



COMMUNITY BENEFIT REPORT
September 2018 – August 2019

Submitted to:
The Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
January 2020

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Our Mission and Vision

Mission

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

Vision

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

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I. Introduction and Organizational Overview

Who we are

Community Medical Centers (CMC) is a locally owned, not-for-profit, public-benefit organization based in Fresno, California. Established in 1897, CMC is now the region's largest healthcare provider and private employer. We operate a physician residency program with one of the nation's top-rated medical schools, the University of California, San Francisco.

With more than 8,600 employees, 1,400 affiliated physicians and nearly 1,000 volunteers, Community serves a 15,000-square-mile area that includes Fresno, Madera, Kings and Tulare counties — and beyond.

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

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

This consolidated report is submitted on behalf of the system of hospitals and providers that are part or partners of the Community Medical Centers' system.

Hospital campuses

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

Outpatient centers

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

Long-term care center

Community Subacute & Transitional Care Center

Hospitality home

Terry's House

Affiliations

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

Specialty centers

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

Accreditation

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

Governance

Community is governed by a volunteer Board of Trustees comprised of local civic leaders and physicians who collectively represent nearly 124 years of service to the organization. The Trustees set the vision and policy direction for the organization and approve the organization's strategic, business and financial plans.

II. Commitment to Community Benefit

Community Medical Centers' commitment to community benefit is demonstrated at every level of the organization. Evidence of our mission is the continual investment in improving the health of those we serve, and in the community that our more than 10,000 employees, physicians, and volunteers and nearly 300,000 patients call "home." Over the past two decades, no other hospital organization in the San Joaquin Valley has invested more to ensure healthcare access to all people of this growing region.

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

Many CMC leaders and staff members participate in a wide array of community-based organizations, extending our community benefit outreach far beyond dollars invested.

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

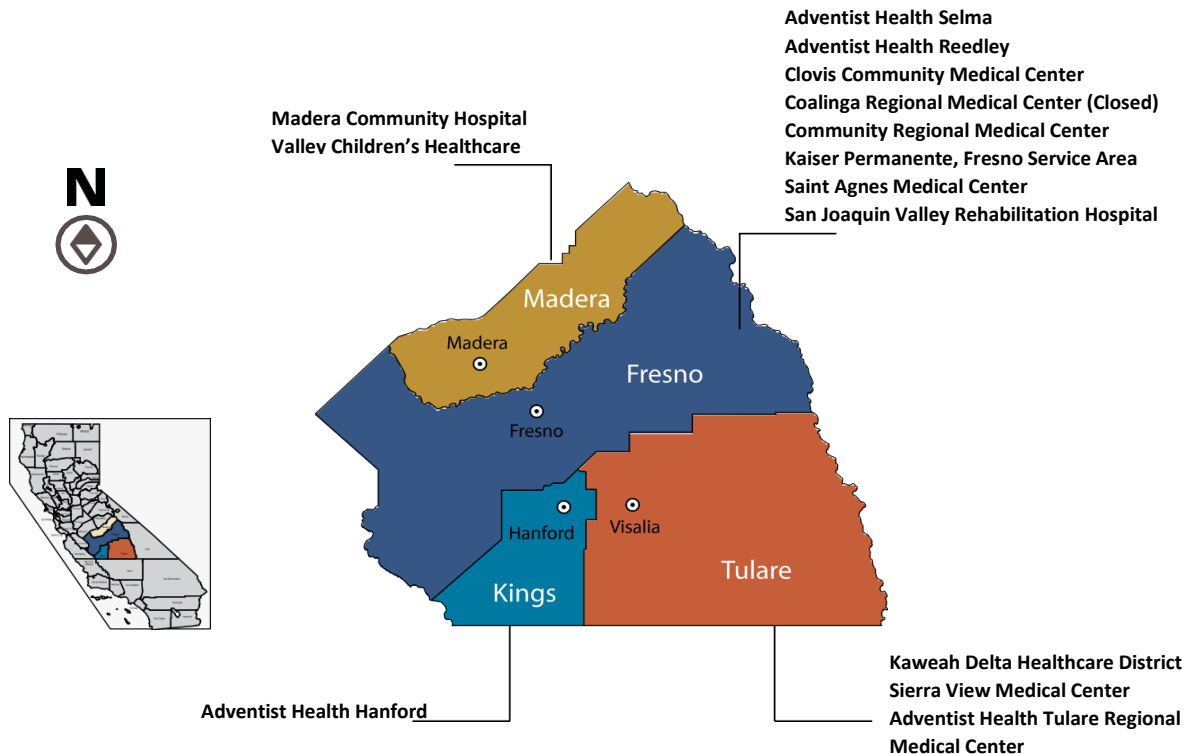
III. Community Medical Centers' Service Area: A Look at Our Unique Region

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

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

Community Profile

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



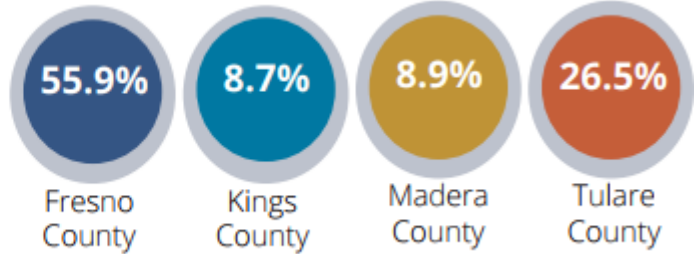
Population Characteristics

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

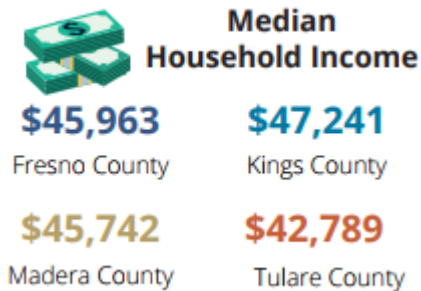
In 2016, approximately

1,722,556

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



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

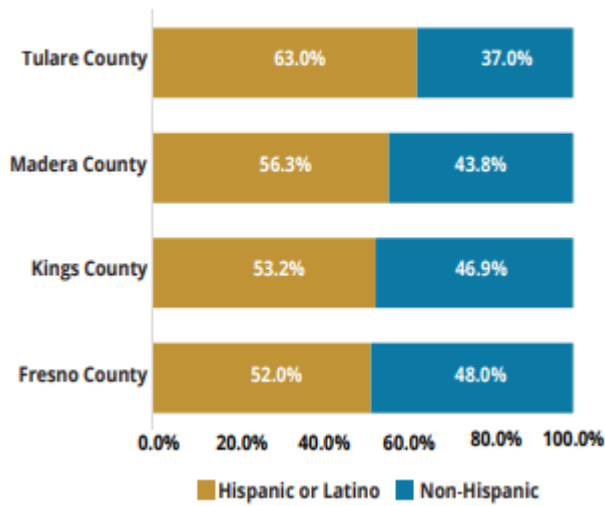


The average percentage of renter-occupied housing across the region is **46%**. This is in alignment with the state average of **45.9%**.

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

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

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



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

Health Indicators: Education

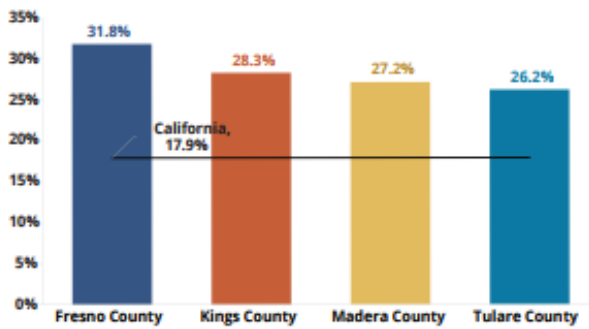
Education is an important factor in health status. Graduation from a high school or a post-secondary education, such as receiving a Bachelor's or Associates degree is linked to better health outcomes.

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

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

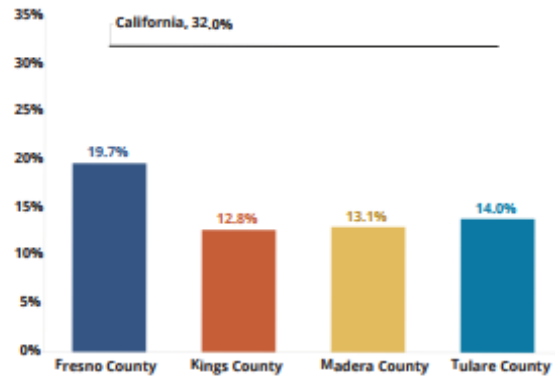
³ Data Source: Community Commons (2018). U.S. Census Bureau, American Community Survey 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

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



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

Percent of Population with Bachelor's Degree or Higher



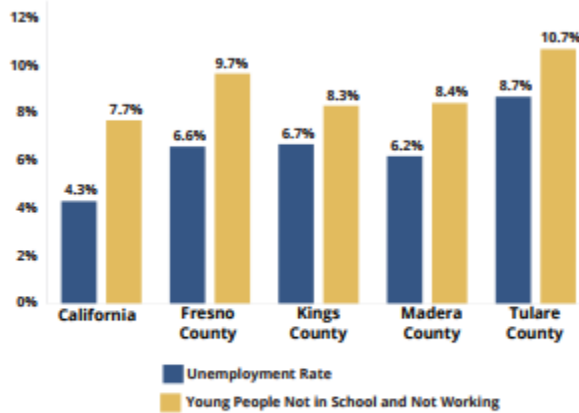
Data Source: Community Commons (2018). US Census Bureau, American Community Survey, 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

Health Indicators: Employment

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

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

Employment Figures



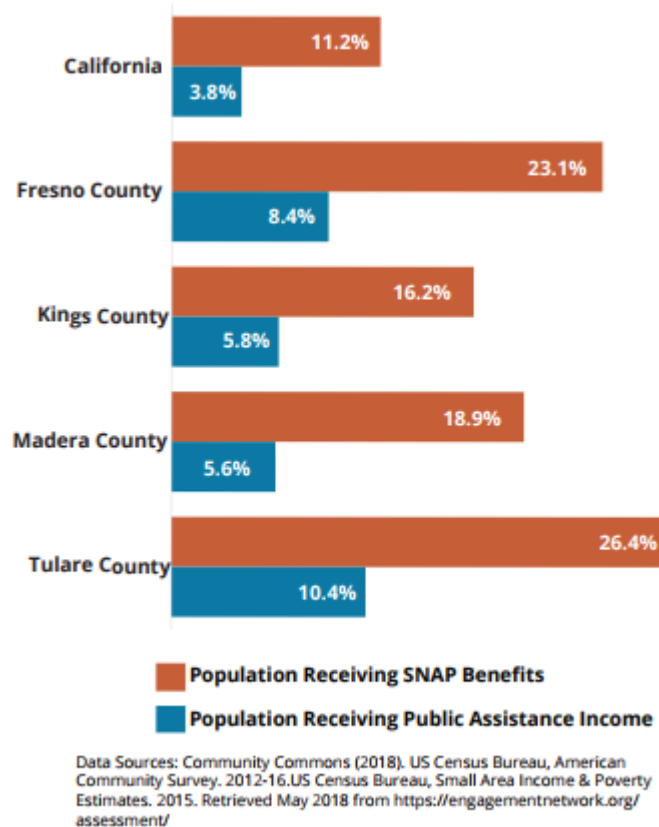
Data Sources: Community Commons (2018). US Census Bureau, American Community Survey, 2012-16. US Department of Labor, Bureau of Labor Statistics, 2018 - August. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

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

Health Indicators: Measures of Poverty

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

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



Access to Care

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

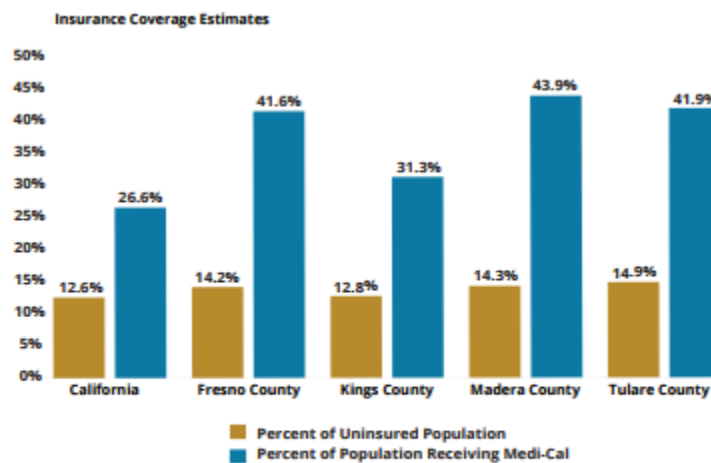
⁵ Data Sources: Community Commons (2018). U.S. Census Bureau, American Community Survey 2012-16. U.S. Census Bureau, Small Income & Poverty Estimates 2015. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

individual has the ability and means to secure timely treatment, and quality comprehensive care is readily available and affordable, then access to care is the highest.

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

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

CRMC has one of the highest number of Medi-Cal discharges in California. In 2017, 85% of CRMC patients were covered by government insurance and more than 53% received Medi-Cal benefits.

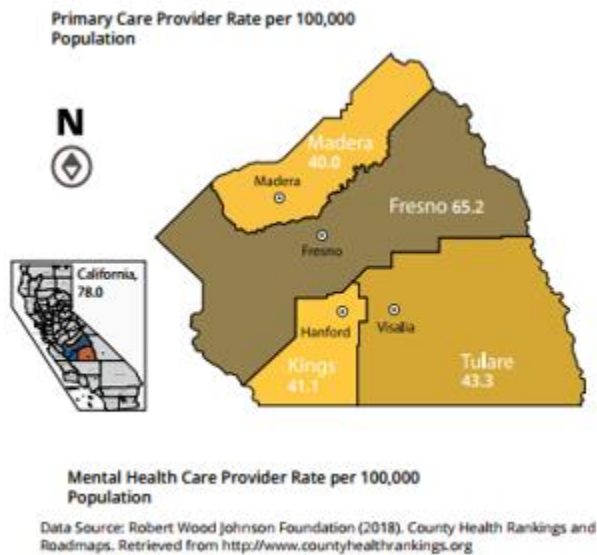


Data Source: Community Commons (2018). US Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

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

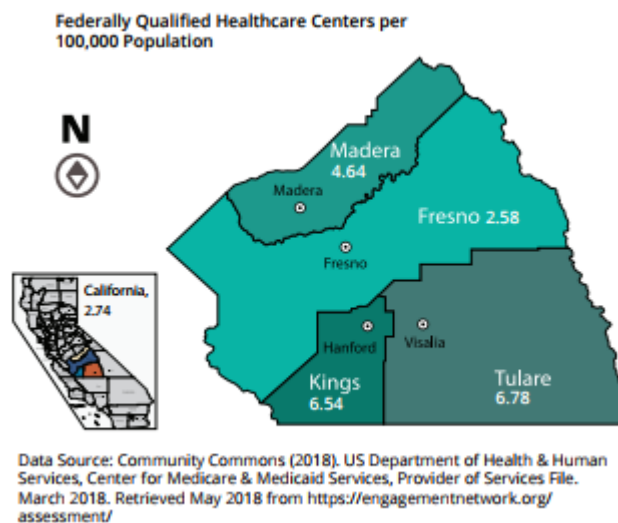
⁶ Data Source: Community Commons (2018). U.S. Census Bureau, American Community Survey. 2012-16. Retrieved May 2018 from <https://engagementnetwork.org/assessment/>

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



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

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

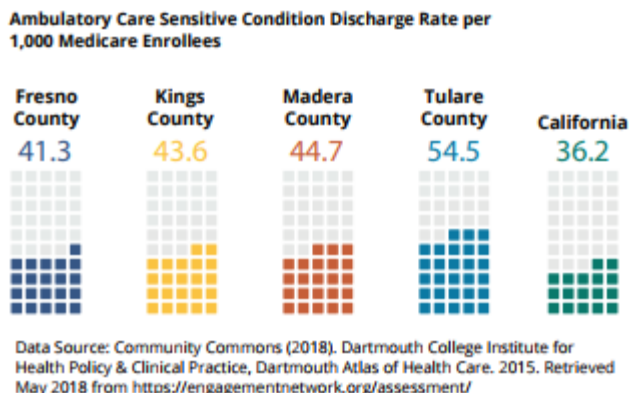


Preventable Hospital Events

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

⁸ Data Source: Community Commons (2018). U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Service File. March 2018. Retrieved May 018 from <https://engagementnetwork.org/assessment/>

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

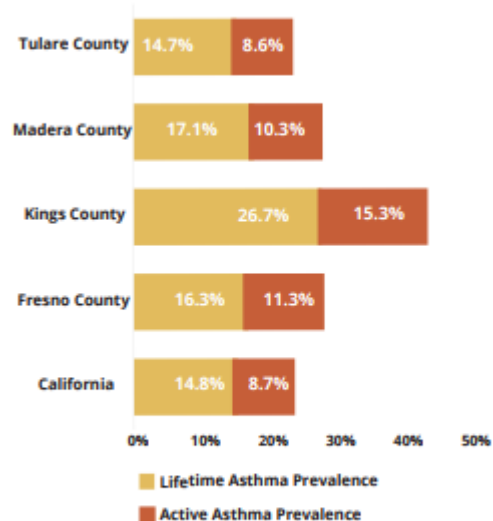


Air quality is of great concern to many area residents and can have detrimental effects on respiratory health. In the region, Fresno County has the highest emergency department visit rates (67.4 visits per 100,000 persons) and hospitalizations (7.4 hospitalizations per 100,000 persons) related to asthma.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

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

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

Asthma Estimates



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

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

¹⁰ Data Sources: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved from <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingData.aspx>. Lucile Packard Foundation for Children's Health (2018). Percentage of children diagnosed with asthma, 2013-2014. Retrieved from <https://www.kidsdata.org/?site=full>.

Mortality

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

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

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

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

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

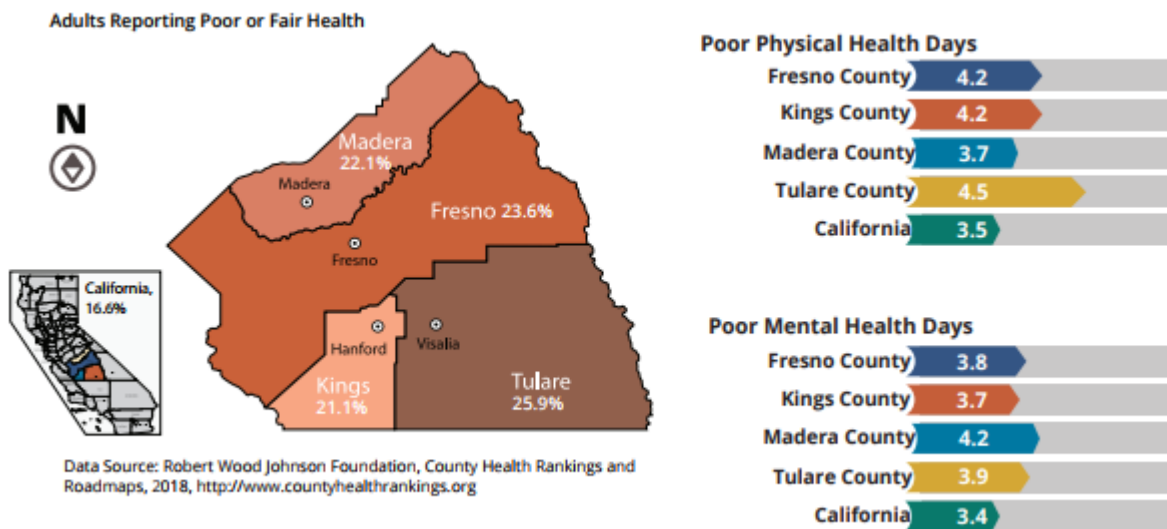
Note: Shaded rows indicate commonalities among the counties for mortality rankings. Bold numbers on these rows indicate the county with the highest rate per 100,000. Data Source: California Department of Public Health, County Health Status Profiles 2018, Individual County Data Sheets. 2011-2016 Death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

Health Status

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

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

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



Chronic Disease

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

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

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

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

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

Sexually Transmitted Infections

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

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

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

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

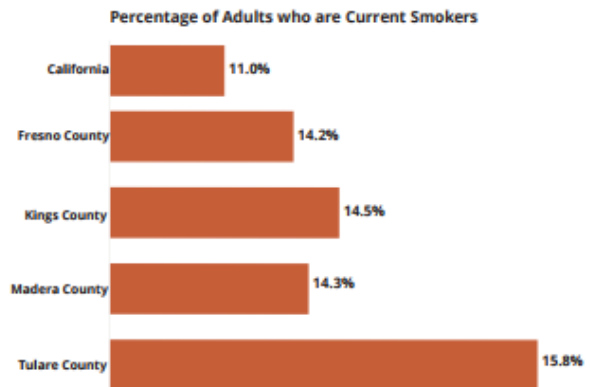
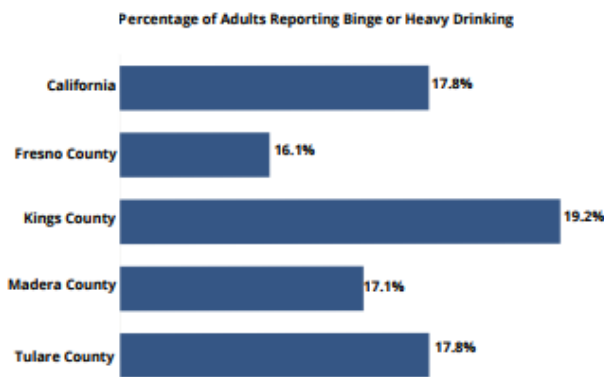
Alcohol and Tobacco Use

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

According to Robert Wood Johnson's County Health Rankings and Roadmaps 2018 data, Kings County had the highest percentage of adults surveyed in our region who reported being engaged in binge or heavy drinking within the last 30 days (19.2%). Fresno County had the lowest percentage of adults in our region who engaged in binge or heavy drinking (16.1%). The California average is 17.8%. Tulare County had the highest percentage of adults who identify as current smokers (15.8%), while Fresno County had the lowest (14.2%). Comparatively, the statewide average is 11%.¹⁴

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

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

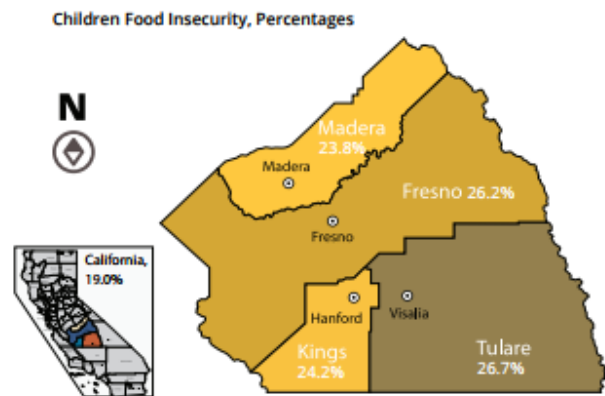
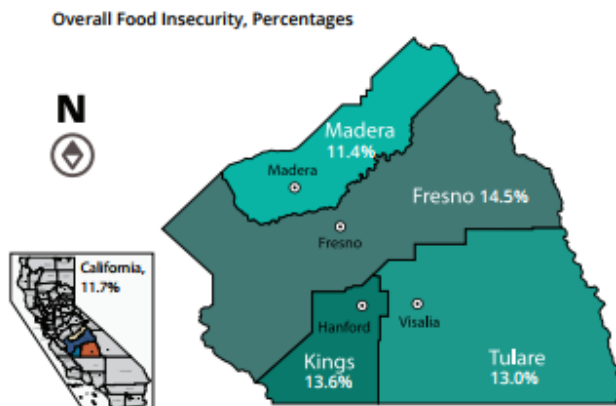


Data Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2018, <http://www.countyhealthrankings.org>

Food Insecurity

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

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



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

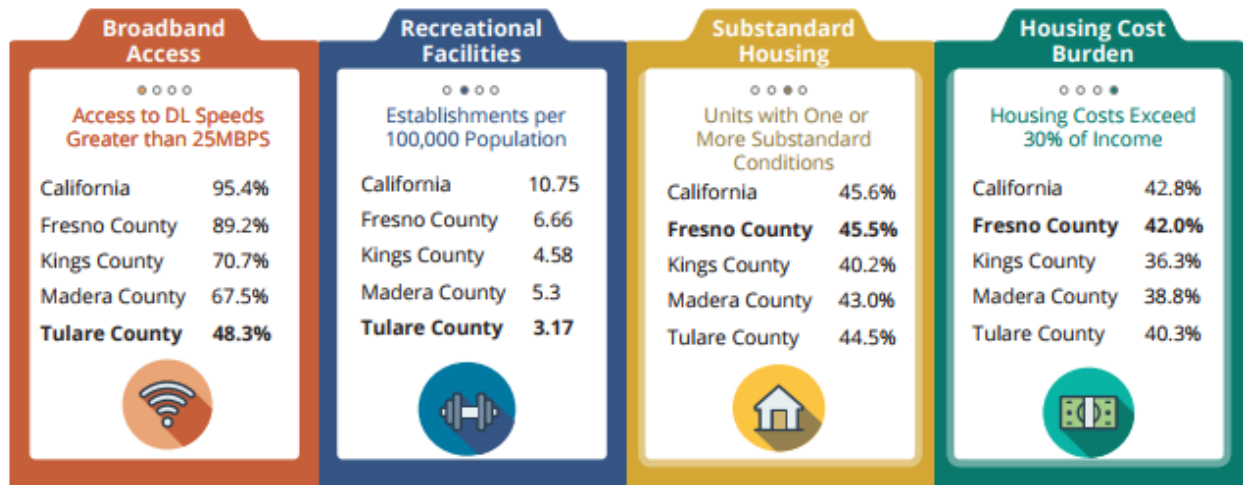
Built Environment

The term "built environment" refers to human-made spaces where people live, work and recreate daily. Built environments include, recreational facilities and fitness centers, quality housing and broadband internet access. High-speed internet access provides increased employment and education opportunities. Access to recreational facilities encourages physical activity and other

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

healthy behaviors. Finally, affordable quality housing has a major impact on overall health. High housing costs may force trade-offs between housing and other needs, such as food or healthcare.

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



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

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

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

IV. Identified Community Health Needs

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

The [2019 Community Health Needs Assessment](#) (CHNA) consists of primary data from more than 1,000 participants in individual interviews, multi-language focus groups, and online surveys. Participants included representatives from and users of health improvement programs aimed at low-income and vulnerable populations, and serving children, homeless, LGBTQ+, veterans, seniors, and Native American communities, as well as African American, Hmong, Latino and Spanish-speaking populations. Secondary data was collected using government and other resources, such as the California Department of Public Health, Health Resources and Services Administration, and the Robert Wood Johnson's County Health Rankings and Roadmaps. The identified 13 major health needs are:

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

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

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

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

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

NOTE: Fresno, Kings, Madera and Tulare County health needs ranking process included healthcare, public health and community-based organization leads from each county. The needs ranking, based on primary and secondary data gathering phases of the 2019 CHNA, reflect the health needs' collective order of importance.

V. Meeting Community Needs

CMC's efforts to improve the community's health status are varied and wide-ranging. From sophisticated medical research that addresses the Valley's unique health needs to home visits for asthma patients, Community strives to respond to the most pressing health needs in our region. The CHNA helps provide us with a "roadmap" for our community health improvement efforts.

Below is a snapshot of Community's signature community benefit programs.

Improving Access to Care

Graduate Medical Education

CMC shares a strong partnership with the University of California, San Francisco Fresno. UCSF Fresno, established in 1975, helps address the region's need for physicians. Through the partnership, CMC has more than 210 residents training in eight specialties, a dental oral maxillofacial surgery resident, and more than 50 fellows training in 18 subspecialties. In addition, more than 300 third- and fourth-year medical students are trained annually on a rotating basis in our hospitals. UCSF's San Joaquin Valley Program in Medical Education (SJV PRIME) launched in 2018 with 6 medical students. The SJV PRIME medical education program trains students to provide culturally competent care in the San Joaquin Valley. In 2020, up to 12 medical students are expected to enroll.

UCSF Fresno provides training in 18 fellowships:

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

UCSF Fresno has eight medical residency programs:

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

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

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

As part of the robust medical education program, 250 research studies were conducted at CMC facilities and in the community. CMC-led studies include Community's patients or patient data and community member participation. Studies conducted by Community and UCSF researchers address specific Valley issues including Valley Fever, the link between pesticides and disease, and pre-term birth among vulnerable populations including Hmong, Latinos and African Americans.

Nursing In-service Education

Through partnerships with over 20 universities, colleges and adult schools, CMC is a regional leader in the training of the next generation of health professionals. Nursing staff at CMC acute and sub-acute care facilities provide hands-on teaching in a wide variety of medical disciplines including labor and delivery, oncology, burn, neurology, dialysis, emergency medicine, behavioral health, medical-surgical care, intensive care and more.

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

| | |
|-------------------------------------|--------------------------------|
| American Sentinel University | San Joaquin Valley College |
| Brandman University | University of Colorado, Denver |
| California State University, Fresno | University of Phoenix |
| Fresno Adult School | University of South Alabama |
| Fresno City College | University of Texas-Arlington |
| Grand Canyon University | Walden University |
| Gurnick Academy of Medical Arts | West Coast University |
| Madera Center | West Hills Community College |
| National University | Western Governors University |
| Samford University | |

In Fiscal Year 2019, CMC nurses provided more than 1.1 million hours of hands-on, in-service education hours to nursing students in CMC facilities. Students learn and work alongside our nurses as part of their degree and or licensure program.

Fresno Medical Respite Center

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

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

Since June 2016, Community Regional Medical Center’s (CRMC) home health clinical staff and case managers provide Respite Center patients with coordinated healthcare and linkages to social and community resources. In Fiscal Year 2019, CRMC contributed \$102,000 to the Fresno Medical Respite Center and provided care to nearly 240 patients—saving nearly 2,900 hospital in-patient days. Since the program’s launch, CMC has contributed more than \$534,000 in funding.

Homeless Patient Discharge (SB 1152)

As the region’s safety net hospital system, CMC has consistently served homeless patients with quality care and dignity. In compliance with [California Senate Bill 1152](#), as of January 2019, all state hospitals are tasked with tracking the number of homeless served and implementing a comprehensive discharge plan. The plan requires all discharged patients receive weather-appropriate clothing and shoes, transportation, medication and connections to a safe destination within 30 miles of the hospital. In Fiscal Year 2019, CMC served nearly 11,000 homeless patients in over 13,000 encounters.

In February 2019, CRMC’s Emergency Department hired a Special Populations Ambassador to coordinate safe patient destination, transportation and compliance with SB 1152 requirements. In Fiscal Year 2019, the Special Populations Ambassador provided nearly 1,200 hours toward this effort.

Access to Care Focus Groups

To improve access to care and learn about barriers facing low-income and vulnerable populations when accessing healthcare, CMC held three focus groups with African American, Hmong and LGBTQ+ community members.

As part of its triennial cancer needs assessment, Community Cancer Institute (CCI), held two focus groups targeting vulnerable populations with the focus on African American and Hmong patients and caregivers. CCI learned these patients and their families faced multiple barriers including confusion in navigating healthcare coverage for cancer treatments, as well as transportation and financial hardships. In response, CCI hired a financial support specialist that aids patients in navigating insurance coverage and helps provide linkages to community resources. CCI also hosts nearly a dozen no-cost support groups on the Clovis Community Medical Center (CCMC) campus on a wide array of issues affecting cancer patients and their families.

CRMC, in partnership with the LGBTQ+-serving non-profit Common Space, hosted a focus group to learn about access-to-care barriers faced by community members in this population. Participants shared perceived clinical staff biases LGBTQ patients experienced while receiving care. Participants

also shared associated barriers with healthcare coverage and navigation. This information was communicated to physicians, residents, nurses and other health professionals throughout CMC facilities to help educate clinical staff and UCSF Fresno residents on ways to be more culturally aware and respectful.

Hospital Presumptive Eligibility

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

HPE enrollment allows uninsured patients to have coverage for their visits and any medical visits up to 90 days prior. Once a patient is enrolled via HPE, the patient has 60 days to provide qualifying documentation to Fresno County DSS in order to receive permanent coverage.

In Fiscal Year 2019, CRMC admitting staff enrolled nearly 1,800 uninsured persons in Medi-Cal through the HPE program.

Obesity/Healthy Eating Active Living/Diabetes

Community Diabetes Education

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

The CDE is also the only California Public Health Department-accredited *Sweet Success* affiliate in Fresno County. The *Sweet Success* program targets women diagnosed with diabetes during pregnancy. It is staffed by registered nurses, registered dietitians and certified diabetes educators. CDE staff provide education to women and their families on healthy eating habits and controlling diabetes during pregnancy. Last year the CDE provided diabetes management education and services to more than 1,750 patients, with over 6,000 visits—48% of these patients were covered by Medi-Cal.

Community Diabetes Education staff participated in:

- Monthly training for the California Diabetes and Pregnancy Program *Sweet Success* program
- Monthly hands-on training for UCSF Fresno Medical Education students, family health and internal medicine interns, residents and faculty

- Diabetes Medication Management Clinic at CRMC’s North Medical Plaza, providing patients with medication support to improve blood glucose levels
- Medical resident teaching
- Registered Nurse residency training
- Fresno Community Health Improvement Partnership’s Diabetes Collaborative

Know Your Numbers Community Health Fairs

CMC is a partner in the Latino Health Workgroup which increases awareness and resources to low-income people living with chronic disease in the Central Valley. The workgroup, led by local non-profit organization Centro La Familia, includes healthcare, public health, health plans and non-profit organizations. In Fiscal Year 2019, the workgroup held three no-cost *Know Your Numbers* screening and resource health fairs on CRMC’s campus. These free events provided on-site blood sugar, blood pressure, A1c, retinal eye exams and body mass index screenings, as well as health information booths. More than 200 people participated in the events.

Neighborhood Dance

CMC provided Every Neighborhood Partnership \$10,000 for its Neighborhood Dance Fitness program. The program was created in July 2018 after a series of community meetings with Southeast and Southwest Fresno neighborhood parents, local non-profit organizations and healthcare providers. Participants expressed the need to exercise in safe spaces with consistent class schedules. The group sought funding for a program to train leaders to become neighborhood dance class instructors. Program funding helped pay for an instructor to teach neighborhood leaders Latin dance fitness routines and purchase sound systems for 12 sites. Reported results included increased self-esteem, a sense of community and weight loss.

In Fiscal Year 2019, the program expanded to 12 Fresno sites including Fresno Unified elementary and high schools, community centers and a local playground. All Neighborhood Dance classes are held in southwest and southeast Fresno and are free and open to the public. Since the program’s launch, more than 40 neighborhood leaders have been trained to lead Latin dance classes. Class attendance is between 6 to 30 participants per session. Dance sessions are one hour in length and held weekly Monday through Saturday. CMC helped to jumpstart this program with an \$11,000 contribution in the previous fiscal year bringing CMC’s investment in the program to \$21,000.

Fresno Diabetes Collaborative

Fresno Diabetes Collaborative works to provide local resources and awareness on diabetes self-management and prevention. Since December 2016, CMC has led Fresno Community Health Improvement Partnership’s (FCHIP) Diabetes Collaborative workgroup. The collaborative engages a broad group of community partners including healthcare providers, public health, clinics, health educators and health plans.

The Diabetes Collaborative has four action teams—Resources, Healthy Food and Beverage Access, Gestational Diabetes, and Community Engagement and Development. The Collaborative’s resource action team conducted an inventory of all diabetes prevention and self-management programs. In

collaboration with the Fresno County Public Health Department, the Collaborative mapped all county classes to identify access and resource gaps. The goal was to provide this information to local healthcare providers, health plans and non-profit organizations to increase classes in the most vulnerable, socio-economically disadvantaged areas.

The Collaborative is seeking a community engagement grant to hire 18 *promotoras* or community health workers. The \$100,000 grant, in collaboration with local non-profit Every Neighborhood Partnership, would educate trusted neighborhood community leaders about the *promotora health promotion model* with a focus on access to care issues and chronic disease management. If funded, the grant would allow *promotoras* to engage Latino, Hmong and African American families and individuals at risk of diabetes and chronic disease conditions in southwest and southeast metropolitan Fresno.

Since March 2017, CMC has hosted the www.fresnodiabetes.org web server and served as website administrator. The re-designed site provides information in English and Spanish of all relevant programs provided by collaborative partners, as well as links to a know-your-diabetes-risk quiz to encourage people to take control of their health.

Maternal and Infant Health

Fresno Pre-Term Birth Initiative: Parent Councils

CMC contributed \$25,000 to the Pre-Term Birth Initiative (PTBi) mother and father parent councils. Council membership consists of parents who have experienced pre-term birth and live in socio-disadvantaged Fresno County zip codes.

The PTBi council, formed in January 2017, serves as an on-ramp for parents to join the PTBi Steering Committee. Parents received education on policy and systems change issues affecting pre-term birth outcomes in Fresno County. Two dozen parents in PTBi councils learn about risk factors including economic, social, neighborhood and health system issues that increase pre-term birth.

CMC funding contributed to the creation and implementation of *Keeping It Real* and *African American Youth Leadership Academy*. *Keeping It Real* is a 12-week program for African American fathers and young men of color in Fresno County. The program uses the national *Nobel Youth* curriculum promoting cultural understanding, leadership development and being an active father in raising children.

CMC's contribution also helped fund the *African American Youth Leadership Academy*, a 16-week program for African American mothers and young women of color. The program curriculum covers several topics including reproductive and mental health education, leadership skills, and civic engagement.

Mother's Resource Center

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

In Fiscal Year 2019, the Mother's Resource Center provided more than 10,000 inpatient breastfeeding consultations by International Board-Certified Lactation consultants. Additionally, the Center provided over 300 consultations to antepartum/high risk expectant mothers, including education and encouragement as they awaited delivery.

The Center also provided 500 breastfeeding one-on-one consultations to underserved families.

The Center's 3M Club (Mommies Making Milk) had nearly 640 participant moms whose babies were in the NICU. Participating in the in-hospital 3M Club has a huge influence on the health and longevity of breastfeeding for these tiny patients.

Since June 2017, the Center hosts a breastfeeding class offered in both English and Spanish. In Fiscal Year 2019, the class offered support and education in an outpatient group setting to nearly 130 new parents who are either returning to work, are parents to twins or have special needs babies.

Mental Health

Involuntary Mental Health Holds

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

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

In Fiscal Year 2019, CRMC's Emergency Department received more than 3,400 patients placed under involuntary holds requiring case management services—485 of these, or 14% were pediatric patients. CCMC's Emergency Department received over 1,000 patients under involuntary mental health holds—170 of these, or 17% were pediatric patients.

Community Conversations on Mental Health

CMC is an active and engaged partner in the 'Community Conversations on Mental Health' collaborative. The cross sector collaborative, consisting of behavioral health, healthcare, mental health providers, non-profit organizations and law enforcement seeks effective service delivery to families and individuals suffering from mental health illnesses.

The collaborative developed a county behavioral health screening that identifies vulnerable families and individuals needing appropriate community resources. Fresno County's 'Multi-Agency Access Program' or MAP screening tool helps link those in need to a variety of social and health services. The 80-question screening identifies immediate and long-term needs. MAP serves families at eight sites in Fresno County and operates a mobile bus to serve rural areas. Since April 2017, MAP has served more than 10,000 households, provided over 8,000 linkages to resources and received over 20,000 calls for assistance. CMC case management and population health staff serve on the collaborative to provide technical assistance and expertise.

Since November 2017, CMC has hosted a MAP site at the CRMC downtown hospital campus. In Fiscal Year 2019 nearly 200 individuals and families received assistance at the CRMC MAP site. Families and individuals at the downtown site were linked to a wide variety of services including housing, health coverage renewal, emergency and long-term housing assistance, emergency food aid and energy assistance.

Mental Wellness and Resiliency Programs at Clovis Unified School District

In Fiscal Year 2019, CMC provided a \$100,000 contribution to the Foundation for Clovis Schools for mental health programs aimed at Clovis Unified students from K-12. Efforts to address social emotional issues among the district's youth are in response to incidents of suicide and increased mental health involuntary holds among the area's youth.

CMC funding assisted in purchasing *Second Step*, a comprehensive anti-bullying curriculum. *Second Step* provided training and resources for school psychologists to identify and intervene in bullying situations. The district also purchased *Applied Suicide Intervention Skills (ASIST)* training. The ASIST training consisted of a two-day, in-person suicide prevention workshop teaching educators, counselors, and support staff how to recognize suicidal signs, provide skilled interventions, and develop a safety plan to keep a person alive. A post workshop survey showed that participants felt more prepared to help a person at risk for suicide and felt more confident in helping a person at risk for self-harm.

As a result of the CMC funding, the district provided \$43,000 to CUSD elementary and high schools for a wide array of social and emotional programs including ADHD and autism classroom support, school-based mentoring for at-risk 4th through 8th graders, and mental health support equipment such as weighted blankets and games to regulate emotions.

CUSD will also partner with CMC and Santé Health to pilot in-classroom sand tray therapy as a means to cope with childhood trauma.

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

CMC provided \$15,000 to the Clinical Pastoral Education of Central California (CPECC) to provide spiritual and social support services to rural isolated groups such as farm and construction workers throughout the Central Valley and the state.

Between June and August 2019, CPECC chaplains provided spiritual and resiliency support to 350 staffers working with nearly 6,000 annual temporary migrant laborers working under H-2A visas. Foreign H-2A workers labor in agricultural and farming operations in the Valley and throughout the state and are often in socially and geographically isolated situations. CPECC chaplains provide spiritual support in dealing with drug and alcohol addiction, conflict management, short and long term illness and grief and bereavement.

Youth Leadership Institute’s Boys and Young Men of Color Initiative

CMC provided \$3,000 to Youth Leadership Institute’s (YLI) mental health and resiliency programs targeting at-risk boys and young men of color in southwest Fresno. Between July and August 2019, YLI provided mentorship, life skills development, intergenerational team and group healing through *Healing Circles* to nearly 40 young men. Participants included youth who identified as Latino, Mexican American, Black or African American and Asian Pacific Islanders living in southwest Fresno.

Young men participating in YLI’s *Healing Circles* expressed growth in self-confidence, self-assurance and self-efficacy. Youth have reported, and YLI staff have observed, increased positive mental health days and positive growth in leadership and self-esteem.

Care Fresno

CMC provided \$5,000 to Care Fresno’s childhood resiliency efforts. Care Fresno’s staff live and work in socio-disadvantaged neighborhoods and apartment complexes in southwest Fresno. Staff work closely with children and families providing academic, social and emotional assistance. CMC’s funding will allow Care Fresno to survey 70 children between 7-12 years of age and track their academic and emotional progress over 1 year starting in October 2019. The program will target the following five residential complexes: Courtyard at Central Park, King’s Palace Apartments, Summerset Village Apartments, Cedar and Sequoia Courts.

Economic Security

Project SEARCH

CMC proudly serves as a vocational training site for disabled adults through Project SEARCH. The program is a collaboration with Best Buddies, a non-profit organization that helps adults with intellectual and developmental disabilities receive the experience necessary to find and maintain employment. Project SEARCH participants are able to learn and work alongside staff in several clinical and non-clinical areas across CMC facilities, these include: NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations. In Fiscal Year 2019, CMC hosted 12 Project SEARCH participants. Eight Best Buddy participants were able to gain employment as a result of their experience at CMC—and five currently work at CMC facilities.

Cancer Patient Financial Navigator program

In May 2019, Community Cancer Institute hired a Financial Counselor to help cancer patients and

families needing support to navigate the costs of care. The Financial Counselor meets with patients, reviews their treatment plan and provides a guide to help patients ensure they can receive the care they need without worrying about finances. The counselor helps patients understand their insurance coverage and also links patients to community financial and social resources. In Fiscal Year 2019, CCI's Financial Counselor provided assistance to nearly 150 patients.

Cancer Patient Support

CMC provided the American Cancer Society with \$5,000 to provide lodging and transportation support to cancer patients. This funding provided 23 needy patients with lodging for nearly 200 hotel nights. CMC funding also helped 95 patients receive 1,200 trips to and from clinical visits. Cancer patients who received this assistance live in socio-disadvantaged zip codes in the Fresno metropolitan area.

Fresno County Economic Opportunity Commission's Mobile Meal Bus

In August 2018, CMC provided \$25,000 to Fresno Economic Opportunity Commission for its Food Express Bus serving healthy meals to low-income children during school breaks. The bus provides meals to all children up to the age of 18, who may otherwise go hungry. Between September 2018 and August 2019, nearly 2,300 meals were served to children in the following metropolitan Fresno areas: Manchester Mall, Cary Park, Kaiser Park, West Fresno Library and Neighborhood Thrift. Project funders included Valley Children's Healthcare, Saint Agnes Medical Center and Fresno County Office of Education.

Substance Abuse Prevention

Bridge Opioid Treatment Program

CRMC is one of nearly 50 clinical sites in the state of California participating in the opioid treatment BRIDGE program. The medication for the evidence-based addiction treatment is accessible 24 hours a day, 7 days a week at CRMC's emergency department. The BRIDGE program provides individuals with Buprenorphine medication to suppress cravings and withdrawal symptoms. The treatment provides patients with immediate attention in the emergency room setting, rather than being referred to a rehabilitation center, which in many cases can take weeks or months. In Fiscal Year 2019, nearly 90 patients received treatment.

Violence and Injury Prevention

Trauma Prevention Programs

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

Since 2015, CRMC has employed a full-time injury prevention specialist. The prevention specialist identifies the most common causes of injury and death seen at the trauma center by using the hospital's trauma registry. The injury specialist identifies the root causes and contributing factors such as drug and alcohol abuse and behavioral health problems. Through education and environmental modification, the specialist works to reduce the incidence of injury, disability and death due to trauma. In Fiscal Year 2019, CRMC's trauma program led the following outreach and education programs:

- **School Outreach-** CRMC's trauma and injury prevention program specialist partners with law enforcement and other community entities to educate teens on the dangers of distracted and reckless driving, bicycle and pedestrian safety, concussion awareness and drowning prevention. Through a variety of curriculum and programs including *Impact Teen Drivers* and *Reality Tour*, the trauma prevention specialist provided education to nearly 700 middle and high school students from several school districts including: Clovis, Fresno, Kerman, and Orange Center.
- **Gang Prevention-** In partnership with the Helping Other People Evolve Coalition, CRMC's trauma prevention team participated in a gang prevention and awareness event. The April 2019 event was held at West Shaw Estates— an area known for criminal activity. Other participating community partners included the Fresno Fire Department, the City of Fresno and the American Red Cross. Over 100 people attended this free event.
- **Car Seat Safety Professional Training-** In May 2019, CRMC's Trauma prevention team hosted a car safety technician training for 16 trainers at its Shaw Plaza Auditorium. Trainers received 40 hours of instruction on proper car seat placement and child restraint systems and chairs. Persons receiving the training were from several local agencies, including the Fresno Police Department, the Fresno County Child Protective Services as well as clinical staff from local hospitals and medical offices. The curriculum allows these professionals to conduct community seat safety checks.
- **Car Seat Safety Checks-** CRMC hosted several car seat safety and education events throughout the year. Events included individual car safety checks for proper car seat installation and child placement related to legal age and weight requirements. CRMC's trauma prevention team held 8 events throughout metropolitan and rural Fresno County.
- **Older Adult Driving Safety-** In response to increased vehicular accidents among older adults, CRMC's trauma prevention team offered no-cost driver safety classes. CRMC hosted AARP's free *Smart Driving* class in May 2019. Nearly 20 older adults and their caregivers attended.

Sexual Assault Forensic Examiners (SAFE) Program

The CRMC Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program. SAFE provides round-the-clock, in-hospital testing and examinations for sexual assault and rape

victims. Specially-trained nurses collect, preserve and securely store evidence obtained from adult and pediatric victims and suspects. CRMC nurses also serve as expert court witnesses.

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

CRMC SAFE staff participate in community-wide initiatives, including the Sexual Assault Response Team (SART) collaborative meetings. SART coordinates interventions, care and response for victims and their families. SART members include Fresno Council on Child Abuse Prevention, Fresno County Department of Social Services, Centro La Familia and law enforcement agencies. SAFE team members provide sexual assault awareness education to law enforcement, local colleges, patient advocates, UCSF Fresno residents, medical staff, nurses and others. In Fiscal Year 2019, CRMC SAFE nurses provided assistance to 175 patients.

CMC Green Initiatives

In-Hospital Green Initiatives

CMC recognizes the importance of environmental stewardship. Its sustainability team seeks innovative ways to reduce and recycle clinical and non-clinical waste—including paper, sharps, disposable lead wires and cloth towels from operating rooms. In Fiscal Year 2019, CMC's green efforts diverted nearly 60,000 pounds of waste from local landfills. CCMC continues to use reclaimed water for all its landscaping irrigation -- recycling an average of 3.5 million gallons of water each month through a collaboration with the City of Clovis. CMC has also increased the number of rechargeable car stations at its facilities by installing 22 new charging stations. In total, CMC has 88 clean vehicle charging stations available to the public, employees and physicians, free of charge.

Asthma

Pediatric Asthma Program

CMC's Pulmonary Rehabilitation program offers parental education on disease management. A respiratory care practitioner assists parents at a south central Fresno clinic, one of the city's most underserved areas. Parents receive two, one-hour sessions with additional education as needed. Patients receive an individualized "Asthma Action Plan," addressing lung physiology, asthma attack symptoms and triggers, effective management strategies, and proper medication and inhaler use. In Fiscal Year 2019, the program served nearly 100 patients.

Community Building Activities

CMC recognizes that health and wellbeing cannot be achieved by one sole entity and positive change in the region's identified health needs requires wide-reaching collaboration. CMC participated in several community-wide health initiatives and activities, including:

Fresno Community Health Improvement Partnership (FCHIP)

CMC joined the Fresno Community Health Improvement Partnership (FCHIP) leadership team in January 2017. This steering committee provides guidance and direction for five workgroups that include the Diabetes Collaborative, Fresno Food Security Network, Health Literacy & Empowerment, Land Use & Planning, Adverse Childhood Experiences and the Fresno County Tobacco Coalition.

In July 2019, CMC contributed \$10,000 to support the collaborative work that FCHIP leads in Fresno County, with particular focus on the area's top identified health needs. In addressing those needs, FCHIP's Diabetes Collaborative, Food Security and Trauma and Resilience workgroups have made meaningful advances towards improving the health of vulnerable populations in the county, with particular emphasis in southwest and southeast metropolitan Fresno.

FCHIP Food Security Workgroup expands access to health food options through the *Cooking Matters* program, community garden and urban farm incubator projects. The *Cooking Matters* curriculum offers nutrition education and cooking classes in low-income, under-resourced neighborhoods. During June and August 2019, the workgroup conducted three classes made up of 8-10 residents. *Cooking Matters* classes are led in both English and Spanish and taught by Fresno City College and Fresno State dietetics students as well as Fresno County Public Health Department and Fresno Metro Ministry staff. In pre- and post-surveys, 60% of *Cooking Matters* participants reported at least two positive changes in behavior and attitude in cooking healthy meals.

Fresno is the third highest U.S. city presenting food hardships. Despite being the top agricultural producer in the nation, many Fresno County cities and towns lack access to fresh, healthy and affordable food. With this in mind, FCHIP's Food Security workgroup established the YoVille Garden Farm project. The community garden, in partnership with the Fresno Housing Authority, is located in a seven-acre lot adjacent to a 69-unit low-income housing complex in southwest Fresno. The garden, still in development, is scheduled to open in mid-2020.

FCHIP's Trauma and Resilience Workgroup is working to create a trauma-informed community to support vulnerable residents who have experienced *Adverse Childhood Experiences (ACEs)*. According to the Centers for Disease Control and Prevention, ACEs can have negative, long-term impact on health in adulthood, including obesity and detrimental health behaviors such as alcohol and drug abuse.¹⁷ In Fiscal Year 2019, close to 1,200 Fresno County professionals received trauma-informed trainings.

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

VI. Community Health Education and Support

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

Chronic Kidney Disease: Dialysis Options

CMC is among the largest providers of dialysis services in the Central Valley, annually serving over 10,000 patient visits. Community offers an education and support program, *Options*, to patients with chronic kidney disease. CRMC participates in the National Kidney Foundation's KEEP Healthy community-based initiative to educate the public about kidney health, risk factors and steps to reduce risk.

On October 13, volunteers and employees from CCMC Dialysis Center and CRMC's Outpatient Dialysis Center teamed up with the National Kidney Foundation, Fresno's Mexican Consulate and Family Health Care Network to inform Latino, Spanish-speaking patients about renal failure risks including diabetes and high blood pressure. Participants received on-site kidney screenings, body mass index, blood pressure checks and kidney health information. The event served nearly 60 participants.

HealthQuest Series

CCMC's in-person *HealthQuest* seminars feature CMC affiliated physicians and medical experts discussing public interest health topics. All *HealthQuest* seminars are held at CCMC's Radin Conference Center and are provided to the public at no charge.

In FY 2019, CCMC held three *HealthQuest* topics in response to regional identified health needs. These seminars included information on stroke awareness, women's heart health and emergency "stop the bleed" information. On average, *HealthQuest* seminars are attended by 150 participants.

MedWatch Today Television Series

In an effort to increase public awareness of timely health topics, CMC produces a weekly television show, *MedWatch Today*. The series features safety topics that include bicycle, child car seat, and fire safety, as well as health information on healthy eating, exercise, diabetes prevention and management and many others. The show airs Saturdays on KSEE 24 and Sundays on CBS 47.

In Fiscal Year 2019, *MedWatch Today* produced and broadcast nearly 50 segments that addressed the region's identified health needs. *MedWatch Today* is watched in more than 27,000 homes each week, or 1.4 million households annually.

Spanish MedWatch Today

CMC provides timely and relevant health information to Spanish-speaking audiences. Through a partnership with Spanish television network Telemundo, CMC produced 7 segments including: at home workouts with local boxing champion Jose Ramirez; fireworks safety, summer swimming

safety; back-to-school pedestrian and bus safety, gestational diabetes and breast cancer awareness. All segments aired on Telemundo's prime-time news cast.

Fresno Area College Night

Community Care Health, a CMC subsidiary, funded Fresno County Superintendent of Schools' Fresno Area College Night for 5,000 high school students and parents. General college planning information was provided on topics that included the college admissions process, financial aid and scholarships. Event breakout sessions were available in English, Spanish and Hmong.

Volunteer Services

Volunteers are an essential part of Community's mission to improve the health of those we serve and of our community. At CRMC, 586 volunteers provided nearly 37,000 hours of service to the hospital and our patients. This equated to 17.77 full time employees in Fiscal Year 2019.

At CCMC, nearly 294 volunteer chaplains, adults, guild members, youth and student volunteers provided over 21,000 hours of service, equating to 10.31 full time employees in Fiscal Year 2019.

Sponsorships, Support and Civic Leadership

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

Alliance for Medical Outreach and Relief
Alzheimer's Association
American Heart Association
American Lung Association
American Cancer Society
Best Buddies (Fresno)
California State University, Fresno
Care Fresno
Central California Women's Conference
Central Valley Community Foundation
Central Valley Opioid Safety Coalition
Clinical Pastoral Education of Central California
Every Neighborhood Partnership
Exceptional Parents Unlimited
Foundation for Clovis Unified School District
Fresno Area Hispanic Foundation
Fresno Center for Non-Violence
Fresno Community Health Improvement Partnership (FCHIP)
Fresno County Farm Bureau
Fresno County Office of Education
Fresno Economic Opportunities Commission
Fresno First Step Homes
Fresno Metro Ministry
Fresno Police Chaplaincy
Fresno Rescue Mission
Fresno Rotary "Project Niño"
Hinds Hospice
Susan G. Komen Race for the Cure
Marjaree Mason Center
Pre-Term Birth Initiative
West Fresno Family Resource Center
Youth Leadership Institute

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

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

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

VII. Community Benefit Contributions FY 2019

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

In Fiscal Year 2019, Community had annual operating expenses of approximately \$1.7 billion. Net uncompensated community benefit totaled over \$174 million, or 11% of Community’s total operating expenses. The single largest unreimbursed cost in the list below — care for Medi-Cal patients — is net of funding from the “provider fee” program, DSH payments, and the private hospital fund.

| BENEFIT | CONTRIBUTION |
|--|-----------------------|
| UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR THE POOR AND UNDERSERVED | |
| Charity care | \$11,330,000 |
| ➤ financial assistance healthcare services to low-income patients | |
| Unreimbursed cost of caring for Medi-Cal patients | \$107,335,000 |
| MEDICAL EDUCATION | |
| ➤ unreimbursed costs of training medical residents and fellows | \$51,633,000 |
| NURSING EDUCATION | |
| ➤ daily in-service nurse to student education training for professional nursing licensure (20% of total investment reported) | \$2,831,000 |
| CONTINUING MEDICAL EDUCATION | |
| ➤ physician and allied healthcare professional continuing medical education training costs | \$364,000 |
| COMMUNITY BENEFIT CONTRIBUTIONS & OUTREACH | |
| ➤ direct investments addressing 2019 Community Health Needs Assessment identified regional health needs | \$603,000 |
| TOTAL QUANTIFIABLE COMMUNITY BENEFITS | \$ 174,096,000 |