



# Executive Summary

Central Valley Health Care Landscape Study



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COMMUNITY  
FOUNDATION

January 2026

# Executive Summary

## Background

**Generations of families in California’s Central Valley have powered the nation’s food supply, yet the communities at the heart of this region continue to face persistent poverty, limited education and economic opportunity, poor health outcomes, and barriers to health care. These inequities are compounded by health care workforce shortages, under-resourced health infrastructure, and rapid shifts in health policy.**

At this critical moment, the Central Valley Community Foundation commissioned this study to provide a regional overview of the health care landscape across seven Central Valley counties—Merced, Mariposa, Madera, Fresno, Kings, Tulare, and Kern. Informed by data and stakeholder input, the report identifies gaps in resources and access, explores drivers of under-resourcing, and offers recommendations to strengthen the region’s health care system.

This study drew upon publicly available data, input from a diverse advisory group, expert interviews, and six listening sessions conducted between April and October 2025. More than 150 stakeholders contributed to the research—including Central Valley legislators, business and health care leaders, public health officials, community health workers and advocates, and workforce development leaders.

## Critical Health System Gaps

Despite major coverage gains, the Central Valley’s health care infrastructure is stretched thin, with severe workforce shortages and mounting financial pressures that constrain access and worsen outcomes.

### Coverage and Access Challenges

- Medi-Cal covers 53% of residents in the Central Valley—far above the statewide average of 37%—placing extraordinary strain on providers due to Medi-Cal’s low reimbursement rates.
- High rates of preventable hospitalizations underscore the urgent need for more timely and accessible primary and outpatient care. Half of residents report waiting longer than reasonable for a physical health appointment and 61% report waiting longer than reasonable for a mental health appointment. Limited provider networks, affordability, distance and lack of transportation, language barriers, lack of trust, and the complexity of the system further limit access.

### Workforce Shortages

- The Central Valley has the smallest health care workforce relative to population in California. Eighty-five percent of residents live in primary care shortage areas, and the region has roughly half the specialists per capita compared to the state. Behavioral health providers, nurses, dentists, and allied health professionals are similarly scarce.

### Hospitals Under Pressure

- Overcrowding is a significant challenge in Valley hospitals. With too few acute, emergency, long-term, and psychiatric care beds, residents face delays and diminished access to essential care.
- Many Central Valley hospitals face severe financial strain and are at risk of closing—or cutting critical services—due to heavy reliance on Medi-Cal, stagnant reimbursement rates, and rising labor and regulatory costs. About half of acute care hospitals in the region reported negative operating margins in 2023 and several hospitals have sustained financial losses for multiple years.

- Madera Community Hospital abruptly closed in 2023, underscoring the fragility of Central Valley hospital finances. The closure left roughly 160,000 residents without nearby emergency, labor and delivery, or acute care services for more than two years, and caused substantial job loss in the community.

### Maternity Care Crisis

- The Central Valley faces shrinking maternity care resources. The Valley’s supply of maternity care providers is 30% below federal guidelines and access to fetal and perinatal specialists is extremely limited, leaving high-risk pregnancies difficult to manage. Labor and delivery department closures are accelerating, creating maternity care deserts in rural communities.
- Amid these resource constraints, Central Valley maternal and infant outcomes are among the worst in California. The Valley’s infant mortality rate is 5.4 deaths per 1,000 live births—above the Healthy People 2030 target of 5.0 and significantly higher than California’s rate of 4.1. Maternal mortality is also alarmingly high: in the Southern Central Valley (including the study region plus Stanislaus and Tuolumne counties), the rate is 27.2 deaths per 100,000 births, compared to 18.4 statewide—the highest regional rate in California.

## Threats from Federal Cuts

H.R. 1 (One Big Beautiful Bill Act) became law on July 4, 2025, with some of its provisions retroactive to January 1, 2025. H.R.1 is projected to reduce federal funding to California for Medi-Cal by \$30 billion annually and potentially leave up to 3.4 million Californians without coverage. The cuts include lower reimbursement rates for hospitals and providers and an increase in uncompensated care as more patients become uninsured. By destabilizing health systems, H.R. 1 could lead to more service line and facility closures, impacting everyone that lives in the region. As one stakeholder noted, the Central Valley’s health care system is “on life support,” and further cuts would be like “a dagger to the heart.”

## Bright Spots

Despite these challenges, the Central Valley demonstrates resilience and innovation, highlighting the potential for greater impact with sustained investment and coordination.

### Growing Pipeline of Locally-Trained Health Professionals

- The Valley welcomed its first standalone medical school, California Health Sciences University College of Osteopathic Medicine, producing more than 125 physicians in its first two graduating classes and on track for 150 more in 2026.
- The University of California has expanded undergraduate medical education through SJV PRIME+, a local BS-to-MD pathway, and is planning an independent medical school in the region.
- Hospitals and health centers have added or expanded residency programs over the past decade.
- K–16 pathways and initiatives like the Tulare-Kings Health Care Partnership connect local students to health careers and foster collaboration across education, employers, and workforce agencies.

### Diverse Approaches to Delivering Care

- Federally Qualified Health Centers (FQHCs) are a cornerstone of the Central Valley’s safety-net health system, serving nearly half of residents. FQHCs’ presence in the region has expanded over time, buoyed by coverage gains.
- Mobile clinics, school-based health centers, and employer-based services bring care directly into communities.
- Community health workers, promotores, and doulas are increasingly integrated into the health care delivery system as trusted, culturally responsive providers.



## Strong Community Engagement and Advocacy

- The Valley benefits from a highly-engaged community that recognizes its challenges and collaborates to identify solutions, as well as legislative representatives with long-standing commitments to improving medical education, health care systems and population health outcomes.
- Across the region, advocates and community-based organizations are amplifying local voices, working to protect coverage and respond to emerging threats.

## Critical Focus Areas and Strategies for Impact

The Central Valley's health care system can be strengthened by focusing on four critical focus areas.

### 1. Catalyze Collaboration and Strategic Investment

- Secure and Align Resources at Scale: Create cross-sector tables that can unlock and align funding to fill gaps, seed innovation, and support regional priorities.
- Increase Representation and Regional Advocacy: Partner with health-focused legislators to co-develop policy agendas that support improvement, strengthen regional representation on planning and advocacy tables, engage advocates, and conduct communications campaigns to build political will.
- Fund Coordinating Infrastructure: Support dedicated organizations to coordinate strategy, data, communications, and advocacy across initiatives.

### 2. Sustain the Health Care Safety Net

- Protect Medi-Cal Coverage for All Income-Eligible Californians: Collectively advocate for continued Medi-Cal coverage for all income-eligible residents.
- Secure Sustainable Medi-Cal Rates: Ensure Medi-Cal reimbursement levels in the Central Valley are adequate and equitable, supporting the long-term sustainability of providers that serve significant Medi-Cal populations.

- Invest Upstream: Prioritize prevention and health promotion by funding public health, primary care, behavioral health, and post-acute supports, while addressing root drivers of health such as air quality, food access, and other community-identified needs.
- Support Rural and Safety Net Hospital Financial Resilience: Provide emergency relief and targeted funding for qualifying rural and safety-net hospitals and monitor and protect critical service lines such as labor and delivery.

### 3. Grow the Health Care Workforce

- Expand Local Training Programs and Pathways: Sustain, scale, and link “grow our own” programs that support local students and workers to join the health care workforce, including K-16 health pathway programs and local adult school and college-level health career training.
- Increase Medical Education Capacity: Continue expanding clinical rotations and local residency and fellowship training opportunities; sustain urgency and political will to bring a stand-alone University of California medical school to the Valley.
- Strengthen Recruitment and Retention: Offer competitive pay, loan forgiveness, housing support, and career pathways; promote and enhance regional assets; foster belonging through mentorship, inclusive workplaces, and social connections.

### 4. Reimagine Models of Care

- Coordinate Across Systems to Address Health and Social Needs: Foster collaboration between health care providers and social service and community-based organizations to address complex health and social needs, reduce duplication, and implement value-based population health approaches.



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- **Fund and Integrate Community-Connected Providers:** Expand roles for community health workers, promotores, peer specialists, doulas, and other non-clinical providers, further integrating them into care teams with adequate payment and system support.
- **Diversify Maternity Care Models:** Explore coordinated, multi-pronged approaches including OB/GYN residencies, expanded access to doulas and team-based care models, telehealth and remote monitoring, and maternal homes to improve access and outcomes.
- **Expand Innovative Solutions for Rural Health Access:** Use telehealth, mobile units, employer-based clinics, transportation support, and community-connected providers to close persistent rural access gaps.

## Immediate Next Steps

The scale and urgency of these challenges are cause for alarm and call for coordinated, sustained action across organizations and sectors. The Central Valley lags behind on nearly every health-related measure, and California cannot afford to overlook this vital region. The following ideas offer a starting point for organizations to translate the report's recommendations into meaningful next steps.

- **Assess alignment:** Identify which focus areas and strategies match existing work and where you can contribute most.
- **Leverage data:** Use the report's findings to secure additional resources, raise awareness, and advocate for policies and programs that advance regional priorities.
- **Engage collaboratively:** Join cross-sector efforts to strengthen partnerships, establish shared goals, and coordinate action.
- **Plan, pilot, and evaluate:** Conduct further analysis, develop detailed implementation plans, test new approaches, and track progress to inform continuous improvement.

# Acknowledgments

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## About the Authors:

*Jess Thacher, MPH – Founder, Jess Thacher Consulting*

Jess Thacher specializes in strengthening safety-net health care systems, primarily in California. She applies facilitative and data-driven approaches to help organizations create value amidst ambiguity, build effective strategies and systems, and continuously improve existing programs. Her work spans quality improvement, strategy, program development and implementation, and research and evaluation.

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Jen Joynt specializes in health care research, writing, and project management. Her areas of expertise include health care consumer experiences; quality of care; hospital organization, strategy, and operations; health care workforce; and the California health care marketplace.

*Wendy Todd, MPH – Founder, Wendy Todd Consulting*

Wendy Todd is a seasoned consultant and public health leader with a proven track record of driving successful cross-sector partnerships, improving processes, shaping policies, and launching innovative community initiatives. She helps organizations learn, plan, and collaborate to increase equitable access to nature, health care, social services and other vital resources for better health and well-being.



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## About the Foundation:

The Central Valley Community Foundation has been a trusted leader in local philanthropy for nearly 60 years. As the only nationally accredited community foundation serving Merced, Mariposa, Madera, Fresno, Tulare and Kings counties, we are exclusively dedicated to this region. We believe big change is possible in our region and invite the community to join us in building a just and thriving Central Valley!

No barriers. Just opportunity. All people.

## About our Logo:



Our logo expresses and emphasizes the strength of our Valley and the Foundation's vision, mission, and impact.

- Our place. The landscape design (sun, sky, horizon, field) and colors represent the Valley and why so many have come here to work and prosper.
- Our vision. Equity (the equal sign) is at the center of all we do. We believe an equitable society supports true transformation—of systems, communities and lives—and spans generations.
- Our mission. The Foundation is continuously evolving to navigate complex systems and find new ways to connect communities and capital for a just and thriving Central Valley.
- Our impact. The circle represents interconnectedness and long-lasting change.
- Our strength. The brick pattern illustrates our ability to empower communities and rebuild the Central Valley.



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