

# Community Benefits

Needs Assessment in South Fresno



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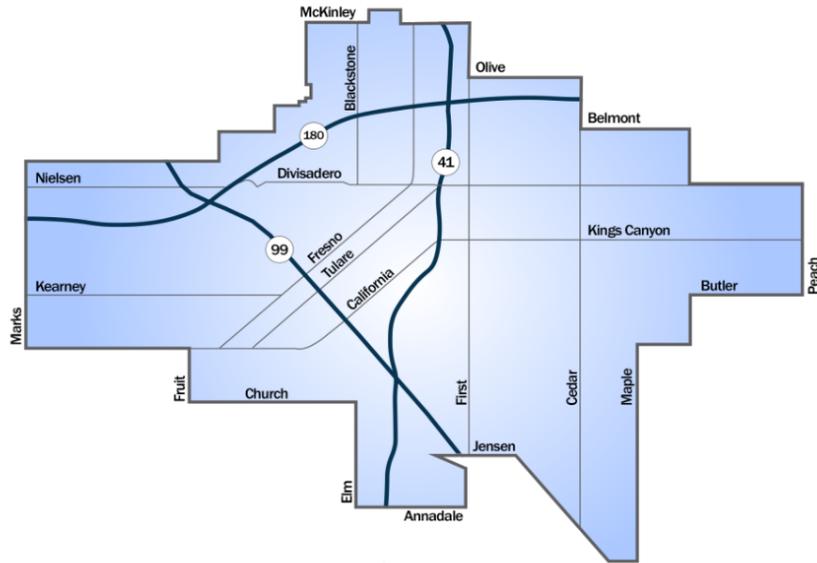
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**FRESNO**  **STATE**

Central Valley Health Policy Institute

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BHC  
"Place"

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# Background

## What is a Community Benefit?

The majority of hospitals in the United States operate as nonprofit organizations and, as such, are exempt from most federal, state, and local taxes. State and federal law requires hospitals to earn this favored tax status by investing in the health of their communities, known as the “community benefit” obligation.

The IRS recognizes evidence-based “community building” activities as a community benefit. These activities represent an important set of federally recognized activities because they rest squarely on the social conditions of health, such as physical improvements and housing, economic development, community support, environmental improvements, leadership development, and training for community members, among others.

## Fresno Community Health Needs Assessment

Nine nonprofit Medical Centers serving the four County region of Central California participated in the 2015-2016 Central California Hospital Council’s community health needs assessment (CHNA). The CHNA identified 5 top barriers to individual and population health for the hospitals to address through community benefits spending: 1) Access to care, 2) Breathing Problems (asthma), 3) Diabetes, 4) Mental Health, and 5) Obesity.

## CVHPI & BHC Prevention Team Collaboration

In reviewing the CHNA process and results, Fresno Building Healthy Communities (BHC), came to believe that the overall priorities were an adequate reflection of community needs, but that there was a dire need to bring perspective from the urban south Fresno low-income and primarily people of color neighborhoods. In particular, BHC sought to better understand how community residents understand the health challenges captured by these five priorities and their recommendations about actions that medical centers could take to address these challenges.

The Central Valley Health Policy Institute (CVHPI) at Fresno State partnered with BHC to provide training to their leaders to conduct focus groups, analyze the data, and write a report of the findings.

# About the Project

## Objective

Over the next several years, hospitals will initiate community benefit activities based on the priorities emerging from the assessment in the ever-changing landscape of healthcare. Decision-making can be facilitated by understanding the perspectives of low-income and underserved urban residents about how hospitals can best address population health improvements. In this report, Fresno BHC and CVHPI share the findings from focus groups with south Fresno residents.

## The Study



## Analysis

After the focus groups were conducted, detailed notes were emailed to CVHPI for transcription, translation and analysis. Codes and themes were tracked in template documents that CVHPI developed to keep track of the data. After the identification of themes per focus group, templates were reviewed to gather recurring themes across the 10 focus groups. Experiences from participants were quoted to support themes and recommendations.

# Results

## Issue: Access to Care

- Delayed access to medical care
- Lack of continuity of care

1

"Could bring specialty services down to neighborhood."  
African American Focus Group

"Sometimes it's much easier to call 911 in order to see the physician instead of waiting for [an] appointment."  
Hmong Focus Group

1

## Recommendations: Access to Care

- Information and care in the neighborhood
- Clear, concise, direct information

## Issue: Obesity

- No affordable healthy food that is nearby
- Not enough ways and places for everyone to get exercise

2

"Bring someone to explain more about the programs and needs."  
Latino Focus Group

"Stores with healthy food are further away and are expensive."  
Southeast Focus Group

2

## Recommendations: Obesity

- Exercise spaces that are inclusive of all ages
- More healthy food and information about resources available in the community

## Issue: Diabetes

- Limited prevention and management services available
- Lack of continuity of care

"No one tells us."

Youth Focus Group

3

"In Minnesota, we have a Hmong charter school with a health clinic that helps young people to learn about diabetes and healthy nutrition."

Hmong Focus Group

3

## Recommendations: Diabetes

- Accessible space for prevention and management information
- Exercise spaces that are inclusive of all ages

## Issue: Asthma

- Heavy outdoor air pollution
- Lack of adequate medical prevention (diagnosis, correct treatment)

"[It feels] like you're sitting in the middle of the blowback from the buses."

African-American Focus Group

4

"If the doctors would do a better job of telling you that you have asthma."

Latino Focus Group

4

## Recommendations: Asthma

- Streamlined and localized education on asthma and breathing problems
- Neighborhood infrastructure that reduces air pollution

## Issue: Mental Health

- Lack of services that people in their community can access due to language, resources, and transportation

"Insurances aren't helping, not enough practitioners, [there is] not enough mental health [care]."

Latino Focus Group

5

"Bring someone to explain more about the programs and needs."

Southeast Focus Group

5

## Recommendations: Mental Health

- Advocates to help navigate the mental health service system
- Partnerships with schools for prevention services

# Major Findings

## Priorities Identified by the Focus Groups

Access to Care	Obesity	Diabetes	Asthma	Mental Health
Consistent, local contact with health providers is a theme	Local access to safe places for physical activity for all ages	Local, consistent/ongoing, language, age, and culturally appropriate diabetes education	Systemic, streamlined information on prevention, diagnosing, and asthma management	Mental health directly responding to the economic, cultural, and linguistic challenges of the community
Better streamlining of services and personal contact/Systems Navigation aides	Access to affordable, healthy food that community know how to use.	Local center where residents can receive prompt information on diabetes management.	Cultural and Language appropriate/responsive staff and resources on asthma	Local, accessible mental health services in existing infrastructures such as schools, community centers
Continuity is getting care in their own community.	Systemic, local, culturally and age appropriate physical activity group programming	Streamlining and language/cultural tailoring of information on resources and programming available	Improved neighborhood infrastructure that reduces air pollution	Make access to services possible (transportation and sliding fee scale care)
Accessibility to healthcare in my own neighborhood or have a way to get there.	Local, consistent, culturally and age appropriate wellness education	Safe and accessible places for physical activity	Regulatory bodies ensure patients can get coverage and care they need and auto emissions are reduced.	Develop a strong mental health prevention model that begins at the schools
Safely being able to access care	Inclusive partnerships to increase child nutrition and physical activity	Low-cost/no cost access to healthy food	Home improvement subsidies and policy changes to make homes produce less indoor and outdoor pollution.	Culturally and linguistically appropriate mental health care access navigators

A summary of the common sense consensus reached among south Fresno residents across the five priorities is found in the table above. The table shows that in each of the five hospital priority areas, residents believe that relatively simple and affordable changes in practice could improve their access to care, self- management and health outcomes. The priorities were identified through frequency of recommendations that appeared on a word map, and were then summarized within a systemic context.

# Major Recommendations

## Top 3 Recommendations

### Neighborhood Health Teams

Perhaps the most common thread throughout these discussions was the desire for regular, informal access to culturally and linguistically responsive wellness promotion activities, disease self-management supports, and care navigation within their neighborhoods. Residents would like to see these supportive services available at places where groups already form such as community centers, afterschool sites, and schools within their neighborhoods and the need for one-to-one personal outreach to community residents to understand and engage in these wellness services.

### Healthy Built Environment

Local-based health concerns surrounding community infrastructure were also highlighted by the groups. Foremost, is the lack of available space in their local neighborhood that can accommodate all who live there, from children to elders. The infrastructure that does exist is inadequate, lacking safe and maintained fitness spaces, equipment, and walking trails. Existing fitness spaces within communities were also reported to be safety concerns, such as parks, school facilities, and areas around the immediate health care facilities. However, the need for investment towards adequate space was the overarching theme.

### Culturally Responsive Wellness

Respondents often reported solution strategies that were inclusive of families. Access to family-oriented fitness education and activities, both within the community as well as in school sites, was a high priority. Activity, nutrition education and food access programs specifically focused on integrating family and community.

There is also a need for available health care services, education and resources to be communicated to communities in culturally-appropriate mediums, such as through Spanish and Hmong-speaking media networks. This need for improvement to communication spanned from the clinical realm, to appointment setting, to eligibility service information as well as educational and outreach campaigns.

# Acknowledgements

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