



# 2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Modesto

License number: 030000393

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 16, 2019

## Contents

- I. Introduction/background ..... 1
  - A. About Kaiser Permanente..... 1
  - B. About Kaiser Permanente Community Health ..... 1
  - C. Purpose of the Community Health Needs Assessment (CHNA) report..... 2
  - D. Kaiser Permanente’s approach to Community Health Needs Assessment..... 2
- II. Community served ..... 3
  - A. Kaiser Permanente’s definition of community served..... 3
  - B. Map and description of community served ..... 4
    - i. Map ..... 4
    - ii. Geographic description of the community served ..... 4
    - iii. Demographic profile of the community served ..... 5
- III. Who was involved in the assessment? ..... 5
  - A. Identity of hospitals and other partner organizations that collaborated on the assessment ..... 5
  - B. Identity and qualifications of consultants used to conduct the assessment..... 5
- IV. Process and methods used to conduct the CHNA ..... 6
  - A. Secondary data..... 6
    - i. Sources and dates of secondary data used in the assessment ..... 6
    - ii. Methodology for collection, interpretation, and analysis of secondary data..... 6
  - B. Community input..... 6
    - i. Description of who was consulted ..... 6
    - ii. Methodology for collection and interpretation ..... 6
  - C. Written comments..... 8
  - D. Data limitations and information gaps ..... 8
- V. Identification and prioritization of the community’s health needs ..... 9
  - A. Identifying community health needs ..... 9
    - i. Definition of “health need” ..... 9
    - ii. Criteria and analytical methods used to identify the community health needs ..... 9
  - B. Process and criteria used for prioritization of health needs ..... 10
  - C. Prioritized description of all the community needs identified through the CHNA..... 11
  - D. Community resources potentially available to respond to the identified health needs ... 14
- VI. KFH Modesto 2016 Implementation Strategy evaluation of impact ..... 14

A. Purpose of 2016 Implementation Strategy evaluation of impact .....	14
B. 2016 Implementation Strategy evaluation of impact overview.....	15
C. 2016 Implementation Strategy evaluation of impact by health need.....	18
VII. Appendix .....	20
Appendix A. Secondary data sources and dates .....	21
i. Secondary sources from the Kaiser Permanente CHNA Data Platform.....	21
Appendix B. Community input tracking form .....	23
Appendix C. Health Need Profiles.....	26
Appendix D. Community Resources .....	49
Appendix E. Other appendices – Key informant Interview Guide .....	55
Appendix F. Other appendices – Focus Group Screener and Guide.....	57

## **I. Introduction/background**

### **A. About Kaiser Permanente**

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

### **B. About Kaiser Permanente Community Health**

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with

medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

### **C. Purpose of the Community Health Needs Assessment (CHNA) report**

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at <https://www.kp.org/chna>.

### **D. Kaiser Permanente's approach to Community Health Needs Assessment**

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 120 publicly available indicators to understand health through a

framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews and focus groups. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH Modesto will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, <https://www.kp.org/chna>.

## **II. Community served**

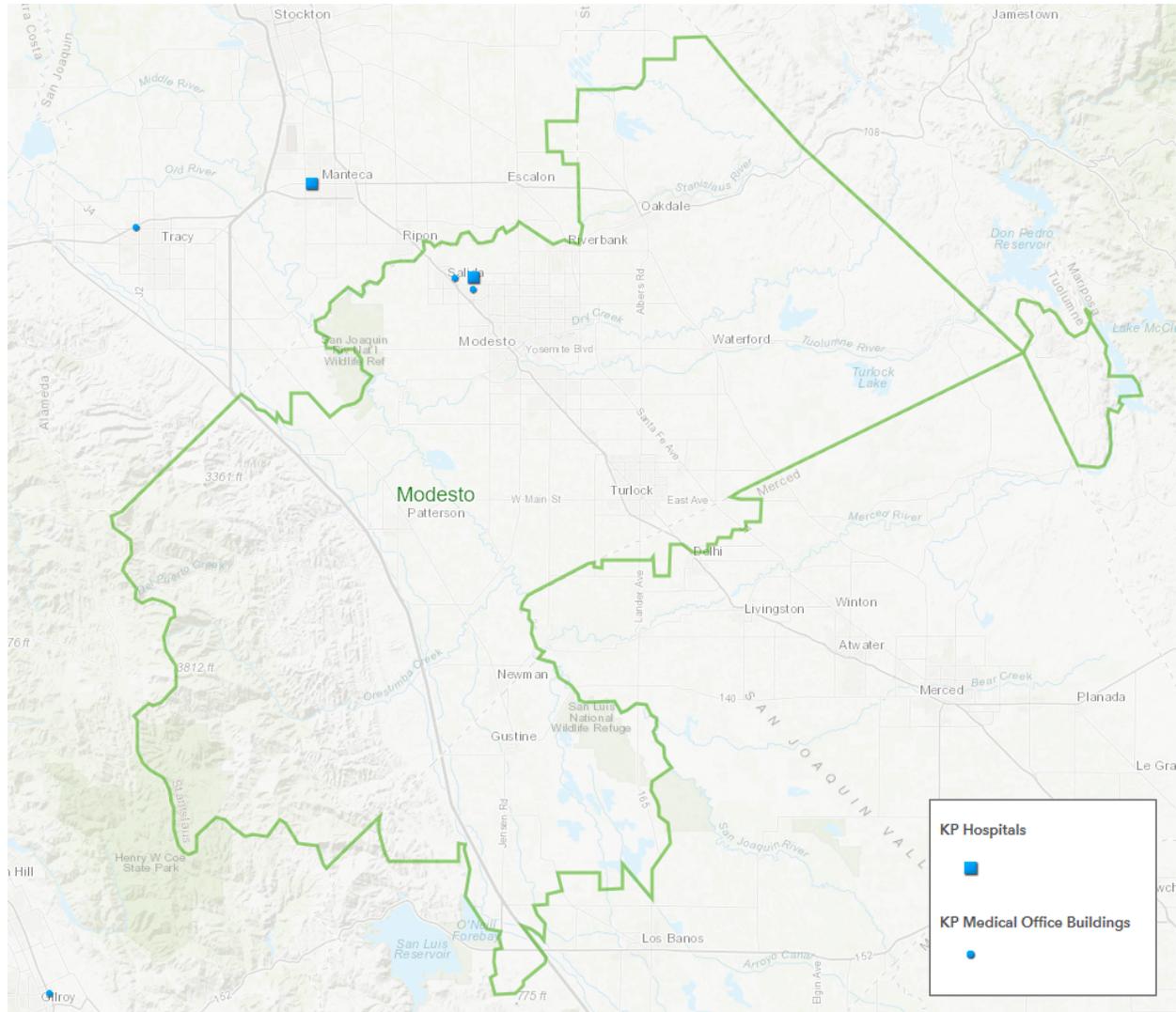
### **A. Kaiser Permanente's definition of community served**

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

## B. Map and description of community served

### i. Map

#### KFH Modesto Service Area



### ii. Geographic description of the community served

KFH Modesto is located at 4601 Dale Road, Modesto, CA 95356 and its service area includes the cities of Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford. The service area includes a large portion of Stanislaus County, making Stanislaus County data a good proxy for data for the KFH Modesto Service Area.

iii. Demographic profile of the community served

**Demographic profile: KFH Modesto Service Area**

<b>Race/ethnicity</b>		<b>Socioeconomic Data</b>	
Total Population	542,353	Living in poverty (<100% federal poverty level)	18.3%
Asian	5.3%	Children in poverty	24.8%
Black	2.7%	Unemployment	6.2%
Native American/Alaska Native	0.6%	Uninsured population	11.7%
Pacific Islander/Native Hawaiian	0.6%	Adults with no high school diploma	22.6%
Some other race	11.5%		
Multiple races	4.6%		
White	74.8%		
Hispanic/Latino <sup>1</sup>	44.5%		

**III. Who was involved in the assessment?**

**A. Identity of hospitals and other partner organizations that collaborated on the assessment**

No other hospitals or partner organizations collaborated on the assessment.

**B. Identity and qualifications of consultants used to conduct the assessment**

KFH Modesto contracted with Ad Lucem Consulting, a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed CHNA reports and Implementation Plans for individual hospitals and collaboratives, including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting please visit [www.adlucemconsulting.com](http://www.adlucemconsulting.com).

---

<sup>1</sup> Kaiser Permanente data sources reference “Hispanic” or “Hispanic/Latino” demographic populations. Latino was used throughout this report’s narrative to refer more broadly to all populations of Hispanic and/or Latino origin.

## IV. Process and methods used to conduct the CHNA

### A. Secondary data

#### *i. Sources and dates of secondary data used in the assessment*

KFH Modesto used the Kaiser Permanente CHNA Data Platform (<http://www.chna.org/kp>) to review approximately 120 indicators from publicly available data sources.

For details on specific sources and dates of the data used, please see Appendix A.

#### *ii. Methodology for collection, interpretation, and analysis of secondary data*

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

### B. Community input

#### *i. Description of who was consulted*

Community input was provided by a broad range of community members using key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from local governmental and public health agencies as well as leaders, representatives, and members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

#### *ii. Methodology for collection and interpretation*

Key Informant Interviews: Ad Lucem Consulting conducted key informant interviews with ten individuals representing a diversity of sectors including: public health, community-based organizations, safety net, education and government. The key informants were identified by Kaiser Permanente staff based on their knowledge of and experience working with the highest need communities throughout the KFH Modesto Service Area. The key informants represent agencies and organizations working on health and/or root causes of health who have insight into health priorities and the assets available to address them.

All interviews were conducted by telephone in English and took approximately 30-45 minutes to complete. The interviews followed a standard set of interview questions (see Appendix E) and the interviewer took detailed notes during the call. At the beginning of the interview, confidentiality was assured and the respondents were invited to skip any questions not applicable to the respondent's experience.

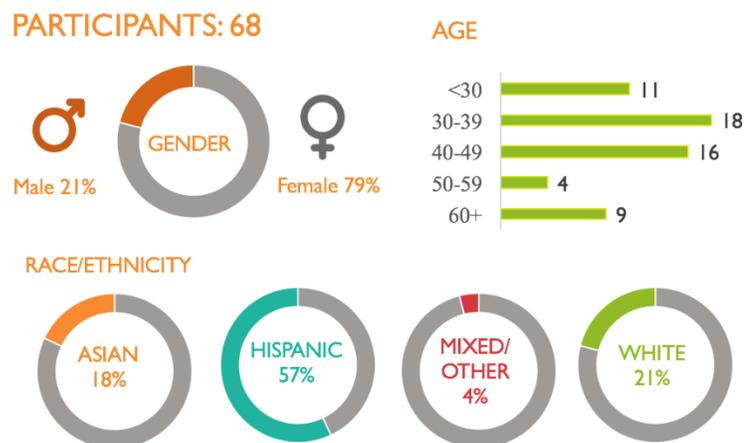
Interview topics: Interview questions were developed by Ad Lucem Consulting with input from KFH Modesto staff. Questions addressed the following topics:

1. Top health issues in Stanislaus County
2. Factors that contribute to the top health issues
3. Impacts on specific populations (e.g. low income, racial/ethnic subpopulations)
4. Successful strategies and community assets to address top health issues
5. Opportunities and role for community and Kaiser Permanente to address top health issues

Data Analysis: Upon completion of each interview, transcribed responses were grouped by interview question and then organized into health needs as defined by the Kaiser Permanente CHNA data platform. Health needs were assigned points based on the frequency and importance given to the health need by key informants. The points for each health need were tallied across interviewees to develop an interview data score.

Focus Groups: Ad Lucem Consulting conducted six community resident focus groups in four different geographic areas within the KFH Modesto Service Area, including Ceres, Patterson, Hughson and Modesto. Three groups were conducted in Spanish, two were conducted in English and one was conducted in Hmong. Participants were male and female adults who represented underserved, low-income, LGBTQ, older adults and varied ethnic communities (see Figure 1 for additional demographics).

Figure 1: Stanislaus Focus Group Demographics



Participants were recruited from communities throughout the KFH Modesto Service Area. Kaiser Permanente staff worked with community organizations to recruit participants and organize logistics for the focus groups. Each focus group session averaged 90 minutes and was facilitated by Ad Lucem Consulting. All focus groups were audio recorded.

Focus group question guide: A focus group guide was used to ensure consistency across groups. The focus group questions were developed by Ad Lucem with input from KFH Modesto staff. Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish by a native Spanish-speaker experienced in translation; the guide was modified slightly to maintain question flow and intent in Spanish. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses and identity. An overview of the

discussion was provided as well as a review of discussion ground rules, such as “there are no right or wrong answers.” For the complete list of focus group questions, see Appendix F. The focus group questions addressed the following topics:

1. Vision for a healthy community
2. Top health issues in Stanislaus County
3. Factors that contribute to the top health issues
4. Successful strategies and community assets to address top health issues and resources needed
5. Opportunities to engage community members in creating a healthy community

*Data Analysis:* Audio recordings of the focus groups were transcribed verbatim by a professional transcription company. The most prominent themes emerging from the focus group transcripts were identified. Health issues mentioned by focus group participants were organized into the health need categories defined by the KP CHNA data platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. The points for each health need were tallied across focus groups to develop a focus group data score.

*Leadership Focus Group:* One focus group was conducted with representatives from local elected officials’ offices and leadership from the Kaiser Foundation Hospital Modesto. This focus group obtained leadership perspectives on the topics discussed by the community resident groups. The Leadership focus group was not included in the focus group analysis or scoring to prevent biasing the overall focus group findings away from the voice of the community residents towards the perspective of Kaiser Permanente leaders and elected officials.

### **C. Written comments**

Kaiser Permanente provided the public an opportunity to submit written comments on the facility’s previous CHNA Report through [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org). 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, KFH Modesto had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

### **D. Data limitations and information gaps**

The Kaiser Permanente CHNA data platform includes approximately 120 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to

examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

Primary data collection and health need ranking processes are also subject to limitations and information gaps:

- Themes identified during interviews, focus groups and surveys were likely dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of stakeholders sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meetings, and to how those individuals voted on that particular day.

## **V. Identification and prioritization of the community’s health needs**

### **A. Identifying community health needs**

#### *i. Definition of “health need”*

For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

#### *ii. Criteria and analytical methods used to identify the community health needs*

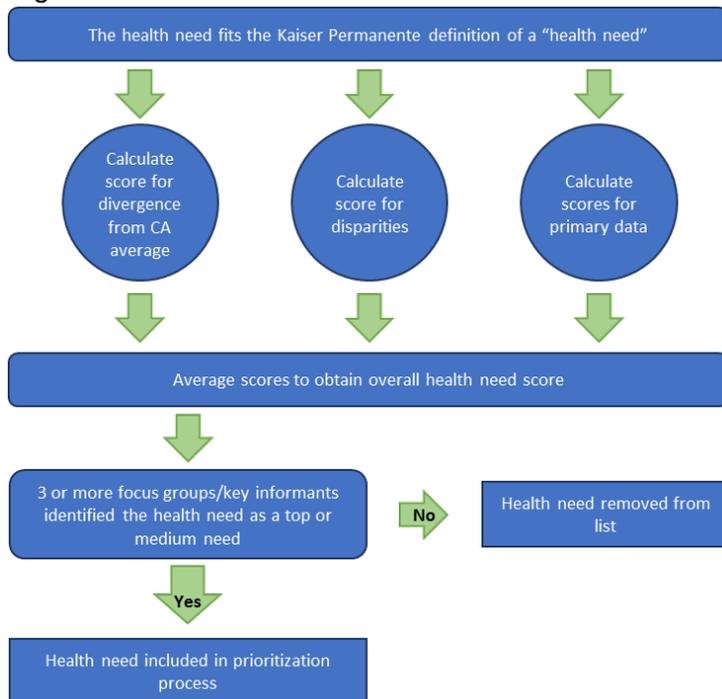
The following criteria were used to identify the community health needs for the KFH Modesto Service Area:

- The health need fits the Kaiser Permanente definition of a “health need” as described above.
- The health need was confirmed by multiple data sources (i.e., the health need was identified in both secondary and primary data).
- One or more Indicator(s) related to the health need performed poorly against a defined benchmark (e.g. state average).
- The community prioritized the health need. A health need was prioritized based on the frequency with which key informants and focus groups mentioned the need. A need was only included in the final list of health needs if at least three key informants and/or focus groups identified it as a need.

We reviewed the approximately 120 indicators in the KP CHNA data platform and integrated the secondary and primary data using numerical scores as described below and illustrated in Figure 2.

- Reviewed all indicators grouped by health need in the CHNA data platform.
- Reviewed z scores in the data platform to assess poor performance compared to CA average. If the z score was -1 or lower than the performance was “worse” or “much worse”.
- Reviewed z scores for disparities among ethnic groups. If the z score was -1 or lower disparities were present.
- Organized primary data themes by health need - matched health issues mentioned by Focus Groups/Key Informants to the topics represented by the indicators grouped for each health need in the CHNA data platform.
- Developed scores for divergence from the CA average, disparities and primary data.
- Removed health needs not mentioned by 3 or more focus groups/key informants from the list of needs presented for prioritization.
- Presented needs for prioritization to community residents and leaders.

Figure 2. Health Need Prioritization Flow Chart



## B. Process and criteria used for prioritization of health needs

### Criteria:

Before beginning the prioritization process, KFH Modesto chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.

- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Community prioritizes the health need:** Community residents and leaders expressed that the health need is a top priority.
- **Existing attention/resources dedicated to the issue:** The inventory of assets/primary data identified existing service area programming/organizations to address the health need.
- **Effective and feasible interventions exist:** Evidence based or recognized best practices are available to address the health need.
- **Opportunity to intervene at the prevention level:** The health need can be addressed through upstream strategies.

### **Prioritization Process:**

A process was conducted to rank the health needs into highest, medium and lower priority during a 90-minute meeting. The meeting was attended by 18 community residents recruited by the West Modesto Community Collaborative, a community based non-profit organization that brings together diverse community residents to improve the health and safety of the community. West Modesto was selected as the location for the meeting as this geography is a population center for the KFH Modesto Service Area. Participants included a diverse group with representation from a variety of ages, genders and ethnicities. Ethnic groups represented at the meeting included Latino, Southeast Asian and African American, which are among the KFH Modesto service area subpopulations experiencing health disparities. At the meeting, the primary and secondary data, organized by eleven health needs, were presented and discussed via a gallery walk format. The data scoring was also presented and participants engaged in a multi-voting method (described below) to rank the health needs.

*Multi-voting method:* Participants reviewed the prioritization criteria and were instructed to apply the criteria to vote for their top health needs. Participants took part in two rounds of voting to prioritize the eleven health needs. For the first round, all health needs were listed and participants voted for their top three priority health needs. The three needs that received the most votes were identified as highest priority health needs. The same voting process was used for round two: participants voted for their top three priority health needs among the remaining eight health needs; the three health needs that received the most votes in the second round were identified as medium priority health needs. The remaining five needs were identified as lower priority health needs.

### **C. Prioritized description of all the community needs identified through the CHNA**

The prioritization process resulted in the following grouping of health needs into highest, medium, and lower priority. (Detailed profiles of each health need are found in Appendix C.)

#### **Highest Priority**

- **Obesity/HEAL/Diabetes:** A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly

and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in the KFH Modesto Service Area as compared to the state. Physical inactivity is higher in the KFH Modesto Service Area compared to the state, and disparities are higher among Latinos, and Blacks. Poverty, lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in primary data and confirmed by secondary data.

- **Mental Health:** Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. There are more days of poor mental health among residents in the KFH Modesto Service Area compared to the state. Suicide deaths are also higher among non-Hispanic Whites. Community residents and stakeholders described limited access to providers and services, while linking poor mental health to low incomes, substance abuse, and homelessness.
- **Access to Care:** Access to high quality, culturally competent, affordable healthcare and health services are essential to the prevention and treatment of morbidities and increase quality of life, especially for the most vulnerable. In the KFH Modesto Service area, residents are more likely to be enrolled in Medicaid or other public insurance, which is a factor related to overall poverty rates. Latino and residents identifying as "Other" are most likely to be uninsured. Primary data revealed that immigration status as well as insufficient insurance impact access to care. Lack of transportation and too few providers, particularly specialty care, mental health and dental services, were also discussed by key informants and in the focus groups.

### Medium Priority

- **Economic Security:** Economic security and stability lays the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing. Economic security contributes to good health. It facilitates access to healthcare services, healthy eating, and other factors that play a role in overall wellbeing. KFH Modesto Service Area benchmarks poorly compared to the state on many economic security indicators and there are a significant number of ethnic/racial disparities within the county. Black, Native American/Alaska Native and Latino populations are among those most impacted by poverty. Homelessness, lack of employment, poor recovery post-recession, food insecurity and substance abuse are connected with economic security and were mentioned as important issues by key informants and focus group participants.
- **Substance Abuse/Tobacco:** Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death, with second hand smoke exposure putting people around smokers at risk for the same respiratory diseases as smokers. Substance abuse is linked with community violence, sexually transmitted infections, and teen pregnancies. Tobacco usage and excessive drinking occur at higher rates in the KFH Modesto

Service Area than the state. The prevalence of opioids and over-prescribed pain medication were frequently mentioned in primary data, as was the intersection of substance abuse, poverty and mental illness.

- **Cancers:** Screening and early treatment of cancer saves and prolongs lives. Additionally, preventive measures and reducing behavioral risk factors (e.g., obesity, physical inactivity, smoking, and UV light exposure) can be effective at reducing the incidence of cancer. The overall cancer mortality rate is greater in the KFH Modesto Service Area than the state average, and colon/rectum and lung cancer incidence rates are greater in the KFH Modesto Service Area as compared to the state. Non-Hispanic Whites and Blacks are disproportionately impacted by cancer mortality. Lack of screenings, pesticides/chemicals in farming, and hormones in food were discussed by key informants as contributors to cancer.

### Lower Priority

- **Oral Health:** Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care. Access to dentists and dental insurance coverage are both worse in the KFH Modesto Service Area compared to the state. Oral health was mentioned in primary data collection, but less frequently than other needs. Insufficient insurance coverage and high out of pocket costs, as well as insufficient knowledge of preventive dental care, were mentioned as key concerns by key informants and focus groups. Oral Health ranked as the second lowest health need based on scores developed from primary and secondary data.
- **Violence/Injury Prevention:** Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries. In the KFH Modesto Service Area, Non-Hispanic Whites are disproportionately impacted by motor vehicle crash deaths and the KFH Modesto Service Area also ranks higher for pedestrian accident deaths when compared to the state. Unsafe parks, substance abuse, homelessness and poor mental health, as well as stray dogs were mentioned in primary data as barriers to safety. However, Violence/Injury Prevention ranked in the lower half of health need scores developed from primary and secondary data.
- **CVD/Stroke:** In the United States, cardiovascular disease is the leading cause of death and strokes are the third leading cause of death. These diseases can be prevented and managed through early adoption of healthy behaviors including physical activity, not smoking, and healthy eating. The rate of heart disease and stroke mortality in the KFH Modesto Service Area is higher than the state average. Ethnic/racial groups are disproportionately affected by heart disease and stroke, specifically Non-Hispanic Whites and Blacks. Despite the secondary data findings, CVD/Stroke was only mentioned a few times during primary data collection; high blood pressure, unhealthy food, lack of exercise, obesity, smoking, and limited healthcare provider access were

cited as contributing factors by key informants and focus groups. In addition, CVD/Stroke ranked in the lower half of health need scores developed from primary and secondary data.

- **Climate and Health:** Climate change poses a threat to the health and well-being of current and future generations. Climate change has been linked to vector-borne disease, health related issues, and respiratory diseases. Clean air and water are necessary for health, but rapid climate change contributes to increased drought and poor air quality. Drought severity is worse in the KFH Modesto Service Area compared to the state average. Poor water and air quality were frequently mentioned as a problem in focus groups, and seasonal high temperatures were another climate issue perceived as impacting health for the young and the elderly. However, Climate and Health ranked lowest in the health need scores developed from primary and secondary data.
- **Asthma:** Prevention and management of asthma, by reducing exposures to triggers such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care. While asthma hospitalization rates were higher in the KFH Modesto Service Area than in the state, asthma prevalence was the same as the state. Focus group participants and key informants agreed that asthma was a health concern, with poor air quality, pesticides and smoking impacting this health need. However, Asthma ranked third lowest in the health need scores developed from primary and secondary data.

#### **D. Community resources potentially available to respond to the identified health needs**

The KFH Modesto Service Area contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. Key resources available to respond to the identified health needs of the community are listed in Appendix D Community Resources.

## **VI. KFH Modesto 2016 Implementation Strategy evaluation of impact**

### **A. Purpose of 2016 Implementation Strategy evaluation of impact**

KFH Modesto's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH Modesto's Implementation Strategy Report, including the health needs identified in the facility's 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit ([www.kp.org/chna](http://www.kp.org/chna)). For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH Modesto in the 2016 Implementation Strategy Report.

1. Access to Care and Coverage

2. Healthy Eating Active Living (HEAL)
3. Behavioral Health

KFH Modesto is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH Modesto tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. Kaiser Permanente's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs. As of the documentation of this CHNA Report in March 2019, KFH Modesto had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH Modesto will continue to monitor impact for strategies implemented in 2019.

## **B. 2016 Implementation Strategy evaluation of impact overview**

In the 2016 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2017 and 2018, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

**KFH programs:** From 2017-2018, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
- **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services,

medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

- **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
- **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
- **Research:** Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes

**Grantmaking:** For 70 years, Kaiser Permanente has shown its commitment to improving community health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2017-2018, KFH Modesto awarded 204 grants amounting to a total of \$19,247,341.06 in service of 2016 health needs. Additionally, KFH Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH Modesto Service Area. During 2017-2018, a portion of money managed by this foundation was used to award 2 grant totaling \$9,449.40 in service of 2016 health needs.

**In-kind resources:** In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH Modesto leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report below.

**Collaborations and partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2017-2018, KFH Modesto engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health

needs. Examples of collaborations and partnerships are included in the section of the report below.

## C. 2016 Implementation Strategy evaluation of impact by health need

### KFH Modesto Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Access to Care and Coverage	Kaiser Permanente awarded 59 grants totaling \$17,267,948.34 that address Access to Care in the KFH Modesto service area	<p><u>KP Medicaid and Charity Care:</u> In 2017 and 2018 KP served 63 and 52 Medi-Cal members respectively totaling \$5,174,742.14 worth of care. KP also provided a total of \$11,092,867.92 of Medical Financial Assistance (MFA) to 3,685 individuals in 2017 and 4,657 individuals in 2018.</p> <p><u>PHASE:</u> Over the course of three years (2017-2019), Golden Valley Health Centers (GVHC) is the recipient of a \$150K grant to support the successful use of PHASE among clinic sites. Strategies include strengthening team-based care and supporting that work through the development of strong standing orders/work flows, as well as implementing a QI coaching model to support individual sites. GVHC is reaching over 20,000 patients through PHASE. 85% of their patients with diabetes and 71% of their patients with hypertension have their blood pressure controlled.</p> <p><u>Social Non-Medical Services:</u> United Way of Stanislaus County was awarded a \$90,000 grant to support the 2-1-1 project, which provides referrals and access to social service programs 24/7 in Stanislaus County for more than 10,000 individuals who dial 211 from their phones or access the online database.</p> <p><u>Access to Healthcare:</u> Catholic Charities Diocese of Stockton was awarded a \$37,500 grant (split between KFH Modesto and KFH Manteca) to assist 462 families eligible for Medi-Cal coverage with application assistance, enrollment, and retention of benefits.</p>
Healthy Eating Active Living	Kaiser Permanente awarded 41 grants totaling \$906,140.47 that address Healthy Eating Active Living in the KFH Modesto service area	<p><u>Access to healthy, affordable foods:</u> Center for Human Services was awarded a \$95,000 grant to conduct CalFresh outreach and enrollment for up 2,500 low-income rural, immigrant, and senior residents through family resource centers in Turlock, Ceres, Newman, Patterson, Oakdale, and their surrounding communities. To date, staff have screened 902 households for food insecurity, assisted with 36 CalFresh applications and helped 62 households complete semi-annual reports in order to maintain benefits.</p> <p><u>Parks:</u> Stanislaus County Health Services Agency was awarded a \$75,000 grant to create a 1-mile recreational trail with outlooks, seating, kiosks, drinking water, ADA restrooms and parking, solar LED lighting, cameras, event area, and native trees and plants at Laird Regional Park. The goal is to increase opportunities for physical activity for an estimated 530,000 individuals.</p> <p><u>Parks:</u> Stanislaus County Police Activities League was awarded a \$85,000 grant to create an ADA-compliant playground at Laird Regional Park that will increase opportunities for physical activity for an estimated 530,000 individuals.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		<p><u>Access to free, safe drinking water:</u> Sylvan Union School District received a grant for \$75,000 to install ADA-compliant filtered water stations for refilling water bottles at 13 school sites throughout the district, impacting 8,235 students and 900 staff members.</p> <hr/> <p><u>Access to physical activity:</u> Healthy Aging Association was awarded a \$30,000 grant to reduce fall risks for 800 adults 50 and older by increasing nutritional awareness and physical activity levels.</p>
Mental Health and Wellness	Kaiser Permanente awarded 24 grants totaling \$607,401.87 that address Mental Health and Wellness in the KFH Modesto service area	<p><u>Stigma Reduction:</u> Stanislaus Multi-Cultural Community Health Coalition West Modesto/King Kennedy Neighborhood Collaborative was awarded a \$90,000 grant to support culturally and linguistically appropriate stigma reduction efforts in West Modesto, targeting more than 450 youth and faith-based communities through presentations, peer education, and direct mental health services.</p> <hr/> <p><u>Access to behavioral health services:</u> Sierra Vista Child and Family Services was awarded a \$74,859.28 grant to support the Neighborhood Connections for Southeast Stanislaus program that will increase access to culturally competent mental health counseling and outreach for 1,400 uninsured individuals 6 to 17.</p> <hr/> <p><u>Access to behavioral health services:</u> Sierra Vista Child and Family Services was awarded a \$74,532.70 grant to support the West Modesto Mental and Behavioral Health program that will connect 1,400 individuals to mental health and prevention services in South East Stanislaus County.</p> <hr/> <p><u>Prevention and support:</u> Stanislaus Multi-Cultural Community Health Coalition West Modesto/King Kennedy Neighborhood Collaborative was awarded a \$90,000 grant to support the Mental Wellness for Children and Families Initiative, which supports culturally and linguistically competent services for mild to moderate behavioral challenges for 150 individuals.</p>

## **VII. Appendix**

- A. Secondary Data Sources and Dates
  - i. Kaiser Permanente CHNA Data Platform secondary data sources
- B. Community Input Tracking Form
- C. Health Need Profiles
- D. Community Resources
- E. Other - Key Informant Interview Guide
- F. Other – Focus Group Screener and Guide
- G. Other– Prioritization and Scoring Methodology

## Appendix A. Secondary data sources and dates

### *i. Secondary sources from the Kaiser Permanente CHNA Data Platform*

Source	Dates
1. American Community Survey	2012-2016
2. American Housing Survey	2011-2013
3. Area Health Resource File	2006-2016
4. Behavioral Risk Factor Surveillance System	2006-2015
5. Bureau of Labor Statistics	2016
6. California Department of Education	2014-2017
7. California EpiCenter	2013-2014
8. California Health Interview Survey	2014-2016
9. Center for Applied Research and Environmental Systems	2012-2015
10. Centers for Medicare and Medicaid Services	2015
11. Climate Impact Lab	2016
12. County Business Patterns	2015
13. County Health Rankings	2012-2014
14. Dartmouth Atlas of Health Care	2012-2014
15. Decennial Census	2010
16. EPA National Air Toxics Assessment	2011
17. EPA Smart Location Database	2011-2013
18. Fatality Analysis Reporting System	2011-2015
19. FBI Uniform Crime Reports	2012-14
20. FCC Fixed Broadband Deployment Data	2016
21. Feeding America	2014
22. FITNESSGRAM® Physical Fitness Testing	2016-2017
23. Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24. Health Resources and Services Administration	2016
25. Institute for Health Metrics and Evaluation	2014
26. Interactive Atlas of Heart Disease and Stroke	2012-2014
27. Mapping Medicare Disparities Tool	2015
28. National Center for Chronic Disease Prevention and Health Promotion	2013
29. National Center for Education Statistics-Common Core of Data	2015-2016
30. National Center for Education Statistics-EDFacts	2014-2015
31. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32. National Environmental Public Health Tracking Network	2014
33. National Flood Hazard Layer	2011
34. National Land Cover Database 2011	2011

Source	Dates
35. National Survey of Children's Health	2016
36. National Vital Statistics System	2004-2015
37. Nielsen Demographic Data (PopFacts)	2014
38. North America Land Data Assimilation System	2006-2013
39. Opportunity Nation	2017
40. Safe Drinking Water Information System	2015
41. State Cancer Profiles	2010-2014
42. US Drought Monitor	2012-2014
43. USDA - Food Access Research Atlas	2014

## Appendix B. Community input tracking form

	Data collection method	Title/ Organization	Number	Target group(s) represented	Role in target group	Date input gathered
1	Key Informant Interview	Director of Public Health, Health Services Agency Stanislaus	1	Health Department	Leader	6/22/18
2	Key Informant Interview	Public Health Officer, Health Services Agency Stanislaus	1	Health Department	Leader	6/28/18
3	Key Informant Interview	CEO, Golden Valley Health Centers	1	Health Care Sector	Leader	7/31/18
4	Key Informant Interview	Director of Prevention Program, Stanislaus County Office of Education	1	Minority, medically underserved, and low income	Leader	6/20/18
5	Key Informant Interview	Director, County Behavioral Health Services	1	Minority, medically underserved, and low income	Leader	7/3/18
6	Key Informant Interview	Executive Director, Center for Human Services	1	Minority, medically underserved, and low income	Leader	6/22/18
7	Key Informant Interview	Executive Director, Sierra Vista & Family Services	1	Minority, medically underserved, and low income	Leader	6/25/18
8	Key Informant Interview	Executive Director, First 5 Stanislaus County	1	Minority, medically underserved, and low income	Leader	6/28/18

	Data collection method	Title/ Organization	Number	Target group(s) represented	Role in target group	Date input gathered
9	Key Informant Interview	Deputy Executive Officer, Stanislaus County Chief Executive Office - Focus on Prevention	1	Minority, medically underserved, and low income	Leader	7/13/18
10	Key Informant Interview	Executive Director, West Modesto King Kennedy Center	1	Minority, medically underserved, and low income	Leader	7/13/18
11	Focus group	Central Valley Pride Center (English)	10	Minority, medically underserved, and low income	Member	7/28/18
12	Focus group	Center for Human Services - Family Resource Center - Ceres Partnership (Spanish speaking)	14	Minority, medically underserved, and low income	Member	7/31/18
13	Focus group	Center for Human Services - Family Resource Center - Paterson Family Resource Center (Spanish speaking)	10	Minority, medically underserved, and low income	Member	8/6/18
14	Focus group	Healthy Aging Association (English)	11	Minority, medically underserved, and low income	Member	7/20/18
15	Focus group	Sierra Vista - Family Resource Center - Hughson Family Resource Center (Spanish)	11	Minority, medically underserved, and low income	Member	7/12/18
16	Focus group	Sierra Vista - Family Resource Center - Bridge Family Resource Center (Hmong/Cambodian/Laotian)	12	Minority, medically underserved, and low income	Member	8/10/18

	Data collection method	Title/ Organization	Number	Target group(s) represented	Role in target group	Date input gathered
17	Focus group	Kaiser Permanente Leaders Business/ Elected Officials	6	Health Care/ Government	Leader	9/17/18
18	Prioritization Meeting	Modesto community residents and CBO representatives	18	Minority, medically underserved, and low income	Member	11/29/18

## Appendix C. Health Need Profiles

### Health Needs Profiles Overview

Presented below are profiles of county level health across 11 categories of key needs and indicators:

- Obesity/Healthy Eating Active Living/Diabetes
- Mental Health
- Access to Care
- Economic Security
- Substance Abuse/Tobacco
- Cancers
- Oral Health
- Violence/Injury Prevention
- Cardiovascular Disease/Stroke
- Climate and Health
- Asthma

The health needs profiled each meet the following criteria:

- Meets the Kaiser Permanente definition of a health need (either a poor health outcome and its associated driver, or a health driver that is associated with a poor health outcome that hasn't yet itself arisen as a need).
- The health need is confirmed by multiple data sources.
- Several indicator(s) related to the health need perform(s) poorly against a state benchmark.
- The community prioritized the health need; at least three key informants and/or focus groups identified the need as a high or medium priority.

Maternal and Infant Health and HIV/AIDS/STDs are two health needs for which secondary data was available, but were not identified as high or medium needs during KFH Modesto primary data collection. Gout and Alzheimer's are two health issues that arose during primary data collection (each issue was mentioned one time), however did not meet the Kaiser Permanente definition of a health need and are not included in the profiles below.

Each profile contains a rationale for why the particular issue is a critical health need; key findings that surfaced from both primary (qualitative) and secondary (quantitative) data analyses; as well as descriptions of demographic populations disproportionately impacted by the health need. The findings include prevalence/incidence rates for health outcomes that pertain to the need in comparison to statistics for the State of California. In addition, we list contributing factors. Following the legend shown below, instances where the county performs markedly worse than state level averages are noted. Indicators for which there were ethnic disparities within the county are also noted.

- **Yellow**: Indicates disparity for particular ethnic group(s) as compared with KFH Modesto Service Area averages
- **Blue**: Indicates where KFH Modesto Service Area outcomes are notably worse than State of California averages (elevated z score)
- **Orange**: Indicates both presence of ethnic disparity and where KFH Modesto Service Area outcomes are notably worse than State of California averages (elevated z score)

## Obesity/Healthy Eating, Active Living/Diabetes

### Rationale: Why this is a Critical Health Need

A healthy lifestyle that includes good nutrition and regular physical activity improves overall physical and mental health, thus reducing risk of negative health outcomes such as obesity, diabetes, cardiovascular disease, cancer, and stroke.

### Key Findings Across KFH Modesto Service Area

- Rates of obesity are high in the KFH Modesto Service Area when compared to state levels. Adults have an obesity rate that is 9 percentage points higher than the state average and the county’s youth obesity rate is 4 percentage points higher than that of the state.
- Diabetes prevalence in the KFH Modesto Service Area is also greater than state averages.
- When compared to the rest of the state, the KFH Modesto Service Area compares poorly on many of the factors that contribute to obesity and diabetes rates, including physical inactivity among youth and adults, SNAP benefit enrollment, and the Food Environment Index, a measure of affordable, close, and nutritious food retailers in a community.

Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Obesity (Adult)	36%	27%	Physical Inactivity (Youth)	44%	38%
Obesity (Youth)	24%	20%	SNAP Benefits	16%	9%
Diabetes Management (Hemoglobin A1c Test)	83%	82%	Food Environment Index	7	8
Diabetes Prevalence	10%	9%	Physical Inactivity (Adult)	20%	17%
			Driving Alone to Work	80%	73%
			Food Insecurity	15%	13%
			Walkable Destinations	17%	29%
			Exercise Opportunities	92%	94%
			Healthy Food Stores (Low Access)	12%	13%
			Grocery Stores and Produce Vendors	3	2
			Children Walking or Biking to School	56%	39%
			Soft Drink Consumption	18%	18%

**Legend**

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

### Populations Disproportionately Impacted

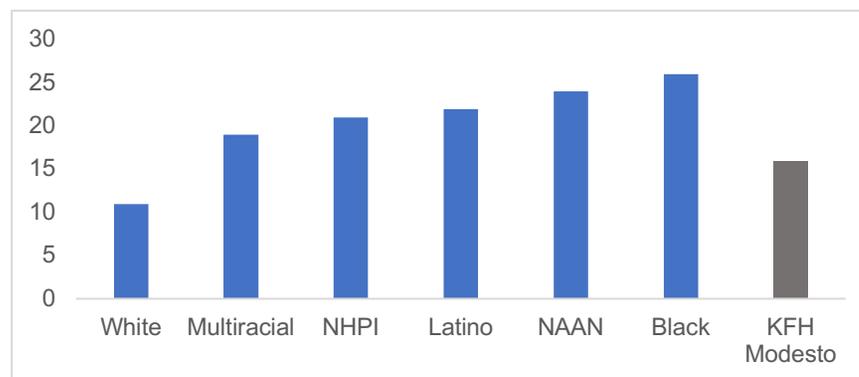
- Black residents have worse rates of diabetes management when compared to the rest of the county.

- Non-Hispanic Native Hawaiian/Pacific Islander (NHPI), Black and Latino youth have higher rates of physical inactivity.
- Black, Latino, Native American/Alaskan Native (NAAN) and residents who selected the “Other” racial/ethnic category have the highest rates of SNAP participation, which is an indicator associated with poverty.
- Obesity disproportionately affects Non-Hispanic Black adults, and Non-Hispanic Native Hawaiian/Pacific Islander youth.

### Primary Data: What Community Stakeholders Say About this Health Need

- Obesity/HEAL/diabetes was identified by almost all focus groups (5 out of 6) as a top health need and was mentioned by all key informants as a health need (half of the key informants stated it was a top health need).
- The majority of key informants that identified obesity as a top priority stated low-income populations are more affected.
- A major factor contributing to obesity/HEAL/diabetes that was mentioned in the majority of the focus groups was the affordability of healthy food and physical activity opportunities. Healthy food and organized physical activity opportunities are available but are often too expensive.
- Focus group participants and key informants identified the following other factors as contributing to obesity/HEAL/diabetes: High prevalence of cheap unhealthy food; poverty; low education levels in community; and unhealthy food in schools.

**Percent SNAP Enrollment**



### Community Resident and Key Informant Voices:

*"I cannot go to any farmers' market because I work all day...During the time when they're having these farmers' markets, you can't go." – Central Valley Pride Focus Group Participant*

*"People are stressed and struggling to survive and they don't have access to healthy food. When using food stamps, they are trying to get the most calories they can get, so they are buying prepacked unhealthy 'not good for you' food." – Key Informant*

## Mental Health

### Rationale: Why this is a Critical Health Need

Mental health and well-being provide people with the basis from which to cope with and manage life’s stressors and difficulties, allowing for improved personal wellness, meaningful social relationships, and productive contributions to communities.

### Key Findings Across KFH Modesto Service Area

- KFH Modesto Service Area residents are more likely to self-report mentally unhealthy days per month compared to their counterparts across the state.
- The percentage of residents who seriously considered suicide is similar in the KFH Modesto Service Area compared to the state.
- Depression among Medicare beneficiaries is also similar in the county as compared to state benchmarks.

Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Suicide Deaths	10	10	Mental Health Providers	172	289
Poor Mental Health Days	4	3	Social and Emotional Support (Insufficient)	23%	25%
Deaths by Suicide, Drug or Alcohol Poisoning	42	34	Social Associations	6	7
Depression Among Medicare Beneficiaries	15%	14%			
Seriously Considered Suicide	10%	10%			

Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

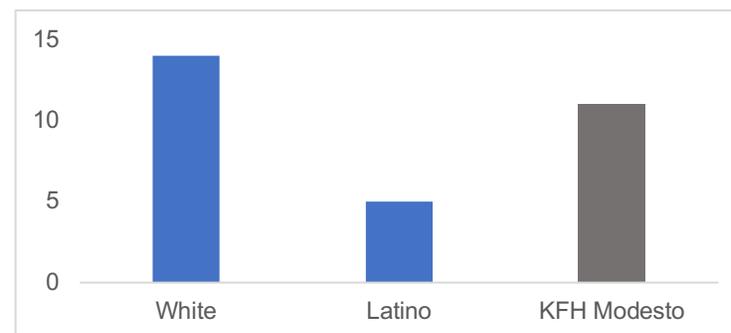
## Populations Disproportionately Impacted

- Non-Hispanic whites experience a higher rate of suicide deaths compared to other populations across the KFH Modesto Service Area.

## Primary Data: What Community Stakeholders Say About this Health Need

- Mental health was identified as a top health need in all focus groups.
- Mental health was cited by all key informants as a top health need (7) or as a medium health need (3).
- Over a third of key informants described limited access to mental health providers and services in the county.
- Key informants mentioned that mental health issues cut across all races/ethnicities, but that mental health “is seen as a taboo subject” among Latinos.
- Half of key informants said low-income populations are more affected by mental health issues and 25% linked mental health to homelessness.
- Mental health issues are prevalent across the age spectrum—from anxiety and ADHD in the young to depression in the elderly. Elderly Hmong suffer from PTSD due to the Cambodian Civil war and life under the Khmer Rouge regime.
- Focus group participants and key informants identified the following factors as contributing to mental health issues: substance abuse; violence; bullying; poverty/homelessness; stress; lack of services/providers; lack of transit to services; undocumented status; poverty/homelessness; trauma from war/conflict (elderly Hmong); lack of social interaction (older adults); racism; transphobia; stigma; and social media/screen time (youth)

**Suicide Death Rate (per 100,000)**



### Community Resident and Key Informant Voices:

*“My son suffered the last year from bullying. He is only five years old. He stayed in the car and didn't want to go to the school.” – Patterson Focus Group Participant*

*“We have hundreds of people on the waiting lists for mental health treatment and substance abuse treatment.” – Key Informant*

*“A big factor that contributes to mental health issues among young people is social media. It causes a lot of anxiety and stress with young people.” – Key Informant*

## Access to Care

### Rationale: Why this is a Critical Health Need

Access to high quality, culturally competent, affordable healthcare and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable communities.

### Key Findings Across KFH Modesto Service Area

- Compared to state benchmarks, the KFH Modesto Service Area compares similarly on both outcomes associated with access to care.
- The KFH Modesto Service Area ranks higher than the state in terms of the percentage of the population enrolled in Medicaid or other public insurance, which is a factor related to overall poverty rates within the county.
- While the difference is not significant, the KFH Modesto service area has fewer primary care physicians per capita than state averages.

Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
30-Day Readmissions	15%	14%	Uninsured Population	12%	13%
Recent Primary Care Visit	77%	73%	Medicaid/Public Insurance Enrollment	32%	22%
			Primary Care Physicians	67	78
			Federally Qualified Health Centers	4	3

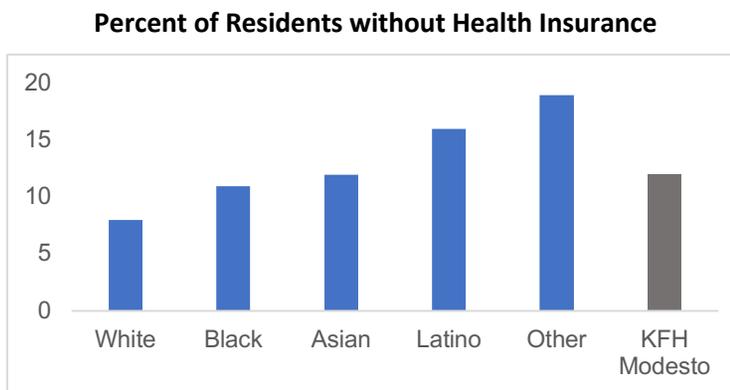
Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

## Populations Disproportionately Impacted

- Individuals who identified their racial identity as Other were most likely to be uninsured in the KFH Modesto Service Area.
- Latino populations are also more likely to be uninsured than other racial/ethnic groups in the county.

## Primary Data: What Community Stakeholders Say About this Health Need

- One focus group identified access to care as a top health need and five focus groups identified access to care as a medium health need. Despite the fact that only one group stated that it was a top health need, access to care was one of the most dominant issues discussed across the focus groups. For example, in some focus groups the majority of time was spent discussing access to care.
- Key informants were split about whether access to care is a top health need. Two key informants stated that access to care remains a top priority and three mentioned it as a medium priority. Four key informants stated that access to care has improved.
- Those that consider access to care a top health need mentioned the following contributing factors: provider shortages, lack of access to specialty care and mental health services, uninsurable undocumented immigrants, and transportation issues.
- Those that stated that access to care has improved mentioned that the Affordable Care Act, an increase in Medi-Cal coverage, and an increase in availability of health centers/clinics have made access to care less of a top priority.



### Community Resident and Key Informant Voices:

*“My father has not gone to a medical appointment in Modesto for a month. He has Medi-Cal but in order to get free transportation, he needs to be in a wheelchair, otherwise, he has to pay.” –Patterson Focus Group Participant*

*“The Affordable Care Act has helped create an environment where more people are on Medi-Cal than ever before, so uninsured numbers are down more than ever before, which is really helpful.” –Key Informant*

*“We need more doctors and...since we’re no longer rural, there’s no financial incentive for the doctors to work and get their loan written off.” – Elected Official Representative*

## Economic Security

### Rationale: Why this is a Critical Health Need

Economic security and stability lay the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing.

### Key Findings Across KFH Modesto Service Area

- The KFH Modesto Service Area has a greater unemployment rate as compared to the state.
- The percentage of students suspended and rate of expulsion are both higher for the KFH Modesto Service Area compared to the state.
- Other drivers of health that closely relate to economic security, including adults holding degrees from higher education institutions, children’s enrollment in preschool, and reading proficiency also benchmark poorly compared to the state.

Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Children Below 100% FPL	25%	22%	Adults with No High School Diploma	24%	40%
Population Below 100% FPL	18%	16%	Adults with an Associate's Degree or Higher	23%	18%
Unemployment	6%	4%	Expulsions	.2	.1
			Preschool Enrollment	39%	49%
			Reading Proficiency	30%	40%
			Suspensions	11%	6%
			Children in Single-parent Households	34%	32%
			Free and Reduced-Price Lunch	67%	59%
			High Speed Internet	92%	95%
			Housing Problems	43%	46%
			On-Time High School Graduation	85%	83%
			Opportunity Index	47	52
			Adults with Some Post-Secondary Education	52%	64%
			Banking Institutions	2%	3%
			Segregation Index	.3	.4
			Severe Housing Problems	25%	27%
			Cost Burdened Households	40%	43%
			Uninsured Children	4%	10%
			Young People Not in School and Not Working	10%	8%

Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

## Populations Disproportionately Impacted

- Latino adults and those identifying as “Other” are least likely to have a high school diploma, an indicator associated with poverty and economic security.
- Many racial/ethnic groups are disproportionately impacted by poverty. Native Americans/Alaska Natives (NAAN) and Blacks have the highest percentage of children living in poverty.
- Native Americans/Alaska Natives have the highest percentage of adults living in poverty.

## Primary Data: What Community Stakeholders Say About this Health Need

- The majority of key informants stated that economic security issues cut across all races and ethnicities.
- Economic security was mentioned in all focus groups but discussed at length in one focus group.
- LGBTQ individuals face issues with employment, transportation and homelessness. LGBTQ individuals do not feel safe in homeless shelters and there is often a gender divide for bunks, which makes it difficult for trans people.
- Focus group participants and key informants identified the following factors as contributing to economic security: unemployment/ limited employment opportunities; mental health; lack of transportation; substance abuse; lack of affordable housing; and poor recovery from the recession.

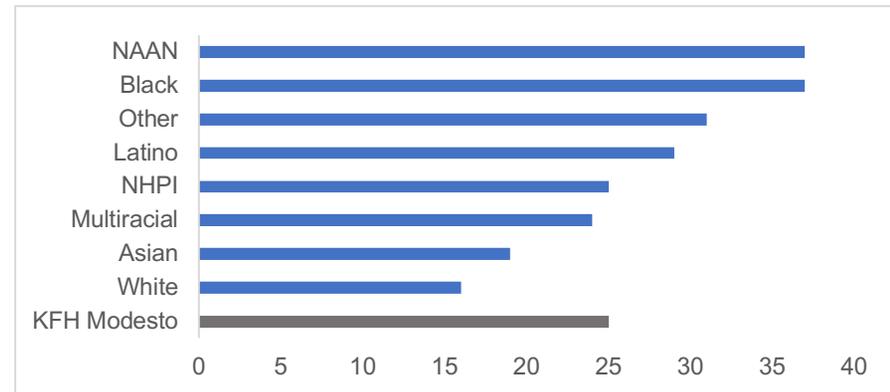
### Community Resident and Key Informant Voices:

*“[Trans people] don't have the ability to get a job because a lot of places won't hire them... they are beginning their transition or they are dealing with internal stuff that's going on, so they don't or they're not able to get jobs.” – Central Valley Pride Focus Group Participant*

*“Lack of proper housing is at the root of a lot of health care issues. We don't have enough affordable houses for the working poor, non-working and other low-income people.” –Key Informant*

*“The homeless population is in every single one of our districts, we have 11. It's in every one of our districts.” –Elected Official Representative*

Percent of Children in Poverty



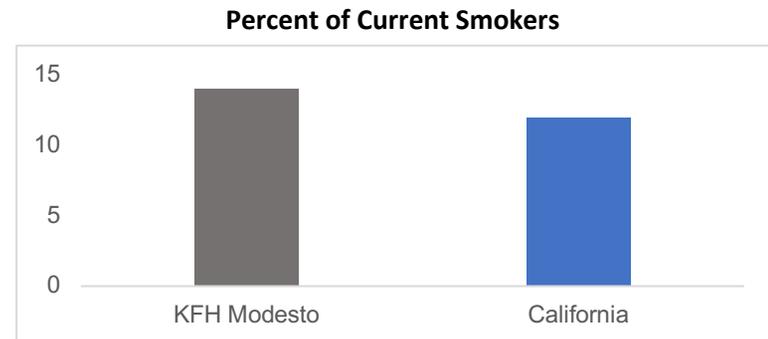
## Substance Abuse/Tobacco

### Rationale: Why this is a Critical Health Need

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death as it can cause multiple diseases, and second-hand smoke exposure puts people around smokers at risk for the same respiratory diseases as smokers. Substance abuse is linked with mental and physical illness and mortality, community violence, sexually transmitted infections, and teen pregnancies.

### Key Findings Across KFH Modesto Service Area

- Tobacco usage is higher in the KFH Modesto Service Area compared to the state.
- Excessive drinking rates are higher in the KFH Modesto Service Area when compared to the state.
- While the differences are not statistically significant, opioid prescription drug claims are slightly higher in the KFH Modesto Service Area compared to the state.



Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Impaired Driving Deaths	28%	29%	Current Smokers	14%	12%
			Excessive Drinking, CA	40%	33%
			Beer, Wine, and Liquor Stores	1	1
			Opioid Prescription Drug Claims	8	7

**Legend**

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

### Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for tobacco/substance abuse contributing factors or health outcomes.

## Primary Data: What Community Stakeholders Say About this Health Need

- Most focus groups identified substance abuse as a health need. Two groups identified substance abuse as a top health need and three as a medium health need.
- The majority of key informants identified substance abuse as a top health need. Two identified smoking as a top need; others talked about opioids, marijuana, alcohol, and meth as health needs.
- The majority of key informants stated substance abuse is a larger problem among low-income populations, but all income levels are affected, especially by opioids.
- Over half of the key informants discussed the intersection between substance abuse, economic security and mental illness.
- Participants in half of the focus groups mentioned that the legalization of marijuana has created problems for them in parks and other public spaces where marijuana is smoked. Parks feel unsafe due to individuals under the influence of marijuana and smoking marijuana in public places is perceived to cause respiratory issues.
- Older adult focus group participants noted that medical providers overprescribe pain medications/drugs.
- Focus group participants and key informants identified the following factors as contributing to substance abuse: high availability; lack of enforcement of drug rules in schools; stress/lack of coping skills; violence/domestic abuse; mental health; and economic security.

### *Community Resident and Key Informant Voices:*

*“Because of this legalization [of marijuana]...my child sees behaviors that are not so good...The park is beautiful, but it is no longer healthy for the family to be there.” – Ceres Focus Group Participant*

*“I don’t feel that a lot of the doctors really address issues of depression and drug dependence with seniors...sometimes, we mix the wrong medication, we don’t have somebody overseeing what we’re doing.”—Healthy Aging Focus Group Participant*

*“Poverty is such a stress factor. They are looking for any way to cope and survive and turn to various substances.”—Key Informant*

## Cancers

### Rationale: Why this is a Critical Health Need

Cancer is one of the most prevalent diseases and leading causes of death. However, regular screening, early detection, and prompt treatment of cancer prolongs and saves lives. Additionally, preventative measures and avoidance of behavioral risk factors (e.g., obesity, physical inactivity, smoking, poor nutrition, and UV light exposure) can be effective at reducing incidence of cancer.

### Key Findings Across KFH Modesto Service Area

- Overall, cancer mortality is greater in the KFH Modesto Service Area as compared to the state.
- Colon/rectum cancer incidence rates are greater in the KFH Modesto Service Area than in the state.
- Lung cancer incidence is higher in the KFH Modesto Service Area compared to the state.

Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Cancer Deaths	168	147	Breast Cancer Screening (Mammogram)	61%	60%
Colon and Rectum Cancer Incidence	42	37			
Lung Cancer Incidence	54	45			
Breast Cancer Incidence	116	121			
Prostate Cancer Incidence	92	109			

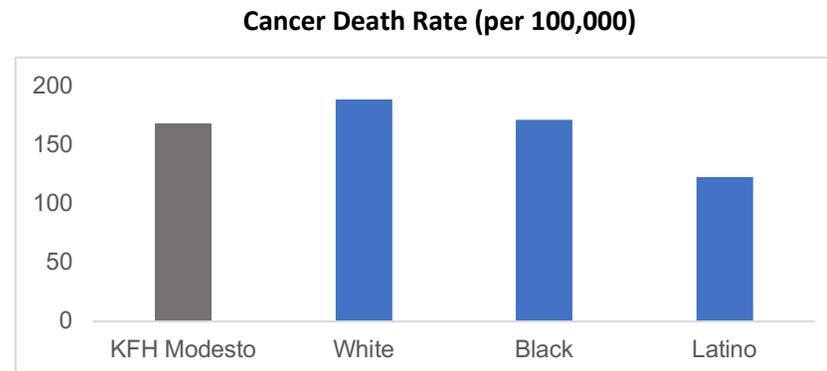
Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

### Populations Disproportionately Impacted

- Non-Hispanic Whites are more likely to die from cancer than other racial/ethnic groups in the County.

### Primary Data: What Community Stakeholders Say About this Health Need

- Cancer was not discussed in depth in most focus groups.
- Cancer was only mentioned once by one key informant.
- Focus group participants identified the following factors as contributing to cancer: lack of early detection programs, pesticides/chemicals used in agriculture, and hormones in food.



### Community Resident and Key Informant Voices:

*“A lot of people don’t want to drink milk anymore because it has so many hormones, and that also causes cancer and poor health.” –Ceres Focus Group Participant*

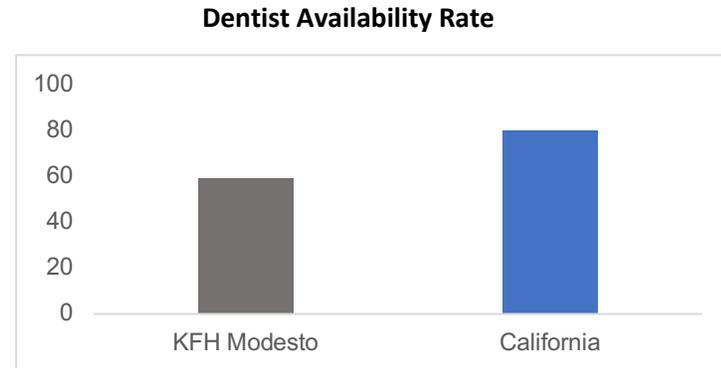
## Oral Health

### Rationale: Why this is a Critical Health Need

Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care.

### Key Findings Across KFH Modesto Service Area

- Approximately 14 percent of the KFH Modesto Service Area’s population has poor dental health, meaning that they have had six or more permanent teeth removed due to decay or infection.
- There is more limited access to dentists in the KFH Modesto Service Area relative to the population, as compared to the state.
- Recent dental exams among youth are slightly lower in the KFH Modesto Service Area compared to the state although this was not a statistically significant difference.



Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Poor Dental Health	14%	n/a	Dentists	59	80
			Dental Insurance Coverage	46%	39%
			Health Professional Shortage Area - Dental	0%	13%
			Recent Dental Exam (Youth)	85%	87%
			Soft Drink Consumption, CA	18%	18%

Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

### Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for oral health indicators.

### Primary Data: What Community Stakeholders Say About this Health Need

- Oral/dental health was mentioned by one key informant as a health need; this key informant called for education on dental disease prevention to “*fend off all the downstream consequences*” related to oral health.
- Oral health/dental care was mentioned in 4 out of 6 focus groups.
- Dental coverage was the primary issue discussed. Insurance (including Medi-Cal) does not cover all services needed and there are a lot of out of pocket expenses for dental care.
- Some focus group participants reported going to Mexico for treatment, others put off treatment.

#### *Community Resident and Key Informant Voices:*

*“The insurance charges you, and then [the dentist] charges you thousands of dollars...it isn’t \$100 or \$200, it’s \$1,000, \$2,000 or \$3,000.” – Ceres Focus Group Participant*

## Violence/Injury Prevention

### Rationale: Why this is a Critical Health Need

Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

### Key Findings Across KFH Modesto Service Area

- Motor vehicle crashes are more frequent in the KFH Modesto Service Area, compared to the state.
- Pedestrian accident deaths are higher in the County when compared to state benchmarks.
- While not statistically significant, the rate of violent crimes is higher in the KFH Modesto Service Area compared to the state average.

Factors that Contribute to Health Outcomes					
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Motor Vehicle Crash Deaths	14	9	Violent Crimes (per 100,000)	535	403
Pedestrian Accident Deaths	3	2			
Domestic Violence Hospitalizations	9	5			
Injury Deaths	57	47			

Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

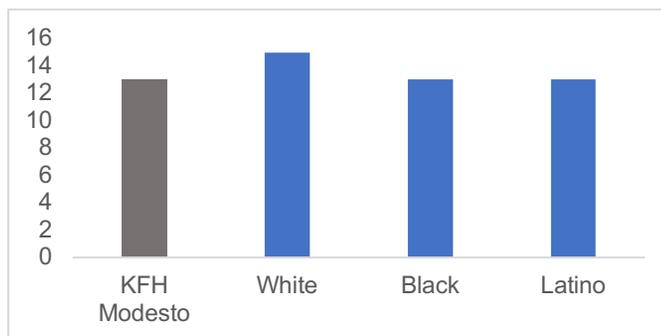
## Populations Disproportionately Impacted

- Non-Hispanic whites are most likely to experience mortality as a result of a motor vehicle crash.
- Non-Hispanic Blacks and Latinos are also disproportionately affected by motor vehicle crash deaths.

## Primary Data: What Community Stakeholders Say About this Health Need

- Issues around safe neighborhoods, streets, and parks came up in more than a quarter of the focus groups and key informant interviews.
- Human trafficking, self-harm, suicide, bullying, and domestic violence were also mentioned as forms of violence in the county.
- Participants in the healthy aging focus group mentioned that fall prevention was an important health issue for some older adults.
- Focus group participants and key informants identified the following factors as contributing to violence/injury prevention: lack of safe streets and parks; stray dogs; substance abuse; mental health; and homelessness.

**Motor Vehicle Crash Deaths (per 100,000)**



### *Community Resident and Key Informant Voices:*

*“We need lighting in the streets to walk. Many times you try to get home before it gets dark because there are no lights.” –Hughson Focus Group Participant*

*“Access to safe places to exercise. I can’t imagine walking my dog in some of neighborhoods I visit.” – Key Informant*

## Cardiovascular Disease/Stroke

### Rationale: Why this is a Critical Health Need

In the United States, cardiovascular disease is the leading cause of death and strokes are the third leading cause of death. These diseases can be prevented and managed through early adoption of preventative measures and lifestyle changes that include maintenance of healthy weight, regular physical activity, not smoking, and healthy eating.

### Key Findings Across KFH Modesto Service Area

- There is a higher rate of stroke hospitalization in the KFH Modesto Service Area compared to the state.
- Both heart disease and stroke mortality in the KFH Modesto Service Area are higher than the state.

Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Heart Disease Deaths	143	99	High Blood Pressure Management	70%	n/a
Stroke Deaths	43	35			
Stroke Hospitalizations	8	7			
Heart Disease Hospitalizations	13	11			
Heart Disease Prevalence	25%	24%			
Stroke Prevalence	4%	4%			

Legend	
<span style="color: blue;">■</span>	Worse than state
<span style="color: yellow;">■</span>	Ethnic disparities
<span style="color: orange;">■</span>	Worse than state and ethnic disparities

## Populations Disproportionately Impacted

- Non-Hispanic whites and Non-Hispanic Blacks are disproportionately affected by heart disease mortality.
- Non-Hispanic Blacks are most impacted by stroke mortality compared to other racial/ethnic groups within the county.

## Primary Data: What Community Stakeholders Say About this Health Need

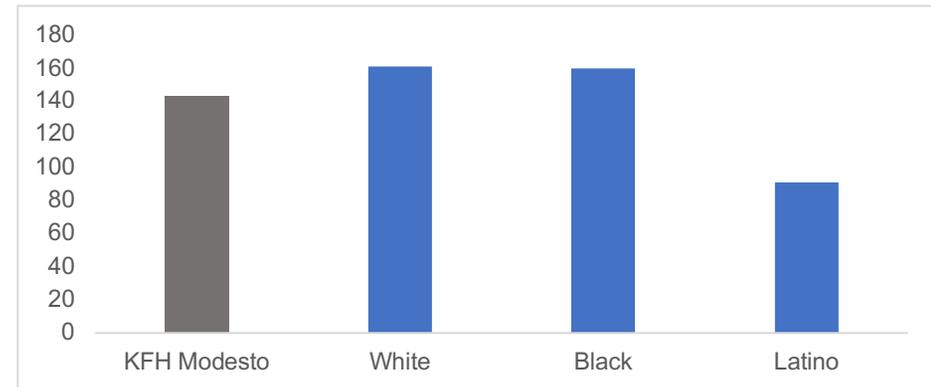
- Hypertension and heart disease were discussed as health issues in the Hmong focus group.
- CVD/Stroke was mentioned a few times by key informants and mostly in the context of chronic disease in general.
- Focus group participants and key informants identified the following factors as contributing to CVD/Stroke: unhealthy food; lack of exercise; smoking; high blood pressure; lack of prevention programs; and lack of providers.

### Community Resident and Key Informant Voices:

*“Prevention activities can be done and we are limited on resources. There is a lot of health illiteracy and not understanding healthy behaviors. It also goes back to not having enough providers.” –Key Informant*

*“California puts out rankings on mortality and Stanislaus is 58th of 58 counties in heart disease.” –Key Informant*

Heart Disease Deaths (per 100,000)



# Climate and Health

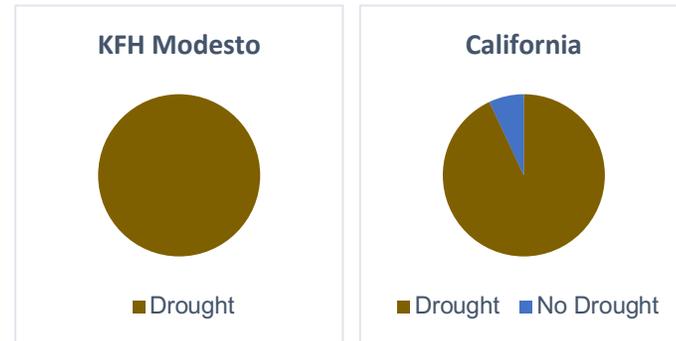
## Rationale: Why this is a Critical Health Need

Climate change poses a threat for the health and well-being of current and future generations. Climate change has been linked to vector-borne disease, health related issues, and respiratory diseases. Clean air and water are necessary for health, but rapid climate change contributes to increased drought and poor air quality.

## Key Findings Across KFH Modesto Service Area

- Drought severity is higher in the KFH Modesto Service Area relative to the state benchmark.
- While not statistically significant, the KFH Modesto Service Area has more fatal impacts of climate change when compared with the state.
- Though not statistically significant, the KFH Modesto Service Area has a higher percentage of days with temperatures over 100 degrees compared to the state.

Percentage of Time Spent in Drought (2012-14)



Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Climate-Related Mortality Impacts	10%	8%	Drought Severity	100%	93%
			Drinking Water Violations	1	1
			Flood Vulnerability	2%	4%
			Heat Index	7%	3%
			Public Transit Stops	33%	17%
			Road Network Density	2	2
			Tree Canopy Cover	11%	8%

**Legend**

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

## Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for climate and health indicators.

## Primary Data: What Community Stakeholders Say About this Health Need

- Air quality was mentioned by one key informant as it relates to asthma.
- Water and air quality were mentioned as issues in almost all focus groups.
- Heat was mentioned in some of the focus groups as a problem for both younger and older adults.
- Focus group participants and key informants identified the following factors as contributing to climate and health: water and air pollution and farming/agriculture.

### *Community Resident and Key Informant Voices:*

*“The summer seems to be getting hotter and I’m not handling the heat as well, but I can afford to pay for air conditioning...a lot of seniors can’t do that.” – Healthy Aging Focus Group Participant*

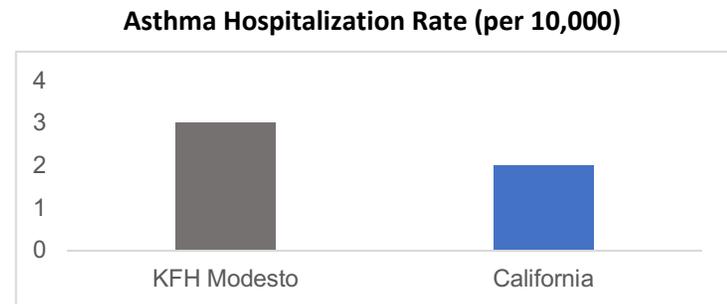
# Asthma

## Rationale: Why this is a Critical Health Need

Prevention and management of asthma by reducing exposures to triggers and other risk factors that increase the severity of asthma, such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care.

## Key Findings Across KFH Modesto Service Area

- Although asthma prevalence in the KFH Modesto Service Area is the same as the state, asthma hospitalizations are higher in the service area than the state average.
- Though not statistically significant, ozone levels are slightly higher in the KFH Modesto Service Area when compared to the state.



Related Health Outcomes			Factors that Contribute to Health Outcomes		
Indicator	KFH Modesto Service Area	State of California	Indicator	KFH Modesto Service Area	State of California
Asthma Hospitalizations	3	2	Ozone Levels	45%	42%
Asthma Prevalence	8%	8%	Particulate Matter 2.5 Levels	11%	11%
			Respiratory Hazard Index	2	2

**Legend**

■	Worse than state
■	Ethnic disparities
■	Worse than state and ethnic disparities

## Populations Disproportionately Impacted

- Data from the Kaiser Permanente CHNA data platform did not show marked racial/ethnic health disparities for asthma indicators.

## Primary Data: What Community Stakeholders Say About this Health Need

- Asthma and other respiratory issues (COPD and respiratory conditions related to air quality) were mentioned as a health need in almost all focus groups. Two groups identified asthma/respiratory issues as a top health need and three focus groups identified this as a medium health need.
- Focus group participants stated that respiratory issues prevent some community residents from exercising outside.
- Asthma was mentioned by two key informants as a health need.
- Focus group participants and key informants identified the following factors as contributing to respiratory issues: air quality, pesticides, smoking (marijuana and tobacco).

### *Community Resident and Key Informant Voices:*

*“Right now, we have all of these fires burning around us, that’s not helping us at all.” – Healthy Aging Focus Group Participant*

*“All of the fields are being sprayed with powerful chemicals, and some fields are near schools” – Ceres Focus Group Participant*

*“The air quality is horrible in the Central Valley. We need to put some attention to asthma.” – Key Informant*

## Appendix D. Community Resources

Community resources listed were identified by key informants and focus groups or are the top agency for referrals under each topic area for Stanislaus County 211 (7/1/2017 through 6/30/2018).

Resource provider name	Summary description
<b>Education</b>	
El Concilio - Council for the Spanish Speaking	Programs and services that provide outreach, education, counseling, job training, and classes for Spanish speaking residents
Learning Quest - Stanislaus Literacy Centers	Free literacy services (reading, writing, math, life, technology and work skills)
Salvation Army Turlock Corps Community Center	Tutoring programs for children
Stanislaus County Office of Education	Supports education of students enrolled in Stanislaus County school districts
Stanislaus County School Districts	Education services, including before and after school child care
<b>Food/Meals</b>	
Davis Park Church of Christ	Food pantry
Inter-Faith Ministries	Food pantry and free mobile farmers market
Salvation Army Modesto Citadel Corps	Food pantry and congregate and mobile meals
Stanislaus County Community Services Agency	Government agency, administers food assistance programs (WIC and Cal Fresh)
United Samaritans Foundation	Food pantry, senior meals and mobile meals
Stanislaus County food banks (e.g. Patterson, Series, Second Harvest)	Free food, groceries, meals, and other aid
Women, Infants and Children Program	Nutrition education and supplemental food program

Resource provider name	Summary description
Stanislaus County farmers markets (Modesto, Sunblest Valley, Turlock, W. Modesto, Oakdale, Riverbank, Ceres)	Fresh food sales
<b>Health Care</b>	
California Department of Health Care Services (DHCS)	Health services provider for low income populations
Golden Valley Health Centers-GVHC	Community clinic with multiple locations
Health Plan of San Joaquin	Public health insurance provider
Society for Disabilities	Services for people with disabilities including medical equipment rental
Stanislaus County Community Services Agency	Government agency, administers public insurance programs
The House - Modesto	Faith based organization with fitness center
American Cancer Society	Support and education for persons/families living with cancer
Hospitals/Medical Centers (e.g. Doctor's Medical Center, Kaiser Permanente, Sutter Memorial Hospital)	Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care
<b>Housing</b>	
Buckingham Property Management	Property management for residential multi-family real estate assets, including affordable housing
California Rural Legal Assistance Inc.	Fair housing advocates
Central Valley Opportunity Center	Operates employment, educational, economic development and social service programs, including: rental assistance programs and federally funded programs that assist low income residents with costs for: home energy bills, energy crises, weatherization and energy-related minor home repairs
Community Housing and Shelter Services	Housing and Urban Development (HUD) certified housing counseling agency, administers supportive housing programs providing assistance to households experiencing homeless as they transition into permanent housing

<b>Resource provider name</b>	<b>Summary description</b>
Family Promise of Greater Modesto	Faith based organization providing shelter housing and meals to local families in need
Modesto Gospel Mission	Faith based homeless shelter and recovery services
Salvation Army Modesto Citadel Corps	Operates homeless shelter, senior housing, food distribution warehouse and social and behavioral services
Stanislaus County Outreach and Engagement Center	Leads efforts in Stanislaus County to prevent and reduce homelessness
Housing Authority of Stanislaus County	Housing for low income residents through subsidized housing and rental assistance
<b>Income Support/Assistance</b>	
AARP Foundation	Programs to address older adult poverty, including free tax preparation
Stanislaus County Community Services Agency	Government agency, administers CalWORKs program to provide time limited cash benefits to families with children when one or both parents is absent, disabled, deceased or unemployed.
Stanislaus County Veteran Services Office	Assist veterans, their dependents and survivors in obtaining Federal, State and County benefits
<b>Mental Health</b>	
Center for Human Services (CHS)	Nonprofit serving youth and families with treatment for mental health and addiction issues, shelter and educational services and connection to resources
National Alliance for the Mentally Ill Stanislaus	Promotes the general welfare of person with mental disorders
Stanislaus County Behavioral Health and Recovery Services (BHRS)	Mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of Stanislaus County residents
Telecare Corporation Services	Community-based mental health acute, crisis, residential, and longer-term recovery programs
<b>Substance Abuse</b>	
Aegis Treatment Centers, LLC	Addiction treatment services
Alcoholics and Narcotics Anonymous	Support groups for addiction recovery
Martins Agape Outpatient Program	Addiction treatment services
New Hope Recovery	Addiction treatment services

<b>Resource provider name</b>	<b>Summary description</b>
Nirvana Drug and Alcohol Treatment Institute	Addiction treatment services
San Joaquin Valley Teen Challenge	Addiction treatment services
Stanislaus County Behavioral Health and Recovery Services (BHRS)	Mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of Stanislaus County residents.
<b>Transportation</b>	
American Medical Response	Medical transportation services, including emergency and non-emergency
City of Modesto	Public transportation provider
Pro Transport 1 Ambulance	Medical transportation services
Society for Disabilities	Resource and referral for people with disabilities
Stanislaus County Department of Public Works Transit Division	Countywide transit service; buses are ADA accessible and available on weekdays and Saturday, dial a ride and shuttle services as well as para-transit
<b>Senior Services</b>	
Addus Home Care	In home care services
Catholic Charities Senior Services	Services and programs to support older adults in Stanislaus County including the Senior Transportation Program
Right at Home	In home care services
Stanislaus County Community Services Agency	Government agency with a variety of programs for older adults: protection for victims of abuse or neglect; in home help
Stanislaus County Senior Centers (e.g. Modesto, Oakdale, Turlock, Ceres)	Older adult recreational, social, and educational activities, some centers serve lunch
Health Insurance Counseling & Advocacy Program	Free Medicare counseling to all people who have or will soon have Medicare
Healthy Aging Association	Older Adult Fitness Classes in Modesto and neighboring areas
Modesto Institute for Continued Learning	Older adult educational programming
<b>Community, Family and Children's Support</b>	

<b>Resource provider name</b>	<b>Summary description</b>
Aspiranet	Social and mental health services for children and youth
Children's Crisis Center of Stanislaus County, Inc.	Child abuse prevention and intervention program
Parent Resource Center	Child abuse prevention agency
Sierra Vista Child & Family Services	Social services for families addressing mental health, child abuse, domestic violence, social behaviors, special education needs, parenting, foster care and adoption
Family Support Network of Oak Valley Hospital District	Programs promoting healthy and nurturing environments for children and families, including community outreach, health education, parent support groups, and resources and referrals
Central Valley Opportunity Center	Employment, educational, economic development and social service programs
Stanislaus County Community Services Agency	Government agency, administers childcare subsidies, child support enforcement and Child and Family Services to prevent child abuse and assist families to become self sufficient, able to access needed resources and to be contributing members of their neighborhoods and communities
DRAIL - Disability Resource Agency for Independent Living	Resources, advocacy and services to increase the independence of individuals with disabilities
Family Resource and Referral Center	Referrals, advocacy, information, training, and direct services to enhance child care and child development
Stanislaus County Libraries (Modesto, Ceres, Denair, Empire, Hughson, Keyes, Newman, Oakdale, Patterson, Riverbank, Salida, Turlock, Waterford)	Programs and services to engage all county residents and offer access to information, knowledge, and the tools for personal development
The Bridge	Family resource center, including services for the Cambodian and Hmong populations
Park and Recreation Departments (Stanislaus County and individual jurisdictions)	Public parks, recreation facilities and programming
Central Valley Pride Center	LGBT leadership, education, peer support, outreach (particularly to youth), community development, visibility and advocacy, and public education on tolerance and respect for all people within the LGBT community

Resource provider name	Summary description
Stanislaus First 5	Provides financial support for health, preschool and literacy programs, and fosters the active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to 5 years
Virginia Corridor Trailway	Recreation area and walking path
United Way of Stanislaus County	Fundraising and volunteer organization, administers the 211 health and human services resource and referral service

## Appendix E. Other appendices – Key informant Interview Guide

1. What are Stanislaus County's 3 most critical health issues? A health issue can be a particular disease like heart disease or cancer, or factors that cause poor health like unhealthy food or substance abuse, or conditions that impact overall wellbeing like mental health and violence, or socioeconomic factors like access to care.

a. Why are these the top priorities?

An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, costs the county lots of money, or impacts County resident's ability to have a high quality of life.

b. If the interviewee did not mention any of the following, obesity/health eating active living/diabetes, mental health and access to care, as a top three health issues, ask the following and list only the issues that were not mentioned. The top health issues identified in the 2016 Community Health Needs Assessment were (obesity/health eating active living/diabetes, mental health and access to care). How important are these issues today?

2. We reviewed the most recent health data for Stanislaus County and there are a number of disparities. Now I am going to ask you about the factors that contribute to each of the top priority health issues you identified and how the issue impacts specific populations. *A factor could be a health behavior like physical inactivity, or a socioeconomic variable like food security, or a characteristic of the physical environment like safe drinking water.*

a. Starting with (health issue #1)

- i. What are the factors that contribute to making this a priority?
- ii. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
- iii. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?

b. Moving on now to (health issue #2):

- i. What are the factors that contribute to making this a priority?
- ii. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
- iii. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?

c. For (health issue #3):

- i. What are the factors that contribute to making this a priority?

- ii. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
- iii. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?

3. Based on your knowledge and expertise, what are the successful strategies that could be implemented to address the top 3 health issues you have identified? What are some of the challenges to addressing the health issues? *You only need to identify strategies in areas where you have knowledge or expertise.*

4. What assets and services are available in Stanislaus County to address the top health issues? Assets can include health services, social and human service agencies, non-profit organizations.

- a. Probes (for each need identified):
  - i. Where are there gaps in services?

5. Beyond the 3 top health issues you've identified, are there any other health issues that you think are also important to address?

6. What are your suggestions for ways to engage community members, particularly low income, underserved/uninsured populations and ethnic/racial subpopulations, in addressing the health issues?

7. What role can Kaiser Permanente Central Valley play in addressing the health issues?

- b. Probes/examples:
  - i. Hospitals could provide funding for programs, services for high need populations, provide training/technical assistance, provide health education, participate in collaboratives and community taskforces.

8. Is there anything else you would like to share about the top health issues in Stanislaus County and how to address the issues?

## Appendix F. Other appendices – Focus Group Screener and Guide

### Screener

Thank you for joining our focus group. To learn more about you, we'd like you to fill this survey out. All information is confidential and will be used only for our research.

1) How long have you lived in Stanislaus County? \_\_\_\_\_ Number of years

2) **Ethnicity** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Black/African American   | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian                    | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino          | <input type="checkbox"/> White/ Caucasian                 |
| <input type="checkbox"/> Other (please describe): |   |

3) How old are you? \_\_\_\_\_ Number of years

4) Gender? \_\_\_\_\_

## Focus Group Guide

### Introductory Question

- Let's start by introducing ourselves. Please tell us your first name, how long you have lived in (location) and your favorite thing to do in your free time.

### Community health

1. Please describe for me your idea of what a healthy community looks like. [Probes: quality of the physical environment (e.g. sidewalks, clean streets, parks), social/emotional factors (e.g. feeling safe, access to mental health services), opportunities for healthy behaviors (e.g. places to buy healthy food, places to exercise) community services and events (e.g. low cost or free activities for families), health care (e.g. access to health care services)]
2. Now think about how your community is right now. What is healthy about your community?
  - a. What makes it easy to be healthy in your community? (Probes: healthy food, park in my neighborhood, no smoking in my apartment building, social support from family)
3. What makes it difficult to be healthy in your community? (Probes: lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care)

### Identifying priority health issues/Successful strategies to address health issues

4. We've looked at the newest health data and we see there are a lot of health issues and differences between groups. What do you think are the most important health issues facing your community? (*A health issue can be a disease like heart disease or cancer, or something that causes poor health like unhealthy food or drug abuse, or something that affects overall wellbeing like mental health, violence or access to care.*)
  - a. Facilitator note: If the focus group participants do not mention any of the following -- obesity/healthy eating active living/diabetes, mental health and access to care, as top three health issues -- ask the following and list only the issues that were not mentioned. In 2016, we asked community members to describe the top health issues in the community. Obesity/healthy eating active living/diabetes, mental health and access to care came up as top health issues facing communities in Stanislaus County. How important do you think these issues are today? (An issue can be important if it impacts a lot of people, prevents people from living a healthy life, costs a lot of money to treat.)
  - b. Of all the health issues we've discussed what would you say are three most urgent ones?

5. You've said (repeat three most urgent health issues) are the top health issues. What are the top three things that could be done to address the urgent health needs you identified to make your community healthier? (Probes: improvements to your community like fixing sidewalks so it is easier to walk, farmers markets where you can get fruits and vegetables, convenient clinic hours, mental health services available at places where you access other services.)

#### Available services and service gaps

6. What are some organizations, services or resources in your community that help people to be healthy? (Probes: Family Resource Centers, YMCA, Food Banks, clinics/hospitals)
  - a. How do these organizations, services or resources help people to be healthy? (Probes: provide health services or health classes, provide place for physical activity, provide childcare)
  - b. What does the County/your community need in terms of health (services, programs, etc.) that does not currently exist in the community?

#### Engaging community members, particularly high need populations

7. What do you recommend as the best ways to get people in your community involved in making your community healthier? Please be specific. (Probes: engaging community members in advocacy, holding community forums, being sensitive to culture/language)
  - a. What are the challenges to engaging people in your community (Probes: lack of time, lack of interest, cultural/language barriers, transportation, etc.)
  - b. How can these challenges be overcome?

#### Final Question

8. We're just about ready to wrap up. Is there anything else you feel is important for us to know about health in your community?