HEALTHY FRESNO COUNTY
Better Together

FRESNO COUNTY
DEPARTMENT OF PUBLIC HEALTH

DELIVERED BY:
Moxley
PUBLIC HEALTH

2024-2028 COMMUNITY HEALTH IMPROVEMENT PLAN

REVISED MAY 2026

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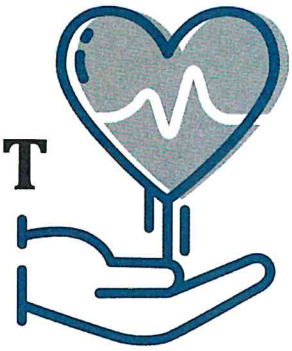
A LETTER FROM
THE FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH



The Fresno County Department of Public Health strives to bring people and organizations together to improve community wellness. The community health assessment and improvement plan process is one way we can live out our mission. To fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing and prioritizing needs for impact, and then addressing those needs. In 2022 and 2023, Fresno County conducted a comprehensive Community Health Assessment (CHA) to identify priority health issues and evaluate the overall current health status of the health department's service area. These findings were then used to develop a Community Health Improvement Plan (CHIP) to describe the response to the needs identified in the CHA report.

The 2024-2028 CHIP report is the second of these reports released following the CHA. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning concerning future programs, clinics, and health resources.

The Fresno County CHIP would not have been possible without the help of numerous organizations. It is vital that the CHA and CHIP process continues so that we can know where to direct our resources and use them in the most advantageous ways.

More importantly, the possibility of this report relied solely on the participation of individuals in our community who committed to participating in interviews and completing health need ranking surveys. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

Sincerely,

David Luchini, RN, PHN
Director

ACKNOWLEDGEMENTS

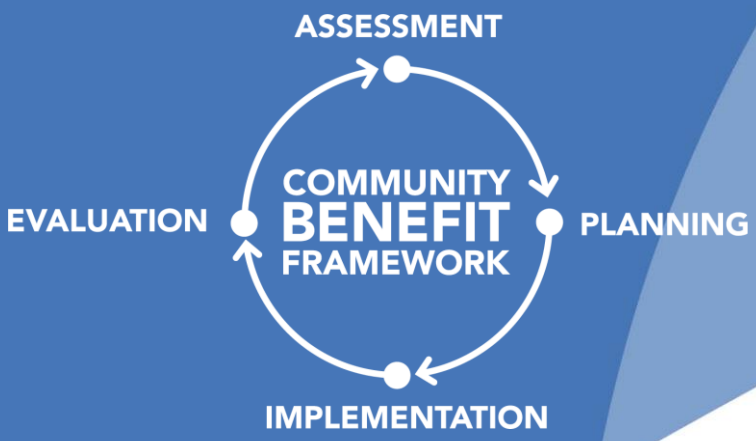
This Improvement Plan (CHIP) was made possible thanks to the collaborative efforts of the Fresno County Department of Public Health, public health department partners, local stakeholders, non-profit partners and community residents. Their contributions, expertise, time and resources played a critical part in the completion of this assessment and improvement plan.

THE FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THE COMMUNITY HEALTH ASSESSMENT (CHA) AND CHIP PROCESS:

Anthem Blue Cross
Binational of Central California
Black Wellness and Prosperity Center
California State University, Fresno student volunteers
Central Valley Health Policy Institute
Centro Binacional Para el Desarrollo Indígena Oaxaqueño
Community Health System
Cradle to Career Fresno County (C2C)
Cultiva La Salud
Every Neighborhood Partnership
Exceptional Parents Unlimited
First 5 Fresno County
Fresno American Indian Health Project
Fresno Building Healthy Communities
Fresno County Department of Behavioral Health
Fresno County Superintendent of Schools
Fresno Interdenominational Refugee Ministries
Fresno Metro Ministries
Fresno Mission
Fresno PACE (Program of All-Inclusive Care for the Elderly)
Fresno Unified School District
Hospital Council of Northern and Central California
Kaiser Permanente Fresno Medical Center
Moxley Public Health
Saint Agnes Medical Center
Sierra View Medical Center
The Fresno Center
United Way Fresno and Madera Counties
Valley Center for the Blind
Valley Children's Healthcare

INTRODUCTION

WHAT IS AN IMPROVEMENT PLAN (CHIP)?



An Improvement Plan (CHIP) is part of a framework that is used to guide community benefit activities - policy, advocacy, and program-planning efforts. For health departments, the CHIP fulfills the mandates of the Public Health Accreditation Board (PHAB).

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FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH

OVERVIEW
OF THE PROCESS

In order to develop an Improvement Plan, the Fresno County Department of Public Health followed a process that included the following steps:

STEP 1: Plan and prepare for the CHIP.

STEP 2: Develop goals/objectives and identify indicators to address health needs.

STEP 3: Consider approaches/strategies to address prioritized needs, health disparities, and social determinants of health.

STEP 4: Select approaches with community partners.

STEP 5: Integrate CHIP with community partners.

STEP 6: Develop a written CHIP.

STEP 7: Adopt the CHIP.

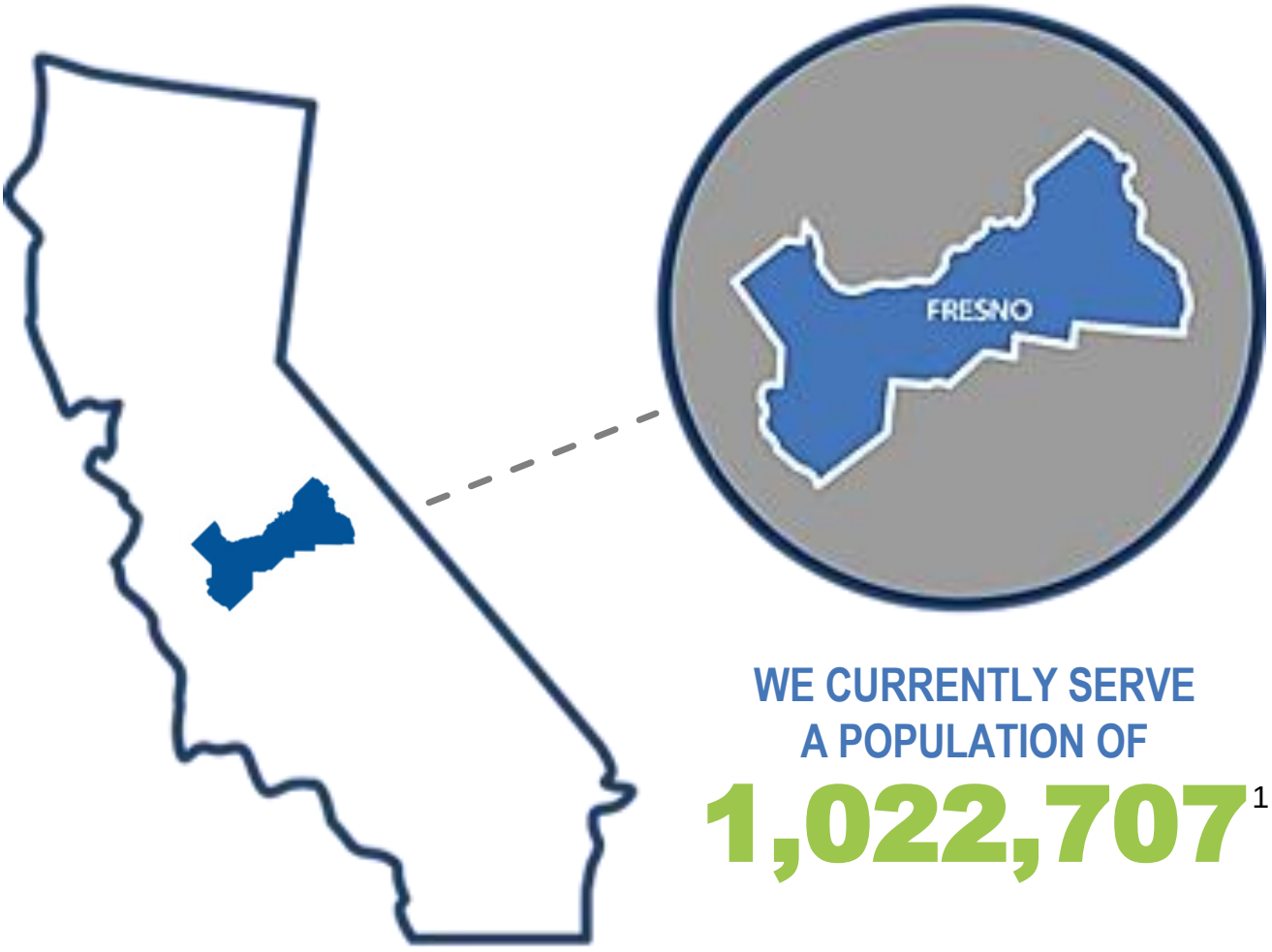
STEP 8: Update and sustain the CHIP.

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

THE 2024-2028 FRESNO COUNTY CHIP MEETS ALL PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REGULATIONS.

DEFINING THE FRESNO COUNTY **SERVICE AREA**

For the purposes of this report, the Fresno County Department of Public Health defines their primary service area as being made up of Fresno County, California.



WE CURRENTLY SERVE A POPULATION OF

1,022,707[1]

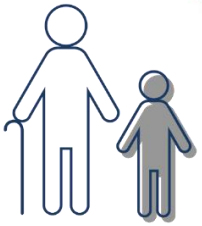
The CHA and this resulting Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This CHIP plans to address the selected priority health needs identified by the CHA.

FRESNO COUNTY
AT-A-GLANCE

FRESNO COUNTY'S POPULATION INCREASED AT A GREATER RATE THAN THE STATE FROM 2020 TO 2023[2]

+1.4% FRESNO COUNTY

-0.2% CALIFORNIA

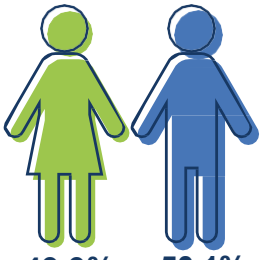


RESIDENTS UNDER AGE 50 REPRESENT

72%

OF THE POPULATION[3]

THE % OF MALES AND FEMALES IS NEARLY EQUAL[3]



49.9% **50.1%**

FRESNO COUNTY SERVES

35,788 VETERANS[3]

OVER HALF OF THE COUNTY'S FOREIGN-BORN RESIDENTS ARE NOT U.S. CITIZENS[3]

12% OF THE POPULATION IS AGE 65+

FRESNO COUNTY HAS A YOUNGER POPULATION THAN CALIFORNIA OVERALL[3]

CALIFORNIANS CAN EXPECT TO LIVE NEARLY 3 YEARS LONGER ON AVERAGE THAN FRESNO COUNTY RESIDENTS[4]

FRESNO COUNTY RANKS LESS HEALTHY THAN MANY OF CALIFORNIA COUNTIES BASED ON THE CALIFORNIA HEALTHY PLACES INDEX[5]

A MAJORITY OF THE COUNTY'S RESIDENTS IDENTIFY AS HISPANIC OR LATINO/A[3]

54% HISPANIC OR LATINO/A	28% WHITE	10% ASIAN	4% BLACK/ AFRICAN AMERICAN	3% MULTI RACIAL	0.4% AMERICAN INDIAN/AK NATIVE	0.3% OTHER	0.2% NATIVE HI/ PACIFIC ISLANDER

AT #46, FRESNO COUNTY RANKED IN THE BOTTOM 25%

OF THE STATE'S 58 COUNTIES (1 BEING THE BEST) FOR SOCIAL AND ECONOMIC FACTORS IN 2023, ALTHOUGH THIS HAS IMPROVED SINCE IT WAS RANKED #53 IN 2016[6]

44%

OF RESIDENTS SPEAK A NON-ENGLISH LANGUAGE AT HOME[3]

SPANISH IS #1 AT 34%

2. ASIAN/ISLANDER (6%)
3. OTHER INDO-EUROPEAN (3%)
4. OTHER (1%)

FRESNO COUNTY'S PREMATURE MORTALITY RATE IS 31% HIGHER THAN CALIFORNIA[4]

AK NATIVE = ALASKAN NATIVE; NATIVE HI = NATIVE HAWAIIAN.
OTHER = ALL OTHER NON-HISPANIC ETHNICITIES

STEP 1

PLAN AND PREPARE FOR THE IMPROVEMENT PLAN (CHIP)

IN THIS STEP, FRESNO COUNTY:

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE CHIP
- ENGAGED WITH EXECUTIVE LEADERSHIP
- REVIEWED COMMUNITY HEALTH ASSESSMENT

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PLAN AND PREPARE FOR THE 2024-2028 FRESNO COUNTY IMPROVEMENT PLAN (CHIP)

Secondary and primary data were collected to complete the 2023 Fresno County Community Health Assessment (CHA) report. (Available at https://www.fcdph.org/hpi). Secondary data was collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data was collected through key informant interviews with **17** experts from various organizations serving the Fresno County service area and included leaders and representatives of medically underserved, low-income, and minority populations, as well as the Fresno County Departments of Public Health, Behavioral Health, Social Services and other local agencies. Prior to each key informant interview, the respondents were asked to complete a short survey in order to prioritize the health needs identified by secondary data collection, which was also shared broadly with the community in both English and Spanish. There were **378** responses to the *Health Needs Ranking Survey* from community members. A previous *Community-Wide Survey* was also conducted in bilingual online and paper formats in 2021, with **1,045** responses. Finally, there were **28** focus groups held across the county, representing a total of 221 community members. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and prioritize health needs. More detail on methodology can be found in the 2023 Fresno County CHA Report.

> **“The improvement plan (CHIP) deals with the “how and when” of addressing needs. While the community health assessment considers the “who, what, where and why” of community health needs, the CHIP takes care of the how and when components.”**

STEP 2

DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS

IN THIS STEP, FRESNO COUNTY:

- DEVELOPED GOALS FOR THE IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE CHA
- SELECTED INDICATORS TO ACHIEVE GOALS

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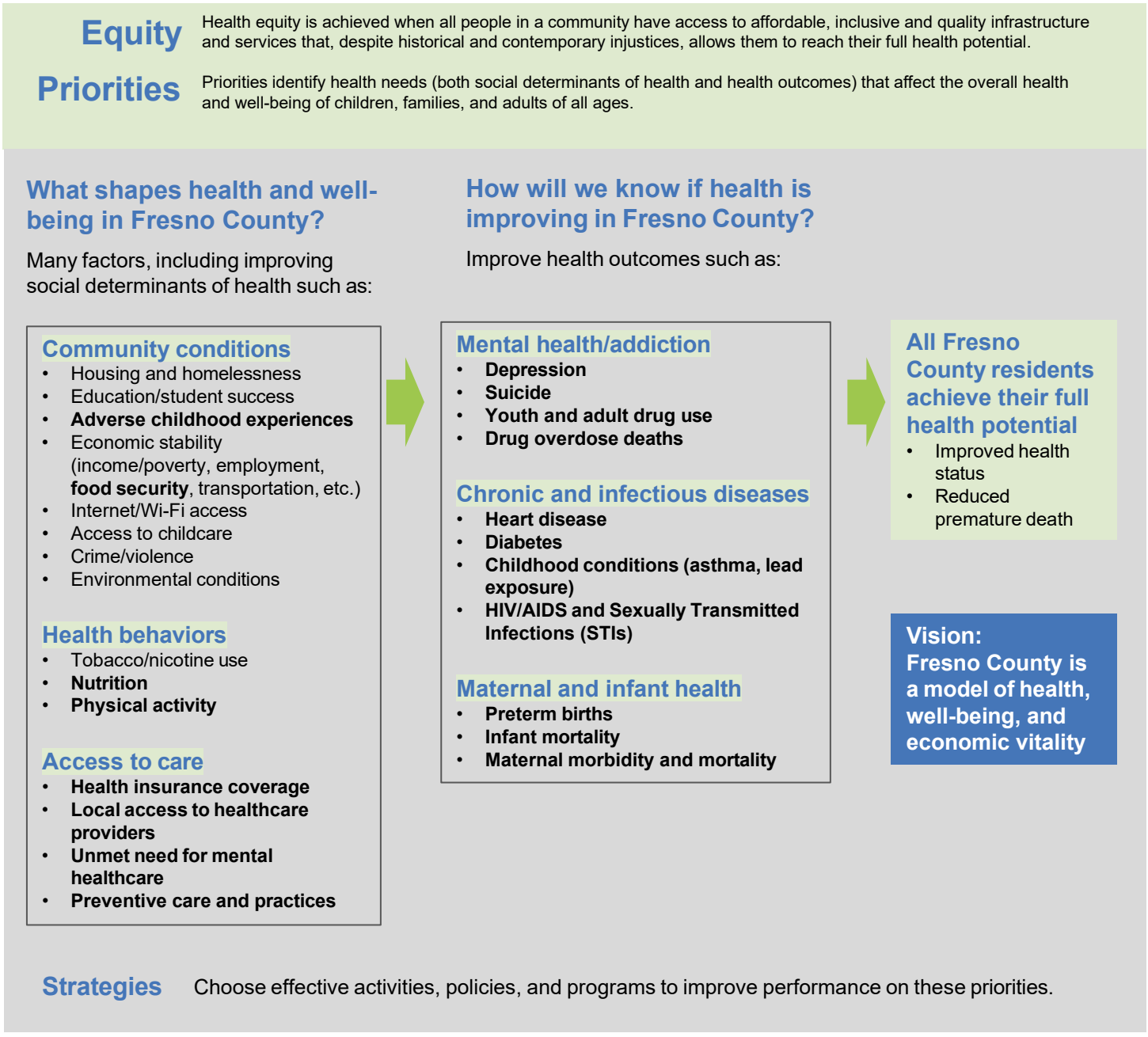
PRIORITY HEALTH NEEDS
GOALS, OBJECTIVES, AND INDICATORS

The following image shows the health improvement framework that this report followed while also adhering to Public Health Accreditation Board (PHAB) requirements, and the community's needs. **Bolded** health need topic areas will be addressed in the Improvement Plan (CHIP).

Health Improvement Framework



SELECTING AND ADDRESSING **PRIORITY HEALTH NEEDS**

The 2023 CHA identified the following significant health needs from an extensive review of the primary and secondary data. The significant health needs were ranked.

HEALTH NEEDS RANKED BY THE COMMUNITY
#1 ENVIRONMENTAL CONDITIONS
#2 MENTAL HEALTH
#3 ACCESS TO CARE (vision, dental/oral, primary, and specialty care)
#4 FOOD INSECURITY
#5 ADVERSE CHILDHOOD EXPERIENCES (ACEs)
#6 PREVENTIVE CARE & PRACTICES (mammograms, vaccines/immunizations, screenings, etc.)
#7 SUBSTANCE USE
#8 NUTRITION & PHYSICAL HEALTH
#9 CHRONIC DISEASES
#10 MATERNAL & CHILD HEALTH
#11 CRIME & VIOLENCE
#12 ECONOMIC STABILITY (income/poverty, employment, housing/homelessness, & transportation)
#13 HIV/AIDS & STIs
#14 CHILDCARE
#15 TOBACCO & NICOTINE USE (smoking & vaping)
#16 EDUCATION
#17 INTERNET ACCESS

SELECTING AND ADDRESSING **PRIORITY HEALTH NEEDS**

The Fresno County Department of Public Health (FCDPH) utilized a community-based, consensus- and data-driven process to select the three key priority areas to target in the next five years through the Improvement Plan (CHIP). For each priority, FCDPH and partners identified and agreed upon objectives, strategies, action steps, outcome and process measures, deliverables, and lead partner(s). These items were established through engagement with community members, community-based organizations, and other partners through a variety of surveys, collaborator work meetings, and personal communication between summer and winter 2023. FCDPH contracted Moxley Public Health to serve as the facilitator for the CHIP kick-off meeting (to select priority health needs) and the CHIP follow-up meeting (to select strategies to address priority health needs). FCDPH facilitated subsequent meetings. Meetings were held remotely to increase engagement and wide-spread participation.

CHIP Kick-Off Meeting (selecting priority health needs)

To select priority health needs to address through the CHIP, in May 2023, Moxley Public Health facilitated a meeting with FCDPH to review the findings of the Community Health Assessment (CHA), including reviewing the results of the ranking survey (see page 13), which informed health need prioritization. The prioritization process included reviewing each significant health need according to a set of criteria that included assessing organizational capacity, existing infrastructure, established relationships, ongoing investment, and whether or not the health need was an existing focus area.

CHIP Follow-up Meeting (selecting strategies to address priority health needs)

To address the health priorities identified in the Community Health Assessment (CHA), FCDPH invited community partners and collaborators to attend the CHIP follow-up planning meeting in June 2023, facilitated by Moxley Public Health. In this working meeting, a wide range of county-wide collaborators came together to review the identified priority health needs from the CHA and brainstorm to identify priority areas and potential strategies to address them. After this meeting, FCDPH led a process to select priorities, goals, and specific SMART (specific, measurable, achievable, relevant, and time-bound) objectives based on information discussed during the meeting, feedback after the meeting, assessment of local resources, and review of health data, evidence-based practices, as well as state and national priorities.

Community-Wide Collaborator Workgroup Meetings

FCDPH facilitated three CHIP Collaborator Workgroup meetings convened in November and December of 2023, one session for each selected health priority. Before the sessions, participants and other community collaborators completed selection surveys to rank previously proposed strategies according to which ones were best suited to meet the goals, objectives, and existing community resources associated with each priority. During these sessions community collaborators came to the table to:

1. Assess and discuss the strategies to confirm that the highest ranked strategies per the selection survey would, alone or when combined, fulfill the CHIP's objectives and goals. During this time strategies were modified if needed and concerns were discussed and addressed.
2. Workshop action plans to achieve each selected strategy. Plans would include direct measurable results of the activity, and lead partner organizations and person(s).

After the community collaborator meetings, FCDPH worked directly with the partners and organizations associated with each of the action plans identified during the sessions to consolidate and finalize plans.

Implementing & Monitoring the CHIP

Regular meetings will be scheduled among CHIP collaborators to ensure that CHIP interventions are successfully implemented. These meetings will provide a place to discuss progress, successes, and barriers to overcome.

SELECTING AND ADDRESSING **PRIORITY HEALTH NEEDS**

From the significant health needs, the Fresno County Department of Public Health (FCDPH) chose health needs that considered the health department's capacity to address community needs, the strength of community partnerships, and those needs that correspond with the health department's priorities.

THE 3 PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED IN THE 2024-2028 IMPROVEMENT PLAN (CHIP) ARE:

Priority Area 1: Physical Activity & Nutrition
Priority Area 2: Equitable Access to Healthcare
Priority Area 3: Behavioral Health (Mental Health & Substance Use)

Alignment with State and National Priorities/Objectives

	PRIORITY AREA 1: PHYSICAL ACTIVITY & NUTRITION *Includes food security and chronic diseases*	**PRIORITY AREA 2:** EQUITABLE ACCESS TO HEALTHCARE *Includes preventive care and practices, chronic diseases, maternal and child health, and HIV/AIDS & Sexually Transmitted Infections (STIs)*	**PRIORITY AREA 3:** BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE) *Includes access to care and Adverse Childhood Experiences (ACEs)*
LET'S GET HEALTHY CALIFORNIA (STATE)	• Increasing Adult Physical Activity • Increasing Childhood Fitness • Food Access - Increasing Access to Healthy Foods • Increasing Adult Fruit and Vegetable Consumption	• Increasing Access to Primary Care Providers • Increasing Timely Care • Increasing Access to Culturally and Linguistically Appropriate Services	• Reducing Adult Depression
HEALTHY PEOPLE 2030 OBJECTIVES (NATIONAL)	• PA-09: Increase the proportion of children who do enough aerobic physical activity • PA-08: Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity • PA-05: Increase the proportion of adults who do enough aerobic and muscle-strengthening activity • NWS-01: Reduce household food insecurity and hunger • NWS-02: Eliminate very low food security in children	• ECBP-D07: Increase number of community organizations that provide prevention services • AHS-08: Increase proportion of adults who get recommended evidence-based preventive health care	• MHMD-07: Increase proportion of people with substance use and mental health disorders who get treatment for both • MHMD-04: Increase proportion of adults with serious mental illness who get treatment • MHMD-03: Increase proportion of children with mental health problems who get treatment • EMC-D06: Increase proportion of children and adolescents who get preventive mental health care in school • AH-D02: Increase proportion of children and adolescents with symptoms of trauma who get treatment • EMC-D07: Increase proportion of children and adolescents who show resilience to challenges and stress

STEPS 3 & 4

CONSIDER AND SELECT APPROACHES/STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY PARTNERS

IN THESE STEPS, FRESNO COUNTY:

- SELECTED APPROACHES/ STRATEGIES TO ADDRESS FRESNO COUNTY SERVICE AREA PRIORITIZED HEALTH NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH
- DEVELOPED A WRITTEN IMPROVEMENT PLAN (CHIP) REPORT
- SELECTED PRIORITY AREAS INDIVIDUALLY TARGET SEVERAL RANKED PRIORITY HEALTH NEEDS IDENTIFIED IN THE CHA, FOR A WIDER REACH AND IMPACT

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FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH

#1 PRIORITY AREA
PHYSICAL ACTIVITY & NUTRITION

Includes food security and chronic diseases

IN OUR COMMUNITY

The #1 NEED of children and families reported in the survey was SAFE SPACES FOR PHYSICAL ACTIVITY, followed by ACCESS TO HEALTHY FOOD[7]

15 percentage points FEWER Fresno County residents have ACCESS TO ADEQUATE EXERCISE than the state average (78% vs. 93%)[10]

Nearly THREE-QUARTERS of Fresno County adults are overweight or obese (8.5 percentage points higher than the state rate)[8]

23% of the County's adults reported no aerobic exercise in the past week, vs. 18% for California[11]

ONE-THIRD of Fresno County & California children (2-11) ate five or more servings of fruits and vegetables in the past day[9]

The rate for teens 12-17 was ONE-FIFTH (20%), compared to 27% for California teens[9]

STRATEGIES

PHYSICAL ACTIVITY			NUTRITION		
Increase access and awareness of outdoor community resources, such as walking paths, trails, and bike routes, that promote physical activity.	Promote equitable recreational programs and policies that make it safe and easy for community members to be physically active.	Research barriers to equitable access of physical activity resources and/or opportunities.	Increase daily access to Healthy Foods through schools.	Improve access and utilization to fresh foods through Farmer Markets and stands, & other similar sources.	Target retail through behavioral economics.

PARTNERS*

Fresno County Department of Public Health (FCDPH), Cal Fresh Healthy Living Program	Every Neighborhood Partnership, FCDPH	FCDPH	Fresno County Superintendent of Schools (FCSS), FCDPH	FCDPH, Cal Fresh Healthy Living Program	FCDPH, Cal Fresh Healthy Living Program

POPULATIONS

THESE STRATEGIES WILL TARGET THE FULL COUNTY, WITH SPECIFIC ATTENTION TO: Youth and disadvantaged and marginalized communities

Low-income residents in the service area will **significantly benefit**, as they are more likely to lack access to physical activity opportunities and affordable healthy food (food insecurity).

OUTCOMES

OBJECTIVES
By end of 2028

- **1.1A:** <30% of Fresno County children (age 2+) and adolescents spend 5+ hours on sedentary activities on typical weekend days
- **1.1B:** Decrease the % of Fresno County adults who report no physical activity outside of work to within 2% of the State
- **1.2:** Reduce the % of Fresno County children (age <18) living in a household that experienced food insecurity at some point in the previous year by 7%

LONG-TERM IMPACT/ OUTCOME INDICATORS

- % of minors age 2+ spending 5+ hours on sedentary activities on typical weekend days
- % of adults age 18+ reporting no leisure-time physical activity (age-adjusted)
- % of children (age <18) living in households that experienced food insecurity at in previous year

GOALS

1) FOSTER AND PROMOTE COMMUNITY ENVIRONMENTS THAT SUPPORT OPPORTUNITIES FOR SAFE AND HEALTHY PHYSICAL ACTIVITY

2) INCREASE AVAILABILITY AND CONSUMPTION OF AFFORDABLE, ACCESSIBLE, AND NUTRITIOUS FOODS

**Partners represent organizations/programs who will collaborate on the Improvement Plan (CHIP) strategies with FCDPH. Partners are not necessarily inclusive of all entities who will collaborate on strategies and are subject to change.*

#2 PRIORITY AREA
EQUITABLE ACCESS TO HEALTHCARE

Includes preventive care and practices, chronic diseases, maternal and child health, and HIV/AIDS & Sexually Transmitted Infections (STIs)

IN OUR COMMUNITY

FRESNO COUNTY HAS LESS ACCESS TO PRIMARY, DENTAL, AND VISION CARE PROVIDERS THAN CALIFORNIA OVERALL[12, 13]

	FRESNO COUNTY	CALIFORNIA
Primary care	1,490:1	1,250:1
Dental	1,610:1	1,150:1
Vision	5,328:1	4,509:1

MORE THAN 1 IN 6

FRESNO COUNTY RESIDENTS DO NOT HAVE A USUAL PRIMARY CARE PHYSICIAN[14]

MORE THAN 1 IN 10

FRESNO COUNTY ADULTS HAVE NOT BEEN TO THE DENTIST IN THE LAST 5 YEARS[15]

NEARLY 1 IN 5

FRESNO COUNTY RESIDENTS VISITED THE ED IN THE PAST YEAR[16]

Over 12% delayed or did not get medical care in the past year[17]

STRATEGIES

NON-EMERGENCY MEDICAL SERVICES		SCREENING & EARLY INTERVENTION			CULTURALLY & LINGUISTICALLY APPROPRIATE	EXISTING HEALTHCARE RESOURCES
Public education on the appropriate use of: 1) the 911 system, 2) ambulance system, and 3) hospital emergency departments.	Conduct and review provider assessment of time and distance to primary care providers and specialists to ensure local healthcare plan members have timely access to services.	Increase access to health care services in underserved populations by providing direct medical mobile health unit services to agricultural workers and rural residents.	Promote well child visits including immunizations and developmental screenings.	Improve the continuum of health and community care and address health disparities by offering case management, primary and secondary prevention, education, and navigation through primary care providers, community health workers, and others.	Implement and train Cultural Linguistic Appropriate Services (CLAS) Standards on health educational materials.	Evaluate current referral systems utilized to assess the feasibility of a universal referral system that allows CBO and others to share information and resources.

PARTNERS*

NON-EMERGENCY MEDICAL SERVICES		SCREENING & EARLY INTERVENTION			CULTURALLY & LINGUISTICALLY APPROPRIATE	EXISTING HEALTHCARE RESOURCES
Fresno County Department of Public Health (FCDPH)	Anthem Blue Cross, CalViva Health, Kaiser Foundation Health Plan (KFHP), FCDPH	University of California San Francisco (UCSF) Fresno, St. Agnes Medical Center, Office of the Fresno County Superintendent of Schools, FCDPH	Anthem Blue Cross, CalViva Health, KFHP, FCDPH	FCDPH, community-based agencies, federally qualified health centers, community health workers	FCDPH	Cultivating Communities Together

POPULATIONS

THESE STRATEGIES WILL TARGET THE FULL COUNTY, WITH SPECIFIC ATTENTION TO:

Agricultural workers, rural areas, youth, Black, Indigenous and People of Color (BIPOC), and disadvantaged and marginalized communities

Rural residents in the service area will **significantly benefit**, as they may have to travel farther to access healthcare services. They may particularly benefit from mobile and telehealth services.

OUTCOMES

OBJECTIVES
By end of 2028

2.1A: Increase the % of Fresno County adults attending routine checkups within the last year so that all Fresno County ZIP Code reach at least 64.5% coverage

2.1B: Maintain % of Fresno County residents reporting that they received delayed or no care when they felt it was needed at or below the State value

LONG-TERM IMPACT/ OUTCOME INDICATORS

↑ % of adults who report having visited a doctor for a routine checkup within the past year by ZIP Code

↓ % of people who report having delayed or not received other medical care they felt they needed

GOALS

FRESNO COUNTY WILL CONTINUE TO IMPLEMENT POLICIES AND RESOURCES THAT SUPPORT ACCESS TO QUALITY AND APPROPRIATE PREVENTION, EARLY INTERVENTION, AND TREATMENT SERVICES (MEDICAL AND DENTAL) FOR ALL RESIDENTS

**Partners represent organizations/programs who will collaborate on the Improvement Plan (CHIP) strategies with FCDPH. Partners are not necessarily inclusive of all entities who will collaborate on strategies and are subject to change.*

#3 PRIORITY AREA
BEHAVIORAL HEALTH
(MENTAL HEALTH AND SUBSTANCE USE)

Includes access to care and Adverse Childhood Experiences (ACEs)

IN OUR COMMUNITY

16% OF TEENS experienced serious psychological distress in the last year[18]

21% OF TEENS needed help for mental health in the last year[19]

12% OF ADULTS experienced serious psychological distress in the last year[18]

14% OF ADULTS experienced frequent mental distress (2+ weeks/month) in the last year[20]

Fresno county's suicide mortality rate has **increased over time**, from 9.8 per 100,000 in 2011-2013 to 11 per 100,000 in 2018-2020[21]

The **drug overdose death rate** in both Fresno County was 14 per 100,000,which **met/ exceeded** the Healthy People 2030 objective of 21 per 100,000[22, 23]

STRATEGIES

ADULTS				CHILDREN		
Promote LiveHealth Online which provides access to behavioral/mental health services via telehealth.	Promote Bright Heart Health (BHH) which provides virtual care for substance use disorders including opioid addiction.	Provide direction and oversight to allow ambulance to transport patients in behavioral health crisis directly to Crisis Stabilization Center.	Increase awareness of Department of Behavioral Health services to non-English speaking communities.	Continue to implement the All 4 Youth Program.	Early Matters Fresno - Home Visitation Network and Black Maternal Health Workforce development.	Care Coordination between hospitals and mental health service providers.

PARTNERS*

Anthem Blue Cross, CalViva Health, Kaiser Foundation Health Plan (KFHP), Fresno County Department of Public Health (FCDPH)	Anthem Blue Cross, CalViva Health, KFHP, FCDPH	FCDPH, Fresno County Ambulance Providers	Fresno County Department of Behavioral Health (FCDBH)	FCDPH, Office of the Fresno County Superintendent of Schools	Home Visitation Network partners	FCDBH

POPULATIONS

THESE STRATEGIES WILL TARGET THE FULL COUNTY, WITH SPECIFIC ATTENTION TO:

Children, youth, caregivers, prenatal/postpartum population, individuals in behavioral health crisis, Hispanic population, and disadvantaged and marginalized communities

Black/African American and Latino/a residents in the service area will **significantly benefit**, as they are less likely to report being able to access help for mental health and substance abuse issues.

OUTCOMES

OBJECTIVES
By end of 2028

3.1A: Maintain the % of Fresno County adults who report that they obtained help for their emotional, mental health, or substance abuse issues at or above 50%

3.1B: Reduce the % difference between White and non-White populations to below a 10% difference for the % of Fresno County adults who report they obtained help for emotional, mental health, or substance abuse issues

3.2: From 2024 to 2028, maintain the number of mental health hospital discharges among Fresno County Youth (5-19) to below 10 per 1,000

LONG-TERM IMPACT/ OUTCOME INDICATORS

↑ % of adults needing care for emotional, mental health, or substance abuse issues who stated that they did obtain help for those issues in the past year

↓ # of hospital discharges for mental health issues per 1,000 children and youth ages 5-19

GOALS

1) INCREASE ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES FOR FRESNO COUNTY ADULTS

2) PROMOTE CHILD MENTAL WELLBEING AND RESILIENCE THROUGH ACCESS TO BEHAVIORAL HEALTH SERVICES

*Partners represent organizations/programs who will collaborate on the Improvement Plan (CHIP) strategies with FCDPH. Partners are not necessarily inclusive of all entities who will collaborate on strategies and are subject to change.

CURRENT PARTNERS & RESOURCES
ADDRESSING HEALTH NEEDS

Information was gathered on assets and resources that currently exist in the county. This was done by collecting respondents' feedback and an overall assessment of the service area. This list of community assets and resources does not claim to be complete or inclusive of all the assets and resources available to Fresno County residents.

CHILD/YOUTH SUPPORT
- All 4 Youth
- Big Brothers Big Sisters of Central California
- Boys & Girls Clubs of Fresno County
- Children Services Network
- Exceptional Parents Unlimited
- First 5 Fresno County
- Head Start and Early Head Start
- Help Me Grow Fresno County
- Home Visitation Network
- Lighthouse for Children
- Safe Kids Central California
- Valley Teen Ranch

ABUSE AND VIOLENCE
- Breaking the Chains
- CASA of Fresno and Madera Counties
- Community Justice Center
- Fresno County Rape Crisis Services
- Marjaree Mason Center
- Resource Center for Survivors
- Suspected Child Abuse & Neglect
- Teams for Fresno and Madera Counties

ECONOMIC STABILITY
- American Red Cross Central California
- Central California Food Bank
- Central California Hispanic Chamber of Commerce
- Central Valley Asian-American Chamber of Commerce
- Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)
- Clovis Chamber of Commerce
- Every Neighborhood Partnership
- Fresno American Indian Health Project
- Fresno Building Healthy Communities
- Fresno Chamber of Commerce
- Fresno Economic Opportunities Coalition
- Fresno Interdenominational Refugee Ministries
- Fresno Madera Continuum of Care
- Fresno Metro Black Chamber of Commerce
- Fresno Metro Ministry
- Fresno State Project Management Institute
- Self-Help Enterprises
- The Fresno Center
- Turning Point of Central California Inc.
- United Way Fresno and Madera Counties
- Valley Alliance for Latina Leadership Excellence
- West Fresno Family Resource Center

EDUCATION
- 33 School Districts
- California State University, Fresno – Central Valley Health Policy Institute
- Cradle to Career Fresno County (C2C)
- Fresno County Office of Education
- Fresno Pacific University
- Maddy Institute, California State University, Fresno
- San Joaquin Valley College
- State Center Community College District
- West Hills Community College

HEALTHCARE AND PUBLIC HEALTH
- Adventist Health
- American Cancer Society
- American Heart Association
- Anthem Blue Cross
- BLACK Wellness & Prosperity Center
- CalViva Health
- Camarena Health
- Central Valley Health Network
- Clinica Sierra Vista
- Community Medical Centers
- Cultiva la Salud
- Fresno County Department of Public Health
- Fresno County Preterm Birth Initiative
- Fresno Diabetes Collaborative
- Fresno State Nursing Student Program
- Health Net
- Healthy Communities Access Program
- Hinds Hospice
- Kaiser Permanente Fresno Medical Center
- Leukemia & Lymphoma Society
- March of Dimes Central Valley Division
- OMNI Health Centers
- Optimal Hospice
- Saint Agnes Medical Center
- San Joaquin Valley Public Health Consortium
- Sierra View Medical Center
- UCSF Fresno
- United Health Centers of the San Joaquin Valley
- Valley Children's Healthcare
- Ventanilla de Salud Program, Mexican Consulate Fresno

PHYSICAL ACTIVITY AND NUTRITION
- Central California Regional Obesity Prevention Program
- Fresno County Department of Public Health – CalFresh Health Living Program
- University of California Cooperative Extension

MENTAL HEALTH AND SUBSTANCE USE
- Comprehensive Youth Services of Fresno
- Fresno County Department of Behavioral Health
- Fresno County Department of Public Health – Tobacco Prevention Program
- Kings View
- Local Outreach to Suicide Survivors – Fresno County
- National Alliance on Mental Illness – Fresno County
- WestCare

SENIOR AND DISABILITY SERVICES
- Central Valley Regional Center
- Deaf and Hard of Hearing Service Center
- Easterseals of Central California
- Fresno-Madera Agency on Aging
- Program of All-Inclusive Care for the Elderly (PACE)
- Resource for Independence Central Valley
- Valley Caregiver Resources Center
- Valley Center for the Blind

SOCIAL SERVICES
- Centro La Familia
- Fresno Rescue Mission
- Poverello House
- Roman Catholic Diocese of Fresno
- Westside Family Preservation Services

STEPS 5-8

INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPROVEMENT PLAN (CHIP)

IN THIS STEP, FRESNO COUNTY WILL:

- INTEGRATE CHIP WITH COMMUNITY PARTNERS AND HEALTH DEPARTMENT PLANS
- ADOPT THE CHIP
- UPDATE AND SUSTAIN THE CHIP

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FRESNO COUNTY
NEXT STEPS

The Community Health Assessment (CHA) and this resulting Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This CHIP explains how the Fresno County Department of Public Health plans to address the selected priority health needs identified by the CHA.

This CHIP report was adopted by the Fresno County Department of Public Health leadership in September 2024.

This report is widely available to the public on the health department website:
The Fresno County Department of Public Health: https://www.fcdph.org/hpi

Written comments on this report can be made by contacting the Fresno County Department of Public Health: https://www.co.fresno.ca.us/departments/public-health/contact-public-health

EVALUATION OF IMPACT

The Fresno County Department of Public Health will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. Fresno County is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of Fresno County's actions to address these significant health needs will be reported in the next scheduled CHA.

ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

The Fresno County Department of Public Health (FCDPH) is committed to improving the health of our community by focusing our resources on areas where we can effectively make an impact. This is accomplished through our specialized areas of focus, and by strengthening partnerships to address broader health needs. Although some identified health needs are not directly addressed in this CHIP, many of these needs are indirectly addressed through our CHIP strategies or targeted by existing FCDPH programs, such as our HIV/AIDS program, Tobacco Prevention Program, Local Oral Health Program, Health Education Unit, and Lead Hazard Control Program. We will also continue to work alongside other County Departments and community partners to align efforts that support initiatives that target those health needs identified in the 2023 CHA, that are not the primary focus of the CHIP. These include, but are not limited to, crime and violence, environmental conditions, internet access, adverse childhood experiences, access to childcare, education, and economic stability. With meaningful partnerships and strategic resource allocation, we strive to inform our partners on identified health gaps and align our efforts for a collective impact, which will be measured through on-going CHA and CHIP efforts.

APPENDIX A

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: IMPROVEMENT PLAN (CHIP)

MEETING THE PHAB REQUIREMENTS FOR THE CHIP

The Public Health Accreditation Board (PHAB) Standards & Measures serve as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this CHIP meets the PHAB requirements.

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APPENDIX B:

PHAB IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR IMPROVEMENT PLANS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	4 7-8, 12-15, 17-20 12-15 20 12-15	Community health improvement planning process that includes: i. Broad participation of community partners. ii. Information from community health assessments. iii. Issues and themes identified by stakeholders in the community. iv. Identification of community assets and resources. v. A process to set health priorities.	
✓	6-22	Implementation of the plan, in partnership with others, including: i. Process to track actions taken to implement strategies in the plan ii. Examples of plan implementation	A detailed workplan (living document) has been developed that included strategies, SMART objectives, annual activities, indicators, partners, and priority populations.
✓	N/A	Evaluation reports, including: i. Progress related to health improvement indicators ii. Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment	
✓	15-20	Desired measurable outcomes or indicators of health improvement and priorities for action.	Indicators are included in both the CHIP report and workplan.
✓	17-19	Policy changes needed to accomplish health objectives.	Detailed activities and policy changes needed to accomplish health objectives are included in the workplan.
✓	17-19	Individuals and organizations that have accepted responsibility for implementing strategies.	Partners are included in both the CHIP report and workplan. A lead organizational contact has been identified to be accountable for each strategy.
✓	12-19	Consideration of state and national priorities.	This CHIP report aligns with California and national priorities including health needs, indicators, priority populations, and evidence-based strategies.

APPENDIX C: **REFERENCES**

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The 2024-2028 Improvement Plan (CHIP) report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally.

Moxley
PUBLIC HEALTH

Disclosure: This Community Health Improvement Plan (CHIP) was revised by the Fresno County Department of Public Health in May 2026. Revisions were limited to formatting, data corrections and reference updates. The changes do not affect the fidelity of the report or goals, strategies, or priorities outlined herein.