FQHCs), FQHC look-alikes, Migrant Health Centers, Rural and Frontier Health Centers and Free Clinics. CHCs are an essential safety-net segment. In many California counties, these clinics provide a significant proportion of comprehensive primary care services to those who receive partial health coverage subsidies and to the uninsured.

Across the region, Tulare County has the highest number of FQHCs to population with 6.78 clinics for every 100,000 people. Fresno County has the lowest rate at 2.58 per 100,000 persons, in line with the statewide rate of 2.74 FQHCs per 100,000.⁸



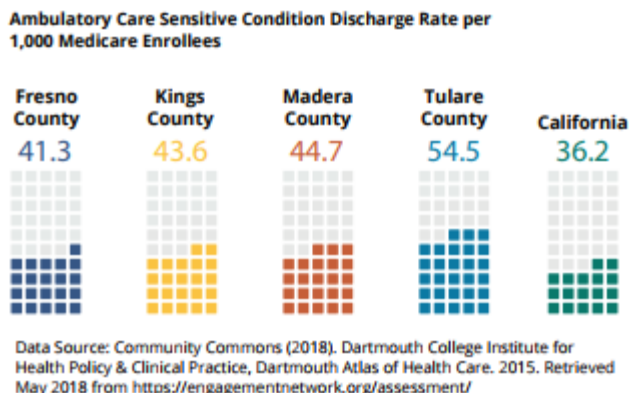
Data Source: Community Commons (2018). US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Preventable Hospital Events

This indicator reports the discharge rate for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other preventable conditions if adequate primary care resources are available and accessed by those patients. This indicator is relevant because analysis of ACS discharges demonstrates a possible “return on investment” from interventions that reduce admissions through better access to primary care resources.

⁸ Data Source: Community Commons (2018). U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Service File. March 2018. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Tulare County has the highest discharge rate for ACS, compared to the other counties at 54.5 per 1,000 Medicare enrollees.⁹ The California baseline is 36.2 ACS per 1,000 Medicare patients.

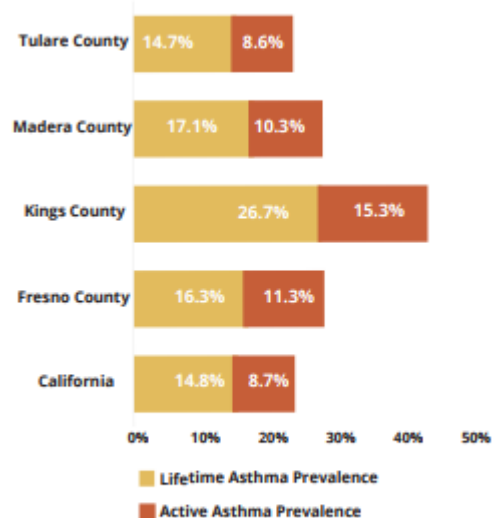


Air quality is of great concern to many area residents and can have detrimental effects on respiratory health. In the region, Fresno County has the highest emergency department visit rates (67.4 visits per 100,000 persons) and hospitalizations (7.4 hospitalizations per 100,000 persons) related to asthma. Kings County has the highest lifetime and active asthma prevalence (26.7%) and the lowest hospitalization rate at 4.0 per 100,000.¹⁰

	California	Fresno County	Kings County	Madera County	Tulare County
Asthma ED Visits, Rate per 100,000	45.8	67.4	65	60.2	40.5
Asthma Hospitalizations, Rate per 100,000	4.8	7.4	4.0	6.0	4.5
Asthma Hospitalizations Age 0-4, Rate per 10,000	19.6	38.1	22.2	31.9	16.8
Asthma Hospitalizations Age 5-17, Rate per 10,000	7.7	16.0	9.3	9.6	5.7

Data Sources: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved from <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingData.aspx>. Lucile Packard Foundation for Children's Health (2018). Percentage of children diagnosed with asthma, 2013 - 2014. Retrieved from <https://www.kidsdata.org/?site=full>.

Asthma Estimates



Data Source: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved from <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingData.aspx>

⁹ Data Source: Community Commons (2018). Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

¹⁰ Data Sources: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved from <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingData.aspx>. Lucile Packard Foundation for

Mortality

The leading causes of death in the United States are overwhelmingly the result of chronic and preventable diseases. Nearly 75% of all deaths in the United States are attributed to 10 causes, with the top three of these accounting for over 50% of all deaths. According to the Centers for Disease Control and Prevention (CDC), the top three causes of death in the U.S. in 2016 were heart disease, cancer and unintentional injuries.

Within the four-county region, cancer and heart disease occupy the first and second spots for leading causes of death from 2011-2016. Kings County has the highest mortality rate from all cancers in the region at 152.2 per 100,000 (age-adjusted). During the same period, mortality rate for all cancers in California was 140.2 per 100,000. Tulare County had the region's highest rate for coronary heart disease at 120.5 per 100,000 (age-adjusted). The state's heart disease mortality rate was 89.1 per 100,000 and, notably, all counties surpassed the state average for this indicator.¹¹

Children's Health (2018). Percentage of children diagnosed with asthma, 2013-2014. Retrieved from <https://www.kidsdata.org/?site=full>.

¹¹ Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved from <https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx>

Top Ten Leading Causes of Death (Age-Adjusted Rates per 100,000 Population)

Rank	California	Fresno County	Kings County	Madera County	Tulare County
1	Malignant Neoplasms (All Cancers) 140.2	Malignant Neoplasms (All Cancers) 141.9	Malignant Neoplasms (All Cancers) 152.2	Malignant Neoplasms (All Cancers) 140.6	Malignant Neoplasms (All Cancers) 138.4
2	Coronary Heart Disease 89.1	Coronary Heart Disease 108.1	Coronary Heart Disease 91.6	Coronary Heart Disease 91.7	Coronary Heart Disease 120.5
3	Stroke 35.3	Stroke 44.7	Chronic Lower Respiratory Disease 41.0	Accidents (Unintentional Injuries) 45.8	Stroke 40.9
4	Alzheimer's Disease 34.2	Accidents (Unintentional Injuries) 43.8	Alzheimer's Disease 40.3	Alzheimer's Disease 41.5	Chronic Lower Respiratory Disease 39.8
5	Chronic Lower Respiratory Disease 32.1	Alzheimer's Disease 37.6	Accidents (Unintentional Injuries) 38.6	Stroke 41.1	Accidents (Unintentional Injuries) 39.0
6	Accidents (Unintentional Injuries) 30.3	Chronic Lower Respiratory Disease 33.8	Stroke 34.1	Chronic Lower Respiratory Disease 37.3	Alzheimer's Disease 28.5
7	Diabetes 20.7	Diabetes 26.4	Diabetes 24.7	Diabetes 20.8	Diabetes 26.5
8	Influenza/Pneumonia 14.3	Influenza/Pneumonia 18.6	Chronic Liver Disease and Cirrhosis 17.6	Chronic Liver Disease and Cirrhosis 20.7	Influenza/Pneumonia 22.6
9	Drug-Induced Deaths 12.2	Chronic Liver Disease and Cirrhosis 16.4	Influenza/Pneumonia 17.4	Influenza/Pneumonia 13.7	Chronic Liver Disease and Cirrhosis 18.4
10	Suicide 10.4	Drug-Induced Deaths 15.9	Drug-Induced Deaths 13.3	Motor Vehicle Traffic Crashes 17.1	Motor Vehicle Traffic Crashes 17.9

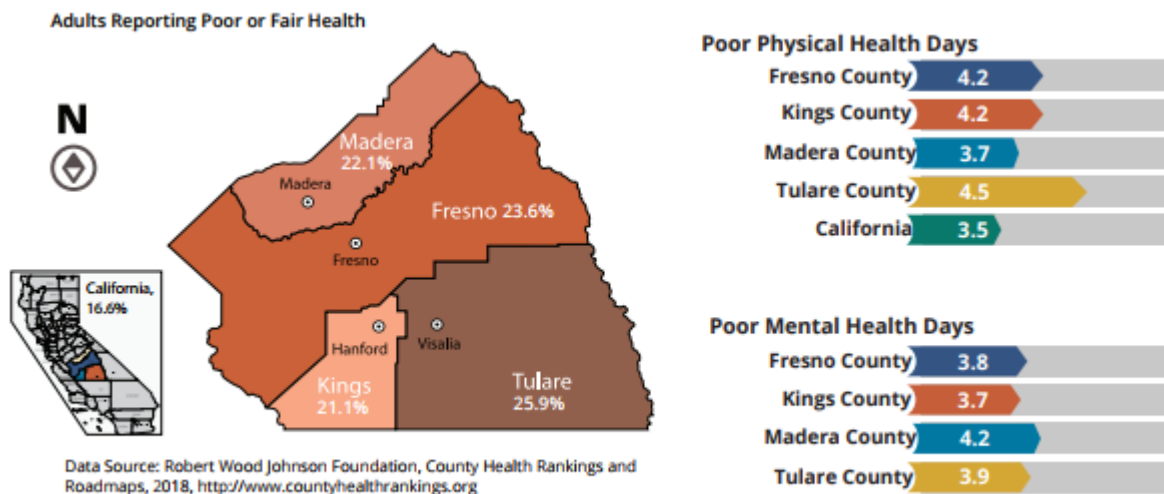
Note: Shaded rows indicate commonalities among the counties for mortality rankings. Bold numbers on these rows indicate the county with the highest rate per 100,000. Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death Files. Retrieved from <https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx>

Health Status

Health status is comprised of several factors including healthy life expectancy, years of potential life lost, self-assessed health status, chronic disease prevalence, functioning measures, physical illness and mental well-being. These measures go hand-in-hand with health behaviors such as physical activity, nutrition, smoking and alcohol consumption. Measuring health behaviors provides a deeper understanding of health status.

Tulare County had the largest proportion of adults who rate their health as "fair" or "poor" at 25.9% while Kings County had the lowest rate at 21%. Tulare County also had the highest number of poor physical health days within a reported 30-day period at 4.5 days. Madera County had the highest

number of reported poor mental health days in a 30-day period at 4.2 days.¹² All counties in our region had higher numbers of adults reporting poor or fair health compared to the statewide average of 16.6%.



Chronic Disease

Chronic diseases such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis are among the most common, costly and preventable of all health problems. As of 2012, the CDC estimated that nearly half of all U.S. adults, or 117 million people, had one or more chronic health conditions.

Fresno County’s Medicare population had the lowest rates of depression in the region (13.0%), which was also lower than the state average (14.3%). In the region, Fresno County had the lowest heart disease rates (26.5%) and lowest percentage of Medicare population with high blood pressure (55.9%). Medicare populations in Tulare County had the highest percentages in the state and region of obesity (33.4%) and high blood pressure (60.3%). Tulare County’s Medicare population also had the highest depression rate in the region (14.3%), in line with the state average.

¹² Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2018, <http://www.countyhealthrankings.org>

Chronic Disease Indicators	Fresno County	Kings County	Madera County	Tulare County	California
Adults with a Body Mass Index Greater than 30	28.5%	24.1%	26.1%	33.4%	22.5%
Medicare Population with Depression	13.0%	13.9%	13.3%	14.3%	14.3%
Medicare Population with Heart Disease	26.5%	32.5%	27.9%	30.2%	23.6%
Medicare Population with High Blood Pressure	55.9%	59.1%	57.1%	60.3%	49.6%
Medicare Population with Diabetes	30.9%	33.0%	30.7%	32.3%	25.3%

Data Sources: Community Commons (2018). Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Centers for Medicare and Medicaid Services. 2015. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are passed from one person to another through intimate physical contact and from sexual activity. STIs are very common. In fact, the CDC estimates that every year in the U.S. there are 20 million new infections. Understanding STI rates is important because these indicate poor health status, lack of sexual health education and prevalence of unsafe sex practices.

Fresno County had the highest state and regional incidence per 100,000 population for chlamydia (664) and gonorrhea (204.8). In the region, Fresno County had the highest HIV prevalence (215.4).¹³

Rate per 100,000 Population	Fresno County	Kings County	Madera County	Tulare County	California
Chlamydia Incidence	664	569.7	495.5	569.7	506.2
Gonorrhea Incidence	204.8	158.3	114.8	150.7	164.9
HIV Prevalence	215.4	121.8	133.7	87.1	376.4

Data Sources: Community Commons (2018). US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

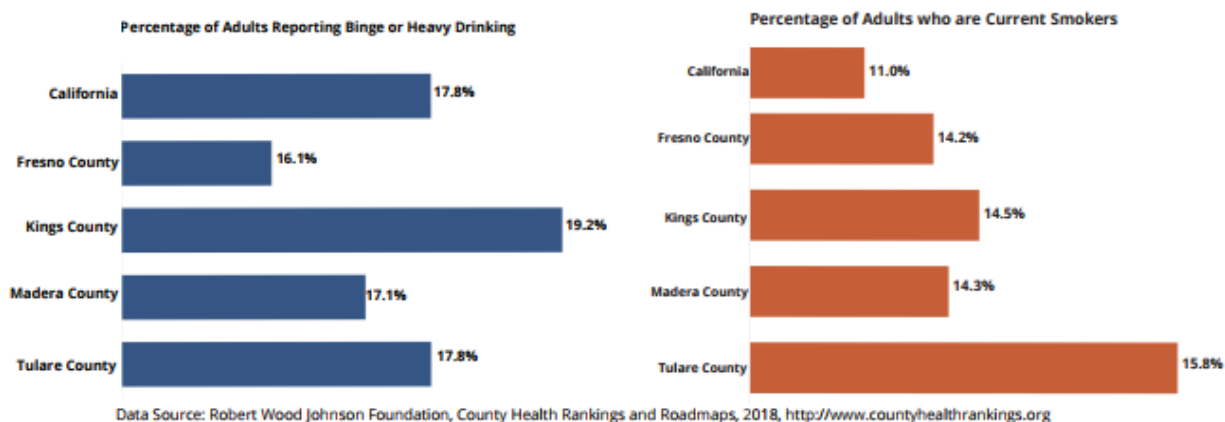
Alcohol and Tobacco Use

Alcohol and tobacco use has major adverse impacts on individuals, families and communities. The effects of abuse are cumulative, contributing to costly social, physical, mental and public health problems.

According to Robert Wood Johnson’s County Health Rankings and Roadmaps 2018 data, Kings County had the highest percentage of adults surveyed in our region who reported being engaged in binge or heavy drinking within the last 30 days (19.2%). Fresno County had the lowest percentage of

¹³ Data Sources: Community Commons (2018). US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2016. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

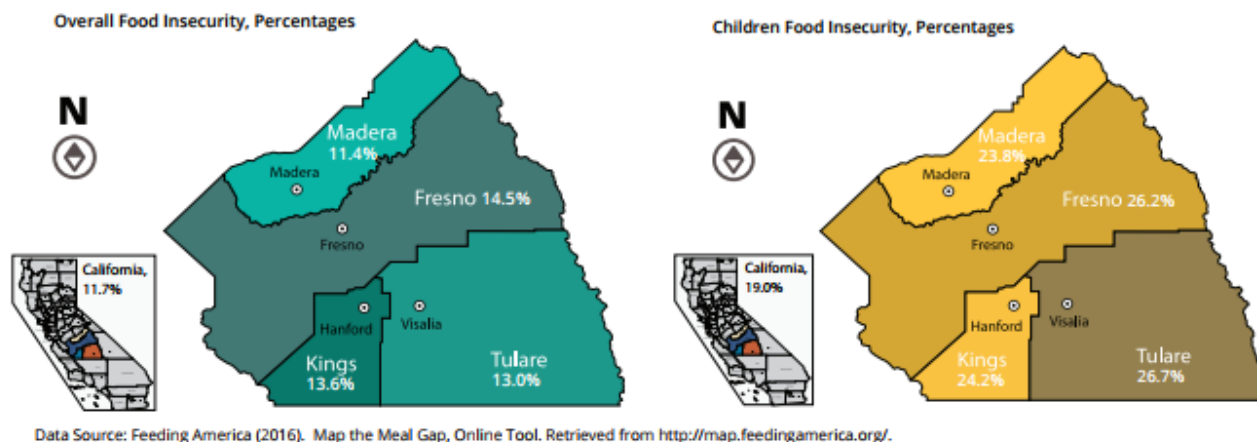
adults in our region who engaged in binge or heavy drinking (16.1%). The California average is 17.8%. Tulare County had the highest percentage of adults who identify as current smokers (15.8%), while Fresno County had the lowest (14.2%). Comparatively, the statewide average is 11%.¹⁴



Food Insecurity

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life for all household members. Food insecurity may reflect a household’s need to choose between important basic needs, such as housing or medical bills and purchasing nutritionally adequate foods.

In the four-county region, food insecurity rates for adults are higher than the California (11.7%) and the U.S. (12.9%) rates. Fresno County has the highest rate of adults experiencing food insecurity (14.5%), while Tulare County has the highest food insecurity rate among children (26.7%).¹⁵



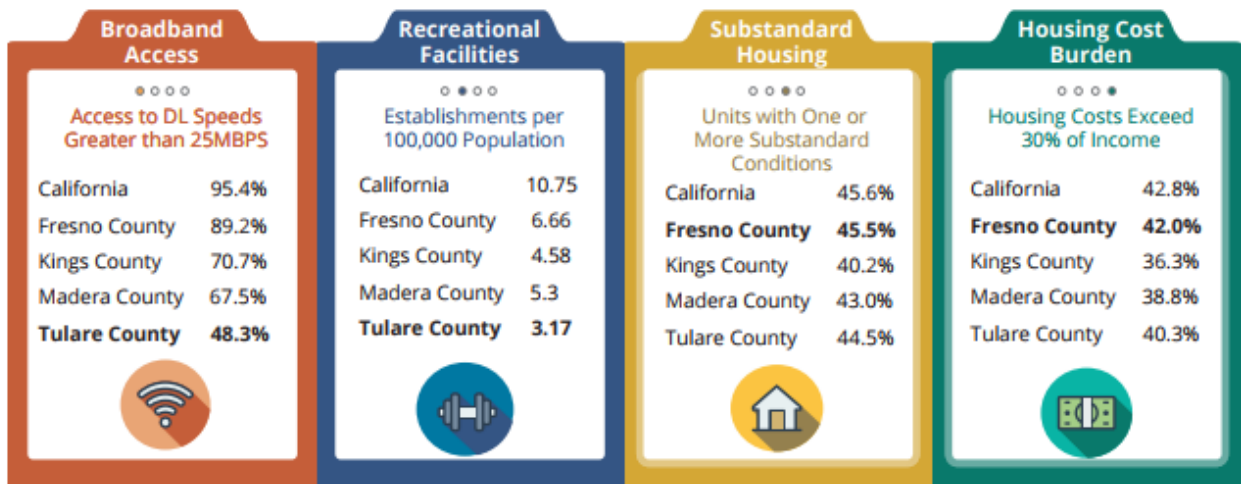
¹⁴ Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2018, <http://www.countyhealthrankings.org>

¹⁵ Data Source: Feeding America (2016). Map the Meal Gap, Online Tool. Retrieved from <http://map.feedingamerica.org/>

Built Environment

The term "built environment" refers to human-made spaces where people live, work and recreate daily. Built environments include recreational facilities and fitness centers, quality housing and broadband internet access. High-speed internet access provides increased employment and education opportunities. Access to recreational facilities encourages physical activity and other healthy behaviors. Finally, affordable quality housing has a major impact on overall health. High housing costs may force trade-offs between housing and other needs, such as food or healthcare.

Across the four-county region, Tulare County has the lowest access to high-speed internet (48.3%) and the fewest recreational facilities at only 3.17 establishments per 100,000 persons. In Fresno County, 42% of residents experience the highest housing cost burden in the region, paying more than 30% of their income for housing. Fresno County also experiences the highest incidence of substandard housing with 45.5% of housing considered substandard.¹⁶



Data Sources: Community Commons (2018). National Broadband Map. 2016. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

To view the full, comprehensive 2019 Community Health Needs Assessment, [click here](#).

¹⁶ Data Sources: Community Commons (2018). National Broadband Map. 2016. US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

IV. Identified Community Health Needs

In compliance with federal regulations and to serve our mission of improving the health of our region, CHS participates in the joint-hospital triennial CHNA to identify the area's most pressing health needs in Fresno, Kings, Madera and Tulare counties.

The [2019 Community Health Needs Assessment](#) (CHNA) consists of primary data from more than 1,000 participants in individual interviews, multi-language focus groups and online surveys. Participants included representatives from and users of health improvement programs aimed at low-income and vulnerable populations and serving children, homeless, LGBTQ+, veterans, seniors and Native American communities, as well as African American, Hmong, Latino and Spanish-speaking populations. Secondary data was collected using government and other resources, such as the California Department of Public Health, Health Resources and Services Administration and the Robert Wood Johnson's County Health Rankings and Roadmaps.

The identified 13 major health needs are:

- Access to Care
- Asthma
- Cancer
- Climate and Health
- CVD/Stroke
- Economic Security
- HIV/AIDS/STIs
- Maternal and Infant Health
- Mental Health
- Obesity/HEAL (healthy eating and active living)/Diabetes
- Oral Health
- Substance Abuse/Tobacco
- Violence and Injury Prevention

In collaboration with Saint Agnes Medical Center and Valley Children's Healthcare, CHS invited public health and community-based organization leaders from the four-county region to prioritize our area's health needs. These leaders, most of whom also participated in the primary data gathering, ranked the most pressing needs based on the following criteria:

- Severity, magnitude, urgency
- Feasibility and effectiveness of possible interventions
- Potential impact on greatest number of people
- Potential health need score (based on primary data)
- Measurable and achievable outcomes in a 3-year span
- Existing resources/programs

The process concluded with the following health needs in order of importance:

Rank	Potential Health Need	Description
1	Access to Care	Healthcare facilities, healthcare coverage and primary care providers
2	Obesity/HEAL/Diabetes	Obesity, diabetes, healthy eating and active living
3	Maternal and Infant Health	Prenatal care, breastfeeding and birth outcomes
4	Mental Health	Depression, suicidal ideation and mental health provider rate
5	Economic Security	Poverty, education, public assistance and homelessness
6	Oral Health	Access to dentists
7	Substance Abuse/Tobacco	Mortality from drug overdose, excessive drinking and tobacco use
8	Violence and Injury Prevention	Unintentional injuries and violence
9	Climate and Health	Air quality, water quality and pollution
10	CVD/Stroke	Cardiovascular disease
11	Asthma	Asthma prevalence, emergency department visits, hospitalizations and mortality from chronic lower respiratory disease
12	HIV/AIDS/STIs	HIV, AIDS and sexually transmitted infections
13	Cancer	Cancer and mortality

NOTE: Fresno, Kings, Madera and Tulare County health needs ranking process included healthcare, public health and community-based organization leads from each county. The needs ranking, based on primary and secondary data gathering phases of the 2019 CHNA, reflect the health needs' collective order of importance. Please note: These health needs were identified and prioritized prior to the COVID-19 public health emergency.

V. Meeting Community Needs

CHS' efforts to improve the community's health status are varied and wide-ranging. From sophisticated medical research that addresses the Valley's unique health needs to investments in food sharing programs to combat hunger, CHS strives to respond to the most pressing health needs in our region. The CHNA provides us with a "roadmap" for our community health improvement efforts.

Below is a snapshot of CHS' signature community benefit programs for Fiscal Year 2021. [CHS' 2019 Implementation Plan](#) is addressed through the community benefit activities in this report. Activities related to these two reports are in response to the 2019 CHNA identified health needs.

In good faith, CHS strives to serve the identified health needs directly or as a subject matter expert. While CHS participates in local and regional collaborative efforts around all 13 identified health needs, CHS' Implementation Plan primarily focuses on addressing the top five healthcare needs identified.

COVID-19 Community Benefit Impact

Since the start of the COVID-19 pandemic in March 2020 and with the rise of the Delta variant in 2021, hospital visitor restrictions and in-person community activities continued under strict limits. These public health mandates limiting social gatherings impacted several community benefit activities in Fiscal Year 2021 including: student nursing in-service education, in-facility vocational trainings, facility volunteer opportunities, in-person support groups and others. COVID-19 restrictions gave way to innovative patient and general public outreach efforts with the use of online meeting platforms, social media and video messaging. CHS continued collaborations with a broad partnership of community groups and area hospitals to help meet the immediate needs of families impacted by the pandemic.

In this report, COVID-19 impacts to CHS community benefit activities will be addressed for each impacted program.

Health Need 1 — Access to Care

Graduate Medical Education

CHS shares a strong partnership with the University of California, San Francisco. UCSF Fresno, established in 1975, helps address the region's need for physicians and increases access to care and specialties. Through the partnership, CHS has more than 200 residents training in eight specialties, a dental oral maxillofacial surgery resident and more than 50 fellows training in 18 subspecialties. In addition, more than 300 third- and fourth-year medical students are trained annually on a rotating basis in CHS hospitals. Rotating medical students include those in UCSF's San Joaquin Valley Program

in Medical Education (SJV PRIME), which launched in 2019 with six medical students. Twelve medical students were enrolled in the program in 2021. SJV PRIME trains local students to provide culturally-competent, accessible care in the San Joaquin Valley.

UCSF Fresno provides training in 19 fellowships:

- Acute Care Surgery
- Advanced Cardiovascular Imaging
- Cardiovascular Disease
- Community Pediatrics
- Emergency Medicine Education
- Emergency Ultrasound
- Gastroenterology
- Head and Neck Oncology and Microvascular Reconstruction
- Hematology/Oncology
- HIV
- Hospice and Palliative Care
- Hospital Medicine
- Infectious Diseases
- Interventional Cardiology
- Maternal Child Health
- Pulmonary/Critical Care
- Sleep Medicine
- Surgical Critical Care
- Wilderness Medicine

UCSF Fresno has eight medical residency programs:

- Emergency Medicine
- Family and Community Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Orthopaedic Surgery
- Pediatrics
- Psychiatry
- Surgery

UCSF Fresno also provides training in three physician assistant residency programs, including acute care/trauma surgery, emergency medicine and orthopaedic surgery.

Nearly 50% of graduating residents stay in the Central Valley to practice medicine, making this program critical to addressing the region’s access to care issues detailed in this report.

During the last 10 years, CHS has invested nearly \$540 million in total medical education operating expenses. CHS invests more than \$40 million annually in the education program, of which only about \$14.6 million is reimbursed annually through federal graduate medical education (GME) funding.

As part of the comprehensive medical education program, 320 research studies were conducted at CHS facilities and in the community during Fiscal Year 2021. Studies conducted by CHS and UCSF Fresno researchers address specific Valley issues including methamphetamine exposure and birth outcomes, environmental chemicals and pregnancy effects and pre-term birth among vulnerable populations including Hmong, Latino and African American.

Nursing In-Service Education

Through partnerships with over 20 universities, colleges and adult schools, CHS continues as a

regional leader in the training of future generations of health professionals. Nursing staff at CHS acute and sub-acute care facilities provide hands-on teaching in a wide variety of medical disciplines including labor and delivery, oncology, burn, neurology, dialysis, emergency medicine, behavioral health, medical-surgical care, intensive care and more.

On average, there are over 100 students working toward professional licensure who round alongside our nurses daily. These nursing students are enrolled in programs including Registered Nurse, associate, bachelor's or master's degree in nursing, Family Nurse Practitioner and Clinical Nurse Specialist. Students come from the following higher education institutions:

Aspen University	Samford University
Brandman University	San Joaquin Valley College
California State University, Fresno	University of Colorado, Denver
Clovis Adult School	University of Missouri Sinclair School of Nursing
College of the Sequoias	University of Phoenix
Fresno Adult School	University of South Alabama
Fresno City College	University of Texas-Arlington
Grand Canyon University	West Coast University
Gurnick Academy of Medical Arts	West Hills Community College
Madera Community College	Western Governors University

In Fiscal Year 2021, CHS nurses provided close to 145,000 hours of hands-on, in-service education to nursing students in CHS facilities. Students learn and work alongside our nurses as part of their degree and/or licensure program.

Due to COVID-19 and the Delta variant, additional persons entering CHS facilities were limited as of March 2021. CHS visitor restrictions impacted nursing student interactions throughout Fiscal Year 2021.

Fresno Medical Respite Center

CHS is a founding hospital partner in the Fresno Medical Respite Center established in July 2011. The center provides eight beds for homeless men and four beds for homeless women at the Fresno Rescue Mission in downtown Fresno.

The Respite Center offers a safe discharge place for homeless patients to continue their recovery. Research shows homeless patients stay 4.5 days longer in hospitals compared to patients with social support after their discharge. The center provides a safe discharge alternative, reducing a patient's length of stay in the hospital. Respite beds are available to patients from all local area hospitals.

Since June 2016, CRMC's home health clinical staff and case managers provide Respite Center patients with coordinated healthcare and linkages to social and community resources. In Fiscal Year 2021, CRMC contributed \$102,000 to the Fresno Medical Respite Center and provided care to nearly

150 patients — saving 2,270 hospital inpatient days. Since the program’s launch, CHS has contributed more than \$730,000 in funding.

Homeless Patient Discharge (SB 1152)

As the region’s safety net hospital system, CHS has consistently served homeless patients with quality care and dignity. In compliance with [California Senate Bill 1152](#), as of January 2019, all California hospitals are tasked with tracking the number of homeless people served and implementing a comprehensive discharge plan. The plan requires all discharged patients receive weather-appropriate clothing and shoes, transportation, medication and connections to a safe destination within 30 miles of the hospital. In Fiscal Year 2021, CHS served more than 4,200 homeless patients in over 9,200 encounters, providing each one with a safe and dignified discharge. Throughout the year, CHS staff donated new shoes and gently used clothing for homeless patients who need weather-appropriate attire before being discharged.

Hospital Presumptive Eligibility

In partnership with Fresno County’s Department of Social Services (DSS), CHS continues to provide in-hospital enrollment for uninsured patients who “presumptively” qualify for Medi-Cal. Through the Hospital Presumptive Eligibility (HPE) program, CRMC admitting staff enroll patients in Medi-Cal coverage who likely qualify for the program based on their current enrollment in other social and public assistance programs.

Presumptive eligibility enrollment provides uninsured patients “real time” coverage for their visits and any care visits up to 90 days prior. Once a patient is enrolled via HPE, the patient has 60 days to provide qualifying documentation to Fresno County DSS in order to receive permanent coverage.

In Fiscal Year 2021, CRMC and CCMC admitting staff enrolled nearly 1,400 uninsured persons in Medi-Cal through the HPE program.

Health Need 2 — Obesity/Healthy Eating Active Living/Diabetes

Community Diabetes Education

CHS’ Community Diabetes Education (CDE) serves patients from Fresno and five area counties at its downtown CRMC campus. The center is the only American Diabetes Association-recognized education program in Fresno County. It provides care to a high percentage of patients who are otherwise unable to receive diabetes self-management education, including bilingual services to a high concentration of Spanish-speaking patients.

The CDE is also one of two California Public Health Department-accredited *Sweet Success* affiliates in Fresno County. The *Sweet Success* program targets women diagnosed with diabetes during pregnancy. The program is staffed by registered nurses and registered dietitians — all are Diabetes Care and Education Specialist-certified. CDE staff provide education to women and their families on

healthy eating habits and controlling diabetes during pregnancy. In Fiscal Year 2021, the CDE provided diabetes management education and services to more than 1,650 patients, with over 5,500 visits — 75% of these patients were covered by Medi-Cal.

Community Diabetes Education staff participated in:

- Monthly training for the California Diabetes and Pregnancy Program *Sweet Success* program
- Monthly hands-on training for UCSF Fresno Medical Education students, family health and internal medicine interns, residents and faculty
- Diabetes Medication Management Clinic at CRMC's North Medical Plaza, providing patients with education and support to improve blood glucose levels; services were recently expanded to serve residents in North Fresno at Fresno Heart & Surgical Hospital
- Medical resident teaching
- Registered Nurse residency training
- Fresno Community Health Improvement Partnership's (FCHIP) Diabetes Collaborative monthly meetings as subject matter experts

Bariatric Support Groups

To support patients and families of individuals who have undergone or are considering bariatric surgery, CHS hosts a series of no-cost, virtual support groups. Topics for CHS' bariatric support groups include exercise and nutrition, well-being, chair yoga and general support. Each interactive session is hosted by a Registered Dietician or Licensed Clinical Social Worker. Sessions are open to the public, regardless of where they receive or plan to receive bariatric treatment. In Fiscal Year 2021, CHS hosted 35 virtual support groups that were either 30 minutes or 1 hour in duration.

Fresno Diabetes Collaborative

The Fresno Diabetes Collaborative works to provide local resources and awareness on diabetes self-management and prevention. CHS led FCHIP's monthly Diabetes Collaborative workgroup from 2016 to December 2020. The Collaborative engages a broad group of community partners including healthcare providers, public health, clinics, health educators and health plans. In addition to CHS, Valley Children's Healthcare and Saint Agnes are also active FCHIP participants.

CHS helped write a grant proposal that resulted in a \$75,000 award in 2020 to hire eight *promotoras* or neighborhood-based community health workers. The grant, in collaboration with local nonprofit Every Neighborhood Partnership (ENP), educates trusted neighborhood community leaders on the *promotora* health promotion model with a focus on access to care and chronic disease management. *Promotoras* engage Latino, Southeast Asian and African American families and individuals at risk of developing diabetes and chronic disease conditions in southeast and southwest metropolitan Fresno. Due to COVID-19 health restrictions, health access and chronic disease management trainings are conducted online.

In Fiscal Year 2021, ENP's *promotora* program trained four leaders on diabetes and chronic disease self-management education, and managed Medi-Cal coverage, as well as CPR and first aid. The program has provided health education and community resource information to 3,400 low-income families from Fresno's neediest neighborhoods.

ENP *promotoras* also conducted a health needs survey for socio-disadvantaged Fresno city zip codes. Through the information gathered, *promotoras* learned that a significant number of parents lacked digital literacy skills, especially the use of computers. This became an urgently needed proficiency during the pandemic when schools moved to distance learning and most appointments and meetings switched to online. In response to the need, ENP *promotoras* developed a digital literacy class for the general public and hosted 10 Spanish-language trainings for close to 60 parents. The team also assisted several community groups in training an additional 75 participants.

ENP's health survey showed families were facing mental health issues including depression and anxiety. Many surveyed were mothers of school-age children who expressed worry and stress over the pandemic's toll on home finances, distance learning and social isolation. In response, since November 2020, ENP *promotoras* hold a monthly, online women's support group. The group aims to cultivate trusted relationships among socially isolated mothers and has an average of 25 participants per session. Since its launch, more than 600 women have participated in the online sessions. The sessions provide participants with a safe space to share their individual and group concerns as well as receive information and connections to community resources. After taking part in the online sessions, participants express feeling a sense of positivity due to their interaction with other women facing and overcoming similar challenges.

The Diabetes Collaborative's resource workgroup, in partnership with Tulare County's Alliance for Management & Education of Diabetes (TAME), hosted the annual Fresno/Tulare Diabetes Symposium for the second year in a row. The symposium provides continuing medical education for physicians and allied medical providers caring for diabetes patients. Due to COVID-19, the event format was an online seminar series with trainings held in September and October 2020. Over 100 physicians, nurses, dietitians and allied health professionals from Fresno, Tulare and Kings counties participated in the trainings. Participating health providers and allied health professionals received continuing medical education credits on diabetes-related issues. Seminar topics included mental health and its effect on diabetes management and medication regimens for newly diagnosed and long-standing patients.

Neighborhood Dance Fitness

CHS provided Every Neighborhood Partnership (ENP) \$8,000 for its Neighborhood Dance Fitness program. The program was created in July 2018 after a series of community meetings with southeast and southwest Fresno neighborhood parents, local nonprofit organizations and healthcare providers. Participants expressed the need to exercise in safe spaces with consistent class schedules. The group sought funding for a program to train leaders to become neighborhood dance class instructors. Program funding helped pay for an instructor to teach neighborhood leaders Latin dance fitness routines and purchase sound systems for 12 sites.

In Fiscal Year 2021, in response to the continuing COVID-19 health emergency, instructors continued to use Facebook Live to host free, live-streamed classes. From September 2020 to June 2021, ENP's neighborhood dance fitness online group grew from 60 to 625 group members. Classes are hosted by 25 community leaders who are ENP-trained as certified dance instructors. A total of 1,440 live, online dance fitness classes were hosted by ENP trainers.

ENP launched outdoor, in-person classes in June 2021, once public health directives allowed safe gatherings with social distancing. Close to 1,200 community members have participated in the weekly, in-person classes. In Fiscal Year 2021, ENP had close to 1,700 community members participate in the socially distanced classes hosted by the organization's trained dance fitness instructors.

Since the program's launch, more than 75 neighborhood leaders have been trained to lead dance fitness classes. CHS helped jumpstart this program with an \$11,000 initial investment; to date, CHS' program contributions total \$37,500. This multi-year investment is part of CHS' commitment to ensure that diverse, low-income communities receive the tools they need to lead an active lifestyle.

Yokomi Elementary Physical Activity Equipment

CHS contributed \$2,500 to provide physical activity equipment to Yokomi Elementary students and families. In order to offer additional opportunities for physical fitness, besides the on-campus activities, Yokomi school officials offer fitness equipment for students to exercise at home. The equipment includes soccer and basketballs, jump ropes, hula hoops and more. Yokomi Elementary is located adjacent to CRMC's campus, in one of metropolitan Fresno's most socially and economically disadvantaged neighborhoods. This investment is part of CHS' commitment to ensure that diverse, low-income neighborhoods have equitable access to active lifestyle opportunities.

Health Need 3 — Maternal and Infant Health

Mother's Resource Center

CHS is a champion of breastfeeding education for mothers-to-be and provides support services for new mothers throughout the Central Valley. Services range from prenatal breastfeeding education to outpatient consultations following delivery.

In Fiscal Year 2021, the Mother's Resource Center provided nearly 10,000 inpatient breastfeeding consultations by international board-certified lactation consultants. The Center's 3M Club (Mommies Making Milk) had more than 700 participant moms whose babies were in the NICU. Participating in the in-hospital 3M Club remains a huge influence on the health and longevity of breastfeeding for these tiny patients. The exclusive inpatient breastfeeding rate (with no formula supplementation) is 23% in CHS hospitals.

Since June 2017, the Center has hosted breastfeeding classes in both English and Spanish. In Fiscal Year 2021, the Center offered support and education in an outpatient group setting to nearly 46 new parents returning to work or who had special needs babies. CHS' total investments in outreach and education for new mothers and their families in Fiscal Year 2021 was nearly \$160,000.

Due to COVID-19 restrictions, the Mother's Resource Center offered in-person, private education sessions until March 2020. The center continues offering breastfeeding education classes over the phone or via secure video chat.

Additional Support for Families of Children 0 to 3

In Fiscal Year 2021, CHS contributed \$2,500 to Catholic Charities' program assisting families with young children. CHS' funding helped augment an existing Catholic Charities diaper supply program by also providing food for these families. Between October and December 2020, in addition to diapers, the families of nearly 300 children ages 0 to 3 also received shelf-stable and fresh food items.

As part of targeted support serving low-income families of young children, in April 2021, CHS contributed \$2,500 to the Central California Food Bank. These funds paid for food access efforts aiding families affected by the pandemic. CHS' contribution provided 17,500 meals to families in need through the organization's comprehensive feeding program. This investment is part of CHS' commitment to ensuring low-income families with young children have equitable food access.

Health Need 4 — Mental Health

Involuntary Mental Health Holds

Mental health challenges in the Central Valley are well documented. Fragmented public services, limited private sector resources and increasing demands for mental healthcare have put pressure on all parts of the care continuum. This is visible at CHS' two emergency rooms.

CRMC and CCMC emergency departments continue offering crisis intervention and provide 5150/1799 "involuntary hold" protocols in conjunction with Fresno County Department of Behavioral Health. Case managers coordinate patient care with Community Behavioral Health Center (part of CRMC) and Fresno County's Behavioral Health services. Case managers connect patients to social and community support services.

In Fiscal Year 2021, CRMC's Emergency Department received 4,210 patients placed under involuntary holds requiring case management services — 417 of these were pediatric patients. CCMC's Emergency Department received 1,539 patients under involuntary mental health holds — 208 of these were pediatric patients.

Mental Wellness and Resiliency Programs at Clovis Unified School District

CHS has contributed over \$200,000 since 2018 to the Foundation for Clovis Schools for mental health programs aimed at Clovis Unified K-12 students and families. Efforts to address social and emotional issues among the district's youth are in response to incidents of suicide, suicide attempts, anxiety over racial issues and increased involuntary mental health holds among the area's youth.

As a result of CHS' funding, CUSD created the West Wellness Center at Clovis West High School during the start of the COVID-19 pandemic. The center provides resources and tools to help students identify and manage their emotional well-being with evidence-based curriculum. Since the center's opening, more than 70 students received direct assistance from the center.

CHS' funding directly supported CUSD's Project SMART at Clovis Community Day School, a mentoring program for at-risk students in fourth to eighth grade. Project SMART mentoring helps students with interpersonal skills development, academic tutoring and counseling. The program has resulted in reduced juvenile delinquency and increased academic achievement.

In an effort to prevent student self-harm, CUSD has focused efforts providing teachers and on-school-site personnel with the Applied Suicide Intervention Skills Training (ASIST). With the completion of the ASIST training, CUSD staff are better able to recognize when someone may be thinking about suicide and know how to connect the individual to help and support. In Fiscal Year 2021, CUSD was able to train 25 staffers and since 2020, the district has provided the training to 230 employees.

Spiritual and Mental Health Resiliency Targeting Hard-to-Reach Populations

CHS provided \$15,000 to the Clinical Pastoral Education of Central California (CPECC) to provide spiritual and social support services to rural isolated groups such as farm and construction workers throughout the Central Valley and the state. Spanish-language assistance is provided to workers from Mexico and Central America.

Between January and August 2021, CPECC chaplains provided spiritual and resiliency support to 500 farm labor support staff and nearly 3,500 temporary migrant laborers employed under H-2A visas. Foreign H-2A workers labor in agricultural and farming operations in the Valley and throughout the state are often in socially and geographically isolated situations. During the COVID-19 public health emergency and in order to ensure connections to isolated workers, CPECC held open-air, socially distanced events after hours and on weekends. These monthly events provided information on a wide variety of topics including health, safety, substance abuse, grief and mental wellness. In Fiscal Year 2021, CPECC chaplains made over 5,000 in-person and phone connections with farmworkers struggling with isolation and depression.

CPECC's chaplains adjusted outreach strategies to ensure safe connections with workers needing mental wellness and spiritual support. CPECC chaplains established phone calls and texting as a primary contact method. For workers with links to social media, in March 2020 CPECC chaplains opened a private Facebook group. The group provides Spanish-language videos containing

encouraging messages, health education and community resources. Currently, the private group has 3,500 active Spanish-language farmworkers. Chaplains provide information on mental health resiliency, prayer and meditation as well as public health information on COVID-19 prevention and vaccines. This investment is part of CHS' commitment to ensure that low-income workers have equitable access to mental health and wellness programs promoting holistic health.

Youth Mental Health and Resiliency Connections

CHS provided \$5,000 to Care Fresno's childhood resiliency efforts. Care Fresno's staff live and work in socio-disadvantaged neighborhoods and apartment complexes in southwest Fresno. Staff work closely with children and families providing academic, social and emotional assistance.

Due to COVID-19 gathering restrictions, Care Fresno continued modified outreach to children, teens and families served in southeast and southwest Fresno. Care Fresno staff visited families with social distancing, masking and also connected via phone. From January to August 2021, Care Fresno staff contacted families for mental health and resource connections through phone, text and social media. Care Fresno staff were in constant communication with the families of 340 children, providing emotional support and linkages to utility and food assistance. In total, Care Fresno made over 1,400 connections with parents and children. Care Fresno serves Latino, African American and Southeast Asian families.

COVID-19 social distancing and economic hardships proved to be challenging for the families assisted by Care Fresno staff. Through Care Fresno's Hope Resiliency mental health survey, the organization learned that nearly 50% of students and families were experiencing declines in their beliefs about their own strength as well as their future.

CHS funding provides support for Care Fresno's mental health and resource support programs for families living in the following Fresno neighborhoods: Courtyard at Central Park, King's Palace Apartments, Summerset Village Apartments, Cedar Courts and Sequoia Courts.

Support for Caregivers

CHS provided \$2,500 to support Valley Caregiver Resource Center's (VCRC) efforts to provide respite to low-income caregivers who otherwise would be unable to take a break. Caregivers served by VCRC provide healthcare, grooming, medication assistance and feedings to their adult patient loved ones who have suffered traumatic brain injuries. Many times, the life of a caregiver is not only physically but mentally exhausting. The funding that CHS provided VCRC helped alleviate stress and granted a mental health reprieve to families and loved ones supporting medically fragile adults.

Birney Elementary Resiliency and Reading Program

In Fiscal Year 2021, CHS contributed nearly \$16,000 to Birney Elementary to fund the school's mental health, resiliency and reading programs. Through the school's activity and resource classroom, students can earn mental wellness prizes and books for positive character, citizenship or academic achievements. Birney, a Fresno Unified elementary school in central Fresno, has a majority

of Latino and Southeast Asian students. Ninety percent of Birney students receive free or reduced prices on meals, an indication of poverty.

Health Need 5 — Economic Security

Economic hardships caused by job loss and business closures as a result of the COVID-19 public health crisis and the Delta variant surge resulted in increased needs, especially among already vulnerable populations. Community nonprofit organizations and hospitals partnered to address rental/housing, utility and food emergencies. CHS received multiple urgent requests for food access aid by the Central California Food Bank and Fresno Metro Ministry, who were seeing a nearly 50% increase in need. Food assistance organizations reported that close to 25% of those seeking aid were requesting it for the first time.

Fresno Metro Ministry's Food to Share Program

CHS contributed \$100,000 to Fresno Metro Ministry's *Food to Share* program. The program operates a fleet of trucks that collect excess food from local farmers, grocers, food processors and school districts. The collected food, including fresh produce and packaged food items, is redistributed to low-income neighborhoods classified as "food deserts" due to the lack of accessible grocery stores.

CHS' contribution to *Food to Share* helped the redistribution of a little over one million pounds of nutritious food from schools, retail stores and produce packers to needy families. The food redistribution was made available to low-income families with young children, seniors and disabled adults via a network of nearly 30 organizations throughout urban and rural Fresno County. Individuals and families facing food insecurity were able to pick up fresh produce from food distributions and community pantries. During Fiscal Year 2021, *Food to Share* food distribution efforts reached over 22,100 residents needing food assistance.

As part of CHS' funding to Fresno Metro Ministry's nutrition access programs, the organization expanded the *Cooking Matters* program. *Cooking Matters* teaches area residents to cook healthy and affordable dishes. *Cooking Matters* classes are led in both English and Spanish and taught by Fresno City College and Fresno State dietetics students as well as Fresno County Department of Public Health and Fresno Metro Ministry staff. Due to COVID-19 social distancing restrictions, classes were held online via Zoom and made available to 30 low-income residents. Each class consisted of six educational modules and was available to participants free of charge.

Fresno Metro Ministry led efforts to establish a Fresno County-centered food policy council. The council brings 60 active cross-sector leaders in six different workgroups. The workgroups examine community needs, policies and potential solutions around healthy food access, transportation and land use, emergency hunger relief and waste prevention.

CHS' investment in Fresno Metro Ministry's food access programs is helping the organization reach

its \$4.5 million fundraising goal towards the expansion of the St. Rest + Food to Share Hub. The hub, the first of its kind to be built in southwest Fresno, aims to provide health-equitable resources to a neighborhood lacking fresh produce markets. The project will renovate and expand the St. Rest + Food to Share Hub, which will include a warehouse renovation that allows for increased cold storage and transportation of fresh produce. The project will also include the construction of a community kitchen that will help equip residents to cook healthy meals. The hub will serve as a vocational training center for food vendors, farmers and distributors. Investments in diverse communities is an integral part of CHS' commitment to ensure equitable access to healthy foods in areas designated as "food deserts."

Project SEARCH

Since September 2017, CHS has served as a vocational training site for disabled adults through Project SEARCH. The program is a collaboration with Best Buddies, a nonprofit organization that helps adults with intellectual and developmental disabilities. Project SEARCH participants receive the experience necessary to find and maintain employment. The program allows participants to learn and work alongside CHS staff in several clinical and non-clinical areas including: NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations.

In Fiscal Year 2021, CHS hosted 12 Project SEARCH participants and five job coaches. Nine Best Buddy participants gained employment as a result of their experience at CHS—and seven currently work at CHS facilities. Due to COVID-19 hospital visitor restrictions, Project SEARCH participants were able to train at CHS facilities until mid-March 2020. The program resumed accepting participants at CHS facilities in August 2021.

Patient Financial Navigator Program

In May 2019, Community Cancer Institute (CCI) hired a Financial Counselor to help cancer patients and families needing support to navigate the costs of care. The Financial Counselor meets with patients, reviews their treatment plan and provides a guide to help patients ensure they can receive the care they need without worrying about finances. The counselor helps patients understand their insurance coverage and also links patients to community financial and social resources. In Fiscal Year 2021, CCI's Financial Counselor provided assistance to more than 400 patients; close to 50% of those receiving aid were covered by Medi-Cal. Financial assistance is provided in both English and Spanish.

Health Need 6 — Oral Health

UCSF Fresno Dental Residents

In a shared partnership with the University of California San Francisco School of Dentistry, the Oral & Maxillofacial Surgery (OMFS) residency program trains 16 residents (4 per year) utilizing the CRMC and CCMC locations. The CHS investment funds 14.2 of the 16 full time employees through a \$2.8 million-dollar commitment. CHS is the sponsor of the General Practice Residency in dentistry (GPR) program through a clinical partnership with the Family HealthCare Network, and an academic

affiliation with the University of Pacific School of Dentistry. The GPR trains 11 residents a year with a \$1.1-million-dollar commitment. During the 12-month program, residents participate in General Dentistry Clinic, Full Mouth Dental Rehabilitation (FMDR) in the operating room, Oral and Maxillofacial Surgery, Dermatology, Internal Medicine and Anesthesia rotations. Also, the dental residents take care of the CRMC Emergency Department dental visits, Veterans Administration Central California Health Care System, and select skilled nursing facilities.

Health Need 7 — Substance Abuse and Tobacco

Bridge Opioid Treatment Program

CRMC is one of nearly 221 clinical sites in the state of California participating in the Bridge program for opioid treatment. The medication for the evidence-based addiction treatment is accessible 24 hours a day, 7 days a week at CRMC's emergency department. The Bridge program provides individuals with buprenorphine (the active component of suboxone medication) to suppress cravings and withdrawal symptoms. The treatment provides patients with immediate attention in the emergency room setting, rather than being referred to a rehabilitation center, which in many cases can take weeks or months. In Fiscal Year 2021, the program provided treatment to 20 patients a month. Since the program's launch, more than 540 patients have received treatment.

In June 2021, CHS helped fund the "Assessing the Needs of Opioid Seeking Patients," a symposium for physicians and allied healthcare professionals. The educational sessions addressed physician preparedness and biases, patients with high healthcare utilization and how to take efficient control of a patient visit. The symposium, open to all Central Valley clinicians, provided continuing medical education credits to nearly 250 professionals.

Health Need 8 — Violence and Injury Prevention

Trauma Prevention Program

As the only Level 1 trauma center and comprehensive burn center between Los Angeles and Sacramento, CRMC's skilled and dedicated physicians and staff provide trauma services to patients well beyond the hospital's typical service area.

Since 2015, CRMC has employed a full-time injury prevention specialist. The prevention specialist identifies the most common causes of injury and death seen at the trauma center by using the hospital's trauma registry. And then the injury specialist provides community-wide prevention information and support to address those specific causes. Through education and environmental modification, the specialist works to reduce the incidence of injury, disability and death due to trauma. In Fiscal Year 2021, CRMC's trauma program led the following outreach and education programs:

- **School Outreach:** CRMC's trauma and injury prevention program specialist partners with law enforcement and other community entities to educate teens on the dangers of distracted and reckless driving, bicycle and pedestrian safety, concussion awareness and drowning prevention. In Fiscal Year 2021, and through a partnership with Sunnyside High School's Doctors Academy, CRMC's trauma provided all 11th grade students with education on preventing distracted driving and driving while under the influence of drugs or alcohol.
- **Car Seat Safety Checks:** CRMC provided group and individual car seat safety and education trainings throughout the year. These trainings were provided to parents in both English and Spanish. Safety education trainings included proper car seat installation and child placement related to legal age and weight requirements. CRMC's trauma prevention team held a public event and distributed nearly a dozen car seats to low-income families. Checks were done on a one-on-one basis, with proper social distancing and health prevention measures.
- **Older Adult Fall Prevention Drive-Thru Event:** In response to increased falls by older adults, CRMC's trauma prevention participated in a drive-thru event held by several senior-serving organizations. The event provided informational materials on physical activity, nutrition and in-home measures to prevent falls. The no-cost event held in May 2021 served over 150 seniors.

Sexual Assault Forensic Examiners Program

The CRMC Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program. SAFE provides round-the-clock, in-hospital testing and examinations for sexual assault and rape victims. Specially trained nurses collect, preserve and securely store evidence obtained from adult and pediatric victims and suspects. CRMC nurses also serve as expert court witnesses.

In conjunction with the Children's Health Center located on CRMC's campus, SAFE staff provide comprehensive follow-up evaluations for child victims of sexual abuse. Program nurses also assist in connecting victims and families to counseling services. In Fiscal Year 2021, CRMC SAFE nurses provided assistance to 173 patients.

Maintenance Investment for a Violence Victim Safe House

In May 2021, CHS provided a \$5,000 investment to help fund maintenance and upkeep for Marjaree Mason Center's Safe House. The community refuge provides safe lodging for adults and children fleeing domestic violence. CHS' funding allowed for the remodeling of the Safe House's on-site maintenance closet as well as repairs to the home's boiler. CHS' contribution also helped provide emergency shelter to 12 adults and children from three separate households. Marjaree Mason Center witnessed a substantial rise in cases of domestic violence during "stay-in-place" orders as a result of the COVID-19 pandemic.

Health Need 9 — Climate and Health

In-Hospital Green Initiatives

CHS' sustainability team continuously seeks innovative ways to reduce and recycle clinical and non-clinical waste—including paper, sharps, disposable lead wires and cloth towels from operating rooms. The sustainability team is made up of CHS employees who volunteer their time to research and set up programs to make the hospital greener. Participating members come from clinical, quality, materials management, nutrition and other CHS departments.

In Fiscal Year 2021, CHS' green efforts diverted nearly 450,000 pounds of waste from local landfills through its recycling program. Reclaimed water is also utilized at CCMC for all its landscaping irrigation — recycling an average of 36 million gallons of water a year in collaboration with the City of Clovis. CHS has also increased the number of rechargeable car stations at its facilities by installing 59 new charging stations at CRMC, CCMC and administrative office building parking lots. In total, CHS has 110 clean vehicle charging stations available to the public, employees and physicians, free of charge. CHS' clean energy efforts are in response to California's 50% renewable energy mandate by 2045.

Hospital Recognized for Energy Use and Emissions Reductions

In July 2021, CRMC's efforts to convert exterior lighting and upgrade cooling systems for the trauma and critical care building to more energy-efficient systems were recognized with a 2021 Environment + Energy Leader Award. The distinction honors exemplary work in energy and environmental management. All exterior lighting at CRMC was switched out to LED lights across the 58-acre campus. The hospital cooling systems were also converted from constant-flow to variable-flow cooling, increasing efficiency and resulting in a 10% reduction in electricity use. This efficiency improvement reduced carbon emissions, which contribute to the region's bad air quality. (According to the American Lung Association the Fresno metropolitan area is rated F for air quality with the fourth worst air pollution in the country.)

Health Need 10 — Cardiovascular Disease/Stroke

Blood Pressure Cuffs for Low-Income Patients

In Fiscal Year 2021, CHS donated \$10,000 to the American Heart Association. CHS' investment ensured the purchase of 200 blood pressure cuffs to assist low-income patients with cardiac conditions being seen at Family Health Care Network. Along with learning how to use blood pressure cuffs and tracking their blood pressure, patients received heart health information. The program was available to patients who would otherwise be unable to purchase a blood pressure monitoring device and who could also benefit from ongoing health prevention information. This investment demonstrates CHS' commitment to provide equitable opportunities for at-risk, vulnerable communities to achieve improved heart health.

Health Need 11 — Asthma

Pediatric Asthma Program

CHS' Pulmonary Rehabilitation program provided disease management education and support for parents. A respiratory care practitioner assisted parents at a southcentral Fresno clinic, one of the city's most underserved areas. Parents received two, one-hour sessions with additional education as needed. Patients received an individualized "Asthma Action Plan," addressing lung physiology, asthma attack symptoms and triggers, effective management strategies and proper medication and inhaler use.

In Fiscal Year 2021, the program served 139 patients and provided Spanish and English health education. In March 2020, the program adopted social distancing and masking protocols in response to COVID-19. Since July 2020, the program has offered telehealth visits to patients and families.

Health Need 12 — HIV/AIDS/Sexually Transmitted Infections

Special Services Clinic

CHS serves as grant administrator for the federal Ryan White HIV/AIDS Program providing lifesaving care for Central Valley HIV/AIDS patients. CHS partners with Family Health Care Network's (FHCN) Special Services Clinic to provide vital and timely healthcare and case management services for patients and families. FHCN's clinical staff and physicians provide patients with direct medical care and case management while CHS serves as the fiscal and reporting entity. In Fiscal Year 2021, the Special Services Clinic provided care to 1,460 patients under the federal Ryan White grant.

Health Need 13 — Cancer

Cancer Support Groups

CCI hosts several support groups for cancer survivors and their families. The support groups, held in both English and Spanish, are open to all persons touched by cancer, regardless of where they receive cancer care. CCI support groups host cohort cancer and well-being support sessions including: women for unity, mindfulness meditation, prostate cancer, brain tumors, breast cancer, and head and neck cancer. In Fiscal Year 2021, and due to the continuing COVID-19 public health emergency, CCI held 27 virtual support groups. Each support group session runs between one and two hours.

Community Building Activities

CHS recognizes that health and well-being cannot be achieved by one sole entity. Positive outcomes in the region's identified health needs require wide-reaching collaboration. CHS joined Valley Children's Healthcare, Saint Agnes Medical Center and Kaiser Permanente, community clinics, health plans, the public health department, local organizations and others to address pressing health issues. CHS participated in several community-wide health initiatives and activities, including:

Fresno Community Health Improvement Partnership

CHS joined the Fresno Community Health Improvement Partnership (FCHIP) leadership team in January 2017. This steering committee provides guidance and direction for five workgroups that include the Diabetes Collaborative, Fresno Food Security Network, Fresno County Trauma-Informed Network of Care, and the Equity, Diversity and Inclusion Initiative.

In July 2021, CHS contributed \$5,000 to support the collaborative work that FCHIP leads in Fresno County, with particular focus on the area's top identified health needs. In addressing those needs, FCHIP's Diabetes Collaborative, Food Security, and Trauma and Resilience workgroups have made meaningful advances toward improving the health of vulnerable populations in the county, with particular emphasis in southeast and southwest metropolitan Fresno.

FCHIP Trauma and Resilience Network

FCHIP's Trauma and Resilience Network (TRN) works to create a trauma-informed community to support vulnerable residents who have experienced adverse childhood experiences (ACEs). According to the CDC, ACEs can have negative, long-term impact on health in adulthood, including obesity and detrimental health behaviors such as alcohol and drug abuse.¹⁷ New research shows that adults who have suffered past trauma can restore their brains and bodies many years after suffering childhood trauma and extreme neglect.

TRN's leadership team includes 16 members from various community-based organizations, government and education institutions. In Fiscal Year 2021, TRN hosted a virtual conference and bi-monthly mini-conferences focused on being "trauma-informed," or recognizing that the prevalence of adverse childhood experiences influences negative behaviors and experiences. These conferences have reached residents from all over the Central Valley.

As a result of COVID-19's negative impacts on mental health, TRN launched a "COVID Mental Health" workgroup. The workgroup analyzed social and emotional impact that the pandemic was having on the most socio-economically disadvantaged residents. The group was invited to national trauma and COVID-19 conversations.

¹⁷ Adverse Childhood Experiences (ACEs) Vital Signs. <https://www.cdc.gov/vitalsigns/aces/index.html>

FCHIP Fresno County Trauma-Informed Network of Care

FCHIP's Fresno County Trauma-Informed Network of Care, received a \$2.6 million grant that allows 50 partners to develop a system that prevents, treats and heals toxic stress. The grant, funded by the California Department of Health Care Services and the Office of the California Surgeon General, allows physicians to conduct in-office visit clinical ACEs screenings. Screenings assess a patient for adversity, clinical manifestations of toxic stress and adds a treatment plan that includes care coordination. The grant also contains funding for the development of data integration. Currently, the Network of Care includes 46 Fresno County partnering organizations, 111 medical providers providing ACEs screenings and 26 community-based organizations lending resource support. To date, nearly 700 individuals have participated in the Network of Care trauma-informed trainings.

Collaborative Equity, Diversity and Inclusion Work

CHS participated as a lead partner in FCHIP's community-wide workshops ensuring that the group's core values reflect equity, diversity and inclusion (EDI) practices. A CHS representative helped guide, plan and facilitate community-wide conversations with cross-sector leaders. The workshop's goals were to establish the group's collaborative health efforts to reflect equitable outreach, engagement and service to community members.

Fresno Madera Continuum of Care

The Fresno Madera Continuum of Care (FMCoC) is a two-county, cross-sector collaborative that identifies and petitions state and federal funding for housing assistance and resources for homeless individuals. Created in 2002, Continuum of Care partners meet monthly and include county social service agencies, Native American, veteran and senior-serving organizations, healthcare providers, the Hospital Council, corrections and mental health service providers. The collaborative effort has overseen the local distribution of millions of dollars to assist in emergency and long-term housing for vulnerable individuals, families and veterans.

CHS participates as an FMCoC voting member, helping guide program funding for rapid rehousing efforts, emergency shelters and the annual *Point In Time* count — a census of homeless individuals. Due to COVID-19, the FMCoC was forced to forgo an in-person *Point in Time* count. FMCoC partners secured \$2.5 million from the CARES Act Emergency Solutions grant. These funds went to local agencies serving homeless individuals and families with rapid rehousing, infection prevention and mitigation efforts, emergency shelter and quarantine lodging assistance.

During FY21, Continuum of Care partners ensured that homeless populations had access to emergency housing if they were exposed to or infected with COVID-19. A wide city-county partnership also focused on the safety of homeless individuals living alongside freeways by relocating individuals to stable housing. The collaborative continues its efforts to seek and ensure state and federal funding to serve the communities' most vulnerable residents.

Scholarships for Farmworker Children Seeking Medical Careers

CHS provided a \$5,000 contribution to the California Farmworker Foundation's *Central Valley Dream Scholarship Program*. This investment is part of CHS' commitment to provide equitable

opportunities for communities to achieve their full potential. This program aims to provide scholarships to promising students, sons and daughters of farmworker parents, and helps students with a demonstrated financial need for those with above-average grade point averages. CHS' contribution funded five worthy students from rural Central Valley towns seeking nursing and medical careers. Student recipients are currently enrolled in colleges and universities throughout the state.

Support for Medical Missions Abroad

Over the past six years, CHS has proudly provided more than \$1 million in financial and in-kind medical support to Armenia, a country that has seen significant social turmoil. CHS' investment secured doctors, medical equipment and supplies to mainly rural areas that experience significant barriers to care. CHS' contributions provided the deployment of physicians, dentists and nurses to aid Armenian patients. In addition to medical personnel, CHS' investment facilitated the delivery of IV pumps, blood pressure cuffs, glucose monitors, surgical scalpels, pediatric scales, portable ultrasound machines and small electrocardiogram devices.

VI. Community Health Education and Support

The following inventory of community benefit activities includes educational programs and support provided by physicians, staff and volunteers of CHS.

Chronic Kidney Disease: Dialysis *Options*

CHS is among the largest providers of dialysis services in the Central Valley, annually serving over 10,000 patient visits. CHS offers dialysis services to all age groups and ethnic backgrounds and provides English and Spanish educational materials. CHS' prime dialysis education program, *Options*, a patient-centered information and support service for individuals with chronic kidney disease. CHS participates in the National Kidney Foundation's Kidney Early Evaluation Program or *KEEP Healthy* community-based initiative to educate the public about kidney health, risk factors and steps to reduce risk.

***HealthQuest* Series**

CHS' in-person *HealthQuest* seminars feature physicians and medical experts discussing public interest health topics. *HealthQuest* in-person lectures are held monthly on CCMC and CRMC campuses and are provided to the public at no charge. Due to COVID-19, CHS' *HealthQuest* series moved to an online platform.

In Fiscal Year 2021, CHS hosted six *HealthQuest* lectures on topics related to regional identified health needs. These seminars included: colorectal cancer awareness, healthy diet, heart failure, the COVID-19 vaccine, stroke awareness and obesity prevention. On average, *HealthQuest* seminars are attended by 150 participants.

***MedWatch Today* Television Series**

In an effort to increase public awareness of timely health topics, CHS produces a weekly television show, *MedWatch Today*. The series features topics that include mental health, pediatric asthma, heart disease, diabetes prevention and management, and many others. The show airs Saturdays on KSEE24, an NBC affiliate, and Sundays on CBS47.

In Fiscal Year 2021, *MedWatch Today* produced and broadcast 50 segments that addressed nine of the 13 regional identified health needs. A total of 5.5 million households viewed *MedWatch Today* content in Fiscal Year 2021, with an average of 4,496 households tuning in per episode. Additionally, consumers have viewed more than 4,500 hours of *MedWatch Today* content online as an on-demand video health education resource.

Spanish Health Education Segments

CHS strives to provide timely and relevant health information to Spanish-speaking audiences, including equitable information to our Latino patient population. In order to promote COVID-19 vaccine awareness and clarify misinformation, CHS produced a Spanish-language video with a UCSF resident physician answering common questions and fears around the vaccines. The CHS-produced

video was distributed through Fresno Community Health Improvement Partnership (FCHIP) and the Children’s Movement list serves. The video was widely distributed via the social media pages of several community-based organizations.

Kerman High Medical ROP

CHS contributed \$7,500 worth of hospital-grade medical equipment to Kerman High School’s medical Regional Occupational Program (ROP). Medical equipment provided included: IV poles and pumps, a gurney, EKG and ultrasound machines, surgical equipment, wheelchairs and other items. Kerman High medical pathway instructors use the equipment for hands-on lessons that accompany textbook instruction. Since the addition of the medical equipment, instructors report increased student enrollment in the medical education pathway program. During the 2020-2021 school year, the ROP medical program instructor led hands-on entry medical lessons using CHS-donated equipment to more than 170 students.

Continuing Medical Education on LGBTQ+ Equitable Care

CHS contributed funding in Fiscal Year 2021 toward the first virtual health symposium in the Fresno area focused on LGBTQ+ (lesbian, gay, bisexual, transgender, queer, plus) needs. The continuing education event for physicians and allied healthcare providers aimed to increase awareness on LGBTQ+ healthcare access and improve culturally sensitive care. The symposium, held in November 2021, was led by licensed therapists, community members, physicians and surgeons. CHS’ investment in quality, competent care for LGBTQ+ patients is part of the system’s aim to provide equitable care to diverse Central Valley communities.

Fresno Area College Night

Community Care Health (CCH), a CHS subsidiary and insurance plan, funded \$2,500 for the Fresno County Superintendent of Schools’ annual Fresno Area College Night for 5,000 high school students and parents. General college planning information was provided on topics that included the college admissions process, financial aid and scholarships. Event breakout sessions were available in English, Spanish and Hmong. The free event, held September 2020, was open to high school students, many of whom are first in their family to attend college.

Central Unified Scholarships

In Fiscal Year 2021, CCH committed to providing scholarship funds for low-income seniors from Central Unified. CCH funding of \$7,500, with that of other community partners, will enable the Foundation for Central Schools to provide six \$2,500 scholarships for low-income students. Scholarships will help students pay for college, vocational or trade school needs.

End-of-the-Year Contributions

CCH funding of \$3,000 provided Thanksgiving meals to needy families in partnership with Catholic Charities. As part of Catholic Charities’ 10th Annual Turkey Drive, nearly 1,200 low-income families received a turkey holiday meal box in 2019. CCH also funded Catholic Charities’ “Adopt a Family” holiday gift program for low-income children and families. The program gifts children jackets, blankets and other winter weather items during its end-of-the-year festivities.

Volunteer Services

Volunteers are an essential part of CHS' mission to improve the health of those we serve and of our community. In Fiscal Year 2021, 60 volunteers provided nearly 2,000 hours of service to CRMC and its patients. At CCMC, nearly 22 volunteer chaplains, adults, guild members, youth and student volunteers provided over 791 hours of service.

In March 2020, volunteer activities were suspended due to COVID-19 visitor restrictions at all CHS facilities. Those restrictions were extended until January 2021, when limited volunteer opportunities were reinstated.

COVID-19 Public Education

CHS led a multilingual public education campaign to inform the public on COVID-19 prevention and symptoms. In coordination with the Fresno County Department of Public Health, and a wide collaborative of community-based organizations serving immediate area needs as a result of the pandemic, CHS produced multi-platform educational materials. These materials included education videos, infographics and news articles featuring subject matter experts in both English and Spanish. Topics included basic information on the COVID-19 vaccine, clearing up myths with scientific backing and the importance of continuing mitigation methods to reduce virus spread. The CHS-produced COVID-19 educational graphics and videos were distributed to more than 1,000 community leaders from nonprofit organizations, public health agencies, health plans and local school districts via FCHIP's list serve and Central Valley Community Foundation's weekly COVID-19 informational call for Valley nonprofits.

On-site Blood Drives

During the COVID-19 public health emergency, the Central Valley saw serious declines in local blood supplies. To help increase the availability of blood resources in our region, CHS partnered with the Central California Blood Center to help blood collection efforts. In Fiscal Year 2021, CHS hosted and organized 23 events on the following hospital campuses and administrative offices: CCMC, CRMC, FSH and the Shaw Business Center. More than 830 CHS employees participated in the volunteer blood drives, which produced 740 blood units for distribution throughout the Central Valley region.

Sponsorships, Support and Civic Leadership

As the Valley's leading healthcare institution, CHS takes the responsibility of civic leadership seriously. We are also mindful that those who contribute financial gifts to our organization expect careful and detailed stewardship of those funds. CHS contributes to a wide range of community organizations whose work helps extend our care into neighborhoods across the Valley, including:

- Alliance for Medical Outreach and Relief
- Alzheimer's Association
- American Heart Association
- American Lung Association
- American Cancer Society

- Best Buddies (Fresno)
- California State University, Fresno
- Care Fresno
- Catholic Charities Diocese of Fresno
- Central California Blood Center
- Central California Food Bank
- Central California Women’s Conference
- Central Valley Community Foundation
- Central Valley Opioid Safety Coalition
- Clinical Pastoral Education of Central California
- Every Neighborhood Partnership
- Exceptional Parents Unlimited
- Foundation for Clovis Unified School District
- Fresno Area Hispanic Foundation
- Fresno Center for Non-Violence
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno County Farm Bureau
- Fresno County Office of Education
- Fresno Economic Opportunities Commission
- Fresno First Step Homes
- Fresno Metro Ministry
- Fresno Police Chaplaincy
- Fresno Rescue Mission
- Fresno Rotary “Project Niño”
- Hinds Hospice
- Marjaree Mason Center
- Poverello House
- Susan G. Komen Race for the Cure
- West Fresno Family Resource Center
- Youth Leadership Institute

CHS is proud of its accomplishments to date, but is also mindful of unmet challenges. Community staff and physicians contribute thousands of hours as volunteers for civic, cultural, social justice, religious and health groups, often serving in leadership positions and as mentors.

A partial list of these community service-oriented groups and organizations:

- All Valley Youth Football League
- American Cancer Society
- American Heart Association
- Animal Compassion Team of Central Valley
- Avila’s Cancer Fund
- Boy Scouts of America, Troop 257/Cub Scouts, Sequoia Council, Pack 301
- Bulldog Pantry

- California Agricultural Leadership Foundation
- California Association of Healthcare Leaders
- California Partnership for the San Joaquin Valley
- California State University, Fresno, University Advisory Board
- California Vipassana Center
- Catholic Charities Diocese of Fresno
- Camp Sunshine Dreams
- Central California Big Band Dance Society
- Central California Food Bank
- Central California Society for the Prevention of Cruelty to Animals
- Central California Women’s Conference
- Central Ravens Youth Football
- Central Valley Lioness Lions Club
- Christian Medical Dental Association
- Chrysalis House Fresno
- Church of Jesus Christ of Latter-Day Saints, Elders Quorum
- Clovis Chamber of Commerce
- Clovis Unified School District Vaping Workgroup
- Clovis Rotary Club
- Common Threads
- Council of Indian Organizations
- Dress a Girl Around the World
- Every Neighborhood Partnership
- Exercise for Life Foundation
- Fresno Barrios Unidos
- Fresno Chamber of Commerce
- Fresno Community Concert Band
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno Council for Child Abuse Prevention
- Fresno County Bar Association’s Pro Bono Services
- Fresno County Economic Development Corporation
- Fresno Humane Society
- Fresno Rescue Mission
- Fresno Rotary Club
- Fresno State Project Management Institute
- Greater Fresno Parkinson’s Support Group
- Habitat for Humanity
- Halo Café
- Healthcare and Public Health Sector Coordinating Council
- Healthy Communities Access Program (HCAP)
- Hope of Sanger
- InfraGard Sacramento Member Alliance
- International Order of the Rainbow for Girls

- Leadership Fresno
- Leukemia & Lymphoma Society
- Maddy Institute, California State University, Fresno
- Marjaree Mason Center
- Mayor's Community Advisory Board Panel
- Medical Ministries International
- Medical Missions, Inc.
- Minas vs. Cancer
- New Hope Community Church
- Poverello House
- RAD-AID (Aid to Jamaica and Guyana)
- Salvation Army
- Sierra Foothill Conservancy
- Sikh Institute of Fresno
- Sikh Women Organization of Central California
- Spay and Neuter Intracommunity Project
- Trinity Community Church
- Valley Teen Ranch

VII. Community Benefit Contributions Fiscal Year 2021

CHS has historically spent more on uncompensated community benefit than all other Fresno-area hospitals combined — in some years, nearly double the combined total of other area hospitals.

In Fiscal Year 2021, CHS had annual operating expenses of approximately \$2.0 billion. Net uncompensated community benefit totaled over \$231 million, or 12% of CHS’ total operating expenses. This figure is also in light of COVID-19, which at times significantly hindered our intended outreach due to mandatory shelter-in-place orders and a “no visitor” hospital policy still in effect at the time of publication. The single largest unreimbursed cost in the list below — care for Medi-Cal patients — is the net of funding from the “provider fee” program, Disproportionate Share Hospital (DSH) payments and the private hospital fund.

BENEFIT	CONTRIBUTION
UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR THE POOR AND UNDERSERVED	
Charity care	
➤ CHS financial assistance healthcare services to low-income patients	\$10,384,000
Unreimbursed cost of caring for Medi-Cal patients	
➤ unpaid portion of government-funded healthcare coverage	\$174,958,000
MEDICAL EDUCATION	
➤ unreimbursed cost of training medical residents and fellows	\$43,568,000
NURSING EDUCATION	
➤ daily in-service nurse-to-student education training for professional nursing licensure (20% of total investment reported)	\$1,166,000
CONTINUING MEDICAL EDUCATION	
➤ cost for continuing physician and allied healthcare professional medical training	\$383,000
COMMUNITY BENEFIT CONTRIBUTIONS & OUTREACH	
➤ direct investment addressing 2019 Community Health Needs Assessment identified regional health needs	\$874,000
TOTAL QUANTIFIABLE COMMUNITY BENEFITS	\$ 231,333,000

VIII. Definition of Terms

Community Benefit

Community Benefit activities provided by nonprofit hospitals include all uncompensated or subsidized activities that address local priority health needs.

Community Health Needs Assessment (CHNA)

The [2019 Community Health Needs Assessment](#) is a triennial report conducted in CHS' service area of Fresno, Kings, Madera and Tulare counties. The CHNA is comprised of primary and secondary data. Primary data includes individual surveys and focus groups targeting vulnerable community group members as well as insights from local public health, healthcare, community organization and agency leads on the region's most pressing health needs. Secondary information includes health status data from county, state and federal agencies. The CHNA identifies the region's most serious health needs. The report is a collaborative effort facilitated by the Hospital Council of Northern and Central California.

Health Professions Education Activities

Educational programs that result in a degree, certificate or training necessary to be licensed to practice as a health professional, as required by state law, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty.

Nonprofit (not-for-profit)

A nonprofit hospital is considered a charitable organization, conducting business for the benefit of the general public without a profit motive.

Prioritized Health Needs

The top-ranked health needs identified for Fresno, Kings, Madera and Tulare counties as a result of the regional CHNA process.

Tracked Investments

CHS uses CBISA software, an industry-recognized platform, to track direct and indirect community benefit programs and activities.