



**CONSOLIDATED COMMUNITY BENEFIT UPDATE AND PLAN**  
**September 2016 – August 2017**

**Submitted to:**  
**The Office of Statewide Health Planning and Development**  
**Healthcare Information Division**  
**Accounting and Reporting Systems Section**  
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[www.communitymedical.org](http://www.communitymedical.org)

## **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.**

# **Table of Contents**

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- I. Introduction and Organizational Overview**
  
- II. Commitment to Community Benefit**
  
- III. Community Medical Centers' Service Area: A Look at Our Unique Region**
  
- IV. Community Health Needs Assessment 2016**
  
- V. Meeting Community Needs: Signature Contributions**
  
- VI. Community Benefit Inventory**
  
- VII. Community Benefit Contribution**

# I. Introduction and Organizational Overview

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From our humble beginning 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 and 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 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 medical schools, the University of California, San Francisco.

With more than 8,500 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.

We operate two hospitals — Community Regional Medical Center and Clovis Community Medical Center— as well as long-term care, outpatient, and other healthcare facilities.

Community is home to the only combined Level 1 trauma center and comprehensive burn center between Los Angeles and Sacramento. We also serve 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, facilities and providers that are part of 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**

California Imaging Institute

California Cancer Center

Community Health Center-Sierra

## **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  
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 Community'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 is built on community investment, improving the health of those we serve, and improving the health of this community that our workforce of more than 14,000 employees, physicians, volunteers and 558,000 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 financial allocations to community benefit programs, outreach and education, and traditional charity care as well as unreimbursed care delivered daily Community Medical Centers facilities. Board committees provide input, direction and counsel on management's community benefit requests and programs, as appropriate.

Senior management has encouraged community-reinvestment initiatives — in programs, facilities and partnerships — to help ensure patient access and 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 to join California Energy Department's Workplace Charging Challenge, aimed at increasing access to plug-in electric vehicle charging stations. To date, Community has installed 18 clean vehicle charging stations and has plans to install 50 more. As a member of the Healthier Hospitals Initiative, Community continues implementing corporate strategies to minimize waste and to promote environmental stewardship. In 2017, Community's executive leadership approved a climate change resolution that commits all our facilities to reduce waste, purchase greener products and implement sustainable business practices with the ultimate goal of reducing our carbon footprint. In approving the resolution, Community affirms its commitment to educate employees, patients, medical community, elected officials and the general public about the adverse health effects of global climate change. In Fiscal Year 2016-2017, Community diverted more than 1.1 million pounds of waste from landfills—earning nearly \$20,000 in rebates from waste vendors that were donated to Terry's House, Community's temporary respite lodging for families of critically ill patients.

Many of Community's 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 our organization.

### 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, low education rates and health disparities. Further, 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 in the state.

The secondary data offered in this report is a result of findings from the joint-hospital *2016 Community Health Needs Assessment*, under the facilitation of the Hospital Council of Northern and Central California. Data contained in this report will be updated with every new iteration of the regional CHNA report, required every three years by the Affordable Care Act. 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)



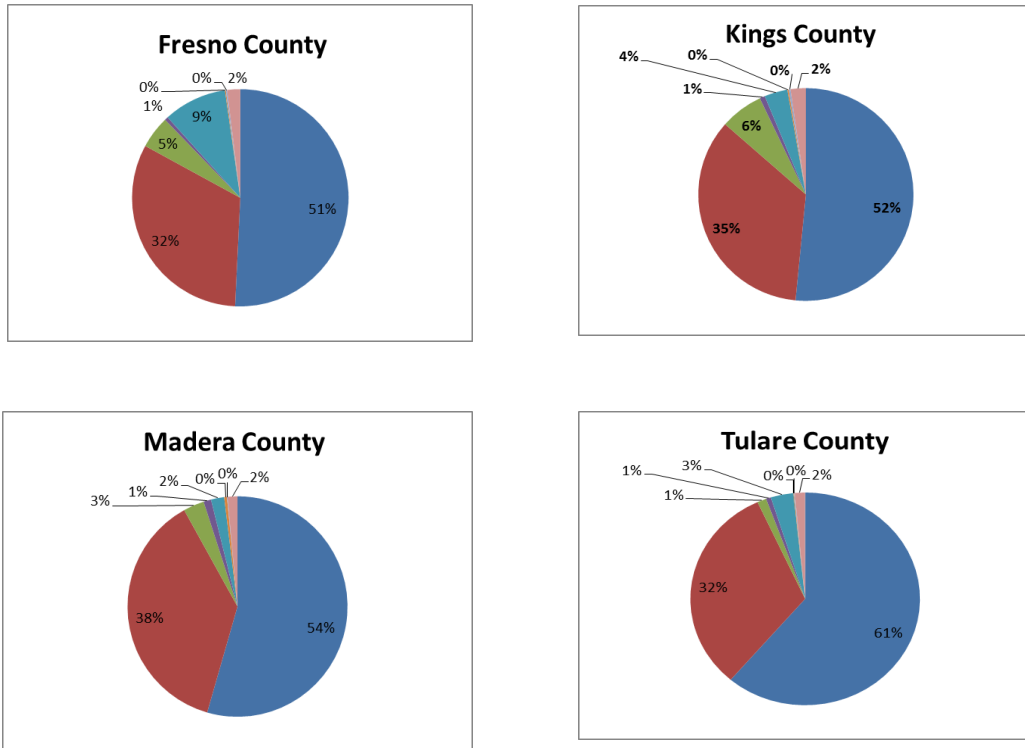


Figure 2: Graphical summary of the population demographics in each of the four counties.

### Age

The four counties are home to a large number of young residents, particularly in Fresno County where 29 percent 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 Figure 3.

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

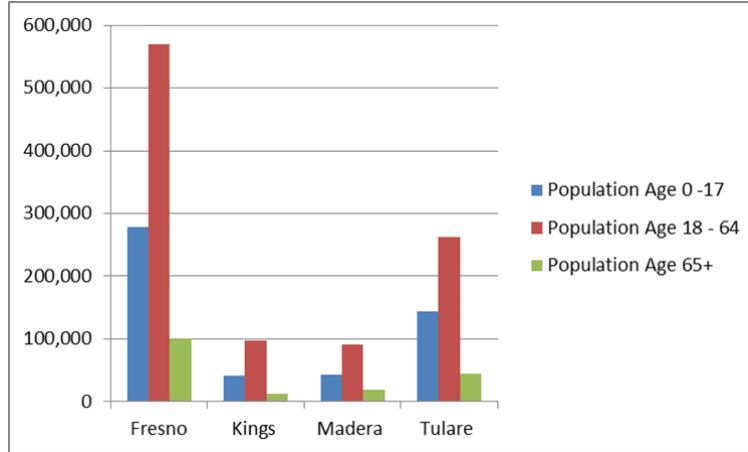


Figure 4: Graphically shows the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

### Linguistically Isolated

The diversity of the region is reflected in the wide range of languages spoken in each County. Slightly more than 20 percent of the entire region’s population over age five has a limited English proficiency. Among all four counties, **84 percent of residents with limited English proficiency speak Spanish**; 10.26 percent speak Asian or Pacific

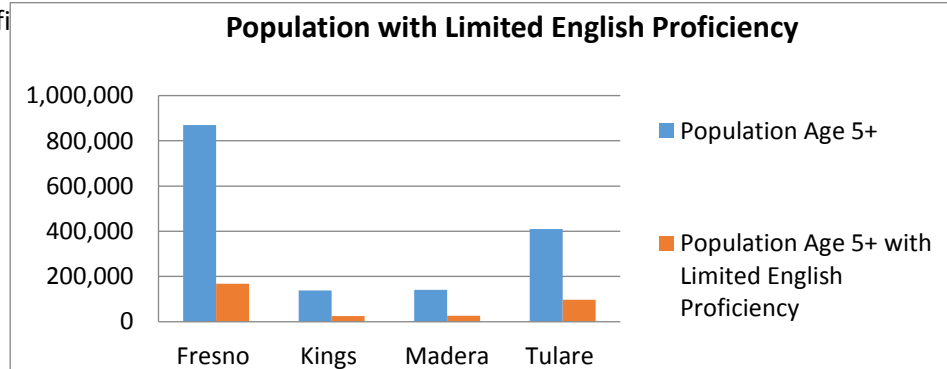


Figure 5: Graphical summary of the number of residents with limited English proficiency. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

### 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.

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

The federal poverty rate for California in 2017 lists **\$12,060** gross income or below for an individual, **\$16,240** for a family of two, **\$20,420** for a family of three and **\$24,600** 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 residents 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, and 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.

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%

<sup>2</sup> US Department of Health and Human Services poverty guidelines as of Jan. 25, 2016. See: (<https://aspe.hhs.gov/poverty-guidelines>)

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

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 9 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 HS diploma appear not to be staying in the area. Table 8 below summarizes the social determinants of health related to education.

Population Characteristics: Socioeconomic Level- Education <sup>6</sup>	CA Average	Fresno	Kings	Madera	Tulare
Cohort High School Graduation Rates (students receiving a HS 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."

<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 Johns 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)

<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

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. These rates are significantly lower as a result of the passing of the Affordable Care Act in 2010.

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, it is useful to understand where each of the four counties rank overall within California. The Robert Wood Johnson Foundation, 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.

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

<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)

The ranking system<sup>10</sup> used by the Robert Wood Johnson Foundation 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 Fresno, Kings, Madera and Tulare counties concentrated poverty, poor air quality, limited education, language isolation and the significant percentage 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 have reported on the community benefit they provide. This legislation requires hospitals to assess the health needs of the communities they serve and develop plans, programs and/or services to meet those priority needs. 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 allowing for important discussion about priority health issues. The CHNA was repeated in 2013 and 2016 (data on which this report was based). The data in this report is based on the 2016 CHNA.

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 are as follows:

- Access to Care
- Breathing Problems (Asthma)
- Cancers
- Climate and Health
- Cardiovascular Disease/Stroke (Heart Disease)
- Diabetes
- Economic Security
- HIV/AIDS/STDS Oral Health
- 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.

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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>

## 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.

The CHNA community engagement strategy centered on a community health survey that was available to participants in English and Spanish in both online and paper formats. The survey assessed community member and stakeholder perceptions on healthcare access; social, economic and environmental factors influencing health and disease; barriers to healthcare; and 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, and 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—to demonstrate the “pulse” of community-wide health perceptions in the four counties and 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 workgroup met with public health officers from each of the four counties to review the information collected from community members and stakeholders as well as the secondary data for the 15 health needs. The workgroup 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 upon 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.

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 & 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 need 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 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 regular 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 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

Health Need: Asthma (CHRONIC DISEASE) <sup>22</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>23</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

## CVD Stroke (Hypertension)

In the U.S., Heart disease continues to be the leading cause of death for both men and women. 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>24</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>25</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.

Health Need: Heart Disease <sup>26</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.

<sup>22</sup> Data source: Center for Disease Control and Prevention

<sup>23</sup> Data Source: California Breathing 2012

<sup>24</sup> <http://www.cdc.gov/heartdisease/facts.htm>

<sup>25</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)

<sup>26</sup> Data source: Centers for Disease and Control, see citation number 4, Centers for Medicare and Medicaid Services

## 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>27</sup>

Health Need: Diabetes (CHRONIC DISEASE) <sup>28</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.

Health Need: Child and Maternal Health <sup>29</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>30</sup>	7.89%	6.90%	8.10%	9.27%	7.39%

<sup>27</sup> Healthy People 2020 Topics and Objectives: Diabetes See <http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>

<sup>28</sup> Data source: Centers for Disease and Control, Centers for Medicare and Medicaid Services

<sup>29</sup> Data source: US Department of Health & Human Services

<sup>30</sup> Data Source: US Census Bureau

Health Need: Child and Maternal Health <sup>29</sup>	CA Average	Fresno	Kings	Madera	Tulare
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 that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.<sup>31</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 treatment for mental health disorders. One of the factors most often correlated with mental illness is living in poverty.<sup>32</sup>

Health Indicator: Mental Health <sup>33</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 100,00	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

<sup>31</sup> Healthy People 2020 <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

<sup>32</sup> California Healthcare Almanac: Mental Health Care in California-Painting a Picture, 2013. See [www.chcf.org](http://www.chcf.org)

<sup>33</sup> Data source: Centers for Disease and Control

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

Key Resources for the Mentally Ill	Fresno	Kings	Madera	Tulare
Total Psychiatric Beds Available per 100,000 <sup>34</sup>	8.13	0	6.12	13.97
Psychiatrists per 100,000 people <sup>35</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 what is considered as a healthy weight for a given height is described as overweight or obese. An individual’s Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.<sup>36</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>37</sup>

Health Need: Obesity <sup>38</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>39</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.

<sup>34</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>35</sup> Ibid. California Healthcare Almanac

<sup>36</sup> Defining Adult Overweight and Obesity. CDC Division of Nutrition, Physical Activity and Obesity See: <http://www.cdc.gov/obesity/adult/defining.html>

<sup>37</sup> Obesity: Prevalence and Risk Factors Cleveland Clinic, March 2013 See: <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/endocrinology/obesity/>

<sup>38</sup> Data source: Centers for Disease and Control

<sup>39</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.

Health Need: Oral Health <sup>40</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>41</sup>	3.9%	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>42</sup>

Health Indicator: Overall Health <sup>43</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.

## Substance Abuse

Substance abuse, also referred to as “substance use disorder,”<sup>44</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>45</sup>

Health Indicator: Substance Abuse <sup>46</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	12.8%	13.5%	12.6%	13.6%	14.3%

<sup>40</sup> Data source: Centers for Disease and Control

<sup>41</sup> Data Source: UCLA Center for Health Policy Research, California Health Interview Survey. Accessed at <http://www.chis.ucla.edu/> (Aug. 2013).

<sup>42</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>43</sup> Data source: Centers for Disease and Control

<sup>44</sup> Mental Health and Substance Use Disorders See: <http://www.mentalhealth.gov/what-to-look-for/substance-abuse/>

<sup>45</sup> Healthy People 2020 Topics. See: <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse>

<sup>46</sup> Data source: Centers for Disease and Control



Health Indicator: Substance Abuse <sup>46</sup>	CA Average	Fresno	Kings	Madera	Tulare
(Age-Adjusted)					
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>47</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>47</sup> Data source: Centers for Disease and Control, see citation number 9, 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 in all four counties was encouraging more collaboration between hospitals, health departments and community organizations to meet the community healthcare needs.

**Recommendations for Action:**

Upon reflection on CHNA results, the Community Benefits Workgroup identified several recommendations for consideration by each hospital as they pursue their own internal strategic planning efforts.

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 a specific health needs and priorities, identify ways for hospitals to collaborate with existing obesity prevention initiatives in the region and 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 that work within the region 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's efforts to improve the health status of our community are many, varied and wide-ranging. From sophisticated medical research programs that help to more fully understand the Valley's unique health needs to home visits for asthma patients and medical respite services for homeless patients, the CHNA helps provide us with a "roadmap" for our community health and outreach efforts.

The needs of the Valley are many and 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

For over 40 years, Community Medical Centers has enjoyed a strong partnership with the University of California, San Francisco Fresno Medical Education Program. Community currently has more than 250 residents studying in eight specialties, one dental surgery residency and nearly 50 fellows studying in 17 sub-specialties. There are more than 300 third and fourth-year medical students on a rotational basis.

UCSF Fresno has 17 fellowships: acute care surgery; cardiovascular disease; interventional cardiology; community pediatrics; emergency medicine education; emergency ultrasound; gastroenterology; hematology/oncology; HIV; hospice and palliative care; infectious diseases; maternal child health; minimally invasive surgery; 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 one dental surgery residency oral and maxillofacial surgery.

Since 2000, almost 50% of graduating residents have stayed to practice medicine in the San Joaquin Valley, 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. There were 230 active research studies conducted at Community campuses, involving Community patients and/or patient data, many of them focused on the unique health needs and challenges of the Central Valley. Studies conducted by Community and UCSF Fresno researchers included a wide array of Central California-specific scientific inquiries. Among others, researchers studied Valley Fever and Pre-Term birth effects on vulnerable populations including Hmong, Latino and African American patients.

### 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* continues to provide 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 issues including lack of primary care, lack of insurance, alcohol/substance abuse, mental health issues, homelessness, and lack of resources and support.

The *Community Connections* team assists patients with linkage to care working alongside doctors, nurse practitioners, nurses, master-level social workers, and other community agencies and organizations. Upon entering the program, patients receive a psychosocial assessment that informs an individualized care management plan. The outreach specialists ensure patients comply with medical office visits, medication adherence and even help secure transportation to and from appointments. In Fiscal Year 2015-2016, Community Connections provided intense case management for 250 patients. In total, Community Regional's case management team provided a total of 700 in-person interactions and 1180 ancillary contacts for these patients.

*Community Connections* offers the following:

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

Community's electronic health records assist social workers in tracking patients' progress through the entire continuum of care. 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 the patients improve their quality of life.

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

Community was a founding hospital partner that established 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 intent of this respite center is to provide a place for a 'safe discharge' for homeless patients and a place where they might continue their recovery, and 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 center patients with coordinated healthcare and linkages to social and community resources. In Fiscal Year 2016-2017, Community Regional contributed \$50,000 to the Medical Respite Center collaborative effort which provided continuing care to 180 patients

and saved nearly 1,200 hospital in-patient days. Since the program's opening in 2011, Community has contributed more than \$350,000 in funding to support the work of the center.

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

#### **4. Chronic Disease: Diabetes**

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

The Community Diabetes Care Center (CDCC) serves clients from Fresno and five nearby counties at two locations: the Sierra Community Health Center and the Cedar Campus. The CDCC cares for a high percentage of patients who would not otherwise be able to receive diabetes self-management education in the community. The center is the only American Diabetes Association (ADA) recognized education program in Fresno County.

The CDCC is accredited as one of four *Sweet Success Affiliates* in Fresno County with registered nurses, registered dietitians and certified diabetes educators. 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 for life and controlling diabetes during pregnancy. Last year, the CDCC provided diabetes management education and services to 3,305 patients with a total of 7,576 visits.

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

The CDCC:

- Participates in the training for the California Diabetes and Pregnancy Program Sweet Success program on a monthly basis
- Participates in monthly Diabetes Hands-On Training for UCSF Fresno Medical Education students, family health and internal medicine interns, residents and faculty
- Participates in Diabetes Medication Management Clinic at Community Regional's Ambulatory Care Center supporting patients with medication support to improve blood glucose levels
- CDCC staff participates in medical resident teaching
- Participates as a healthcare partner in the Fresno County Health Improvement Partnership's Diabetes Collaborative

##### **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's goal is to aid patients in improving their quality of life through 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 and other education classes.

In Fiscal Year 2016-2017, Community Regional’s diabetes medical home provided clinical care and support services to 266 patients—71% of these patients were covered by Medi-Cal.

Upon closer analysis, comparing patients who had been seen 12 months prior to their engagement with the medical home as well as 12 months after, this patient population experienced a 5% reduction in 30-day all-cause readmission rates and an 11% reduction in inpatient admissions.

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.

Community Regional created three medical homes aimed at providing a team-based approach to primary care for patients with complex chronic diseases including diabetes, heart failure and chronic lung disease. Community Regional’s medical homes are overseen by physician 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, bilingual after hours support by specially-trained staff and bilingual support groups. In Fiscal Year 2016-2017, Community Regional’s medical homes provided care to nearly 1,600 patients—53% of these patients were covered by Medi-Cal.

In addition, comparing patients who had been seen 12 months pre-engagement with the medical home to 12 months post-engagement the heart failure patient population experienced a 1% reduction in 30-day all-cause readmission rates and a 7% reduction in inpatient admissions. The chronic lung patient population experienced a 3% reduction in 30-day all-cause readmission rates and a 7% reduction in Inpatient admissions.

## **5. Chronic Disease: Severe Asthma & Chronic Lung Disease Program**

The Chronic Lung Disease Program provides care to more than 500 patients diagnosed with severe uncontrolled asthma and COPD. The program is also involved in academic research and has previously published data on outcomes, reporting that emergency department visits were reduced by 79% and hospitalizations were reduced by 65%, saving an estimated \$1.1 million a year in hospital care.

Community Regional in partnership with UCSF Fresno continued its evidence-based, in-home interventions for a subset of patients with severe asthma and identified non-compliance to office visits in the Chronic Lung Disease Program. The home intervention team—consisting of a pulmonologist, nurse practitioner, registered nurse, respiratory therapist and outreach worker—provides patients with an in-home assessment of potential asthma triggers, lung function tests and education on asthma and inhaler use. Preliminary results show reduced emergency room visits and increased adherence to medical office visits and inhaler use among patient participants.

The Chronic Lung Disease Program’s in-home visit interventions continue to demonstrate significant improvements in healthcare utilization and medication compliance. Data from the program’s single home visit intervention study shows that after a one-time in-home visit by the team that includes a nurse practitioner, respiratory therapist and a certified asthma educator, significantly increased patient compliance and improved health outcomes.

## **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 health care 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 has been 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 assisted patients and families with coordination of care to Community’s Behavioral Care Center and Fresno County’s Behavioral Health Services Division as well as linkage to social services. In Fiscal Year 2016-2017, Community Regional’s Emergency Department received more than 5,000 patients placed under involuntary holds requiring case management services. Clovis Community’s Emergency Department received close to 700 visits from patients placed under involuntary holds requiring case management services.

Community Medical Centers has been an active and engaged partner in the ‘Community Conversations on Mental Health’ collaborative. Community leaders serve on the collaborative which aims to make Fresno County a better place to live.

The Community Conversations collaborative helped develop a screening tool owned by Fresno County’s Department of Behavioral Health that provides vulnerable families and individuals with direct linkages to community resources. Fresno County’s ‘Multi-Agency Access Program’ or MAP screening tool links needy families and individuals 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 of an individual or family. MAP point locations include eight physical locations in urban and rural Fresno County as well as a mobile food 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 our Emergency Departments.

Community Regional participated as a non-funded entity in the collaborative aimed to expand MAP sites— collaborative partners include Kings View, Centro La Familia and Poverello House. Community Regional’s participation in MAP site expansions resulted in opening a ‘satellite site’ on the downtown campus’ Deran Koligan Ambulatory Care Center that opened in November 2017.

## **7. Specialty Health Services: HIV Care**

Community’s Specialty Health Services center provides medical care and support services for more than 1,000 HIV/AIDS patients from five Central Valley counties. The center is housed in the Deran Koligan Ambulatory Care Center and is one of two locations serving pediatric HIV/AIDS patients in the Central San Joaquin Valley.

Activities and outreach for Community’s Specialty Health Services included:

- Membership in the Community Action Council — a group seeking to provide coordinated care and service delivery 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 abuse 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 its seventh year as a project site for the California Medical Monitoring Project, a CDC-led effort collecting information on HIV patient needs and services
- Collaborating with other area hospitals to link patients to care
- Providing education on HIV and sexually transmitted diseases in local middle/high schools and college classes
- 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 the 5th Annual FresnAIDS Walk and World AIDS Day events
- Providing eligible patients with 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

In Fiscal Year 2016-2017, the Specialty Services Center provided care and services to 1,300 patients—67% of these patients were covered by Medi-Cal.

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

Community Medical Centers serves a culturally and linguistically diverse community in which more than 60 languages are spoken. A patient's ability to understand and to be understood is one of the most important patient rights.

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.

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 language they speak. Languages spoken by these employees include Spanish, Hindi, Hmong, Punjabi, Farsi, Vietnamese and Tagalog.

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 2016-2017, Community Regional registered over 54,400 calls through HCIN.

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 one of the other participating network hospitals. Cordless interpreting phones are available and video units are available 24/7 for all languages.

Community Regional currently has five full-time Spanish interpreters, three per-diem Spanish interpreters, one per-diem Hmong interpreter and one full-time Hindi/Punjabi interpreter. From September 2016 to August 2017, nearly 5370 in-person interpreting sessions were conducted by Community Regional language professionals—including 411 American Sign Language sessions.



Clovis Community has two on-site, Spanish-language interpreters and also uses HCIN.

Interpreting services also offer in-house translation services and translation of documents in Spanish and English. Community is not reimbursed for providing language-access services.

In June 2016, 22 Video 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 patients and families visiting Community Regional hospital floors and clinics.

The units are available on most patient floors at Community Regional as well as Fresno Heart & Surgical Hospital, the California Cancer Center and the Deran Koligian Ambulatory Care Center. Since the program's launch, 309 interpreting sessions have been completed.

Monthly rounding 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, a presentation on interpreter services is included as part of new employee orientation.

## **9. Spiritual Support**

Community Regional Medical Center's Chaplaincy Services provides spiritual and emotional support to patients and employees and mentorship to pastoral students.

Community Regional chaplains provided grief support, prognosis acceptance as well as counseling and encouragement to patients and their loved ones. Spiritual support and counseling for staff is also a key service provided by chaplains, who often lead debriefing sessions with clinical staff after traumatic incidents.

In October 2016, Community Regional chaplains hosted a luncheon recognizing Pastoral Care Week for Fresno and Clovis-area spiritual support staff from acute care hospitals, hospice and the Veterans Administration.

Chaplain Services has been a leader in the education and mentorship 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 2016-2017 fiscal year, Community Regional's Chaplaincy program hosted three interns who were able to complete four CPE units and graduate. All three graduates were hired by local hospitals.

Chaplains 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, families and staff
- 688 English-language Bibles
- 375 New Testaments with large font
- 750 Spanish-language New Testaments
- 200 Guidepost Magazines
- 500 Our Daily Bread copies
- 600 English-language "Our Daily Living" Catholic devotional booklet

- 600 Spanish-language “Our Daily Living” Catholic devotional booklet
- 100 copies of additional literature and devotionals
- 25 copies of the Qur’an

## **10. Trauma and Injury Prevention**

With the only comprehensive Level 1 trauma and 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 core four-county service area.

In January 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 using the hospital’s trauma registry. It helps identify the root causes and contributing factors such as drug and alcohol abuse and behavioral issues. Through education and environmental modification, the injury prevention specialist works to reduce the incidence of injury, disability and death due to trauma.

In Fiscal Year 2016-2017, Community Regional’s Trauma program led collaborative efforts to increase information to Central Valley Latino communities in the *Semana Binacional de Salud* (Binational Health Week) collaborative. The collaborative sponsored five health fair and information events reaching over 2,000 Spanish-speaking families. Health information topics for participating families included: healthcare coverage enrollment, diabetes awareness, injury and fall prevention, as well as nutrition and physical activity.

Community Regional’s injury and prevention specialist also received special certification and training for car seat safety in December. This training and information will be shared with patients and interested community groups.

In Fiscal Year 2016-2017, the Trauma and Prevention team provided bilingual information to more than 3,000 residents including youths, parents, adults and older adults in 17 community events held in elementary schools, public housing complexes, senior centers, commercial spaces and public parks. Public awareness campaigns led by the Trauma and Injury Prevention team included: elder abuse and fall prevention, child passenger safety, teen driver safety, bicycle and pedestrian safety, gang and gun violence and water safety.

Community Regional’s trauma and injury prevention team members serve as a 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, Safe Kids Central California, Bicycle Pedestrian Advisory Committee and Kings County Partnership for Prevention.

## **11. Community Building Activities**

Community’s leadership 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.

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

Community Medical Centers joined the Fresno Community Health Improvement Partnership (FCHIP) leadership team in January 2017. The FCHIP steering committee provides guidance and direction for its five workgroups that include the Diabetes Collaborative, Fresno Food Security Network, Health Literacy & Empowerment, Land Use & Planning and the Fresno County Tobacco Coalition. FCHIP is currently working on a 10-year Health Improvement Plan.

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

Since December 2016, Community Medical Centers has led FCHIP's Diabetes Collaborative workgroup. The Diabetes Collaborative, one of 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. The youth initiatives team aims to increase youth awareness and engagement around diabetes prevention in their schools and neighborhoods. In March 2017, this team held a Diabetes informative session to 170 Duncan Polytechnical High medical pathway students. The team is exploring potential community-wide partnerships to offer the presentation to all Fresno Unified School District schools with medical pathway programs.

The Diabetes Prevention Program (DPP) team worked to increase awareness of pre-diabetes in Fresno County. The program held several events promoting the pre-diabetes self-test, a five-question survey to help respondents know their diabetes status. The DPP group, in partnership with Fresno County Public Health Department surveyed individuals at the 2016 Big Fresno County Fair and provided community resources to follow-up on their diabetes status. In August 2017, the 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 60 physicians and 80 additional healthcare workers.

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 on all relevant programs provided by collaborative partners. In March 2017, Community Medical Centers' IT staff led efforts to redesign and realign management of the website. Community now hosts and manages content on the website.

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 9% decline in pre-diabetes rates in Fresno County.

### ***Birney Elementary School Career Day at CRMC***

In November 2016, Community Regional Medical Center hosted 25 fifth and sixth graders from Birney Elementary's Birney Bears programs. Birney, a Fresno Unified School District 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 seeing themselves in professional roles and hands-on experience. Not only did students tour traditional healthcare areas such as the operating room, radiology and the emergency department, Birney Bears were also able to learn about administrative jobs, as well as nutrition and food service.

In Fiscal Year 2016-2017, Community Regional donated nearly \$11,000 to support the Birney Bear's physical activity and reading programs to help purchase sports equipment and incentives for reading achievements. In the current fiscal year, Birney Elementary students and parents have walked over 6,000 miles and burned more than 245,000 calories.

## 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 37,000 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 2016, 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 testing, blood pressure checks and kidney health information. The event served nearly 100 participants.</p>
<p>Community education and outreach:</p> <ul style="list-style-type: none"> <li>• Breast Cancer Awareness</li> <li>• Child Abuse Prevention Seminar</li> <li>• Traumatic Brain Injury</li> <li>• <i>Health Quest</i> Series</li> <li>• Skin Cancer Screenings</li> <li>• Lung Nodule Education</li> <li>• Concussion Awareness</li> <li>• Alzheimer’s Education</li> <li>• Self Defense Information</li> <li>• Heart Health</li> <li>• Colon Cancer Awareness</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 more than 1,400 people.</p>

<p>Health professional student support rotations, mentorships, shadowing, preceptorships:</p> <ul style="list-style-type: none"> <li>• Inpatient dialysis</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. The Valley has shortages in most healthcare professions and this will help grow and retain talent here.</p>
<p><i>MedWatch Today</i> Television Show</p>	<p>In July 2017, Community launched a weekly, half hour television show to provide health education and information to Central Valley residents. <i>MedWatch Today</i> is available to viewers in Fresno, Kings, Madera and Tulare counties and airs five times each week.</p> <p>Today, the show reaches as many as 24,000 homes with a single episode. The show has covered a wide array of stories including the Medical Respite Center, prevention of respiratory illnesses, mindfulness as well as several focusing on diabetes care and awareness. The program provides an inside look at resources available not only to patients but to the community at large.</p> <p>In Fiscal Year 2016-2017, <i>MedWatch Today</i> aired more than 10 educational segments on CHNA-identified health needs. Plans for <i>MedWatch Today</i> in Fiscal Year 2017-2018 include Spanish-language segments focusing on health education and access to care that will be featured on the local Telemundo affiliate station.</p>
<p>Mother’s Resource Center (MRC)</p>	<p>Community is a champion of breastfeeding education for mothers-to-be and provides support services for new mothers throughout the Central Valley. Services range from prenatal breastfeeding education to outpatient consults following delivery.</p> <p>In Fiscal Year 2016-17, the Mother’s Resource Center provided 8,892 inpatient breastfeeding consultations by international board-certified lactation consultants. Additionally 169 consultations were provided to</p>

	<p>antepartum/high-risk expectant mothers including education support and encouragement as they awaited delivery.</p> <p>The Center’s breastfeeding consultations rose to 521, 12% of which were not compensated. These consultations provide ongoing breastfeeding support to underserved families.</p> <p>Our 3M Club (Mommies Making Milk) had 590 participants moms whose babies were in the NICU. This club influences on the health and longevity of breastfeeding for our smallest patients.</p> <p>In June 2017, the center launched a breastfeeding class offered in both English and Spanish. The new class offered support and education to 25 new parents this past fiscal year.</p>
Organ Donation	<p>In 2017, Community Regional was presented the one and only ‘Rising Star Award,’ among all 175 hospitals in Donor Network West’s service area because of Community’s support for their mission. This award was presented to Community Regional during Donor Network Wests’ Donor Symposium held in October 2017.</p> <p>In Fiscal Year 2016-2017, Donor Network West consulted with Community Regional regarding more than 550 patients, 85 of whom were eligible donors. Community Regional, Clovis Community and Fresno Heart &amp; Surgical Hospital had a combined 140 tissue donors. Patients at Community Regional’s Leon S. Peters Burn Center have in turn been helped with lifesaving skin grafts from more than 155 donors.</p>
Pharmacy Services	<p>Community Regional continues its ASHP-accredited Postgraduate Year One program, addressing the Valley’s pharmacist shortage. Since the program was founded in 2002, 36 residents have successfully completed the program, 21 graduates stayed in the Valley, and 20 were hired by Community.</p> <p>Community Regional residents and pharmacists mentor students from University of California, San Francisco</p>

	<p>(UCSF); University of the Pacific (UOP) and California Health Sciences University (CHSU). In Fiscal Year 2016-2017, 110 clinical rotations were completed by students from the three pharmacy school programs.</p> <p>Pharmacy residents continue the “Med Check” program providing medication counseling and education to patients diagnosed with multiple chronic conditions and complex medication regimens. In Fiscal Year 2016-2017, residents provided more than 740 Med Checks to hospitalized patients.</p> <p>Clovis Community Medical Center recently launched its Postgraduate Year One program for 2 residents. Pharmacy residents and clinical pharmacists precept students in Advanced Pharmacy Practice Experience clinical rotations. Clovis Community continues as a training site for pharmacy students from UCSF, UOP and CHSU. In Fiscal Year 2016-2017, Clovis Community served as a teaching site for 46 Postgraduate pharmacy students.</p>
Sexual Assault Forensics Examiners (SAFE)	<p>Community Regional’s Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program, whose services are available 24 hours a day, every 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 15 to 30 patients per month. In the past year, the SAFE program has assisted in evidence collections for 160 cases and provided consulting, evaluations and courtroom testimony for an additional 60 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.</p>



	<p>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>Smoking Cessation Program</p>	<p>Community Regional operates the only comprehensive smoking cessation program that includes prescription medication in the Central Valley. Individuals who are ready to quit smoking can receive a comprehensive assessment of their individual needs. The program is overseen by a medical pulmonologist and provides a team-based approach to achieve lasting smoking cessation. Patients are able to receive counseling as well as prescription medication to aid them in quitting. This program is offered to patients at a reduced cost.</p>
<p>Support Groups:</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 led 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 an essential part of carrying out Community's mission to improve the health of those we serve and of our community. And the volunteering opportunities provides valuable work experience to young people and those between jobs. At Community Regional, 631 volunteers provided nearly 50,000 hours of service to the hospital and our patients. This equates to 24.08 Full Time Employees in FY 2016-2017.</p> <p>At Clovis Community Medical Center, nearly 350 chaplains, adults, guild members, juniors and student volunteers provided close to 18,000 hours of service.</p> <p>Clovis Community Medical Center staff continue to mentor and train students participating in the Clovis North-Buchanan Regional Occupational Program (ROP) medical career pathway. In Fiscal Year 2016-2017, Clovis</p>

	Community's clinical and non-clinical staff provided nearly 800 hours of mentorship to more than 30 ROP students.
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## 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 to 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
- Marjaree Mason Center
- Susan G. Komen Race for the Cure
- West Fresno Family Resource Center

Community 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 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
- Council of Indian Organizations
- Easterseals Central California
- Every Neighborhood Partnership

- Fresno and Clovis Rotary Clubs
- Fresno Chamber of Commerce
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno County Pre-Term Birth Initiative
- Fresno Rescue Mission
- Fresno State Project Management Institute
- Healthy Communities Access Program (HCAP)
- James Irvine Foundation New Leadership Network
- Leukemia & Lymphoma Society
- Maddy Institute, California State University, Fresno
- Marjaree Mason Center
- Mayor's Community Advisory Board Panel
- Poverello House
- RAD-AID (Aid to Tanzania)
- Shinzen Garden
- United Way of Fresno
- Valley Teen Ranch
- Valley Alliance for Latina Leadership Excellence
- Youth Boardgaming League

## 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 2016-17, Community had annual operating expenses of approximately \$1.5 billion. Net uncompensated community benefit totaled more than \$225 million, or 15% 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	4,296,000
Unreimbursed cost of caring for Medi-Cal patients	174,103,000
Medical education	45,573,000
Continuing medical education	206,000
Spiritual support services	273,000
Interpreters	563,000
Community outreach	340,000
<b>Total quantifiable community benefits</b>	<b>\$ 225,354,000</b>