



**CONSOLIDATED COMMUNITY BENEFIT UPDATE AND PLAN**  
**September 2017 – August 2018**

**Submitted to:**  
**The Office of Statewide Health Planning and Development**  
**Healthcare Information Division**  
**Accounting and Reporting Systems Section**  
**January 2019**

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## **Our Mission and Vision**

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### **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 Medical Centers as the leader in clinical excellence, technological innovation, quality service, superb facilities and compassionate care.**

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# I. Introduction and Organizational Overview

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From its humble beginnings in 1897 – when Fresno physicians formed a private hospital by joining forces with Celia Burnett, the proprietor of an already successful boarding house – to the construction of an academic regional medical center, a surgical speciality hospital and recent expansion of Clovis Community Medical Center, Community Medical Centers’ rich history spans more than a century of commitment to the Central Valley and its residents.

## **Who we are**

Community Medical Centers (Community) is a locally owned, not-for-profit, public-benefit organization based in Fresno, California. Community is the region's largest healthcare provider and private employer. We operate a physician residency program with one of the nation’s top-rated medical schools, the University of California, San Francisco.

With more than 8,400 employees, 1,400 affiliated physicians and nearly 1,000 volunteers, Community serves a 15,000-square-mile area that includes Fresno, Madera, Tulare, and Kings counties — and beyond.

Community operates four hospitals — Community Regional Medical Center, Clovis Community Medical Center, Fresno Heart & Surgical Hospital and Community Behavioral Health Center — as well as several long-term care, outpatient, and other healthcare facilities.

Community is home to the only Level 1 trauma center and comprehensive burn center between Los Angeles and Sacramento. It also serves as the area’s main “safety net” provider, providing care to 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 Community Medical Centers system.

## **Hospitals**

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

## **Outpatient centers**

Advanced Medical Imaging  
California Imaging Institute  
Community Cancer Institute  
Deran Koligian Ambulatory Care Center

## **Long-term care center**

Community Subacute & Transitional Care Center

## **Hospitality home**

Terry’s House

**Affiliations**

Central California Faculty Medical Group Inc.  
Community Medical Providers  
Santé Community Physicians  
University of California, San Francisco School of Medicine  
University of the Pacific  
Samuel Merritt College

**Specialty centers**

Advanced Diagnostic Testing Center  
California Cancer Institute  
Charles and Ann Matoian Oncology Unit  
Deran Koligian Ambulatory Care Center  
Disease Management 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  
Neuroscience Center  
Stroke Center  
Surabian Dental Care Center  
Table Mountain Rancheria Trauma Center  
Wound Care Center

**Accreditation**

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

**Governance**

Community is governed by a volunteer Board of Trustees comprised of local civic leaders and physicians who collectively represent nearly 70 years of service to the organization. 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 Benefits

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Community Medical Centers' commitment to community benefit is evidenced at every level of the organization. Our mission statement is built on community investment, improving the health of those we serve, and improving the health of this community that our over 10,000 employees, physicians, volunteers and 263,000 patients call "home." And in fact, over the past two decades, no other hospital organization in the San Joaquin Valley has invested more to ensure access to all patients of this growing region.

The Board of Trustees routinely reviews the organization's community needs assessment results, the annual community benefit report, and our impact in the areas of greatest need. The Board approves the financial allocations to community benefit programs, outreach and education, and the traditional charity care and uncompensated care delivered every day at Community Medical Centers facilities.

Senior management has encouraged community-reinvestment initiatives — in programs, facilities and partnerships — to help ensure patient access to care and promote a healthier community over the long term. Our community investment initiatives extend beyond the hospital walls, with a commitment to environmental sustainability. In July 2016, Community became the first hospital system in California to join the U.S. Department of Energy's Workplace Charging Challenge, aimed at increasing emissions-free commuting. To date, Community has installed 35 clean vehicle charging stations, providing free charging at all our acute-care hospitals and administrative offices. Charging stations are available at no cost to our staff and the public. Community plans to install additional stations.

As a member of the Healthier Hospitals Initiative, Community continues implementing corporate strategies to minimize waste and promote environmental stewardship. As an example, Community's investment in a new surgical sterilizing system saves 170 gallons of water in each cycle—totaling more than a million gallons saved per year. In response to the state and region's severe drought, Community partnered with the City of Clovis to build the largest recycled water project in the city for hospital landscaping. Through its Sustainability team, Community has continued its commitment to lead green initiatives promoting health and wellbeing. The team recycled close to 990,000 pounds of materials throughout its facilities in Fiscal Year 2017-2018.

Many Community Medical Centers' leaders and staff members are engaged in a wide array of community organizations in leadership and volunteer roles, extending our community benefit outreach far beyond dollars invested.

Community benefit and community service are at the heart of Community Medical Centers.

### III. Community Medical Centers’ Service Area: A Look at Our Unique Region

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Community Medical Centers 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 and their families from all four corners of the world. Our world-class trauma center and burn unit provide care to patients from a wide geography.

From the *2016 Community Health Needs Assessment*, the following demographic information helps to paint a picture of our region and our patients.

#### Population Characteristics: Age, Gender, Language, Diversity

##### Race and Ethnicity

The largest demographic group in each county is Latinos. Figure 1 shows the total raw population numbers and Figure 20 provides a graphic summary with percentages of major ethnic and racial groups that form the demographics of each county.

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

Figure 1: Summary of the raw population totals for each county by demographic groups. Data Source: [www.chna.org](http://www.chna.org)



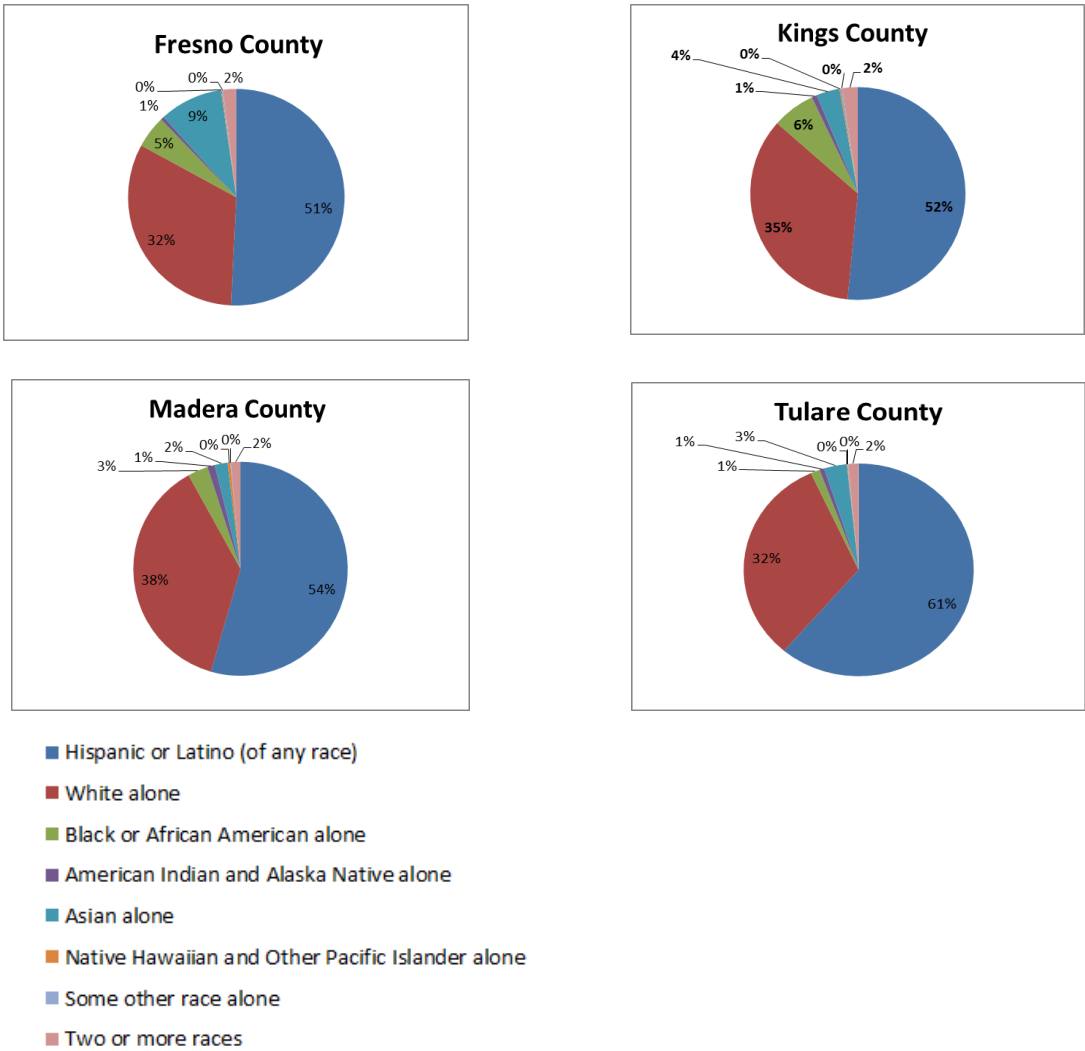


Figure 2: Graphical summary of the population demographics in each of the four counties.

**Linguistically Isolated**

The diversity of the region is reflected in the wide range of languages spoken in each county. Slightly more than 20% of the entire region’s population over age five has a limited English proficiency. Among all four counties **84% of residents with limited English proficiency speak Spanish**; 10.26% speak Asian or Pacific Island Languages and 4.7% speak Indo-European Languages<sup>1</sup>.

<sup>1</sup> Data source: American Survey

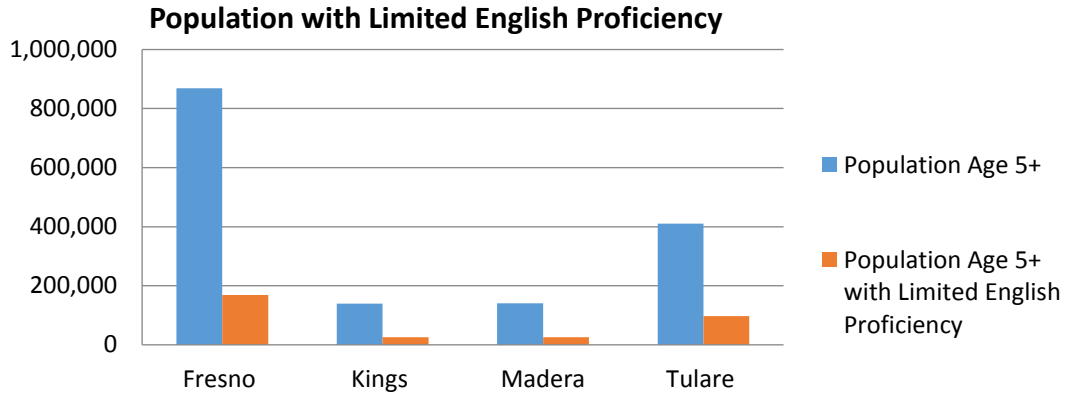


Figure 3: Graphical summary of the number of residents with limited English proficiency. Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract

### Age

The four counties are home to a large number of young residents, particularly in Fresno County where 29% of the population is under age 18. Fresno and Tulare Counties have the largest number of children relative to other age groups as is seen in Figures 4 and 5.

	CA	Fresno	Kings	Madera	Tulare
<b>Age 0 -17</b>	24.20%	29.28%	27.66%	28.10%	31.98%
<b>Age 18 – 64</b>	63.67%	60.12%	63.86%	59.82%	58.1%

Figure 4: Summary of the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

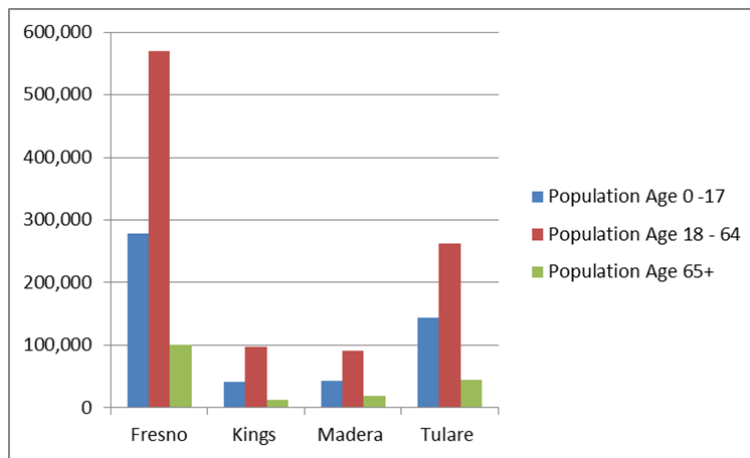


Figure 5: Graphically shows the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

## Social Determinants of Health Throughout the Region: Poverty, Education, Health Insurance Access

Increasing attention has been given to the social determinants of health and their impact on health outcomes. Public health researchers, health advocates and social epidemiologists see these as key drivers that can both predict and influence population health, outcomes and needs.

The 2018 federal poverty rate for California lists **\$12,140** gross income or below for an individual, **\$16,460** for a family of two, **\$20,780** for a family of three and **\$25,100** for a family of four<sup>2</sup>.

As can be seen in Figure 6 below, **all four counties have high rates of poverty and residents who are uninsured, as well as having limited education.** By comparison, California’s poverty rate as a whole is 13.71%. The uninsured in California are 17.92% of the population. California residents without a high school diploma make up 19.32% of the population.

County	Total Population for Whom Poverty Status is Determined	Percent Population in Poverty (100% of the Federal Poverty Level)	Total Population For Whom Insurance Status is Determined	Percent Uninsured	Total Population For Whom Educational Attainment is Determined	Percent of Population with No High School Diploma
Fresno	890,694	22.49%	908,058	19.57%	529,358	26.94%
Kings	133,206	19.30%	132,274	20.19%	91,224	30.12%
Madera	138,151	19.29%	141,053	20.61%	90,204	32.08%
Tulare	423,902	22.89%	433,349	22.55%	242,813	32.74%
California	35,877,036	13.71%	36,414,292	17.92%	23,497,944	19.32%

Figure 6: This table summarizes the status of three key drivers of health in all four counties. Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract

Unemployment in the Central Valley, unlike other areas of the state, remains at double digits. Focus group data suggests that unemployment contributes to broad level of financial stress in many households. **Per capita income ranges from \$17,894 in Tulare County to \$20,208 in Fresno County and all are substantially lower than the California average of \$29,527.** Figure 7 provides an overview of the socio economic level in the region.

<sup>2</sup> US Department of Health and Human Services poverty guidelines as of Jan. 2018. See: (<https://aspe.hhs.gov/poverty-guidelines>)

Population Characteristics: Socioeconomic Level-Poverty <sup>3</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent of Households Where Costs Exceeds 30% of Income	45.89%	43.78%	38.48%	43.15%	42.43%
Percent of Families with Income Over \$75,000	46.75%	32.98%	31.11%	29.2%	28.37%
Per Capita Income	\$29,527	\$20,208	\$18,429	\$17,847	\$17,894
Percent of Households with Public Assistance Income	3.97%	7.88%	5.32%	5.77%	9.10%
Percent of Population <u>Under 18</u> Living in Poverty	22.15%	37.05%	30.32%	32.94%	35.83%
Percent of Population <u>Under 18</u> Living 200% below the Federal Poverty Level (FPL)	45.95%	63.13%	60.84%	65.48%	66.64%
Percent of <u>Total Population</u> Living in Poverty	15.94%	25.96%	21.0%	22.80%	26.18%
Percent of Total Population Living 200% below the FPL	35.91%	50.05%	48.13%	51.01%	53.98%
Percent Total Population with Income at or Below 50% FPL	6.91%	11.33%	9.54%	9.29%	10.55%
Unemployment Rate	7.20%	11.0%	11.50%	13.50%	12.20%
Households with No Motor Vehicles	7.77%	9.25%	6.70%	5.86%	6.73%

Figure 7: Summary of the economic conditions in all four counties

Education or educational attainment is strongly linked to health outcomes. A 25 year old in the US without a high school diploma today will die nine years sooner than college graduates<sup>4</sup>. People with more education live longer, experience better health outcomes and tend to practice health-promoting behaviors (i.e. getting regular exercise, refraining from smoking, or getting timely medical checkups, immunizations or screenings).<sup>5</sup> **Over a quarter of the population in each county of the region, does not have a high school diploma.** Within each county, less than 20% of the population has a bachelor of arts compared to 30% of California as a whole. While graduation rates are strong across the four counties, those with a high school diploma appear not to be staying in the area. Table 7 summarizes the social determinants of health.

<sup>3</sup> Data Source: CHNA.org

<sup>4</sup> Virginia Commonwealth University Center on Society and Health. Education: It Matters More to Health Than Ever Before. January 2014. Available at the Robert Wood Johnson Library See: [http://www.rwjf.org/en/library/research/2014/01/education--it-matters-more-to-health-than-ever-before.html?cid=XEM\\_A7864](http://www.rwjf.org/en/library/research/2014/01/education--it-matters-more-to-health-than-ever-before.html?cid=XEM_A7864)

<sup>5</sup> Issue Brief 5: Exploring the Social Determinants of Health: Education and Health. Robert Wood Johnson Foundation, April 2011 Accessed here: [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf70447](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447)

Population Characteristics: Socioeconomic Level- Education <sup>6</sup>	CA Average	Fresno	Kings	Madera	Tulare
Cohort High School Graduation Rates (students receiving a High School diploma within 4 years)	85.7%	85.0%	75.2%	87.9%	87.8%
Percent Population Age 25 with Associate's Degree or Higher	38.43%	27.9%	20.42%	21.56%	21.06%
Percent of Population without a High School Diploma <sup>7</sup>	18.76%	26.94%	29%	31.5%	31.99%
Persons with a Bachelor's Degree or Higher (age 25 and over)	30.7%	19.6%	12.9%	13.6%	13.3%

Figure 8: Highlights of the key data on the education level of the residents in all four counties. NOTE: The cohort graduation rate is defined as "The number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. From the beginning of 9th grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die."

Figure 9 summarizes percentages of children and adults lacking access to healthcare coverage. A factor that exacerbates access to care is the high rate of adults and children that lack insurance. These factors impact rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care.

Health Need: Health Insurance Access	CA Average	Fresno	Kings	Madera	Tulare
Percent of Children Without Insurance <sup>8</sup>	7.89%	6.90%	8.10%	9.27%	7.39%
Population with No Insurance- Adults	23.91%	26.96%	24.61%	29.78%	28.95%

Figure 9: Summary of the economic conditions in all four counties

## Community Rankings

Given the wide range of health indicators that have been reviewed for each of the 15 potential health needs from Kaiser Permanente's data platform, it is useful to understand where each of the four counties rank overall within California. The Robert Wood Johnson Foundation (RWJ), in collaboration with the University of Wisconsin Population Health Institute, provides access to a national data base that provides an overall rank for each county of every state using a common and consistent ranking system<sup>9</sup>. **Within California's 58 counties the overall rank for Fresno is 49, Kings ranks 43, Madera ranks 46 and Tulare ranks 45.** Each of the four counties fall in the bottom half of California Counties for Health Outcomes, Quality of Life, Health Factors, Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment. The one exception is Kings County where it ranks in the upper half of the state's counties for Length of Life and Health Behaviors. Figure 10 shows the summary of results across all major factors ranked in this system.

<sup>6</sup> Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES.

<sup>7</sup> Data Source: US Census Bureau, American Community Survey. 2009-13 and Quick Facts US Census, Data 2014

<sup>8</sup> Data Source: US Census Bureau,

<sup>9</sup> County Health Rankings and Roadmaps: Building A Culture of Health County by County, 2015. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

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

Figure 10: Summary of the County Health Rankings California 2015

The ranking system<sup>10</sup> used by RWJ is based on a “conceptual model of population health” that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health).

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

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<sup>10</sup> Booske, B., Athens, J., Kindig, D., Park, H. and P. Remington. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health” February 2010 See: <http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>

## IV. Community Health Needs Assessment

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Since the passage of SB 697 in 1994, California non-profit hospitals report the community benefit they provide. This legislation required hospitals to assess the health needs of the communities they serve and develop plans, programs and/or services to meet those priority needs. Additionally, federal healthcare legislation passed in 2010, the Patient Protection and Affordable Care Act, also imposed federal regulations for tax-exempt hospitals to conduct a community needs assessment and develop an implementation plan every three years.

In 2011, Community Medical Centers participated in the initial collaborative with every hospital in Fresno, Madera, Tulare and Kings Counties, led by the Hospital Council of Northern and Central California, to conduct a shared community health needs assessment (CHNA) for the region. This shared needs assessment process has been instrumental in increasing collaboration among the region's hospitals and allowed for important discussion about priorities and hospital leadership of health issues. The CHNA was repeated in 2013 and 2016 (data on which this report was based).

The CHNA is comprised of primary and secondary data analysis; stakeholder interviews; focus groups; and literature reviews of best practices from across the country.

### Secondary Data Review

Leap Solutions, the consultant group hired by the hospital workgroup to conduct the CHNA, reviewed metrics and health indicators identified by the U.S. Centers for Disease Control and Prevention<sup>11</sup> (CDC), the Healthy People 2020 initiative,<sup>12</sup> as well as the most commonly identified health needs in Kaiser Permanente's [CHNA Data Platform](#). Once the analysis was completed, consultants found that 15 health needs identified by Kaiser Permanente aligned with those defined by both the CDC and Healthy People 2020. The needs identified were as follows:

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

Using the CHNA Data Platform, consultants did an initial review of the secondary data in Fresno, Kings, Madera and Tulare counties and found that the counties perform poorer than the state averages on most of the health indicators associated with the 15 potential health needs.

### Primary Data Collection- Community and Stakeholder Engagement

To capture unique points of view on the health needs that significantly impact residents, consultants engaged community residents, healthcare workers and administrators, community leaders in social, health and faith-based organizations, elected officials and others in each of the four counties.

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<sup>11</sup>U.S. Centers for Disease Control and Prevention. Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants, Atlanta, GA: Office of Surveillance, Epidemiology and Laboratory Services, 2013.

<sup>12</sup> Healthy People 2020 "Leading Health Indicators" See: <http://www.healthypeople.gov/2020/Leading-Health-Indicators>

The CHNA community engagement strategy centered on a community health survey that was available to participants in English and Spanish in both an online survey and paper copies. The survey assessed community member and stakeholder perceptions on healthcare access, social, economic and environmental factors influencing health and disease, barriers to healthcare, as well as community assets and resources that promote health. The survey, open to participants between July and December 2015, was completed by over 1,100 healthcare providers and community members in all four counties.

Consultants also conducted 15 focus groups with community residents, hospital staff and leaders in non-profit social, education and ministry sectors in the four counties. Under the direction of the hospital workgroup, consultants also reached out to 95 key stakeholders for one-on-one stakeholder interviews on perceived health needs—35 stakeholder interviews were completed with participants from the four counties.

For each focus group and one-on-one stakeholder interview, consultants shared the most up-to-date survey results—captured online and in paper form—as the “pulse” of community-wide health perceptions in the four counties. The results were used as a starting point of conversation.

Figure 11 summarizes the responses of the CHNA Survey from each county.

County	Total Respondents	Total Health Care Staff	Total Community Responses	% Speaking English at Home	% Speaking Spanish At Home
Fresno	659	560	99	100%	5.90%
Kings	114	56	58	100%	14.49%
Madera	163	28	135 <sup>13</sup>	100%	92.02%
Tulare	189	110	79	100%	15.20%

Figure 11: Summary of the total respondents from each county including healthcare staff, community members and the percent of participants speaking Spanish at home.

<sup>13</sup> Due to an initial low survey response in Madera County, consultants asked the Madera County Department of Public Health to share survey responses that were obtained from participants who completed the paper survey in Spanish, during special outreach efforts within the community. The 135 survey responses in Madera were provided to include in this review of community perspectives.



## Identification of Health Needs

In order to identify the health needs for this CHNA, the joint-hospital community benefit workgroup, led by the report consultant, Leap Solutions, LLC, met with public health officers from each of the four counties to review the information collected from community members and stakeholders. Stakeholders in each county include public health leads, health professionals and community leaders. In addition to reviewing community input, the workgroup and stakeholders delved into the secondary data for the 15 health needs. The community benefit workgroup (see page 26) and health officers reviewed each need based on three criteria:

**State Performance:** Did the health indicator perform poorer than the state baseline?

**Community-Identified Need:** Did community members and stakeholders identify the health indicator as a health need?

**Disproportionate Impact:** Did supporting data show that the indicator impacts certain populations more than others?

The group identified 11 health needs that met the agreed criteria, those needs were:

*(In alphabetical order)*

- Access to Care
- Asthma (Breathing Problems)
- Cardiovascular Disease/Stroke (Heart Disease)
- Diabetes
- Maternal/Infant Health (Infant Mortality)
- Maternal/Infant Health (Teenage Pregnancy)
- Mental Health
- Obesity
- Oral Health
- Substance Abuse
- Violence/Injury Prevention


## Prioritization of Health Needs

Once the 11 health needs were identified using the agreed criteria, the final step in the assessment process required ranking the needs in order of importance. With guidance from the workgroup, consultants reached out to 92 stakeholders in the four counties. Stakeholders were tasked with completing a poll ranking the importance of each health need, based on their particular lens of their county's health status. The following table contains results based on stakeholders' input on the order of importance of each health need in their particular community.

Figure 12 depicts the identified health needs list in order of importance, according to community stakeholders in their respective counties (see page 26).

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

Figure 12: Summary of health needs ranked across all four counties ranked in order of importance by community stakeholders.

 Health need not identified

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

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

## Access to Healthcare

Access to healthcare is defined as “the timely use of personal health services to achieve the best health outcomes”<sup>14</sup>. There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of our patient populations continues to grow, the importance of a healthcare workforce that is culturally effective is essential to achieve access and health equity. The barriers to obtain healthcare services include: a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills.

Figure 13 summarizes key indicators that reflect on residents’ access to care. A key factor impacting the region as a whole is the low rate of primary care physicians in the region, and consequently, the high range of the population that lives within a Health Professional Shortage Area (HPSA). Over a quarter of adults in the region do not have access to a primary care physician. Another factor that exacerbates access to care is the high rate of adults and children that lack insurance. These factors impact rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care.

<sup>14</sup> Healthy People 2020, [www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services](http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

<b>Health Need: Access to Care</b>	<b>CA Average</b>	<b>Fresno</b>	<b>Kings</b>	<b>Madera</b>	<b>Tulare</b>
Rate of Primary Care Physicians per 100,000 residents	72.2	64.0	37.7	46.0	42.5
Population Living within a HPSA <sup>15</sup>	25.18%	81.67%	100%	100%	100%
Preventable Hospitalizations: Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive <sup>16</sup>	45.3	53.1	62.6	49	59.1
Percentage Mothers with Late or No Prenatal Care <sup>17</sup>	18.1%	13.7%	26.2%	26.3%	26.0%
Infant Mortality Rate per 1,000 Births <sup>18</sup>	5	6.3	5.7	5.2	5.6
Percent of Children Without Insurance <sup>19</sup>	7.89%	6.90%	8.10%	9.27%	7.39%
Years of Potential Life Lost, Rate per 100,000 Population <sup>20</sup>	5.6	7.0	6.4	6.7	7.4
Population with No Insurance -Adults	23.91%	26.96%	24.61%	29.78%	28.95%
Percent Adults without Regular Doctor <sup>21</sup>	27.13%	25.05%	27.42%	29.92%	33.48%
Percent Adults Without Any Regular Doctor <sup>22</sup>	27.13%	25.05%	27.42%	29.92%	33.48%
Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)	63.40%	59.50%	69.30%	68.20%	58.70%
Percent Medicare Enrollees with Diabetes with Annual Exam	81.46%	81.99%	73.92%	85.33%	79.99%
Percent Adults with High Blood Pressure Not Taking Medication	30.30%	27.96%	20.81%	19.54%	37.71%

Figure 13: Summary of health indicators associated with Access to Care

## Breathing Problems (Asthma)

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

Figures 14 and 15 provide a summary of the high rates of asthma in the region and the rates of ED visits and hospitalizations due to asthma.

<sup>15</sup> Data Source: US Department of Health & Human Services

<sup>16</sup> Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

<sup>17</sup> Data Source: Centers for Disease Control and Prevention

<sup>18</sup> Data Source: Centers for Disease Control and Prevention

<sup>19</sup> Data Source: US Census Bureau

<sup>20</sup> University of Wisconsin Population Health Institute, County Health Rankings 2014 Source Geography: County

<sup>21</sup> Data Source: Centers for Disease Control and Prevention

<sup>22</sup> Data Source: Centers for Disease Control and Prevention

Health Need: Asthma (CHRONIC DISEASE) <sup>23</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Asthma	14.21%	15.79%	17.34%	16.69%	14.62%
Percent of Children Diagnosed with Asthma	15.40%	21.30%	22.30%	11.50%	10.30%

Figure 14: Summary of the percent of adults and children diagnosed with asthma in the four counties.

Asthma Related ED Visits/Hospitalizations for Children and Adults <sup>24</sup>	ED Visits Children per 10,000		Hospitalizations Children per 10,000		ED Visits Adults per 10,000	Hospitalizations Adults per 10,000
	0 - 4	5 - 17	0 - 4	5 - 17	18 - 64	18 - 64
Fresno	226.0	100.5	42.8	15.4	51.3	8.1
Kings	206.1	116.0	36.9	9.9	73.8	9.7
Madera	248.8	121.4	29.9	9.9	46.2	2.3
Tulare	117.1	57.4	21.8	6.1	41.5	6.5
California	113.2	67.1	22.1	7.8	39.8	5.4

Figure 15: Summary of the ED and Hospitalizations for children and adults in the four counties

### Cardiovascular Disease/Stroke (Hypertension)

Heart disease continues to be the leading cause of death for both men and women in the US. Coronary artery disease is the most common type of heart disease that affects the blood flow to the heart and is associated with risk factors such as high blood pressure, high LDL cholesterol and smoking<sup>25</sup>. According to the CDC, “More than 600,000 Americans die of heart disease each year. That’s one in every four deaths in this country.”<sup>26</sup> In addition, there is growing evidence demonstrating that income inequality, access to economic opportunity and educational attainment have a great impact on the rates of death from heart disease.

<sup>23</sup> Data source: Center for Disease Control and Prevention

<sup>24</sup> Data Source: California Breathing 2012

<sup>25</sup> <http://www.cdc.gov/heartdisease/facts.htm>

<sup>26</sup> CDC: Deaths: Final Data for 2009. [www.cdc.gov/nchs/data/nvsr60n/nvsr60\\_o3.pdf](http://www.cdc.gov/nchs/data/nvsr60n/nvsr60_o3.pdf)

Health Need: Heart Disease <sup>27</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Heart Disease	3.45%	3.70%	3.86%	3.55%	2.70%
Heart Disease Mortality Rate per 100,000	158.4	175.6	187.4	191.5	201.8
Percentage of Medicare Beneficiaries with Heart Disease	26.1%	27.38%	32.83%	29.49%	31.32%
Percent Adults with High Blood Pressure	26.2%	27.8%	31.2%	33.6%	28.8%
Percentage of Medicare Beneficiaries with High Blood Pressure	51.51%	55.01%	58.57%	55.43%	59.41%

Figure 16: Summary of the rate of heart disease in the four counties.

## Diabetes

Diabetes occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose—the body’s primary source of energy. Diabetes will result in elevated blood glucose levels and other metabolic abnormalities that can lead to lowered life expectancy, heart disease, kidney failure, amputations of legs and adult onset blindness.<sup>28</sup>

Health Need: Diabetes (CHRONIC DISEASE) <sup>29</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Diagnosed Diabetes (Age-Adjusted)	8.05%	9%	8.7%	8%	7.4%
Percentage of Medicare Beneficiaries with Diabetes	26.64%	31.37%	32.52%	30.37%	31.83%

Figure 17: Summary of the percent of diagnosed Diabetes in the four counties

## Maternal, Infant and Child Health

Maternal, Infant and Child Health refers to the indicators that capture the health of women during and after pregnancy (anemia, diabetes, hypertension, or postpartum depression) as well as birth outcomes (preterm birth, birth weight, birth defects and sudden infant death syndrome). Figures 18 and 19 provide a summary of Child and Maternal Health Indicators and Birth Outcomes for the four counties.

<sup>27</sup> Data source: Centers for Disease and Control, Centers for Medicare and Medicaid Services

<sup>28</sup> Healthy People 2020 Topics and Objectives: Diabetes See <http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>

<sup>29</sup> Data source: Centers for Disease and Control, Centers for Medicare and Medicaid Services

Health Need: Child and Maternal Health <sup>30</sup>	CA Average	Fresno	Kings	Madera	Tulare
Infant Mortality Rate (Per 1,000 Births)	5	6.3	5.7	5.2	5.6
Percent of Mothers with No or Late Prenatal Care	18.1%	13.7%	26.2%	26.3%	26.0%
Teen Birth Rate (Per 1,000 Population) for women age 15 - 19	23.2	39.0	41.2	41.8	43.5
Percent of Preterm Births	8.8%	10.2%	8.0%	8.1%	9.9%
Percent Low Birth Weight Births	6.8%	7.5%	6.4%	6.4%	6.2%
Kindergartners with all Required Vaccinations	90.4%	95.2%	96.7	93.0%	96.5%
Percent of Children Physically Fit at Grade 9	64.2%	57.7%	59.4%	59.1%	59.4%
Percent of Children Overweight or Obese	38.0%	42.7%	43.5%	44.1%	43.8%
Percent of Children Without Insurance <sup>31</sup>	7.89%	6.90%	8.10%	9.27%	7.39%
Percent of Children Diagnosed with Asthma	15.4%	21.3%	22.3%	11.5%	10.3%
Substantiated Cases of Child Abuse and Neglect per 1,000	8.7	8.4	10.9	8.4	8.1
Median Number of Months in Foster Care	15.2	17.5	13.6	8.6	13.4
Percent of Children Completing High School	80.8%	78.8%	80.3%	79.8%	82.6%

Figure 18: Summary of the Child and Maternal Health Indicators in the four counties.

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

Figure 19: Summary of the Birth Outcomes in the four counties.

## Mental Health

Mental disorders are health conditions that are characterized by alterations in thinking, mood and/or behavior associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.<sup>32</sup>

According to the 2013 California Health Care Almanac, 1 in 20 adults suffer from a serious mental illness, while the rate for children is much higher: 1 in 13. Half of adults and two thirds of children did not get

<sup>30</sup> Data source: US Department of Health & Human Services

<sup>31</sup> Data Source: US Census Bureau

<sup>32</sup> Healthy People 2020 <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

treatment for mental health disorders. One of the factors most often correlated with mental illness is living in poverty.<sup>33</sup>

Health Indicator: Mental Health <sup>34</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percentage of Medicare Beneficiaries with Depression	13.39%	11.36%	14.14%	11.21%	12.23%
Suicide, Age Adjusted Death Rate per 100,000	10.2	8.8	7.7	14.8	10.4

Figure 20: Summary of the rates of suicide in the region and the percent of Medicare beneficiaries with depression

Other challenges to addressing mental health issues are the need for both mental health professionals and facilities to provide behavioral or psychiatric care. The region has few resources to address the mentally ill. Figure 21 highlights the shortage of psychiatric beds and psychiatrists.

	Fresno	Kings	Madera	Tulare
Total Psychiatric Beds Available per 100,000 <sup>35</sup>	8.13	0	6.12	13.97
Psychiatrists per 100,000 people <sup>36</sup>	12.3	6.5	9.2	5.6

Figure 21: Summary of the key resources in the region to serve the mentally ill.

## Obesity

Weight that is higher than a healthy weight for a given height is considered overweight or obese. An individual’s Body Mass Index, or BMI, is used as a screening tool for being overweight or obese.<sup>37</sup> It is estimated that there are roughly 30 comorbid conditions associated with severe obesity. These include diabetes mellitus (occurs in 15% to 25% of obese patients), heart disease, gastroesophageal reflux, stress urinary incontinence, abdominal hernia, nonalcoholic steatohepatitis (NASH) and debilitating joint disease. Obesity is also associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, depression and pseudo tumor cerebri.<sup>38</sup>

<sup>33</sup> California Healthcare Almanac: Mental Health Care in California-Painting a Picture, 2013. See [www.chcf.org](http://www.chcf.org)

<sup>34</sup> Data source: Centers for Disease and Control

<sup>35</sup> Source: “California’s Acute Psychiatric Bed Loss” California Hospital Association, 2012

Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). “The Shortage of Public Hospital Beds for Mentally Ill Persons.”

<sup>36</sup> Ibid. California Healthcare Almanac

<sup>37</sup> Defining Adult Overweight and Obesity. CDC Division of Nutrition, Physical Activity and Obesity See: <http://www.cdc.gov/obesity/adult/defining.html>

<sup>38</sup> Obesity: Prevalence and Risk Factors Cleveland Clinic, March 2013 See: <http://www.clevelandcliniced.com/medicalpubs/diseasemanagement/endocrinology/obesity/>

Health Need: Obesity <sup>39</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults Overweight	35.85%	34.94%	52%	37%	36.50%
Percent Adults with BMI > 30.0 (Obese)	22.32%	28.7%	24.8%	26.6%	29.4%
Percent of Children Overweight or Obese <sup>40</sup>	38.0%	42.7%	43.5%	44.1%	43.8%

Figure 22: Summary of the percentages of overweight and obese adults and children in all four counties.

## Oral Health (Dental Care)

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

Health Need: Oral Health <sup>41</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Poor Dental Health	11.3%	12.0%	8.8%	19.4%	12.2%
Percent of Adults with No Dental Exam	30.5%	39.0%	36.0%	28.9%	37.2%
Children aged 2 -11 who saw a dentist 6 – 12 months ago <sup>42</sup>	23.9%	23.7%	5.9%	29.4%	7.5%

Figure 23: Summary of the percent of adults with poor dental health and those with no dental exam in the last 12 months and children age 2 -11 who saw a dentist 6 – 12 months ago.

## Overall Health

Overall Health is defined by the World Health Organization as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”<sup>43</sup>.

Health Indicator: Overall Health <sup>44</sup>	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Poor or Fair Health (Age-Adjusted)	18.4%	23.4%	26.9%	31.1%	24.6%

Figure 24: Summary of the percent of adults in each county who self-report poor or fair health.

<sup>39</sup> Data source: Centers for Disease and Control

<sup>40</sup> : Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th- and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files.

<sup>41</sup> Data source: Centers for Disease and Control

<sup>42</sup> Data Source: UCLA Center for Health Policy Research, California Health Interview Survey. Accessed at <http://www.chis.ucla.edu/> (Aug. 2013).

<sup>43</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

<sup>44</sup> Data source: Centers for Disease and Control



## Substance Abuse

Substance abuse, also referred to as “substance use disorder,”<sup>45</sup> is defined as a dependency on mind and behavior altering substances. It is associated with family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime. The health impact of substance abuse can lead to several negative health outcomes such as: cardiovascular conditions, sexually transmitted diseases and HIV.<sup>46</sup>

Health Indicator: Substance Abuse <sup>47</sup>	CA Average	Fresno	Kings	Madera	Tulare
Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.2%	16.8%	14.0%	14.7%	18.2%
Percent Population Smoking Cigarettes (Age-Adjusted)	12.8%	13.5%	12.6%	13.6%	14.3%
Percent Adults Ever Smoking 100 or More Cigarettes	36.95%	31.27%	31.01%	37.81%	31.35%

Figure 25: Summary of the percent of adults drinking and smoking excessively in all four counties.

## Violence/Injury Prevention

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

Health Indicator: Violence/Injury Prevention <sup>48</sup>	CA Average	Fresno	Kings	Madera	Tulare
Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)	28.5	38.4	37.5	41.3	35.4
Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)	7.9	13.2	13.9	18.2	13.2
Pedestrian Motor Vehicle Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)	2.0	2.5	2.0	2.7	2.6
Homicide, Age-Adjusted Death Rate (Per 100,000 Pop.)	5.1	7.4	5.7	5.8	7.9

Figure 26: Summary of the rate of accidental injury and homicide for all four counties.

<sup>45</sup> Mental Health and Substance Use Disorders See: <http://www.mentalhealth.gov/what-to-look-for/substance-abuse/>

<sup>46</sup> Healthy People 2020 Topics. See: <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse>

<sup>47</sup> Data source: Centers for Disease and Control

<sup>48</sup> Data source: Centers for Disease and Control, US Department of Transportation

The CHNA includes a wide range of other health indicators. Several of note are included here.

**Infant mortality** rates in Fresno and Kings Counties exceed the statewide rate.

#### **Lifestyle choices**

- Tobacco use in Fresno and Tulare Counties exceed the statewide rates.
- The number of adults in Fresno and Tulare Counties who report heavy alcohol use exceed the statewide rates.
- Fresno and Madera Counties report chlamydia rates in excess of the statewide rates.
- All four counties exceed the statewide rates of childhood immunizations.

**Stakeholder interviews** were conducted in all four counties with a wide range of community leaders, interested community members, tribal representatives, healthcare professionals, public health leaders and others. From those interviews, the strongest message of encouragement in all four counties was the increased collaboration between hospitals, health departments and community organizations to meet the community healthcare needs.

#### **Recommendations for Action:**

Upon reflection of the CHNA results, the Community Benefits hospital workgroup identified several recommendations for consideration by each hospital as they pursue individual strategic plans.

1. Strengthen collaboration among hospitals, other healthcare providers and community resources to improve service coordination, access to care and preventative health services.
  - a. With respect to specific health needs and priorities, identify ways for hospitals to collaborate with existing obesity prevention initiatives in the region. Link patients to these programs and develop a coordinated and culturally sensitive program to serve patients.
  - b. Implement more formal and consistent avenues to share “best practices” that address key health needs so that successful community resources and programs can be duplicated, leveraged and aligned.
2. Encourage hospitals to lead by example on employee wellness initiatives for weight-loss programs, smoking cessation, exercise and nutrition.
3. Strengthen and identify new opportunities to develop future healthcare workforce assets in the region, from supporting efforts in middle and high school to medical residency/medical education initiatives.

## **V. Meeting Community Needs: Signature Contributions**

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Community Medical Centers' efforts to improve the health status of our community are varied and wide-ranging, from sophisticated medical research programs that help us to more fully understand the Valley's unique health needs to home visits for asthma patients and medical respite services for homeless patients. The Community Health Needs Assessment helps provide us with a "roadmap" for our community efforts.

The needs of the Valley are many, the resources to meet those needs are limited, but the compassion to meet the needs of our patients every day is unmatched. Below is a snapshot of Community's signature community benefit programs.

### **1. Improving Access to Care: Increasing Physician Supply Through Medical Education**

Since 1996, Community Medical Centers has enjoyed a strong partnership with the University of California, San Francisco Fresno Medical Education Program. UCSF Fresno was established in 1975 to help address the need for physicians in the region. As a result of the partnership, Community currently has more than 280 residents training in eight specialties and one dental oral maxillofacial surgery residency 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.

UCSF Fresno provides training in 18 fellowships: acute care surgery; 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; and wilderness medicine.

UCSF Fresno has eight medical residency programs: emergency medicine; family and community medicine; internal medicine; obstetrics/gynecology; orthopaedic surgery; pediatrics; psychiatry; and surgery. UCSF Fresno also has a dental oral and maxillofacial surgery residency program. UCSF Fresno also provides training in three physician assistant residency programs, including acute care trauma; emergency medicine and orthopaedic surgery.

Nearly 50% of graduating residents stay in the San Joaquin Valley to practice medicine, making this program a critical pathway to address the region's access to care issues detailed in this report.

As part of the robust medical education program, there is a very active research component with 210 research studies conducted at Community campuses, involving Community patients and/or patient data. Many of these focus on the unique health needs and challenges of the Central Valley. Studies conducted by Community and UCSF researchers consist of a wide array of scientific inquiries including Valley Fever, the link between pesticides and disease, and pre-term birth among vulnerable populations including Hmong, Latinos and African Americans.

### **2. Improving Access to Care: Helping Complex Patients Connect to Services**

Community continues to seek creative solutions and partnerships that offer health benefits for the Valley's most challenging patients. We have increasingly focused on patients who have barriers in managing their healthcare and as a result, repeatedly use the emergency department for their care.

Community Regional Medical Center's *Community Connections* provides team-based interventions for vulnerable patients. The program identifies patients that require linkage to care via referrals from Community Regional, Fresno County Emergency Medical Services, American Ambulance and Community Regional's diabetes, chronic lung and congestive heart failure medical homes. These patients often face difficulty in managing their health due to lack of primary care, lack of insurance, alcohol/substance abuse, mental health issues, homelessness, and/or lack of resources and support.

The *Community Connections* team works alongside doctors, nurse practitioners, nurses, master-level social workers, and other community agencies and organizations to find support for patients. Patients receive a psychosocial assessment that informs an individualized care management plan. The program's outreach specialists ensure patients comply with medication instructions, medical office visits and if needed, secure transportation to and from appointments. In Fiscal Year 2017-2018, *Community Connections* provided intense case management for nearly 70 patients and a total of 176 in-person patient interactions.

*Community Connections* offers the following:

- Comprehensive assessment, support including multidisciplinary home visits for high-risk patients
- Intensive outpatient case management for high-risk patients
- Screenings for depression and referrals to appropriate services, as needed
- Linkages to community and social services, including but not limited to medical services, housing, substance/alcohol abuse treatment, mental health treatment, medical insurance facilitation, and financial assistance programs
- Home and community visits to assess patient needs and to provide support
- Attending appointments with patients to provide support
- Health promotion and disease self-management education
- Clinical Interventions

Community's electronic health records assist social workers in tracking patients' progress through the entire care continuum. Additionally, social workers and outreach specialists go into the community to track the health needs of homeless patients, focusing on the patients' primary care needs and other immediate needs in efforts to avoid medically unnecessary emergency department visits and to help patients improve their quality of life.

### **3. Partnering with a Federally Qualified Health Center at Community's Downtown Campus**

In order to increase access to care for low-income, vulnerable populations, Community Medical Centers partnered with Family Health Care Network (FHCN), the nation's 7th largest federally qualified health center to expand outpatient primary and specialty care services. In June 2018, Family Health Care Network took over operations at Community Regional's Deran Koligian Ambulatory Care Center—including general pediatrics, Special Services (HIV/AIDS), surgical services, dental, eye, women's, family and adult practice, internal medicine, disease management and Prompt Care clinics. The partnership's primary goal is to improve timeliness of preventative care and reduce the number of patients who receive primary care-level services in the Emergency Department. The partnership between Community and FHCN provides vital healthcare services to families living in Southwest Fresno—one of the city's most socio-economically disadvantaged areas. As a federally qualified health center, FHCN provides healthcare services to patients that are uninsured or underinsured. Over time, patient visits to the FHCN clinics on the Community Regional campus are expected to double.

#### **4. Caring for Vulnerable Populations: Fresno Medical Respite Center**

Community helped establish the Fresno Medical Respite Center in July 2011. The center currently provides eight beds for homeless men and beds for women on an as-needed basis at the Fresno Rescue Mission in downtown Fresno.

The respite center provides a 'safe discharge' place for the homeless to continue their recovery. The center's aim is to demonstrate cost savings to participating hospitals by reducing the patient's length of stay due to lack of safe discharge alternatives. Research indicates that homeless patients tend to stay 4.5 days longer in hospitals following an inpatient stay than patients with social support mechanisms.

In order to provide respite care to patients with slightly higher acuity, as of June 2016, Community Regional's home health clinical staff and case management began providing the center's patients with coordinated healthcare and linkages to social and community resources. In Fiscal Year 2017-2018, Community Regional contributed \$102,000 to the Medical Respite Center collaborative effort which provided continuing care to 150 patients and saved nearly 1,700 hospital in-patient days. Since the center's opening in 2011, Community has contributed more than \$432,000 in funding to support the work of the center.

The Fresno Medical Respite Center will continue to offer care and services to homeless patients from all local area hospitals.

#### **5. Chronic Disease: Diabetes**

##### **Diabetes Care Center**

The Community Diabetes Care Center (CDCC) serves Fresno and five nearby counties, providing services to patients at two locations: the downtown Community Regional campus and the county health offices in south central Fresno. The CDCC county health site provides services to a high concentration of Spanish-speaking patients. The center is the only American Diabetes Association-recognized education program in Fresno County and cares for a high percentage of patients who would otherwise be unable to receive diabetes self-management education.

The CDCC is accredited as one of three *Sweet Success* affiliates in Fresno County with registered nurses, registered dietitians and certified diabetes educators. *Sweet Success* provides pregnant women with diabetes education on nutrition, psychosocial health, exercise and breastfeeding. CDCC also continues to provide self-management programs for non-pregnant patients. Self-management education classes for both pregnant and non-pregnant patients are available in both English and Spanish.

Many of the center's clients are pregnant women who have restricted or managed Medi-Cal with limited visits. The staff educates women and their families on healthy eating habits and controlling diabetes during pregnancy. Last year the CDCC provided diabetes management education and services to 1,600 patients, with over 8,000 visits— 68% of these patients were covered by Medi-Cal.

The staff includes five certified diabetes educators, three medical office assistants and one medical assistant.

The center's staff participated in :

- Monthly training for the California Diabetes and Pregnancy Program Sweet Success program
- Monthly Diabetes Hands-On Training for UCSF Fresno Medical Education students, family health and internal medicine interns, residents and faculty
- Diabetes Medication Management Clinic at Community Regional's Ambulatory Care Center providing patients with medication support to improve blood glucose levels—program is under Family Health Care Network as of April 2018
- Medical resident teaching
- Fresno Community Health Improvement Partnership's Diabetes Collaborative as a healthcare partner

### **Diabetes & Chronic Disease Medical Homes**

The Diabetes Medical Home at Community Regional's Ambulatory Care Center was established in April 2012 to provide primary care to patients with diabetes. The program provides a patient-centered, team-based approach for treatment of patients with a hemoglobin A1C of 7.0 or above and who frequently visit the emergency department. The diabetes medical home team is led by a medical director and staffed by a nurse practitioner, registered nurse, medical assistant, social worker and outreach specialist. The medical home team aims to improve patients' quality of life through teaching them self-management. Patients in the diabetes medical home receive customized care and services that include medication support, transportation to and from clinical visits, diabetic medical equipment support, glucose monitor education and nutrition education classes. In Fiscal Year 2017-2018, Community Regional's diabetes medical home provided clinical care and support services to 167 patients—60% of these patients were covered by Medi-Cal.

The Diabetes Medical Home provides patients with information on nutrition and physical activity and is part of Community's response to the "Obesity and Physical Activity" identified health need. In Fiscal Year 2017-2018, more than 1,600 patients participated in Community's Diabetes Education program with close to 6,000 encounters.

Community Regional created two additional medical homes aimed at providing a team-based approach to primary care for patients with complex chronic heart failure and chronic lung disease. These medical homes also are overseen by medical directors and staffed by nurse practitioners, registered nurses, clinical pharmacists, social workers and outreach specialists. The medical home model provides patients with customized care coordination that includes transportation to and from appointments, bilingual after hours support by specially trained staff, bilingual support groups as well as a walk-in clinic.

In Fiscal Year 2017-2018, Community Regional's medical homes provided care to 1,450 patients—45% of these patients were covered by Medi-Cal. In Fiscal Year 2017-2018, Community Regional's Chronic Disease clinic patients had nearly 7,000 encounters.

As of June 2018, Community Regional's Chronic Disease Programs have transitioned to Family Health Care Network.

## **6. Mental Health**

The 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 the community and perhaps none more than Community's emergency rooms at both acute care campuses. Skyrocketing 5150 calls led to a strong hospital advocacy effort over the last few years and Community is a leader in that effort.

Community Regional and Clovis Community emergency departments continue to offer crisis intervention through case management and 5150/1799 "involuntary hold" protocols in conjunction with Fresno County Department of Behavioral Health. Community Regional's case managers coordinate care with Community's Behavioral Health Center and Fresno County's Behavioral Health services as well as connect patients to social services. In Fiscal Year 2017-2018, Community Regional's Emergency Department received nearly 4,500 patients placed under involuntary holds requiring case management services—490 of these, or 9% were pediatric patients. Clovis Community's Emergency Department received 660 patients under involuntary mental health holds—130 of these, or 20% were pediatric patients under mental health holds.

Community Medical Centers has been an active and engaged partner in the 'Community Conversations on Mental Health' collaborative to look at ways to deliver mental health services more effectively and to more people.

The Community Conversations collaborative helped deploy and expand a County Behavioral Health screening tool which identifies vulnerable individuals and families to connect them to appropriate community resources. Fresno County's 'Multi-Agency Access Program' or MAP screening links those in need to housing, substance abuse treatment, mental health, healthcare, veteran's services and other resources. The nearly 80-question screening captures immediate and long term needs. MAP point locations include eight sites in urban and rural Fresno County as well as a mobile truck serving rural areas. Since April 2017, MAP has served nearly 10,000 households, provided over 8,000 linkages and received nearly 20,000 calls for assistance. Prior to the opening of the first MAP Point, this 'one stop' was often Emergency Departments.

Community Regional participated as a non-funded partner in the collaborative aimed to expand MAP sites. Collaborative partners include Kings View, Centro La Familia and Poverello House. Since opening a MAP site at the Deran Koligan Ambulatory Care Center in November 2017 on the Community Regional campus, more than 160 individuals and families have received assistance.

## **7. Special Services: HIV Care**

In Fiscal Year 2017-2018 Community's Special Services Center provided medical care and support services to 1,155 HIV/AIDS patients from five Central Valley counties. The center, housed in the Deran Koligan Ambulatory Care Center, is one of two locations serving pediatric HIV/AIDS patients in the Central San Joaquin Valley.

Community Special Services' program included:

- Membership in the Community Action Council — a group seeking to provide coordinated care to those at-risk, infected or directly affected by HIV/AIDS in Fresno County

- Serving as a partner and liaison to Fresno County Housing Authority’s Shelter Plus Care Program providing rental assistance to disabled, homeless individuals with HIV/AIDS, mental disorders or substance use problems
- Developing a comprehensive HIV/AIDS surveillance, prevention and care plan for California as a member of the state’s planning group under the leadership of the U.S. Centers for Disease Control (CDC), the California Department of Public Health and the Office of AIDS
- Serving as a site for the California Medical Monitoring Project, a CDC-led effort collecting information on HIV patient needs and services
- Collaborating with area hospitals to link patients to care
- Coordinating with Clinica Sierra Vista to provide patients linkages to the Housing Opportunities for Persons with AIDS program
- Providing social work and nursing support at CSU Fresno's Student Health Center
- Collaborating in 25 Cities and Oasis initiatives — national and local efforts to link veterans and the chronically homeless to medical care and housing
- Participating in Annual AIDS Walk and World AIDS Day events
- Providing eligible patients with at home visits from a social worker and certified enrollment counselor to assist in healthcare plan enrollment
- Providing updated HIV/AIDS education and treatment options to Fresno State Health Center employees

## **8. Meeting Language Needs of a Diverse Community**

Community Medical Centers serves a culturally and linguistically diverse region where more than 60 languages are spoken. A patient’s ability to understand and to be understood is an essential patient right.

Interpreter services are provided at Community facilities 24 hours a day, seven days a week. Community relies on certified in-house interpreters, interpreters from the Health Care Interpreter Network (HCIN), American Sign Language (ASL) services, and the Language Line, which has 3,000 interpreters and 270 available languages by phone and video interface.

Employees called “Bilingual Communicators” volunteer to help patients and families with non-medical-related questions in their native language. Bilingual employees wear a special employee badge to indicate to patients and visitors which additional languages they speak. Languages spoken by these employees include Spanish, Hindi, Hmong, Punjabi, Farsi, Vietnamese and Tagalog. Community has approximately 300 identified bilingual employee volunteers participating.

In 2009, Community Regional joined HCIN, a cooperative of California hospitals and healthcare providers sharing a network of trained healthcare interpreters. They provide language services to member facilities through an automated video/telephone call center system. HCIN is now a national program, with Community supplying interpreter services and receiving assistance from healthcare providers around the country. In Fiscal Year 2017-2018, Community Regional registered over 43,000 calls through its contracted vendors and 10,260 video calls over ‘Interpreter on Wheels’ video monitors.

Video conferencing devices and telephones throughout each hospital connect, often within a minute, to an interpreter on the HCIN system, either at Community Regional or at one of the participating network



hospitals. Cordless interpreting phones and video units are available 24/7 for all languages.

Community Regional currently has five full-time and two per-diem Spanish interpreters, one full-time Hmong and Lao interpreter, one part-time Hmong interpreter and one full-time Hindi/Punjabi interpreter. From September 2017 to August 2018, nearly 2,800 in-person interpreting sessions were conducted by Community Regional language professionals—including 75 American Sign Language sessions.

Clovis Community has two on-site Spanish-language interpreters and also uses the Health Care Interpreter Network (HCIN).

In June 2016, 22 iPads were purchased to better serve patients needing interpretation. These devices were added to the 23 video units currently in use to facilitate patient interpretation to Community Regional patients and families.

Monthly rounding on hospital floors by interpreter services staff is done to ensure that staff members understand the policies and procedures related to requesting an interpreter. A Community Regional intranet site was developed to provide information about how to access an interpreter. In addition, an interpreter services presentation is included as part of Community's new employee orientation. Interpreter services also offers in-house translation services and translation of documents in Spanish and English. Community is not reimbursed for providing language-access services.

## **9. Spiritual Support**

Community Regional Medical Center's Chaplaincy Services continues to provide nondenominational, interfaith spiritual and emotional support to patients, patients' families and employees.

Community Regional chaplains provided grief support, sense-making and prognosis acceptance as well as counseling and encouragement to patients and loved ones. Spiritual support and counseling for staff is also a key service provided by chaplains. Chaplain support teams have led debriefing sessions with clinical staff after traumatic incidents.

Chaplain Services is a leader in the education and mentoring of future pastors and pastoral care providers by serving as a clinic site for the Clinical Pastoral Education (CPE) Program of Central California. During the 2017-2018 fiscal year, Community Regional's Chaplaincy program hosted two interns completing CPE units towards their 2018 graduation. Both graduates were hired by local area hospitals.

Chaplain leaders continue to serve on the CPE's leadership board and professional advisory group. Members of the chaplaincy team continue to serve on the hospital's Ethics Committee and have contributed to decisions touching on moral, legal and spiritual issues. Chaplains continue to assist in formulating hospital policies related to end-of-life care.

Last fiscal year, Chaplaincy Services provided Community's patients, free of charge:

- 1,000 rosaries to patients
- 450 English-language Bibles

- 500 New Testaments with large front
- 525 Spanish-language New Testaments
- 180 Guidepost Magazines
- 1,000 Our Daily Bread copies
- 500 English-language Our Daily Living Catholic devotional booklet
- 500 Spanish-language Our Daily Living Catholic devotional booklet
- 500 copies of additional literature and devotionals
- 48 copies of Qur'an

## 10. Trauma and Injury Prevention

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

Since 2015, a full-time injury prevention specialist joined Community Regional's trauma staff. The injury prevention specialist identifies the most common mechanisms of injury and death seen at the trauma center by using the hospital's trauma registry. This position helps identify the root causes and contributing factors such as drug and alcohol abuse and behavioral health problems. Through education and environmental modification, the injury prevention specialist works to reduce the incidence of injury, disability and death due to trauma.

During Fiscal Year 2017-2018, the Trauma Prevention team provided bilingual information to more than 1,000 residents including youths, parents, adults and older adults during a dozen community events. These events were held in elementary schools, public housing complexes, senior centers, commercial spaces and public parks. Public awareness campaigns led by Community Regional included: fall prevention, child passenger safety, teen driver safety, bicycle and pedestrian safety, gang and gun violence, and water safety.

Community Regional funded and hosted *Matter of Balance* training in partnership with MaineHealth. The curriculum aims to help older adults manage fear of falling in order to strengthen physical endurance to ultimately lessen the risk of falling. Community Regional contributed \$20,000 to help fund the *Matter of Balance* training. The training event held in May 2018, educated a dozen master trainers on the evidence-based curriculum. The training event helped ensure that the program will be available to residents in Fresno, Kings, Kern and Tulare Counties. Partners that participated in the training included California State University Fresno, Kaweah Delta Medical Center, Dignity Health, Mercy and Memorial hospitals.

To educate and promote injury prevention, the Trauma team provided 19 no-cost child car seats and boosters to low-income patients discharged from Community Regional's Emergency, Postpartum, and Pediatric departments. The team also has donated over 900 pieces of pedestrian safety equipment to local organizations including the Poverello House, West Care and the City of Fresno's Parks and Recreation department.

Community Medical Centers is leading efforts to educate the public in cases of serious accidents or gunshot wounds through the national 'Stop the Bleed' campaign and curriculum. Stop the Bleed aims to help the public provide immediate care in case of a mass shooting or large scale emergencies. Training sessions are led by a registered nurse working with Community's Trauma program and/or a Trauma surgeon. The hands-on

sessions consist of tourniquet placement and emergency wound intervention. In Fiscal Year 2017-2018, Community's trauma prevention program provided 59 'Stop the Bleed' sessions to nearly 3,000 people across the Central Valley. Training sessions were held in area schools, non-profit organizations and businesses.

Community Regional's trauma and injury prevention team members serve as collaborative partners in several cross-sector efforts including: Hope Coalition, Binational Health Collaborative, Fresno Violence Intervention Program, Fresno County Pediatric Death Review Committee, Central Valley Opioid Safety Coalition, California Health Collaborative's marijuana prevention initiative, Safe Kids Central California, Bicycle Pedestrian Advisory Committee, Kings County Partnership for Prevention and Fresno Police Department Violence Intervention.

## **11. Community Building Activities**

Community Medical Centers' management and Board of Trustees acknowledge that meaningful and lasting positive change in the region's identified health needs requires wide-reaching collaboratives and interventions. Recognizing that health cannot be achieved by one sole entity, Community has joined and participated in several community-wide health initiatives and activities, including:

### ***Fresno Community Health Improvement Partnership***

Community joined the Fresno Community Health Improvement Partnership (FCHIP) leadership team in January 2017. The FCHIP steering community provides guidance and direction for its five workgroups that include the Diabetes Collaborative, Fresno Food Security Network, Health Literacy & Empowerment, Land Use & Planning, Adverse Childhood Experiences and the Fresno County Tobacco Coalition. FCHIP is currently refining goals and metrics towards its 10-year Health Improvement Plan.

### ***Fresno Diabetes Collaborative***

Since December 2016, Community has led Fresno Community Health Improvement Partnership's Diabetes Collaborative workgroup. The Diabetes Collaborative, one of FCHIP's five workgroups, aims to increase awareness and access to local resources for prevention and treatment of diabetes. The collaborative engages a broad group of community partners including healthcare providers, public health, clinics, health educators and health plans.

The Diabetes Collaborative is made up of three teams—youth initiatives, diabetes prevention and communications. In honor of International Diabetes Day, on November 14, 2017, the collaborative's communications team wrote, produced, directed and filmed a 1:30-minute video in English and Spanish encouraging the public to start a physical activity routine. The message was launched via social media and [www.fresnodiabetes.org](http://www.fresnodiabetes.org). It featured the Fresno Diabetes Collaborative's physician champion, Dr. Jesus Rodriguez, a UCSF-trained primary care doctor.

In August 2018, the Diabetes Prevention Program (DPP) team hosted the *Central Valley Diabetes Symposium* to provide information on diabetes prevention programs to physicians and healthcare practitioners. The event provided continuing medical education credits to 14 physicians and 54 allied professional healthcare workers. Topics of discussion included equity in care for diabetic patients including probing institutional racism, intergenerational trauma and implicit bias. Providers also learned about the link between heart health and diabetes—how to reduce risk and optimize outcomes. The symposium was a joint partnership of the Fresno Diabetes Collaborative, Fresno Madera Medical Society, Central Valley Chronic Disease Partnership and Fresno County Department of Public Health.

The communications team has led efforts to increase community wide awareness of diabetes prevention and treatment programs in Fresno County. The re-designed site, [www.fresnodiabetes.org](http://www.fresnodiabetes.org), provides information in English and Spanish of all relevant programs provided by collaborative partners. In March 2017, Community Medical Centers' information systems staff led re-design efforts and website management activities.

A UCLA Center for Health Policy Research study in 2016 found that pre-diabetes rates in Fresno County are at 49%. Over the next 10 years, the Diabetes Collaborative aims to achieve a 10% decline in pre-diabetes rates in Fresno County.

#### ***Clovis Unified School Suicide Prevention Programs***

In February 2017, Community Medical Centers provided a \$100,000 contribution to the Foundation for Clovis Schools for mental health programs aimed at Clovis Unified students from K-12. Efforts to address social emotional issues among the district's youth are in response to increased mental health involuntary holds among the area's youth.

The funding provided by Community assisted in training 2,000 Clovis Unified School District staffers including school psychologists, all 7<sup>th</sup>- 12<sup>th</sup>-grade teachers as well as support staff such as bus drivers, elementary aids and childhood development leads on social-emotional wellness, depression and suicide warning signs. The training programs will impact over 700 elementary students and 3,000 high school students from Buchanan, Clovis West and Clovis East Schools. Community's funding helped augment programs to ensure all district schools received the necessary adolescent mental health training.

#### ***Birney Elementary School's Career Day at Community Regional***

In October 2017, Community Regional Medical Center hosted 25 sixth graders from Birney Elementary's Birney Bears program. Birney, a Fresno Unified elementary school, is located in the heart of the City of Fresno. A majority of Birney students are Latino and Southeast Asian and more than 90% receive free or reduced school meals, an indication of poverty. The school's Birney Bears program motivates students to achieve literacy, physical activity and positive character goals. The program rewards top students with the opportunity to participate in Community Regional's Career Day field trip.

The goal of Community Regional's Career Day is to motivate students by exposing them to different professional roles and hands-on experience. Not only did students tour traditional healthcare areas such as the operating room, radiology and the emergency department, but the Birney Bears were also able to learn about administrative jobs, as well as nutrition and food service.

In Fiscal Year 2017-2018, Community Regional donated \$9,000 in sports equipment supporting Birney Bear's physical activity initiatives. Community also contributed \$1,200 in books for the school's reading program. In order to support the student learning in the classroom setting, Community donated \$10,000 in educational technology.

#### ***'Walk with a Doc' Event***

On November 4, 2017, the Fresno Diabetes Collaborative partners hosted a community event in Southeast Fresno's Vang Pao Elementary School. The "Walk with a Doc," free community event provided no-cost blood glucose, blood pressure, cholesterol and body mass index screenings by CSU

Fresno's Health on Wheels bus. Participants who did the on-site screenings received one-on-one information about their results during a quarter mile walk with the collaborative's physician champion, Dr. Jesus Rodriguez. Other area partners that participated in the event included Fresno Madera Medical Society, California Health Sciences University, Every Neighborhood Partnership, Community Food Bank, and Fresno County Public Health Department.

***Birney Elementary 'Read Across America Day'***

In an effort to promote literacy in honor of Dr. Seuss, 25 members of Community administrative and leadership team participated in 'Read Across America' day at Birney Elementary. On March 2, 2018, each Community team member attended a Birney classroom and read a pre-selected book to students and shared a bit about their own love of reading. The activity's goal was to promote a love of reading among students from preschool to sixth grade.

***Fresno Unified School District 'Hospital Day' at Community Regional***

In August 2018, Community Regional Medical Center hosted 25 high school students from Fresno Unified School District's Medical Pathway program. Students participated from several area high schools including Edison, McLane and others.

The 'Hospital Day' tour was a collaborative effort led by the Hospital Council of Northern and Central California to motivate students who might not otherwise have the opportunity to be exposed to health-related jobs. Not only did students tour the traditional healthcare areas such as the operating room, radiology and the emergency department, Fresno Unified students also learned about nutrition and food services.

***West Fresno Family Resource Center's School Backpack Distribution***

In August 2018, Community Medical Centers participated as a collaborative partner providing 'back to school' backpacks and school supplies for Southwest Fresno children. The annual activity, hosted by West Fresno Family Resource Center, provides 1,000 backpacks to area children. Community Medical Centers contributed \$1,500 towards this effort.

***Fresno County Economic Opportunity Commission's Mobile Meal Bus***

In an effort to address poverty and food insecurity faced by children during summer months and school breaks, Fresno Economic Opportunities' Commission (EOC) led an effort to refurbish a bus to serve children ages 1-18 living in motels along Central West Fresno. The area, known as Motel and Parkway Drive is home to transient youth and children living in entrenched generational poverty, who in many instances depend on school meals. During breaks, the majority of these children may go hungry.

In order to support Fresno EOC's effort to provide government-issued meals to these children, for both breakfast and lunch, Community Regional provided \$25,000 in a collaborative community effort towards a capital funding goal of \$90,000. Other community investors include Fresno County Office of the Superintendent, local hospitals and private donors. The first meals were distributed during the December 2018 holiday school break.

***Neighborhood Latin Dance***

Community Medical Centers provided Every Neighborhood Partnership with an \$11,000 contribution towards its Neighborhood Latin Dance Fitness program. The program, kicked off July 2018 after a

series of community meetings with Southeast and Southwest Fresno neighborhood parents, local non-profit organizations and healthcare providers. In seeking physical fitness opportunities, parents expressed the need to exercise in safe spaces with an ongoing schedule. The group decided to seek funding for a program that trained leaders to become dance class instructors for their neighbors. Program funding helped pay for a trainer to teach Latin dance routines to neighborhood leaders and to purchase speaker systems for the sites. Program participants shared that the dance sessions have resulted in increased self-esteem, a sense of community, and some have even reported weight loss.

After four months, the program is available at 11 Fresno Unified School sites and one community center. A total of 40 neighborhood leaders have been trained to lead Latin dance classes. Class attendance is between 6 to 30 participants per session. Weekly, one-hour dance sessions are held from Monday to Saturday.

## VI. Community Benefit Inventory

The following inventory of community benefit activities includes programs, services, and other unique resources provided by physicians and staff of Community Medical Centers.

Community Benefit	Notes
<p>Chronic Kidney Disease: dialysis; <i>Options</i> program for patients and their families</p>	<p>Community Medical Centers is among the largest providers of dialysis services in the Central Valley, annually serving over 48,000 patients. Community offers an education and support program, <i>Options</i>, to patients with chronic kidney disease.</p> <p>Community Regional participates in the National Kidney Foundation’s KEEP Healthy community-based initiative to educate the public about kidney health, risk factors and steps to reduce risk.</p> <p>In December 2017, volunteers and employees from Clovis Community Dialysis Center and Community Regional’s Outpatient Dialysis Center teamed up with the National Kidney Foundation, Fresno’s Mexican Consulate and Family Health Care Network to inform Latino, Spanish-speaking patients about renal failure risks including diabetes and high blood pressure. Participants received on-site kidney screenings, body mass index, blood pressure checks and kidney health information. The event served 120 participants.</p>
<p>Public Education- Clovis Community Medical Center’s <i>Health Quest</i> series Fiscal Year 2017-2018 Included:</p> <ul style="list-style-type: none"> <li>Concussion Awareness</li> <li>Laughter as Medicine</li> <li>Alzheimer’s</li> <li>Stop the Bleed—Trauma Intervention</li> <li>Heart Health</li> <li>Menopause</li> <li>Incontinence</li> <li>Skin Cancer</li> <li>Diabetes</li> <li>Teen Mental Health</li> <li>Eye Health</li> </ul>	<p>Community offers many education and outreach programs, on topics ranging from breast cancer awareness to injury prevention and concussion awareness. For example, Clovis Community Medical Center’s <i>Health Quest</i> series provided monthly lectures attended by nearly 2,000 people annually.</p>

<p>Public Education- <i>MedWatch Today</i> television series</p>	<p>In an effort to increase public awareness of timely health topics, Community Medical Centers produces a weekly television show, <i>MedWatch Today</i>. The series features topics that include bicycle, child care seat, and fire safety, as well as health information on healthy eating, exercise, diabetes prevention and management and many others. The show airs Saturdays on Channel 24 and Sundays on Channel 47.</p> <p>In Fiscal Year 2017-2018, <i>MedWatch Today</i> produced and broadcast 15 segments that addressed diabetes education and prevention, mental health awareness, obesity prevention and asthma.</p>
<p>Health professional student support, including rotations, mentorships, shadowing, preceptorships in the following areas:</p> <ul style="list-style-type: none"> <li>Inpatient dialysis</li> <li>Clinical Pastoral Education Program</li> <li>Pharmacy residents</li> <li>Cardiovascular progressive care unit</li> <li>Radin Breast Care Center</li> <li>Nursing</li> <li>Physical Therapy/Rehabilitation</li> <li>High school ROP students</li> <li>Surgical technicians</li> <li>Radiology technicians</li> </ul>	<p>Community Medical Centers is the largest provider of health professional student clinical rotations, experiences, observations, internships and preceptorships in the Central Valley. Community participates in a shared Computerized Clinical Placement System (CCPS) with hospitals and two- and four-year colleges and universities from across the Valley to ensure maximum utilization of our clinical learning opportunities and the best learning experiences for the Valley's future workforce.</p>
<p>Mother's Resource Center (MRC)</p>	<p>Community is a champion of breastfeeding education for mothers-to-be and support services for new mothers throughout the Central Valley. Services range from prenatal breastfeeding education to outpatient consults following delivery.</p> <p>In Fiscal Year 2017-18, the Mother's Resource Center provided more than 11,000 inpatient breastfeeding consultations by International Board Certified Lactation Consultants. Additionally, over 300 consultations were provided antepartum/high risk expectant mothers including education support and encouragement as they awaited delivery.</p> <p>The Center provided 500 breastfeeding consultations. These consultations provide ongoing breastfeeding support to the underserved families.</p>



	<p>Our 3M Club (Mommies Making Milk) had more than 650 participants for the fiscal year for our moms whose babies were in the NICU. This Club has a huge influence on the health and longevity of breastfeeding for our smallest patients.</p> <p>Since June 2017, the Center hosts a breastfeeding class offered in both English and Spanish. The class has offered support and education to over 30 new parents.</p>
<p>Organ Donation</p>	<p>Since 2009, more than 750 organs as well as tissue have been transplanted from Community Regional Medical Center donors, helping to save and heal the lives of nearly 1,750 Valley patients.</p> <p>In 2018, Community Regional received the Health Resources &amp; Services Administration’s (HRSA) Platinum Award as part of its Workplace Partnership for Life initiative. The Platinum Award, the highest honor given by HRSA, recognizes outstanding voluntary efforts by hospitals and transplant centers to educate staff, patients, visitors and community members on the critical need for organ, eye, and tissue donors. Community Regional was one of 35 hospitals to receive the distinction among 175 northern California and Nevada facilities in Donor Network West’s service area.</p> <p>In Fiscal Year 2017-2018, Donor Network West consulted with more than 500 patients from Community Regional, of whom over 65 were found to be potential donors. Community Regional, Clovis Community, and Fresno Heart &amp; Surgical had a combined 118 tissue donors. Patients at Community Regional’s Leon S. Peters Burn Center were helped with life-saving skin grafts from more than 150 donors.</p>
<p>Pharmacy Services</p>	<p>Community Medical Centers’ Post Graduate Year One (PGY1) Pharmacy Regional continues its ASHP-Accredited status helping address the Valley’s pharmacist shortage. The program, established in 2002 at Community Regional Medical Center, expanded to Clovis Community in 2016.</p> <p>As of July 2018, 5 PGY1 residents, three from Community Regional and two from Clovis Community, became the first cohort of Community’s newly established multi-site program.</p>

	<p>Since the program’s founding, more than 40 residents have successfully completed the program—23 graduates have stayed to practice in the Valley and 22 were hired by Community.</p> <p>Community Regional Residents and pharmacists precept and mentor students from University of California, San Francisco; University of the Pacific and California Health Sciences University. In Fiscal Year 2017-2018, 130 clinical rotations were completed by students from the three pharmacy school programs.</p> <p>Community Medical Centers PGY1 Residents and Pharmacists mentor students from University of California, San Francisco; University of the Pacific and California Health Sciences University. In Fiscal Year 2017-2018, more than 130 clinical rotations were completed by students at our hospitals from the combined pharmacy school programs.</p> <p>Pharmacy residents continue the “Med Check” program providing counseling and education to patients diagnosed with multiple chronic conditions and complex medication regimens. In Fiscal Year 2017-2018, residents provided more than 700 Med Checks and other medication counseling services to hospitalized patients.</p>
<p>Pulmonary Rehabilitation</p>	<p>Community’s Pulmonary Rehabilitation Program maintains its Disease-Specific Certification with The Joint Commission and continues to serve people with chronic pulmonary disease. The education programs offered through Pulmonary Rehabilitation reached more than 1,800 people in 2017-2018.</p>
<p>Sexual Assault Forensics Examiners (SAFE)</p>	<p>Community Regional’s Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program. SAFE services are available 24 hours a day and include collection, preservation and security of evidence obtained from adult and pediatric victims and suspects; immediate counseling services in conjunction with Resource Counseling Services; courtroom testimony; and contraception and antibiotics for the prevention of sexually transmitted diseases. The program sees 12 to 25 patients per month. In the past year, SAFE has assisted in evidence collections for 160 cases and provided consulting, evaluations and courtroom testimony for an additional 10 cases.</p>

	<p>SAFE team members provide sexual assault awareness education to law enforcement, local colleges, patient advocates, UCSF Fresno residents, medical staff, nurses and others.</p> <p>SAFE program staff work with the Children’s Health Center located on the hospital campus to provide comprehensive follow-up evaluations for children who are victims of sexual abuse. Community Regional SAFE staff are active members and participants in a wide variety of community initiatives, including the Sexual Assault Response Team (SART) collaborative meetings. SART aims to coordinate interventions, care and response for victims and their families. SART members include Fresno Council on Child Abuse Prevention, Fresno County Department of Social Services, Centro La Familia and law enforcement agencies.</p>
<p>Support Groups for the following:</p> <ul style="list-style-type: none"> <li>Bariatrics</li> <li>Brain Injury</li> <li>Breast Cancer</li> <li>Stroke</li> <li>Kidney Disease</li> <li>Prostate Cancer</li> <li>Pulmonary Rehabilitation</li> <li>Trauma/Injury Prevention</li> </ul>	<p>Patient and family support is an essential part of healing and recovery. Community’s caring staff lead a wide variety of support groups across all service lines. Support groups are hosted at Community Regional Medical Center, Clovis Community Medical Center and Fresno Heart &amp; Surgical Hospital.</p>
<p>Volunteer Services</p>	<p>Volunteers are essential in carrying out Community’s mission to improve the health of those we serve. At Community Regional, 608 volunteers provided nearly 38,000 hours of service to our patients. This equated to 19.89 full time employees in FY 2017-2018.</p> <p>At Clovis Community Medical Center, nearly 210 chaplains, adults, guild members, juniors and student volunteers provided over 17,000 hours of service, equating to 8.38 full time employees in FY 2017-2018.</p> <p>Community Regional Medical Center, Fresno Health &amp; Surgical Hospital and Clovis Community Medical Center staff mentored and trained more than 300 students participating in the Clovis North-Buchanan Regional Occupational Program (ROP) medical career pathway program.</p>

## **Sponsorships, Support and Civic Leadership**

As the Valley's leading healthcare "anchor institution," we take seriously the responsibility of civic leadership. We are also mindful that those who contribute financial gifts to our organization expect careful and detailed stewardship of those funds. While we receive sponsorship and donation requests far in excess of our ability to give, Community was a contributor 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  
Fresno Area Hispanic Foundation  
Central California Women's Conference  
California State University, Fresno  
Central Valley Community Foundation  
Central Valley Opioid Safety Coalition  
Exceptional Parents Unlimited  
Fresno County Farm Bureau  
Fresno County Office of Education  
Fresno Metro Ministries  
Fresno Rescue Mission  
Hinds Hospice  
Marjorie Mason Center  
Susan G. Komen Race for the Cure  
West Fresno Family Resource Center

Community Medical Centers 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:

- American Heart Association
- Boy Scouts of America, Troop 257
- California Partnership for the San Joaquin Valley
- California Association of Healthcare Leaders
- California State University Fresno, University Advisory Board
- Camp Sunshine Dreams
- Central California Chapter of the Project Management Institute
- Central California Women’s Conference
- Central Valley SPCA
- Central Valley Lioness Lions Club
- Church of Jesus Christ of Latter-Day Saints, Elders Quorum
- Council of Indian Organizations
- Easterseals Central California
- Every Neighborhood Partnership
- Fresno Barrios Unidos
- Fresno and Clovis Rotary Clubs
- Fresno Chamber of Commerce
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno Council for Child Abuse Prevention
- Fresno County Pre-Term Birth Initiative
- Fresno County Bar Association’s Pro Bono Services
- Fresno Rescue Mission
- Fresno State Project Management Institute
- Healthy Communities Access Program (HCAP)
- Central Valley Latino Giving Circle
- Leadership Fresno
- Leukemia & Lymphoma Society
- Maddy Institute, California State University, Fresno
- Marjaree Mason Center
- Mayor’s Community Advisory Board Panel
- Poverello House
- RAD-AID (Aid to Jamaica and Guyana)
- Terry’s House
- The Well Community Church—community giving
- United Way of Fresno
- Valley Teen Ranch

## VII. Community Benefit Contributions

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Community 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 2017-2018, Community had annual operating expenses of approximately \$1.6 billion. Net uncompensated community benefit totalled nearly \$200 million, or 12% of Community’s total operating expenses. The single largest unreimbursed cost in the list below — care for Medi-Cal patients — is net of funding from the “provider fee” program, DSH payments, and the private hospital fund.

Benefit	Contribution
Unreimbursed cost of direct medical care for the poor and underserved	
Charity care	\$4,190,000
Unreimbursed cost of caring for Medi-Cal patients	\$148,462,000
Medical education	\$44,881,000
Continuing medical education	\$242,000
Direct community benefit contributions	\$249,000
Spiritual support services	\$307,000
Interpreters	\$588,000
Community outreach	\$191,000
<b>Total quantifiable community benefits</b>	<b>\$ 199,110,000</b>