# APPENDIX E: LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RESULTS

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RESULTS

## TULARE COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Tulare County Local Public Health System Assessment was held on April 4, 2016 with community partners and Health and Human Services Agency (HHSA) staff. Eighty-nine participants showed up for the assessment workshop, including the five facilitators from the Public Health Institute. Community partners represented a broad array of sectors.

### BACKGROUND ON THE INSTRUMENT

The instrument used for this assessment was the National Public Health Performance Standards Local Public Health System Assessment Instrument version 3.0. The Performance Standards exist to improve the quality of public health practice and the performance of public health systems throughout the country. The Performance Standards were developed based on the 10 Essential Public Health Services.

The Performance Standards address questions such as:

- What are the components, activities, competencies, and capacities of our public health system?

- How well are the 10 Essential Public Health Services being provided in our system?

The Performance Standards focus on the overall public health system, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. The Performance Standards set a benchmark for all these entities to contribute to the delivery of the 10 Essential Public Health Services (Essential Services). Model Standards are set at optimal levels within the Essential Services. The instrument is comprised of a total of 30 Model Standards (two to four Model Standards per Essential Service) that describe key aspects of an optimally performing Local Public Health System.

Additionally, the Performance Standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the Performance Standards may be used for continuous quality improvement by serving as a guide for



*Figure 1: Ten Essential Public Health*
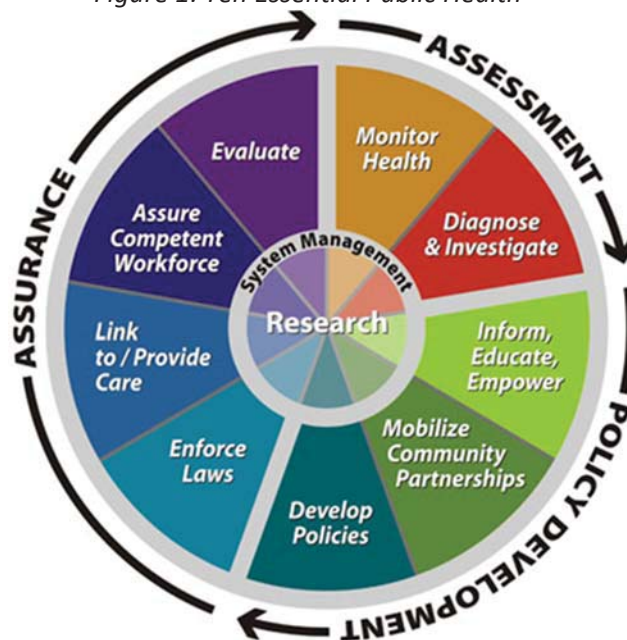
learning about public health activities throughout the system and determining how to make improvements. All communities have areas upon which they can improve their performance. The Performance Standards assist communities in identifying unique assets and areas to improve.

## PROCESS

The Local Public Health System Assessment (LPHSA) was conducted during a five-hour workshop in the afternoon on Monday, April 4, 2016. A healthy lunch and snacks were provided to all of the attendees. Dr. Karen Haught, Tulare County Health Officer, provided a welcome and introduction followed by a brief presentation about national public health accreditation and Tulare County's plan for applying. Public Health Institute was hired to facilitate the assessment, so they provided an overview of the instrument with instructions for scoring each of the performance measures within the Model Standards.

Community partners representing over 20 sectors participated in the assessment with a total of 84 participants and five PHI facilitators (one for each group). Partners were pre-assigned to one of five groups, consisting of approximately 15 to 16 participants per group. Pre-registered participants received advance materials via email in preparation for the workshop depending upon their group assignment. A few participants showed up without registering in advance. Tulare County HHSA staff assigned those individuals to a group that day. Each group was tasked with assessing two of the essential service areas.

Assignments to groups were as follows:

Group A: Essential Services 1 and 2

Group B: Essential Services 3 and 4

Group C: Essential Services 5 and 6

Group D: Essential Services 7 and 9

Group E: Essential Services 8 and 10

Table 1 provides a description of each of the Ten Essential Public Health Services. There are anywhere from two to four Model Standards per Essential Service, each with a set of performance measures to be scored by the participants. Facilitators provided guidance and instruction about scoring the performance measures based on five possible categories: optimal activity, significant activity, moderate activity, minimal activity, and no activity. Each participant received a set of five voting cards color-coded for each of the responses found in Table 2.

| Table 1: The 10 Essential Public Health Services | |
|---|---|
| 1. | Monitor health status to identify and solve community health problems. |
| 2. | Diagnose and investigate health problems and health hazards in the community. |
| 3. | Inform, educate, and empower people about health issues. |
| 4. | Mobilize community partnerships to identify and solve health problems. |
| 5. | Develop policies and plans that support individual and community health efforts. |
| 6. | Enforce laws and regulations that protect health and ensure safety. |
| 7. | Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. |
| 8. | Assure a competent public health and personal healthcare workforce. |
| 9. | Evaluate effectiveness, accessibility, and quality of personal and population-based health services. |
| 10. | Research for new insights and innovative solutions to health problems. |

In each of the small groups, someone read the performance measure, and everyone engaged in a conversation about the measure to come to an understanding of how it is conducted within the Tulare County public health system. The participants were then asked to vote on the activity level based on the information provided during the discussion. Not all participants voted with the same activity level, which led to further discussion to attempt to bring consensus to the group score. In a few instances consensus was not met. This was noted in the scoring sheet and a description of how these data were entered is found in the results section of this report.

Some attendees left the assessment early due to an emergency situation within their organizations. However, most of the participants continued to end of the workshop, which was concluded with a debrief from each group for the entire room to hear and a summary of next steps to be taken by the Tulare County Health and Human Services Agency with assistance from the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee. These steps include writing this report along with a report from the community focus groups that were held during the remainder of that week. There will be a draft Community Health Assessment (CHA) document for the MAPP Steering Committee to review and discuss in the month of June 2016. The CHA will be used for selecting areas for community health improvement that will become the framework for the Community Health Improvement Plan (CHIP).

| Table 2: Summary of Performance Measures Response Options | |
|---|---|
| **Optimal Activity** (76–100%) | Greater than 75% of the activity described within the question is met. |
| **Significant Activity** (51–75%) | Greater than 50% but no more than 75% of the activity described within the question is met. |
| **Moderate Activity** (26–50%) | Greater than 25% but no more than 50% of the activity described within the question is met. |
| **Minimal Activity** (1-25%) | Greater than zero but no more than 25% of the activity described within the question is met. |
| **No Activity** (0%) | 0% or absolutely no activity. |

## RESULTS

Whenever possible, consensus within each of the five groups was obtained for the performance measure scores. When it was not possible or the group was between scores, the score with the greatest number of votes was used in the results. If there was a tie between two scores, the lowest score was recorded. There was one entire Model Standard (3.3) that was not scored during the workshop because no one in the group was familiar with the Risk Communication Plan, and they felt that they could not provide a valid score for it. The MAPP Core Team discussed options for how to handle Model Standard 3.3 because they were familiar with Tulare County Risk Communication Plan and related efforts in this area. They knew that no score would default to a score of "no activity," which would be inaccurate and skew the results. They determined that it would be best for them to score it to prevent a false reporting of "no activity." Their score took into consideration that no one participating in this group was aware of activities occurring in this area when scoring the Model Standard. This method is not that different from many of the discussions in other Model Standards where maybe only one or two participants had knowledge about the content.

The Model Standard scores reported below reflect an average of performance measure scores within each Model Standard. The scores have been further averaged for each Essential Service. *Figure 2: Summary of Average ES Performance Score* contains a graphic depiction of these scores with the range of scores reflected with the black bar overlay on each colored score bar.

Figure 2: *Summary of Average ES Performance Score*
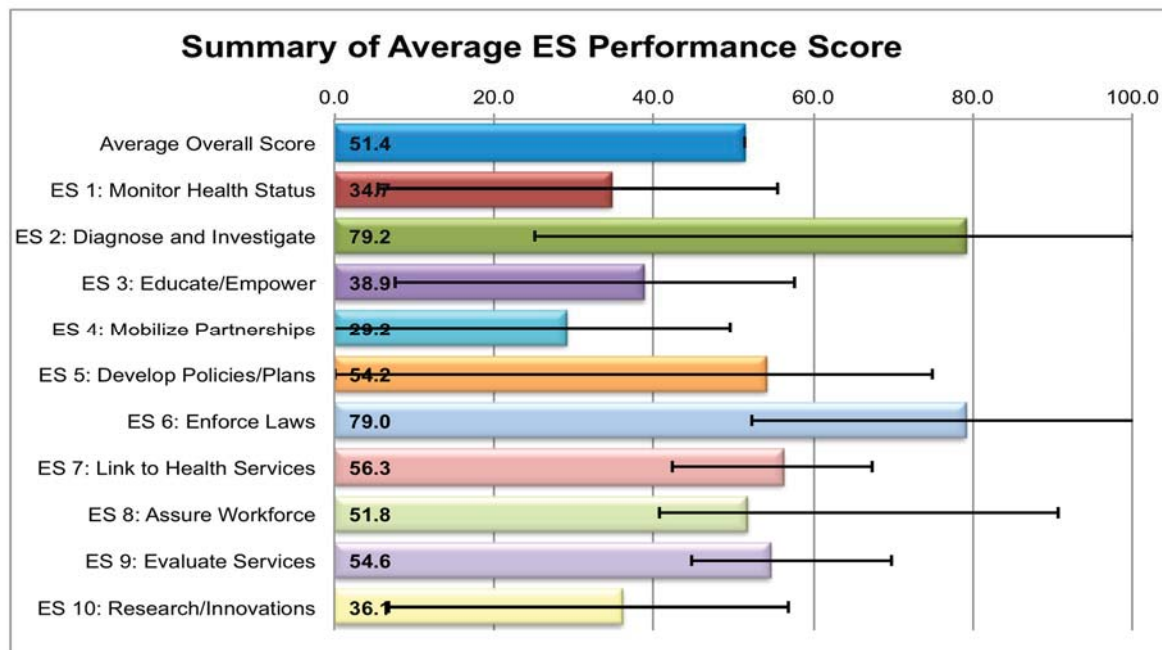


*Essential Service 1: Monitor health status to identify and solve community health problems*

Partners that participated in the Essential Service 1 discussion represented the following sectors:

- Local health department (HHSA)
- Public health laboratories (HHSA)
- Health care systems
- Hospitals
- Managed care organizations
- Local chapter of national health-related group (e.g., the Red Cross)
- State health department
- Community-based organizations
- Epidemiologists
- Community health planners

There are three Model Standards in this Essential Service with average scores for each as follows:

- Population-based Community Health Assessment – 33.3% (moderate activity)
- Current Technology to Manage and Communicate Population Health Data – 33.3% (moderate activity)
- Maintenance of Population Health Registries – 37.5% (moderate activity)

The group noted that the hospitals conduct assessments, but they are not easily shared. HHSA staff described ways to share and use the data. Several liked the idea of having the Tulare County Board of Supervisors be in charge of displaying/disseminating data for their districts.  There seemed to be some gaps in awareness of existing documents and data reports leading to lower, and sometimes split, scores. The group also noted that there are large health disparities between those living in rural Tulare County versus urban Tulare County based upon the data that are familiar to them.  Suggested improvements include sharing assessments with specific groups, maintaining a centralized assessment, translating assessment findings, and using family resource centers to distribute information. The group also recommend aligning their work to the State of California's Let's Get Healthy California, State Health Improvement Plan.

*Essential Service 2: Diagnose and investigate health problems and health hazards in the community*

Partners that participated in the Essential Service 2 discussion represented the following sectors:

- Local health department (HHSA)
- Hospitals
- Long-term care facilities
- Preschool and day care programs
- Public and private schools
- Colleges and universities
- Employers
- Managed care organizations
- Primary care clinics, including Federally Qualified Health Centers (FQHCs)
- Physicians
- Public safety and emergency response organizations – Red Cross
- Public health laboratories (HHSA)

There are three Model Standards in this Essential Service with average scores for each as follows:

- Identification and Surveillance of Health Threats – 66.7% (significant activity)
- Investigation and Response to Public Health Threats and Emergencies – 70.8% (significant activity)
- Laboratory Support for Investigation of Health Threats – 100% (optimal activity)

The HHSA public health laboratory staff was present for this discussion and provided great detail of information about the quality and comprehensive nature of local laboratory surveillance. They were able to describe how the public health laboratory functions in regard to this model standard. Scores reflected trust among the partners in the information that was provided. As for the investigation of health threats, the public health emergency preparedness and response program has been exercised and tested during real emergency situations that include After Action Reports (AARs). The group suggested short-term improvements such as partnering with the food bank for emergency distribution of medications, and having Public Health Emergency Preparedness expand the use of Tulare County (TC) Alert system, a system-wide communication tool, which would allow for 24/7 communication access for all health-related messages including water.

*Essential Service 3: Inform, educate, and empower people about health issues*

Partners that participated in the Essential Service 3 discussion represented the following sectors:

- Local health department (HHSA)
- Local governing entity
- Hospitals
- Public and private schools
- Health educators
- Faith-based organizations
- Non-profit organizations/advocacy groups
- Civic organizations
- Neighborhood organizations
- Other community/grassroots organizations
- Public Information Officers (PIOs)
- Media
- Libraries
- Family Resource Centers (FRCs)

There are three Model Standards in this Essential Service with average scores for each as follows:

- Health Education and Promotion – 41.7% (moderate activity)
- Health Communication – 33.3% (moderate activity)
- Risk Communication – 41.7% (moderate activity) As noted above, this Model Standard was scored by the MAPP Core Team

There were many noted strengths for health education and promotion that included the use of *promotoras de salud* (community health workers), relationships being built as part of a Collective Impact approach to address community health, and the connection of community members to providers. The group discussed occasional inconsistencies with health messages and a need to have all partners identify with a uniformed message. Sometimes messaging lacks connection for the disadvantaged communities (DACs) in the rural areas. There is a perception that there is no communication between community agencies and that the County agencies appear to be totally connected. Although many organizations have Public Information Officers (PIOs), there needs to be more coordination among them, perhaps regular quarterly meetings or an annual forum to establish stronger connections. The group also suggested sharing newsletters and creating more community messengers to deliver health information (similar to the promotoras de salud model).

*Essential Service 4: Mobilize community partnerships to identify and solve health problems*

Partners that participated in the Essential Service 4 discussion represented the following sectors:

- Local health department (HHSA)
- Local governing entity
- Hospitals and clinics
- Public and private schools
- Faith-based organizations
- Non-profit organizations/advocacy groups
- Civic organizations
- Neighborhood organizations
- Other community/grassroots organizations
- Public Information Officers (PIOs)
- Media
- Community members
- Local chambers of commerce
- State and federal programs
- Health-related coalition leaders

There are two Model Standards in this Essential Service with average scores for each as follows:

- Constituency Development – 25% (minimal activity at the high end)
- Community Partnerships – 33.3% (moderate activity)

The group noted that they get together to conduct community-based needs assessments, but that the information does not get out to all that need to know it and many of them are siloed in nature. The group did note an area of excellence with good communication regarding issues surrounding the current drought situation. They suggested holding a forum that includes community members and health agencies partnering to address health needs. The group identified the Tulare County 2-1-1 directory as a resource for identifying organizations as potential partners, but as with other parts of the country that use the 2-1-1 system, keeping the information current is a challenge. The group mentioned that there are many committees and coalitions (Prevention Coalition, Health Advisory Committee, etc.), but they are not necessarily connected. This group would like to see better promotion of these meetings and rotating their location around the county for more visibility within the community.

*Essential Service 5: Develop policies and plans that support individual and community health efforts*

Partners that participated in the Essential Service 5 discussion represented the following sectors:

- Local health department, including environmental health and public health emergency preparedness program areas (HHSA)

- Local governing entity

- Hospitals

- Elected officials and policymakers – Mayor of City of Farmersville

- Public health attorneys – County Counsel

- Law enforcement agencies and emergency services personnel – HazMat

- Health care providers

- Civic organizations

- Department of transportation (local)

- Mental health and substance abuser organizations (HHSA)

- Parks and recreation

- Media – local AM radio station

- Rural health

- Farm Bureau Boards

- Military

- Animal services

There are four Model Standards in this Essential Service with average scores for each as follows:

- Governmental Presence at the Local Level – 75% (significant activity at the high end)

- Public Health Policy Development – 50% (moderate activity at the high end)

- Community Health Improvement Process and Strategic Planning – 25% (minimal activity at the high end)

- Plan for Public Health Emergencies – 66.7% (significant activity)

This group felt like there was government presence at the local level but that government is not always adequately funded from the state or federal governments. There are many unfunded and underfunded mandates. They acknowledged some of the health policy work that is currently underway and that work in this area could be expanded. They mentioned tobacco control policies and other related policies to address chronic disease prevention. The group expressed a lot of interest in participating in the community health improvement process, but the scores reflect that they are just starting this process, so they anticipate great growth within this area in the near future. The Public Health Emergency Preparedness coordinator presented the information related to the last Model Standard, assuring the group that the emergency preparedness and response plans are developed, maintained, exercised, and revised. Some participants in the group were aware of them, but not all. There is sometimes a delay in implementing all of the corrective actions in the After Action Reports due to time constraints and competing priorities.

*Essential Service 6: Enforce laws and regulations that protect health and ensure safety*

Partners that participated in the Essential Service 6 discussion represented the following sectors:

- Local health department, including environmental health and public health emergency preparedness program areas (HHSA)

- Local governing entity

- Hospitals

- Elected officials and policymakers – Mayor of City of Farmersville

- Public health attorneys – County Counsel

- Law enforcement agencies and emergency services personnel – HazMat

- Health care providers

- Civic organizations

- Department of transportation (local)

- Mental health and substance abuser organizations (HHSA)

- Parks and Recreation

- Media – local am radio station

- Rural health

- Farm Bureau Boards

- Military

- Animal services

There are three Model Standards in this Essential Service with average scores for each as follows:

- Review and Evaluations of Laws, Regulations, and Ordinances – 68.8% (significant activity)

- Involvement in the Improvement of Laws, Regulations, and Ordinances – 83.3% (optimal activity)

- Enforcement of Laws, Regulations, and Ordinances – 85% (optimal activity)

Many participants in this group were from organizations involved in the review, evaluation, improvement, and enforcement of public health laws, regulations, and ordinances. The high scores reflect this broad representation of groups that are consistently working with these laws, regulations, and ordinances. There are processes in place to ensure that public health issues are adequately addressed. The Health Officer delegates authority to environmental health, and the California Health and Safety Code guides much of the work. Many position require Continuing Education Units (CEUs) to keep up-to-date on changes to the laws. Inspections must site code. Many examples were provided from environmental health, animal control, and the built environment. One area for improvement the group recommended for this Essential Service is the regular and consistent review of existing public health laws, regulations, and ordinances at least once every three to five years. The group consensus was that the reviews tended to be more ad hoc in nature.

*Essential Service 7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*

Partners that participated in the Essential Service 7 discussion represented the following sectors:

- Local health department (HHSA)

- Hospitals

- Health service providers including medical homes

- Health service recipients

- Managed care organizations

- Non-profit organizations / advocacy groups

- Federally Qualified Health Centers or community health centers

- United Way

- Social services (HHSA)

- Public and private schools

- Insurance providers

There are two Model Standards in this Essential Service with average scores for each as follows:

- Identification of Personal Health Services Needs of Populations – 50% (moderate activity at the high end)

- Linkage of People to Personal Health Services – 62.5% (significant activity)

This group acknowledged a need to improve connecting residents with medical homes, a team-based health care delivery model led by a health care provider that is intended to provide comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. The group identified cultural barriers as well as a lack of information sharing between the partner organizations as potential areas of improvement. The group suggested creating local opportunities to review state and federal data reported to better address access to care issues. They also suggested sharing data between different groups and setting up programs that are more collaborative in nature. Things that are working well in this Model Essential Service are the mobile health unit, chronic disease management center, and rural health clinics. One area that is lacking, though, is care specific to the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. There are limited special care services in the area leading to referrals to providers outside of the county, which can pose transportation barriers. There is an overall perception that there is a need for more medical services and health education. The group reported that they would like to see considerations made regarding the political and economic factors that go into health care when addressing community health improvement.

*Essential Service 8: Assure a competent public health and personal healthcare workforce*

Partners that participated in the Essential Service 8 discussion represented the following sectors:

- Local health department (HHSA)
- Hospitals
- Foundations
- Human resources departments
- Advocacy organizations
- Federally Qualified Health Centers or community health centers
- Professional associations
- Local chambers of commerce
- Mental health, including children's
- Childhood educators

There are four Model Standards in this Essential Service with average scores for each as follows:

- Workforce Assessment, Planning, and Development – 25% (minimal activity at the high end)
- Public Health Workforce Standards – 83.3% (optimal activity)
- Life-long Learning through Continuing Education, Training, and Mentoring – 55% (significant activity)
- Public Health Leadership Development – 43.8% (moderate activity)

The diversity of sectors represented in this group brought a diversity of opinions to this Essential Service. Representatives from the public health department and clinical sectors tended to go with higher scores because many of their positions are required to have continuing education units (CEUs) that encourage ongoing staff development and learning to keep skills current as part of their state licensure. These would be positions such as nurses. However, members representing other sectors (e.g., non-profit, advocacy, education) tended to go with lower scores in this area because many positions in those types of organizations do not have formal CEU requirements, and the need varies from organization to organization. Non-clinical positions do not always have standard licensure or training requirements. Therefore, the group observed inconsistency across types of positions. They also discussed that there was no overarching collaborative effort being done at this time to assess the workforce and to provide standards and training to meet the needs of developing the workforce. They felt that trainings were offered in silos and mentioned that they like the idea of conducting collaborative training across organizations, such as creating a training exchange. The group also discussed ways to attract and keep people with skills and talent in the Tulare County area. They were very interested in exploring how to bring youth back into the community after they go away to college and earn degrees. There are no four-year colleges or universities within the county, which can provide a natural pipeline for employing those who have recently graduated with a degree.

*Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services*

Partners that participated in the Essential Service 9 discussion represented the following sectors:

- Local health department (HHSA)
- Hospitals
- Service providers including medical homes
- Service recipients
- Non-profit organizations / advocacy groups
- Public and private schools
- Federally Qualified Health Centers or community health centers

There are three Model Standards in this Essential Service with average scores for each as follows:

- Evaluation of Population-based Health Services – 62.5% (significant activity)
- Evaluation of Personal Health Services – 70% (significant activity)
- Evaluation of the Local Public Health System – 31.3% (moderate activity)

This group had many scores that were not in consensus because they felt that evaluation was done inconsistently applied to programs and services across the county, occurring within some areas and not at all in others. The group believed that obtaining sufficient funding to carry out evaluations and make improvements is quite difficult, and the information is not readily shared once the evaluations are complete. Some of the participants felt that it appears that there is nothing done with the information after it has been collected, while others disagreed. They noted that there are sometimes political barriers, and that the evaluation findings are sometimes used for political purposes. They also said that there is a lack of an evaluation culture. The group mentioned that electronic health records are helping to improve the evaluation of personal health data, but that communication between organizations could be improved. As for the evaluation of the Local Public Health System, this workshop was the inaugural event for Tulare County to meet this Model Standard, leading to an initially low score that should improve over time.

*Essential Service 10: Research for new insights and innovative solutions to health problems*

Partners that participated in the Essential Service 10 discussion represented the following sectors:

- Local health department (HHSA)
- Hospitals
- Health service providers including medical homes
- Health service recipients
- Managed care organizations
- Non-profit organizations / advocacy groups
- Federally Qualified Health Centers or community health centers
- United Way
- Social services (HHSA)
- Public and private schools

There are three Model Standards in this Essential Service with average scores for each as follows:

- Fostering Innovation – 50% (moderate activity at the high end)
- Linkage with Institutions of Higher Learning and/or Research – 33.3% (moderate activity)
- Capacity to Initiate or Participate in Research – 25% (minimal activity at the high end)

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RESULTS

This group noted that there is some research collaboration happening in the county. However, it is not consistent and it becomes challenging given that there is no four-year institution of higher learning where research is part of the curriculum such as college or university in the county. They commented on how accreditation and epidemiology represent areas of best practices. There is some pilot testing of programs before they are fully implemented. Focus groups are conducted on occasion and usually program-specific. Overall there is a willingness to support research. The group suggested collaborating with national associations by providing data and surveys results so that these agencies can conduct research on Tulare County communities. A shared public health vision was also recommended.

## OVERALL FINDINGS AND THEMES

Post workshop evaluation results showed that most of participants that responded to the evaluation found the Local Public Health System Assessment to be a good use of their time (43 of the 46 respondents that answered this question agreed or strongly agreed). Most of the respondents also understood how the information collected was going to be used (39 of the 44 that answered this question agreed or strongly agreed). Many respondents commented about the value of their small group discussions, which enabled them to have conversations with other sectors in a way that has not been offered in the past. Overall the group was engaged and highly motivated for improving the health of Tulare County communities.

A consistent theme across most of the group discussions was the need to improve communication. Communication would include not only consistent health messaging to the public, but also awareness of the County's Risk Communication Plan, hospital health needs assessments, and data reports. Communication between partners could be improved so that some of these essential documents can be put to better use within the community. The group that specifically addressed health information suggested regular meetings with PIOs to ensure consistent messaging to the public. They suggested obtaining input from disadvantaged communities to ensure relevance of the message before launching a health information campaign.  Another suggestion was to hold a community forum that includes the community with health agencies partnering to improve the community's health where needed. Note that this community health assessment process will attempt to address this with community focus groups occurring the days following this workshop.

There also seems to be two Tulare Counties: one rural and one urban. Life is vastly different in these two types of settings in the way services are provided and accessed as well as the ability to seek care when needed. Rural areas tend to have higher poverty rates and poorer health outcomes. The county is geographically large in size which makes transportation from the rural areas to an urban area challenging, further exacerbating the disparities in health outcomes. Many of these rural communities have undocumented residents that often do not access services and therefore would not be counted for clinic and hospital data collection purposes. There may be fear of deportation when seeking medical care. Creative methods such as mobile clinics that include comprehensive clinical service and health education could be a possible solution to providing access to these outlying communities.

There are no institutions for higher education located within the county borders. This poses a challenge for finding researchers for collaboration on projects. Fresno State University and the University of California, Davis will sometimes collaborate with the County on research projects. However, neither of them are local, and the partnership is not consistent or regular. Developing stronger linkages to some of these institutions and establishing more formal agreements could help increase the capacity of Tulare County to conduct public health research.

The final theme that was mentioned by many groups was the lack of specialty medical care and low number of medical providers within the county. This has also been mentioned during the Community Themes and Strengths Assessment by both community partner organizations and by community members during focus group discussions. This area may be more challenging to address in the near future, but it should be considered when creating the Community Health Improvement Plan.

### LESSONS LEARNED

Overall the participants reported that they found this workshop to be a good use of their time. However, there were a few areas of improvement noted about the logistics and process of conducting this type of workshop. The use of one large room to conduct five small group discussions was not ideal. Participants and facilitators had a difficult time hearing people speak. Offering separate workrooms in the future would be a better option. Another participant requested the acronyms to be fully described, so remembering that an audience from a diverse group of sectors may not be familiar with public health lingo and acronyms. One solution is to provide the participants with a glossary of terms and acronyms. Despite these minor hurdles, both participants and facilitators generally felt the process provided an effective opportunity to improve the public health system within Tulare County.

# PARTNER ORGANIZATIONS

**LIST OF PARTNER ORGANIZATIONS PARTICIPATING IN THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT**

| | |
|---|---|
| Allensworth Progressive Association | Planned Parenthood |
| Alliance for Teen Health | Primary care providers (private practice) |
| American Cancer Society | Pro-Youth HEART |
| American Red Cross of the Central Valley | Sierra View Medical Center |
| California Dept. of Public Health | Tulare Basin Wildlife Partners |
| California Health Collaborative | Tulare County Council on Child and Youth Development |
| California Highway Patrol | Tulare County Counsel |
| California National Guard Counterdrug Task Force | Tulare County Dept. of Public Health |
| Central California Asthma Collaborative | Tulare County Health & Human Services Agency |
| Central Valley Regional Center | Tulare County Library |
| City of Farmersville | Tulare County Medical Society |
| City of Tulare | Tulare County Office of Education |
| City of Visalia | Tulare Regional Medical Center |
| Cutler-Orosi Joint Unified School District | Tulare Youth Service Bureau |
| Family HealthCare Network | Tulare Kings Hispanic Chamber of Commerce |
| Family Services of Tulare County | Tule River Tribe |
| Foodlink for Tulare County, Inc. | United Health Centers |
| Grandma's House | United Way Tulare County |
| HealthCare Conglomerate Association | Visalia Adult Integrated Clinic |
| HealthNet | Visalia Transit |
| Kaweah Delta Heath Care District | Visalia Unified School District |
| KTIP Radio | Westgate Gardens Care Center |
| Lindsay Family Resource Center | Woodlake Family Resource Center |