Saint Agnes Medical Center and Fresno Surgical Hospital Community Health Needs Assessment

This Community Health Needs Assessment was adopted by

Saint Agnes Medical Center Board of Directors on April 25, 2025

Fresno Surgical Hospital Board of Directors on March 18, 2025

Contents

EXECUTIVE SUMMARY

Saint Agnes Medical Center is a not-for-profit health ministry serving 2.1 million people in its service area through its continuum of care. For more than 95 years, Saint Agnes has been the trusted health partner in the Central Valley. We remain committed to our healing mission, providing high-quality, safe, and compassionate care for the whole person – body, mind, and spirit.

As a not-for-profit hospital, Saint Agnes Medical Center is required to complete a Community Health Needs Assessment (CHNA) every three years. Saint Agnes' affiliation with the Fresno Surgical Hospital, requires them to be included in the CHNA process, despite them being a for-profit entity. For the purposes of this assessment, Saint Agnes and Fresno Surgical Hospitals used a geographic approach focusing on the area from which most patients come from for care.

This 2025 CHNA evaluation helps inform us about changing community needs and emerging health concerns. The process involves meaningful engagement with community members, including public health experts, local leaders, and representatives of underserved or high-risk populations. By incorporating diverse perspectives, the CHNA ensures that the assessment reflects a comprehensive understanding of local health disparities and priorities.

Saint Agnes, and the Central Valley Collaborative, in partnership with the Hospital Council of Northern and Central California, commissioned Conduent Healthy Communities Corporation to coordinate primary data collection, conduct secondary data collection, and data analysis for its 2025 CHNA.

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from focus groups, community surveys, listening session data, and secondary data findings identified the following ten areas of need listed in Alphabetical Order.

- Access to Affordable Healthcare
- Affordable housing
- Chronic Disease (Diabetes, Heart Disease, Hypertension, Respiratory Disease)
- Economy
- Environmental Health (Air & Water Quality)
- Food Insecurity/Lack of access to healthy foods
- Transportation
- Mental Health and Mental Disorders
- Substance Misuse & Alcohol Use
- Weight Status

About Saint Agnes Medical Center and Fresno Surgical Hospital

Saint Agnes Medical Center (Saint Agnes Medical Center, Saint Agnes) is a Catholic healthcare ministry, not-for-profit hospital with 436 acute care beds, located in the city of Fresno, California. Saint Agnes Medical Center serves the community members of Fresno, Madera, Kings, and Tulare counties. In May 2013, Saint Agnes Medical Center became a member of Trinity Health, one of the largest not-for-profit, faith-based health care systems in the nation.

To provide national support for our healing ministry, Saint Agnes and Saint Alphonsus Health System (Idaho and Oregon) joined together to form Trinity Health's West Region. This new venture allows us to optimize operational processes and streamline communication structures so we can keep our focus on what matters most – caring for our community.

Saint Agnes Medical Center's 3,582 colleagues, 104 volunteers and 75 Saint Agnes Medical Group Providers, and 116 GME Providers serve the needs of 2.1 million patrons in its service area.

Saint Agnes remains focused on maintaining important partnerships and building new relationships. Saint Agnes Care, a nonprofit subsidiary of Saint Agnes Medical Center comprised of primary, specialty and urgent care clinics. Programs and services include advanced laparoscopic and robotic surgery, breast center, cardiology, cardiothoracic surgery, family practice, general surgery, imaging center, internal medicine, metabolic & bariatric surgery, obstetrics and gynecology, occupational health, orthopedic surgery, pain management and sports medicine.

We partner with the California Cancer Associates for Research & Excellence, Central Valley Health Plan, Central Valley Medical Providers, Fresno Surgical Hospital, Renaissance Surgery Center, and Valley Children's Healthcare to provide the most comprehensive health services.

Saint Agnes Medical Center's community health programs, and support groups, play an essential role in the education and management of chronic conditions and diseases most prevalent in the Saint Agnes Medical Center service area.

Additionally, Saint Agnes outpatient care services and outreach programs include the Holy Cross Health and Wellness Center, the medical mobile health clinic, home health and hospice, outpatient infusion center, outpatient surgery center north, Saint Agnes physician residency clinic, Saint Agnes health hub, and the Saint Agnes wound care hyperbaric medicine and amputation prevention center.

Fresno Surgical Hospital (FSH) - is a fully licensed, Joint Commission-accredited hospital that delivers award-winning surgical care and patient satisfaction. FSH is a physician-owned hospital that focuses solely on providing advanced, affordable surgical care.

Each year, FSH serves approximately 12,000 patients in our Central California service area including: Fresno, Madera, Merced, Kings and Tulare Counties. Patients enjoy a non-traditional, hotel-like setting and a commitment to quality care and patient satisfaction. Twenty-seven private inpatient suites give patients and their families an environment that promotes relaxation, comfort and healing.

FSH was founded by two orthopedic surgeons, Alan H. Pierrot, MD and Thomas Thaxter, MD, who had a vision of improving healthcare. Originally named Fresno Surgery Center (FSC), the facility opened as an outpatient surgery center in 1984. It was the first facility in the United States to provide elective surgery and post-surgical care in a non-hospital setting.

In 1988, FSC was designated by the California State Legislature as the first participant in a pilot project and opened our post-surgical recovery care center. This expanded the scope of service to include overnight post-surgical care, the first facility in the nation to do so in a non-hospital setting.

In 1993, FSC sought to become a licensed acute-care hospital. Though only surgical patients are admitted, this hospital licensure enables it to serve inpatients (including Medicare patients) without restrictions on the length of their recovery stay.

In 2005, FSC earned and continues to hold the Joint Commission Gold Seal of Approval, which is considered the gold standard in health care and is an internationally recognized symbol of quality.

In 2006, Fresno Surgery Center was renamed Fresno Surgical Hospital. This change more appropriately reflected the surgical services provided and distinguished the facility as a licensed acute care hospital rather than as an ambulatory surgery center.

Vision, Mission, Core Values

We, Saint Agnes Medical Center and Trinity Health, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.

As a Mission driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

The mission at FSH is to provide a high quality of care through compassion to all we serve by creating a supportive environment for our patients, clinical staff and employees.

Our Core Values

- Reverence – We honor the sacredness and dignity of every person.
- Commitment to Those Experiencing Poverty: We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- Justice – We foster relationships to promote the common good, including sustainability of Earth.
- Stewardship – We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- Integrity – We are faithful to who we say we are.

Guiding Behaviors

- To support each other in serving our patients and communities.
- To communicate openly, honestly, respectfully, and directly.
- To be fully present.
- To be accountable.
- To trust and assume goodness in intentions.
- To be continuous learners.

Our Community

For the purposes of this Community Health Needs Assessment, Saint Agnes and Fresno Surgical Hospitals used a geographic approach focusing on the area from which most patients come from for care.

Fresno County is in the heart of California, in the San Joaquin Valley. Agriculture is the primary economic driver, earning the region its reputation as the "breadbasket of the world." Major crops include almonds, pistachios, grapes, citrus fruits, and dairy products. The region supports food processing, packing, and distribution industries, which provide additional employment opportunities.

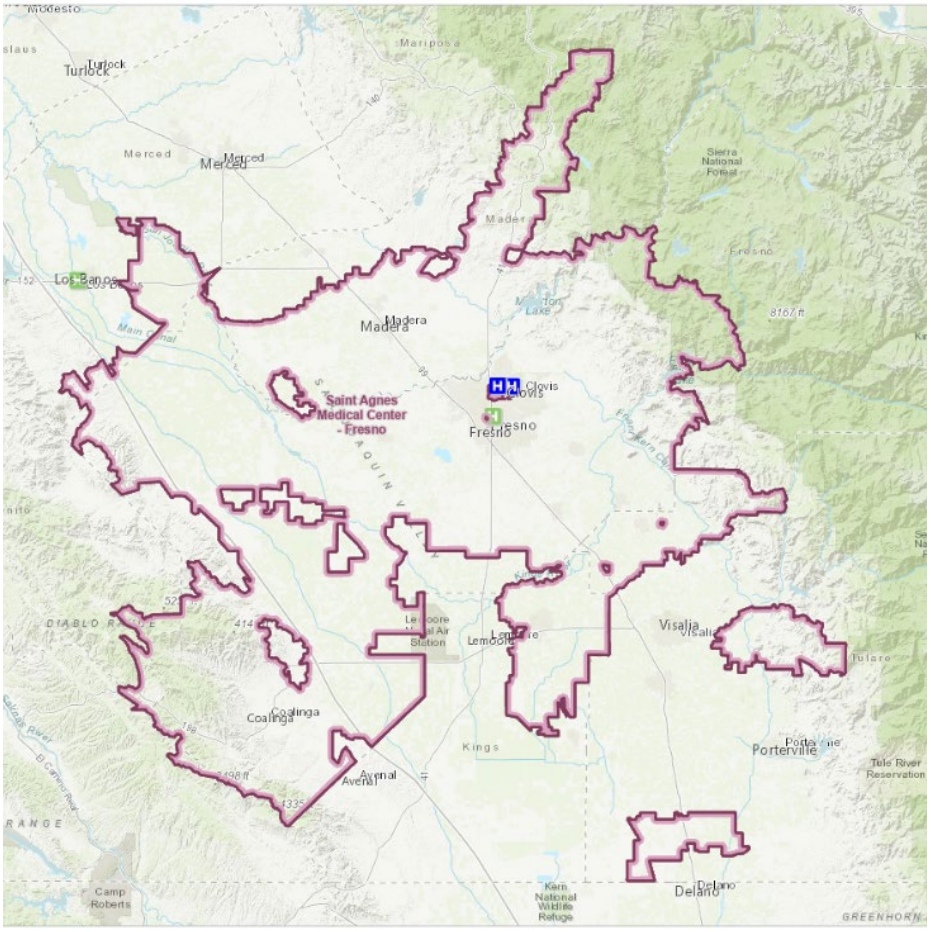
Geographically, Fresno County spans about 6,000 square miles. The terrain ranges from flat valley lands in the west to the Sierra Nevada mountains in the east, including parts of Kings Canyon and Sequoia National Parks. The area enjoys a Mediterranean climate, with hot, dry summers and mild winters, making it ideal for farming. It is home to a network of rivers and reservoirs, including the San Joaquin River, which supports agricultural irrigation and water needs for local communities.

Demographically, Fresno County has a population of over 1 million people, making it the tenth most populous in the state. The community is diverse, with significant Hispanic, Asian, and white populations. This demographic diversity shapes the region's cultural, social, and economic fabric, influencing public policy, resource allocation, and community initiatives.

The county has a growing economy with agriculture, healthcare, education, and public services being major sectors. The county’s central location makes it an accessible gateway to Yosemite, Kings Canyon, and Sequoia National Parks, drawing outdoor enthusiasts and tourists.

The rural nature of the areas within the county poses barriers to healthcare access, with fewer medical facilities and specialists compared to urban centers. Transportation challenges and a shortage of healthcare providers add to the difficulty of addressing the community’s health needs.

Service Area Demographic Profile



Total Population	1,275,140
Population Age 18+	71.94%
Population Under Age 18	28.35%
Hispanic/Latino Age 18+	50.23%
Non-Hispanic/Latino Age 18+	49.77%
Population 18-64 by Race Alone	
White	359,373
Black/African American	32,697
American Indian/Alaska Native	10,303
Asian	70,539
Native Hawaiian/Pacific Islander	1,251
Other	157,332
Multiple Race	122,517
Population with Limited English Proficiency	19.06%

Data Source: US Census Bureau, American Community Survey. 2018-22

Opportunity Index

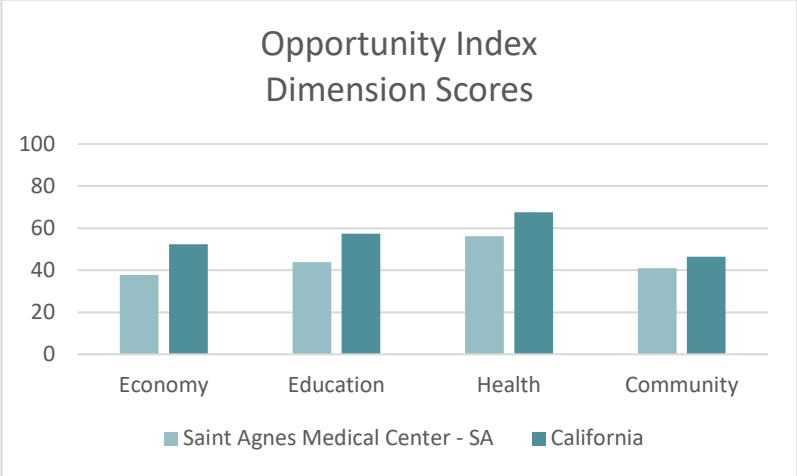
The Opportunity Index shows how opportunities in different areas are shaped by four key factors: the economy, education, health, and community. It provides data at the national, state, and county levels to help understand and improve access to opportunities.

Opportunity is influenced by many things, including personal characteristics like gender, race, and family background, which can't be changed. However, the Opportunity Index focuses on factors that can change, like income, health, education, civic involvement, and how welcoming a community is.

The Index offers a big-picture view of opportunity, looking beyond just economic factors. The 2023 Index measures well-being in four main areas: economy, education, health, and community.

Report Area	Total Population	Opportunity Index Score
Saint Agnes Medical Center – SA	1,239,390	**44.7**
California	39,209,127	**56.0**

Data Source: Opportunity Nation. 2018



Community Health and Wellbeing

We believe that everyone deserves the opportunity to live their healthiest life. We know that true health goes beyond the time spent in a healthcare facility - clinical care accounts for only 20% of our overall health and well-being in the United States. The other 80% is influenced by the social, economic, environmental, and cultural conditions in which we live.

We are dedicated to fostering these essential conditions. We recognize that not all communities have equal access to the resources they need, and that's where we come in. We step up to address these gaps, working to promote health and well-being for everyone. This is more than just our job—it's our mission and our purpose.

Our Approach to Assessing our Community's Need

The Patient Protection and Affordable Care Act (ACA) of 2010, included new requirements for not-for-profit hospitals to maintain their tax-exempt status. Included in the regulations is a requirement that all not-for-profit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) to address those needs every three years and to make these reports publicly available.

In California, CHNAs have been required since 1994, with the passage of Senate Bill 697. Since 2004, Saint Agnes Medical Center has collaborated with hospitals serving the four-county region of Fresno, Kings, Madera and Tulare counties. Saint Agnes, and the Central Valley Collaborative, in partnership with the Hospital Council of Northern and Central California, commissioned Conduent Healthy Communities Institute to coordinate primary data collection, conduct secondary data collection, and data analysis for its 2025 Community Health Needs Assessment.

Our assessment placed a strong focus on understanding how social determinants of health influence the well-being of our communities. Through a detailed analysis of community-level data and consultations with individuals who have extensive knowledge of health disparities, Saint Agnes has identified and prioritized the most critical needs specific to Fresno County.

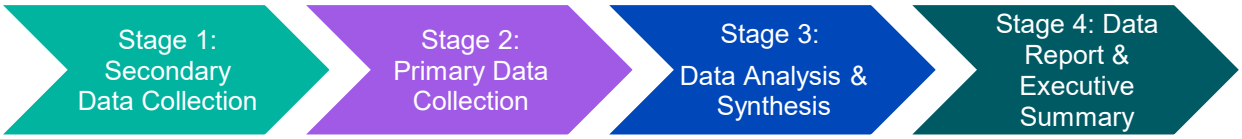
Guided by the community's input, we are crafting an implementation strategy to address these priorities, drawing on the combined strengths and resources of both the community and Saint Agnes to create impactful and sustainable solutions. The Central Valley Collaborative included:

- Community Regional Medical Center
- Fresno County Department of Public Health Department
- Hospital Council of Northern California
- Kaweah Health
- Kings County Health Department
- Saint Agnes Healthcare/Fresno Surgical Hospital
- Valley Children's Hospital

About the consultants

Conduent Healthy Communities Institute combines health and social determinants of health data with advanced technology and expertise to provide deeper insights, identify high-risk populations, and drive collaboration across the healthcare ecosystem to improve health outcomes. This approach enables hospitals, health systems, public health departments, and community collaboratives to efficiently and measurably impact the populations they serve.

Timeline



February/March	April/May	June/August	September/October	November /December
• Project Kickoff Meeting • Secondary Data Analysis • Primary Data development	• Secondary Data Presentation • Primary Data Planning	• Primary Data Collection • 1 Listening Session • 3 Key Informant Interviews • 7 Focus Groups	• Primary Data Collection Continues	• Data Collection finalized • Report Development • Final Reports Due

Methodology

Both qualitative and quantitative data were collected and analyzed. When feasible, data was cross-referenced with local, regional, state, and national data sources. A comprehensive review of the collected data and the key insights from the analysis identified significant health needs specific to Fresno County. For more information about the data collection methods and analysis, see ***Fresno County Data Report - Appendix***. The data analysis overview included:

Demographic Data

- Healthy Community Institute's SociNeeds index used to identify zip codes with the greatest need. Data measures for Economic, Education, Poverty, and Language from DataShare Fresno County.

Secondary Data Analysis

- Systematic methodology to score and rank indicators and topics areas to identify those with the greatest need.

Index of Disparity

- Review of subpopulation data within indicators for disparities (among race/ethnicity, gender, age).

Surveys

- Made available to people residing in Fresno County.
- Available in English, Spanish, Hmong, and Punjabi.
- Language surveys were made available to individuals living and working in Fresno counties.

Key Informant Interviews

- One-on-One interviews with community experts on the health needs of vulnerable populations, available resources, and barriers to accessing care.

Listening Sessions

- Online group sessions were scheduled with community experts on health and community needs.

Focus Groups

- A total of 22 discussions centered around the needs, strengths, barriers, and opportunities of the community.

Data Synthesis Results

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from focus groups, community surveys, listening session data, and secondary data findings identified ten areas of need. Figure 2 shows the criteria for determining significant health needs for Fresno County.

Secondary Data
• Topic score of 1.50 or higher
Listening Sessions, Key Informant Interviews, Focus Groups
• Frequency topic as discussed within primary data collection
Secondary Data
• Selected by 15% or more of respondents as priority health

Summary of Community Needs Prioritization Session

As part of the Community Health Needs Assessment (CHNA) process, a prioritization session was conducted to identify and rank the most pressing health needs within the community. The session brought together a diverse group of stakeholders, including residents, public health representatives, community-based organizations, and individuals from various focus populations.

Participants included representatives from different cultural, socioeconomic, and professional backgrounds, such as Southeast Asian, South Asian, Black/African American communities, LGBTQ+ groups, and individuals from urban and underserved areas. The group also included public health officials, community health workers, and members involved in local economic development initiatives.

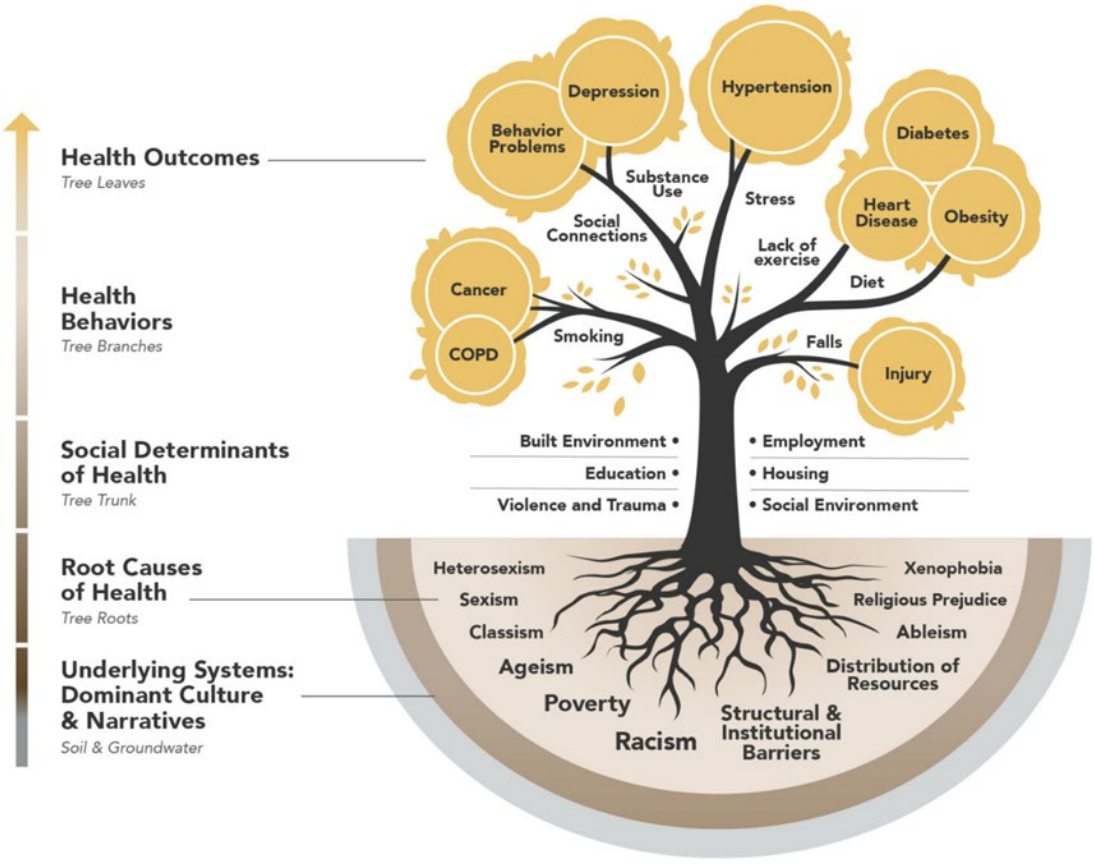
Using a data-driven approach and community input, participants reviewed key findings from the assessment, discussed the impact of social determinants of health, and evaluated community assets and challenges. The group collaboratively prioritized the most critical needs to guide future strategies, ensuring alignment with both community feedback and available resources.

This session served as a critical step in addressing health disparities and fostering collaboration across sectors to create targeted, sustainable solutions for improving community health outcomes.

Methodology for Prioritizing Community Health Needs

The prioritization process involved a structured approach to identify and rank the most critical health needs in the community. Each participant was asked to select and rank their top three priority health issues based on their perceived severity and impact. Categories were ranked and prioritized through a weighted voting system, indicated by red, orange, and yellow symbols (Red = 1.50, Orange = 1.00, Yellow = 0.50). These symbols helped identify which health category the group felt had the most significant impact on their community while considering the local impact Saint Agnes could achieve within the next three years. The rankings' weighted scores indicated the level of urgency. These scores were tallied to determine the most pressing health concerns.

Once the health needs were ranked, the group reviewed the top priorities and engaged in a collaborative discussion to examine the systemic issues underlying these concerns. Using the Root Cause Tree method, participants systematically analyzed contributing factors to identify the primary causes of the issues. The method utilizes a tree-like diagram where the problem is at the top (trunk), and branches extend downwards to represent potential contributing causes, further branching out to more specific factors. This visual and interactive method facilitated a deeper understanding of the root causes and the development of targeted solutions to address them effectively.



To further explore solutions, participants utilized a creative exercise involving visual symbols to represent key elements of the health challenges. A rock symbolized the core of a health issue, a flower represented root causes, leaves represented symptoms of the health issues, and a cloud represented solutions for the symptoms. The exercise fostered a comprehensive examination by the participants and illustrated actionable interventions.

There was a strong call for increased collaboration in several areas, including mental health, environmental health, transportation, healthcare access, training, and skills development. Participants emphasized the importance of fostering collaboration among professionals in education, social services, and health, including the acquisition of essential health and cultural competencies, building trust within communities and community agencies, and embracing humility in their work.

Overview of Key Health and Quality of Life Priorities for Fresno County

This summary includes the prioritized health needs that describe the key themes, barriers, and challenges identified through community feedback. It also includes secondary data and quotes from listening sessions, key informant interviews, and focus groups. The data report provides additional topics and detailed data sets for each health need. Listed in prioritized order:

Economy

The economy is a critical community health indicator because it directly influences the social determinants of health, such as employment, income levels, housing stability, and access to essential resources. A strong economy provides individuals and families with financial security, which enables better access to nutritious food, healthcare, education, and safe living environments. Conversely, economic challenges, such as unemployment and poverty, can lead to increased stress, reduced healthcare access, and poor health outcomes. By shaping opportunities and resources within a community, the economy plays a foundational role in the overall well-being and quality of life of its residents.

Mental Health and Mental Disorders

Mental health and mental disorders are vital health indicators because they significantly affect an individual's overall well-being, quality of life, and ability to function in daily activities. Mental health influences physical health, productivity, relationships, and participation in the community. Poor mental health or untreated mental disorders can lead to increased risks of chronic diseases, substance abuse, social isolation, and reduced life expectancy. Monitoring mental health as a health indicator helps identify the prevalence of mental health conditions, access to care, and the effectiveness of prevention and intervention programs. Addressing mental health needs is essential for promoting resilience, reducing stigma, and ensuring equitable access to mental health services to improve both individual and community health outcomes.

Access to Affordable Healthcare

Access to affordable healthcare is a critical health indicator because it directly impacts an individual's ability to receive timely and necessary medical services, including preventive care, treatment for illnesses, and management of chronic conditions. When healthcare is affordable, people are more likely to seek care early, reducing the severity of health issues and preventing costly emergency interventions.

Lack of affordable healthcare can lead to delayed or foregone medical treatment, poorer health outcomes, and increased financial strain on individuals and families. It also contributes to health disparities, particularly among low-income populations and marginalized communities. By tracking this indicator, communities can identify gaps in healthcare access, address barriers, and work toward ensuring equitable health services for all residents.

Affordable Housing

Affordable housing is a crucial health indicator because stable and affordable housing is foundational to overall well-being and significantly impacts physical, mental, and social health.

When individuals and families have access to affordable housing, they are less likely to experience homelessness, overcrowding, or housing instability, all of which are linked to poor health outcomes.

High housing costs can force individuals to make difficult trade-offs, such as prioritizing rent over healthcare, nutritious food, or other necessities. This can lead to increased stress, exacerbation of chronic conditions, and delayed medical care. Additionally, poor-quality housing can expose residents to environmental hazards like mold, lead, and unsafe living conditions, further affecting their health. By tracking affordable housing as a health indicator, communities can identify and address housing-related barriers to health, reduce disparities, and promote stable, healthy environments that support better health outcomes.

Chronic Diseases

Chronic disease is a key health indicator because it reflects the long-term health and well-being of a population. Chronic diseases, such as diabetes, heart disease, cancer, and respiratory illnesses, are leading causes of death and disability and significantly impact healthcare costs, workforce productivity, and quality of life. Monitoring chronic disease as a health indicator helps identify patterns and disparities in disease prevalence, risk factors, and access to care. This information is critical for guiding public health initiatives, prevention strategies, and resource allocation. Addressing chronic diseases through prevention, early detection, and effective management can improve individual health outcomes and reduce the overall burden on healthcare systems.

Food Insecurity (Access to Healthy Foods)

Food insecurity and access to healthy food are crucial health indicators because they directly affect nutrition, physical health, and overall quality of life. Without reliable access to nutritious and affordable food, individuals are at greater risk of malnutrition, chronic diseases such as diabetes and heart disease, weakened immune systems, and developmental issues in children.

Lack of access to healthy food often forces individuals to rely on inexpensive, nutrient-poor options, contributing to poor dietary habits and health disparities, particularly in low-income and underserved communities. Food insecurity also impacts mental health, as the stress of not having enough food can lead to anxiety, depression, and emotional distress. Tracking food insecurity and access to healthy food as health indicators helps identify vulnerable populations and systemic barriers. This information is critical for implementing community interventions and policies to improve food access, reduce health disparities, and promote better long-term health outcomes.

Environmental Health

Environmental health is a critical health indicator because the quality of the environment directly affects the physical and mental well-being of individuals and communities. Factors such as air and water quality, exposure to pollutants, access to green spaces, and safe housing conditions significantly influence health outcomes. Poor environmental conditions, such as air

pollution, contaminated water, or unsafe waste management, can lead to chronic illnesses, respiratory diseases, cardiovascular issues, and other health complications. Additionally, climate-related factors like extreme weather events and heatwaves disproportionately affect vulnerable populations, exacerbating existing health disparities. Monitoring environmental health as an indicator helps identify risks, guide public health interventions, and promote policies that protect and improve the natural and built environments. Ensuring a healthy environment is essential for preventing disease, fostering resilience, and improving overall community health and well-being.

Substance Misuse/Alcohol Use

Substance use and misuse is an important health indicator because it directly affects physical, mental, and social well-being while contributing to a range of public health challenges. Misuse of substances such as alcohol, opioids, and other drugs can lead to addiction, chronic diseases, mental health disorders, injuries, and premature death.

Substance use also impacts families and communities, increasing the risk of violence, child neglect, homelessness, and economic instability. It places a significant burden on healthcare systems, law enforcement, and social services. By monitoring substance use and misuse as a health indicator, communities can better understand its prevalence, identify at-risk populations, and allocate resources to prevention, education, treatment, and recovery support programs. Addressing this issue is essential to improving health outcomes, reducing stigma, and fostering safer, healthier communities.

Transportation

Transportation is a critical health indicator because access to reliable, safe, and affordable transportation significantly influences health outcomes and equity. Transportation enables individuals to reach essential services such as healthcare facilities, grocery stores with healthy food options, workplaces, schools, and community resources.

Limited transportation options or inadequate infrastructure can lead to missed medical appointments, delayed care, and increased health disparities, particularly among low-income, rural, and underserved populations. Additionally, transportation impacts environmental health through pollution and emissions, which contribute to respiratory and cardiovascular conditions. By monitoring transportation as a health indicator, communities can identify barriers, improve access, and implement sustainable solutions that promote mobility, reduce disparities, and enhance overall health and well-being.

Weight Status

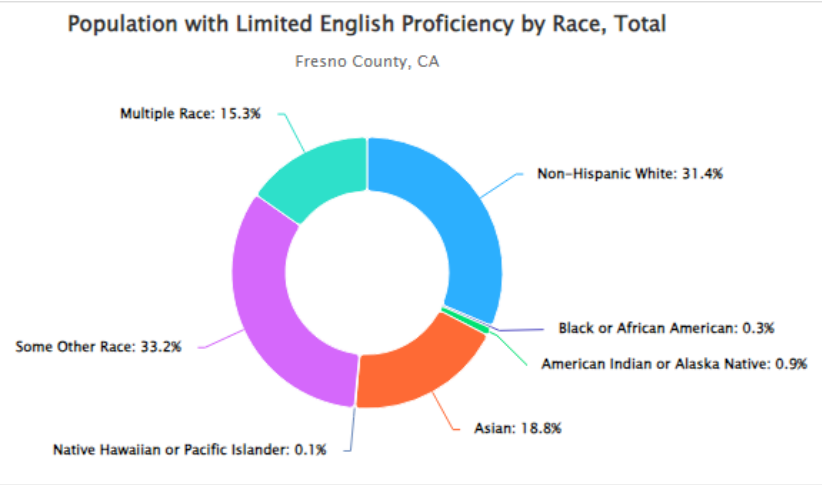
Weight status is a vital health indicator because it reflects an individual's overall health and risk for developing chronic conditions. Factors such as being underweight, overweight, or obese are closely linked to a range of health outcomes, including diabetes, heart disease, hypertension, certain cancers, and musculoskeletal disorders.

Weight status also provides insights into broader public health issues, such as nutrition, physical activity levels, and access to healthy food. It can serve as a measure of how social determinants of health—such as socioeconomic status, education, and built environments—impact lifestyle choices and health behaviors.

Tracking weight status as a health indicator helps identify population-level trends, disparities, and at-risk groups. This data informs public health policies and interventions focused on promoting healthy eating, increasing physical activity, and addressing systemic barriers to maintaining a healthy weight, ultimately improving overall community health.

Priority Needs

Economy



Fresno County faces a complex economic landscape influenced by a range of social factors that impact economic stability and growth. Key indicators such as social associations, single-parent households, domestic violence calls, linguistic isolation, poverty rates, and juvenile arrest rates reflect underlying economic disparities that hinder the economic development of the region. These challenges contribute to the county's economic vulnerability, limiting opportunities for growth and economic mobility for many of its residents.

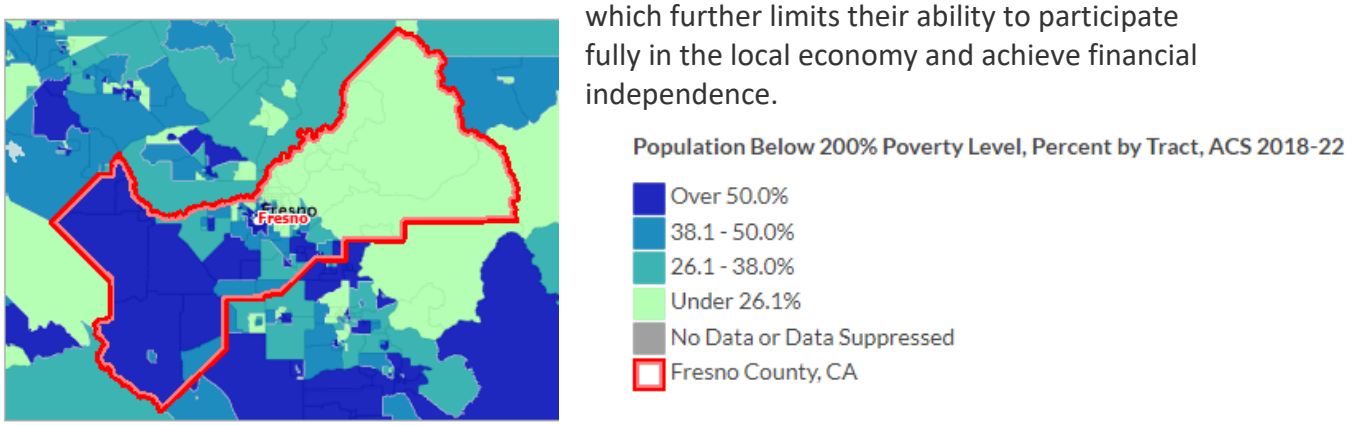
Social associations are a critical component of economic resilience, as strong community networks can foster job opportunities, financial support, and access to resources. However, social isolation is a persistent issue in Fresno County, with many residents lacking the necessary social connections that could enhance their economic prospects. Limited social engagement can stifle entrepreneurship, decrease job networking opportunities, and reduce overall economic activity within the community, further exacerbating economic instability.

The presence of single-parent households is another significant economic challenge in the county. Approximately 28% of children in Fresno County live in single-parent households, with many of these households headed by single mothers. These families are more likely to experience economic instability due to the dual burdens of childcare and employment. Single-parent households often struggle to make ends meet, with limited financial resources and fewer opportunities for upward mobility. This economic strain makes it difficult for these families to access quality healthcare, education, and housing, further entrenching economic disparities.

Domestic violence in Fresno County is another critical factor affecting the local economy. In 2023, over 11,000 calls related to domestic violence were reported, highlighting the economic toll of abuse on individuals and families. Victims of domestic violence often face significant economic challenges, including job loss, housing instability, and the need for costly legal and social services. These economic disruptions can have long-term consequences, limiting the ability of survivors to regain financial stability and contributing to a cycle of poverty and social instability.

Linguistic isolation is another economic barrier in Fresno County, particularly among immigrant populations. Nearly 18% of the county's population have limited English proficiency, which creates significant challenges in accessing employment opportunities, financial services, and public resources. Non-English-speaking residents often face difficulties in navigating the local job market and accessing training programs, which limits their ability to improve their economic status. This isolation not only hinders individual economic growth but also slows the county's overall economic progress by limiting the full potential of its diverse workforce.

Poverty is one of the most pressing economic issues in Fresno County. According to the US Census Bureau, 41.2% of Fresno County population is living below 200% federal poverty level. This rate is significantly higher than the state average and reflects the economic challenges faced by a large portion of the population. High poverty rates are closely tied to limited access to quality education, healthcare, and stable housing, creating a cycle of economic disadvantage that is difficult to break. Low-income families in Fresno County struggle to meet basic needs, which further limits their ability to participate fully in the local economy and achieve financial independence.



The juvenile arrest rate in Fresno County further underscores the economic instability faced by many families. The county has a higher juvenile arrest rate than the state average, reflecting deeper social and economic issues, such as poverty, lack of educational opportunities, and family instability. Young people involved in the justice system often face limited job prospects and economic mobility later in life, perpetuating the cycle of poverty and economic hardship in the community. These early economic disruptions can have lasting effects, hindering the future economic potential of youth and the county as a whole.

Community Feedback:
Community feedback highlights significant economic challenges faced by residents of Fresno County over the past year. A notable 14% of respondents reported that their utility services were shut off due to unpaid bills, underscoring the financial strain many families are under. Additionally, 37% of survey respondents expressed that the available jobs in the area did not offer wages sufficient to support themselves and their families. As one participant shared, "It is hard to find a job that pays enough for me to have money, pay the rent, buy food, and pay bills. I work paycheck to paycheck." This reflects the ongoing struggle to make ends meet despite employment. Furthermore, 19% of respondents indicated that caregiving responsibilities for

family members made it challenging to find or maintain steady employment, limiting their earning potential. These findings underscore the need for higher-paying jobs and better support systems for working families and caregivers, as well as policies to alleviate the economic pressures that many residents face in Fresno County.

In conclusion, the economic profile of Fresno County is shaped by a range of social factors that contribute to economic instability and limit opportunities for growth. Social isolation, single-parent households, domestic violence, linguistic barriers, poverty, and juvenile crime all play significant roles in hindering economic development and perpetuating economic disparities. Addressing these issues requires a multifaceted approach that focuses on strengthening community networks, improving access to education and employment opportunities, and reducing poverty, which are essential steps in fostering long-term economic resilience and growth in Fresno County.

Mental Health/Mental Disorders

Mental health remains a critical concern in Fresno County, where a combination of limited access to mental health services, rising rates of mental disorders, and substance use challenges contributes to a growing public health issue. The county faces significant barriers to accessing mental health care, with many residents unable to receive the timely and adequate support they need. These challenges are compounded by the rising rates of mental health disorders, including depression, anxiety, and substance use disorders, which often go untreated due to stigma, financial barriers, and a shortage of mental health professionals.

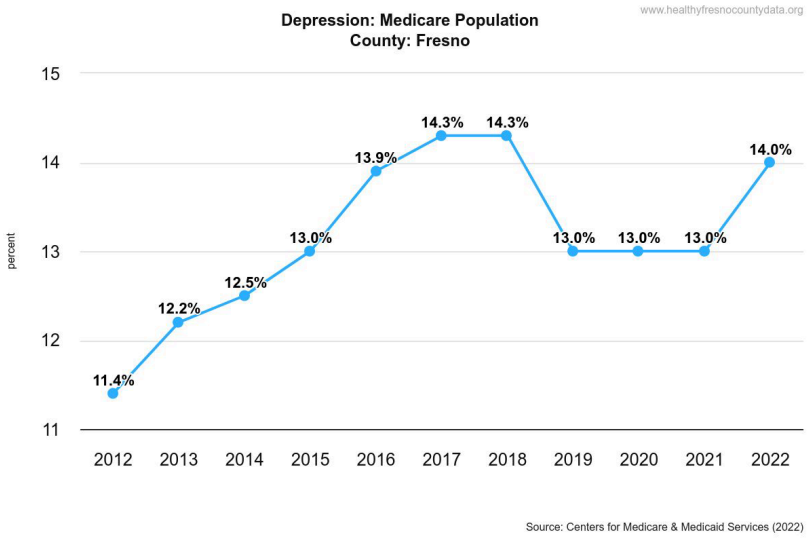
Mental health disorders, particularly depression and anxiety, are prevalent in Fresno County. A 2022 Centers for Disease Control and Prevention survey found that approximately 23% of adults in the county reported experiencing symptoms of depression, which is higher than the state average. Additionally, anxiety disorders are commonly reported, with many individuals facing stressors related to economic hardship, job insecurity, and family instability. These mental health issues are particularly prevalent among lower-income populations, who may lack access to adequate care and support.

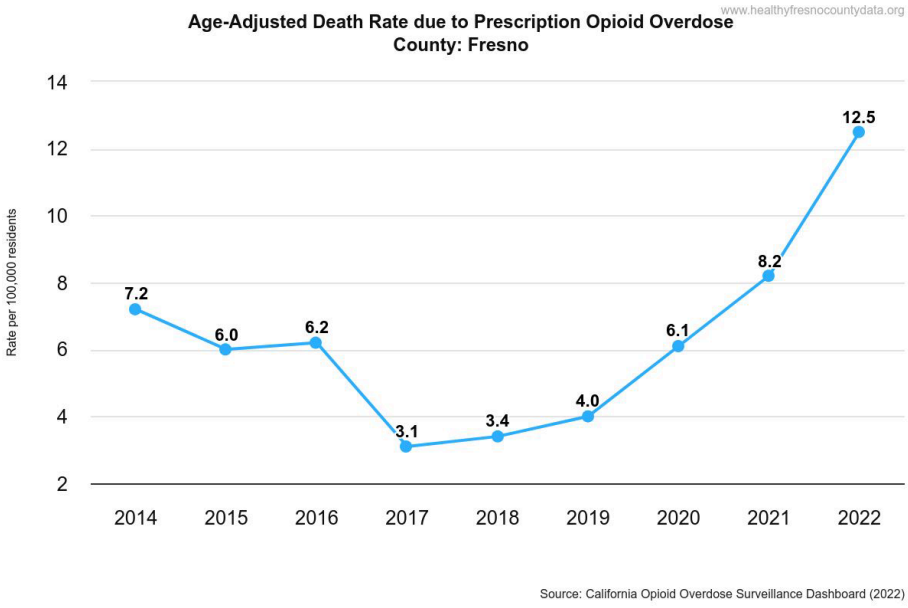
Substance use, including the misuse of opioids, is another major public health concern in Fresno County. According to the California Opioid Overdose Surveillance Dashboard, the age-adjusted death rate due to prescription opioid overdose in Fresno County is 12.5 per 100,000 residents. The opioid crisis has had a profound effect on the health of Fresno County's residents, contributing not only to physical health crises but also to mental health challenges. Individuals struggling with substance use disorders often experience co-occurring mental health conditions, such as depression and anxiety, making treatment more complex. Access to integrated care—where mental health and substance use services are provided together—remains a critical need in the county to address these dual challenges effectively.

A significant challenge to mental health care in Fresno County is the underutilization of services despite high demand. Barriers such as the stigma surrounding mental health issues, the lack of mental health insurance coverage, and the shortage of bilingual providers, particularly for Spanish and Hmong-speaking residents, hinder access to care. Moreover, many people with mental health conditions face a cycle of poverty, housing instability, and unemployment, which further exacerbates their mental health needs and limits their ability to seek help.

Community feedback reveals that mental health services are often viewed as out of reach. One resident shared, "There's nowhere to go for help unless you're in crisis, and by then, it's too late. I just feel like people are falling through the cracks." This sentiment highlights the need for early intervention programs and more accessible mental health resources, particularly in underserved communities. Respondents also report challenges in accessing services due to cost, lack of insurance, and insufficient outreach programs. As one community member noted, "It's hard to get an appointment with a counselor or a psychiatrist, and even when you do, the wait can be months long." This delay in care increases the likelihood that mental health issues go untreated, leading to more severe conditions and exacerbating health disparities.

Fresno County faces a dual public health challenge related to mental health and substance use disorders. High rates of mental health conditions, such as depression and anxiety, coupled with a rising opioid crisis, create a perfect storm of health challenges that strain an already under-resourced mental health system. The high age-adjusted death rates due to drug overdoses, particularly opioids, underscore the urgent need for integrated care models that address both mental health and substance use issues. Improving access to mental health services, expanding substance use treatment options, and reducing stigma are essential steps in improving the overall mental health and well-being of residents in Fresno County. Addressing these challenges will require a comprehensive approach, including expanded access to care, more mental health professionals, and greater community outreach to ensure that every resident has the support they need to thrive.





Access to Affordable Health Care

Access to care and the availability of health insurance in California are critical factors in ensuring the health and well-being of residents. California has made significant strides in expanding health insurance coverage through programs like Medi-Cal and Covered California, leading to one of the lowest uninsured rates in the nation. In Fresno County, 42.32% of insured population receives Medi-Cal. However, challenges persist, particularly for underserved populations such as rural residents, low-income families, and undocumented individuals. Despite increased insurance availability, barriers such as high out-of-pocket costs, limited provider networks, and shortages of healthcare professionals in certain areas continue to impede access to timely and adequate care. Addressing these disparities is essential to achieving equitable health outcomes and ensuring that all Californians can access the care they need when they need it.

Population Receiving Medi-Cal Coverage by Zip Code

Zip Code	93640	93701	93660	93646	93741
Population Receiving MCal	83.08%	78.44%	75.42%	74.85%	74.32%

Access to healthcare and the availability of health insurance in Fresno County present unique challenges. According to the U.S. Census Bureau, 7.7% of residents under the age of 65 are uninsured. While this indicates that a majority have some form of health coverage, disparities remain. For instance, data from Breathe California reveals that 88.9% of adults in Fresno County have health insurance, but only 86.3% of Asian adults are insured, compared to 95.8% of White adults. Additionally, the region faces a shortage of healthcare providers, with a higher population-to-physician ratio than the state average, which can limit access to care. According to the US Department of Health and Human Services, there are a total of 89 Health Professional Shortage Areas (HPSA) in Fresno County for Primary Care, Mental Health Care, and Dental Health Care. These statistics underscore the need for targeted efforts to improve health insurance coverage and access to healthcare services across all demographics in Fresno County.

Community Feedback: Residents of Fresno County face significant barriers to accessing healthcare services, particularly in rural areas. A prominent issue is the shortage of healthcare and specialty providers, which limits the availability of necessary care. Additionally, the lack of nearby hospitals and clinics in rural areas contributes to lengthy response times for hospitals and emergency medical services, further exacerbating health access challenges. Community surveys revealed that 36% of respondents needed health services but were unable to obtain the care they required. The primary reasons cited for not receiving care included the high cost of healthcare services which many could not afford, and hours of operation that did not align with their schedules, creating difficulties for those with work or family obligations.

Participants also identified transportation and telehealth as significant barriers to accessing care, particularly in underserved areas. One participant shared, “There is a lack of translators for Indigenous languages, which makes accessing health services difficult.” While another shared, "Sometimes,

instructions from the pharmacy are only in English, and many can’t read them." These findings highlight the critical need for strategies to improve access to affordable, timely, and culturally appropriate healthcare services in Fresno County.

Affordable Housing

Housing is a fundamental health need that directly impacts physical, mental, and social well-being. Safe, stable, and affordable housing is essential for maintaining good health, yet many individuals and families face significant challenges in accessing adequate living conditions. Housing instability—characterized by frequent moves, overcrowding, or the risk of eviction—creates chronic stress that negatively affects mental health and exacerbates conditions like anxiety and depression. Overcrowded housing also increases the spread of communicable diseases, while substandard conditions, such as mold, poor ventilation, and unsafe infrastructure, contribute to respiratory issues, injuries, and other health concerns.

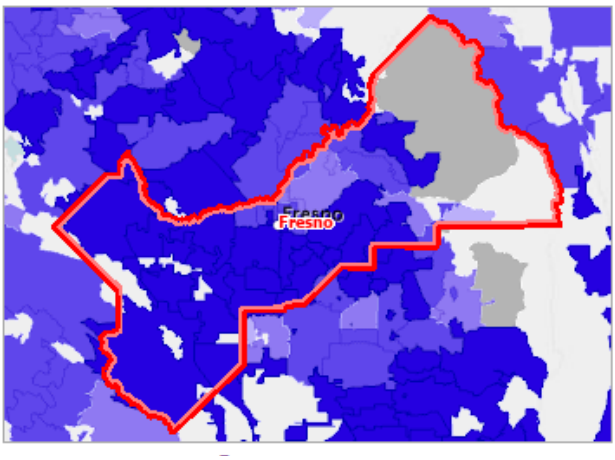
The cost of housing is another critical factor influencing health outcomes. When individuals spend a significant portion of their income on rent or mortgage payments, they often have fewer resources available for essential needs, including healthcare, nutritious food, and transportation. This financial strain disproportionately affects low-income families, seniors, and vulnerable populations, deepening health disparities within the community.

In Fresno County, housing cost burden, overcrowding, and housing quality are significant issues, affecting the stability and well-being of many residents. Over 50% of renters in the county are considered cost-burdened, spending more than 30% of their income on rent. Additionally, 19.21 percent of housing units are affected by overcrowding, with many households accommodating multiple families or individuals to offset high housing costs. This situation is further exacerbated by substandard housing conditions. According to the US Census Bureau, 42.40% of total occupied housing units in Fresno County have at least one substandard condition, including aging infrastructure, inadequate maintenance, and health hazards such as mold and poor ventilation.
Residents who live in substandard housing face the constant threat of losing their homes, which further limits their ability to maintain a stable environment conducive to health. For newcomers and underserved populations, barriers such as limited housing diversity and affordability can hinder access to healthcare and other essential services.

Community Feedback: Respondents to the survey and key informant interviews reveal significant challenges related to housing availability and affordability. Among respondents, 27% strongly disagreed that there are affordable places to live within their community. Additionally, 32% reported living in homes that include children under the age of 25 with a spouse or partner, highlighting the need for family-friendly housing options. Despite this, 20% indicated that their current housing situation does not meet their needs, and 19% expressed concern that they or their families may not have stable housing within the next two months. Housing affordability and diversity were also identified as critical factors influencing newcomers' ability to resettle successfully and access essential services, including healthcare. These findings underscore the pressing need for initiatives that expand affordable, diverse, and stable housing options in the community.

Chronic Disease

Fresno County faces significant health challenges related to chronic diseases, which reflect broader trends in health disparities and socioeconomic determinants. Conditions such as diabetes, heart disease, asthma, and obesity are among the leading causes of morbidity and mortality in the region. Approximately 13.1% of adults in Fresno County have been diagnosed with diabetes, exceeding the statewide prevalence of 10.7%. Obesity is also a critical concern, with over 75.2% of adults classified as obese, or overweight, compared to the national average of 67.7%. Among children aged 5-17, the obesity rate stands at 15.9%, posing significant long-term health risks.



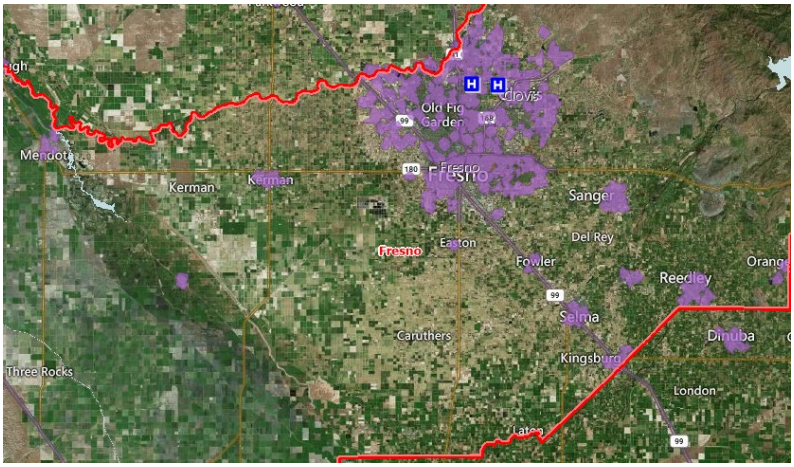
Diabetes, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 13.0%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Fresno County, CA

Heart disease remains the leading cause of death in the county, with a mortality rate of 105.5 deaths per 100,000 people, significantly higher than the California average of 71.1 per 100,000. Asthma hospitalization rates are particularly alarming, as Fresno County reports 22.4 hospitalizations per 10,000 children—nearly double the state average of 12.3 per 10,000. Hypertension also affects nearly 68% of Medicare population in the county, contributing to an increased risk of cardiovascular diseases, particularly in under-resourced communities.

Health disparities are especially pronounced in low-income neighborhoods and communities of color, particularly among Hispanic and African American populations, who experience disproportionately higher rates of diabetes and hypertension. Limited access to healthcare services exacerbates these disparities, with 6.7% of the population uninsured. Economic and social determinants such as a poverty rate of 16.2%—significantly above the State average of 8.9%—further compound the chronic disease burden. Physical inactivity is also prevalent,

affecting 21% of the population, partly due to limited access to safe parks and recreational facilities.



ParkServe 10-Minute Walk Service Area, Trust for Public Land 2023

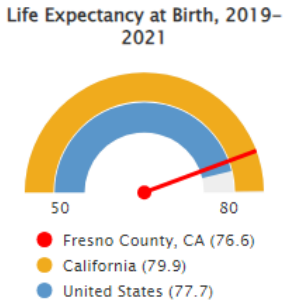
ParkServe 10-Minute Walk Service Area, Trust for Public Land 2023
Fresno County, CA

Community feedback gathered from survey and focus group participants highlights diabetes as a top health concern in Fresno County. In the survey, 21% of respondents identified diabetes as one of the most pressing community health problems, and 28% reported that they either had diabetes or were at risk for developing the disease. Additionally, 29% of respondents indicated that they had high blood pressure, underscoring the interconnected nature of chronic diseases in the community. Participants expressed concerns about the lack of awareness regarding how lifestyle factors, particularly diet, influence these conditions. As one respondent stated, “Diabetes and high blood pressure are common, and many don’t understand how food impacts their health.” This feedback reflects the need for improved education and resources to help community members better manage and prevent chronic diseases through healthier lifestyle choices.

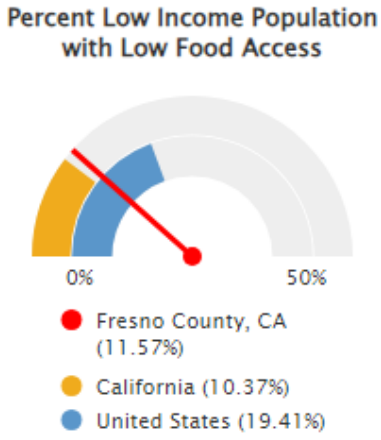
Addressing the chronic disease burden in Fresno County requires a comprehensive approach. This includes expanding access to primary care and preventive health services, enhancing community-based interventions to promote healthy eating and physical activity, and implementing targeted programs to reduce health disparities in underserved populations. Additionally, advocacy for policies addressing social determinants of health, such as food security, housing stability, and education, is essential to improving long-term health outcomes in the region.

Food Insecurity/Healthy Food Access

Fresno County faces significant challenges related to food insecurity and access to healthy food, which contribute to poor health outcomes and the prevalence of chronic diseases. Limited availability of affordable, nutritious foods in many communities, combined with poor eating habits, has a profound impact on residents' health and quality of life. The county's life expectancy is approximately 79.4 years, slightly below California's statewide average of 81.5 years, with food insecurity and poor diet contributing to disparities in life expectancy, particularly in underserved neighborhoods. Additionally, nearly 23% of adults in Fresno County rate their general health as "fair" or "poor," higher than the state average of 18%, further underscoring the impact of inadequate nutrition on overall health.



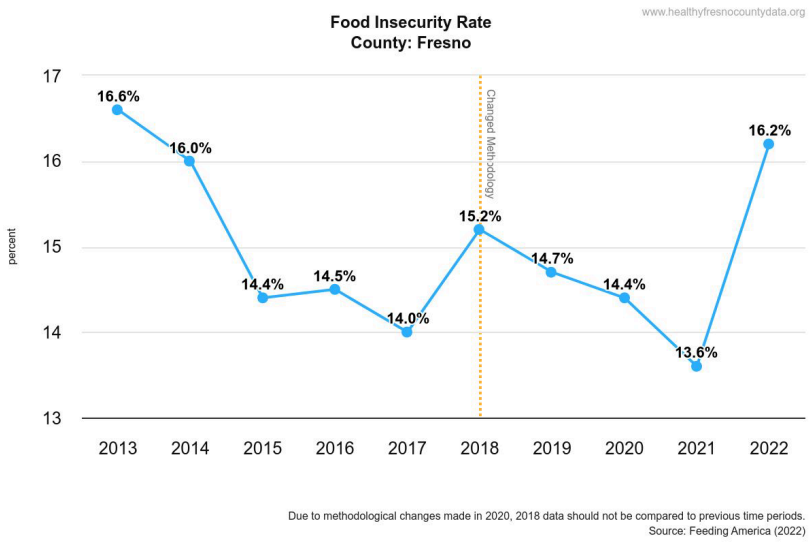
Community feedback highlights significant concerns about food access and nutrition. In a recent survey, 18% of respondents identified poor eating habits and lack of access to nutritious food as the most critical health problems in the community. Furthermore, 19% of respondents expressed a desire for healthier eating options, such as restaurants, stores, and markets, to be prioritized in the county. Economic barriers to accessing healthy food remain a recurring issue, with one participant stating, "Healthy foods cost 50% more than processed alternatives." Additionally, the lack of knowledge and resources to prepare healthier meals was emphasized, as another participant shared, "We need nutrition workshops to help people understand how to prepare healthier meals."



Addressing food insecurity and promoting access to healthy food in Fresno County requires a multifaceted approach. Programs that educate residents about nutrition and affordable healthy meal preparation are essential to improving eating habits. Increasing awareness of existing resources, such as food assistance programs and community-based initiatives, is crucial to ensuring these efforts reach those most in need. Policies that support the availability of affordable healthy food options in underserved neighborhoods, such as subsidies for fresh produce and incentives for local markets, can help bridge the gap in food access. Collaborative efforts between public health organizations, local governments, and community leaders will be critical in creating sustainable solutions that empower residents to make healthier choices and improve long-term health outcomes.

Environmental Health

Fresno County faces significant environmental health challenges that impact the well-being of its residents, particularly in vulnerable communities. Overcrowding in households is a concern, with 10.8% of housing units classified as overcrowded, compared to the national average of 3.4%, contributing to stress and increased exposure to indoor pollutants. The county also experiences some of the worst air quality in the nation due to high levels of particulate matter (PM2.5), with the American Lung Association consistently ranking Fresno among the cities with the most polluted air. According to the Centers for Disease Control, the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standards is 11.27%, considerably exceeding the 3.45% California percentage. These poor air conditions contribute to respiratory issues, such as asthma, which affects approximately 10.7% of the Medicare population in the county. Additionally, Fresno County has a food insecurity rate of 16.2%, indicating limited access to healthy food and higher exposure to food deserts, compounding health risks.



Community feedback highlights significant concerns about environmental health. In a recent survey, 26% of respondents identified air and water quality as top priorities to address in the community. Environmental pollutants, such as pesticides and asbestos, were also frequently mentioned as critical concerns. One participant noted, “More education about the health impacts of pesticides is necessary for farmworkers,” emphasizing the need for targeted outreach and education in agricultural communities. Another shared, “We see an increase in asthma and allergies, especially among children, due to poor air quality and pesticide exposure,” reflecting the widespread concern about the impact of environmental pollutants on respiratory health and overall quality of life.

Addressing Fresno County’s environmental health issues requires a focus on reducing air pollution, improving access to clean water, and mitigating the impacts of overcrowded housing. Additionally, policies to improve air quality, including stricter emissions controls and initiatives to monitor and address environmental pollutants, can help protect the health of residents.

Substance Misuse and Alcohol Use

Substance misuse and alcohol use remain public health concerns in Fresno County, with limited access to treatment services exacerbating the issue. Many residents struggling with substance use disorders face significant barriers to care, including cost, lack of transportation, and inconvenient hours of operation at treatment facilities. These challenges contribute to low treatment engagement and higher rates of substance-related health complications.

The age-adjusted hospitalization rate due to all drug overdoses in Fresno County is 14.2 per 10,000 residents, reflecting the growing impact of substance misuse on the healthcare system. Opioid overdoses are a particularly pressing issue, with the county reporting an opioid overdose hospitalization rate of 6.5 per 10,000 residents, underscoring the ongoing opioid crisis. Access to treatment services remains inadequate for many, limiting opportunities for recovery and harm reduction.

Community feedback highlights the severity of the issue, with 16% of survey respondents identifying substance use disorder as one of the top health concerns in the county. Many residents cited financial barriers, lack of transportation, and restrictive hours of operation as key reasons for not seeking care. Additionally, social and economic stressors contribute to higher substance use, as one respondent shared, “Many of our communities rely on alcohol and substance use to deal with day-to-day situations.” This reflects a deeper need for mental health support and alternative coping mechanisms within the community.

Addressing substance misuse and alcohol use in Fresno County requires expanding access to affordable treatment services, increasing public awareness of available resources, and improving the availability of harm reduction programs. Strategies such as mobile treatment units, extended clinic hours, and transportation assistance can help eliminate barriers to care. Additionally, integrating substance use treatment with mental health and primary care services can provide a more comprehensive approach to recovery. Collaborative efforts between healthcare providers, local governments, and community organizations are essential to reducing substance misuse and improving long-term health outcomes for Fresno County residents.

Transportation

Transportation plays a critical role in the health and well-being of Fresno County residents. Access to reliable and efficient transportation affects employment opportunities, healthcare access, and overall quality of life. However, significant gaps in transportation infrastructure disproportionately impact rural communities, farmworkers, and those reliant on public transit. A small percentage of Fresno County residents rely on public transportation for commuting due to limited routes and inconsistent service. Many healthcare facilities are located near major highways, which can be a barrier for individuals without personal vehicles, especially in rural areas where public transit options are scarce. Community feedback highlights significant transportation challenges, with 12% of respondents indicating that a lack of transportation made it difficult for them to find a job, while transportation issues in rural communities and among farmworkers are considered a top health problem. Additionally, 23% of respondents strongly disagreed that transportation is easy to access when needed.

Many rural areas have little to no public transit services, creating challenges for residents needing to access employment, healthcare, and essential services. Farmworkers, who play a vital role in Fresno County's economy, often face long and difficult commutes due to inadequate transportation options. This contributes to increased stress, reduced access to healthcare, and economic instability. Individuals without reliable transportation may delay or forgo medical care, leading to worsening health conditions and increased emergency room visits. Limited transportation options can prevent residents from obtaining or maintaining stable employment, further exacerbating economic hardship.

To address these issues, Fresno County should expand public transit services by increasing the number of routes and frequency of service, particularly in rural areas. Affordable transportation solutions, such as subsidized or free transit options for low-income individuals and farmworkers, should be implemented. Community-based transportation programs, including rideshare or shuttle services tailored to farmworkers and residents in remote areas, can help bridge accessibility gaps. Infrastructure investment in roadways, pedestrian paths, and bike lanes is essential to enhance transportation accessibility. Additionally, healthcare transportation support programs should be developed to assist individuals in reaching medical appointments, such as non-emergency medical transport services. Addressing Fresno County's transportation challenges is essential for improving public health, economic stability, and overall quality of life for its residents.

Weight Status

Weight status is a significant health concern in Fresno County, where obesity and overweight rates contribute to chronic disease prevalence. According to the UCLA Center for Health Policy Research, over 30% of adults in Fresno County are obese, and nearly 70% are classified as overweight or obese. Among youth, the obesity rate is approximately 20%, raising concerns about long-term health impacts. Secondary warning indicators for overweight and obese adults include an increased risk of heart disease, diabetes, and hypertension. Similarly, obesity among teens is linked to early-onset chronic conditions and mental health issues, further emphasizing the need for intervention.

Weight status emerged as a top health topic in secondary data results, with 13% of survey respondents identifying it as an essential health problem. The survey also highlighted troubling physical activity patterns, with 29% of respondents reporting less than 30 minutes of daily exercise. Additionally, self-reported health perceptions revealed that 44% of respondents rated their health as only somewhat healthy, while 12% considered themselves unhealthy. These figures indicate a pressing need for improved public health initiatives and community engagement in healthy lifestyle promotion.

Access to recreational spaces and fitness facilities plays a crucial role in addressing these concerns. Community members have voiced the necessity of investing in local infrastructure to encourage healthier habits. One survey participant emphasized this point by stating, “Our community needs parks and gyms to encourage exercise and healthy living.” Expanding access to safe parks, affordable gyms, and wellness programs can foster a culture of health and physical activity, ultimately reducing obesity rates and associated health risks. Addressing weight-related health issues in Fresno County requires a comprehensive approach that includes education, policy changes, and improved access to resources that promote sustainable, healthy lifestyles.

Community Assets Provided by Respondents

Saint Rest Food to Share Pantry

Groceries2Go

Central California Food Bank

Cal Fresh

California State University, Fresno

Northpoint Community Church

Well Community Church

Cornerstone Christian Church

Fresno Hmong Alliance Church

Fresno Interdenominational Refugee Ministries (FIRM)

Fresno County Department of Public Health

Fresno American Indian Health Project

Owens Valley Career Development Center

Central Valley Indian Health

Cultiva la Salud

Reading and Beyond

Centro la Familia

Binational of Central California

The Fresno Center

2022 Implementation Strategy Impact

In 2022, Saint Agnes continued its tradition of partnering with Central Valley hospitals and the Hospital Council of Northern and Central California to conduct the CHNA for Saint Agnes. The CHNA conducted between October 2022 through mid-January 2023 identified the significant health needs within the communities of Fresno and Madera. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Poverty
2. Poor air quality/pollution
3. Homelessness
4. Food insecurity
5. Safety/neighborhood crime
6. Lack of affordable/acceptable housing
7. Insurance barrier/access to medical care
8. Not enough providers/treatment locations/long wait times
9. Expensive medical care
10. Lack of provider compassion/Discrimination
11. Lack of transportation

The 2023 implementation strategy was developed in partnership with community and focuses on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Saint Agnes acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under- addressed and within its ability to influence. Significant health needs addressed by Saint Agnes Saint Agnes, in collaboration with community partners, focused on developing and/or supporting initiatives and measure their effectiveness to improve the following health needs:

- Food Insecurity
- Safety/Neighborhood Crime
- Not enough providers/treatment location/long wait times

Significant health needs addressed

Expensive Medical Care

The actions taken to address the needs over the course of the past three years include, but are not limited to the following examples:

Food Insecurity

Saint Agnes took significant steps to address food insecurity by initiating a hospital-wide food recovery program. This program aimed to donate unused meals and food products to the Food-to-Share network, which prevents food waste and rescues surplus food. As a result of this effort, SAMC contributed 7,241 pounds of food for reallocation. Additionally, the medical ministry supported the St. Rest + Food to Share Hub project, which focuses on food recovery and distribution. This initiative led to the annual recovery of over 1 million pounds of nutritious food that would have otherwise gone to waste. The food was then distributed to families facing food hardship and financial constraints throughout the Central Valley.

The Saint Agnes Health Hub has been serving patients and clients since 2016 where Community Health Workers (CHW) provide direct linkages to community resources, including medical care, and social service agency connections. SAMC provided food and resource connections to over 5,734 individuals experiencing homelessness and to patients facing poverty and medical fragility. Our dedicated community health workers played a crucial role in connecting patients to food distribution sites, community-based organizations, and food delivery services. For those experiencing food insecurity and receiving services at the mobile clinics or health hub, the organization partnered with the Central California Food Bank to provide 360 (24-pound) shelf-stable food boxes as immediate aid until they or their family received successful linkage to long-term food solutions. Additionally, the hospital also provided meals to homeless patients to meet the SB1152 requirements.

Safety/Neighborhood Crime

Saint Agnes Medical Center and Trinity Health, as part of their Transforming Communities Initiative, provided funding to Fresno Housing's California Avenue Neighborhood (CAN). CAN partnered with the Community Justice Network (CJN) to engage community-based organizations and residents, aiming to advance health and racial equity in our communities experiencing extreme poverty and other vulnerabilities, particularly in relation to neighborhood safety and violence within the 93706-zip code.

Not enough providers/Treatment location/Long wait times

SAMC expanded opportunities for licensed and unlicensed healthcare providers to improve their professional knowledge and skills. SAMC collaborated with local colleges, universities, and specialty schools to offer a clinical setting for nursing and healthcare students seeking certificates and medical licenses. This partnership provided valuable hands-on experience for

students and contributed to the local healthcare workforce. It included undergraduate and vocational training for nurses, as well as training opportunities for paramedics, respiratory therapists, pharmacy technicians, imaging professionals, physical therapists, health information management professionals, dietitians, social workers, phlebotomist technicians, and cardiac sonography technicians.

Due to the low doctor-to-patient population ratio in Fresno County, SAMC continued its commitment to educating the next generation of physicians through its Graduate Medical Education (GME) program. This program is essential for addressing the community's healthcare needs by training and retaining local physicians. SAMC welcomed new cohorts of physician residents, including those specializing in Family Medicine, Internal Medicine, Emergency Medicine, and transitional year residencies; additionally, the organization initiated a fellowship opportunity in community-based Sports Medicine.

SAMC's partnership with the Fresno County Public Health Department's Rural Mobile Health initiative, provided family and internal medicine residents an opportunity to expand their knowledge and service to agriculture workers and residentially challenged individuals in Fresno County. They worked alongside Community Health Workers to provide complimentary health education and offer services addressing the barriers they experienced related to their social determinants of health (SDoH). The mobile health program offered health screenings, vaccinations, and chronic disease prevention.

SAMC's Holy Cross Health and Wellness Center, in partnership with WestCare of California and Kings View, increased access and reducing waiting times for behavioral health, substance use, and mental health services. SAMC's Substance Use Navigator also offered support to patients experiencing substance use issues by providing links to services and navigation support.

Other Health Care Needs

SAMC acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under-addressed and within its ability to influence. For this reason, SAMC did not act on the following issues:

Poverty - while this priority was not specifically addressed, economic stability may be addressed as part of other priorities selected for intervention in future strategies.

Poor air quality/pollution - SAMC is an environmentally conscious facility and addresses this issue at the facility level.

Homelessness - While homelessness itself was not directly addressed in Fiscal Year 2023, services at the Holy Cross Health and Wellness Center provided low-income and unsheltered

women with basic needs, such as showers, clothing, hygiene kits, baby formula, diapers and laundry services.

Lack of affordable/acceptable housing - relative lack of expertise or competency to effectively address the need excluded it from strategic interventions. However, SAMC provided linkages to housing options to patients who expressed a need or who were identified as housing insecure or homeless, when the patient was agreeable to such assistance.

Insurance barrier/access to medical care - while this priority was not specifically addressed due to competing priorities, SAMC provided services through the Health Hub, offered Financial Assistance for qualifying patients and community members, and provided patients with insurance enrollment assistance.

Expensive medical care - while this priority was not specifically addressed, SAMC Health Hub and Financial Assistance at Saint Agnes and Fresno Surgical Center does provide services that address insurance and medical care for patients and community members.

Lack of provider compassion/discrimination - while this priority was not specifically addressed, SAMC and Trinity Health are focused on advancing diversity, equity and inclusion in both the clinical and community settings.

Written Comments

Saint Agnes Medical Center and Fresno Surgical Center provided the public access to the 2022 CHNA and Implementation Strategy on their websites and made written copies available to those who requested a copy. The public had an opportunity to submit written comments on the facility's previous CHNA Report via email to ivonne.dertorosian@samc.com. This email address will continue to allow for written community input on the facility's most recently conducted CHNA Report. As of the time of this CHNA report development, Saint Agnes had not received written comments about previous CHNA Reports. We will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed appropriately.

Closing

This Community Health Needs Assessment will serve as a guide for our investments and will help inform business decisions. This report is a critical tool that helps us identify and measure community needs and assets. The input provided by key stakeholders and area residents lets us better tailor our engagement with the community we serve and use our organizational resources to further health at every opportunity.

This report will be used to define strategies to respond to the health needs identified. An Implementation Strategy report will be posted in the fall of calendar year 2025. We welcome feedback on this assessment. Please submit comments to:

Ivonne Der Torosian, VP CHWB

c/o Saint Agnes Medical Center

1303 E. Herndon Avenue, MS77

Fresno, CA 93720

Or by email to:

Ivonne.dertorosian@samc.com

Appendix

2024

Data Report

FRESNO COUNTY

Section 1: County Demographics

Demographic Profile

The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile for Tulare County, California.

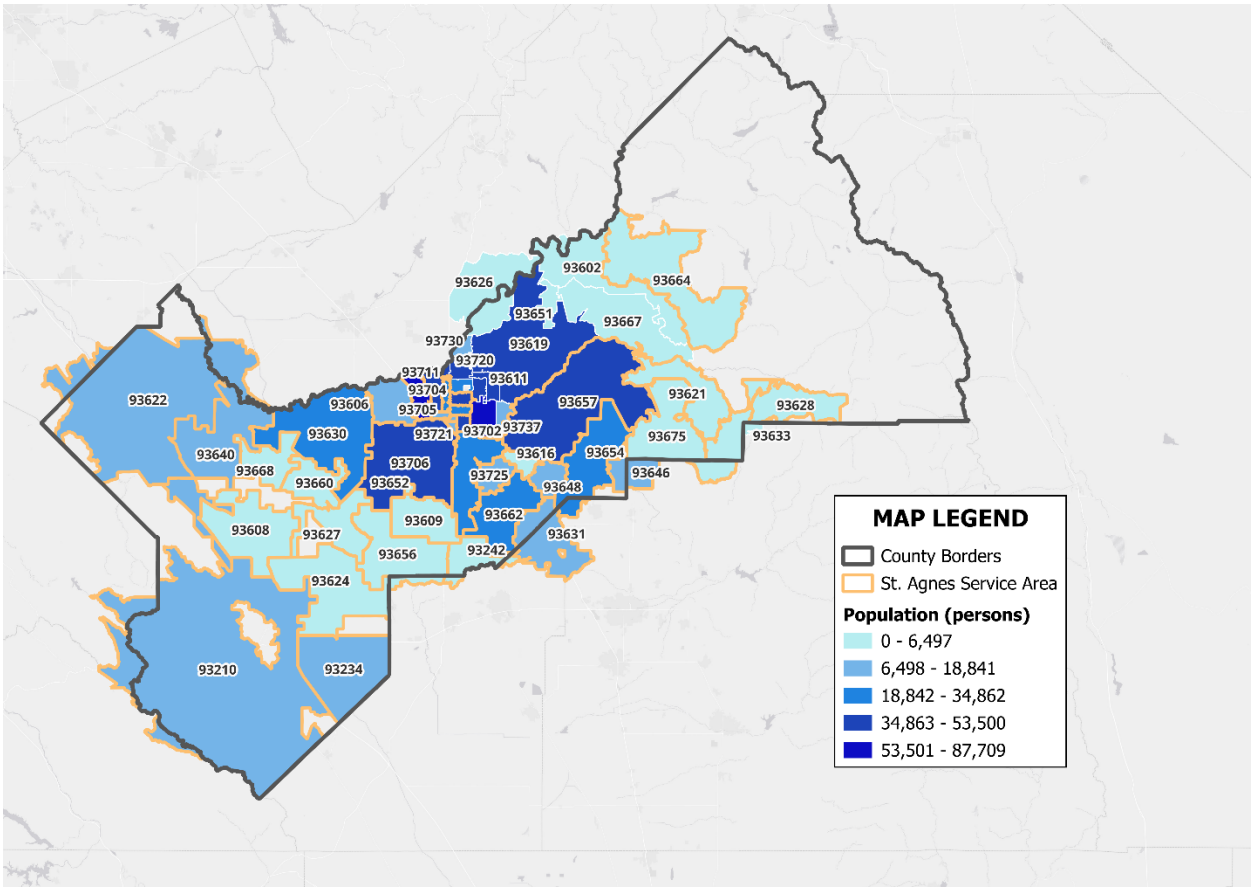
Geography and Data Sources

All demographic estimates are sourced from Claritas® (2024 population estimates) unless otherwise indicated. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

Population

According to Claritas 2024® population estimates, Fresno County has an estimated population of 1,024,718 persons. Figure 1 shows the population breakdown for Fresno County by Zip Code.

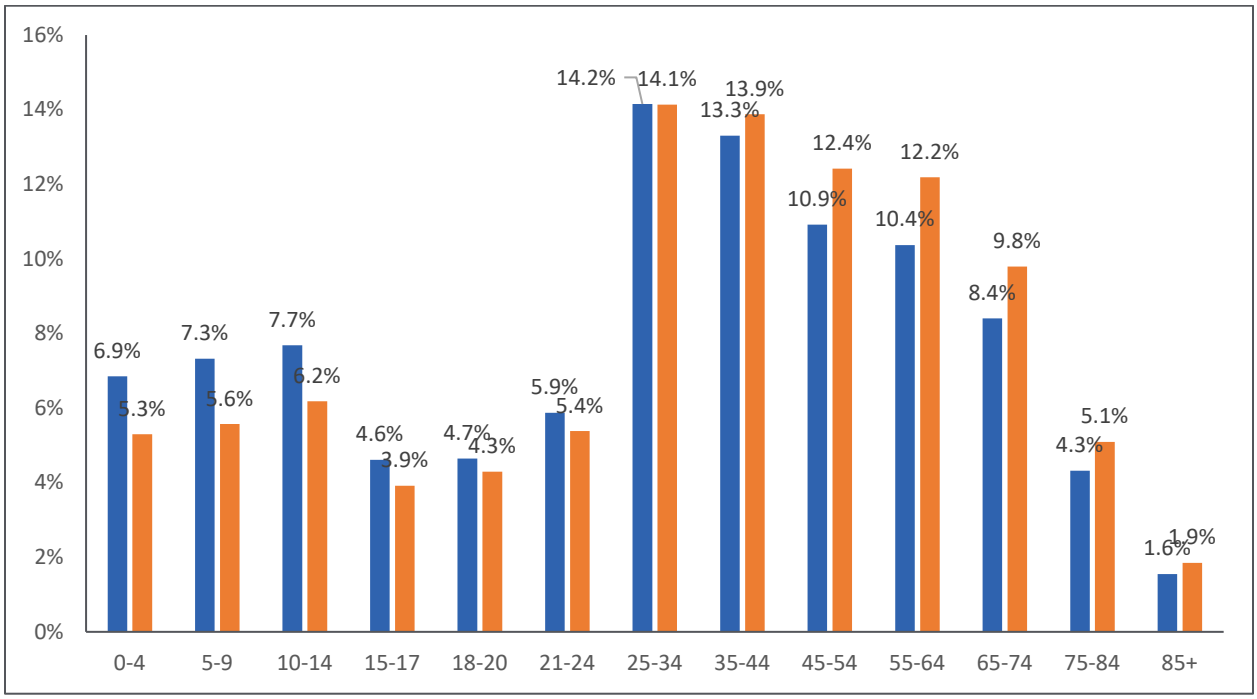
FIGURE 1. FRESNO COUNTY POPULATION DISTRIBUTION BY ZIP CODE



Age

Figure 2 shows the population of Fresno County and California by age group. Fresno County has a younger population than that of California, overall. As seen in Figure X, there is a higher percentage of residents aged 0-21 in Fresno County, whereas California has a higher percentage of residents aged 35-85.

FIGURE 2. PERCENT POPULATION BY AGE: COUNTY AND STATE

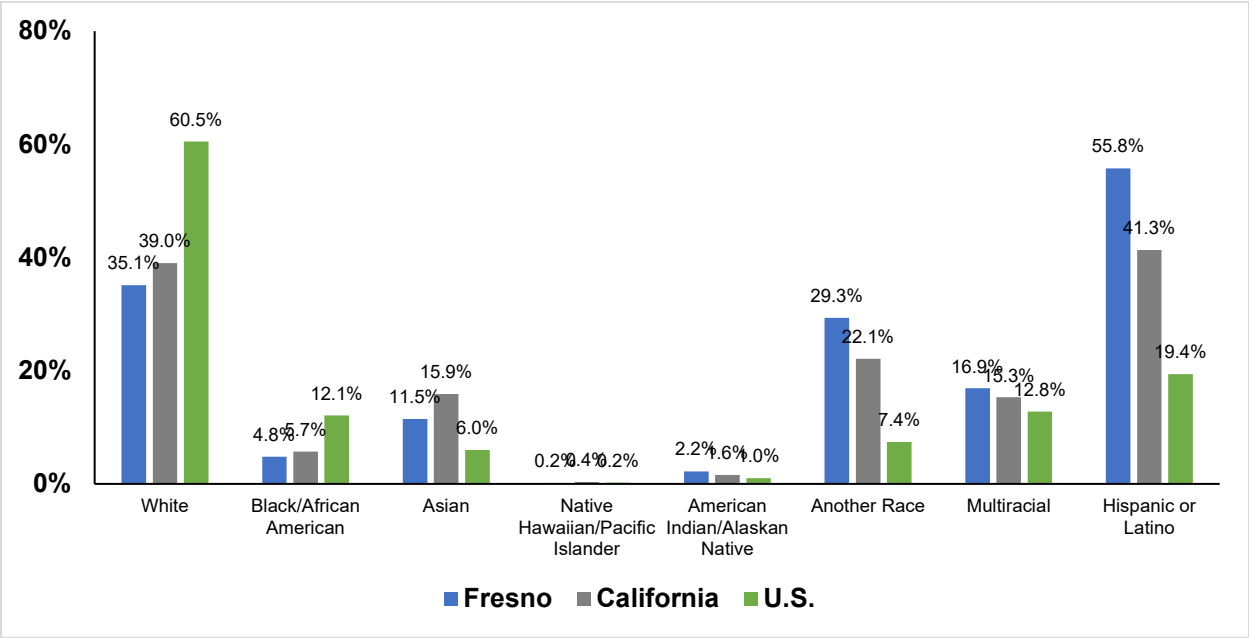


Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

As indicated in Figure 3, more than half the population of Fresno County (55.8%) identify as Hispanic or Latino. Fresno County also has a larger percentage of Hispanic/Latino residents than California (41.3%) and the U.S. (19.4%). Fresno County also has a larger percentage of American Indian/Alaska Native residents (2.2%), compared to both California (1.6%) and the U.S. (1.0%).

FIGURE 3. FRESNO COUNTY POPULATION BY RACE AND ETHNICITY



Social & Economic Determinants of Health

This section explores some of the economic, environmental, and social determinants of health impacting Fresno County. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

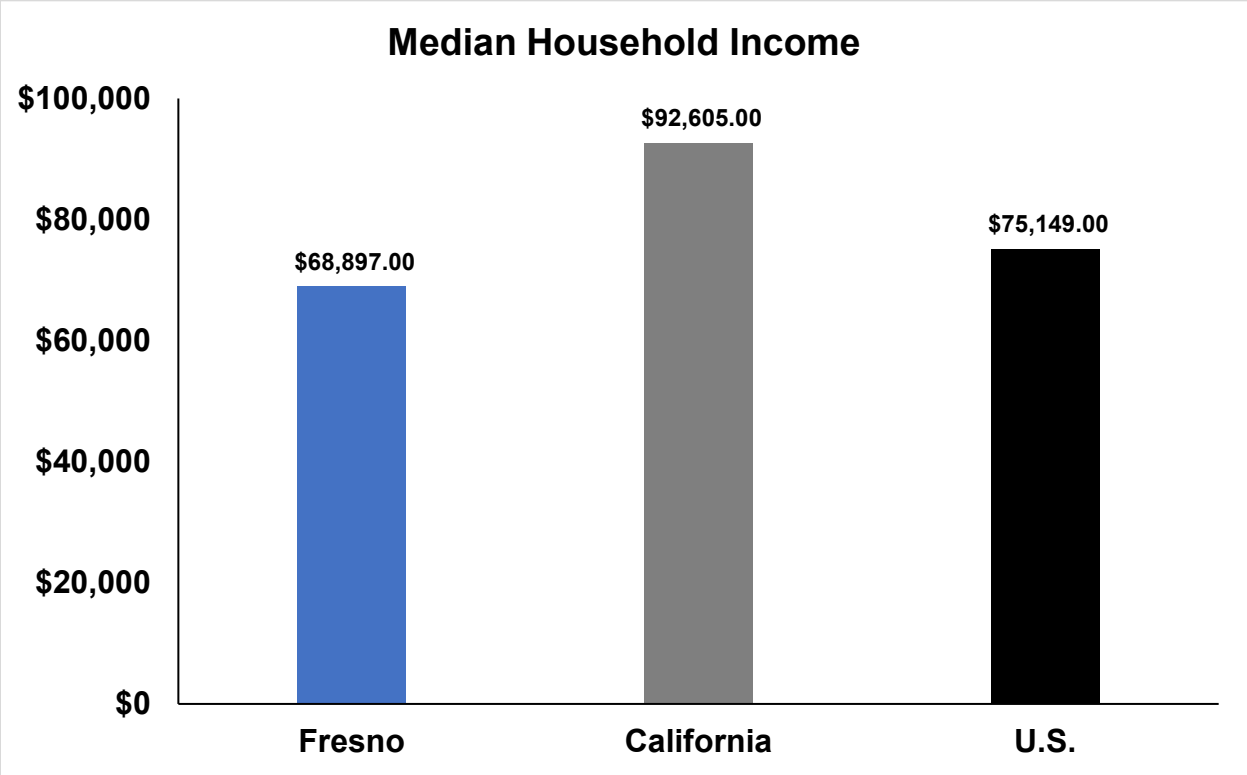
Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[1]

Figure 4 provides a median annual income in Fresno County. The median household income of residents in Fresno County is $68,897, which is lower than the California ($92,605) and the U.S. ($75,149) values.

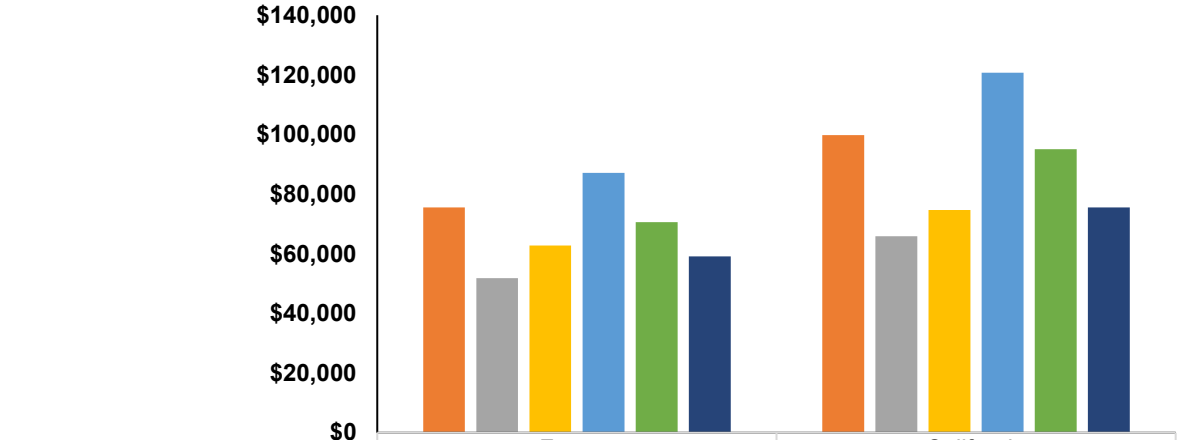
[1] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

FIGURE 4. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS



Disparities in median household income exist between racial and ethnic groups within the county. The median household incomes of both the Black/African American ($51,859) and Hispanic/Latino ($59,183) populations fall below the county-wide median income ($67,756), as shown in Figure X.

FIGURE 5. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY: FRESNO COUNTY



	Fresno	California
White	$75,500.00	$99,794.00
Black/African American	$51,859.00	$65,932.00
American Indian/Alaska Native	$62,774.00	$74,709.00
Asian	$87,098.00	$120,716.00
Native Hawaiian/Pacific Islander	$70,614.00	$95,072.00
Hispanic/Latino	$59,183.00	$75,515.00

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[2]

Overall, 16.2% of families in Fresno County live below the poverty level, which is higher than the California value of 8.9% and the U.S. value of 12.6%. The zip codes in Fresno County with the highest percentages of families living below poverty are provided in Table 1.

TABLE 1. FAMILIES IN FRESNO COUNTY LIVING BELOW POVERTY LEVEL BY ZIP CODE

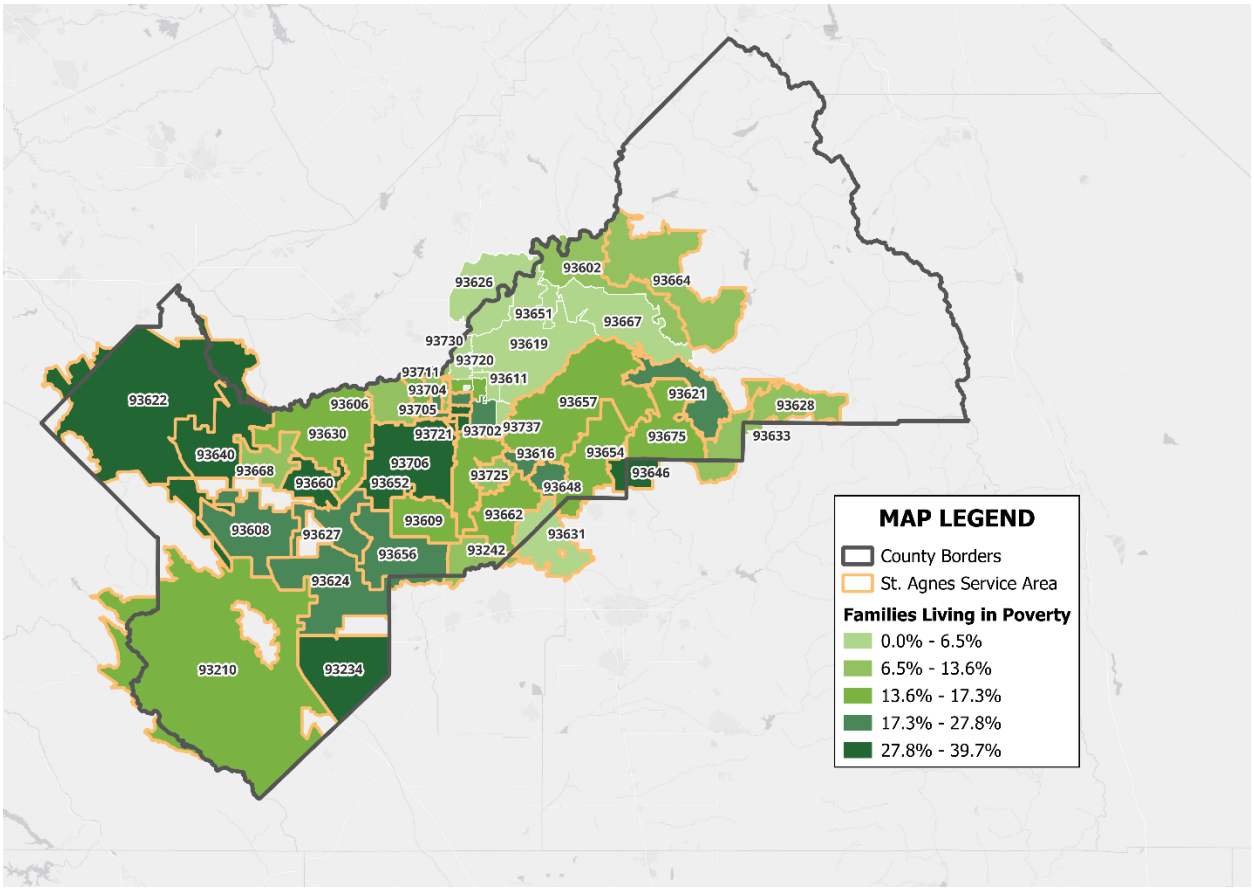
Zip Code	93646	93606	93701	93706	93640

[2] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

Families Below Poverty Level (%)	39.7%	36.3%	36.0%	35.3%	35.3%

Zip code 93646 has the highest percentage of families living below the poverty level at 39.7%. The map in Figure 5 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level.

FIGURE 5. FAMILIES LIVING BELOW POVERTY LEVEL: FRESNO COUNTY



Employment

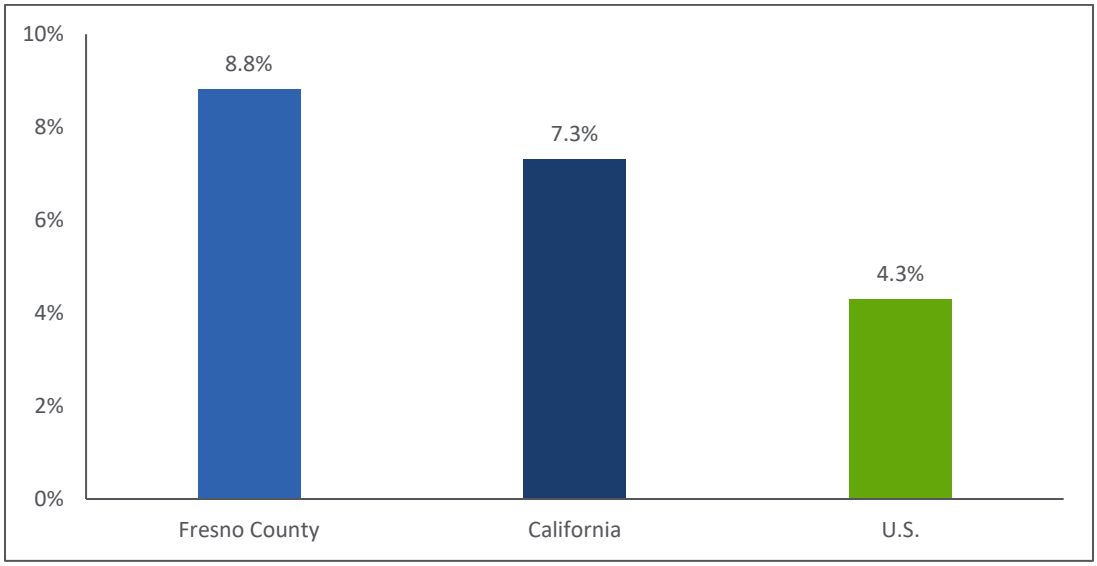
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good

health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[3]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[6] Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[6]

Figure X shows the population aged sixteen and over who are unemployed. The unemployment rate for Fresno County is 8.8%, which is higher than the California value at 7.3% and the U.S. value at 4.3%.

FIGURE 13. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.



Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[4]

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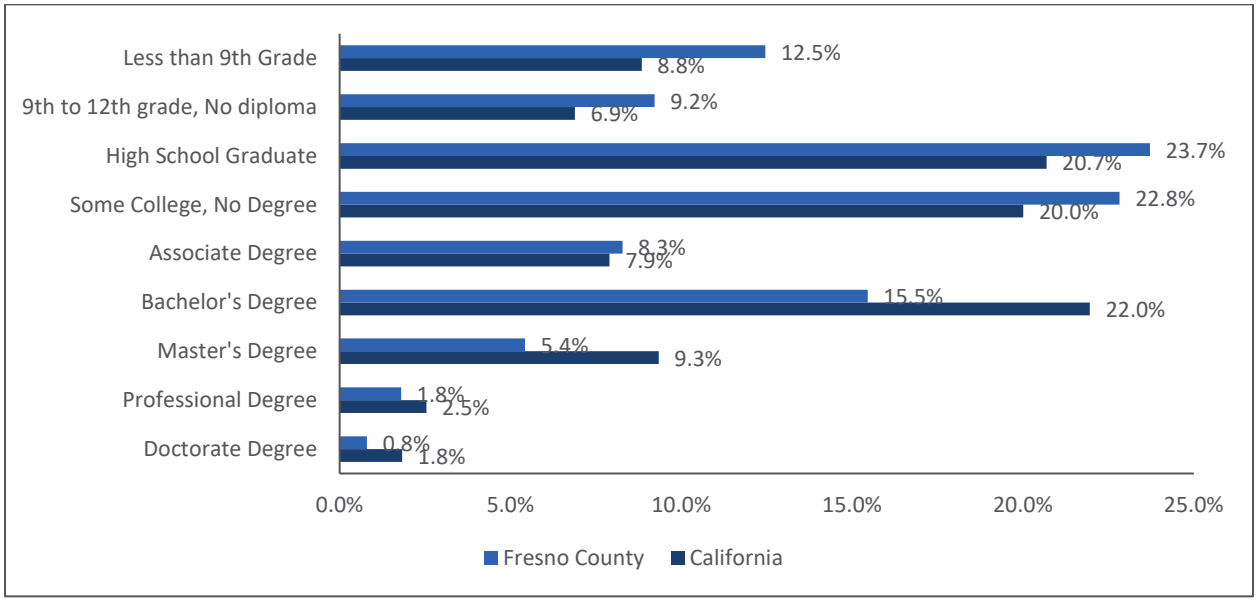
[3] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

[4] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

Figure X shows the percentage of the population in Fresno County 25 years or older by educational attainment. In Fresno County, the majority of residents (78.3%) have a high school diploma or higher, which is lower than the state value of 84.3%. The Fresno County population is also less likely than the overall California population to have obtained a bachelor's degree or higher (23.5% vs. 35.7%).

FIGURE 14. PERCENT POPULATION 25+ BY EDUCATIONAL ATTAINMENT: TULARE COUNTY



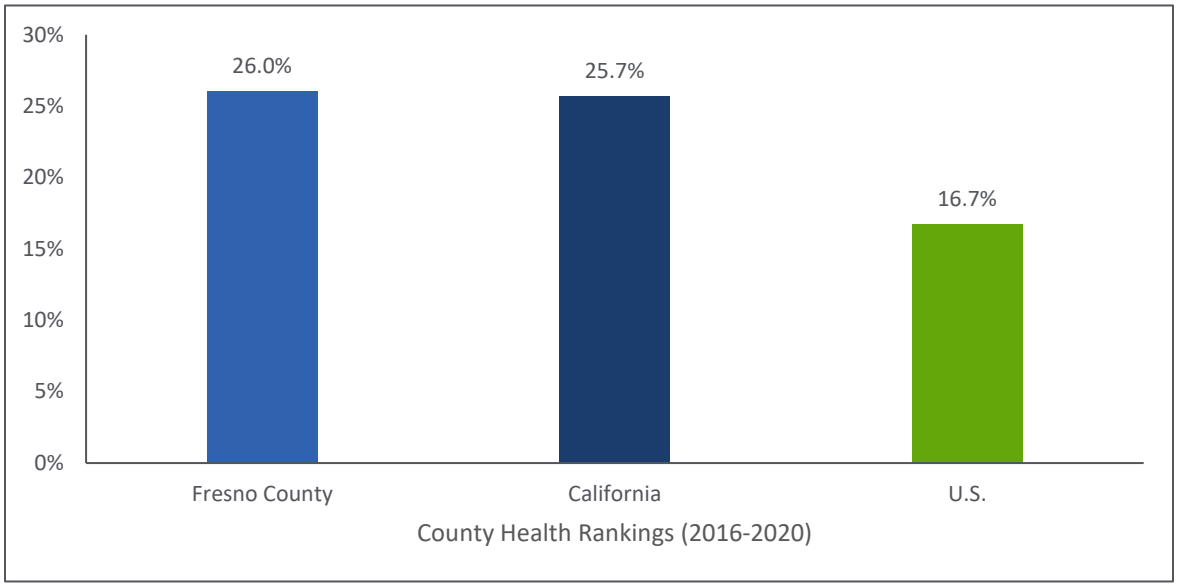
Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[5]

Figure X shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Fresno County, 26.0% of households were found to have at least one of those problems, which is similar to the California value (25.7%) and higher than the U.S. value (16.7%).

[5] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

FIGURE 16. PERCENTAGE OF HOUSES WITH SEVERE HOUSING PROBLEMS: COUNTY, STATE, AND U.S. COMPARISONS



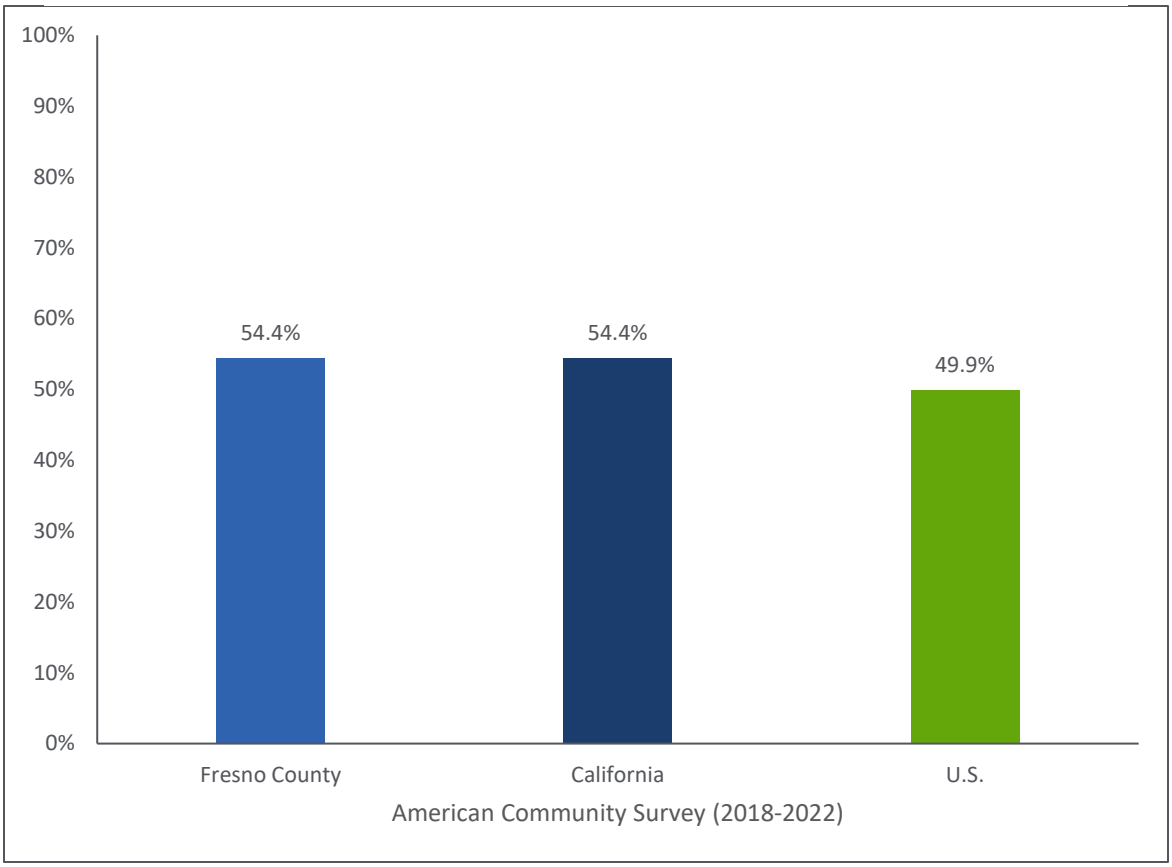
County, State, and U.S. values taken from County Health Rankings (2016-2020)

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[6]

Figure X shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Fresno County (54.4%) is the same as that of California (54.4%), but higher than the U.S. value (49.9%).

[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

FIGURE 17. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



County, State, and U.S. values taken from American Community Survey (2018-2022)

Neighborhood and Built Environment

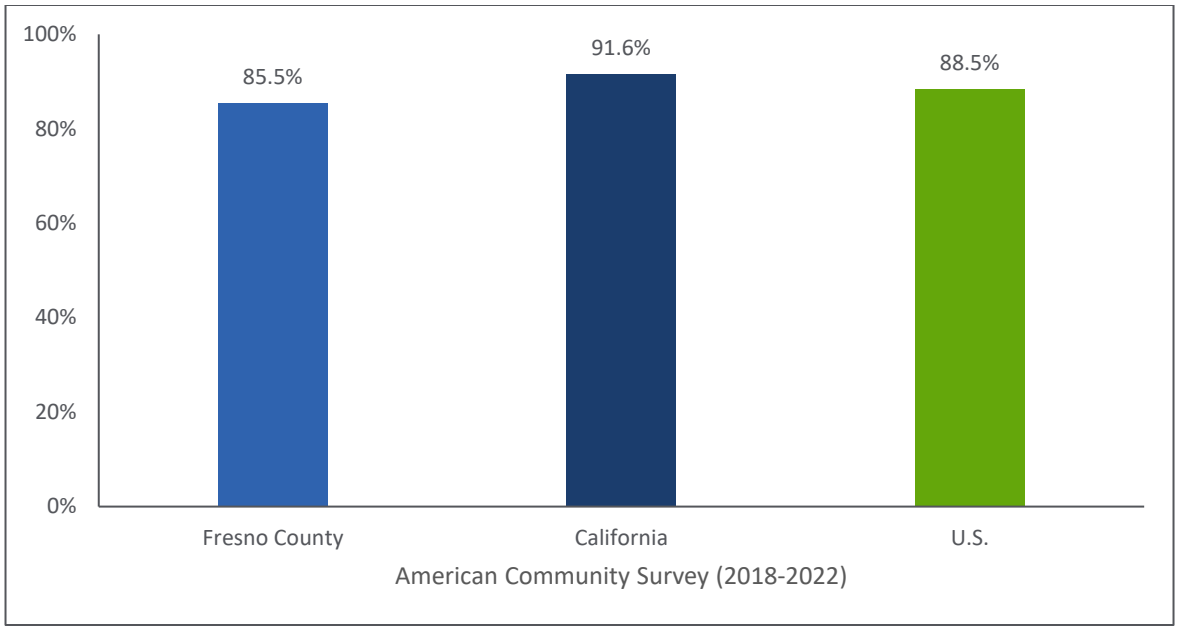
Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.[7]

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[11]

Figure X shows the percentage of households that have an internet subscription. The rate in Fresno County (85.5%) is lower than both the California value (91.6%) and the U.S. value (88.5%).

FIGURE 18. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE, AND U.S

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05



County, State, and U.S. values taken from American Community Survey (2018-2022)

Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.[8] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities: Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[9] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender)

[8] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

[9] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 2 identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Fresno County, based on the Index of Disparity.

TABLE 2: INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Health Indicator	Group(s) Negatively Impacted
Adult Arrest Rate	Black/African American, Males
Adults with Likely Serious Psychological Distress	Females
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	Males
Age-Adjusted Death Rate due to All Opioid Overdose	Black/African American, White, Males
Age-Adjusted Hospitalization Rate due to Heart Attack	Males
Child Mortality Rate: Under 20	Black/African American
Juvenile Arrest Rate	Black/African American, Males
Oral Cavity and Pharynx Cancer Incidence Rate	Males
Overcrowded Households	American Indian/Alaska Native, Asian, Hispanic/Latino
People 65+ Living Below Poverty Level	American Indian/Alaska Native, Hispanic/Latino
People Delayed or had Difficulty Obtaining Care	American Indian/Alaska Native

The Index of Disparity analysis for Fresno County reveals that Black/African American, Hispanic/Latino, 'Multiple Races', and White populations are disproportionately impacted for some of the Community and Economic indicators, including Children Living Below Poverty Level, People 65+ Living Below Poverty Level and People Living Below Poverty Level. While looking at Gender Disparity, females were observed to be affected in the indicator area of Young Children Living Below Poverty Level. (Table 2).

Geographic Disparities

This assessment identified specific zip codes with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, or areas with poorer mental health outcomes. For all indices, counties, zip codes, and census tracts with a population over three hundred are assigned index values ranging from 0 to 100, with higher

values indicating greater need. Understanding where there are communities with higher needs is critical to targeting prevention and outreach activities.

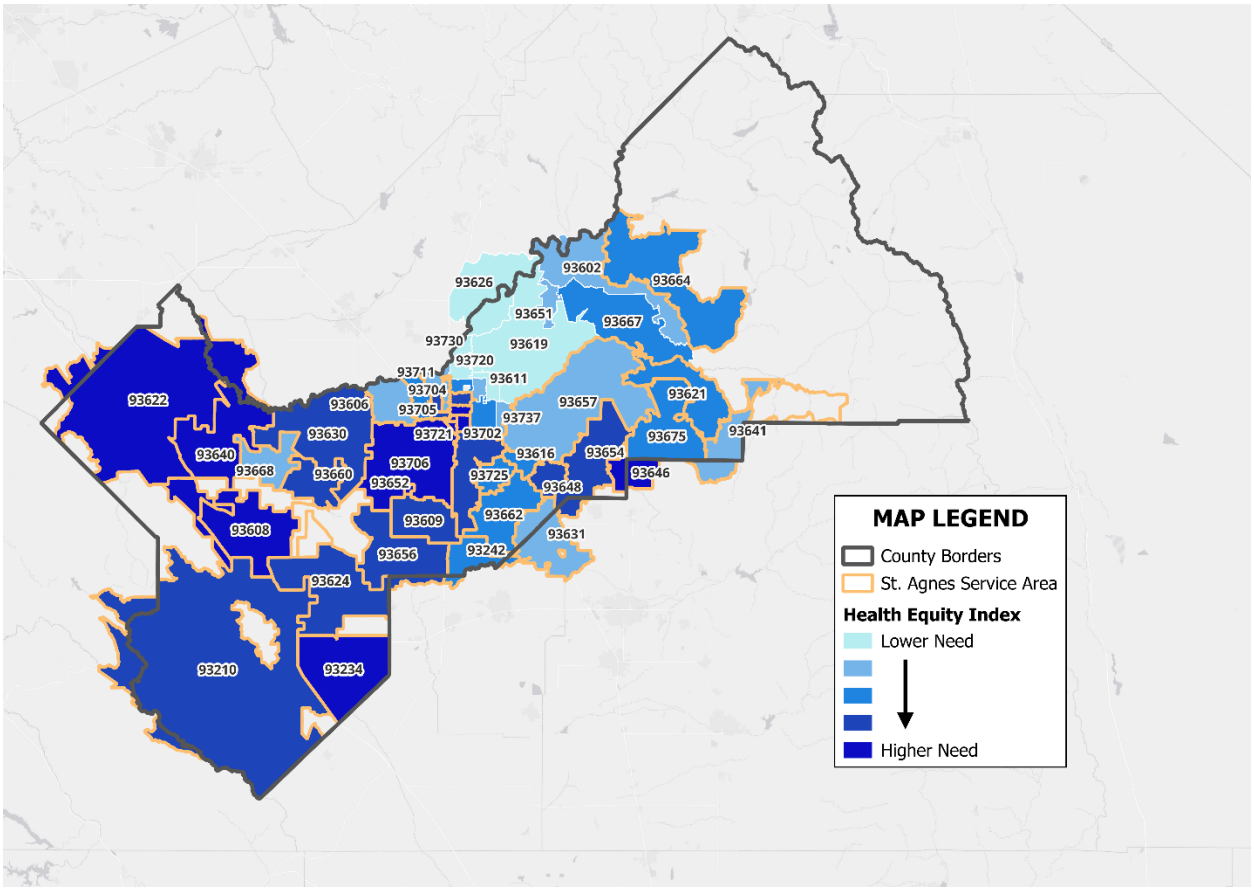
Health Equity Index

Conduent's Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need. Table X provides the zip codes with the highest index scores. The map in Figure X illustrates how these index scores vary across the county, with darker blue zip codes indicating a higher index score and greater need.

TABLE X. HEALTH EQUITY INDEX VALUES BY ZIP CODE

Zip Code	93646	93640	93652	93606	93702
Index Value	99.8	99.8	99.8	99.7	99.7

FIGURE X. FRESNO COUNTY HEALTH EQUITY INDEX



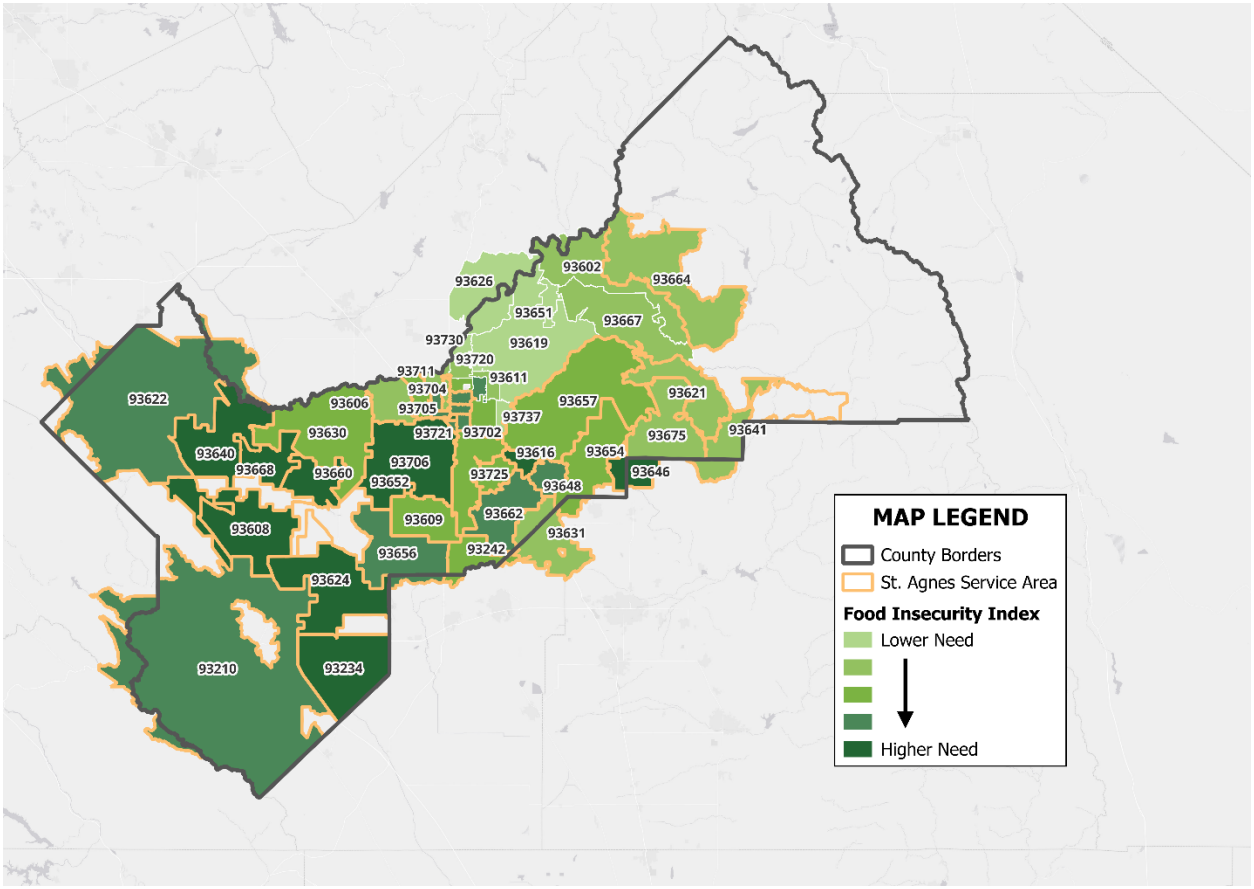
Food Insecurity Index

Conduent's Food Insecurity Index (FII) estimates areas of social and economic hardship correlated with low food accessibility. Zip codes are ranked based on their index value to identify relative levels of need. Table X provides the zip codes with the highest index scores. The map in Figure X illustrates how these index scores vary across the county, with darker green zip codes indicating a higher index score and greater need.

TABLE X. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	93660	93234	93608	93624	93646
Index Value	99.8	99.7	99.4	99.2	98.8

FIGURE X. FRESNO COUNTY FOOD INSECURITY INDEX



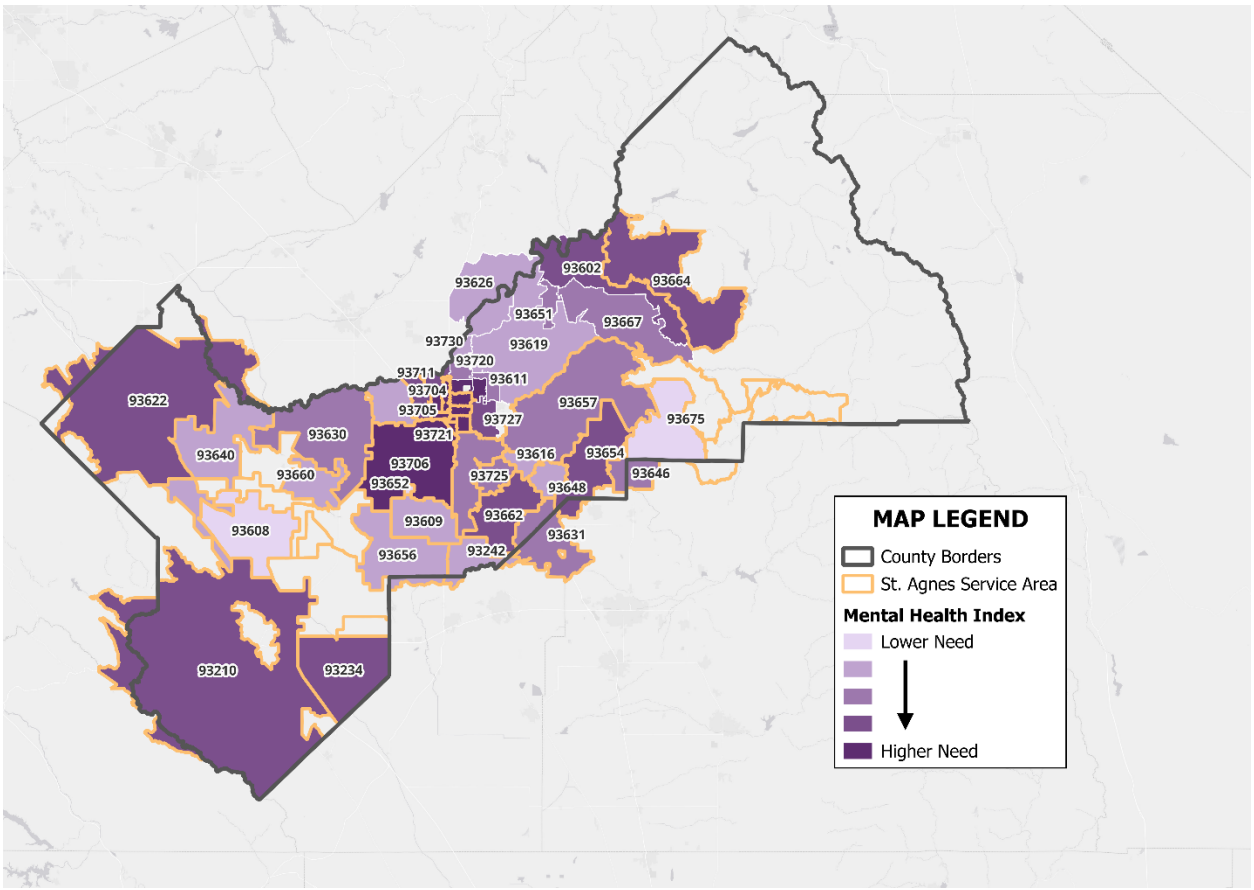
Mental Health Index

Conduent's Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes are ranked based on their index value to identify relative levels of poor mental health outcomes. Table X provides the zip codes with the highest index scores. The map in Figure X illustrates how these index scores vary across the county, with darker purple zip codes indicating a higher index score and greater need.

TABLE 5. MENTAL HEALTH INDEX VALUES BY ZIP CODE

Zip Code	93721	93706	93705	93703	93728
Index Value	9031	87.6	85.0	84.1	84.0

FIGURE X. FRESNO COUNTY MENTAL HEALTH INDEX



Future Considerations

While disparities in health outcomes are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities in Fresno County.

Section 3: Community Input Collection & Analysis

The purpose of this analysis is to gather specific and relevant information from the community. It is to help community stakeholders address data gaps, tailor interventions, and gain a deeper understanding into the community's needs, experiences, and perspectives. The primary data consisted of an online survey, listening session, interviews, and focus groups.

Community Survey

Community input was collected through an online community survey available in English, Spanish, Hmong, and Punjabi from August 19, 2024, through October 18, 2024. The survey consisted of seventy-one questions related to the most important health problems in the community and perceptions of overall health, access to health care services, as well as social and economic determinants of health. Announcements promoting the community surveys in Fresno County included press releases, social media, and email blasts to various organizations, Central Valley CHNA/CHA staff, internal and external teams. A total of 383 respondents from Fresno County participated.

Forty-seven percent (47%) of survey respondents described themselves as White or, and 40.16% as Hispanic/Latino/Latinx (Figure 21). Thirty-seven percent (37%) identified themselves as Mexican, 26.03% English, and 14.79% German, 11.51% Irish (Figure 22). The largest age group ranged from 35-44 (27.08%), followed by 25-34 (26.27%) (Figure 23). Most respondents (22.10%) identified as female (Figure 24), 88.5% heterosexual (Figure 25), and 39.57% had a bachelor's degree followed by 24.39% with a Master's, Doctorate, or Professional degree (Figure 26). Three percent (3%) of respondents made less than $15,000 in the previous year (Figure 27). Eighty-nine percent of respondents speak English, while 8.65% speak Spanish (Figure 28). When asked how well they understood English, 22.5% indicated not well, while 2.5% reported not understanding English at all (Figure 29).

FIGURE 21

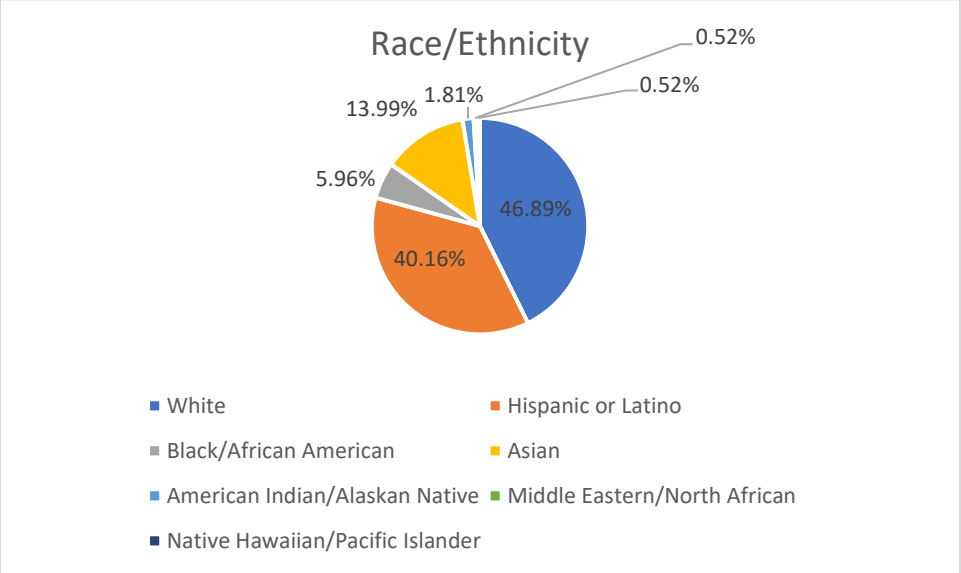


FIGURE 22

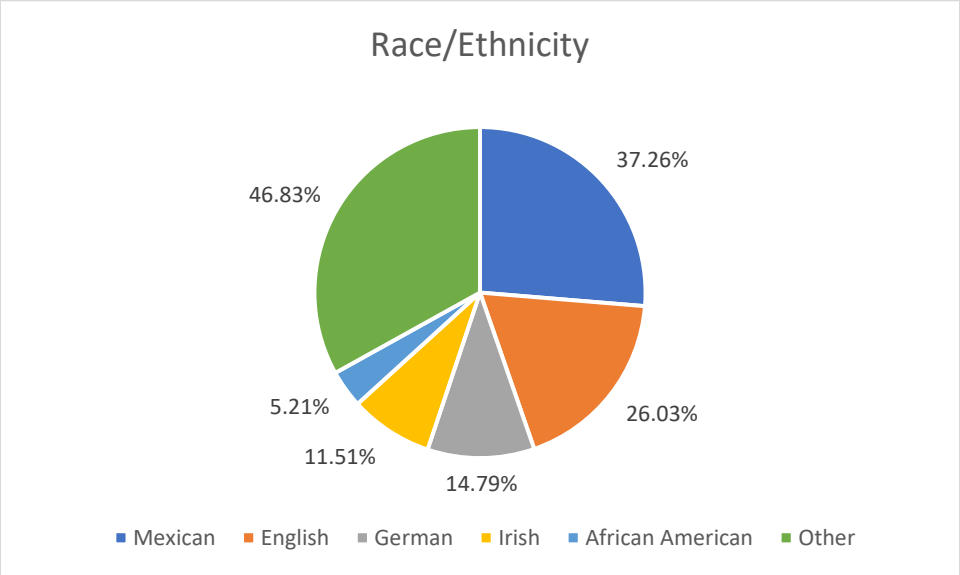


FIGURE 23

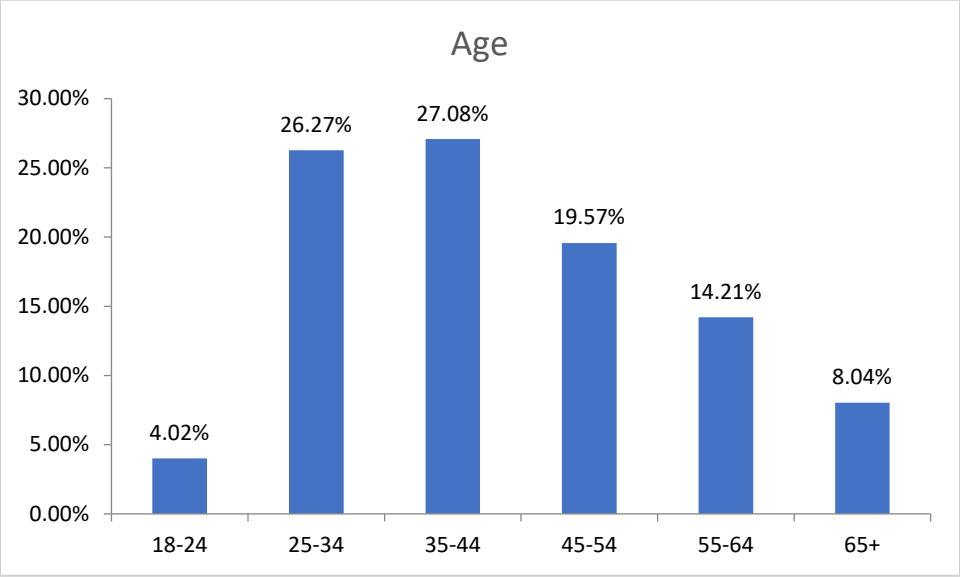


FIGURE 24

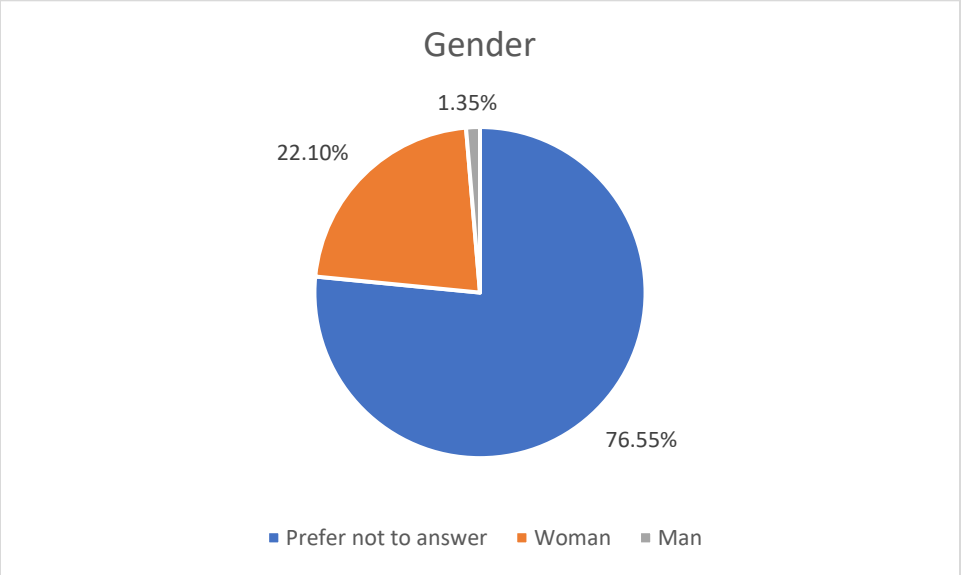


FIGURE 25

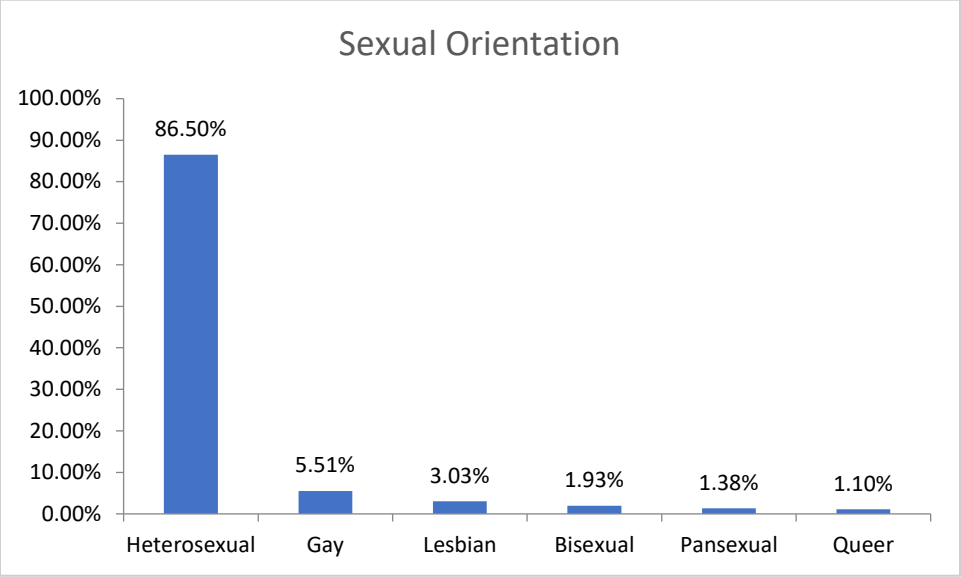


FIGURE 26

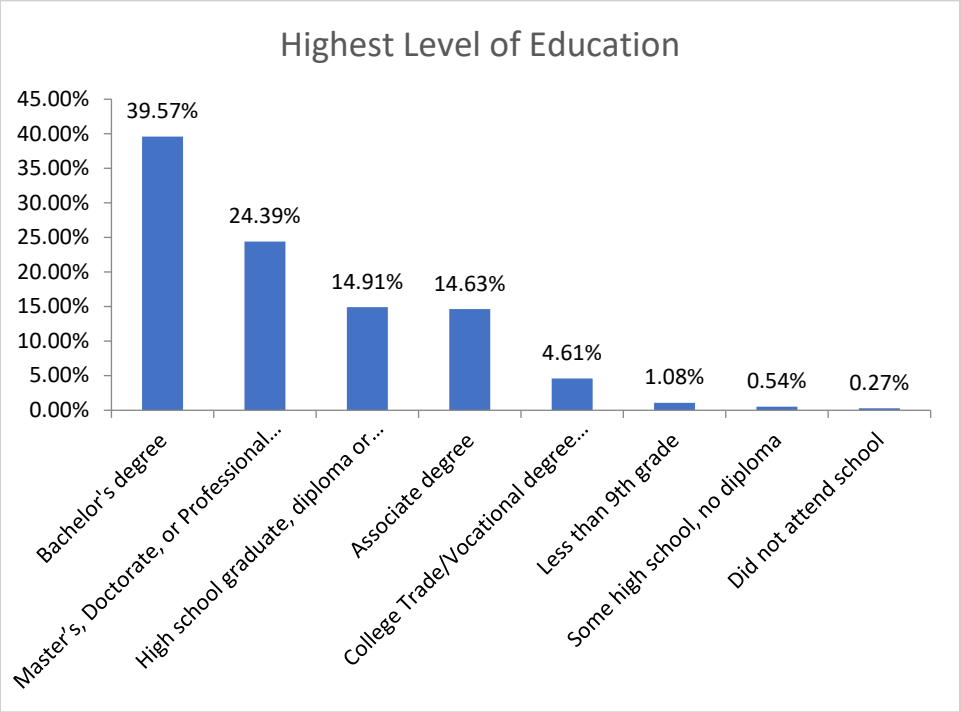


FIGURE 27

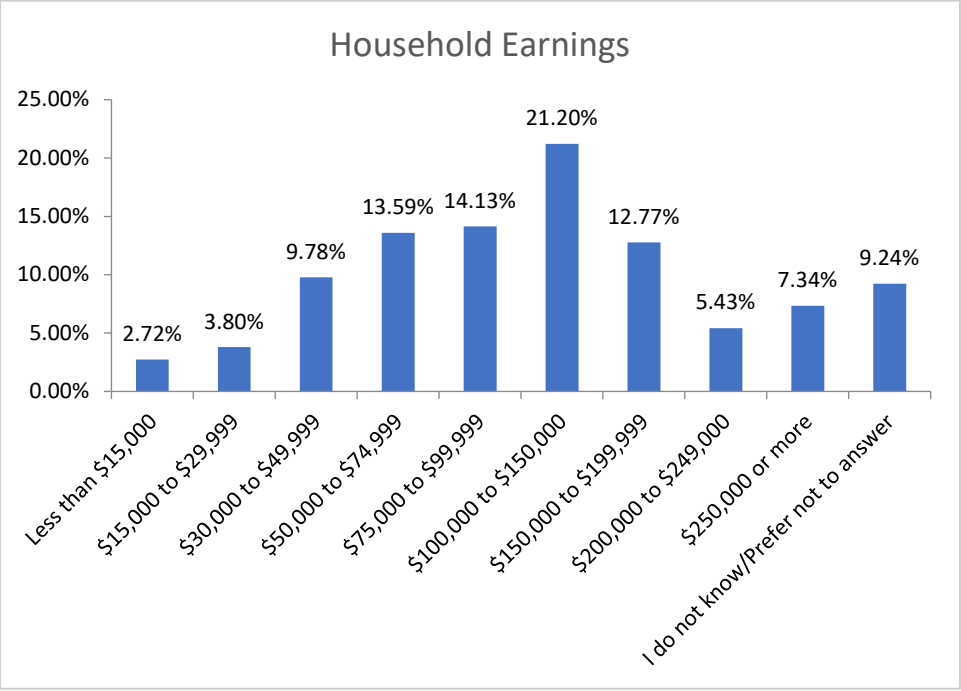


FIGURE 28

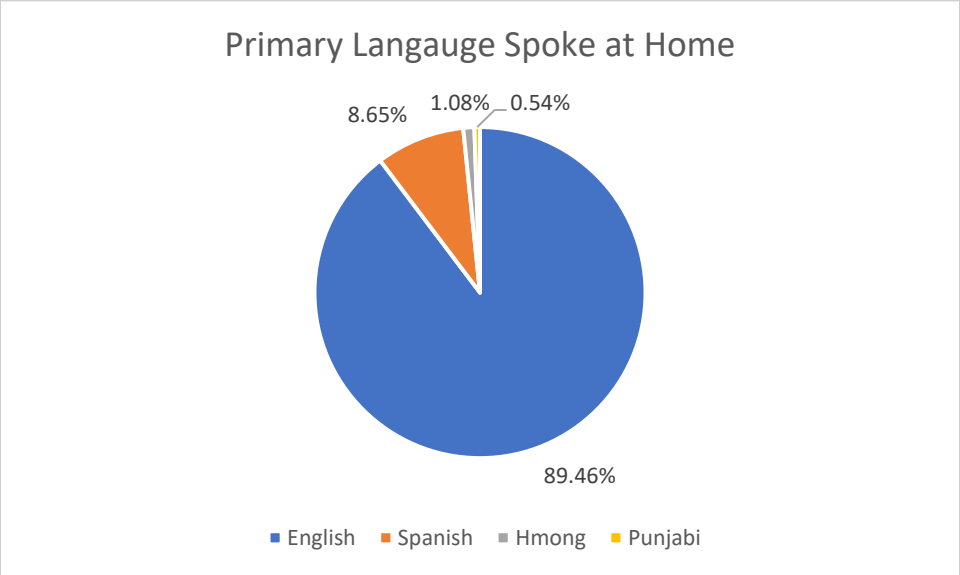
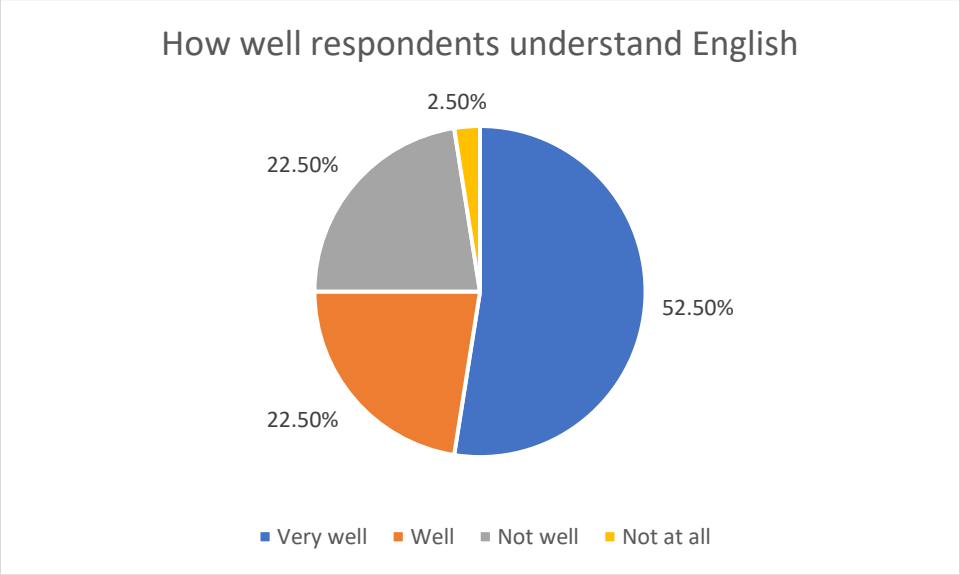
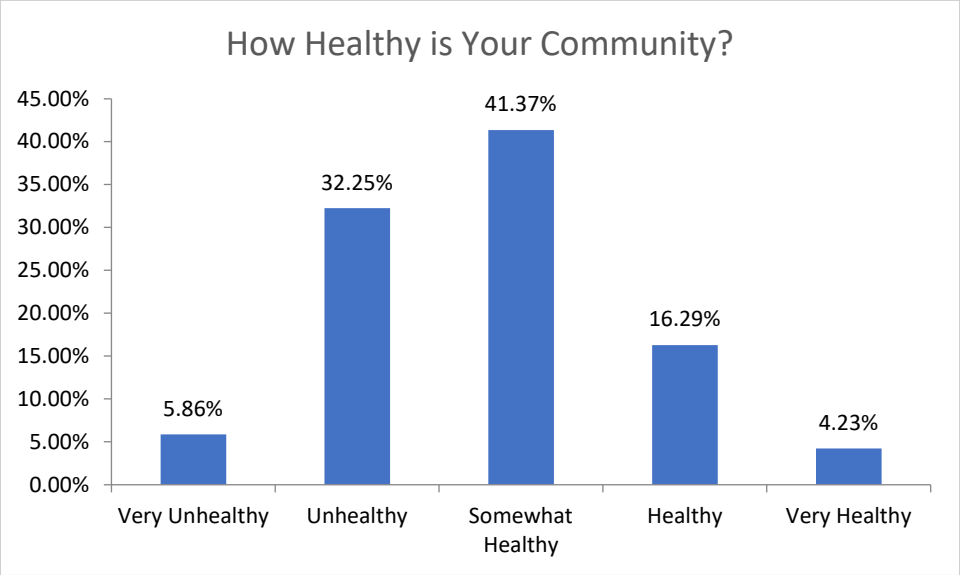


FIGURE 29



Participants were asked to rate the health of their community. Forty-one percent (41%) indicated somewhat healthy, 32.25%, unhealthy, and 16.29% healthy (Figure 30).

FIGURE 30



Survey respondents were asked to select three community health problems that have the greatest impact. Respondents selected access to affordable health care services (48.39%) and mental health and mental health disorders (40.32%) as the top two issues. These were followed by weight status (22.26%) and diabetes (20.32%) (Figure 31). Additionally, respondents identified homelessness and unstable housing (34.84%) as the top issue they would like to see addressed in Fresno County. This was followed by air and water quality, crime and crime prevention, and access to mental health services that were all tied with the second highest percentage of respondents at 27.10% each (Figure 32).

FIGURE 31

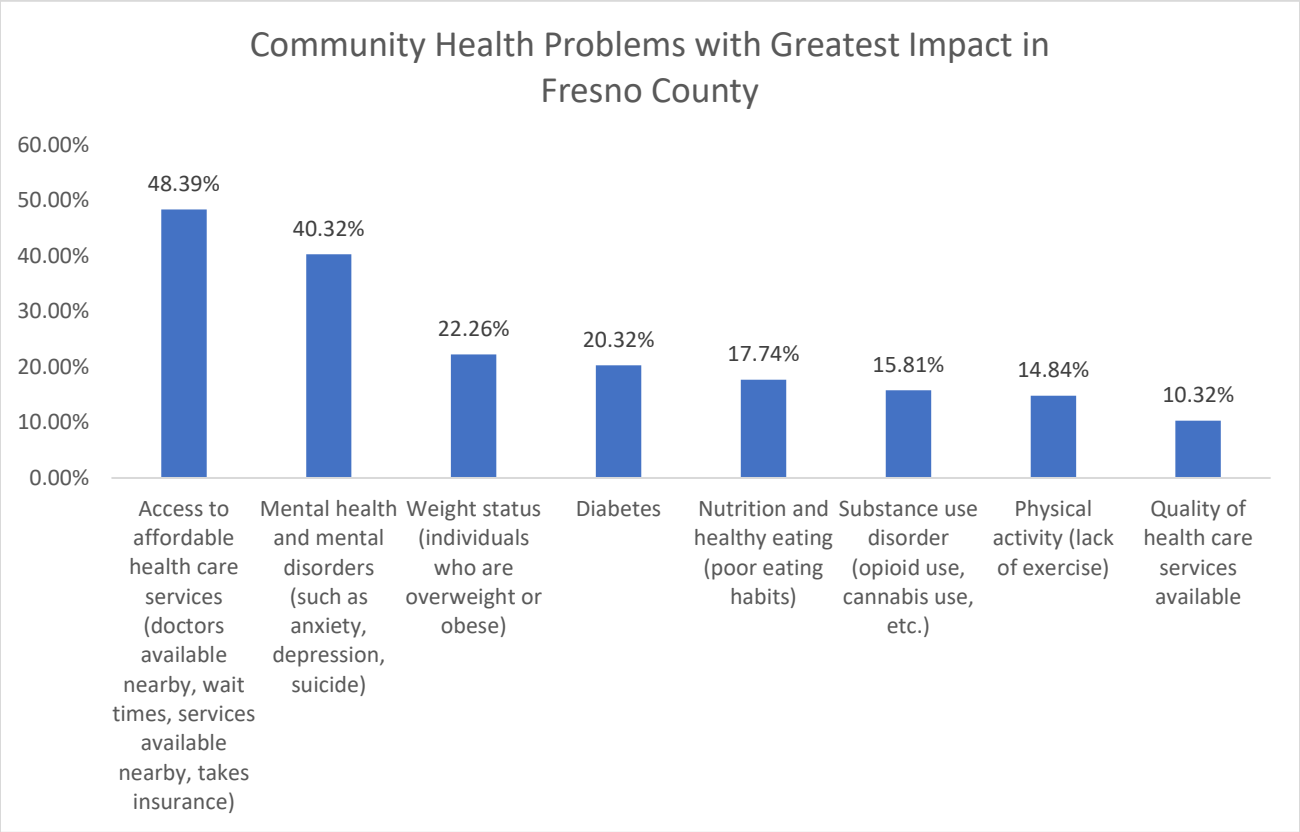
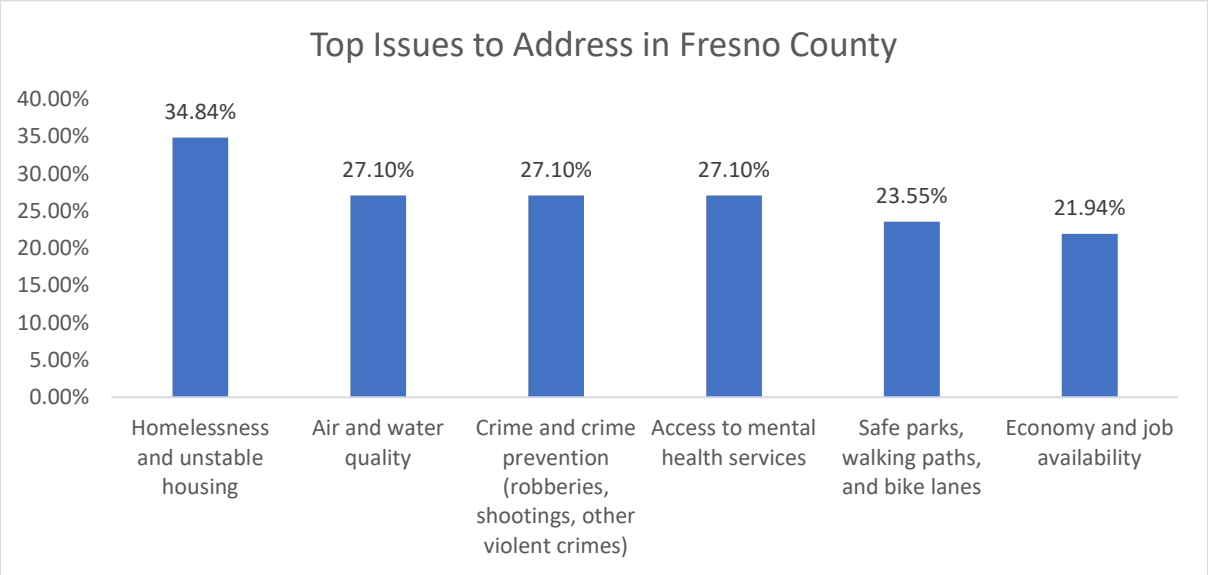


FIGURE 32


Top Issues to Address in Fresno County
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
34.84%
27.10%
27.10%
27.10%
23.55%
21.94%
Homelessness and unstable housing
Air and water quality
Crime and crime prevention (robberies, shootings, other violent crimes)
Access to mental health services
Safe parks, walking paths, and bike lanes
Economy and job availability

Focus Groups

Focus groups were conducted to gain deeper insight into perceptions, attitudes, experiences, or beliefs held by community members about their health. It is important to note that the information collected in an individual focus group is exclusive to that group and is not representative of other groups. A total of twenty-three focus groups were scheduled in October-November 2024: fourteen English groups and seven Spanish, one Punjabi, one Afghanistan group. Focus groups, in-person and virtual, included participants from Fresno County. Table 6 shows the twenty-two focus groups completed, which included a total of 158 participants. Individuals recruited for focus groups included those who were living in and/or working in Tulare County. The focus group sessions lasted sixty minutes.

Individuals living and or working in Fresno County provided insights when facilitators asked a series of eleven questions to prompt discussion on top community health issues, barriers/challenges to health, children and pregnant women health issues, and the impact of COVID-19, fires, evacuation, floods. Facilitators recorded the sessions and notes from the focus groups and uploaded them to the web-based qualitative data analysis tool, Qualtrics. Focus group transcripts were coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The relative importance of health and/or social need was determined, in part, by the frequency of the topic or issue discussed across all three focus groups.

TABLE 6. FOCUS GROUP SCHEDULE

Population	Date/Location	Total Number of Participants
Adults with Disabilities/Caretakers of Adults with Disabilities	November 13, 2024/Best Buddies/Community Hospital	10
Asian/Pacific Islander	October 30, 2024/Virtual	2
Black/African American	November 22, 2024/Virtual	6
Farmworkers	November 12, 2024/Chestnut High School	10
Farmworkers	November 15, 2024/	10
First Generation Residents	November 6, 2024/Virtual	2
Former Incarcerated (Hope Now)	November 15, 2024/Hope Now	6
Fresno Housing (Hispanic/Spanish)	November 13, 2024/Fresno Housing	10
Homeless/Unhoused	November 13, 2024/Fresno Mission	7
LGBTQ+	November 7, 2024/Virtual	4
Low Socioeconomic Status Residents	November 13, 2024/Cedar Courts/Fresno Housing	7
Parents of Children Spanish (0-5)	November 14, 2024/Fresno Housing	7
Pregnant/postpartum moms (including doulas) – Black-African American	November 8, 2024/Virtual	8

Pregnant/postpartum moms (including doulas)-Asian/Pacific Islander	November 19, 2024/Virtual	11
Pregnant/postpartum moms (including doulas)-Hispanic	November 19, 2024/Virtual	8
Refugee and Immigrant Communities (Afghanistan women)	November 13, 2024/FIRM	10
Residence Council (Spanish)	October 30, 2024/Virtual	10
Rural Fresno County (older population/Spanish)	November 21, 2024/Virtual	10
South Asian - Sikh, Punjabi	In Person	10
Urban/Downtown Fresno	November 30, 2024/Virtual	3
Young Adults (18-25)	November 14, Virtual	2
Native American/American Indian Population	November 21, 2024/Virtual	5

Overall Findings and Themes

Strengths/Assets/Resources	• Community pride/Strong sense of community/belonging/Resilience • Diversity/Diverse community • Pride in deep-rooted family ties and long-term residency in the community • Collaboration among individuals and communities • Community events • Agriculture/scenery • Support of surrounding communities/counties • Family Resource Center • In-home services
Health Problems	• Housing and high living costs • Healthcare Access and Quality • Air and Water Quality • Substance Misuse • Mental Health • Poor conditions of sidewalks • Chronic Diseases (Diabetes, Hypertension, Allergies) • Lack of nutritious foods
Causes	• Difficulties securing employment (housing) • Diet and nutrition (lack of fresh foods, food deserts, cost, lack of transportation, unhealthy food are more convenient to purchase) • Stigma, fear of going to a doctor • Substance use (for those with mental health) • Trauma in childhood • Lack of access to health and mental health services
Barriers in accessing healthcare	• Difficult to navigate health system • Long wait times • Lack of understanding on how to access services • Language Barriers (Spanish, Mixteco) • Lack of trust in medical providers • Transportation • Shortage of providers (lack of specialist)
Populations facing health issues	• Homeless • Elderly/Seniors • Rural residents • LGBTQ+ • Undocumented individuals
What makes a healthy community	• Access to healthy and affordable foods • Good relationships among families (physically, spiritually, mentally), good connections with families • Community services available to residents (mental health, physical), being well informed of services

What makes an unhealthy community	• Food deserts, fast food more available than fresh food • Unhealthy lifestyles (diet, lack of exercise)
Why residents return to a healthcare organization	• Empathy from providers, staff • Convenience of having a provider close (proximity to home) •
Challenges faced during a crisis (COVID-19, fires, floods, evacuations)	• Challenges of staying healthy and the obstacles to receiving timely medical care. • Job loss • Financial Strain on families • Long term health effects (persistent coughs, respiratory problems) • Limited support for immigrants (receiving little or no assistance during COVID-19) • Educational setbacks for children • Mental health impacts (stress, isolation) • Positive community result from local organizations and government assistance • Learning opportunities (increased familiarity with technology and accessing services online)
Children health issues	• Mental health (lack of services, providers) • Developmental Issues • Asthma • Electronic devices (excess use) • Lack of nutritional foods (in schools)
Recommendations on improving children's health	• Need for mental health services • More health care providers, mental health providers, specialists • Healthy foods in schools • Improving education overall for children
Pregnant Women and New Moms health issues and challenges	• Mental Health (postpartum depression) • Challenges accessing prenatal and postnatal care • Lack of local healthcare providers specialized in obstetrics forcing women to travel long distances • Lack of education and resources to help new mothers manage health issues during and after pregnancy
Recommendations on improving pregnant women and new mom's health	• Need for mental health resources and support • More convenient times for appointments • Need for more education and resources to help new moms manage health issues during pregnancy and after childbirth

Focus group questions

GENERAL HEALTH QUESTIONS

1. What are the things about your community that make you proud?

COMMUNITY HEALTH CONCERNS

2. What is the top health related problem that residents are facing in your community that you would change or improve?

3. What do you think is the cause of this problem in your community?

4. From the health issues and challenges we have just discussed, which do you think are the hardest to overcome?

5. Are there groups in your community that are facing particular health issues or challenges? Which groups are these?

6. What do you think causes residents to be healthy or unhealthy in your community?

HEALTHCARE

7. What aspects of a health care organization (clinic, hospital, urgent care) keep you returning for your health care needs?
8. Could you provide insights into the current state of the healthcare system for your community? (Madera)

COVID-19 QUESTION & COMMUNITY RESOURCES

9. What are the biggest challenges from the pandemic in Madera, Fresno, Kings, and Tulare County?

10. Madera/Tulare/Kings/Fresno County has faced several crises (for example, fires, evacuations, floods). What were the biggest obstacles and challenges for you during this period?
11. What resources are available for residents in your community?

CHILDREN/PREGNANT WOMEN/NEW MOM QUESTIONS

12. What are the greatest needs or challenges facing children in the community?

13. What are the greatest health issues negatively impacting children in the community?

14. What are two things we could do or two changes we could make that would measurably improve the overall health and wellbeing of children in the community?

Pregnant Women and New Moms

15. What are the greatest needs or challenges facing pregnant women and new moms in the community?

16. What are the greatest health issues negatively impacting pregnant women and new moms in the community?

17. What are two things we could do or two changes we could make that would measurably improve the health and wellbeing of pregnant women and new moms in the community?

CLOSING QUESTION

18. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?

Listening Session and Key Informant Interviews

Two online listening sessions (September 10, 2024, and September 17, 2024) and three interviews were conducted with key community stakeholders to capture quantitative data in relation to influences on health in Fresno County. Participants invited were recognized as having expertise in specific community sectors, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations. The main goal of the listening session and interviews were to provide insight into the county's essential needs and help identify how certain issues can be best addressed for the next three years.

A total of twenty-four listening session participants attended the session and three participants completed one on one interviews. Invited community leaders were from the following sectors: education, non-profit, state/local government, and healthcare. At the recorded sessions, participants provided facilitators with additional feedback when asked questions about the results of the online survey, top community health issues, barriers/challenges to health, and the impact of COVID-19/fires/evacuation/floods on their community, place of work, or organization.

Overall findings and questions are listed below.

Strengths/Assets/ Resources	• Central Valley Community Foundation • Deep connections and trust built among leaders in Fresno County • Trust among leaders • Effective collaboration • Unique mix of urban and rural mix • Regional connectiveness • Fresno Community Health Improvement Partnership • Californica State University Fresno • Mix of cultural backgrounds • Diverse community • Partnerships with local health departments • Resilience of community members
Health Problems	• Access to healthcare • Mental Health • Lack of Transportation • Lack of affordable housing • Maternal and Infant Health • Children's Health • Air Quality
Causes	• Poverty • Staffing shortages (healthcare providers)

Barriers to Care	• Cultural and Linguistic Isolation (Immigrant & Refugee) • Transportation (West and East Fresno) • Specialty Care Shortage (pediatric, speech pathology, occupational therapy) • Stigma (Mental Health) • Lack of doctors (specialist) • Fear and Mistrust • Immigration status, undocumented, mixed status families • Transportation Issues • Rural areas • Limited transportation to facilities • Culture sensitivity (language, lack of understanding) • Lack of patience and empathy from service providers • Home Visitation Network
Challenges faced during a crises	• Healthcare workforce challenges (need for mental resilience for employers and employees) • Altered expectations and workloads across all sectors of health and mental care • Nonprofit organizations needing to do more, with less funding • Need for broader community input to ensure diverse perspectives are considered • Lack of coordination between community priorities and strategic planning outcomes, advocating for more alignment and collaboration in address health disparities. • Lack of broadband and access to technology (children and families) • Education disruptions (lack of resources and educational support
Populations	• Rural residents • Low-income • Refugees • Older Adults/Seniors (cognitive impairments) • Rural residents • Children and adults with disabilities
Children health issues and challenges	• Asthma (due to air quality and exposure to pesticides) • Technology (lack of access to essential tools like laptops and broadband)

Recommendations on improving children's health	• Addressing childcare availability could significantly enhance the well-being of families, allowing parents to work and access healthcare. • Access to technology and broadband for educational purpose • Lack of access to adequate healthcare services to address these chronic disease challenges.
Pregnant Women and New Moms health issues and challenges	• Healthcare Navigation (New mothers may not be aware of or understand their rights regarding maternal care, leading to difficulties in accessing necessary healthcare services) • Community Health Workers • Education Initiatives (Creating educational materials (like the video you mentioned) that empower families to advocate for their healthcare needs and understand their rights.) • Culturally Competent Care (Ensuring healthcare providers are trained in cultural competence to better serve diverse populations and help patients feel comfortable asking questions.) • Enhancing Service Availability (Addressing gaps in healthcare services, especially in mental health and maternal care, to meet community needs effectively.) • Food insecurity (during pregnancy), Nutritional challenges, access to healthy foods • Cultural Practices (beliefs about postpartum care can limit access to healthcare and support.
Recommendations on improving pregnant women and new mom's health	• Need for breastfeeding support, more lactation specialist, mental health professionals (post-partum) • Need for mental health resources • Need for nutrition education • Education (nutrition, mental health, health check-ups) • Improved emergency response and support for rural areas

Key Informant Interview and Listening Session Participants (Organizational)

- Calvivahealth
- Centro La Familia Advocacy Center
- Cradle to Career Fresno County
- Cultiva La Salud
- Downtown Fresno
- Exceptional Parents Unlimited
- First Five Fresno
- Fresno C2C
- Fresno County Department of Behavioral Health
- Fresno County Dept of Public Health
- Fresno Interdenominational Refugee Ministries (FIRM)
- Fresno Metro Ministry
- Fresno State University
- Kings View Behavioral Health Clinic
- United Healthcare Centers

Listening Session Questions

GENERAL COMMUNITY QUESTIONS

1. What makes this community special or unique compared to surrounding/neighboring areas? What are the things about the community that make you proud to work here?
2. What are some strengths and assets within our community that can be leveraged to promote better health outcomes?
3. In your opinion, are there any specific populations that are disproportionately affected by the health problems just mentioned?
4. What do you think are the leading factors that contribute to these health needs in your community?
5. What geographic parts of the county/community have greater health or social need(s)?
6. What barriers or challenges might prevent someone from accessing health care or social services in your community?
7. What could be done to overcome these barriers? Or what are the potential solutions?
8. Could you provide insights into the current state of the healthcare system for your community?
9. What are the biggest obstacles and challenges you believe the community continues to encounter due to this period of turbulence and uncertainty (COVID-19, fires, floods, evacuations)?
10. What are two things we could do or two changes we could make that would measurably improve the overall health and wellbeing of children/pregnant women/new moms in the community?
11. What are the greatest needs or challenges facing children in the community?
12. What are the greatest health issues negatively impacting children in the community?
13. What are the greatest needs or challenges facing pregnant women and new moms in the community?
14. What are the greatest health issues negatively impacting pregnant women and new moms in the community?
15. Are there any community resources or initiatives that have been particularly successful in addressing health disparities or improving health equity?
16. Is there anything additional that should be considered for assessing the needs of the community?

Quotes (Focus Group Participants) by Theme

Access to Care

"We don’t have a hospital where you can go for tests. People wait until the last minute to be treated in an emergency room."

"Transportation is a problem when it comes to getting care, especially for pregnant women who have to travel far for prenatal appointments."

"Many people lose access to healthcare during seasonal unemployment because they no longer qualify for services."

"There’s a lack of translators for indigenous languages, which makes accessing health services difficult."

"Sometimes, instructions from the pharmacy are only in English, and many can’t read them."

"Specialist appointments take months. By the time you’re seen, the issue might have worsened."

"Therapists sometimes do not take cases seriously unless they are severe."

"A mobile clinic or a local health center with specialists would help reduce the need for long travel."

"Weekend appointments would make it easier for farmworkers to see a doctor."

“My child had to wait eight months for a hearing consultation."

Health Concerns

"Diabetes and high blood pressure are common, and many don’t understand how food impacts their health."

"Depression and anxiety are prevalent, and there’s a stigma around discussing these issues."

"Parents are overwhelmed and often lack support, leading to stress and mental health struggles."

Environmental Concerns

"We see an increase in asthma and allergies, especially among children, due to poor air quality and pesticide exposure."

"We live near freeways and agricultural fields, where chemicals and pesticides worsen air quality."

"More education about the health impacts of pesticides is necessary for farmworkers."

Access to Healthy Food

"Healthy food is expensive. A box of candy is cheaper than a dozen fruits."

"Healthy foods cost 50% more than processed alternatives."

"We need workshops on nutrition to help people understand how to prepare healthier meals."

Community

"Our community is small, and we always come together to help when someone is in need."

"I love how everyone in our community greets each other. It feels like family."

"We have programs like Cultiva la Salud and others that focus on improving health and providing resources."

“I am scared to go on walks because of the dogs. I have kids. I don’t want to be in a situation like that”

"The after-school program helps working parents by supporting kids with homework."

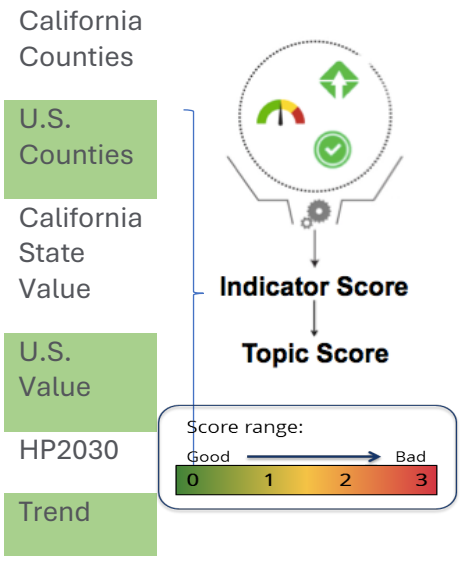
"As a Latina, I feel discriminated against because I don't speak English fluently."

"Our community needs parks and gyms to encourage exercise and healthy living."

Secondary Data Sources & Analysis

Secondary data for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes hundreds of community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

FIGURE 32. SECONDARY DATA SCORING



HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Tulare County value was compared to a distribution of California and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 32. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Tulare County.

TABLE 6. TOPIC SCORING RESULTS

Health & Quality of Life Topics	Score
Physical Activity	2.08
Education	2.03
Weight Status	2.02
Wellness & Lifestyle	1.84
Women's Health	1.82
Maternal, Fetal, & Infant Health	1.79
Diabetes	1.77
Sexually Transmitted Infections	1.76

Table 6 shows the health and quality of life topic scoring results for Tulare County, with Physical Activity as the poorest performing topic area with a score of 2.08, followed by Education with a score of 2.03. Topics that received a score of 1.50 or higher were considered a significant health need. Eight topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

Appendix A. Secondary Data Methodology and Data Scoring Tables

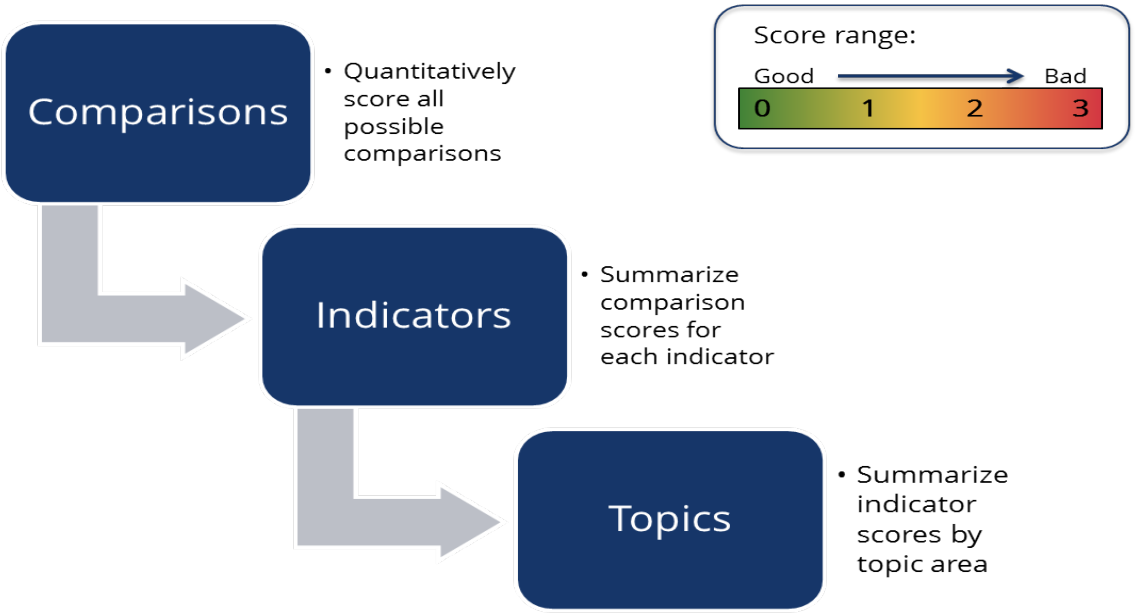
Secondary Data Sources

The following is a list of secondary sources used in Fresno County's Community Health Assessment:

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	California Department of Education
5	California Department of Justice
6	California Department of Public Health
7	California Department of Public Health, Immunization Branch
8	California Department of Public Health, STD Control Branch
9	California Health Interview Survey
10	California Health Interview Survey, Neighborhood Edition
11	California Opioid Overdose Surveillance Dashboard
12	California Secretary of State
13	California State Highway Patrol
14	CDC - PLACES
15	Centers for Disease Control and Prevention
16	Centers for Medicare & Medicaid Services
17	Child Welfare Dynamic Report System
18	Controlled Substance Utilization Review and Evaluation System
19	County Health Rankings
20	Feeding America
21	National Cancer Institute
22	National Center for Education Statistics
23	National Environmental Public Health Tracking Network
24	U.S. Bureau of Labor Statistics
25	U.S. Census - County Business Patterns
26	U.S. Census Bureau - Small Area Health Insurance Estimates
27	U.S. Environmental Protection Agency
28	United For ALICE

Secondary Data Scoring

Data scoring is done in three stages:



For each indicator, each county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Fresno County Data Scoring Results

Health and Quality of Life Topics	Score
Weight Status	1.97
Physical Activity	1.97
Sexually Transmitted Infections	1.96
Maternal, Fetal & Infant Health	1.90
Diabetes	1.85
Economy	1.84
Immunizations & Infectious Diseases	1.81
Education	1.79
Older Adults	1.73
Oral Health	1.71

Community	1.71
Environmental Health	1.70
Heart Disease & Stroke	1.68
Wellness & Lifestyle	1.66
Adolescent Health	1.63
Children's Health	1.63
Women's Health	1.58
Health Care Access & Quality	1.54
Mental Health & Mental Disorders	1.52
Prevention & Safety	1.41
Respiratory Diseases	1.39
Cancer	1.35
Medications & Prescriptions	1.31
Tobacco Use	1.28
Alcohol & Drug Use	1.25

SCORE	ADOLESCENT HEALTH	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
1.89	Teens who are Overweight or Obese	percent	44.8		37.4		2021-2022		10
1.67	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	16.4		9.5	14.2	2020-2022		6
1.33	Children and Teens with Asthma	percent	16.5		11.6		2021-2022		10

SCORE	ALCOHOL & DRUG USE	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.00	Age-Adjusted Hospitalization Rate due to All Drug Overdose	Rate per 100,000 residents	70.4		48.3		2022		11
1.75	Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin)	Rate per 100,000 residents	10.8		12.1		2022	Black (17.3) White (18.7) Hisp (6.5)	11
1.67	Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)	Rate per 100,000 residents	10.4	8.9	16.7		2022		11
1.67	Alcohol-Impaired Driving Deaths	percent of driving deaths	28.4		26.7	26.3	2017-2021		19

		with alcohol involvement					
1.58	Age-Adjusted Death Rate due to All Opioid Overdose	Rate per 100,000 residents	13.3	18.7	2022	Black (36.7) White (23.5) API (7.4) Hisp (19.0)	11
1.58	Age-Adjusted Death Rate due to Prescription Opioid Overdose	Rate per 100,000 residents	12.5	18.1	2022		11
1.42	Age-Adjusted Annual Opioid Prescription Rate	prescriptions per 1,000 residents	386.8	291.0	2022		11
1.42	Age-Adjusted Death Rate due to Drug Use	deaths/ 100,000 population	20.2	25.3	2020-2022		6
1.36	Age-Adjusted ED Visit Rate due to Heroin Overdose	Rate per 100,000 residents	3.4	3.6	2022	Black (1.7) White (5.7) Hisp (3.4)	11
1.28	Opioid Prescription Patients	percent	2.6		Q3 2022		18
1.28	Quarterly Opioid Prescription Rate	prescriptions per 10,000 population	313.8		Q3 2022		18
1.25	Age-Adjusted Long Acting or Extended Release Opioid Prescription Rate to Opioid Naive Residents	per 100,000 population	1.7	1.2	2022		11

1.25	Residents on More than 90 Morphine Milligram Equivalents (MME) of Opioids Daily	Residents on >90 MMEs of Opioids per 1,000 residents	7.3		6.3		2022		11
1.22	Age-Adjusted Death Rate due to Heroin Overdose	deaths/ 100,000 population	0.6	4.2	1.2		2022		11
1.14	Age-Adjusted ED Visit Rate due to All Drug Overdose	Rate per 100,000 residents	116.2		143.7		2022		11
1.14	Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin)	Rate per 100,000 residents	27.8		54.9		2022	Black (51.7) White (37.8) Hisp (19.6)	11
1.08	Adults who Binge Drink	percent	16.3			16.6	2022		14
0.69	Liquor Store Density	stores/ 100,000 population	8.7		11.2	10.9	2022		25
0.53	Adults who Drink Excessively	percent	15.2		17.2	18.1	2021		19
0.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	14.0		16.5	23.5	2018-2020	Black (23.4) White (14.6) API (6.5) Hisp (10.1)	15
0.42	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.7	20.7	22.0	27.2	2019-2021	Black (29.4) White (24.7) Asian (6.9) Hisp (13.2)	19

SCORE	CANCER	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.25	Colon Cancer Screening: USPSTF Recommendation	percent	54.3			66.3	2022		14
2.08	Cervical Cancer Screening: 21-65	Percent	79.0			82.8	2020		14
2.03	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.9		7.3	7.5	2017-2021		21
2.00	Age-Adjusted Death Rate due to Cervical Cancer	deaths/ 100,000 females	2.7		2.1	2.2	2018-2022		21
2.00	Mammogram in Past 2 Years: 50-74	percent	71.6	80.3		76.5	2022		14
1.92	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	12.9	8.9	11.5		2020-2022		6
1.89	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.3	16.9	18.2		2020-2022		6
1.47	Cancer: Medicare Population	percent	11.0		11.0	12.0	2022		16
1.42	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.7		10.1	12.0	2017-2021		21
1.28	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	16.9	15.3	17.6		2020-2022		6
1.28	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	130.2	122.7	122.0		2020-2022		6

1.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	22.3	25.1	20.6		2020-2022		6
0.86	Mammography Screening: Medicare Population	percent	46.0		41.0	47.0	2022		16
0.83	Breast Cancer Incidence Rate	cases/ 100,000 females	111.7		124.0	129.8	2017-2021		21
0.75	Adults with Cancer (Non-Skin) or Melanoma	percent	6.0			8.2	2022		14
0.69	All Cancer Incidence Rate	cases/ 100,000 population	390.1		397.4	444.4	2017-2021		21
0.69	Colorectal Cancer Incidence Rate	cases/ 100,000 population	32.0		33.5	36.4	2017-2021		21
0.64	Prostate Cancer Incidence Rate	cases/ 100,000 males	87.7		98.6	113.2	2017-2021		21
0.58	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	38.8		36.7	53.1	2017-2021	Black (67.5) White (49.1) AIAN (59.4) API (24.3) Hisp (24.2)	21

SCORE	CHILDREN'S HEALTH	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.33	Child Food Insecurity Rate	percent	22.8		16.9	18.5	2022		20

2.08	Child Care Centers	per 1,000 population under age 5	5.4		8.1	7.0	2022		19
2.00	Child Mortality Rate: Under 20	deaths/ 100,000 population under 20	51.8		37.7	50.6	2018-2021	Black (112.9) White (50.1) Asian (46.4) Hisp (49.8)	19
1.89	Child Abuse Allegation Rate	cases/ 1,000 children	66.2		49.0		2023		17
1.72	Children who Visited a Dentist	percent	83.7		85.9		2021-2022		10
1.61	Child Abuse Investigation Rate	cases/ 1,000 children	45.0		32.7		2023		17
1.50	Children with Health Insurance	percent	96.4		96.8	94.6	2023		1
1.44	Substantiated Child Abuse Rate	cases/ 1,000 children	7.7	8.7	6.1	7.7	2022		17
1.33	Children and Teens with Asthma	percent	16.5		11.6		2021-2022		10
1.31	Kindergartners with Required Immunizations	percent	95.6		92.8		2021-2022		7
1.28	Children who are Overweight for Age	percent	15.9		16.6		2021-2022		10
1.06	Food Insecure Children Likely Ineligible for Assistance	percent	26.0		35.0		2022		20

SCORE	COMMUNITY	UNITS	FRESNO	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source

			COUNTY						
2.47	Children in Single-Parent Households	percent	27.9		22.4	24.9	2018-2022		2
2.47	Social Associations	membership associations/ 10,000 population	5.2		6.0	9.1	2021		19
2.42	Domestic Violence Calls	calls/ 1,000 population 18-69	20.8		6.1		2023		5
2.39	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	16.6	10.1	10.0	11.4	2018-2020		15
2.36	Linguistic Isolation	percent	9.7		8.4	4.2	2018-2022		2
2.31	Workers who Walk to Work	percent	1.5		2.4	2.4	2018-2022		2
2.17	People Living Below Poverty Level	percent	19.5	8.0	12.1	12.5	2018-2022		2
2.14	Juvenile Arrest Rate	arrests/ 1,000 population aged 0-17	5.8		3.6		2023	Black (15.4) White (2.3) Hisp (4.2)	5
2.08	Children Living Below Poverty Level	percent	27.2		15.6	16.7	2018-2022		2
2.08	Young Children Living Below Poverty Level	percent	28.3		15.6	18.1	2018-2022		2
2.00	Violent Crime Rate	crimes/ 100,000 population	640.8		511.0		2023		5
1.92	Hate Crime Offenses	offenses	39				2023		5

1.92	People 25+ with a High School Diploma or Higher	percent	78.3		84.4	89.1	2018-2022		2
1.92	Per Capita Income	dollars	30130		45591	41261	2018-2022		2
1.89	Child Abuse Allegation Rate	cases/ 1,000 children	66.2		49.0		2023		17
1.89	Workers Commuting by Public Transportation	percent	0.9	5.3	3.6	3.8	2018-2022		2
1.86	Voter Engagement	Percent of adults	51.8		66.2		2022		9
1.86	Youth not in School or Working	percent	1.9		1.5	1.8	2018-2022		2
1.83	Adult Arrest Rate	arrests/ 1,000 population 18+	37.1		24.5		2023	Black (85.4) White (20.3) Hisp (36.3)	5
1.69	Deaths in Custody	per 10,000 population	0.6		0.3		2023		5
1.67	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	28.4		26.7	26.3	2017-2021		19
1.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	591		732	584	2018-2022		2
1.67	Mortgaged Owners Median Monthly Household Costs	dollars	1897		2759	1828	2018-2022		2
1.67	Total Employment Change	percent	6.3		8.1	5.8	2021-2022		25
1.64	Juvenile Arrests	arrests	1679				2023		5

1.61	Child Abuse Investigation Rate	cases/ 1,000 children	45.0		32.7		2023	17
1.61	Voter Turnout: Presidential Election	percent	74.5	58.4	80.7		2020	12
1.58	People 25+ with a Bachelor's Degree or Higher	percent	23.4		35.9	34.3	2018-2022	2
1.50	Median Household Gross Rent	dollars	1207		1856	1268	2018-2022	2
1.50	Violent Crime Rate: Rape	per 100,000 population	36.2		35.1		2023	5
1.47	Persons with Health Insurance	percent	92.3	92.4	92.5		2022	26
1.44	Substantiated Child Abuse Rate	cases/ 1,000 children	7.7	8.7	6.1	7.7	2022	17
1.42	Homicide Rate	homicides/ 100,000 population	5.8		4.8		2023	5
1.42	Households with an Internet Subscription	percent	85.5		91.6	88.5	2018-2022	2
1.42	Households with One or More Types of Computing Devices	percent	92.9		95.9	94.0	2018-2022	2
1.42	Median Household Income	dollars	67756		91905	75149	2018-2022	2
1.42	Persons with an Internet Subscription	percent	88.4		93.4	91.0	2018-2022	2
1.42	Workers who Drive Alone to Work	percent	75.9		68.4	71.7	2018-2022	2
1.36	Population 16+ in Civilian Labor Force	percent	55.9		59.3	59.6	2018-2022	2
1.25	Solo Drivers with a Long Commute	percent	25.7		41.6	36.4	2018-2022	19

1.19	Bicycle-Involved Collision Rate	collisions/ 100,000 population	0.2		0.3		2023	13
1.19	People 65+ Living Alone	percent	24.0		22.0	26.4	2018-2022	2
1.17	Median Housing Unit Value	dollars	338200		659300	281900	2018-2022	2
1.08	Female Population 16+ in Civilian Labor Force	percent	55.7		57.8	58.5	2018-2022	2
1.08	Homicides		59.0				2023	5
0.97	Mean Travel Time to Work	minutes	23.3		29.2	26.7	2018-2022	2

SCORE	DIABETES	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.14	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	31.2		23.6		2020-2022		6
2.03	Diabetes: Medicare Population	percent	26.0		21.0	24.0	2022	Black (37.0) White (23.0) AIAN (41.0) API (36.0) Hisp (34.0)	16
1.69	Adults 20+ with Diabetes	percent	8.9				2021		15
1.53	Adults with Diabetes	percent	10.8		10.7		2021-2022		9

SCORE	ECONOMY	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.92	People 65+ Living Below Poverty Level	percent	14.1		11.0	10.0	2018-2022	Black (16.8) White (10.2) Asian (13.1) AIAN (25.3) NHPI (4.6) Mult (20.1) Other (23.9) Hisp (20.2)	2
2.67	Overcrowded Households	percent	10.6		8.2	3.4	2018-2022	Black (8.5) White (3.7) Asian (12.9) AIAN (16.1) NHPI (32.6) Mult (14.1) Other (15.7) Hisp (15.9)	2
2.64	Unemployed Workers in Civilian Labor Force	percent	7.6		5.9	4.4	August 2024		24
2.64	Veterans Living Below Poverty Level	percent	10.0		7.7	7.0	2018-2022		2
2.33	Child Food Insecurity Rate	percent	22.8		16.9	18.5	2022		20
2.33	Food Insecurity Rate	percent	16.2		12.6	13.5	2022		20
2.19	Students Eligible for the Free Lunch Program	percent	61.4		52.6	42.8	2022-2023		22
2.17	People Living Below Poverty Level	percent	19.5	8.0	12.1	12.5	2018-2022		2

2.08	Children Living Below Poverty Level	percent	27.2	15.6	16.7	2018-2022		2
2.08	Families Living Below 200% of Poverty Level	Percent	35.0	22.5	22.7	2018-2022		2
2.08	Families Living Below Poverty Level	percent	15.4	8.5	8.8	2018-2022	Black (24) White (7.3) Asian (14.4) AIAN (24.5) NHPI (27.8) Mult (16.3) Other (23.2) Hisp (20.5)	2
2.08	Households with Cash Public Assistance Income	percent	5.9	3.7	2.7	2018-2022		2
2.08	People Living Below 200% of Poverty Level	percent	41.3	28.0	28.8	2018-2022		2
2.08	Young Children Living Below Poverty Level	percent	28.3	15.6	18.1	2018-2022		2
2.00	Households Living Below Poverty Level	percent	18.2	12.0		2021		28
1.92	Adults with Disability Living in Poverty	percent	29.5	22.7	24.9	2018-2022		2
1.92	Adults with Disability Living in Poverty	percent	29.5	22.7	24.9	2018-2022		2
1.92	Per Capita Income	dollars	30130	45591	41261	2018-2022		2
1.92	Severe Housing Problems	percent	26.0	25.7	16.7	2016-2020		19
1.86	Homeowner Vacancy Rate	percent	1.2	0.9	1.1	2018-2022		2
1.86	Unemployed Veterans	percent	4.2	4.3	3.2	2018-2022		2
1.86	Youth not in School or Working	percent	1.9	1.5	1.8	2018-2022		2

1.67	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	54.3		57.0		2021	28
1.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	591		732	584	2018-2022	2
1.67	Mortgaged Owners Median Monthly Household Costs	dollars	1897		2759	1828	2018-2022	2
1.67	Total Employment Change	percent	6.3		8.1	5.8	2021-2022	25
1.58	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	34.2	25.5	38.4	28.5	2023	1
1.50	Median Household Gross Rent	dollars	1207		1856	1268	2018-2022	2
1.50	Renters Spending 30% or More of Household Income on Rent	percent	54.4	25.5	54.4	49.9	2018-2022	2
1.42	Median Household Income	dollars	67756		91905	75149	2018-2022	2
1.36	Population 16+ in Civilian Labor Force	percent	55.9		59.3	59.6	2018-2022	2
1.36	Size of Labor Force	persons	463987				45505	24
1.17	Median Housing Unit Value	dollars	338200		659300	281900	2018-2022	2

1.08	Female Population 16+ in Civilian Labor Force	percent	55.7		57.8	58.5	2018-2022		2
1.06	Food Insecure Children Likely Ineligible for Assistance	percent	26.0		35.0		2022		20
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	27.5		31.0		2021		28
0.83	Gender Pay Gap	cents on the dollar	0.8		0.7	0.7	2018-2022		2

SCORE	EDUCATION	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.08	Child Care Centers	per 1,000 population under age 5	5.4		8.1	7.0	2022		19
1.97	3rd Grade Students Proficient in English/Language Arts	percent	36.5		42.2		2022		4
1.97	4th Grade Students Proficient in English/Language Arts	percent	38.4		44.2		2022		4
1.97	4th Grade Students Proficient in Math	percent	31.7		38.3		2022		4
1.97	5th Grade Students Proficient in English/Language Arts	percent	41.5		47.1		2022		4
1.97	7th Grade Students Proficient in Math	percent	27.0		32.0		2022		4

1.97	8th Grade Students Proficient in Math	percent	24.3		29.2		2022	4
1.97	Expulsion Rate	percent of students	0.2		0.1		2022-2023	4
1.97	Suspension Rate	percent of students	5.6		3.6		2022-2023	4
1.92	People 25+ with a High School Diploma or Higher	percent	78.3		84.4	89.1	2018-2022	2
1.86	Student-to-Teacher Ratio	students/ teacher	21.2		21.9	15.4	2022-2023	22
1.81	11th Grade Students Proficient in Math	percent	21.1		27.0		2022	4
1.81	3rd Grade Students Proficient in Math	percent	38.4		43.5		2022	4
1.81	5th Grade Students Proficient in Math	percent	25.6		31.6		2022	4
1.81	High School Graduates Prepared for College	percent	45.0		51.4		2021-2022	4
1.72	High School Graduation	percent	83.2	90.7	86.2		2022-2023	4
1.64	11th Grade Students Proficient in English/Language Arts	percent	52.5		54.8		2022	4
1.64	6th Grade Students Proficient in English/Language Arts	percent	42.6		45.1		2022	4
1.64	6th Grade Students Proficient in Math	percent	30.2		32.5		2022	4
1.64	7th Grade Students Proficient in English/Language Arts	percent	46.1		49.2		2022	4

1.64	8th Grade Students Proficient in English/Language Arts	percent	42.6		46.6		2022	4
1.64	Chronic Absenteeism from School	percent	25.3		24.9		2022-2023	4
1.58	People 25+ with a Bachelor's Degree or Higher	percent	23.4		35.9	34.3	2018-2022	2
1.58	Veterans with a High School Diploma or Higher	percent	92.8		95.1	95.0	2018-2022	2
1.53	High School Drop Outs	percent	8.7		8.2		2022-2023	4
1.47	Post-Secondary Institution Enrollment	percent of students	62.2		62.0		2021-2022	4

SCORE	ENVIRONMENTAL HEALTH	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.67	Overcrowded Households	percent	10.6		8.2	3.4	2018-2022	Black (8.5) White (3.7) Asian (12.9) AIAN (16.1) NHPI (32.6) Mult (14.1) Other (15.7) Hisp (15.9)	2
2.64	Asthma: Medicare Population	percent	10.0		7.0	7.0	2022		16
2.36	Air Pollution due to Particulate Matter	micrograms per cubic meter	11.7		7.1	7.4	2019		19

2.25	Daily Dose of UV Irradiance	Joule per square meter	4837.0	4541.0		2020		23
2.14	Food Environment Index		7.4	8.6	7.7	2024		19
1.94	Adults with Asthma	percent	19.6	17.0	15.7	2022		9
1.92	Recognized Carcinogens Released into Air	pounds	26373.6			2022		27
1.92	Severe Housing Problems	percent	26.0	25.7	16.7	2016-2020		19
1.83	Adult Arrest Rate	arrests/ 1,000 population 18+	37.1	24.5		2023	Black (85.4) White (20.3) Hisp (36.3)	5
1.75	Adults with Current Asthma	percent	10.8		9.9	2022		14
1.67	Access to Exercise Opportunities	percent	84.0	94.2	84.1	2024		19
1.67	Annual Ozone Air Quality	grade	F			2020-2022		3
1.64	PBT Released	pounds	435.3			2022		27
1.64	Weeks of Moderate Drought or Worse	weeks per year	47			2021		23
1.50	Annual Particle Pollution	grade	F			2020-2022		3
1.42	Access to Parks	percent	69.6	79.5		2020	White (79.3) AIAN (65.0) API (69.5) Other (77.2) Hisp (68.1)	23
1.36	Number of Extreme Heat Days	days	17			2023		23

1.36	Number of Extreme Heat Events	events	15				2023		23
1.36	Number of Extreme Precipitation Days	days	5				2023		23
1.08	Proximity to Highways	percent	2.3		5.8		2020		23
0.69	Liquor Store Density	stores/ 100,000 population	8.7		11.2	10.9	2022		25
0.58	Houses Built Prior to 1950	percent	10.3		14.5	16.7	2018-2022		2

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.25	Adults who Visited a Dentist	percent	53.9			63.9	2022		14
2.25	Adults without Health Insurance	percent	12.0			10.8	2022		14
2.19	Preventable Hospital Stays: Medicare Population	discharges/ 100,000 Medicare enrollees	3206.0		2275.0	2677.0	2022		16
1.92	Adults who have had a Routine Checkup	percent	69.9			76.1	2022		14
1.83	Adults Delayed or had Difficulty Obtaining Care	percent	24.5		24.9		2021-2022		10
1.83	Primary Care Provider Rate	providers/ 100,000 population	67.6		81.1	74.9	2021		19
1.72	Children and Teens Delayed or had	percent	9.2		8.5		2021-2022		10

	Difficulty Obtaining Care								
1.72	Children who Visited a Dentist	percent	83.7		85.9		2021-2022		10
1.50	Adults Needing and Receiving Behavioral Health Care Services	percent	59.9		55.9		2021-2022		9
1.50	Children with Health Insurance	percent	96.4		96.8	94.6	2023		1
1.47	Persons with Health Insurance	percent	92.3	92.4	92.5		2022		26
1.42	Dentist Rate	dentists/ 100,000 population	64.0		92.9	73.5	2022		19
1.22	People Delayed or had Difficulty Obtaining Care	percent	14.2	5.9	16.5		2021-2022		9
1.17	Adults with Health Insurance	percent	89.2		90.0	87.8	2018-2022		2
1.00	Adults with Health Insurance: 18-64	percent	92.8		91.4		2021-2022		10
0.75	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	98.5		86.5	131.4	2023		19
0.42	Mental Health Provider Rate	providers/ 100,000 population	480.7		449.8	313.9	2023		19

SCORE	HEART DISEASE & STROKE	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source

2.47	Hyperlipidemia: Medicare Population	percent	69.0		61.0	65.0	2022	16
2.36	Ischemic Heart Disease: Medicare Population	percent	25.0		18.0	21.0	2022	16
2.31	Hypertension: Medicare Population	percent	68.0		58.0	65.0	2022	16
2.08	Adults who Have Taken Medications for High Blood Pressure	percent	72.1			78.2	2021	14
2.08	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	105.5	71.1	77.2		2020-2022	6
2.08	Cholesterol Test History	percent	81.1			86.4	2021	14
2.03	Heart Failure: Medicare Population	percent	12.0		10.0	11.0	2022	16
1.78	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	42.5	33.4	37.0		2020-2022	6
1.78	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	52.6		44.3		2021	23
1.75	Adults with Heart Disease	percent	8.1		7.3		2021-2022	10
1.25	Age-Adjusted Hospitalization Rate due to Heart Attack	hospitalizations/ 10,000 population 35+ years	23.2		21.1		2020	23
1.17	High Blood Pressure Prevalence	percent	31.0	41.9		32.7	2021	14

1.14	Atrial Fibrillation: Medicare Population	percent	13.0		13.0	14.0	2022	Black (8.0) White (15.0) AIAN (16.0) API (8.0) Hisp (6.0)	16
1.14	Stroke: Medicare Population	percent	5.0		5.0	6.0	2022		16
1.08	Adults who Experienced a Stroke	percent	3.6			3.6	2022		14
1.08	Adults who Experienced Coronary Heart Disease	percent	6.3			6.8	2022		14
0.92	High Cholesterol Prevalence	percent	33.0			35.5	2021		14

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.67	Gonorrhea Incidence Rate	cases/ 100,000 population	266.8		230.9	214.0	2021		8
2.67	Overcrowded Households	percent	10.6		8.2	3.4	2018-2022	Black (8.5) White (3.7) Asian (12.9) AIAN (16.1) NHPI (32.6) Mult (14.1) Other (15.7) Hisp (15.9)	2
2.42	HIV Diagnosis Rate	cases/ 100,000 population	16.6		12.2		2022		6

2.11	Chlamydia Incidence Rate	cases/ 100,000 population	636.4		484.7	495.5	2021		8
2.08	Syphilis Incidence Rate	cases/ 100,000 population	25.3		22.3	16.2	2021		8
2.03	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.9		7.3	7.5	2017-2021		21
1.94	Congenital Syphilis Incidence Rate	cases/ 100,000 live births	202.5	33.9	114.9		2020		8
1.64	Flu Vaccinations: Medicare Population	percent	46.0		48.0	50.0	2022		16
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.9		10.9		2020-2022		6
1.47	Death Rate Among Persons with Diagnosed HIV Infection	deaths/ 100,000 population	3.4		5.4		2022		6
1.31	Kindergartners with Required Immunizations	percent	95.6		92.8		2021-2022		7
1.03	Persons Living and Diagnosed with HIV who are in Care	percent	80.3		73.7		2022		6
0.64	Pneumonia Vaccinations: Medicare Population	percent	9.0		8.0	8.0	2022		16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	FRESNO	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source

			COUNTY						
2.17	Preterm Births	percent	10.1	9.4	9.0		2020-2022		6
2.03	Infant Mortality Rate	deaths/ 1,000 live births	5.4	5.0	3.7		2019-2021		6
1.97	Babies with Low Birthweight	percent	7.6		7.2		2020-2022		6
1.94	Congenital Syphilis Incidence Rate	cases/ 100,000 live births	202.5	33.9	114.9		2020		8
1.67	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	16.4		9.5	14.2	2020-2022		6
1.64	Mothers who Received Early Prenatal Care	percent	86.1		87.6		2020-2022		6

SCORE	MEDICATIONS & PRESCRIPTIONS	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
1.42	Age-Adjusted Annual Opioid Prescription Rate	prescriptions per 1,000 residents	386.8		291.0		2022		11
1.28	Opioid Prescription Patients	percent	2.6				Q3 2022		18
1.28	Quarterly Opioid Prescription Rate	prescriptions per 10,000 population	313.8				Q3 2022		18
1.25	Residents on More than 90 Morphine Milligram Equivalents (MME) of Opioids Daily	Residents on >90 MMEs of Opioids per 1,000 residents	7.3		6.3		2022		11

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.47	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	45.5		38.2	31.0	2018-2020		15
2.08	Poor Mental Health: 14+ Days	percent	18.7			15.8	2022		14
1.81	Adults with Likely Serious Psychological Distress	percent	17.6		16.7		2021-2022		9
1.81	Poor Mental Health: Average Number of Days	days	5.2		4.7	4.8	2021		19
1.75	Adults Ever Diagnosed with Depression	percent	23.1			20.7	2022		14
1.64	Adults Who Ever Thought Seriously About Committing Suicide	percent	20.4		19.0		2021-2022		9
1.50	Adults Needing and Receiving Behavioral Health Care Services	percent	59.9		55.9		2021-2022		9
1.31	Depression: Medicare Population	percent	14.0		14.0	16.0	2022		16
1.28	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	10.5	12.8	10.1		2020-2022		6
0.69	Alzheimer's Disease or Dementia: Medicare Population	percent	5.0		5.0	6.0	2022		16

0.42	Mental Health Provider Rate	providers/ 100,000 population	480.7		449.8	313.9	2023		19

SCORE	OLDER ADULTS	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.92	People 65+ Living Below Poverty Level	percent	14.1		11.0	10.0	2018-2022	Black (16.8) White (10.2) Asian (13.1) AIAN (25.3) NHPI (4.6) Mult (20.1) Other (23.9) Hisp (20.2)	2
2.64	Asthma: Medicare Population	percent	10.0		7.0	7.0	2022		16
2.64	Osteoporosis: Medicare Population	percent	15.0		13.0	11.0	2022		16
2.47	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	45.5		38.2	31.0	2018-2020		15
2.47	Hyperlipidemia: Medicare Population	percent	69.0		61.0	65.0	2022		16
2.36	Chronic Kidney Disease: Medicare Population	percent	22.0		16.0	18.0	2022		16
2.36	Ischemic Heart Disease: Medicare Population	percent	25.0		18.0	21.0	2022		16
2.31	Hypertension: Medicare Population	percent	68.0		58.0	65.0	2022		16

2.03	Diabetes: Medicare Population	percent	26.0	21.0	24.0	2022	Black (37.0) White (23.0) AIAN (41.0) API (36.0) Hisp (34.0)	16
2.03	Heart Failure: Medicare Population	percent	12.0	10.0	11.0	2022		16
1.81	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.0	32.0	35.0	2022		16
1.75	Adults 65+ with Total Tooth Loss	percent	13.7		12.2	2022		14
1.64	Elder Index (Elderly Household Below Income Threshold)	percent	25.9	27.7		2019-2020		9
1.47	Cancer: Medicare Population	percent	11.0	11.0	12.0	2022		16
1.31	Depression: Medicare Population	percent	14.0	14.0	16.0	2022		16
1.19	People 65+ Living Alone	percent	24.0	22.0	26.4	2018-2022		2
1.14	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	6.8	6.3	9.8	2018-2020		15
1.14	Atrial Fibrillation: Medicare Population	percent	13.0	13.0	14.0	2022	Black (8.0) White (15.0) AIAN (16.0) API (8.0) Hisp (6.0)	16
1.14	Stroke: Medicare Population	percent	5.0	5.0	6.0	2022		16

0.86	Mammography Screening: Medicare Population	percent	46.0		41.0	47.0	2022		16
0.81	COPD: Medicare Population	percent	8.0		8.0	11.0	2022		16
0.69	Alzheimer's Disease or Dementia: Medicare Population	percent	5.0		5.0	6.0	2022		16
0.64	Prostate Cancer Incidence Rate	cases/ 100,000 males	87.7		98.6	113.2	2017-2021		21

SCORE	ORAL HEALTH	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.25	Adults who Visited a Dentist	percent	53.9			63.9	2022		14
1.75	Adults 65+ with Total Tooth Loss	percent	13.7			12.2	2022		14
1.72	Children who Visited a Dentist	percent	83.7		85.9		2021-2022		10
1.42	Dentist Rate	dentists/ 100,000 population	64.0		92.9	73.5	2022		19
1.42	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.7		10.1	12.0	2017-2021		21

SCORE	OTHER CONDITIONS	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.64	Osteoporosis: Medicare Population	percent	15.0		13.0	11.0	2022		16

2.36	Chronic Kidney Disease: Medicare Population	percent	22.0		16.0	18.0	2022		16
1.81	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.0		32.0	35.0	2022		16
1.17	Age-Adjusted Death Rate due to Kidney Disease	deaths/ 100,000 population	9.8		9.1	12.8	2018-2020		15
0.75	Adults with Arthritis	percent	22.2			26.6	2022		14

SCORE	PHYSICAL ACTIVITY	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.39	Adults who are Overweight or Obese	percent	75.2		62.3	67.7	2022		9
2.31	Workers who Walk to Work	percent	1.5		2.4	2.4	2018-2022		2
2.25	Adults Who Are Obese	percent	40.4		28.8	33.6	2022		9
2.03	Adults 20+ Who Are Obese	percent	36.7	36.0			2021		15
1.69	Adults 20+ who are Sedentary	percent	21.5				2021		15
1.67	Access to Exercise Opportunities	percent	84.0		94.2	84.1	2024		19
1.42	Access to Parks	percent	69.6		79.5		2020	White (79.3) AIAN (65.0) API (69.5) Other (77.2) Hisp (68.1)	23

SCORE	PREVENTION & SAFETY	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.17	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	57.9	43.2	47.9		2020-2022		6
1.92	Severe Housing Problems	percent	26.0		25.7	16.7	2016-2020		19
1.14	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	6.8		6.3	9.8	2018-2020		15
0.42	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.7	20.7	22.0	27.2	2019-2021	Black (29.4) White (24.7) Asian (6.9) Hisp (13.2)	19

SCORE	RESPIRATORY DISEASES	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.64	Asthma: Medicare Population	percent	10.0		7.0	7.0	2022		16
1.94	Adults with Asthma	percent	19.6		17.0	15.7	2022		9
1.75	Adults Who Used Electronic Cigarettes: Past 30 Days	percent	7.5		4.6		2021-2022		10
1.75	Adults with Current Asthma	percent	10.8			9.9	2022		14
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.9		10.9		2020-2022		6

1.50	Adults who Smoke	percent	14.1	6.1		12.9	2022		14
1.33	Children and Teens with Asthma	percent	16.5		11.6		2021-2022		10
1.08	Adults with COPD	Percent of adults	6.5			6.8	2022		14
1.08	Proximity to Highways	percent	2.3		5.8		2020		23
1.03	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/ 100,000 population	34.2		29.3	38.1	2018-2020		15
1.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	22.3	25.1	20.6		2020-2022		6
0.81	COPD: Medicare Population	percent	8.0		8.0	11.0	2022		16
0.58	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	38.8		36.7	53.1	2017-2021	Black (67.5) White (49.1) AIAN (59.4) API (24.3) Hisp (24.2)	21

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.67	Gonorrhea Incidence Rate	cases/ 100,000 population	266.8		230.9	214.0	2021		8
2.42	HIV Diagnosis Rate	cases/ 100,000 population	16.6		12.2		2022		6

2.11	Chlamydia Incidence Rate	cases/ 100,000 population	636.4		484.7	495.5	2021		8
2.08	Syphilis Incidence Rate	cases/ 100,000 population	25.3		22.3	16.2	2021		8
1.94	Congenital Syphilis Incidence Rate	cases/ 100,000 live births	202.5	33.9	114.9		2020		8
1.47	Death Rate Among Persons with Diagnosed HIV Infection	deaths/ 100,000 population	3.4		5.4		2022		6
1.03	Persons Living and Diagnosed with HIV who are in Care	percent	80.3		73.7		2022		6

SCORE	TOBACCO USE	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
1.75	Adults Who Used Electronic Cigarettes: Past 30 Days	percent	7.5		4.6		2021-2022		10
1.50	Adults who Smoke	percent	14.1	6.1		12.9	2022		14
0.58	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	38.8		36.7	53.1	2017-2021	Black (67.5) White (49.1) AIAN (59.4) API (24.3) Hisp (24.2)	21

SCORE	WEIGHT STATUS	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.39	Adults who are Overweight or Obese	percent	75.2		62.3	67.7	2022		9
2.25	Adults Who Are Obese	percent	40.4		28.8	33.6	2022		9
2.03	Adults 20+ Who Are Obese	percent	36.7	36.0			2021		15
1.89	Teens who are Overweight or Obese	percent	44.8		37.4		2021-2022		10
1.28	Children who are Overweight for Age	percent	15.9		16.6		2021-2022		10

SCORE	WELLNESS & LIFESTYLE	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.25	Self-Reported General Health Assessment: Poor or Fair	percent	24.4			17.9	2022		14
2.03	Poor Physical Health: Average Number of Days	days	4.1		3.1	3.3	2021		19
1.92	Poor Physical Health: 14+ Days	percent	15.6			12.7	2022		14
1.67	Life Expectancy	years	76.6		79.9	77.6	2019-2021		19
1.61	Adults who Drink Sugar-Sweetened Beverages	percent	21.6		14.6		2021-2022		10
1.53	Adult Self-Reported General Health	percent	83.2		85.0		2021-2022		9

	Assessment: Good or Better								
1.53	Self-Reported General Health Assessment: Good or Better	percent	84.3		86.0		2022		9
1.50	Insufficient Sleep	percent	35.9	26.7		36.0	2022		14
1.42	Older Adult Self-Reported General Health Assessment: Good or Better	percent	80.3		77.5		2021-2022		10
1.17	High Blood Pressure Prevalence	percent	31.0	41.9		32.7	2021		14

SCORE	WOMEN'S HEALTH	UNITS	FRESNO COUNTY	HP2030	CA	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY	Source
2.08	Cervical Cancer Screening: 21-65	Percent	79.0			82.8	2020		14
2.03	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.9		7.3	7.5	2017-2021		21
2.00	Age-Adjusted Death Rate due to Cervical Cancer	deaths/ 100,000 females	2.7		2.1	2.2	2018-2022		21
2.00	Mammogram in Past 2 Years: 50-74	percent	71.6	80.3		76.5	2022		14
1.28	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	16.9	15.3	17.6		2020-2022		6
0.86	Mammography Screening: Medicare Population	percent	46.0		41.0	47.0	2022		16

0.83	Breast Cancer Incidence Rate	cases/ 100,000 females	111.7	124.0	129.8	2017-2021	21

Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for Tulare County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the Disparity and Health Equity section of this report.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds ® Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Results for the Tulare County Health Equity Index can be found in the Disparities and Health Equity section of this report.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food

insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Results for the Tulare County Food Insecurity Index can be found in the Disparities and Health Equity section of this report.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Results for the Tulare County Mental Health Index can be found in the Disparities and Health Equity section of this report.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the

health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or Ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.