



Valley
Children's
HEALTHCARE

Community Health Needs Assessment 2019 Report

Fresno County
Kern County
Kings County
Madera County
Merced County
Stanislaus County
Tulare County

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INTRODUCTION

Background and Purpose

Valley Children's is one of the largest pediatric healthcare networks in the nation and provides Central California's only high-quality, comprehensive care exclusively for children, from before birth to young adulthood. With more than 640 physicians and 3,500 staff, Valley Children's offers high-quality, comprehensive care to more than 1.3 million children in its 12-county service area. Valley Children's is driven by its mission of *providing high quality, comprehensive healthcare services to children, regardless of their ability to pay, and to continuously improve the health and wellbeing of children.*

Valley Children's provides highly specialized medical and surgical services to children with conditions ranging from the common to the highly complex. Valley Children's network is anchored by a 330-bed stand-alone children's hospital in Madera plus three neonatal units (28 beds in total) located across the Central Valley. In addition, Valley Children's includes specialty care centers, pediatric primary care practices, an urgent care center and women's health services.

Valley Children's consistently ranks at the top of its peer group for quality patient outcomes as evidenced by its Magnet® designation, its Beacon Award for Excellence™ in critical care and its U.S. News and World Report recognition in 2019 as one of the nation's best children's hospitals for Neonatology, Pediatric Orthopedics, Pediatric Diabetes & Endocrinology, Pediatric Gastroenterology & Gastrointestinal Surgery, and Pediatric Urology.

The passage of Senate Bill 697 in California in 1994 and the Patient Protection and Affordable Care Act at the federal level in 2010 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action across targeted geographical areas, and serves as the basis for community benefit programs. This CHNA refers specifically to Valley Children's Hospital.

- Madera Community Hospital
- San Joaquin Valley Rehabilitation Hospital
- Sierra View Medical Center
- Saint Agnes Medical Center
- Valley Children’s Hospital

Kern County

Valley Children’s Hospital participated in the Kern County Community Benefit Collaborative. The Collaborative was comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kern Medical, Adventist Health (Bakersfield and Tehachapi Valley), Valley Children’s Hospital and Kaiser Permanente.

Merced County

For the Merced County CHNA, Valley Children’s Hospital worked in partnership with Mercy Medical Center Merced and Memorial Hospital Los Banos.

Stanislaus County

For the Stanislaus County CHNA, Valley Children’s Hospital worked in partnership with the Stanislaus County Health Services Agency Public Health Department (HSA/PH). HSA/PH convened the Stanislaus County Mobilizing Action for Planning and Partnerships (MAPP) project.

Using the MAPP framework, the HSA/PH Core Team brought together leaders from across Stanislaus County to join the Steering Committee and Data Subcommittee for the six phases of MAPP: Organizing, Visioning, Four MAPP Assessments, Identifying Strategic Issues, Formulating Goals and Strategies, and Action Cycle.

The Core Team consisted of key members of HSA/PH staff to support and contribute to the planning of the MAPP process. The Steering Committee involved leaders in the community, including from Valley Children’s, providing input into the Stanislaus County MAPP planning process to help identify the health issues most important to the county and develop strategies to address these concerns. The Data Subcommittee included a smaller group of individuals to review and lead data collection, review and analysis activities.

Consultants

The Fresno, Kings, Madera and Tulare Counties CHNA was facilitated by the Hospital Council of Northern and Central California's Community Benefits Workgroup. Under the leadership of Ms. Shauna Day, Regional Vice President, the Workgroup collaborated with Ms. Laura Acosta of HC2 Strategies, Inc. to conduct key informant interviews, focus groups, and establish priority health

needs for the 2019-2021 community health needs cycle. Additionally, the committee worked with Ms. Jessica L.A. Jackson of Wildfire Graphics & Analytics, LLC to gather health indicator data, analyze quantitative and qualitative data, and package the final report. Ad Lucem Consulting established the methodology for ranking health need data from key informant and focus group interviews. Ad Lucem also provided the overall rankings for the four-county region.

Biel Consulting, Inc. conducted the CHNA in Kern County. Biel Consulting, Inc. has extensive experience conducting hospital health assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Dr. Melissa Biel conducted the Kern County CHNA. She was assisted by Denise Flanagan, BA and Sevanne Sarkis, JD, MHA, MEd.

The Merced County CHNA was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States since 1994.

The Stanislaus County MAPP effort collaborated with Community Health Insights (CHI). CHI conducted the focus groups and key informant interviews.

Availability of CHNA Reports

The Valley Children's Hospital CHNA and the separate CHNAs for Fresno, Kings, Madera and Tulare Counties, Kern County, Merced County and Stanislaus County are available at <https://www.valleychildrens.org/about-us/community-benefit>. Written comments on this report can be submitted to Tim Curley at tcurley@valleychildrens.org.

Report Adoption

This CHNA report was adopted by the Valley Children's Hospital Board of Directors on September 19, 2019.

DATA COLLECTION METHODOLOGY

The CHNA process included collection and analysis of up-to-date data for Valley Children's service area from a number of secondary sources. In addition, primary data were collected directly from stakeholders in the community. A variety of primary data collection methods were used to obtain community input including, focus groups, interviews and surveys. The collected data were used to identify significant community needs.

Fresno, Kings, Madera, and Tulare Counties

Sources of data for this assessment included both primary and secondary data. Secondary data sources included publicly reported state and nationally-recognized data sources such as Community Commons, California Department of Public Health, and County Health Rankings & Roadmaps. Primary data were collected through 48 key informant interviews, 24 focus groups that reached 284 persons, and an online survey that reached 1,178 persons. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income or minority populations in our community. The online survey was distributed to partner organizations that were not represented by key informants and advertised to the general public via a public service announcement hosted on Univision's Arriba Valle Central show.

Kern County

Secondary data were collected from a variety of local, county and state sources to present a community profile, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Kern County and California to help frame the scope of an issue, as it relates to the broader community. Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Kern County Public Health Department, Healthy Kern County, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Information was also obtained through community surveys and interviews with individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Interviews were used to gather information and opinions from persons who represent the community served by the hospital. Forty-one (41) interviews were completed from October 2018 through March 2019. The Kern County Community Benefit Collaborative representatives developed a plan for distribution of a survey to engage community residents. The survey was available in an electronic format through

a Survey Monkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from November 2018 to January 2019 and during this time, 1,114 usable surveys were collected.

Merced County

This assessment incorporated data from quantitative and qualitative sources. Quantitative data input included primary research from the PRC Community Health Survey and secondary research. These quantitative components allowed for trending and comparison to benchmark data at the state and national levels. Qualitative data input included primary research gathered through an Online Key Informant Survey. The survey instrument used for this study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

For the PRC Community Health Survey, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The sample design used for this effort consisted of a random sample of 300 individuals, age 18 and older, in Merced County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole.

An Online Key Informant Survey was also completed. A list of recommended participants was provided by the hospital partners. Potential participants were chosen because of their ability to identify primary concerns of underserved, low income, and minority populations, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. In all, 49 community stakeholders took part in the Online Key Informant Survey.

Stanislaus County

Quantitative data collection for the CHNA was conducted using secondary sources. In order to identify indicators to be included in the analysis, a list of potential indicators was compiled from the 2013 Stanislaus County Community Health Assessment, Healthy People 2020, Let's Get Healthy California, the Stanislaus County Administrative Office, County Health Rankings, Kaiser Permanente's Modesto Medical Center's CHNA, Sutter Health Modesto's CHNA, Stanislaus County's Focus on Prevention and the National Association of County and City Health Officials' (NACCHO) recommended and extended indicator and topic lists. Those indicators were grouped into the NACCHO recommended categories and thematic subcategories. Qualitative data were gathered from primary sources. Nine focus groups were conducted from January to February,

2019 in Stanislaus County. Eleven key informant interviews were conducted from December 2018 to February 2019. Focus group and key informant responses to questions about key health needs were matched to the Community Health Assessment topic categories and subcategories.

A listing of community stakeholders across the four CHNAs is presented in Appendix 1. Community stakeholder input is detailed in the CHNAs for Fresno County, Kings County, Madera County, Tulare County, Kern County, Merced County and Stanislaus County available at <https://www.valleychildrens.org/about-us/community-benefit>.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Valley Children's Hospital's previous CHNA and Implementation Strategy were made widely available to the public on the website <https://www.valleychildrens.org/about-us/community-benefit>. To date, no comments have been received.

IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The identification of significant community needs began with a review of the data that described the hospital service area. Health needs that did not meet state or national benchmarks were identified. The primary data collection process then obtained community input to support the secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and discover gaps in resources. Community input was used to prioritize these needs.

This section is organized as follows. Pages 11 – 14 list the health needs identified through each of the four separate CHNAs. Pages 14 – 15 list the priority health needs for each county. The county health needs are outlined below.

Fresno, Kings, Madera, and Tulare Counties

The 2019 CHNA report process identified the following 13 health needs in Fresno, Kings, Madera and Tulare counties.

- Access to care
- Asthma
- Cancer
- Climate and health
- Cardiovascular disease
- Economic security
- HIV/AIDS/STIs
- Maternal and infant health
- Mental health
- Obesity/HEAL/diabetes
- Oral health
- Substance use/tobacco use
- Violence and injury prevention

Community Medical Centers, Saint Agnes Medical Center, and Valley Children’s Hospital, invited leaders representing county public health and community-based organizations from Fresno, Kings, Madera and Tulare counties to participate in a health needs ranking process. Public health and community leaders were tasked with ranking the needs that were most pressing in their respective counties, based on health issues previously identified in the 2019 primary data collection phase. Participants in the collaborative health ranking session were tasked with ranking the identified health needs based on the following criteria:

- Severity, magnitude, urgency
- Feasibility and effectiveness of possible interventions
- Potential impact on greatest number of people
- Potential health need score (based on community stakeholder and resident feedback)
- Outcomes are measurable and achievable in a 3-year span
- Existing resources/programs

Kern County

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Alzheimer’s disease
- Birth indicators
- Chronic diseases (asthma, cancer, diabetes, heart disease, kidney disease, liver disease, lung disease, stroke, Valley Fever)
- Dental care/oral health
- Economic insecurity
- Environmental pollution
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Sexually transmitted infections
- Substance use and misuse
- Unintentional injuries
- Violence and injury

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address

needs, and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need.

Merced County

Significant health needs of the community were identified from the information gathered through the CHNA and the guidelines set forth in Healthy People 2020 (www.healthypeople.gov). Significant health needs were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These needs also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. Following is the list of significant health needs identified in Merced County.

- Access to health care
- Cancer
- Dementia, including Alzheimer's disease
- Diabetes
- Heart disease and stroke
- Infant health and family planning
- Injury and violence
- Kidney disease
- Mental health
- Nutrition, physical activity and weight
- Potentially disabling conditions
- Respiratory diseases
- Substance use
- Tobacco use

Stanislaus County

After gathering quantitative and qualitative data, topic categories and subcategories were considered as key health needs if they met the following criteria:

- Indicators reviewed in secondary data demonstrated that the county estimate was poorer by more than one percentage point when compared to the benchmark estimate (in most cases, California state average).
- The health issue was identified as a key theme in at least three interviews.
- The health issue was identified as a key theme in at least three focus groups.

This method revealed the following key health needs:

- Access to care
- Asthma/air quality
- Chronic disease
- Communicable disease
- Economic insecurity
- Education
- Housing and homelessness
- Mental health
- Safety
- Substance use
- Transportation

On May 30, 2019, community members and stakeholders were convened for a Community Conversation to prioritize these health needs. During the Community Conversation breakout groups, participants discussed issues and concerns that impacted the health of Stanislaus County. They were also asked to identify community assets and resources.

Valley Children's Service Area Priority Health Needs

The following chart provides a side by side listing of the community prioritization of health needs identified in each of the four separate CHNAs.

Significant Community Health Needs, by County, Listed in Priority Order

Rank	Fresno, Kings, Madera, Tulare Counties	Kern County	Merced County	Stanislaus County
1	Access to health care	Housing and homelessness	Nutrition, physical activity and weight	Housing and homelessness
2	Obesity/HEAL/diabetes	Mental health	Injury and violence	Education
3	Maternal and infant health	Access to health care	Infant and family planning	Chronic disease
4	Mental health	Economic insecurity	Substance use and misuse	Communicable disease
5	Economic security	Substance use and misuse	Mental health	Tobacco and substance use
6	Oral health	Chronic diseases	Diabetes	Mental health
7	Substance use/tobacco use	Environmental pollution	Access to health care	Access to care
8	Violence and injury prevention	Food insecurity	Heart disease and stroke	Asthma/air quality
9	Climate and health	Sexually transmitted infections	Tobacco use	Economic insecurity
10	Cardiovascular disease	Violence and injury	Respiratory diseases	Safety
11	Asthma	Preventive practices	Cancer	Transportation
12	HIV/AIDS/STIs	Dental care/oral health	Kidney disease	
13	Cancer	Birth indicators	Dementia/Alzheimer's disease	
14		Overweight and obesity	Potentially disabling conditions	
15		Alzheimer's disease		
16		Unintentional injuries		

Given the priority needs listed above, combined with community input specific to child health needs, the major health needs identified for children throughout Valley Children's seven county service area include the following:

- Access to health care: includes access to primary care, specialty care, preventive care, and transportation.
- Asthma: includes education and awareness with a focus on prevention and early and appropriate treatment.
- Economic insecurity: includes poverty, basic needs services, and food insecurity.
- Housing and homelessness: includes access to safe and affordable housing, and issues related to homelessness, including housing availability, social services and transitional care.
- Maternal and infant health: includes teen pregnancy, prenatal care, low-birth weight births, premature births, infant mortality and breastfeeding.
- Mental health: includes anxiety and depression, severe mental illness, access to mental health care and supportive services, reduction in stigma and availability of mental health care beds.
- Obesity/nutrition/physical activity/diabetes: includes access to healthy, affordable food, increased access to outdoor activities, and prevention, management and treatment of diabetes.
- Substance use and misuse: includes tobacco use, vaping, drug misuse and alcohol use.
- Violence and injury prevention: includes accidental injuries, neighborhood safety and reduction in crime.

Resources to Address Significant Health Needs

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. The identified community resources are detailed in Appendix 2.

SERVICE AREA PROFILE

Population

The population of the service area counties ranges from 150,261 in Kings County to 963,160 in Fresno County. Densities range from 71.8 persons per square mile in Madera County to 354.7 persons per square mile in Stanislaus County.

Population of the Service Area, by County

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Fresno	963,160	5,958.10	161.7
Kern	871,337	8,131.93	107.2
Kings	150,261	1,389.42	108.1
Madera	153,366	2,137.02	71.8
Merced	265,001	1,935.21	136.9
Stanislaus	530,561	1,496.00	354.7
Tulare	455,769	4,824.28	94.5
California	38,654,206	155,792.65	248.1

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>.

Source geography: Tract. Accessed from CARES Engagement Network. <http://www.engagementnetwork.org/assessment>

Children and youth, ages 0-17, make up 27.4% of the population of Stanislaus County and 31.6% of the population of Tulare County. The median ages range from 30.4 years in Tulare County to 33.8 years in Stanislaus County. All service county areas have a younger median age than statewide (36 years).

Population by Age, by County

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
0 – 4	8.2%	8.3%	8.0%	7.6%	8.1%	7.4%	8.7%	6.5%
5 – 9	8.2%	8.4%	7.9%	8.1%	8.5%	7.5%	9.0%	6.6%
10 – 14	7.8%	8.0%	7.3%	7.6%	8.5%	7.9%	8.7%	6.6%
15 – 17	4.7%	4.8%	4.3%	4.5%	5.1%	4.7%	5.1%	4.0%
18 – 20	4.6%	4.6%	4.6%	4.1%	5.5%	4.4%	4.9%	4.3%
21 – 24	6.3%	6.4%	6.8%	6.0%	6.3%	5.8%	5.8%	5.9%
25 – 34	14.8%	15.0%	16.6%	13.8%	14.1%	14.0%	14.0%	14.7%
35 – 44	12.2%	12.5%	13.7%	12.5%	12.3%	12.6%	12.3%	13.3%
45 – 54	11.8%	12.0%	12.5%	11.9%	11.7%	12.7%	11.4%	13.5%
55 – 64	10.2%	10.1%	9.1%	11.0%	9.6%	10.9%	9.6%	11.6%
65 – 74	6.4%	5.9%	5.3%	7.7%	6.0%	7.6%	6.0%	7.3%
75 – 84	3.2%	2.9%	2.8%	3.8%	3.2%	3.6%	3.1%	3.8%
85+	1.6%	1.1%	1.1%	1.3%	1.2%	1.6%	1.3%	1.8%
Ages 0 - 17	28.9%	29.5%	27.5%	27.8%	30.1%	27.4%	31.6%	23.6%
Ages 18- 64	59.9%	60.7%	63.4%	59.3%	59.4%	60.4%	58.0%	63.5%
Ages 65+	11.2%	9.9%	9.1%	12.9%	10.5%	12.1%	10.4%	12.9%
Median age	31.6	31.2	31.4	33.5	30.6	33.8	30.4	36.0

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Race/Ethnicity

Among service area counties, 63% of the population in Tulare County is Hispanic/Latino. 44.1% of Stanislaus County residents are White. The highest rate of Blacks/African Americans is in Kings County (5.9%) and the highest rate of Asians is in Fresno County (9.7%).

Race/Ethnicity, by County

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Hispanic/Latino	52.0%	51.6%	53.1%	56.2%	57.5%	44.3%	63.0%	38.6%
White	30.8%	36.0%	33.6%	35.8%	29.5%	44.1%	30.1%	38.4%
Black/African American	4.7%	5.2%	5.9%	3.1%	3.1%	2.5%	1.3%	5.6%
Asian	9.7%	4.5%	3.6%	1.9%	7.3%	5.2%	3.2%	13.7%
American Indian/ Alaska Native	0.5%	0.5%	0.8%	0.9%	0.3%	0.4%	0.6%	0.4%
Native Hawaiian/ Pacific Islander	0.1%	0.1%	0.2%	0.1%	0.2%	0.7%	0.1%	0.4%
Other/Multiple	2.2%	2.1%	2.7%	2.0%	2.1%	2.8%	1.7%	3.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Language

In service area counties, 47.1% of the population in Tulare County speaks Spanish in the home. Asian and Pacific Islander languages are spoken by 6.1% of the population in Fresno County homes, and an Indo-European language is spoken by 4.3% of the population in Merced County.

Language Spoken at Home, Population 5 Years and Older, by County

	English	Spanish	Asian/Pacific Islander Language	Other Indo-European Language	Other Language
Fresno	55.4%	34.3%	6.1%	3.5%	0.6%
Kern	56.0%	39.1%	2.6%	1.6%	0.7%
Kings	59.1%	36.0%	2.5%	1.9%	0.5%
Madera	54.9%	41.9%	0.9%	1.7%	0.6%
Merced	47.5%	43.4%	4.5%	4.3%	0.3%
Stanislaus	59.1%	32.2%	2.9%	3.8%	2.0%
Tulare	48.8%	47.1%	2.4%	1.4%	0.3%
California	56.0%	28.8%	9.8%	4.4%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In service area counties, 26% of Tulare County students were classified as English Learners.

English Learners, by County

	Number	Percent
Fresno	40,623	19.9%
Kern	37,125	19.6%
Kings	5,779	19.8%
Madera	7,806	24.6%
Merced	14,877	25.4%
Stanislaus	26,403	24.0%
Tulare	27,073	26.0%
California	1,271,150	20.5%

Source: California Department of Education DataQuest, 2017-2018. <http://dq.cde.ca.gov/dataquest/>

SOCIAL DETERMINANTS OF HEALTH

Adverse Childhood Experiences

Childhood adversity, such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty can have negative, long-term impacts on health and well-being because early experiences can affect brain structure and function. Nearly half of U.S. children have experienced at least one adverse childhood event, and 16.4% of California children, ages 0 to 17, have experienced two or more adverse events. Service area county children have experienced higher rates of two or more adverse events than have children statewide, ranging from 16.9% in Stanislaus County to 18.1% in Tulare County.

Children with Two or More Adverse Experiences, Parent Reported, by County

	Percent
Fresno	17.9%
Kern	18.0%
Kings	17.5%
Madera	18.0%
Merced	18.0%
Stanislaus	16.9%
Tulare	18.1%
California	16.4%

Source: *Population Reference Bureau*, analysis of data from the *National Survey of Children's Health* and the *American Community Survey* (Mar. 2018) via <http://www.kidsdata.org>

Air Quality

Days with Ozone Levels above Regulatory Standard

In 2016, Tulare County had 87 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million, while Stanislaus County had 27 days of high concentrations of ozone. All service area counties had more high ozone days than the California's average, which was 22 days above the U.S. standard.

Days with Ozone Levels above Regulatory Standard, 2016, by County

	Number of Days
Fresno	75
Kern	78
Kings	49
Madera	40
Merced	28
Stanislaus	27
Tulare	87
California	22

Source: *California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics*, Aug. 2017 via <http://www.kidsdata.org>

Annual Average Particulate Matter Concentration

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma. The annual average PM 2.5 concentrations in California were measured at 9 micrograms per cubic meter. Service area counties ranged from annual average PM 2.5 concentrations of 12.0 in Madera and Merced Counties) to 15.9 in Kern County.

Average Particulate Matter Concentration, Micrograms per Cubic Meter, 2016, by County

	Annual average PM 2.5 concentration
Fresno	13.0
Kern	15.9
Kings	15.5
Madera	12.0
Merced	12.0
Stanislaus	12.7
Tulare	14.7
California	9.0

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, U.S. EPA Particulate Matter Trends, July 2017 via <http://www.kidsdata.org>

Child Abuse

In service area counties, the rate of children, under age 18, who experienced abuse or neglect ranged from 8.0 per 1,000 children in Kings County to 15.0 per 1,000 children in Stanislaus County. The service area county rates were higher than the state rate of 7.8 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Cases, Rate per 1,000 Children, by County

	Rate
Fresno	8.1
Kern	11.8
Kings	8.0
Madera	9.5
Merced	8.1
Stanislaus	15.0
Tulare	8.7
California	7.8

Source: California Child Welfare Indicators Project, 2017. http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx

The majority of substantiated child abuse and neglect cases in service area counties in 2018, were from general neglect. Merced County had the highest rate of physical abuse cases (7.9%) among area counties. The sexual abuse rate was highest in Kings County (9.2%) among area counties, though Kings County had the smallest number of reported child abuse cases.

Substantiated Child Abuse by Type of Abuse, by County

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
General neglect	71.8%	87.5%	70.7%	79.6%	75.1%	84.6%	69.1%	71.1%
Physical abuse	5.8%	2.9%	4.9%	4.2%	7.9%	4.7%	3.6%	7.1%
At risk/sibling abused	10.8%	0.8%	10.2%	6.6%	5.3%	0.2%	15.9%	5.3%
Sexual abuse	5.1%	2.2%	9.2%	5.4%	5.2%	3.5%	2.8%	4.9%
Severe neglect	4.4%	2.4%	0.7%	0.6%	1.9%	4.0%	1.5%	4.1%
Caretaker absence / incapacity	1.0%	3.9%	3.9%	2.7%	3.7%	1.7%	4.4%	3.7%
Emotional abuse	1.1%	0.1%	0.4%	0.9%	0.9%	1.2%	2.5%	3.7%
Exploitation	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.3%	0.2%
Total cases	2,158	2,786	283	334	695	1,419	1,160	66,584

Source: California Child Welfare Indicators Project, 2018. http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx

Children at Grade-Level in English Language Arts

Public school students in California are tested in English Language Arts/Literacy (ELA) as part of the California Assessment of Student Performance and Progress (CAASPP) test, beginning in third grade. In service area counties, 39% of Kings County 3rd grade students met or exceeded their grade level in English Language Arts. Among 11th graders (the final year tested), 56% of Stanislaus County students met or exceeded their grade level on the ELA. The rates for all area counties are lower than state rates.

Children Who Met or Exceeded Grade Level Standard in ELA, by County

	3 rd grade students	11 th grade students
Fresno	38%	53%
Kern	33%	52%
Kings	39%	47%
Madera	26%	45%
Merced	31%	51%
Stanislaus	32%	56%
Tulare	31%	52%
California	42%	59%

Source: California Dept. of Education, CAASPP Test Results, October, 2016. via <http://www.kidsdata.org>

Educational Attainment

High school graduation rates are the percentage of high school graduates that graduate four years after starting ninth grade. In service area counties, the high school graduation rate was lowest in Fresno County (80.8%). In Merced County, the graduation rate was 89.2%. Merced County meets the Healthy People 2020 objective for high school graduation of 87%.

High School Graduation Rate, by County

	High School Graduation Rate
Fresno	80.8%
Kern	85.3%
Kings	82.5%
Madera	82.3%
Merced	89.2%
Stanislaus	84.0%
Tulare	84.3%
California	82.7%

Source: [California Department of Education, 2016-2017](http://data1.cde.ca.gov/dataquest/)

Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially-acceptable ways. Among the population in the service area counties, 14.5% of Fresno County residents experienced food insecurity during the past year. Among children in the counties, 26.7% in Tulare County lived in households that experienced food insecurity at some point in the year. The rate of food insecurity among children was higher in all area counties than in the state.

Food Insecurity, by County

	Total population experienced food insecurity during the year	Children experienced food insecurity during the year
Fresno	14.5%	26.2%
Kern	13.6%	25.0%
Kings	13.6%	24.2%
Madera	11.4%	23.8%
Merced	13.2%	25.7%
Stanislaus	12.3%	21.9%
Tulare	13.0%	26.7%
California	11.7%	19.0%

Source: Feeding America, 2016. <https://map.feedingamerica.org/county/2016/overall/california/>

Free and Reduced Price Meals

The percentage of students eligible for the free and reduced price school meal program is one indicator of socioeconomic status. Among service area counties, 79.3% of Madera County students were eligible for the free and reduced price meal program, indicating a high level of low-income families. All service area counties showed higher rates of eligibility than the state.

Free and Reduced Price Meals Eligibility, by County

	Percent Eligible Students
Fresno	74.2%
Kern	73.6%
Kings	71.0%
Madera	79.3%
Merced	77.7%
Stanislaus	69.4%
Tulare	76.5%
California	60.1%

Source: [California Department of Education, 2017-2018](http://data1.cde.ca.gov/dataquest/)

Homelessness

Among children, 3.7% of public school enrollees in Kern County were recorded as being homeless at some point during the 2015-2016 school year. This is the highest percentage among service area counties, but it is lower than the state rate (4.4%).

Public School Children, Homeless at Some Point during Year, by County

	Percent
Fresno	2.8%
Kern	3.7%
Kings	2.6%
Madera	1.9%
Merced	2.8%
Stanislaus	3.2%
Tulare	3.2%
California	4.4%

Source: California Dept. of Education, [Coordinated School Health and Safety Office](#) custom tabulation & [California Basic Educational Data System](#) (May 2017) via kidsdata.org

Parks, Playgrounds and Open Spaces

65% of Madera County children, ages 1-17 years, were reported to live within walking distance to a park, playground or open space. In Tulare County, 71.4% of children visited a park, playground or open space in the past month.

Access to and Utilization of Parks, Playgrounds and Open Space, by County

	Lives in walking distance to park, playground or open space	Visited park, playground or open space in past month, ages 1 to 17
Fresno	79.8%	78.7%
Kern	88.7%	80.1%
Kings	83.0%	77.9%
Madera	65.0%	78.7%
Merced	81.3%	81.4%
Stanislaus	87.1%	86.9%
Tulare	74.0%	71.4%
California	88.0%	84.6%

Source: California Health Interview Survey, 2012-2016; <http://ask.chis.ucla.edu/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the federal poverty level (FPL) was an annual income of \$11,880 for one person and \$24,300 for a family of four.

Among residents of the service area counties, poverty rates range from 18.2% in Stanislaus County to 28.3% in Tulare County. Low-income rates (200% of FPL or below) in the service area range from 42.1% in Stanislaus County to 54.8% in Tulare County. All service area county poverty rates are higher than California poverty rates.

Ratio of Income to Poverty Level, by County

	Below 100% Poverty	Below 200% Poverty
Fresno	26.9%	50.2%
Kern	23.1%	47.7%
Kings	21.6%	48.6%
Madera	22.1%	49.5%
Merced	24.2%	52.7%
Stanislaus	18.2%	42.1%
Tulare	28.3%	54.8%
California	15.8%	35.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

Among service area counties, Fresno County (38.7%) has the highest rate of children, under age 18, living in poverty. 14.2% of Tulare County seniors are living in poverty. Among females who are head of household (HoH) with children, 55.5% in Merced County are living in poverty.

Poverty Levels of Children, Seniors, and Female Head of Household with Children, by County

	Children Under 18 Years Old	Seniors	Female HoH, with Children*
Fresno	38.7%	12.5%	54.0%
Kern	32.4%	11.8%	53.7%
Kings	29.8%	10.9%	44.2%
Madera	32.1%	11.6%	50.3%
Merced	35.0%	11.3%	55.5%
Stanislaus	24.6%	10.4%	44.0%
Tulare	38.3%	14.2%	52.1%
California	21.9%	10.3%	37.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701 & *S1702. <http://factfinder.census.gov>

Preschool Enrollment

The percentage of 3 and 4 year olds enrolled in preschool in service area counties ranged from 29.3% in Madera County to 44.7% in Merced County. These rates are lower than the state rate (48.6%).

Children, 3 and 4 Years of Age, Enrolled in Preschool, by County

	Percent
Fresno	37.4%
Kern	35.5%
Kings	36.3%
Madera	29.3%
Merced	44.7%
Stanislaus	39.7%
Tulare	37.1%
California	48.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1401. <http://factfinder.census.gov>

Public Program Participation

Among service area counties, 53.9% of Kings County low-income residents (\leq 200% of the FPL) are not able to afford food. 41.4% of Tulare County resident who earn \leq 300% of the FPL utilize food stamps. 60.8% of children, ages 6 and under, in Merced County have parents who access WIC benefits, and 21.1% of Merced County residents participate in TANF/CalWorks.

Public Program Participation, by County

	Not able to afford food (<200% FPL)	Food stamp recipients (<300% FPL)	WIC usage among children, 6 and under**	TANF/CalWorks recipients**
Fresno	50.7%	38.8%	48.4%	15.2%
Kern	42.0%	18.2%	47.8%	9.8%
Kings	53.9%	31.4%	42.6%	9.7%*
Madera	33.9%	34.0%	49.7%	11.5%*
Merced	41.4%	29.0%	60.8%	21.1%
Stanislaus	46.0%	22.0%	42.1%	7.9%*
Tulare	44.8%	41.4%	41.9%	17.0%
California	43.8%	22.6%	44.7%	8.5%

Source: California Health Interview Survey, 2015-2016, and **2013-2016. <http://ask.chis.ucla.edu/> * Statistically unstable due to sample size

Reading to Children

Adults with children in their care, ages 0 to 5, were asked whether the children were read to daily by family members in a typical week. 45.1% of adults interviewed in Tulare County, and 45.7% in Merced County, responded yes to this question. Of area counties, Fresno County had a high percentage of homes with daily reading (72.3%).

Children Who Were Read to Daily by a Parent or Family Member, by County

	Percent
Fresno	72.3%
Kern	55.8%
Kings	52.6%
Madera	56.2%
Merced	45.7%
Stanislaus	54.6%
Tulare	45.1%
California	63.4%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu>

HEALTH CARE ACCESS

Dental Care

21.7% of children in Stanislaus County and 21.4% of Fresno County children had never been to a dentist. 10.4% of children, ages 3-11, in Merced County needed dental care but did not get it in the past year. In service area counties, there were no teens that had not been to the dentist.

Delay of Dental Care among Children and Teens

	Children, Ages 3-11				Teens	
	Never been	Been, < 6 months to 2 years	Needed but didn't get care, past year**	Visited ER or Urgent Care due to dental, past year**	Never been	Been, < 6 months to 2 years
Fresno	21.4%	77.0%*	5.7%*	1.1%*	0.0%*	85.8%*
Kern	15.6%	83.9%*	2.8%*	1.2%*	0.0%*	96.5%*
Kings	11.6%*	87.6%*	0.3%*	1.0%*	0.0%*	97.7%*
Madera	15.2%*	84.8%*	0.2%*	0.3%*	0.0%*	97.9%*
Merced	13.8%*	86.0%*	10.4%*	0.0%*	0.0%*	81.0%*
Stanislaus	21.7%*	77.6%*	0.6%*	1.4%*	0.0%*	89.3%*
Tulare	8.9%*	91.2%*	2.5%*	0.7%*	0.0%*	96.1%*
California	15.5%	83.7%	4.2%	1.2%	1.8%	95.8%

Source: California Health Interview Survey, Children 2013-2017 or **2015-2017, Teens 2012-2014 + 2017. <http://ask.chis.ucla.edu>

*Statistically unstable due to sample size.

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Health insurance coverage ranges from 85.1% in Tulare County to 88.5% in Stanislaus County. Insurance coverage is higher among children than adults.

Health Insurance Coverage, by County

	All Ages	0 to 17	18 to 64
Fresno	85.8%	95.4%	78.8%
Kern	86.7%	94.6%	80.6%
Kings	87.3%	93.9%	81.8%
Madera	85.7%	93.9%	78.5%
Merced	87.0%	95.6%	80.6%
Stanislaus	88.5%	95.9%	83.1%
Tulare	85.1%	94.7%	77.6%
Fresno	85.8%	95.4%	78.8%
California	87.4%	94.6%	82.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. <http://factfinder.census.gov>

Lack of Care Due to Cost

In Kern County, 2.4% of children delayed or did not get care within the prior 12 months due to cost or lack of insurance; 2.8% of children in Merced County, whose care was delayed for any reason (not just cost or insurance), ultimately did not receive care. 9.2% of Madera County children had prescriptions that were delayed or unfilled in the past 12 months.

Cost as a Barrier to Accessing Health Care in Past Year for Children, 0 to 17, by County

	Child's care delayed or foregone due to cost or lack of insurance	Child forewent care	Child's prescription medication delayed or unfilled**
Fresno	1.3%*	1.8%*	7.9%*
Kern	2.4%*	1.3%*	3.4%
Kings	1.2%*	1.6%*	8.8%*
Madera	0.9%*	1.0%*	9.2%*
Merced	1.8%*	2.8%*	4.0%*
Stanislaus	1.9%*	1.5%*	7.4%*
Tulare	0.6%*	0.7%*	6.1%*
California	1.7%	1.3%	5.0%

Source: California Health Interview Survey, 2013-2017 & **2012-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors were the most likely to have a usual source of care, and adults, ages 18 to 64, were the least likely to have a usual source of care.

Usual Source of Care, by County

	Ages 0-17	Ages 18-64	Ages 65+
Fresno	90.5%	76.9%	95.5%*
Kern	92.8%	82.7%	93.9%*
Kings	87.6%*	83.7%	93.0%*
Madera	93.0%*	78.0%	92.1%*
Merced	92.0%*	78.4%	92.7%*
Stanislaus	79.5%	78.6%	95.6%*
Tulare	94.8%*	77.9%	88.9%*
California	91.5%	82.2%	94.5%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

The ratio of county populations to health care providers indicates fewer primary care physicians, dentists, and mental health providers for the populations of all seven service area counties when compared to California. Madera County has the fewest providers as a ratio of the population and Stanislaus County has the most providers as a ratio of the population.

Ratio of Population to Health Care Providers, by County

	Primary Care Physicians	Dentists	Mental health providers
Fresno	1,530:1	1,690:1	340:1
Kern	2,040:1	2,120:1	610:1
Kings	2,430:1	1,740:1	540:1
Madera	2,500:1	2,310:1	700:1
Merced	2,150:1	2,280:1	720:1
Stanislaus	1,530:1	1,640:1	550:1
Tulare	2,310:1	2,000:1	420:1
California	1,280:1	1,210:1	320:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org/app/california/2018/measure/factors/62/data>

BIRTH CHARACTERISTICS

Births

Between 2015 and 2017, there was an average of 52,185 births per year in the seven county service area.

Births, 2015-2017 Average, by County

	Average Annual Births
Fresno	15,012.7
Kern	13,603.0
Kings	2,299.3
Madera	2,233.3
Merced	4,141.3
Stanislaus	7,666.0
Tulare	7,229.7
All service area counties	52,185.3
California	484,130.7

Source: California Department of Public Health, County Health Status Profiles, 2019.
<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

Breastfeeding

The Healthy People 2020 objective is for 81.9% of infants to be breastfed. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates in service area counties ranged from 88.4% in Fresno County to 91.7% in Merced County. 56.2% of mothers in Tulare County and 71.6% of mothers in Fresno County used breastfeeding exclusively.

In-Hospital Breastfeeding, by County

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Fresno	11,525	88.4%	9,334	71.6%
Kern	10,470	89.8%	7,435	63.8%
Kings	1,887	90.5%	1,322	63.4%
Madera	1,682	90.9%	1,211	65.4%
Merced	3,381	91.7%	2,201	59.7%
Stanislaus	5,865	88.5%	4,336	65.4%
Tulare	5,585	91.1%	3,449	56.2%
California	390,082	94.0%	289,803	69.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who live in the service area counties. In Fresno, Kings, and Tulare counties, White mothers have higher rates of breastfeeding. In Kern and Madera counties, Asian mothers have higher rates of breastfeeding and in Merced and Stanislaus Counties, Hispanic mothers have higher rates of breastfeeding.

In-Hospital Breastfeeding, by Race/Ethnicity of Mother, by County

	Any Breastfeeding				Exclusive Breastfeeding			
	Asian	Latino/Hispanic	White	African-American	Asian	Latino/Hispanic	White	African-American
Fresno	78.1%	90.2%	93.0%	81.7%	58.6%	72.1%	81.4%	67.2%
Kern	95.6%	90.7%	90.0%	72.2%	62.8%	60.6%	75.1%	44.9%
Kings	89.2%	89.1%	93.4%	95.0%	64.9%	57.2%	79.9%	70.0%
Madera	96.2%	89.5%	94.9%	88.9%	76.9%	61.2%	78.1%	61.1%
Merced	84.1%	93.6%	91.2%	82.9%	37.1%	58.3%	72.4%	57.3%
Stanislaus	87.1%	89.0%	88.0%	83.3%	54.5%	63.8%	70.7%	61.5%
Tulare	83.9%	91.4%	92.2%	80.3%	46.4%	53.6%	68.7%	50.8%
California	95.1%	93.7%	95.5%	86.9%	63.9%	65.5%	81.3%	61.5%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Infant Mortality

The infant (less than one year of age) mortality rate in the service area counties ranged from 4.0 deaths per 1,000 live births in Merced County to 6.8 per 1,000 live births in Fresno County. The Healthy People 2020 objective is 6.0 deaths per 1,000 births.

Infant Death Rate, 2014-2016 Average, Rate per 1,000 Live Births, by County

	Rate
Fresno	6.8
Kern	6.1
Kings	<6.0**
Madera	5.2*
Merced	4.0
Stanislaus	5.1
Tulare	6.2
California	4.4

Source: California Department of Public Health, County Health Status Profiles, 2019.

<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx> *Statistically unstable **Exact rate suppressed due to 10 or fewer death.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease and disability. Low birth weight babies ranged from 6.4% in Madera and Merced Counties to 7.5% in Kern County. The Healthy People 2020 objective is 7.8% of low birth weight births.

Low Birth Weight (Under 2,500g), 2015-2017 Average, by County

	Percent
Fresno	7.3%
Kern	7.5%
Kings	6.5%
Madera	6.4%
Merced	6.4%
Stanislaus	6.7%
Tulare	7.0%
California	6.9%

Source: California Department of Public Health, County Health Status Profiles, 2019.

<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

Premature Birth

Premature births are births that occur before the 38th week of pregnancy. Fresno County (94.6 per 1,000 live births), Kings County (93.9 per 1,000 live births), Tulare County (93.7 per 1,000 live births) and Merced County (86.4 per 1,000 live births) have higher premature birth rates than the state (84.9 per 1,000 live births).

Premature Birth (Before 38th Week), by County, Annual Average 2014-2017, Rate per 1,000 Live Births

	Number	Rate
Fresno	5,758	94.6
Kern	5,117	93.0
Kings	868	93.9
Madera	718	79.7
Merced	1,433	86.4
Stanislaus	2,531	82.9
Tulare	2,747	93.7
California	166,000	84.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001.

Prenatal Care

Pregnant women in the service area counties entered prenatal care on time (in the first trimester) at rates that ranged from 67.5% in Merced County to 88% in Fresno County. The Healthy People 2020 objective is for 77.9% of pregnant women to enter prenatal care in the first trimester.

On-Time Entry (1st Trimester) into Prenatal Care, 2015-2017 Average, by County

	Percent
Fresno	88.0%
Kern	77.2%
Kings	71.1%
Madera	75.1%
Merced	67.5%
Stanislaus	80.8%
Tulare	73.4%
California	83.3%

Source: California Department of Public Health, County Health Status Profiles, 2019.

<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx> For those births where prenatal care initiation is known.

Teen Births

Teen births occurred at a higher rate in service area counties than in the state (15.7 births per 1,000 girls, ages 15 to 19). Tulare County had a teen birth rate of 32.5 per 1,000 girls, ages 15 to 19.

Births to Teen Mothers, Rate per 1,000 Girls, Ages 15 to 19, by County

	Rate
Fresno	26.5
Kern	31.7
Kings	30.4
Madera	31.5
Merced	26.0
Stanislaus	22.1
Tulare	32.5
California	15.7

Source: California Department of Public Health, County Health Status Profiles, 2019.

<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

ACUTE AND CHRONIC CONDITIONS

Asthma

In Kings County, 22.8% of the population and 29.6% of children, ages 0-17, have been diagnosed with asthma. Among service area counties, Fresno County has the highest rate of persons visiting the ER because of asthma (16.6%) and the highest rate of children visiting the ER because of asthma (28.9%).

Asthma

	Ever diagnosed, total pop.	Ever diagnosed, ages 0-17	ER/Urgent Care visit for, past year, total pop.	ER/Urgent Care visit for, past year, ages 0-17	Take daily med, total pop.	Take daily med, ages 0-17
Fresno	18.5%	20.9%	16.6%	28.9%	53.4%	52.1%
Kern	17.4%	20.4%	10.9%*	16.2%*	41.7%	22.3%*
Kings	22.8%	29.6%	11.5%*	8.1%*	62.1%	53.9%
Madera	16.0%	21.3%	9.8%*	14.7%*	61.1%	54.5%*
Merced	18.7%	23.5%	9.7%*	13.3%*	41.3%	35.5%*
Stanislaus	17.1%	17.3%	9.3%*	5.2%*	43.8%	45.7%*
Tulare	14.6%	10.1%	9.2%*	5.5%*	55.1%	46.4%
California	14.4%	15.0%	12.2%	16.9%	45.1%	40.5%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

Hospitalization Rates by Diagnoses

At Valley Children's Hospital, the top five primary diagnoses resulting in hospitalization were respiratory system, perinatal, and digestive system disorders, injuries/poisonings, and birth defects.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	Valley Children's Hospital
Respiratory system	21.4%
Perinatal disorders	12.0%
Digestive system	10.7%
Injuries/poisonings	8.9%
Birth defects	6.5%
Nervous system (including eye and ear disorders)	6.1%
Infections	5.2%
Endocrine diseases	4.0%
Genitourinary system	3.9%
Musculoskeletal system	3.3%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Unintentional Injuries

The top causes of unintentional, non-fatal injuries among children nationwide are falls, motor vehicle accidents and being struck by an object. In counties where there were fewer than 20 hospital discharges for non-fatal unintentional injuries per age group, data was suppressed. Among service area counties, Fresno County has the highest rates of hospitalizations for children under age 1 and ages 1 to 4. Madera County has the highest rate of unintentional injury hospitalizations for children ages 5-12. Kern County has the highest rate of unintentional injury hospitalizations for children ages 13 to 15 and Stanislaus County has the highest rate of unintentional injury hospitalizations for youth ages 16 to 20.

Unintentional Injury Hospitalizations, Rate per 100,000 Children

	Under Age 1	Ages 1 – 4	Ages 5 - 12	Ages 13 - 15	Ages 16 – 20
Fresno	358.8	269.5	138.8	148.1	193.3
Kern	295.8	238.9	111.2	164.7	217.2
Kings	*	*	*	*	188.5
Madera	*	*	165.1	*	196.3
Merced	*	135.7	79.4	*	176.3
Stanislaus	309.0	133.1	78.0	132.6	251.0
Tulare	*	118.8	60.8	107.1	225.4
California	248.4	212.2	118.1	151.7	222.2

Source: California Office of Statewide Health Planning and Development, *Patient Discharge Data*; California Dept. of Finance, *Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060*; CDC, *WISQARS* (Apr. 2016) via. <http://www.kidsdata.org> * = Data suppressed due to being a 'Low Number Event'.

HEALTH BEHAVIORS

Adequate Fruit and Vegetable Consumption

In Merced County, 23.2% of children and 10.8% of teens ate five or more servings of fruit and vegetables daily (excluding juice and potatoes). In Stanislaus County, 34.7% of children and in Madera County, 33.1% of teens ate five or more servings of fruit and vegetables daily (excluding juice and potatoes).

Five or More Servings of Fruit and Vegetables, Daily, by County

	Children	Teens
Fresno	34.2%	18.1%
Kern	31.9%	20.6%
Kings	23.2%*	16.6%*
Madera	23.8%	33.1%*
Merced	23.2%	10.8%*
Stanislaus	34.7%	13.6%*
Tulare	26.0%	16.5%*
California	32.2%	24.0%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/>

Aerobic Capacity/Physical Activity

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 52.1% of Stanislaus County and 65.9% of Madera County 5th graders met the 'Healthy Fitness Zone' of aerobic capacity. Area ninth graders performed worse in four of the seven counties, ranging from 51.5% of 9th graders in Madera County to 68% in Kern County testing in the Healthy Fitness Zone.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone, by County

	Fifth Grade	Ninth Grade
Fresno	60.0%	58.5%
Kern	56.6%	68.0%
Kings	53.9%	55.3%
Madera	65.9%	51.5%
Merced	60.2%	47.4%
Stanislaus	52.1%	53.4%
Tulare	55.4%	53.8%
California	62.0%	61.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017. <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

17.1% of Madera county children and teens spent over five hours in sedentary activities after school on a typical weekday. 8.9% of Kern County children and teens spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Activities, Children and Teens

	5+ hours spent on sedentary activities after school on a typical weekday	8+ hours spent on sedentary activities on a typical weekend day
Fresno	15.7%*	6.0%
Kern	15.2%*	8.9%
Kings	7.7%*	2.9%*
Madera	17.1%*	8.6%*
Merced	13.2%*	7.3%*
Stanislaus	16.2%*	8.6%*
Tulare	5.9%*	8.7%*
California	13.0%	8.2%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among Stanislaus County children, 9.9% did not engage in any physical activity other than PE, for at least one hour a day in the past week. Teens were asked about their activity in a typical week, and 14.6% of Kern County teens had not been active for at least one hour a day other than PE.

Sedentary Children and Teens

	Children No physical activity in past week	Teens No physical activity in a typical week
Fresno	9.5%*	12.2%*
Kern	9.0%*	14.6%*
Kings	4.1%*	6.5%*
Madera	9.8%*	9.2%*
Merced	8.9%*	9.8%*
Stanislaus	9.9%*	2.4%*
Tulare	5.4%*	8.1%*
California	8.0%	10.2%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children or seniors. Kings County had the highest rate of fast food consumption among service area counties.

Fast Food Consumption, Three or More Times a Week, by County

	Adults, Ages 18-64	Children, Ages 0-17	Seniors, Ages 65+
Fresno	28.1%	24.7%*	13.5%
Kern	28.5%	24.0%*	12.5%
Kings	29.6%	25.0%*	17.9%*
Madera	26.3%*	17.3%*	10.0%*
Merced	19.3%	17.1%*	16.6%*
Stanislaus	28.8%	17.4%*	12.4%*
Tulare	29.2%	17.2%*	12.8%*
California	25.5%	18.7%	11.0%

Source: California Health Interview Survey, 2012-2016; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Overweight and Obesity

In the seven-county service area, Kings County has the highest rate of overweight adults (37.7%). Madera County has the highest rate of overweight teens (24.8%) and Kern County has the highest rate of overweight children (23.4%).

Overweight, by County

	Adult (18+ years)	Teen (ages 12-17)	Child (under 12)
Fresno	34.7%	14.3%	17.5%
Kern	34.8%	21.6%*	23.4%
Kings	37.7%	20.1%*	16.4%
Madera	35.7%	24.8%*	9.0%*
Merced	34.9%	15.7%*	19.2%
Stanislaus	37.5%	17.8%*	12.7%*
Tulare	36.8%	19.7%*	14.8%*
California	35.2%	17.2%	13.7%

Source: California Health Interview Survey, 2012-2016; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

The Healthy People 2020 objectives for obesity are 30.5% of adults, aged 20 and over, and 16.1% of teens. All area counties exceed the Healthy People 2020 objective for obese adults. Only Stanislaus County meets the rate for obese teens (15%).

Obesity* by County

	Adults (20+ years)	Teens (ages 12-17)
Fresno	36.9%	25.4%*
Kern	40.7%	20.6%
Kings	41.7%	21.8%*
Madera	34.2%	21.9%*
Merced	34.6%	23.5%*
Stanislaus	35.2%	15.0%*
Tulare	34.7%	30.2%*
California	26.8%	16.8%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/>

*30+ BMI for adults; top 5% of BMI percentiles for teens.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

In service area counties, the percentage of 5th grade students who tested as body composition needing improvement or at health risk ranged from 31.4% in Madera County to 47.6% in Merced County. Among 7th grade students, rates ranged from 33.4% in Madera County to 48.5% in Kings County tested as needing improvement or were at health risk. By 9th grade there was a slight improvement in the percentage of overweight students in several counties. Rates ranged from 39.2% in Kings County to 45.5% in Merced County of 9th graders at risk or needing improvement.

Body Composition, ‘Needs Improvement’ and ‘Health Risk’, by School Grade, by County

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Fresno	19.9%	24.4%	19.8%	24.2%	20.1%	23.1%
Kern	20.9%	24.4%	21.1%	24.5%	21.3%	22.0%
Kings	18.5%	26.7%	25.4%	23.1%	22.2%	17.0%
Madera	24.4%	7.0%	25.5%	7.9%	29.8%	9.5%
Merced	20.4%	27.2%	20.3%	24.4%	21.1%	24.4%
Stanislaus	20.1%	25.0%	18.8%	22.5%	19.6%	22.9%
Tulare	20.0%	27.0%	20.7%	26.1%	20.5%	23.8%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<https://data1.cde.ca.gov/dataquest/>

Soda/Sugar-Sweetened Beverage (SSB) Consumption

14.4% of children in Kern County consumed at least two glasses of non-diet soda the previous day, and 19.8% in Madera County consumed at least two glasses of a sugary drink other than soda the previous day. 21.4% of adults in Tulare County consumed non-diet sodas at high rates (7+ times per week).

Soda or Sweetened Drink Consumption, by County

	Children and Teens		Adults	
	Drank at least 2 glasses non-diet soda yesterday	Drank at least two glasses sugary drinks other than soda yesterday	Drank non-diet soda at least 7 times weekly	Drank NO non-diet soda weekly
Fresno	9.7%*	11.6%*	19.6%	49.3%
Kern	14.4%	8.6%*	16.8%	48.2%
Kings	13.5%*	8.2%*	20.6%	43.1%
Madera	4.2%*	19.8%*	15.9%	49.9%
Merced	4.9%*	7.8%*	16.9%	48.8%
Stanislaus	7.3%*	8.7%*	14.2%	55.1%
Tulare	13.0%*	18.6%*	21.4%	50.2%
California	5.3%	9.1%	10.3%	60.1%

Source: California Health Interview Survey, 2013-2017 <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

MENTAL HEALTH

Mental Health Care Access

25.1% of Kern County teens needed help for emotional or mental health problems in the past year, and 18.3% of Kings County teens had received psychological or emotional counseling in the past year.

Teens Who Tried to Access Mental Health Care in the Past Year, by County

	Needed help for emotional or mental health problems in the past year	Received psychological or emotional counseling in the past year
Fresno	25.1%	15.0%
Kern	19.7%*	10.9%*
Kings	21.8%*	18.3%*
Madera	18.4%*	11.5%*
Merced	24.1%*	0.6%*
Stanislaus	18.7%*	6.8%*
Tulare	13.4%*	19.2%
California	19.6%	11.3%

Source: California Health Interview Survey, 2012-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Student Access to Support Personnel

The ratio of students in public schools to school support personnel was higher in Kern, Stanislaus and Tulare Counties than in California. Among service area counties, Tulare County had the most students per nurse (2,994:1), the most students per psychologist (1,714:1) and the most students per special education personnel (1,322:1). Kings County had the most students per speech/language/hearing specialist (4,954:1). Stanislaus County had the most students per counselor (1,089:1).

Student Access to Support Personnel, Ratio of Students to Personnel, 2017, by County

	Social Worker	Nurse	Psychologist	Speech/language/hearing specialist	Special education/other personnel	Counselor
Fresno	12,775:1	1,844:1	991:1	1,026:1	785:1	844:1
Kern	59,181:1	2,358:1	1,249:1	1,208:1	1,033:1	937:1
Kings	N/A	1,926:1	1,080:1	4,954:1	1,087:1	777:1
Madera	None	1,692:1	1,334:1	1,311:1	1,033:1	554:1
Merced	None	2,224:1	1,159:1	1,827:1	879:1	719:1
Stanislaus	None	2,580:1	1,708:1	2,268:1	846:1	1,089:1
Tulare	51,800:1	2,994:1	1,714:1	2,525:1	1,322:1	968:1
California	9,277:1	2,502:1	1,124:1	1,181:1	1,001:1	681:1

Source: California Dept. of Education, Staff Assignment and Course Data (March 2018) and DataQuest (May 2017) via <http://www.kidsdata.org> N/A = Suppressed due to more than zero but fewer than 1 full-time employee of that type.

Suicide

In 2015, there were 55 youth suicides in the service area counties. The rate of youth suicide (15 to 24 years of age) was 11.5 per 100,000 youth in Kern County and 10.5 per 100,000 youth in Tulare County.

Youth Suicides, Number in 2015, and Rate from 2013-2015, per 100,000 Youth, by County

	Ages, 5 to 14	Ages, 15 to 19	Ages, 20 to 24	2015 Total Number Ages, 5 to 24	2013-2015 Rate Ages, 15 to 24 only
Fresno	1	8	10	19	7.4
Kern	0	4	5	9	11.5
Kings	0	1	2	3	N/A
Madera	0	0	1	1	N/A
Merced	0	2	2	4	N/A
Stanislaus	0	2	6	8	8.4
Tulare	1	5	5	11	10.5
California	23	171	301	495	7.9

Source: California Dept. of Public Health, Death Statistical Master Files, CDC WONDER Online Database, 2015 or * 2013-2015. via <http://www.kidsdata.org>. N/A = Suppressed due to fewer than 20 youth suicides.

SUBSTANCE USE AND MISUSE

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. Over half of county 11th graders had tried alcohol. 18.8% of Tulare County 11th graders and 18.7% of Merced County 11th graders had experienced binge drinking in the past month.

Teen Binge Drinking, and Teen Alcohol Experience, by County

	Binge Drinking, Past Month		Ever Tried Alcohol	
	7 th Grade	11 th Grade	7 th Grade	11 th Grade
Fresno	N/A	N/A	N/A	N/A
Kern	2.9%	N/A	13.2%	N/A
Kings	3.7%	15.0%	17.0%	51.9%
Madera	7.4%	16.9%	21.3%	53.5%
Merced	2.1%	18.7%	16.6%	55.9%
Stanislaus	3.0%	17.2%	15.6%	53.1%
Tulare	4.3%	18.8%	17.2%	53.0%
California	2.6%	15.7%	12.7%	50.5%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015 via <http://www.kidsdata.org> N/A = data suppressed due to small sample size.

Cigarette Smoking

Madera County had the highest rates of cigarette use among 7th and 11th grade teens, among those service area counties for which data were available.

Teen Smoking, and Teen Smoking Experience, by County

	Cigarette Use, Past Month		Ever Tried Cigarettes	
	7 th Grade	11 th Grade	7 th Grade	11 th Grade
Fresno	N/A	N/A	N/A	N/A
Kern	2.4%	N/A	3.8%	N/A
Kings	4.1%	8.6%	3.3%	9.0%
Madera	7.2%	11.2%	9.6%	23.6%
Merced	1.5%	5.5%	2.0%	18.1%
Stanislaus	2.0%	4.0%	3.1%	14.4%
Tulare	4.1%	7.4%	3.7%	18.9%
California	2.0%	6.7%	3.0%	16.4%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015 via <http://www.kidsdata.org> N/A = data suppressed due to small sample size.

Marijuana Use, Youth

Marijuana use ranged from 7.3% of 7th graders in Merced County to 17% of 7th graders in Madera County. 91.5% of Madera County 7th graders did not use marijuana in the prior 30-day period, the lowest percentage of abstinence among service area counties.

Marijuana Use, 7th Grade Teens, by County

	Ever Tried	Days used in past 30 days					
		0	1	2	3-9	10-19	20-30
Fresno	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kern	7.4%	96.1%	1.3%	0.8%	0.8%	0.5%	0.3%
Kings	9.6%	93.4%	2.2%	1.1%	2.0%	0.9%	0.4%
Madera	17.0%	91.5%	2.9%	1.9%	2.0%	1.0%	0.7%
Merced	7.3%	96.1%	1.6%	0.7%	0.4%	0.5%	0.8%
Stanislaus	7.6%	95.6%	1.6%	0.6%	0.7%	0.8%	0.6%
Tulare	11.7%	94.2%	2.3%	1.0%	1.1%	0.7%	0.8%
California	7.2%	95.8%	1.5%	0.7%	0.7%	0.5%	0.8%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015 via <http://www.kidsdata.org> N/A = data suppressed due to small sample size.

Vaping

E-Cigarette smoking, also known as vaping, is generally higher among Merced County 7th and 11th graders. One exception is that 37.6% of Kings County 11th graders had tried an e-cigarette.

Teen E-Cigarette Smoking, and Teen E-Cigarette Experience, by County

	E-Cigarette Use, Past Month		Ever Tried E-Cigarettes	
	7 th Grade	11 th Grade	7 th Grade	11 th Grade
Fresno	N/A	N/A	N/A	N/A
Kern	6.7%	N/A	13.7%	N/A
Kings	9.1%	15.7%	13.7%	37.6%
Madera	11.3%	19.2%	21.0%	36.1%
Merced	5.8%	11.5%	11.7%	29.2%
Stanislaus	7.5%	14.2%	15.2%	37.0%
Tulare	9.5%	15.9%	18.3%	36.6%
California	7.4%	13.7%	12.7%	30.5%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015 via <http://www.kidsdata.org> N/A = data suppressed due to small sample size.

PREVENTIVE PRACTICES

Immunization of Children

Among area counties, rates of compliance with childhood immunizations upon entry into Kindergarten ranged from 92.3% in Kern County to 97.6% in Tulare County.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018, by County*

	Immunization Rate
Fresno	95.6%
Kern	92.3%
Kings	97.1%
Madera	95.6%
Merced	96.5%
Stanislaus	95.4%
Tulare	97.6%
California	94.9%

Source: California Department of Public Health, Immunization Branch, 2017-2018. *For those schools where data were not suppressed due to privacy concerns over small numbers.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

EVALUATION OF IMPACT

Valley Children's Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The hospital addressed: access to care, chronic disease prevention, infant health, mental health, and violence and injury prevention through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

Access to Care

Enrollment in Health Insurance

Valley Children's provided enrollment assistance to uninsured and under-insured patients who qualified for Medi-Cal, California Children's Services Program or Valley Children's Financial Assistance Program. Once eligibility was determined, Valley Children's staff assisted families with completing necessary applications and submitting them to the appropriate agencies.

Clinical Partnerships

Valley Children's Clinical Partnership Program brings together institutions focused on enhancing neonatal and pediatric care, regardless of whether the ill or injured child becomes a Valley Children's patient. This effort helps prevent children from being transferred or referred unnecessarily to Valley Children's and helps identify when a child needs advanced pediatric care. The goals of the Clinical Partnership Program include providing: enhanced, coordinated care, more care delivered closer to home, and improved quality and confidence in providing pediatric care. In 2017, Valley Children's supported 10 clinical partnerships. In 2018, Valley Children's supported 13 inpatient clinical partners and two outpatient clinical partners.

Meeting the Needs of Medically Complex Children

Valley Children's recognizes the critical role that community-based providers and organizations play in meeting the needs of medically complex children and is committed to making sure they have the clinical skills to take care of this patient population. Valley Children's provided significant outreach and education for community-based organizations and providers to make sure they have the clinical expertise needed to care for medically complex children, including children with tracheostomies and ventilators.

Transportation

Given the Central Valley's largely rural landscape and high concentration of poverty, transportation has long been a challenge for many families. Valley Children's continued to work with the community to improve public transportation and increase access to care by providing gas cards, taxi vouchers, Amtrak tickets and bus tokens. Valley Children's also subsidized bus and other public transit services from the City of Fresno and Kings County.

Chronic Disease Prevention

Health Care Literacy

Valley Children's provided access to online educational information via the Health Encyclopedia link on its website. The Health Encyclopedia contains thousands of pages of information on pediatric diseases, conditions and treatments, as well as sections on how to keep kids healthy. The encyclopedia is available in English and Spanish.

Communities for Healthy Kids

In 2017, Valley Children's initiated conversations with community stakeholders for the purpose of developing a regional agenda that measurably improves the health and wellbeing of children by reducing and preventing childhood obesity through collaboration, education and advocacy. In 2018, Valley Children's formally developed a regional approach to reducing the childhood obesity epidemic in the Central Valley. The Communities for Healthy Kids initiative is a multi-sector partnership between health care providers, health plans, schools, community-based organizations, public health departments and the agriculture industry to increase access to and consumption of healthy foods and beverages and to increase opportunities for and participation in physical activity. The purpose of this effort is to align and support existing partnerships across Fresno, Madera and Kings Counties in an effort to reduce childhood obesity in the Central Valley through education, advocacy and the coordinated implementation of identified strategies.

Furthermore, Valley Children's has identified food insecurity as a critical social determinant of health that impacts the health and wellbeing of our patients and families. Children who are food insecure lack access to affordable and healthy foods, which leads to adverse health outcomes, including increased obesity rates. To support this effort, Valley Children's launched a pilot project at one of its community-based primary care pediatric practices. Providers at the practice screen their patients for food insecurity. If assessed to be "at-risk," patients are connected to nutrition programs and emergency food resources.

Additional support included the following activities:

- Valley Children's convened a continuing medical education event on Childhood Obesity Prevention for community providers in Fresno, Madera, Merced, Kings and Tulare

Counties to raise awareness about ways to address childhood obesity within the clinical setting.

- Valley Children’s served on the Steering Committee for the Fresno County Health Improvement Partnership, co-chaired the Fresno County Diabetes Collaborative and participated in the Live Well Madera County Diabetes and Obesity Workgroup, the Kings County Diabetes Coalition and the Tulare County Diabetes and Obesity Workgroup.

Infant Health

Valley Children’s participated in initiatives that supported the healthy development of children, during pregnancy and into the first 3-5 years of life. Examples included the following:

- Fresno County Pre-Term Birth Initiative – Fresno County has one of California’s highest rates of premature birth with 1 out of every 9 babies born too early. Premature birth can cause serious physical and mental disabilities, or even death, before the baby’s first birthday. Over a 10-year period, the Fresno County Pre-Term Birth Initiative has worked to improve the health of Fresno mothers and reduce the rate of premature babies. Using an approach called Collective Impact, partners across many sectors have come together to create change in Fresno County. Valley Children’s has been an active participant in this initiative, with Valley Children’s Senior Vice President for Community Engagement and Population Wellness serving as chair of the Initiative’s Steering Committee.
- Cradle to Career – Fresno and Stanislaus Counties have begun formal Cradle to Career initiatives for the purpose of convening public and private sector stakeholders to work together to improve outcomes for children in their communities, from pre-conception to college and/or vocational training. Valley Children’s participates in both initiatives and has been a strong voice for the inclusion of outcomes and indicators focused on child health and wellness.
- Help Me Grow Fresno County – Help Me Grow is a coordinated system of early identification and referral for children, ages 0-5, who are at risk for developmental delays. In FY2018, Valley Children’s supported the implementation of Help Me Grow in its pediatric primary care practices in Fresno County by promoting the use of a specific developmental assessment and screening tool that is part of the Help Me Grow model.
- March of Dimes – Valley Children’s partnered with the March of Dimes to advocate for policies at the state and federal level that promote healthy pregnancies and healthy babies. Additionally, Valley Children’s Director of Community and Government Relations chaired the March of Dimes of California’s Advocacy and Government Affairs Committee in FY2017 and FY2018.

Mental Health

Issues and challenges associated with child and adolescent mental health continued to be a major concern. To help identify potential regional solutions, Valley Children’s supported or

participated in a number of activities. Valley Children’s staff provided teen suicide prevention education to students and staff at area high schools. In February 2017, Valley Children’s hosted a seminar titled “A Discussion on Teen Depression and Suicide Prevention” that drew over 200 attendees from across the Central Valley.

Valley Children’s staff either led or participated in a number of community-based collaboratives focused on preventing child mental illness and/or early identification and treatment of child mental illness. Valley Children’s staff chaired Community Conversations, a 50-member collaborative addressing issues of mental health, homelessness and the impact on families. A number of Valley Children’s staff also served as members of the Fresno Suicide Prevention Collaborative and Madera County Suicide Education and Awareness Collaborative.

Violence and Injury Prevention

Valley Children’s operates an Injury Prevention Program to increase community awareness of childhood injuries and measures to decrease their prevalence throughout the region. In 2017, the program recorded 23,367 contacts with children, parents, health care professionals and others at 175 community, media and professional events, covering the following topics: child passenger safety, helmet safety, medication safety, concussion, safe infant sleep, abusive head trauma, suicide prevention, teen depression, poison prevention. In 2018, the program recorded 15,519 contacts with children, parents, health care professionals and others at 184 community, media and professional events, covering the topics: child passenger safety, abusive head trauma, pedestrian safety, safe sleep, traumatic brain injury (helmet safety), Halloween safety, poison prevention, responding to a bleeding emergency, driver safety and awareness (including drunk/distracted driving), baby basics, medication safety, choking prevention, home safety, concussion prevention and management, bicycle safety, pediatric trauma, water safety and suicide prevention.

Valley Children’s also continued its strong focus on water safety through The Kohl’s Water Safety Program – a partnership between Valley Children’s Hospital and Kohl’s Cares. This program provided awareness messaging, educational opportunities and community outreach events to children and families on water safety and drowning prevention. The program aimed to decrease water-related injuries and drowning and improve the health, safety and wellbeing of children.

Valley Children’s distributed 525 bicycle helmets to children and families whose existing helmets did not meet minimum safety standards or who did not have helmets at all.

Valley Children’s conducted safety checks on 561 car seats and distributed 349 car seats to

families whose existing car seats did not meet minimum safety standards or who did not have a car seat and needed one.

Child Abuse Prevention

The Guilds of Valley Children's Hospital Child Abuse Prevention and Treatment Center's mission is to provide comprehensive services to children, dependent adults and their families through a multidisciplinary, child-friendly program, and to meet the physical and emotional needs of victims of child abuse. The Center's vision is to be the premier provider in Central California for diagnostic physical abuse assessments, foster care medical clearance examinations and pediatric sexual assault evaluations, including children who have been victims of commercial sexual exploitation. Additionally, the Center's providers, known as the Child Advocacy Team, regularly testify in both dependency and criminal courts throughout the Valley. The Center is recognized in Central California and around the state as a leader in advocacy, injury prevention, clinical research and academic training.

In 2017, the Center worked closely with law enforcement, county Child Protective Services (CPS) agencies, and district attorneys' offices in child maltreatment investigations. Collaborative efforts included case consultation and monthly SCAN (Suspect Child Abuse and Neglect) meetings facilitated by the Child Advocacy Clinic in an effort to track, monitor and advocate for the health and safety of at-risk children throughout the Central Valley. The SCAN consists of multidisciplinary members that include physicians, nurse practitioners, nurses, social workers, law enforcement, CPS, attorneys, public health and other individuals and groups.

In 2018, the Center became a member of the Child Advocacy Centers of California, Central Chapter. According to the report "Child Maltreatment 2017," an estimated 4.1 million referrals involving the suspected maltreatment of about 7.5 million children were made to Child Protective Services (CPS) agencies in the United States in 2017. This is an increase of approximately 91,000 referrals from 2016. In California, an estimated 400,190 suspected child maltreatment reports were completed, of which about 86,700 reports came from Valley Children's service area.

The Center includes the Child Advocacy Clinic, which operates five days a week and sees approximately 1,000 children each year. Center providers also are available seven days a week, 24 hours a day for emergency coverage. The Center includes an inpatient component that evaluates about 100 children yearly in the pediatric emergency department, acute-care floors and pediatric intensive care unit. These children are evaluated for suspected physical abuse, sexual abuse and neglect. The staff includes child abuse pediatricians, nurse practitioners specialized in child maltreatment, forensic nurses, social workers, forensic interviewers, a Center

coordinator, a licensed mental health provider and support staff.

In addition to the clinical services offered by the Center, a Multi-Disciplinary Interviewing Center is also available for victims or witnesses of crimes. Forensic interviewing services are requested by law enforcement and/or CPS. The purpose of the forensic interviewing program component is to reduce the number of interviews and decrease the number of individuals who will talk to the victim. The Center strives to provide a welcoming, child-friendly environment where children/dependent adults can feel safe and be interviewed by a trained professional. There is ongoing collaboration with external community partners and other Hospital services including subspecialty clinics, patient and family services, interpreter services, radiology, diagnostic clinical laboratories, child life services and pastoral care. The Center works closely with law enforcement, CPS and district attorneys' offices in their investigative efforts of child maltreatment.

Collaborative efforts include case consultation and monthly Suspect Child Abuse and Neglect (SCAN) meetings facilitated by our Child Advocacy Clinic in an effort to track, monitor and advocate for the health and safety of at-risk children throughout the Valley. For prevention education, the Center collaborates with internal and external partners to provide education to parents, caregivers, healthcare personnel, teachers and mandated reporters of suspected child maltreatment. These partners include Valley Children's Trauma Department's Injury Prevention Team, Safe Kids, Child Abuse Prevention Councils of California, Comprehensive Youth Services, CPS, Exceptional Parents Unlimited, Sexual Assault Response Teams (SART) and county public health departments.

Additionally, on April 6, 2018, the Center hosted a Child Abuse Prevention Conference, which highlighted trending topics in the field of child maltreatment interventions. International and local speakers presented on topics, including: institutional child abuse and its implications for policy change, neurological effects of childhood trauma, how trauma affects bonding and attachment, and internet crimes against children.

Poison Control

The Central California Poison Control Center is located on the Valley Children's campus and received a donation of office space from Valley Children's. The Center answers calls from throughout the region and provides expert advice and information regarding exposure to potentially harmful substances. The phones are staffed 24 hours a day, 7 days a week. In addition to providing emergency telephone advice regarding poison exposures, the Poison Control Center operates several programs critical to a culturally diverse, agriculturally based community like the Central Valley. The Center has been expressly responsive to the growing and largely underserved Latino population by developing specialized teaching tools and program interventions in Spanish, and providing customized trainings for community health workers in

Spanish. Also, the Center contracts with the State Department of Pesticide Regulation (DPR) to assist physicians in complying with mandatory reporting requirements for pesticide exposures. The Poison Control Center also provides case data and information on the health issues related to pesticide exposure in California.

APPENDIX 1. COMMUNITY STAKEHOLDERS

Fresno, Kings, Madera, and Tulare Counties

Fresno County Focus Groups

Organization	Populations Served	Language	Number of Participants
Centro La Familia	Urban populations - Hispanic/Latino	Spanish	11
Centro La Familia	LGBTQ+	English	9
Disabled Veterans of America	Disabled veterans	English	9
Fresno Barrios Unidos	Youth population	English	15
Fresno Housing Authority	Low-income residents: families, seniors, Hispanic/Latino populations, African Americans	English and Spanish	15
Parent Institute for Quality Education	Rural populations - Spanish	Spanish	13
Poverello House	Homeless	English	15
The Fresno Center	Southeast Asians	Hmong	15
West Fresno Family Resource Center	African American women, seniors	English	12
Youth Leadership Institute	Young men of color	English	11

Kings County Focus Group

Organization	Populations Served	Language	Number of Participants
Adventist Health Medical Office - Home Garden	General community	Spanish	7
Kings Partnership for Prevention	Representation from public health, law enforcement, schools	English	23
Champions Recovery Program	Persons in recovery for substance use, mental illness, and homelessness	English	12
Head Start	Parents	English	8

Madera County Focus Groups

Organization	Populations Served	Language	Number of Participants
Camarena Health Centers - Promotoras	General community	Spanish	12
City of Madera - Senior Services	Seniors	English	10
First 5 Madera County	Parents	Spanish	4
Guadalupe Society	Faith-based group	Spanish	15
Glory of Zion Church	African-Americans	English	16

Tulare County Focus Groups

Organization	Populations Served	Language	Number of Participants
Community Service Education & Training (CSET)	Low-income residents: Hispanic/Latino populations, LGBTQ+	English and Spanish	10
General/Promotora Group	Low-income residents	Spanish	19
General Community Group	Low-income residents: farm workers, Hispanic/Latino populations	Spanish	10
St. Anne's Church	Faith-based group	English	3
The Source - LGBT	LGBTQ+ community	English	10

Fresno County Key Informants

Name	Title	Organization	Sector
Artie Padilla	Director	Every Neighborhood Partnership	Community-Based Organization
Brian King	Founder/Director	Fresno Equal Opportunity Commission Street Saints	Community-Based Organization
Colleen Curtis	Executive Director	United Health Centers	Federally Qualified Health Centers
Cruz Avila	Director	Poverello House/MAPP Point	Community-Based Organization- Homeless populations
David Pomaville	Director	Fresno County Public Health	Public Health
Dawan Utecht	Director	Fresno County Dept. Behavioral Health	Public Health

Name	Title	Organization	Sector
Gayle Duffy	Executive Director	Children Services Network	Community Based Organization
Georege Seese	Past National Commander	Disabled Veterans of Americans	Veterans, Mental Health
Greg Hund	CEO	CaViva Health Net	Health
Leoncio Vasquez Santos	Executive Director	Centro Binacional Para el Desarrollo Indigena Oaxaqueno	Community Based Organization
Melissa Mendes	Career Technical Education Coordinator	Fresno Regional Workforce Development Board	Business
Pao Yang	Executive Director	The Fresno Center	Community-Based Organization - Southeast Asian refugees (Cambodians, Hmong, Lao, and Vietnamese)
Shawn Jenkins	Director	West Care	Health - LGBTQ+
Steve Ramirez	Executive Director	California Health Collaborative	Community-Based Organization - Health

Kings County Key Informants

Name	Title	Organization	Sector
Amy Ward	Chief Executive Officer	Lemoore Chamber of Commerce	Business
Andrea Kofl	President	Adventist Health	Health Care
Andrew Cromwell	Executive Pastor	Koinonia Church	Church
Bobbie Wartson	Executive Director	Kings County Commission on Aging	Community-Based Organization/Seniors
Darrel Pyle	City Manager	City of Hanford	City
Dr. Candice Golez	Family Physician	Adventist Health Physicians Network	Health Care
Joe Neves	Supervisor	Kings County Board of Supervisors	Public Health
Lisa Lewis	Director	Kings County Department of Behavioral Health	Public Health
Nanette Villareal	Executive Director	Kings United Way	Non-Profit
Nina Plata	VP Population Health	Adventist Health	Health Care

Parker Sever	Chief of Police	Hanford Police Department	Law Enforcement
Tim Bowers	Superintendent	Kings County Office of Education	District School Board

Madera County Key Informants

Name	Title	Organization	Sector
Aftab Naz	Pediatrician	Medical Doctor & Madera Community Hospital Trustee	Health Care
Caitlyn Pendley	Director, Student Health	Madera Unified School District	Education
Cheryl Mohr	Executive Director	Madera County Superintendent of Schools	Education
Chinayera Black-Hardaman	Executive Director	First 5 Madera	Funder
Debi Bray	Executive Director	Madera Chamber of Commerce	Business
Gloria Medina	Secretary	Guadalupe Society	Faith Based
Jay Varney	Sheriff	Madera County Sheriff Dept	Law Enforcement
Jean Robinson	Executive Director	Fresno Madera Agency on Aging	Community-Based Organization
Mattie Mendez	Executive Director	Community Action Partnership Agency of Madera County	Community-Based Organization
Paulo Soares	CEO	Camarena Health	Health Care
Sara Bosse	Director	Madera County Public Health Department (Live Well Madera Collaborative)	Public Health

Tulare County Key Informants

Name	Title	Organization	Sector
Brian Poth	Executive Director	The Source LGBTQ+ Center	LGBTQ+
Donna Hefner	CEO	Sierra View Medical Center	Health Care
Eric Kroutil	Chief of Police	Porterville Police Department	Law Enforcement
Graciela Soto Perez	CEO	Altura Centers for Health	Health Care
Janet Paine	Program Manager	Anthem Blue Cross	Medi-Cal Patients
Jorge Fernandez	Branch Manager	Knights of Columbus	Faith-Based
Karen Haught	Assistant Health Officer	Tulare County Health and	Tulare County

		Human Services Agency	Residents
Marisol de la Vega Cardoso	Chief Business Development Officer	Family Health Care Network	Health Care
Michelle Morrow	Executive Director	First5 Tulare County	Funder
Ryan Gates	Director of Population Health	Kaweah Delta Health Care District	Health Care
Willy Carillo	Tule River Tribe Community Member	Tribal Council	Tule River Tribe

Kern County Key Informants

Name	Title	Organization
Juan Avila	Chief Operating Officer	Garden Pathways
Carlos Baldovinos	Executive Director	Mission of Kern
Ja'Nette Beck	Recreation Supervisor II	City of Bakersfield Department of Recreation and Parks
Sue Benham	Vice President, Philanthropy	Bakersfield Memorial Hospital Foundation
Lamar K. Brandysky	Project Manager	Kern County Behavioral Health and Recovery Services
Camila Chavez	Executive Director	Dolores Huerta Foundation
Morgan Clayton	President	Tel-Tec Security
Everardo Cobos	Chair, Departments of Medicine and Chief, Division of Hematology/Oncology	Kern Medical
Michelle Corson	Public Relations Officer	Kern County Public Health Services Department
Tom Corson	Executive Director	Kern County Network for Children
Wesley Davis	President/CEO	Wendale Davis Foundation
Misty Dominguez	Director of Care Coordination	Kern Medical
Toni Dougherty	Friends of Mercy Foundation	Friends of Mercy Foundation
Kelly Earles	Program Specialist	Bakersfield City Schools
Jill Eglund	President	Kern Food Policy Council
Natasha Felkins	Senior Health Educator	Planned Parenthood
Beth Fugate	Case Manager	Alliance Against Family Violence
Louis Gill	Executive Director	Bakersfield Homeless Center
Monsignor Craig Harrison	Pastor	St. Francis Church/St. Phillip
Jan Hefner	Executive Director	Center for Gender Diversity and Sexuality
Jennifer Henry	Executive Director	Links for Life
Hernann Hernandez	Executive Director	Central Valley Farmworker Foundation
Kim Hernandez	Epidemiologist	Kern County Public Health Services Department
Loni Hill-Pirtle	Regional Manager of Care Coordination/Social Services	Dignity Health Mercy and Memorial Hospitals

Name	Title	Organization
Denise Hunter	Director, Service Excellence	Bakersfield Memorial Hospital
Jessica Janssen	Homeless Projects Manager	Kern Homeless Collaborative
Lorena Lara	Community Organizer	Faith in the Valley
Jennifer Lavers	Director of Operations	Adventist Health
Terri Lindsey	Coordinator of School Health	Bakersfield City Schools
Rick McPheeters	Chair, Department of Emergency Medicine	Kern Medical
Genie Navarro	Property Manager	Mercy Housing
Reyna Olaguez	Executive Director	South Kern Sol
Gema Perez	Director	Greenfield Walking Group
Raymond Purcell	Director, Student Health and Wellness Services	Bakersfield College
Pritika Ram	Director of Administration	Community Action Partnership of Kern
Ramala Ramkissoon	Director of Community Wellness Programs	Dignity Health
Nataly Santamaria	Promotora	Vision y Compromiso
Sheila Shegos	Outreach and Grant Administrator	Community Action Partnership of Kern
Jennie Sill	Children's System of Care Administrator	Kern County Behavioral Health and Recovery Services
Amanda Valenzuela	Development Manager	Alzheimer's Association
Joan Van Alstyne	Director Patient Experience	Mercy Hospitals of Bakersfield

Merced County

Merced County Online Key Informant Survey

Key Informant Type	Number Invited	Number Participating
Physicians	3	0
Public Health Representatives	141	45
Other Health Providers	4	0
Social Services Providers	4	3
Other Community Leaders	3	1

Participation included representatives of the organizations outlined below.

- Merced County Behavioral Health and Recovery Services
- Merced County Department of Public Health
- Merced County Emergency Medical Services Agency
- Merced County Environmental Health
- Merced County Office of Education

Stanislaus County

The focus groups engage these populations in Stanislaus County

- Low income
- Hispanic
- Minority
- Veterans
- Seniors
- LGBT
- Spanish-speaking
- Rural
- African American
- Youth
- Homeless

Key informant interviews were conducted with persons who represented these organizations:

- Health Services Agency
- Behavioral Health and Recovery Services
- West Modesto Community Collaborative
- Stanislaus County Law Enforcement
- Golden Valley Health Centers
- Center for Human Services
- Memorial Medical Center
- CSU Stanislaus

APPENDIX 2. COMMUNITY RESOURCES

Community stakeholders and residents identified community resources potentially available to address the identified health needs.

Fresno, Kings, Madera, and Tulare Counties

20/30 Club	Committee	Central Valley Lioness Lions Club
ABC30 Fresno Community Advisory Committee, Fresno	California Health Sciences University	Central Valley Opioid Safety Coalition
Advanced Foot Care and Clinical Research	California Partnership for the San Joaquin Valley	Central Valley Recovery Services
Affiliated Physician Practice	California Safe Teen Driving Committee	Central Valley School Health Advisory Panel
Alliance for Medical Outreach and Relief	California State Injury Prevention Collaborative	Central Valley SPCA
Altura Health Clinics	California State University, Fresno	Centro La Familia
Alzheimer’s Association	California State University, Fresno, University Advisory Board	Champions Recovery Systems
American Cancer Society	Camarena Health Center	Child Abuse Prevention Councils
American Heart Association	Camp Sunshine Dreams	Children’s Health and Air Pollution Study for the San Joaquin Valley
American Lung Association	Campesinas Unidas	Chowchilla Chamber of Commerce
Amore Foundation	Catholic Charities	Chowchilla Skilled Nursing Facility
Anthem Blue Cross	Cedar Creek Retirement Community	City of Dinuba Parks and Recreation
Arya Medical Group	Central California Blood Center	City of Visalia
Assembly Member Frank Bigalow	Central California Chapter of the Project Management Institute	College of Sequoias
Avalon Healthcare	Central California Perinatal Mental Health Collaborative	Community Conversations on Mental Health – Fresno County
Bi-Annual Babies First	Central California Women’s Conference	Community Integrated Work Program
Coordinating Council	Central Valley Farmworker Foundation	Congestive Heart Failure Support Group
Binational Health Week of Central California Planning Committee	Central Valley Community Foundation	Congressman Jim Costa Council of Indian Organizations
Boy Scouts of America, Troop 257	Central Valley Health AKA More than CPR	County Pediatric Death Review Teams
Bringing Broken Neighborhoods Back To Life (Selma)		Cradle to Career Partnership,
CA Health Collaborative		
Cal Viva		
California Association of Healthcare Leaders		
California Association of Rural Health Clinics		
California Breast Feeding Coalition Communication		

Fresno County
Community Service Education
& Training (CSET)
Cutler/Orosi Lion's Club
Dinuba Chamber of
Commerce
Dinuba Kiwanis Club
Dinuba Unified School
District
Easterseals Central California
eClinical Works
El Portal Cancer Center
Episcopal Church of the
Saviour Soup Kitchen
Every Neighborhood
Partnership
Exceptional Parents Unlimited
Family HealthCare Network
Family Services of Tulare
County
Fesno Madera Medical
Society
First 5 of Madera County
First 5 of Tulare County
FoodLink for Tulare County
Forward Advantage
Fresno and Clovis Rotary
Clubs
Fresno Area Hispanic
Foundation
Fresno Babies First
Breastfeeding Task Force
Fresno Chamber of
Commerce
Fresno City College
Fresno Community Health
Improvement Partnership
(FCHIP)
Fresno Council on Child
Abuse Prevention
Fresno County 5150 Task
Force

Fresno County Farm Bureau
Fresno County Health
Improvement Initiative
Fresno County Health
Improvement Partnership
Diabetes Collaborative
Fresno County Office of
Education
Fresno County Office of
Education Teen Parent
Support Collaborative
Fresno County Pre-Term Birth
Initiative
Fresno County Sexual Assault
Response Team
Fresno County Suicide
Prevention
Collaborative
Fresno Healthy Communities
Access Partners
Fresno Madera Agency on
Aging
Fresno Metro Ministries
Fresno Pacific
UniversityFresno Rescue
Mission
Fresno State Nursing Student
Program
Fresno State Project
Management Institute
Goshen Family Resource
Center
Greenhill Lions Club
Guadalupe Society
Hands in the Community
(Kings/Tulare counties)
Hanford Joint Union High
School District
Health Net
Healthy Communities Access
Program (HCAP)
Help Me Grow – Fresno and

Kern Counties
Hinds Hospice
Hispanic Chamber of Kings
and Tulare County
James Irvine Foundation New
Leadership Network
KARELink
Kern County Medically
Vulnerable Infant Project
Kings Canyon Joint Unified
School District (Reedley)
Kings Community Action
Organization
Kings County Commission on
Aging Council
Kings County Department of
Behavioral Health
Kings County Department of
Public Health
Kings County Diabetes
Coalition
Kings County Multi-
Disciplinary Team
Kings County Wellness Bridge
Kings Gospel Missions
Kings Partnership for
Prevention
Kings Tulare Homeless
Alliance (CoC)
Kings United Way
Kingsview
Kiwanis Club of Madera
Leukemia & Lymphoma
Society
Lindsay Family Resource
Center
Lindsay Kiwanis Club
Lindsay School District
Lindsay Wellness Center
Live Well Madera County
Live Well Madera County
Obesity and Diabetesity

Workgroup
 Maddy Institute, California
 State University, Fresno
 Madera Chamber of
 Commerce
 Madera City Council
 Madera City Schools
 Madera Community College
 Center
 Madera County Board of
 Supervisors
 Madera County Breast
 Feeding Coalition
 Madera County Child Abuse
 Prevention Council
 Madera County Economic
 Development Commission
 Madera County Health
 Department
 Madera County Interagency
 Council for Children
 Madera County Office of
 Education
 Madera County Office of
 Education Pregnant or
 Parenting Teen Youth
 Conference
 Madera County Sheriff's
 Department
 Madera Ministerial
 Association
 Madera Police Department
 Madera Rehab and Nursing
 Madera Unified School
 District Wellness
 Committee
 March of Dimes California
 Advocacy and Government
 Affairs Committee
 March of Dimes Central
 Valley Division
 Mariposa County Interagency

Team Member
 Marjaree Mason Center
 Mayor's Community Advisory
 Board Panel
 Model of Care Partnership
 Oversight Committee, Fresno
 County
 National Alliance on Mental
 Illness – Fresno County
 OMNI Health Centers
 Optimal Hospice
 Optimist Club of Visalia
 Poverello House
 Preterm Birth Collective
 Impact Initiative for Fresno
 County
 Proteus Inc.
 ProYouth
 Quinto Sol De America
 RAD-AID (Aid to Tanzania)
 Regional Partnership on
 Childhood Obesity
 Prevention
 Resource Center for
 Survivors, Fresno County
 Rape Crisis Services
 Roman Catholic Diocese of
 Fresno, Health Ministry Office
 Rotary Clubs of Madera
 Ruiz Foods
 Safe Kids Central California
 Safe Kids Kings County
 Samaritan Center
 San Joaquin Valley College
 San Joaquin Valley Health
 Consortium
 Self-Help Enterprises
 Seventh Day Adventist
 Church
 Shinzen Garden
 Soroptimist Club of Madera
 St. Mary's Church

Survivors of Suicide Loss –
 Fresno County
 Susan G. Komen Race for the
 Cure
 Suspected Child Abuse &
 Neglect (SCAN) Teams for
 Fresno and Madera Counties
 Teen Parent Support Program
 – First 5 Fresno
 Terra Bella Unified School
 District
 Tulare County Diabetes
 Workgroup
 Tulare County Early Child
 Care Centers
 Tulare County HHSA
 Tulare County Libraries
 Tulare County Mobilizing for
 Action through Partnerships
 and Programs Committee
 Tulare County Office of
 Education
 Tulare County Sexual Assault
 Response
 Team
 Turning Point of Central
 California Inc
 Unintentional Injury
 United Way of Fresno
 United Way of Tulare County
 University of California
 Cooperative Extension
 Valley Alliance for Latina
 Leadership Excellence
 Valley Children's Hospital
 Valley Teen Ranch
 VeeMed
 Ventanilla de Salud Program,
 Mexican Consulate Fresno
 VEP Healthcare
 Vida Sana Health Clinic
 Visalia Emergency Aid

Council
 Visalia Family Resource Center
 Visalia Farmers' Market Association
 Visalia Medical Clinic
 Visalia Rescue Mission

Visalia Unified School District
 Vision Y Compromiso Promotores Network
 Water Safety Council of Fresno County
 West Fresno Family Resource Center

Westcare
 Woodlake Family Resource Center
 Workforce Development
 Workforce Investment Board
 Youth Boardgaming League

Kern County

Health Need	Community Resources
Access to health care	Arvin Community Health Center Building Healthy Communities Cirugia Sin Fronteras (Surgery Without Borders) National Health Services, Inc. Clinica Sierra Vista Dolores Huerta Foundation Faith in the Valley Kern County Department of Public Health Kern Medical Omni Family Health Planned Parenthood Ridgecrest Community Medical and Dental Center Delano Community Health Center Shafter Community Medical and Dental Clinic Southern California Crossroads Taft Medical and Dental Center
Alzheimer's disease	Alzheimer's Association Alzheimer's Disease Association of Kern County Trial Match
Birth indicators	Clinica Sierra Vista Kern County Department of Public Health Kern County Network for Children Omni Family Health Prevention Coalition, Safely Surrender Safe Sleep and Breast-Feeding Coalition
Chronic diseases	American Cancer Society Arvin Community Health Center Asthma Coalition Bailoterapia Clinica Sierra Vista Community Action Partnership Kern County Cancer Fund Links for Life

Health Need	Community Resources
	National Health Services, Inc. Omni Family Health Ridgecrest Community Medical and Dental Center Delano Community Health Center Shafter Community Medical and Dental Clinic Taft Medical and Dental Center
Dental care	Academy of Pediatrics Arvin Community Health Center Clinica Sierra Vista, National Health Services, Inc. Ridgecrest Community Medical and Dental Center Delano Family Dental Clinic Delano Community Health Center First 5 Omni Family Health Shafter Community Medical and Dental Clinic Taft College Taft Medical and Dental Center
Economic insecurity	America’s Job Center California Rural Legal Assistance Catholic Charities Center on Race CityServe Community Action Partnership of Kern Garden Pathways Jakara Movement Kern County Homeless Collaborative Kern County STEAM Hub Kern Economic Development Corporation Kern Education Justice Collaborative Kern Family Foundation Leadership Counsel - Justice and Accountability for All Poverty & the Environment. Operation School Bell Assistance League South Kern Sol African American Network of Kern County, Inc. United Way
Environmental pollution	American Lung Association, Central Valley Air Coalition Kern County Air Quality Index
Food insecurity	Catholic Charities Catholic Charities Community Action Partnership of Kern Food Bank

Health Need	Community Resources
	Feeding America Golden Empire Gleaners Kern County Food Bank Kern Food Policy Council Meals on Wheels St. Vincent de Paul Center Waste Hunger Not Food
Housing and homelessness	Alliance Against Family Violence and Sexual Assault Bakersfield Homeless Center Bakersfield Rescue Mission California Veterans Assistance Foundation Flood Bakersfield Ministries Housing Authority of Kern Kern County Homeless Collaborative Park 20 th Permanent Supportive Housing Rally Point Permanent Supportive Housing Salvation Army The Mission at Kern County Women’s Center-High Desert
Mental health	Arvin Community Health Center Aspire Counseling Services Behavioral Health and Recovery Services Delano Community Health Center Freise Hope House Griffins Gate - Casa De Los Amigos Community Respite Center National Alliance on Mental Illness National Health Services, Inc. Ridgecrest Community Medical and Dental Center Shafter Community Medical and Dental Clinic Taft Medical and Dental Center
Overweight and obesity	Bike Bakersfield Boys and Girls Club Committee for a Better Arvin Greenfield Walking Group YMCA
Preventive practices	Arvin Community Health Center Delano Community Health Center Garden Pathways Kern County Department of Public Health National Health Services, Inc. Planned Parenthood

Health Need	Community Resources
	Ridgecrest Community Medical and Dental Center San Joaquin Mobile Immunizations Shafter Community Medical and Dental Clinic Taft Medical and Dental Center
Sexually transmitted infections	Community clinics Family PACT Kern County Department of Public Health Planned Parenthood
Substance use and misuse	Genesis Sober Living Jason's Retreat Salvation Army Teen Challenge
Unintentional injury	Arvin Community Health Center Clinica Sierra Vista Delano Community Health Center Kern Medical Safe Streets National Health Services, Inc. Omni Family Health Ridgecrest Community Medical and Dental Center Shafter Community Medical and Dental Clinic Taft Medical and Dental Center
Violence and community safety	Alliance Against Family Violence and Sexual Assault Bakersfield Safe Streets Partnership Faith in the Valley Family Justice Center Gang Taskforce Kern County Sheriff's Activities League Stay Focused Ministries Women's Center-High Desert

Merced County

Health Need	Community Resources
Access to health care	2-1-1 Alliance on Health Apex Medical Group California Children Services Castle Clinic Castle Family Health Center Central California Alliance Dignity Health Doctor's Offices Golden Valley Health Center Human Services Agency Livingston Community Health Maternal, Child and Adolescent Health Services Mental Health Services Merced County Behavioral Health and Recovery Services Merced County EMS Agency Merced County Mental Health Merced County Public Health Merced Faculty Associates Merced Transit Buses Mercy Medical Center Merced Mercy Residency Program Planned Parenthood Ryan White HIV/AIDS Program Valley Children's Satellite Clinic
Chronic diseases	American Cancer Society American Heart Association Castle Family Health Center Central California Alliance Community Health Clinics Dial-a-Ride Dignity Health El Portal Imaging Center Farmer's Markets Fitness Centers/Gyms Golden Valley Health Center Health Fairs Livingston Community Health Livingston Medical Group Los Banos Memorial Hospital Mental Health Services Merced Cancer Society Merced County EMS Agency Merced County Public Health Merced UC Davis Cancer Center Mercy Medical Center Merced

Health Need	Community Resources
	National Diabetes Prevention Program Parks and Recreation Rethink Your Drink Riggs Ambulance Service School System Self-Management Diabetes Classes Valley Children's Satellite Clinic
Infant and child health	Boys & Girls Club Caring Kids Castle Health Center First 5 Association Golden Valley Health Center Junior Giants Livingston Community Health Merced County Human Services Agency Merced County Public Health Merced Faculty Associates Planned Parenthood School System Sierra Vista Child & Family Services Valley Children's Satellite Clinic WIC
Injury and violence prevention	Boys & Girls Club California Highway Patrol Dignity Health Junior Giants Merced County Behavioral Health and Recovery Services Merced County EMS Agency Merced County Police Department Merced County Public Health School System
Mental health	AspiraNet Beacon Caring Kids Central California Alliance First 5 Association Food Bank of Merced County Golden Valley Health Center Homeless Shelters Los Banos Memorial Hospital Marie Green Center Mental Health Services Merced County Behavioral Health and Recovery Services Merced County EMS Agency Merced County Human Services Agency Merced County Public Health Mercy Medical Center Merced

Health Need	Community Resources
	National Alliance on Mental Illness (NAMI) School System Sierra Vista Child & Family Services Suicide Prevention Hotline Turning Point
Nutrition, physical activity and weight	5K/10K Walk or Run Boys & Girls Club CalFresh Benefits Champions for Life Program City Planners Community Center Doctor's Offices Farmer's Markets First 5 Association Fitness Centers/Gyms Merced County Public Health Parks and Recreation School System Weight Watchers
Oral health	Dental Health Services Denti-Cal Golden Valley Health Center Oral Health Advisory Committee Oral Health Program
Sexually transmitted infections	Community Health Clinics FPA Women's Health General Medicine Clinic (GMC) Golden Valley Health Center Health Department Memorial Hospital Mercy Medical Center Merced Patient First Urgent Care Planned Parenthood
Substance use	Aegis Treatment Centers American Lung Society California Health Collaborative Castle Family Health Center Churches Dignity Health Doctor's Offices GEO Reentry Services Golden Valley Health Center Homeless Shelters Livingston Community Health Love, Inc. Mental Health Services Merced County Alcohol and Drug Services

Health Need	Community Resources
	Merced County Behavioral Health and Recovery Services Merced County Mental Health Merced County Public Health Merced County Rescue Mission Merced County Substance Abuse Disorder Services New Direction Public Health Recovery Assistance Programs School System Substance Abuse Services The David J. Riordan's Hobie House

Stanislaus County

- Center for Human Services
- El Concilio
- Elected officials
- Government agencies
- Health care facilities
- Law Enforcement
- Non-profits/faith-based organizations
- Parks, trails and other physical space throughout the county
- Promotoras
- Sierra Vista
- West Modesto King Kennedy Collaborative