

Tulare County Community Health Improvement Plan (CHIP) 2023-2028

Year 3: 2022-2024 Annual Report



HHSA
Public Health



Table of Contents

Letter from Subcommittee Co-Chairs	3
Executive Summary	4
2023- 2028 Access to Care and TAME Objectives.....	5
Planning Process	6
Access to Care	7
Goal 1	7
Ensure all providers and staff receive cultural humility training related to diversity, equity, and inclusion.	
Goal 2	9
Ensure the public knows how and when to access care.	
Goal 3	11
Help people get recommended health care services, including prevention.	
Goal 4	13
Provide care to people where they are at.	
TAME	15
Goal 5	15
Improve identification and management of prediabetes and diabetes.	
Goal 6	20
Increase opportunities for physical activity.	
Goal 7	22
Increase consumption of healthy food and beverages.	
Appendix A: CHA and CHIP Recruitment Flyer.....	26
Appendix B: 2023 CHIP Work Plans	28
Appendix C: Cross walk of 2017 and 2023 CHIP.....	41
Appendix D: Oral Health & Diabetes Symposium Evaluation Report.....	49
Appendix E: 2023 Farmerworker Women's Conference Access to Care Report.....	55

A Letter from the CHIP Subcommittee Co-chairs

Over the past year, the Access to Care and Tulare Alliance for Management and Education of Diabetes (TAME) Committees have actively collaborated with community partners to address health priorities originally identified in the 2017–2022 Community Health Improvement Plan (CHIP). As we work toward finalizing the 2024 CHIP annual report, we take this opportunity to reflect on the progress and achievements we have made together.

This Annual Report provides an update on our collective efforts and outlines a clear roadmap for continuing to address disparities in care and health equity within Tulare County. It summarizes the work of a diverse array of partners: Altura Centers for Health, Anthem Blue Cross, Visalia Health Care Centers, TCAG, Sierra View, Tulare County Library, Kaweah Health, Tule River Reservation, Lindsay Unified School District–Healthy Start Family Resource Center, Aria Community Health Center, Tulare County Public Health, and The Source LGBTQ+ Center.

We extend our sincere gratitude to our community partners for their dedicated support and engagement throughout this journey. Their contributions have been instrumental in advancing our shared goals.

Thank you for your continued dedication to improving community health and equity.

Signed,

Sonia Duran-Aguilar, MSN, MPH, RH, PHN, CNL, CRHCP

Lali Witrago, MPH

Yesenia Avianeda

Luis Cortez

Executive Summary

The Tulare County CHIP annual reports for Year 1 (2020-2021) and Year 2 (2021-2022) documented progress made during the COVID-19 pandemic, along with challenges, barriers, and future steps beyond the pandemic response. As early as October 2021, Tulare County Public Health (TCPH) began planning the 2023-2028 CHIP with input from 70 representatives across public agencies, nonprofits, businesses, and hospitals. Between October 2021 and June 2023, TCPH established agreements with consultants for data collection and analysis, conducted community partner assessments to enhance recruitment and expand representation on CHIP committees, and presented CHA findings to support community partners in identifying health priorities and revising work plans.

The CHIP Year 3 annual report was developed after reaching several key milestones. This report covers the planning, development, and implementation of the Access to Care and TAME work plans from July 2022 through June 2023, and it also reflects the final work plan revisions made between June and December 2023.

Additionally, the report includes progress updates from January to June 2024. Its purpose is to address the challenges and next steps highlighted in the CHIP Year 2 report while providing updates on the implementation of revised goals for the 2023–2028 CHIP work plan. The Access to Care subcommittee has restructured its health strategies, shifting the focus from expanding health care accessibility to reducing emergency room and urgent care visits through improved education and awareness around health system navigation for wellness and treatment. Emphasis is placed on embedding equity in all goals and objectives related to access to care. Meanwhile, the TAME Diabetes subcommittee will continue advancing diabetes prevention and treatment efforts with the aim of improving disease management. This includes expanding education, awareness, and access to healthy foods, beverages, and opportunities for physical activity.

2023-2028 Access to Care and Tulare County Alliance for Management & Education of Diabetes (TAME) objectives:

Access to Care

- 1.1** Ensure 100% of participating facilities implement a cultural humility training plan by 2024.
- 2.1** Reduce the use of emergency room (ER) visits in local hospitals for non-emergency care to no more than 75% of ER visits by 2028.
- 3.1** Increase the number of community-based organizations providing population-based primary prevention services.
- 4.1** Increase the ability of primary care and behavioral health professionals to provide more high-quality care to vulnerable populations.

Tulare County Alliance for Management & Education of Diabetes (TAME)

- 5.1** Ensure prediabetics and diabetics are appropriately managing their condition by screening 100 individuals annually by 2028.
- 5.2** Increase the number of individuals who manage their diabetes or prediabetes to reduce diabetes-related hospitalization in Tulare County by 10% by December 2028.
- 6.1** Increase annual participation of 80–100 individuals in physical activity opportunities provided by the diabetes coalition and partners through December 2028.
- 7.1** Increase the number of sites annually by a margin of one location in Tulare County where healthier food and beverages are readily accessible through December 2028

Additionally, the CHIP subcommittee focus is to continue developing and implementing initiatives intended to make policies, systems, and environments (PSEs) more supportive of healthy behaviors. Aligning with state and national goals and strategies, the CHIP activities continue to link with Let's Get Healthy California and the National Prevention Strategy. The CHIP Access to Care team is working on cultural and linguistic competency, which is also reflected in the state plan. The national plan calls for local governments to foster collaboration among community-based organizations.

Planning Process

- Conducted 10 community focus groups.
- Completed 10 key informant interviews in partnership with the Hospital Council

- CHIP partners reviewed quantitative and qualitative data
- CHIP partners began discussing updates to the CHIP

- TAME group finalized goals and objectives
- Each group established a meeting schedule and selected chairs

- Access to Care group finalized the strategies and selected leads for the strategies to accomplish the goals and objectives



- Conducted 4 additional focus groups with special populations
- Began pulling quantitative data from a variety of sources

- TAME group updated goals and objectives of their part of the CHIP
- Access to Care group updated the goals and objectives of their part of the CHIP

- TAME group met finalized the strategies and selected leads for the strategies to accomplish the goals and objectives

Access to Care

Goal 1: Ensure all providers and staff receive cultural humility training related to diversity, equity, and inclusion.

Objective 1.1 Ensure that 100% of participating facilities implement a training plan by 2024.

Activity Progress:

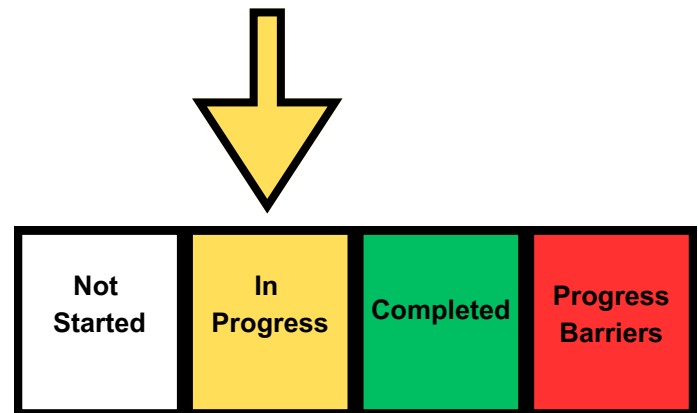
In February 2024, Tulare County Public Health (TCPH) drafted a Training Assessment Survey to assess training opportunities among all managed care plans, including Anthem Blue Cross, HealthNet, Kaiser, hospitals, clinics, and community-based organizations. A draft version was sent to all Access to Care members for their input before finalizing the survey. The following partners participated in the survey completion: Family HealthCare Network, Tulare County Behavioral Health, Anthem Blue Cross, The Source LGBT + Center, Tulare County Public Health, Altura Centers for Health, and Central Valley Empowerment Alliance.

The survey findings demonstrate that among the participating organizations, some do not have a current, active training plan; therefore, this assessment will determine opportunities to either develop and implement a training plan or expand on training modules. See findings in next page.

Organizations	Need training plan	Already have some Equity trainings in place	Seeking additional Equity trainings
Altura Centers for Health		✓	✓
Anthem Blue Cross		✓	✓
Central Valley Empowerment Alliance	✓		
Family HealthCare Network		✓	✓
The Source LGBT + Center		✓	✓
Tulare County Behavioral Health		✓	✓
Tulare County Public Health		✓	✓

Note: Equity trainings consist of Cultural Humility and Competence, Health Equity, Health Literacy, Diversity, Equity, and Inclusion topics (bias, racism, etc.), Customer Service, Epidemiology/data analysis, Interpretation, and Translation Services.

The next steps for this goal will include analyzing the survey results and beginning to develop a training plan. This plan will enable partners to access and use trainings provided by community partners and other training entities to help achieve this goal. The expected completion date for the training plan is February 2025.



Access to Care

Goal 2: Ensure the public knows how and when to access care.

Objective 2.1 Reduce the use of emergency room (ER) visits for non-emergency care to no more than 75% of ER visits, by 2028.

Activity Progress:

During the initial planning stages of addressing the reduction of ER visits, the first step was to assess and learn the current knowledge of communities accessing the ER for services. Therefore, cross collaboration between Tulare County Public Health (TCPH), Kaweah Health, and Anthem Blue Cross took place while facilitating focus groups and surveys focusing on the topic related to Access to Care on November 16, 2023, during the annual Farmworkers Women Conference. The study found the need for Tulare County to provide ongoing education to the farm-working community on accessing health care, programs, and services. It was identified that there is a need for community outreach on several topics, including the use of Medi-Cal, the development and delivery of culturally and linguistically appropriate services to overcome language communication barriers, and raising awareness about other services such as childcare, telehealth, and clinic services. (Appendix E)

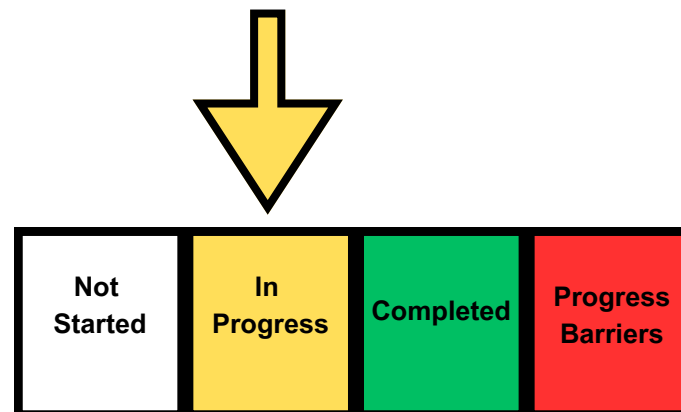
Additionally, United Way Tulare County/211 is another community organization that responds to more than 21 million requests for help every year in the United States. Locally in Tulare, 168 referrals to health and social services were made during the reporting period for this goal. Most calls, web chats, and text messages are from people looking for help meeting basic needs like housing, food, transportation, and health care.

Access to Care

Continued: Goal 2: Ensure the public knows how and when to access care.

Objective 2.1 Reduce the use of emergency room (ER) visits for non-emergency care to no more than 75% of ER visits, by 2028.

One of Tulare County's Federally Qualified Health Care Centers (FQHCs), Family HealthCare Network (FHCN) actively uses its patient portal to send reminders to patients to confirm and schedule appointments. Education is provided through the sharing of informational flyers to patients who may need to apply for Medi-Cal or need additional referrals to social and health services. In addition to FHCN, Tulare County Health Care Centers use an instructional video to educate on how to use the virtual visit feature as an alternative appointment, also promoting patients to sign up for the patient portal to access their medical records, schedule appointments, message providers, and request refills. The English Tulare County Health Centers Telemedicine Portal video has 88 views, while the Spanish one has 35 views.



Access to Care

Goal 3: Help people get recommended health care services, including prevention.

Objective 3.1 Increase the number of organizations providing population-based primary prevention services.

Activity Progress:

Under DHCS - [APL 23-021 \(ca.gov\)](https://www.ca.gov), the servicing managed care plans (Anthem Blue Cross, HealthNet, and Kaiser in Tulare County) are required to engage in planning with the Local Health Jurisdiction to determine actions and steps that will be taken to meaningfully participate in the CHA/CHIP in the next cycle and develop shared goal(s) and “SMART” objective(s) that are aligned with DHCS Bold Goals. As a result, the identified goal is to increase depression screenings among adolescents ages 12–17 through educational/awareness campaigns related to this concept. This strategy will be implemented by the partners, including Federally Qualified Health Care Centers (FQHCs) representatives, other health providers, and Rural Health Care Centers (RHC).

The goal is to establish baseline data on the number of educational materials going out for adolescent depression screenings and develop a health education campaign that providers can assist with by distributing information through various patient communications.

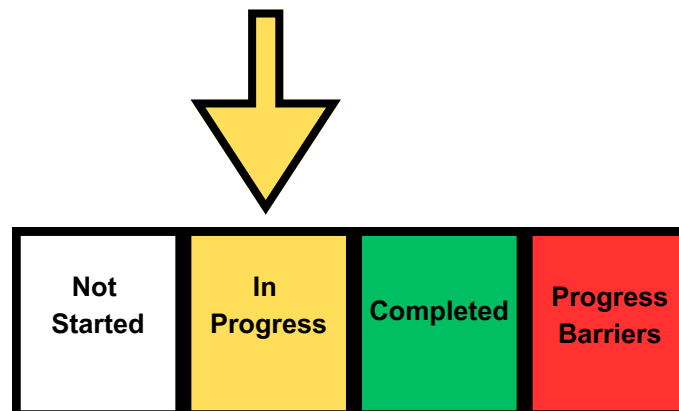
Access to Care

Continued: Goal 3: Help people get recommended health care services, including prevention.

Objective 3.1 Increase the number of organizations providing population-based primary prevention services.

Tulare County Public Health, in addition to The Source and Behavioral Health, have taken the initial step to identify planning steps to begin assessing the availability of behavioral services in the county, through the practice of conducting a Gap Analysis. An asset list was created to identify data on current screening and referral processes by access to care partners, including rides to appointments, how far are they from clinics, identified uninsured access, awareness of services that are available, behavioral health access, and homeless community access.

In efforts to advance this goal, Tulare County Behavioral Health launched a mobile crisis unit through a contract with Kings View on July 1, 2024. This benefit and service will be provided in the community wherever clients are located, to help de-escalate, connect to services, and assess for active crisis.



Access to Care

Goal 4: Provide care to people where they are at.

Objective 4.1 Increase the ability of primary care and behavioral health professionals to provide more high-quality care to vulnerable populations.

Activity Progress:

There are two servicing managed care plans in the county. Anthem Blue Cross offers no-cost transportation to members for medical, same-day urgent care, dental, behavioral health, and substance use disorder appointments, or to pick up prescriptions and medical supplies at the pharmacy. Members with food insecurity needs can arrange rides to grocery stores, farmers markets, food banks, and food pantries to pick up food. Quarter 1 transportation utilization rates among Anthem members in Tulare County averaged 6%, compared to 5% during the same time in 2022 and 4% in 2021. Based on identified needs, Anthem Blue Cross continues to expand on services and is currently working to develop an app members can use to submit, track, and update their own trips.

Additionally, Health Net offers Medi-Cal members unlimited transportation to and from appointments for services covered by Medi-Cal. This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.

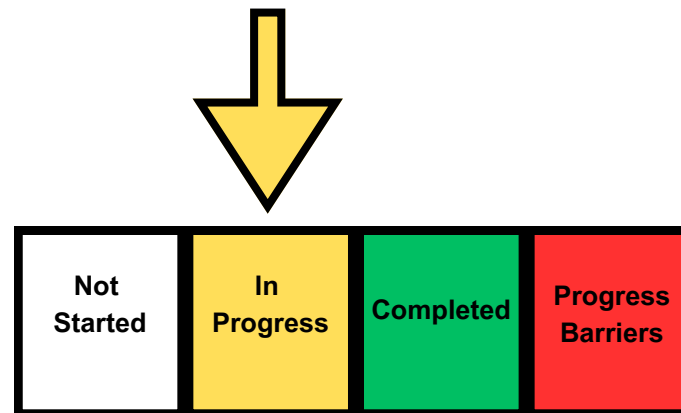
The Tulare County Association of Governments (TCAG) conducts annual "unmet transit needs" outreach to assess public transportation needs in Tulare County. TCAG works with local health and social services providers to update its locally developed Coordinated Public Transit Human Services Transportation Plan every 3–4 years. TCAG also intends to use a grant award to develop a mobility management plan with a focus on access to care for underserved, disadvantaged communities; this grant is expected to be obligated by Fall 2024. Local transit operators are introducing on-demand micro transit across Tulare County.

Access to Care

Continued: Goal 4: Provide care to people where they are at.

Objective 4.1 Increase the ability of primary care and behavioral health professionals to provide more high-quality care to vulnerable populations.

Family HealthCare Network Ancillary Services review the locations on an annual basis and, based on utilization and patient need, provide transportation routes to increase access to quality health care services. FHCN's Mobile Health Clinic currently provides services to the communities of Allensworth, Richgrove, and Poplar on a monthly rotation.



Tulare Alliance for Management and Education of Diabetes (TAME)

Goal 5: Improve identification and management of prediabetes and diabetes.

Objective 5.1 Ensure prediabetics and diabetics are appropriately managing their condition by screening 100 individuals annually through 2028

Activity Progress:

Family HealthCare Network (FHCN) conducts glucose and hemoglobin screenings at health fairs and hosts diabetic clinics. These clinics provide a one-stop-shop model where patients can meet with a variety of health professionals, including Health Educators, Nutritionists, Community Health Representatives (CHRs), and medical providers.

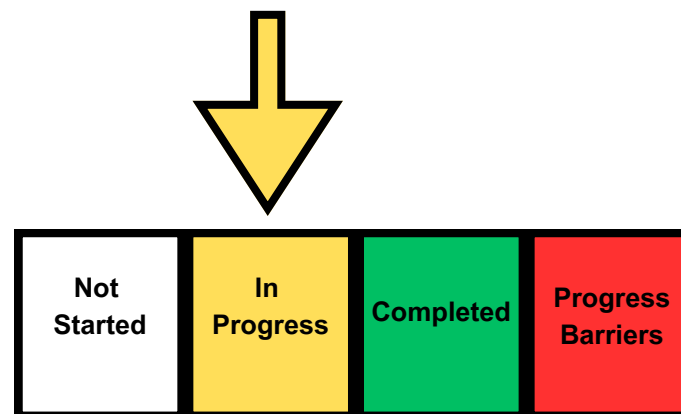
Kaweah Health Rural Health Clinics (RHCs) conduct glucose and hemoglobin screenings to all newly enrolled members and identified diabetic patients. Patients have access to an ambulatory pharmacist to get support with medication management. Additionally, members have access to support through the CalAIM Enhanced Care Management (ECM) benefit, with a dedicated Community Care Coordinator assigned to support with health system and community-based resources. At Kaweah Health rural health clinics, 1047 diabetic patients were screened in 2023, with approximately 31% having an elevated A1C above 9%. Community Health Workers (CHW) through the Community Outreach department are available to support in conducting Diabetes Support Groups in the communities of Lindsay, Dinuba, and Visalia. Work to scale that support to Woodlake, Exeter, and Tulare remains underway.

Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: Goal 5: Improve identification and management of prediabetes and diabetes.

Objective 5.1 Ensure prediabetics and diabetics are appropriately managing their condition by screening 100 individuals annually through 2028

Additionally, Kaweah Health, in collaboration with the Healthy Lindsay-Healthy Community Project, provided A1C testing to program participants to obtain an A1C test during the February 2023 and the August 2024 support Groups. The Kaweah Health Lindsay Clinic conducted the A1C tests. A total of 58 A1C tests were done, with 29 completed on each date. The results showed an average A1C of 6.4 in February and 6.2 in August. The majority of the participants were in the pre-diabetic stage and working hard to maintain or reduce that level. It is worth noting that the two highest A1C readings were 10.3 and 10.5. These two participants reduced their A1Cs to 8.4 and 6.3, respectively.



Tulare Alliance for Management and Education of Diabetes (TAME)

Goal 5: Improve identification and management of prediabetes and diabetes.

Objective 5.2 Increase the number of individuals who manage their diabetes or prediabetes to reduce diabetes-related hospitalization in Tulare County by 10% by December 2028

Activity Progress:

Family HealthCare Network (FHCN) conducts glucose and hemoglobin screenings at health fairs and hosts diabetic clinics. These clinics provide a one-stop-shop model where patients can meet with a variety of health professionals, including Health Educators, Nutritionists, Community Health Representatives (CHRs), and medical providers. FHCN also participates in the NEOP grant and provides cooking demonstrations to community members. They have successfully organized health fairs in Woodlake and Goshen, offering hemoglobin, glucose, and blood pressure screenings. FHCN continues to provide diabetic clinics for patients, as well as health recipes, including cooking demonstrations at their health centers. The cuadrilla season has been officially kicked off, and the community health team has been attending several cuadrillas weekly to provide screenings and information on seeking medical care. Additionally, they provide appointment scheduling and offer appointments to those who need an appointment at one of our health centers.

Kaweah Health and Healthy Lindsay Healthy Community Program from Lindsay Unified District trained six community leaders in Lindsay, who are actively providing workshops in Lindsay, Strathmore, Poplar, Pixley, and the surrounding areas. The workshops promote diabetes awareness and chronic disease self-management education. The curriculum being used is called Tomando Control de Su Salud and Diabetes Self-Management, which are both evidence-based. A total of 285 individuals have participated in the program since July 2022, and 214 have completed the workshops. During this reporting period a total of 65 participants enrolled, and 42 completed the workshops. In addition to this, the Community Health Workers (CHWs) provide support groups, facilitate pharmacy visits, and conduct home visits with selected patients who need additional support.

Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: Goal 5: Improve identification and management of prediabetes and diabetes.

Objective 5.2 Increase the number of individuals who manage their diabetes or prediabetes to reduce diabetes-related hospitalization in Tulare County by 10% by December 2028

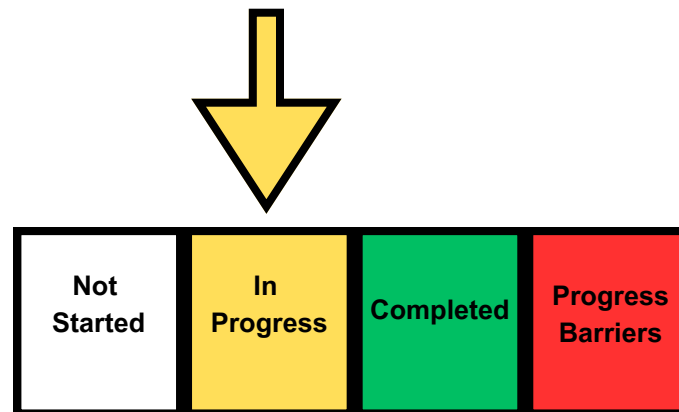
Kaweah Health currently offers two diabetes support groups in Visalia and Dinuba and are exploring the possibility of starting a diabetes support group at the Kaweah Health Tulare Clinic in 2024. Attendance at the support groups averages 20 people in Visalia and 15 in Dinuba on a monthly basis. Kaweah Health is one of the Nutrition Education & Obesity Prevention (NEOP) subcontractors. This collaboration provided a Coordinated Approach to Children's Health (CATCH) train-the-trainer program for teachers at three Cutler/Orosi Pre-K sites, and teachers have begun delivering nutrition lessons to pre-K students. Over 150 students have been served through this program. This early childhood education program is part of the diabetes prevention efforts, having children learn about healthy and "sometimes" foods in a fun and interactive manner. On March 1, 2024, a Diabetes & Oral Health Provider Symposium was hosted by Kaweah Health in collaboration with the Tulare-Kings Dental Society and the Tulare County Dental Advisory Committee. The symposium reached 9 physicians, 15 dentists, 8 registered nurses, 16 registered dental hygienists, 16 registered dental assistants, and 21 other professionals. Topics included the link between oral health and diabetes, diabetes updates, effective strategies for improved outcomes, and oral health literacy best practices.

Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: Goal 5: Improve identification and management of prediabetes and diabetes.

Objective 5.2 Increase the number of individuals who manage their diabetes or prediabetes to reduce diabetes-related hospitalization in Tulare County by 10% by December 2028

The California Farmworker Foundation (CFF) promotes NEOP initiatives, conducts screenings at mobile clinics at worksites, hosts workshops in rural communities, offers Zumba classes, and works with food banks to create a healthy menu. Anthem Blue Cross promotes diabetes education through a diabetes flyer available in English and Spanish. The use of social media is utilized to deliver educational campaigns and text messages to increase awareness. [SM1] Another potential project is hosting clinic days and running a clinic incentives program to support the promotion of diabetes. Anthem Blue Cross is collaborating with clinics to provide diabetes education and to promote their Healthy Rewards Program, which encourages members to complete A1C screenings. Member websites provide information on health topics concerning diabetes prevention programs, diabetes apps, resources, and education related to diabetes. Disease management and care management programs are offered for members with diabetes, including care coordination and follow-ups. As part of their Durable Medical Equipment (DME) benefits, they provide blood pressure monitors, and members can obtain glucose meters through a prescription at a pharmacy.



Tulare Alliance for Management and Education of Diabetes (TAME)

Goal 6: Increase opportunities for physical activity.

Objective 6.1 Increase annual participation of 80–100 individuals in physical activity opportunities provided by the diabetes coalition and partners through December 2028.

Activity Progress:

Altura Centers for Health advocates for physical activity through various programs and events. They offer free Zumba classes in collaboration with Self-Help at Santa Fe Commons, with an average of 27 participants. The organization also hosts a monthly Walk with a Doc Program at Del Lago Park. These services are promoted through flyers, community health workers, and on social media platforms such as Facebook, Instagram, and TikTok. Additionally, educational materials are provided to participants. Altura also implemented an asset list that includes venues and locations, and a community guide that is shared with 211, Community Health Workers, and various media outlets to promote these wellness activities. Altura Centers for Health is also involved in promoting wellness events through various means such as creating calendars, collaborating with Tulare County Public Health, creating flyers to promote activities in the county, and distributing 211 flyers. Altura also emphasizes research on funding opportunities, particularly from health plans, with a focus on community parks.

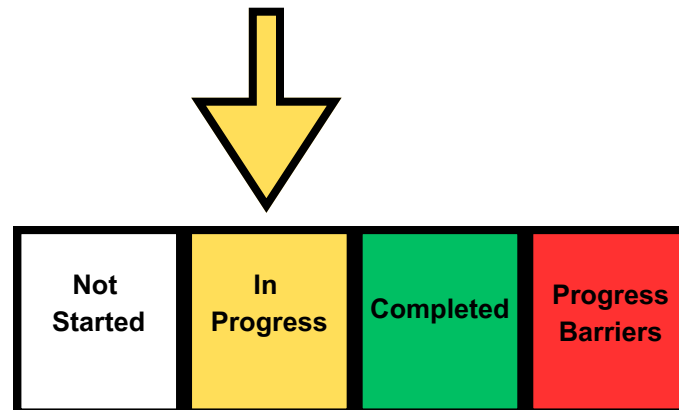
Kaweah Health provides Tai Chi and Bingocize for Tulare County seniors. Although these evidence-based programs focus on improving balance and increasing strength to prevent falls, it is also a way to get seniors to socialize and get some exercise. These workshops average over 25 participants per class. Through Kaweah's collaboration with Healthy Lindsay – Healthy Community, CHWs also offer a variety of no-cost physical activity opportunities such as Bailoterapia, chair exercises, and a monthly community walk. These classes are big and average over 35 participants per class/walk.

Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: Goal 6: Increase opportunities for physical activity.

Objective 6.1 Increase annual participation of 80–100 individuals in physical activity opportunities provided by the diabetes coalition and partners through December 2028.

Kaweah Health partners with the City of Visalia, TCHHSA, Anthem Blue Cross, Family HealthCare Network, and Key Medical to sponsor the monthly Visalia Walk with a Doc. Kaweah is working with its Graduate Medical Education (GME) medical residents to participate in the walks by presenting health topics and walking and speaking with the community participants. The walks take place on a monthly basis at Blain Park, and participation averages over 25 participants per month. This year Kaweah celebrated its 10th year Walk with a Doc anniversary. Additionally, Anthem Blue Cross partners with Kaweah to sponsor a "Walk with a Doc" event to increase physical activity and talk about health conditions.



Tulare Alliance for Management and Education of Diabetes (TAME)

Goal 7: Increase consumption of healthy food and beverages.

Objective 7.1 Increase the number of sites annually by a margin of 1 location in Tulare County where healthier foods and beverages are readily accessible, through December 2028

Activity Progress:

Nutrition Education & Obesity Prevention (NEOP) has recently implemented changes at small mom-and-pop retail store sites in rural communities. Valley Foods on Road 160 in Ivanhoe was added on May 3, 2023, but was then removed on April 1, 2024, due to non-compliance with retail services. SaveCO, located on Avenue 416 in Orosi, was added on March 1, 2023, and El Latino Market on 549 W. Inyo Avenue in Tulare was added on February 21, 2023. As of October 2023, NEOP serves 17 retail stores and 13 communities, including Dinuba, Earlimart, Exeter, Farmersville, Ivanhoe, Lindsay, Orosi, Pixley, Porterville, Strathmore, Terra Bella, Tipton, and Tulare. NEOP has also provided shopping baskets and healthy signage and has promoted healthy foods for stores with limited space. Additionally, NEOP has conducted tabling at the stores and provided cookbooks, recipe cards, and shopping bags with MyPlate information. Kaweah Health will have a store tour reviewing MyPlate with community members at Pixley Food Center on September 18, 2024.

Anthem Blue Cross provides eligible members with one of three options: a produce box delivery, annual memberships to grocery stores, or grocery gift cards. Qualifications depend on the diagnosis; those diagnosed with diabetes will qualify. Anthem Blue Cross also provides medically tailored meals to members with diabetes. Service provides up to 2 meals per day for up to 12 weeks or longer if medically necessary. Eligibility for the program includes individuals with chronic conditions, individuals discharged from the hospital or skilled nursing facility, or those at high risk of hospitalization, and/or individuals with extensive care coordination needs. Between January 1, 2024, and June 30, 2024, there was a total of 134 value added benefits in Tulare County. The members' city and benefits breakdown is captured below:

Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: **Goal 7: Increase consumption of healthy food and beverages.**

Objective 7.1 Increase the number of sites annually by a margin of 1 location in Tulare County where healthier foods and beverages are readily accessible, through December 2028

Asthma Dropship Catalog

- 2- Dinuba
- 4- Porterville
- 3- Visalia

Total: 9

Baby Essentials

- 2- Dinuba
- 1- Exeter
- 1- Lindsay
- 4- Tulare
- 3- Visalia

Total: 11

Emergency Preparedness Kit

- 6- Dinuba
- 1- Earlimart
- 4- Lindsay
- 1- Orosi
- 13- Porterville
- 2- Terra Bella
- 13-Tulare
- 23- Visalia

Total: 63

Costco Membership

- 1-Terra Bella
- 2- Visalia

Total: 3

Healthy Rewards Dollars

- 2- Dinuba
- 2- Lindsay
- 6- Porterville
- 1-Tulare
- 4-Visalia

Total: 15

Meditation App

- 2- Dinuba
- 2- Porterville
- 3-Tulare
- 2-Visalia

Total: 9

Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: Goal 7: Increase consumption of healthy food and beverages.

Objective 7.1 Increase the number of sites annually by a margin of 1 location in Tulare County where healthier foods and beverages are readily accessible, through December 2028.

Healthy Grocery Card Walmart

4- Porterville
1- Traver
2- Tulare
6- Visalia
Total: 13

Sams Club Membership

1- Dinuba
1- Visalia
Total: 2

Transportation Essentials

2- Dinuba
1- Farmersville
1- Lindsay
2- Tulare
3- Visalia
Total: 9

Total Value Added Benefits: 134

Central Valley Network Leaders on the Move is co-led by Kaweah Health and the City of Dinuba. This group comes together to plan and implement the seasonal Dinuba Farmers Market. The group includes partner agencies like Family HealthCare Network, Tulare County HHSA, Valley Health Team, Parenting Network, etc. The Certified Dinuba Farmers Market celebrated its 10th anniversary this year. The market took place at Dinuba's Entertainment Plaza Center on May 31, June 7, June 14, June 21, and June 28, 2024. The sponsors for this year's farmers market were Kaweah Health, FHCN, Valley Health Team, and HealthNet. A total of six farmers participated in the market this year, which is an increase of four farmers from previous years. Market matches up to \$10 were available to match cash sales, plus WIC and senior coupons. The market offered fresh and affordable produce from local farmers, as well as nutrition and free health information. Live music contributed to the festive atmosphere in addition to the bounce house, games, and a scavenger hunt for the children.

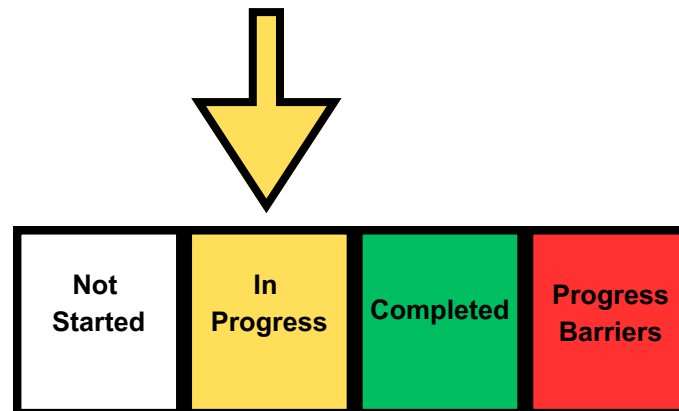
Tulare Alliance for Management and Education of Diabetes (TAME)

Continued: Goal 7: Increase consumption of healthy food and beverages.

Objective 7.1 Increase the number of sites annually by a margin of 1 location in Tulare County where healthier foods and beverages are readily accessible, through December 2028.

A total of 21 informational booths showcased various organizations and the services they offer to the community. The market grossed its highest amount in sales in the ten years of operation. In addition, Kaweah Health pilot tested the first VeggieRX, working with Kaweah's Dinuba Health Clinic. Vouchers were provided to 10 low-income patients at the clinic to be redeemed at the Dinuba Farmers Market. The redemption rate was not very good. Kaweah will work on improving this process for next year. Dinuba Farmers Market. The redemption rate was not very good. Kaweah will work on improving this process for next year.

Family HealthCare Network has a community garden in Woodlake and has identified families who need help growing their own fruits and vegetables. Families who have been selected to own a plot at the FHCN community garden are families who don't have access to a location to plant and grow their own fruits and vegetables.



Appendix A

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Recruitment flyer

Description:

This flyer was developed by the Tulare County Public Health Equity team to be used for recruitment for the workshops that took place on December 5 and 7, 2022. The flyer was shared via emails and social media to reach community partners and organizations servicing Tulare County.

Save the Date

Join the Community Health Assessment and Community Health Improvement Plan workshops

December 5, 2022, 1 p.m.–3 p.m.

Community Health Assessment (CHA)
Virtual session through Zoom

Join the workshop to:

- Have an insight on CHA data findings
- Plan and develop CHA 2023–2028 Plan
- Collaborate and strengthen partnerships

December 7, 2022 (two sessions)

Community Health Improvement Plan (CHIP)
In person, Location TBD

Morning session

- Tulare County Alliance for Management and Education of Diabetes (TAME), 8 a.m.–11:30 a.m.

Afternoon session

- Access to Care, 1 p.m.–4:30 p.m.



HHSA
Public Health

Appendix B

2023 Community Health Improvement Plan (CHIP) Work plans

Description:

Attached are the two Community Health Improvement Plan (CHIP) workplans to support the second iteration of the CHIP. The intention of these workplans is to show the evolution of the health priority goals and objectives.

Appendix A: Access to Care Implementation Plan

Access to Care			
Goal 1: Ensure all providers and staff receive cultural humility training related to diversity, equity, and inclusion			
Objective 1.1 Ensure that 100% of participating facilities implement a training plan by 2024			
Policies, Systems, and Environmental Changes: Consider drafting agreements from partners to adapt this as a condition for employment and an expectation for clinicians and their staffs to treat all patients with respect and dignity.			
Strategy	Implementation Lead	Output/Process Measure(s)	Outcome Measure(s)
<p>1.1.1 Create (if needed) and implement training plan sharing current plan, share best practices, for all other organization} i. e= share topics found in your training plan (**Per org.)</p>	<ul style="list-style-type: none"> • VHCC: Jessica Vasquez • Ercilia Montemayor • Maria Arias • Denise Gonzalez • Altura: Graciela • Sonia- Kaweah Health • Trainer- Tino on diversity and inclusion 	<ul style="list-style-type: none"> • Number of participating clinics, organizations, hospitals with training plans • Percent/number of clinic staff/providers completing the training (note that there will need to be agreement for partners to share their data, and data can be reported in aggregate) • Progress on training plan 	<ul style="list-style-type: none"> • Patient satisfaction data • <i>AHRQ surveys households (Medical Expenditure Panel Survey – MEPS) to get this data to assess the proportion of people who report poor communication with providers – probably not available at the county level (yet)</i> • <i>If focus groups are done again, can ask for feedback on how county healthcare centers/clinics are doing in this area</i>
<p>1.1.2 Explore implementing tools to aid in hiring staff</p>	<ul style="list-style-type: none"> • The Source LGBT+ Center 		

<p>and providers that represent the population served.</p>	<ul style="list-style-type: none"> ● CFF - Jose/Nayeli ● Erica Cubas, Community Development Director, Altura Centers for Health ● Sonia Duran-Aguilar Director of Population Health Kaweah Health 		
------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Goal 2: Ensure the public knows how and when to access care

Objective 2.1 Reduce the use of emergency rooms (ER) visits for non-emergency care to no more than xx% of ER visits by 2028

Policies, Systems, and Environmental Changes: Think about systems changes that can help in reducing incorrect use of the ER (e.g., can an urgent care facility be collocated or located near a hospital ER so patients can be redirected based on a triage assessment) If expanding telehealth, include policy work to expand broadband to rural communities.

Strategy	Organization representative	Output/Process Measure(s)	Outcome Measure(s)
<p>2.1.1 Conduct campaigns to educate the public on the appropriate use of the emergency room in partnership with health plans. Notes: Sonia/Shannon; Kaweah health; to capture uptake/usage</p>	<ul style="list-style-type: none"> ● VHCC -Ercilia Montemayor ● Anthem: Lali ● Martin: 211 (to utilize the prog. for diversion and also provide some data for pts calling in, and will need to further 	<ul style="list-style-type: none"> ● Depending on the campaign: <ul style="list-style-type: none"> ○ Number of ads ○ Number of cars passing a billboard ○ Number of likes/comments on social media 	<ul style="list-style-type: none"> ● Percent of ER patients receiving non-emergency care ● Number or percentage of patients diverted from ER to urgent or primary care when appropriate. ● Urgent care utilization

	<p>assess how to handle a call that may need medical attention, will need to work on a plan to determine the outcome of</p> <ul style="list-style-type: none"> • Sonia: Kaweah Health 	<ul style="list-style-type: none"> • If a phone number (e.g., 2-1-1) is part of the campaign, track number of callers requesting/receiving this type of information. • social media messaging 	
<p>2.1.2 Provide classes to Medi-Cal recipients on how to use their insurance.</p> <p>2.1.3 Develop workshops and deliver them to specific areas in the county.</p> <p>Notes:</p> <p>***MEDICAID re enrollment process knowledge on pre-authorization and benefits, telehealth, nurse line (after-hour use)</p>	<ul style="list-style-type: none"> • Sonia Duran Aguilar Director of Population Health Kaweah Health • Health Plans* Health Net and Anthem (revise during Thursday planning meeting) • Shannon T. HHS Integrated Services to collaborate with Sonia to ensure we capture all important pieces 	<ul style="list-style-type: none"> • Number of classes being offered, locations, and languages. • Number of CHW or trusted messengers to disseminate the messaging/training 	<ul style="list-style-type: none"> • Number of participants completing education classes

<p>***partnering with school districts to be able to have the classes</p> <p>*** CHW as trusted messengers for the training</p>	<ul style="list-style-type: none"> • CFF • The Source LGBT+ Center <p><i>Obtain agreement from insurance companies to provide data on quarterly basis.</i></p>		
<p>2.1.3 Explore how to expand urgent care and primary care hours.</p> <p>Notes: Altura and VHCC after hours , no intent on making changes Kaweah Health will look into the hours of operation and bring it back to the committee. Anthem: purpose will be to compile and education and share this tool with the entities providing the resources Notes: we can first track the hours of operation and plan</p>	<ul style="list-style-type: none"> • FHCN • 211 Martin; “flow chart” of all providers and what is being provide, hours, services etc. 	<ul style="list-style-type: none"> • The number of urgent care and primary clinic hours expanded (evenings, weekends, holidays, etc.) • Compile a resource guide to share the resources and office hours to share with the clients/patients. 	

in the future if gaps identified potential next steps: work with clinics on operational best practices			
2.1.4 Explore promoting telehealth and training community members on how to use technology		<ul style="list-style-type: none"> Number of promotional 	<ul style="list-style-type: none"> Percent of population with access to broadband/telehealth visits to be captured
2.1.5 Finalize flowchart to guide with healthcare navigation assistance	<ul style="list-style-type: none"> CFF - Jose/Nayeli 		

Goal 3: Help people get recommended health care services, including prevention

Objective 3.1 Increase the number of organizations providing population-based primary prevention services

Policies, Systems, and Environmental Changes: How can you make the healthy choice the easy choice? Land use or zoning issues? Transportation infrastructure? Broadband accessibility?

Strategy	Organization representative	Output/Process Measure(s)	Outcome Measure(s)
3.1.1 Assess (all) gaps in primary prevention services provided across the county's many communities and develop a plan to close the gaps.	<ul style="list-style-type: none"> VHCC -HEDIS /UDS measures; George Jagatic, Supervisor Tulare County Health Care Centers Kaweah: Sonia (invite other supporting staff) 	<ul style="list-style-type: none"> Gap analysis report 	<ul style="list-style-type: none"> Plan with strategies to address the gaps in provided primary prevention services

<p>3.1.2 Promote various health behaviors/screenings based on what is learned in the gap analysis done 3.1.1.</p>	<ul style="list-style-type: none"> ● Tulare County Behavioral Health ● Tucker-Program Manager, The Source LGBT+ Center ● Sonia Duran-Aguilar Director of Population Health Kaweah Health, DM-TAME ● CFF Jose/Nayeli 	<ul style="list-style-type: none"> ● Number of people calling to inquire about targeted health services depending on the program: <ul style="list-style-type: none"> ○ Number of people screened ○ Number of people educated ○ Number of likes/comments/followers on social media 	<ul style="list-style-type: none"> ● Outcome measure will relate to the issues being promoted and screened.
<p>3.1.3 Increase number of CBO's with Cal AIM contracts/certifications (placeholder for when state releases more guidance)</p>			<ul style="list-style-type: none"> ● Number of contracts with CBO's
<p>Goal 4: Provide care to people where they are at</p>			
<p>Objective 4.1 Increase the ability of primary care and behavioral health professionals to provide more high-quality care to vulnerable populations</p>			
<p>Policies, Systems, and Environmental Changes: Leverage CalAIM. Nurse practitioners are now able to practice on their own.</p>			
<p>Strategy</p>	<p>Organization representative</p>	<p>Output/Process Measure(s)</p>	<p>Outcome Measure(s)</p>
<p>4.1.1 Increase outreach (street) medicine to vulnerable and underserved communities</p>	<ul style="list-style-type: none"> ● Tulare County Behavioral Health ● The Source 	<ul style="list-style-type: none"> ● Number of individuals receiving care each (week, month, etc.) 	<ul style="list-style-type: none"> ● Percent of ER patients receiving non-emergency care

(PRAPARE Screening Tool)	Tulare County Healthcare Centers		
4.1.2 Provide wraparound services for whole person care for underserved populations	<ul style="list-style-type: none"> ● Sonia Duran-Aguilar Director of Population Health Kaweah Health ● WIC 	<ul style="list-style-type: none"> ● Number of clients served ● Homeless Information Management System (HIMS) ● PRAPARE implementation toolkit 	<ul style="list-style-type: none"> ● Homeless census ● HIV/AIDS surveillance report (data source)
4.1.3 Gain an understanding of transportation barriers to implement strategies to address them	<ul style="list-style-type: none"> ● TCAG 	<ul style="list-style-type: none"> ● Analysis report to identify the barriers (coordinated transportation plan findings) 	

Appendix B: TAME Diabetes Implementation Plan

TAME Diabetes			
Goal 5: Improve Identification and management of prediabetes and diabetes			
Objective 5.1 Ensure prediabetics and diabetics are appropriately managing their condition by screening 100 individuals annually through 2028			
Policies, Systems, and Environmental Changes: <i>What changes can be made to make it easier to get more at-risk people screened? Leverage CalAIM?</i>			
Strategy	Implementation Lead	Output/Process Measure(s)	Outcome Measure(s)
<p>5.1.1 Develop an education campaign for outreaching to high-risk populations to encourage screening, testing, referral, and prevention that will include:</p> <ul style="list-style-type: none"> • Leveraging community health workers (CHWs) • Collaborating on educational materials and messaging • Conducting a social media/radio campaign 	<ul style="list-style-type: none"> • Sandra Escudero: Lindsay Unified • Kaweah: Alma Torres • Altura: Erica Cuvas • CFF: Nayeli • FHCN: Veronica 	<ul style="list-style-type: none"> • Number of people referred for screening • Number of people receiving educational information 	<ul style="list-style-type: none"> • Number of people screened for prediabetes or diabetes • Percent of adults aged 18 years and over with diagnosed diabetes ever had received formal diabetes self-management education and support (BRFSS data) • Prediabetes and diabetes rates
<p>5.1.2 Explore developing a website with resources and links to other sites with information about the importance of being screened and managing blood glucose levels (<i>maybe add to 211 website</i>)</p>		<ul style="list-style-type: none"> • Implementation of a robust website with resources 	

5.1.3 Hold 1-2 diabetes events over the next five years		<ul style="list-style-type: none"> • Formation of a group to organize this 	<ul style="list-style-type: none"> • # of completed health events
Objective 5.2 Increase the number of individuals who manage their diabetes or prediabetes to reduce diabetes-related hospitalization in Tulare County by 10% by December 2028			
<i>Policies, Systems, and Environmental Changes: Leverage CalAIM? What are the barriers to their ability to manage their condition? Cost of medication? New reduction in monthly cost of insulin for Medicare patients (will this be promoted with that population?)</i>			
Strategy	Implementation Team	Output/Process Measure(s)	Outcome Measure(s)
<ul style="list-style-type: none"> • 5.2.1 Refer those screening positive for prediabetes or diabetes range for follow-up care and education 	<ul style="list-style-type: none"> • Devon: Sierra View • Alma Torres: Kaweah • Adventist Health • Kaiser 	<ul style="list-style-type: none"> • Percent of those screening positive that scheduled a follow-up appointment for care and disease management education 	<ul style="list-style-type: none"> • Diabetes hospitalizations • ED visit data could be tracked if hospitals provide it. (pull by DRG billed for that specific visit)
<p>5.2.2 Expand capacity to provide formal diabetes education by:</p> <ul style="list-style-type: none"> • Training CHWs/Promotoras on evidence based self-management techniques • Providing them with stipends to deliver workshops in targeted communities (e.g., rural areas) • Creating and fostering more support groups 	<ul style="list-style-type: none"> • Sandra Escudero: Lindsay Unified • Alma Torres: Kaweah • Nayeli: CFF 		<ul style="list-style-type: none"> • OSHPD data – maybe • Consider tracking both new diabetics and those non-compliant

<p>5.2.3 Improve the capacity of the diabetes workforce to address factors related to SDOH that impact health outcomes for priority populations with and at risk for diabetes.</p>		<ul style="list-style-type: none"> • # of workers trained in SDOH 	
<p>5.2.4 Build upon the blood pressure monitors and cuffs in the homes of hypertensive patients so they can monitor their blood pressure and message their providers if necessary (Tipton medical clinic)</p>	<ul style="list-style-type: none"> • Living Water Clinic 	<ul style="list-style-type: none"> • Percentage of patients with blood pressure monitors and cuffs (or glucose meters) in their homes • Number or percentage of patients alerting their care providers about elevated blood pressure levels 	
<p>5.2.5 Ensure patients monitor their blood glucose levels by securing funding for new glucose meters for home monitoring</p>	<ul style="list-style-type: none"> • Each organization 	<ul style="list-style-type: none"> • Percentage of patients with glucose meters in their homes • Number or percentage of patients alerting their care providers about elevated blood sugar levels 	

Goal 6: Increase opportunities for physical activity
Objective 6.1 Increase annual participation of 80-100 individuals in physical activity opportunities provided by diabetes coalition and partners through December 2028

Policies, Systems, and Environmental Changes: Work with local schools, cities, and community centers on joint use permits, work with local employers to provide fitness opportunities to workers, etc.

Strategy	Implementation Lead	Output/Process Measure(s)	Outcome Measure(s)
<p>6.1.1 Develop a directory of organizations supporting this objective (consider mapping locations of what is available, open to the public)</p> <p>6.1.2 Communicate/promote the availability to the public (211 page) 211tularecounty.com</p> <p>6.1.3 Increase the number of venues with exercise equipment</p>	<p>Examples of fitness classes and events: Zumba classes, Bailoterapia, Tai Chi, monthly community walks, walkathons, Zumbathons, etc.</p> <ul style="list-style-type: none"> • Altura and County NEOP • Aurora • Crystal • Consider adding a community partner 	<ul style="list-style-type: none"> • # of promotions • # of free classes offered by type of class • # of locations where free activity classes • Consider using 211 metrics to track visits to their website for this information 	<ul style="list-style-type: none"> • # of people participating in the opportunities/physical activity

Goal 7: Increase consumption of healthy food and beverages

Objective 7.1 Increase the number of sites annually by a margin of 1 location in Tulare County where healthier foods and beverages are readily accessible through December 2028

Policies, Systems, and Environmental Changes: Work with local markets to increase the amount of fresh produce space, encourage community gardens, use 'gleaner' programs that pick fruit from yards with permission to provide to low-income residents, etc.

Strategy	Implementation Lead	Output/Process Measure(s)	Outcome Measure(s)
<p>7.1.1 Work with rural markets to makes fruits/veggies accessible</p>	<ul style="list-style-type: none"> • NEOP 	<ul style="list-style-type: none"> • # markets that add fruits/vegetables to their product lines • # of retail stores willing to participate in 	<ul style="list-style-type: none"> • Sugar-sweetened beverage consumption • Healthy stores, healthy community survey

7.1.2 Continue working with Dinuba Farmers Market	<ul style="list-style-type: none"> • Kaweah • Central Valley Network for Dance & Diversity • NEOP 	<p>the Shop Healthy Partner pledge initiative</p> <ul style="list-style-type: none"> • # of referrals to the program • # of food distributions events each site did 	
7.1.3 Pilot test veggie Rx program	<ul style="list-style-type: none"> • Kaweah 	<ul style="list-style-type: none"> • # of people placed on a veggie Rx program 	<ul style="list-style-type: none"> • <i>Monitor related health metric (e.g., HbA1C, blood lipids, etc.)</i>
7.1.4 Leverage Anthem, Healthnet, and Humana medically tailored meals program to provide healthy meals to patients who have recently discharged from the hospital to reduce 30-day hospital readmissions		<ul style="list-style-type: none"> • # of patients put on medically tailored meals post hospital discharge per month 	<ul style="list-style-type: none"> • 30-Day hospital readmission rate (or observed/expected hospital readmissions)

Appendix C

Crosswalk of 2017 and 2023 Community Health Improvement Plan (CHIP)

Description:

The intention of creating this crosswalk between the 2017–2022 and 2023–2028 Community Health Improvement Plan (CHIP) workplan is to demonstrate similarities and differences among the goals and objectives.

Crosswalk of 2017 and 2023 Community Health Improvement Plan (CHIP)

The following table provides a high-level overview of changes made in the workplan of the CHIP from the 2017 to 2023. This table will be helpful in demonstrating how CHIP continues to evolve, based on revising the goals, objectives, and activities. Workplan revisions took place on the following dates: December 7, 2022, February 9, 2023, February 16, 2023, May 8, 2023, May 24, 2023, June 7, 2023, June 29, 2023, September 26, 2023, October 12, 2023, November 29, 2023, and December 7, 2023, in collaboration with partners that included non-profits, clinics, hospitals, and managed care plans.

Disclaimer: Due to the increase of partners, the overall participation of organizations proportionately reflected communities of focus, i.e., indigenous communities, individuals with limited English, and individuals with disabilities, among others.

Participation varied from in-person to virtual, both of which presented challenges related to consistency.

*Although the two workplans may be similar, they are NOT identical; each workplan is driven by distinctive strategies. The 2023–2028 CHIP is in alignment with the National Prevention Strategy and the state’s Let’s Get Healthy California health improvement plan.



Access to Care

Goals and Objectives

2017 - 2022 CHIP	Similar concepts in requirements	Different concepts in requirements	2023 - 2028 CHIP
Goal 1: Increase the number of clinic staff and providers who are competent in working with special populations.	Goal 1: Identifying equity training opportunities for health care professionals	Goal 1: Trainings are intended to align with diversity, equity, and inclusion to provide quality care to communities	Goal 1: Ensure all providers and staff receive cultural humility training related to diversity, equity, and inclusion
Objective 1.1: Ensure that 50% of identified clinic staff/providers complete customer service and competency training by 2022.	Objective 1.1: Assess available trainings for health care professionals	Objective 1.1: Assess/Develop a training plan for health care professionals	Objective 1.1 Ensure that 100% of participating facilities implement a training plan by 2024
Goal 2: Ensure the public knows how and when to access care.			Goal 2: Ensure the public knows how and when to access care

2017 - 2022 CHIP	Similar concepts in requirements	Different concepts in requirements	2023 - 2028 CHIP
Objective 2.1: Increase the % of people that know how to navigate the healthcare system appropriately by December 2020.		Objective 2.1: Shift awareness from navigation of health care system to <i>reducing</i> ER visits	Objective 2.1 Reduce the use of emergency rooms (ER) visits for non-emergency care to no more than 75% of ER visits, by 2028
Goal 2: Ensure the public knows how and when to access care (includes health literacy)			
Objective 2.2: Increase the % of people that know how to take measures to improve their health on a variety of prevention focused health topics.			No objective 2.2 was developed for the 2023-2028 CHIP

2017 - 2022 CHIP	Similar concepts in requirements	Different concepts in requirements	2023 - 2028 CHIP
<p>Goal 3: Establish and expand services in remote areas.</p>		<p>Goal 3: Shift establishing care in remote areas to learning <i>when</i> to receive health care services</p>	<p>Goal 3: Help people get recommended health care services, including prevention</p>
<p>Objective 3.1: Increase the medical care visits performed in mobile clinics by 25% by 2022.</p>		<p>Objective 3.1: Shift focus from mobile clinics expanding health care services to increasing organizations providing prevention services</p>	<p>Objective 3.1 Increase the number of organizations providing population based primary prevention services</p>
<p>In the 2017-2022 CHIP version, there was no existing Goal 4.</p>		<p>Goal 4 added to 2023-2028</p>	<p>Goal 4: Provide care to people where they are at</p>
			<p>Objective 4.1 Increase the ability of primary care and behavioral health professionals to provide more high-quality care to vulnerable populations</p>



Tulare Alliance for Management and Education of Diabetes (TAME)

Goals and Objectives

2017 - 2022	Similar concepts in requirements	Different concepts in requirements	2023 - 2028
The 2017 CHIP Goal 4, 5, and 6 align with 2023 CHIP Goal 5, 6, and 7.			
Goal 4: Improve identification and management of prediabetes and diabetes.			Goal 5: Improve identification and management of prediabetes and diabetes
Objective 4.1: By December 2020, increase the number of individuals screened for prediabetes or diabetes, or who manage their conditions, within the adult population in Tulare County.			Objective 5.1 Ensure prediabetes and diabetes are appropriately managing their condition by screening 100 individuals annually through 2028

2017 - 2022 CHIP	Similar concepts in requirements	Different concepts in requirements	2023 - 2028 CHIP
		Added new objective	Objective 5.2 Increase the number of individuals who manage their diabetes or prediabetes to reduce diabetes-related hospitalization in Tulare County by 10% by December 2028
Goal 5: Increase opportunities for physical activity.			Goal 6: Increase opportunities for physical activity
Objective 5.1: Increase the number of people who participate in physical activity opportunities provided by diabetes coalition and partners each year by 5% through December 2020.			Objective 6.1 Increase annual participation of 80-100 individuals in physical activity opportunities provided by diabetes coalition and partners through December 2028

2017 - 2022 CHIP	Similar concepts in requirements	Different concepts in requirements	2023 - 2028 CHIP
<p>Goal 6: Increase consumption of healthy food and beverages</p>			<p>Goal 7: Increase consumption of healthy food and beverages</p>
<p>Objective 6.1: Increase the number of sites by 12 in Tulare County where healthier food and beverages are readily accessible, by December 2020.</p>			<p>Objective 7.1 Increase the number of sites annually by a margin of 1 location in Tulare County where healthier foods and beverages are readily accessible through December 2028</p>

Appendix D

Oral Health and Diabetes Symposium Evaluation Report

Description:

The annual Oral health and Diabetes symposium is hosted to highlight cross sector collaboration related to the prevalence of diabetes and oral health incidence.

Activity/Course: Oral Health and Diabetes Symposium

Activity Date/Time: March 1, 2024 9AM – 1PM

Speaker(s): Dr. Minnick, Dr. Chahal, Dr. Navarro and Dr. Hoeft

Physicians:	Dentists	RNS	RDHs	RDAs	Others:	Total:
9	15	8	16	16	21	85

Completed Evaluations: 25

Category 1 - Hours: 4

1. List three improvements or changes you plan to make as a result of attending this activity:

- Liked the “teach back” info
- Encounter goal and time spent with patients
- Focusing on recognizing the potential/Oral health barriers of pts.
- Teach-back, utilizing handouts, resources for family and friends
- Learn to talk to pts. in their own words
- Teach back and evaluate more thoroughly for diabetes pts.
- Working on improving my pts. oral health literacy
- Using more resources online that I didn’t know about
- Ask pts. more questions about overall health & more specific if they are diabetic, key in on blood sugar levels
- Everything was good – hard to hear sometimes due to noise in kitchen
- Make pt. centered environment
- Using plain language, teach back
- Oral Health, Teach back, visuals
- Keeping more of an eye out for and educate more on the coordination of oral health and diabetes
- Try to consume less sugar, Maintain healthy eating, Drink more water throughout the day
- Making sure pts. have PCP/GP
- To plan to use the OHL Toolkit, brochure, ad be mindful of the communication between clients and HCPs in my public health program
- Teach back, encouraging medical visits
- How dental and health care are connected in our health care.
- This will expand my knowledge base as a wellness educator
- Listen, provide resources, use resources provided
- Will try the teach back technique
- Teach back, medication education, multiple sites for Oral Health Education
- Communication with my students and families
- Disease process as far as diabetes and oral health, appropriate referrals
- Teach back, cultural humility, simple language

- Improved Oral Health inpatient education, medication, offer more teach back methods education, diabetes resources,

2. List any barriers that you must overcome to implement our planned improvements or changes:

- Encounter goal and time spent with patients
- Limited time, staff are not in the same page
- Laziness
- Time
- None, just remembering to take the time, listen closer to what pts. are telling me, I need to repeat information a few times.
- Getting the dentist on board and the whole team
- Difficulties implementing the patient centered environment
- Getting the dental staff on board
- Change my behavior to implement modification
- Don't fall in a spiral withdrawal
- Ability to provide services
- Resources, time, and communication barriers like language
- Time,
- High volume practice, limited time with each pt.
- Remember to ask what is important to learn instead of educating w/o asking
- Language barrier/Learn to speak Spanish
- Own prejudices/biases
- Budget/resources
- Pt. readiness to learn
-

3. Do you feel the objectives were met?

98% of participants feel the objectives were met. A few (4) felt that the following were only partly met:

- Explain the link between oral health and diabetes
- Explain the role of diabetes in periodontitis
- Understand the latest updates

4. Please provide comments about the content or faculty:

Positive:

- I like the succession of the presentations
- Excellent
- Great panel
- Very nice!
- I enjoyed this year's lectures. They were informative and provided valuable resources.
- Speakers were great but the noise level was distracting and made it difficult to hear.
- Good!
- Content is excellent

- Really enjoyed the OHL slideshow. OHL is something that is not talked about often.
- Excellent information presented to educate and spread awareness
- Very informative and practical information for using with my clients
- Knowledgeable
- Very informative
- All content was relevant and all faculty delivered useful information
- Lots of useful information, the speakers were great
- It was appreciated that the conference focused on why pts/families may not process information
- Great speakers, very knowledgeable
- Enjoyed the knowledgeable speakers especially Dr. Chahal

Negative:

- Loud noise coming from side door

5. What topics would you like covered at future activities?

- Update on oral pathology
- Diabetes prevention
- More on causation
- Dietitian to teach how to use simple but effective tools to teach our participants
- As a dentist, more pictures
- FQHC Funding, encounter goals
- Oral/Cardiac Health correlations
- Oral Cancer
- More direct things to how I practice dentistry itself
- Diet stories from dentists about pt. diabetic management
- Pharmacology, medications and effects of oral health
- Oral diseases, instrumentation/cavitron
- Filling, opioid
- Link between diabetes and oral health
- Oral cancer
- Dental for children, low income programs for children
- Mock consultation of assessing oral health and discussing with clients
- How oral health relates to pregnant women specifically
- Nutrition list of best foods for diabetics
- Pediatric dentistry, pathology
- Oral surgeries,
- Focus on limb amputations
- Non-alcoholic fatty liver diseases a public health topic
- Methamphetamine epidemic and impact on oral health

- Genetics and oral health
- Great combo of information. Dr. Chahal did a great job of breaking down diabetes to help lead to oral health.

6. Approval Rating:

98% approval rating



Oral Health & Diabetes Symposium

Friday, March 1, 2024
9 a.m. - 1 p.m.

Featured Speakers:

Issac Navarro, DDS, MPH

The Link between Oral Health and Diabetes

Rajinderpal, Chahal, MD

Endocrinology, Diabetes & Metabolism Specialist
Diabetes Update and Effective Strategies for Improved Outcomes

Kristin S. Hoeft, PHD

University of CA Berkeley, School of Public Health
Oral Health Literacy Best Practices

4 CME Credits (Physicians and Licensed Professionals)

Register [HERE](#). Or Scan the QR Code.

bit.ly/3SD0U71



Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

This is event is a joint collaboration of the Tulare County Alliance for Management & Education of Diabetes (TAME) and the Tulare County Health Advisory Committee.

Appendix E

2023 Farmworker Women's Conference Access to Care Report

Description:

This report is a result of a multi-sector collaboration that included hospitals, managed care plans, and the public health department, to assess knowledge regarding access to health care in Tulare County

FARMWORKER WOMENS CONFERENCE: ACCESS TO CARE REPORT 2023

Tulare County Public Health



HHSA

Public Health



Accredited 2020

Table of Contents

Contents

Table of Contents	2
Executive Summary	4
Background	4
Demographics and Target Population	5
County of Tulare	5
Farmworker Women’s Conference	5
Methods	6
Survey Results	7
Location.....	7
Age Group.....	8
Household Size.....	8
Eligibility of Medi-Cal	9
Seeking Treatment.....	10
Delay in Care:	11
Reasons for Delay in Medical Care.....	12
Reasoning for Emergency Room Use	12
Emergency Room (ER) and Hospital Use Admittance.....	13
Use of Telehealth	14
Focus Group Results	15
Discussion	18
• Job Constraints	18
• Cost.....	18
• Language Barriers	19
• Appointment Availability	19
• Quality of Care	19
• Policies and Procedures	19
Limitations	20
Actionable Recommendations	20
Conclusion	21
References	22
Appendices	23
Access to Care Survey.....	24
Tulare County Public Health Equity Team Access to Care Focus Group Plan	28
Focus Group Guide for Facilitators	35
Focus Group Notes- Spanish	38

Overall themes:..... 38
Focus Group Notes- Spanish..... 51
Overall themes:..... 52

Executive Summary

Background

Tulare County Public Health (TCPH) began its journey to become an accredited public health department recognized by the Public Health Accreditation Board (PHAB) in 2015. This journey included coordinating with partners to conduct a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in 2017. This work identified one of the concerns of residents and partners was the ability to access care, and the partners and community members formed an Access to Care Subcommittee. The subcommittee meets regularly to discuss concerns and come up with collaborative ways to address them.

Tulare County Public Health became an Accredited Public Health Department, recognized by PHAB in September of 2020. CHA and CHIPs are conducted every five years to update the work of the health department and its partners.

Tulare County Public Health collaborated with Hospital Council and Fresno-Kings-Madera four-county region to begin the Community Health Needs Assessment/Community Health Assessment for the year 2022. The first phase of data collection began in August 2021-December 31, 2022, through focus groups, key informative interviews and county wide surveys, access to care was identified as one of the priority areas for Tulare County through this data gathering. During the second phase of data collection, a community partner survey was conducted to determine perspectives and needs in the populations/communities being served in Tulare County. Four focus groups were conducted, capturing conversations that included residents' experiences that impacted their health as well as communities' strengths and resources. The burden of poor health outcomes for the residents of Tulare County continued to be a reoccurring theme, attention is needed to focus on access to care and need for strengthening partnerships, improvement and increasing partners participating in the subcommittees. In December 2022, workshops were conducted for the development of the 2023 Community Health Improvement Plan (CHIP) with nearly 70 representatives from an array of public agencies, nonprofit organizations, businesses, and numerous residents to review, revise and agree on goals and objectives for the Access to Care Subcommittee that will guide the work for the next five years. The subcommittee's workplan is a living document that is based on the community's needs and partners feedback and can be revisited and revised, as the needs of the community evolve.

Gathering information from members of the community through qualitative data and quantitative data is an important function of the public health department to obtain the important insight from members of the community to further understand community member concerns/barriers to accessing care. Information gathered will be presented to partners at an Access to Care Subcommittee meeting and will be used to inform the work identified through the goals and objectives of the subcommittee and to inform education material development or educational campaigns.

Demographics and Target Population

County of Tulare

Tulare county is centrally located in the heart of California's Central Valley and composed of small rural and suburban towns that support the agricultural industry. It is known as one of the top agricultural-producing counties in California and the United States with a population of 477,054. However, Tulare County ranks as one of the least healthy counties in California according (Healthy Places Index) (County health and rankings). There are many factors that affect the health of the county including access to health services, education level, household income, and the environment. The median household income in Tulare County is \$52,534, compared against California's median household income of \$78,672. In Tulare County 21.8% of the population is living below the poverty level.

Socioeconomic impacts result in individuals having difficulty accessing care due to finances, transportation, or understanding of the health care system. This has resulted in communities in Tulare County being disproportionately impacted by the pandemic. Further findings from focus group data collection show common barriers for access to care such as job constraint/management, clinic operation hours, medical cost, language barrier, appointment availability, quality of care, policies, and procedures.

Farmworker Women's Conference

2023 marks the 25th Anniversary of the Farmworker Women's Event. The event draws in an average of 1,300-1,500 people per year coming from Tulare County, and neighboring counties. In 1998, Lali Moheno, a longtime community activist fighting for immigrant and field workers' rights, gathered personal funds and some small monetary donations together to hold the first of what would be many conferences for farm working women in Tulare County. Recognizing the sacrifices of the farm working women made to provide for their families through fieldwork and the detriment that it had on their health. Lali was determined to provide a "one-stop-shop" for farm working women or campesinas in the form of a conference. During the conference, the participants were welcomed with food and drinks, as well as resourceful information on current programs that could complete applications for services related to health, immigration, and field worker conditions (pesticide exposure, harassment, etc.). Throughout the years the conference only grew, and more local organizations and county health and human service programs participated to provide the best information and access to care to the farm working community. The annual Farmworker Women's Conference provided an easy access to essential services to the women who are the backbone of the local agricultural economy in this county and the state of California.

Methods

There were two methods used to conduct research and learn about access to care challenges among the farm working community. One type of study was a short quantitative survey, and the second study was a focus group used to collect qualitative data. Individuals attending the Farmworker Women's Conference were asked to participate in the studies. The quantitative survey consisted of eleven questions around access to care issues and was conducted by Tulare County Public Health staff. The survey questions were asked verbally, and responses were entered into Survey Monkey. Tulare County Public Health staff asked the survey questions verbally in Spanish or English to the participants. The target audience were people associated with the agricultural farm working industry. There was a total of 112 survey responses collected. There were 65 respondents with recent agricultural farm working experience (within 3 years). The remaining 47 respondents were not recently agricultural farmworkers, but the majority reported having household members that were agricultural farm workers.

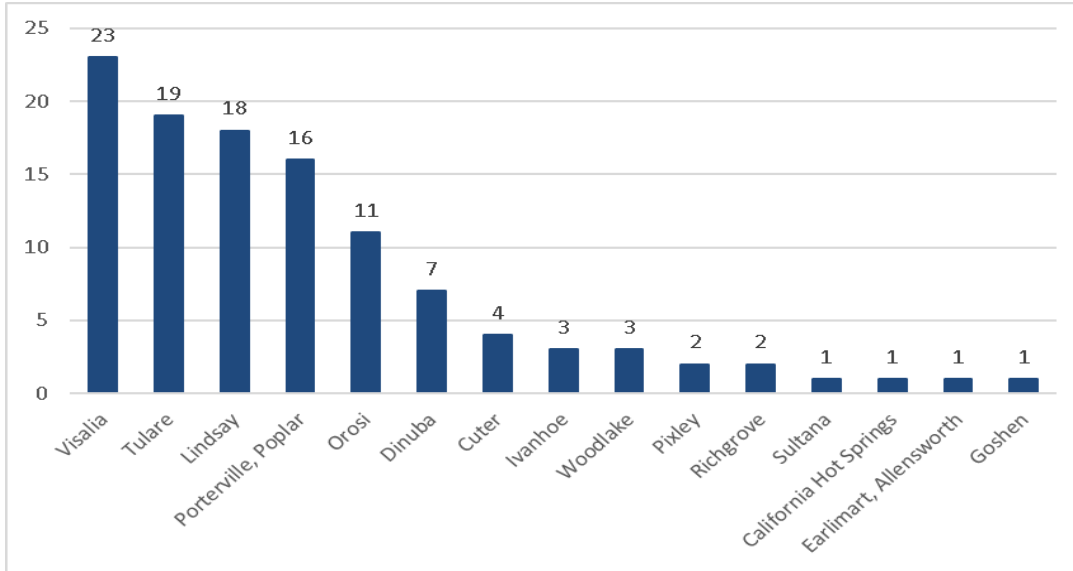
The focus group was conducted as a collaboration between Tulare County Public Health, Anthem Blue Cross, and Kaweah Health. The focus group consisted of a series of open-ended questions used to solicit qualitative, in-depth information from the attendees to assess how participants access and receive care. The individuals for the focus group were recruited during the Farm Workers Women Conference 2023. Participants that attended the first education breakout session regarding access to care were invited to participate in the focus group session that took place during the second breakout session. Those individuals who decided to stay for the focus group session were asked if they have worked in the agriculture industry in the past 3 years to meet the qualifications. The focus group was aimed for women who currently work or had experience in the farm working industry within the past three years. There was a total of 11 participants that met the participatory requirements. The session was conducted all in Spanish, it lasted about 1 hour and 15 minutes and was held in a separate room to ensure a private and confidential focus group. The participants read and signed the consent form, and the session was recorded. Participants were engaged and had an on-going conversation through the entirety of the focus group.

Survey Results

Location:

The respondents were from 15 different cities and unincorporated communities in Tulare County. There were 23 respondents from Visalia, 19 from Tulare, and 18 from Lindsay. The figure below shows the geographic range of the respondents. The data is also available by zip code in the Appendix.

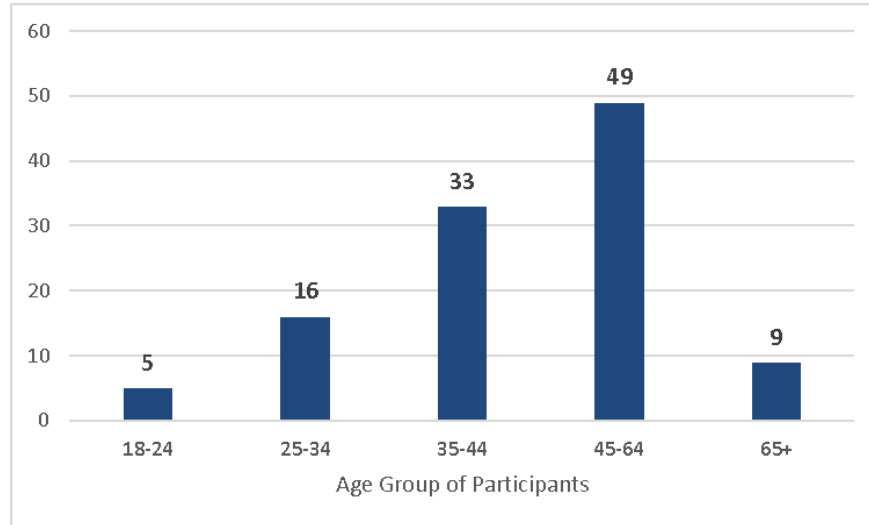
Figure 1: Respondents by Residential Location



Age Group:

Respondents' ages ranged from 18 to over 65 years. The highest proportion of respondents were between 45-64 years old (49 participants) followed by 35-44 years old (33 participants) as seen in the figure below.

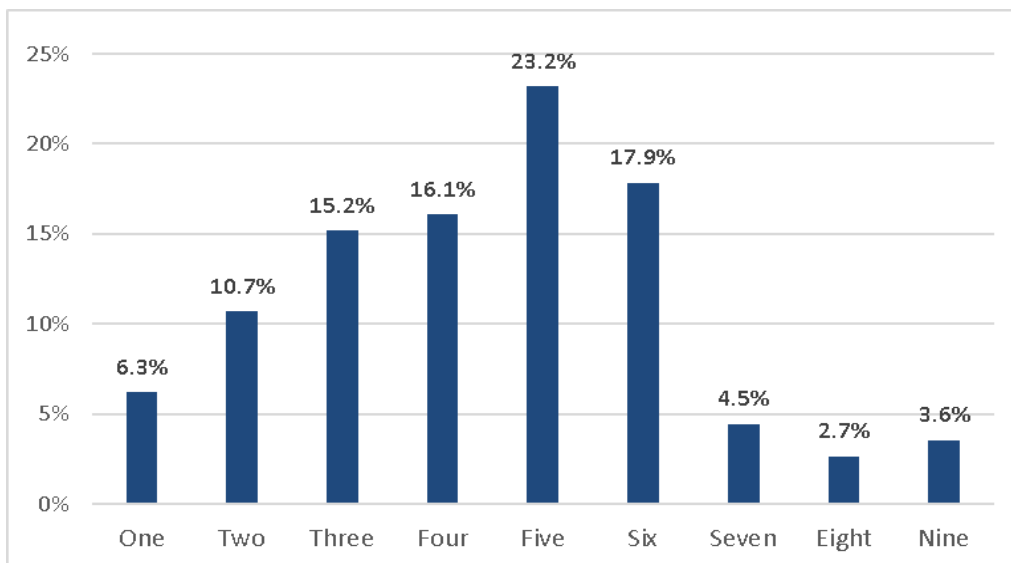
Figure 2: Age Group of Participants



Household Size:

The household size of the respondents ranged from 1 to 9 people per household. The majority of respondents lived in a household with 3 -6 people. The average household size of respondents was 4.5 members per household, which is larger than the average household size in Tulare County of 3.33 members per household (United States Census Bureau 2017-2021). The figure below shows the household size of participants.

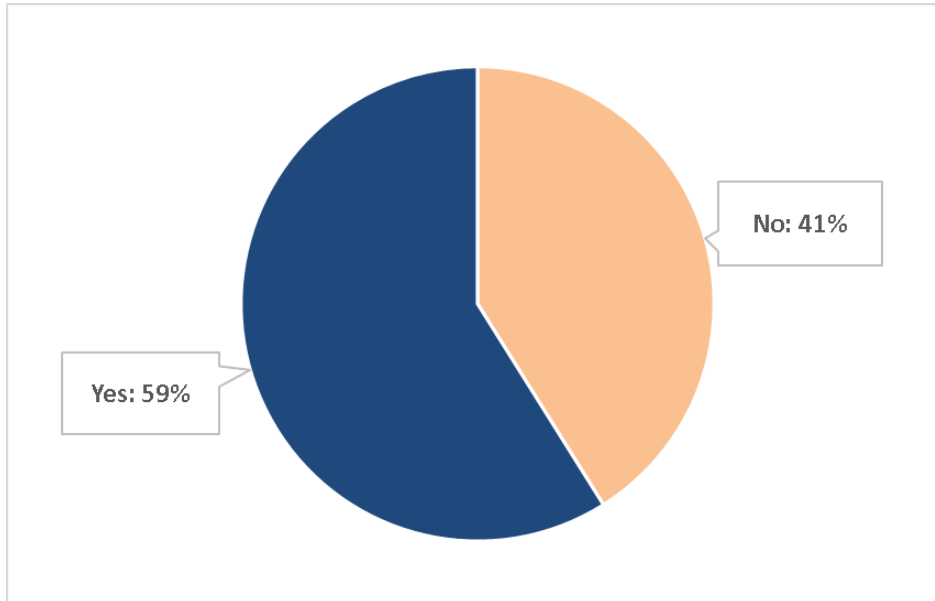
Figure 3: Household Size of Participants



Eligibility of Medi-Cal:

In January 2024, Medi-Cal will expand eligibility for individuals ages 26-69, regardless of immigration status, if they meet income/property requirements. Slightly more than half of the respondents were aware of the new Medi-Cal eligibility (58.9%) as seen in the figure below.

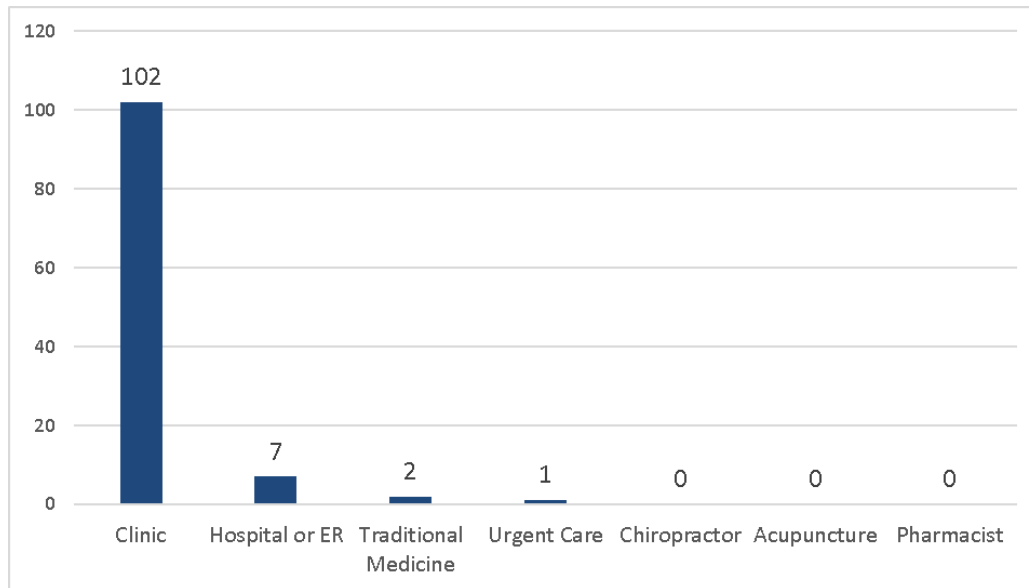
Figure 4: Familiarity with New Medi-Cal Eligibility



Seeking Treatment:

Participants were asked where they seek care when they are sick. Most of the respondents (102 or 91%) said that when they are sick, they go to the clinic. A few participants stated that they go to the hospital or ER (7), traditional medicine (2), or urgent care (1).

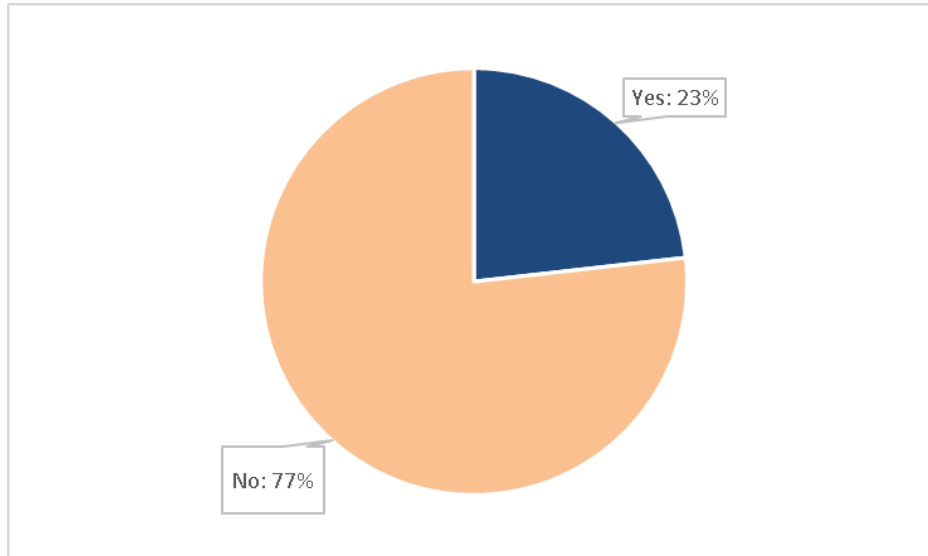
Figure 5: Where do Participants Seek Care



Delay in Care:

The participants were asked if they delayed getting health care over the past year. The majority of respondents (76.7%) said that they did not delay accessing care.

Figure 6: Delayed Accessing Health Care Services



Reasons for Delay in Medical Care:

The participants that reported delaying access to care were asked a follow up question regarding the reason for the delay. Of the people who delayed accessing healthcare, the most common reason was due to financial constraints around health insurance (10) participants listed specific reasons such as not having health insurance, financial hardship, or that insurance didn't have enough coverage. The second most common reason was inconvenient scheduling (9) such as inconvenient clinic hours, long wait times during appointments, lost referrals, or prolonged scheduling of appointments. Other reasons included language and communication barriers, and childcare issues as seen in Table 1 below.

Table 1: Reasons for Delay in Accessing Health Care Services

Reason for Delay	Count
Insurance Issues	10
Inconvenient Scheduling	9
Language and Communication Barriers	2
Childcare Issues	1
Emergency	1
Unknown	3

Reasoning for Emergency Room Use:

Participants were asked in what situation they would use the emergency room. Participants were able to select multiple answers from the following: open in the evenings, unable to take time off work to see a provider, health insurance coverage, and emergency need. The most common answer was for emergency need (92) followed by open in the evenings (13) as seen in the table below.

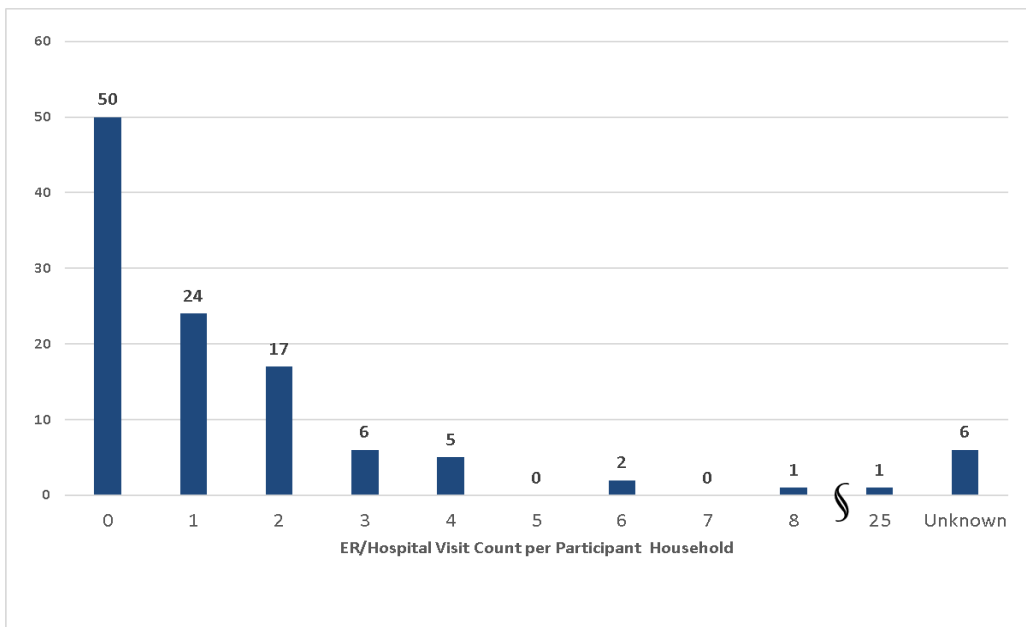
Table 2: Emergency Room (ER) Use

ER Use	Count
Emergency Need	92
Open in the Evenings	13
Health Insurance Coverage	8
Unable to Take Time Off Work	1
Unknown	5

Emergency Room (ER) and Hospital Use Admittance:

Participants were asked how many times members in their households, including themselves, visited the ER or were admitted to the hospital during the past 12 months. The largest proportion of the respondents (50 respondents, 44.7%) stated that their household members and themselves had not visited the ER or been admitted within the past year. While one respondent stated that their household members and themselves had visited the ER or been admitted 25 times within the past year, which was the highest reported frequency for a household.

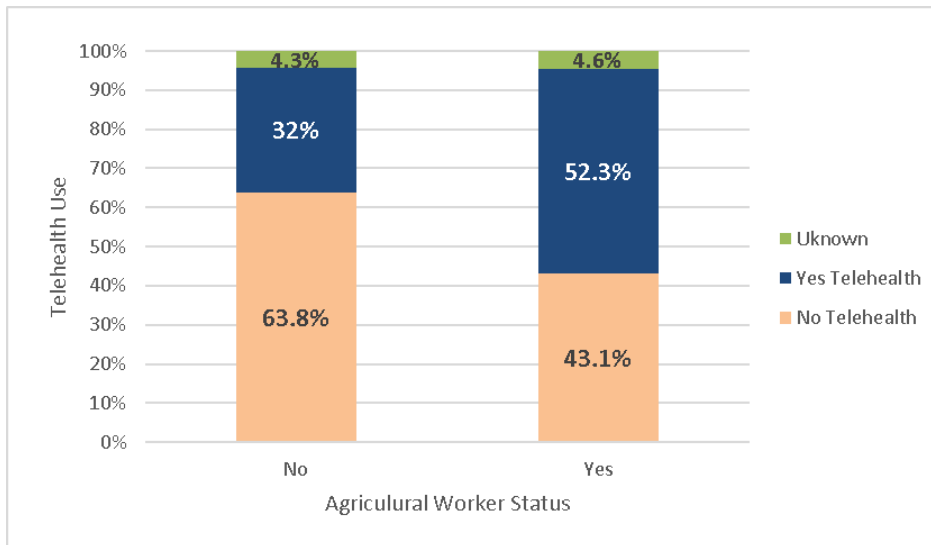
Figure 7: Number of ER Visits/Hospital Admissions per Participant Household



Use of Telehealth:

When asked about receiving medical services for the household through telehealth services, 43.8% of respondents said they do, while 51.8% said that they do not and 4.5% were unknown. Participants that were agricultural workers reported a higher percentage of using telehealth services compared to those that weren't, as seen in the figure below. Slightly more than half of the people that were agricultural workers said they use telehealth services (52.3%), while less than half of the people that were not agricultural workers said that they do use telehealth services (32.0%).

Figure 8: Telehealth Use by Agricultural Worker Status



Focus Group Results

The participants held a discussion based on the questions asked by the facilitator. The responses from the group were summarized below and were analyzed based on reoccurring themes brought up by the participants based on the topic of access to care. The age range of the participants are as follows: (4, ages 25-34), (2, ages 35-44), (3, ages 45-54), (1, ages 55-64), (1, ages 65+). All participants were females who worked in the agriculture industry within the last three years and identify as a member of the Latinx community. Below are the key takeaways from the focus group:

1. What are the reasons for not accessing health care? For example: transportation, schedules, etc. (Challenges to accessing health care)
 - a. Summary: Participants described lack of time, the cost of health care services, lack of education or not knowing about available resources and the language barrier with the provider as reasons why they have trouble accessing health care. One participant elaborates: “why should I go if I don’t understand the doctor” or “they don’t understand me and what I am saying.” “I’ve had to translate for family members. “
 - b. Overall Viewpoints: Cost, language barrier, employers make it difficult to ask for days off, lack of education.
2. Where do you receive medical care?
 - a. Summary: Participants informed they received medical care at both clinics and hospitals. The following locations are as follows: Family Healthcare Network, Kaweah Health Clinic (Lindsay), Farmersville Clinic, and Sierra View Hospital. One participant elaborates: “We are required to make multiple appointments. On some occasions the doctor cannot treat us for multiple reasons in one visit; instead, we are required to make a separate appointment for a different day.”
 - b. Overall Viewpoints: Participants use both clinics and hospitals in their surrounding communities. In addition, they provide feedback on some challenges they may face such as multiple appointments for multiple checkups, and extensive wait time for an appointment to see a specialist.
3. If you could change anything about health care in your community, what would you change? (Health care challenges)
 - a. Summary: Participants express more flexibility with the clinic and hospital policies. They would like to be treated for multiple reasons during one visit, rather than having a separate appointment and therefore taking time to make a second visit to the doctor (they prefer to just not go back and forth to the doctor). They also ask for more flexibility if a patient is running late to their appointment. Lastly, they also state the change of the urgent care and clinic hours to be extended longer during the weekends.
 - b. Overall Viewpoints: More flexibility in getting checked for multiple reasons at the doctors, being flexible with patients if running late, the extension of clinic and urgent care hours during the evening on weekends.

4. On what occasion would you go to the emergency room for medical care? (Use of Emergency Room)
 - a. Summary: Participants reported they see urgent care as a good resource/service as it might help reduce the influx of patients going into the hospital emergency rooms. They would also go to the emergency room or urgent care if there is no availability at the clinic. One participant offers insight regarding the question: “If my child is sick with a high temperature and I call the clinic but there is no available appointment until 3-4 days, then I go to the urgent care or emergency care.”
 - b. Overall Viewpoints: Quick service with urgent care, extending hours at an urgent care can help hospitals be less crowded since they will attend the urgent care before the emergency room. They go to the emergency room only if they truly need to go.
5. Do you feel comfortable seeing a doctor virtually through telehealth (Comfortable using technology)?
 - a. Summary: Participants describe telehealth as a good tool especially during the COVID-19 pandemic, it provides easier access for patients to see their provider especially if their work schedule does not correlate with the providers available dates and times. One participant expresses children may benefit better with in person visits rather than utilizing telehealth, because it's harder for them to explain/express how they feel.
 - b. Overall Viewpoints: Telehealth provides easy access to provider, follow up consultations may work well with telehealth, telehealth might not work well when provider is checking in with children.
6. Does your doctor take into account your opinions and traditions about your health? What barriers have you encountered because of this? (Cultural Competence)
 - a. Summary: Participants state it depends on the doctor; they've had positive and negative experiences. Some feel like the doctors is in a rush and do not take the time to speak to the patient properly or give the patient a chance to express themselves. One participant elaborates:” Some doctors do but others don't. For example, I took my elderly father-in-law to the doctor and as my father-in-law was explaining the symptoms to the doctor like where he felt pain and then proceeded to let the doctor know that he had forgotten about a separate issue, the doctor labeled my father-in-law as crazy and asked my father-in-law if he was crazy because he couldn't remember a symptom. The doctor then disregarded my father-in-law and referred to me with the questions instead of him. After this incident my father-in-law did not want to see that doctor anymore and so we changed doctors for him.”
 - b. Overall Viewpoints: Opinions were split, some participants did acknowledge that providers were considerate of their opinions but also vice versa there was no consideration everything was rushed.
7. How do you feel about mental health services (CHIP Objective)?
 - a. Summary: Participants communicate mental health as a positive service that is helpful and needed in our community. They also express that there is a lack of mental health services/locations in our community of Tulare County. One participant expressed “Here in Tulare County, we need more clinics that provide

mental health services. I have a family member who told me not to take an aunt who needed mental health services to Sierra View because it would be more expensive because they would refer my aunt to a different clinic but in a different area, I think that it was in Valencia, CA.”

- b. Overall Viewpoints: There is a need for resources for mental health. More clinics that specialize in mental health and more advanced services with mental health in Tulare County. Provide education of the current available mental health services in the community.
8. Does your doctor ask you questions about your work or work environment (Cultural Competence)?
 - a. Summary: Participants express their medical providers do not ask about where they work or if they work in the agriculture labor. Doctors don't really ask questions regarding work unless the visit is related to work injury. Providers might ask if something hurts, but they don't ask if it's in correlation of their vocation/work.
 - b. Overall Viewpoints: Many participants felt that doctors do not ask about where they work, unless the reason for the visit is work-related injury.
9. Do you seek medical care when you have been exposed to pesticides? Why or why not? (Health Literacy)
 - a. Participants describe there is lack of communication/ information from employer regarding exposure of pesticides. Sometimes employers don't let workers know that they are working in an area that was just sprayed with pesticides and the side effects (health issues) that it may cause. They do not think to visit the doctors for pesticides. One participant elaborates “My husband worked while they were spraying in the fields and came home with a headache but didn't think of going to the doctor. We did not really think that it would have any effects in the future. “
 - b. Overall Viewpoints: Many of the participants are aware and have insight that pesticides can be harmful to health. However most do not seek medical attention after being exposed to pesticides due to cost or they don't really see a significant need to seek medical attention for exposure to pesticides. Employers are not informing the employees properly of the harm pesticides can cause.

Discussion

The participants represented in the study were from various locations around the county. More than half were recent farm workers, and the others were associated with the farm working industry. They reported having larger size households than that of the county average. The participants come from different age ranges; the highest proportion of respondents were between 45-64 years old followed by 35–44 years old. The data collected from the participants show slightly more than half of the respondents were aware of the new Medi-Cal eligibility, regardless of immigration status. The study also showed participants mainly sought treatment through clinics, and very few stated that they would go to the hospital/ER to seek treatment. Well over half of the participants state they did not delay in accessing medical care services in the county. However, those who did experience delays in accessing healthcare state some of the following as issues: insurance issues, inconvenient hours, and language barriers. In our county, we also see a very high number of emergency room visits and the common answer provided was because of “emergency need”. Through the data collected it also shows participants who were asked how many times members in their households, including themselves, visit the ER. The most recurrent response was that they had visited the ER or been admitted within the past year. When asked about the usage of telehealth for medical services in their household slightly more than half of the people that were agricultural workers said they use telehealth services (52.3%), while less than half of the people that were not agricultural workers said that they do use telehealth services (32.0%).

In addition, to the survey results, there was great feedback provided by the focus group participants who were able to provide insight regarding the barriers for access to care. Some of the reoccurring themes are as follows:

- **Job Constraints**
 - Participants don’t have time to seek medical attention due to the hours of operation of clinics. They do not want to miss work to go to see a medical provider.
 - Management in agriculture labor doesn’t allow time off, and participants fear they will be replaced and lose their job for upcoming seasons.
 - Participants indicated they are not likely to miss work to seek medical care due to the fear of losing the job that provides for their families.
 - Employers do not let employees know there are dangers of pesticides in their work environment. Therefore, they are unaware of potential exposure.
- **Cost**
 - Most participants do not have access to medical insurance. In addition, insurance monthly costs are too high.
 - Participants mentioned they do not qualify for Medi-Cal because of their income, but still can’t afford to pay out of pocket.
 - Participants are not likely to seek care in fear of the high medical bills. They would rather prioritize and use the money to pay for their bills and other essential needs for their family.
 - Participants would rather find alternative methods to treat themselves, so they don’t pay high costs.

- Participants consider the costs before seeking medical care, even for additional care such as emergency and specialized care.
- **Language Barriers**
 - Participants who only speak Spanish will not seek medical care if there isn't someone who can translate for them. Older individuals feel they won't listen because of their age and doctors would rather speak to younger people.
 - Participants indicated they feel they are not taken seriously when expressing their concerns to their medical providers because of the language barrier. They often do not know how to communicate what they are feeling and do not understand the instructions from the medical provider.
 - Participants mentioned they do not trust their doctors because they do not listen to all their concerns, only want to focus on one thing and require additional appointments for anything else mentioned.
 - Providers will dismiss the needs of the participant and do not typically prescribe medications needed, so they rather not seek care.
- **Appointment Availability**
 - There is a lack of specialists in Tulare County, so it has created long waitlists for patients to get scheduled. This is delaying care for an extended period for the participants.
 - Focus group participants indicated that if hours of operations were extended for clinics or urgent cares, they would be more likely to get care.
 - Participants indicated that Telehealth visits can be a useful alternative for appointments and create more flexibility with the provider, they do indicate some mistrust of the process if they believe their issue is something that can only be treated in person. They are most comfortable using telehealth for follow up appointments.
- **Quality of Care**
 - Participants indicated that many times the issues they come in with do not get resolved and doctors will make multiple appointments with no resolution at the end.
 - Participants indicated that doctors sometimes do not respect a patient's traditions or culture, sometimes doctors do not try to speak to the patient directly either if using a translator which can cause a barrier for information.
 - The doctors do not listen to the patients' concerns and can be dismissive of complaints, or doctors will rush through appointments and not let the patient ask questions.
 - Doctors are not asking patients where they work or their occupations, this is limiting the doctors understanding of what can be causing a patient's issues.
 - Participants would have liked to receive more education from their providers about health conditions that can result from their occupations i.e. side effects from pesticides.
- **Policies and Procedures**
 - Participants indicated that doctors will not treat more than one issue per appointment, this requires the patients to make multiple appointments which they do not have the time to make.

- Participants indicated that clinics should be more flexible with these policies, especially a grace period for their late policies.
- Participants also indicated that they are left waiting for prolonged periods of times in the waiting room or waiting to see the provider and then are rushed through their appointments.

These results highlight the continuing need for the County of Tulare to educate farm working residents regarding access to care and the programs/services it provides. Tulare County Public Health Department is working to improve and develop existing and new efforts and strategies to improve access to care to Tulare County residents, including farmworker.

Limitations:

Whereas the present quantitative and qualitative studies provided information on the experiences of agricultural farm workers and non-agricultural farm workers in searching the reduction of barriers of accessing health care in their surrounding communities', there are a few limitations worth noting.

1. Survey respondents were having trouble comprehending some of the words in Spanish when questions when asked.
2. Focus group participants were hindered due to the distraction and caring of the children present in the focus group.

Actionable Recommendations

Through the hosting of focus group and survey results the following actionable recommendations are being made to the Access to Care Subcommittee and Public Health Equity & Media Teams relating to access to care issues:

- Development of educational material about access to care (I.e. Do's & Dont's on the usage of emergency room, telehealth communication, mental health resources, language barrier) to share with the community.
- Social media messaging about (I.e. Do's & Dont's on the usage of emergency room, telehealth communication, mental health resources).
- Collaboration should include the following entities: managed care plans, primary care providers, behavioral health providers, hospitals, clinics, and community-based organizations.
- Development of education material and sharing with Access to Care Subcommittee.
- Developing material distinguishing the deference between the emergency room and urgent care.

Conclusion

This study highlights the continuing need for the County of Tulare to educate farm working residents regarding access to care and the programs/services it provides. For the mid-size population Tulare County (477,000 community residents), it will take community outreach and awareness to educate the public regarding the use of Medi-Cal, creating and delivering culturally and linguistically services that prevent language communication barriers, and provide awareness of other services such as childcare, telehealth, and clinic services. Tulare County should continue to undertake education efforts, coordinating with other organizations, externally and internally, who are conducting similar outreach to obtain maximum effectiveness of health.

Increasing the dissemination of information and the quality of health services will provide better access to high quality, affordable health care when they need it, including in rural and other underserved areas in the county. Failure to address these disparities will only serve to worsen pre-existing disparities in access, quality, and costs of medical care for our most vulnerable populations. Prioritizing access for all essential services is necessary to achieving health equity.

References:

County Health Rankings 2023. <https://www.countyhealthrankings.org/explore-health-rankings/california/tulare?year=2023>

Healthy Places Index map. map.healthypacesindex.org/?view=9368f669-c898-4f45-b543-9e975c8307cf

Appendices:

1: Access to Care Survey Questions

Survey-FWC Access to Care Survey.docx

2: Survey Analysis

Yes - Acceso a la Atencion Medica.xlsx

3: Focus Group Plan

Focus Group Planning Guide-Access to Care.docx

4. Focus Group Guide and Questions

Focus Group Script Guide and Notes (Final).docx4: Focus Group Findings

(LC) Focus Group Notes-Access to Care .docx

MRodriguez Focus Group Notes-Access to Care.docx

Access to Care Survey

- 1) Have you worked in the Agriculture Industry in the last 3 years?
 - a. Yes
 - b. No

- 2) What age group are you in?
 - a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-64
 - e. 65+

- 3) How many people are in your household.
 - a. (Fill in section)

- 4) Please insert your zip code

- 5) Are you aware that starting January 2024 Medi-Cal will expand eligibility for individuals ages 26-49 regardless of immigration status, if they meet income/property requirements?
 - a. Yes
 - b. No

- 6) In the past 12 months where has your household gone when sick?
 - a. Clinic /doctor's office/ health center
 - b. Traditional Medicine (Curandero/Huesero/Sobadero/Partera)
 - c. Hospital/emergency room
 - d. Urgent care
 - e. Chiropractor
 - f. Acupuncturist
 - g. Pharmacist
 - h. Other (fill in)



- 7) During the past 12 months, did you delay or not get any other medical care you felt you needed for yourself or your family—such as seeing a doctor, a specialist, or other health professional?
 - a. Yes
 - b. No
 - c. Does not apply

- 8) If you delay receiving medical care for your household, what were the reasons? (Select all that apply)
 - a. Language/communication barriers
 - b. Transportation problems
 - c. No insurance
 - d. Hours not convenient
 - e. There was no childcare for children at home
 - f. I forgot or lost referral
 - g. I didn't have time -I can't take time off from work
 - h. Other (:)

- 9) Why do you use the ER? In what situations would you visit the ER? (select all that apply)
 - a. Open in the evenings
 - b. Unable to take time off work to see a provider
 - c. Health insurance coverage
 - d. Emergency need

- 10) During the past 12 months, how many times has a household member(s) been admitted to a hospital/ emergency room?
 - a. Number of times _____
 - b. None
 - c. Refused
 - d. Don't Know

11) Do you use telehealth /video visits to receive medical service for the household?

- a. Yes
- b. No

Acceso a la Atención Médica

1. ¿Ha trabajado en el campo de la agricultura en los últimos 3 años?

- a. Sí
- b. No

2. ¿En qué grupo de edad está?

- a. 18-24
- b. 25-34
- c. 35-44
- d. 45-64
- e. 65+

3. ¿Cuántas personas viven en su hogar?

- a. (Llenar)

4. Ingrese el código postal de su ciudad

5. ¿Sabe usted que a partir de enero 2024 Medi-Cal extendera su elegibilidad para las personas de 26-49 años de edad, independientemente de su estatus migratorio, si cumplen con los requisitos de ingresos / propiedad?

- a. Sí
- b. No

5. ¿En los últimos 12 meses, ¿dónde han ido las personas de su hogar cuando han estado enfermos?

- a. Clínica / consultorio médico / centro de salud
- b. Medicina tradicional (Curandero/Huesero/Sobadero/Partera)
- c. Hospital/sala de emergencias
- d. Atención urgente
- e. Quiropráctico
- f. Acupuntor
- g. Farmacéutico
- h. Otros (llene)



6. Durante los últimos 12 meses, ¿retrasó o no recibió ningún otro tipo de atención médica que consideraba necesaria para usted o su familia, como por ejemplo: acudir al médico, a un especialista o a otro profesional sanitario?

- a. Sí
- b. No

7. Si ha retrasado la atención médica para su hogar, ¿cuáles han sido los motivos? (Seleccione todas las que correspondan)

- a. Barreras del idioma y la comunicación
- b. Problemas de transporte
- c. Falta de seguro médico
- d. Horario no conveniente
- e. No había guardería para los niños en casa
- f. Olvidé o perdí la referencia
- g. Otro (especifique:)

8. ¿Por qué utiliza la sala de emergencias? ¿En qué situaciones visitaría la sala de emergencias (seleccione todas las que correspondan)?

- a. Abierto por las tardes
- b. No se puede ausentar del trabajo para ir al médico
- c. Cobertura de seguro médico
- d. Necesidad de emergencia urgente

9. Durante los últimos 12 meses, ¿cuántas veces uno o varios miembros del hogar han sido admitidos en un hospital/sala de emergencias?

- a. Número de veces _____
- b. Ninguna
- c. Rechazado
- d. No sé

10. ¿Utiliza telesalud o visitas en vídeo para recibir atención médica para el hogar?

- a. Sí
- b. No

Tulare County Public Health Equity Team Access to Care Focus Group Plan

Purpose:

Tulare County Public Health has developed this focus group guide and template will be used by programs who intend to collect opinions from the community on an issue or service, or for those who work in policy, systems, and environment (PSE).

The blue sections of this guide are informational and used to inform the reader of focus group processes. The green sections should be filled out by program as they plan and develop their focus group.

Defining the Project

What is in this focus group plan?

This plan contains:

- Background Information and Purpose
- Defining a focus group
- Recruiting and preparing participants
- Conducting the focus group
- Analyzing the data

Who is this focus group plan for?

This focus group plan is for the Equity Team within Tulare County Health and Human Services Agency (HHSA), Public Health Branch to gather information on access to care in the farm working community.

What is a focus group?

A research method involving a small group of participants who are guided through a discussion by a moderator and assistant moderator. Focus groups serve to identify needs of a targeted group of individuals to capture information to inform the work of the Public Health Department.

Who will be in this focus group? What do we intend to gather?

At the 2023 Farmworker Women’s Conference a focus group involving a small group of farm working Spanish speaking women who have worked in the agricultural industry in the last 3 years will be having a conversation about Access to Care. This will give us an understanding of the types of perceived and actual barriers members of the farm working community experience when deciding to or accessing care.

This engagement will assist Tulare County Public Health and its Community Health Improvement Plan (CHIP) Subcommittee with determining how to address access to care issues as part of their objectives.

Planning for the Focus Group

Planning your focus group

Here's what to consider when planning your focus group:

<u>The purpose of your data</u>	<ul style="list-style-type: none"> • Determining perceived access issues for agriculture worker community. • To address needs of target population to inform community messaging.
<u>Subject matter and sensitive issues</u>	<ul style="list-style-type: none"> • Ensuring individual's participating understand honest feedback is necessary. • Create a safe space for participants to share information on access to care.
<u>Selecting the participants</u>	<ul style="list-style-type: none"> • Attendees volunteering to participate in the focus group at the farmworker women's conference.

What do we intend to find out in this group plan?

The intent for this focus group will involve a better understanding of when individuals decided to access healthcare services, their knowledge/comfort in telehealth services, etc.

What is the area/perspective we want to explore?

- Access to Care
- Barriers Population Perception/ Experience of Access to Care
- Health Literacy
- Culture and opinions

Why is this important?

- Tulare County HHSA's mission is "Dedicated to protecting and strengthening the well-being of the community through development of effective policies, practices, and services delivered in a culturally and linguistically competent manner." The goal of these focus groups is to ensure the Public Health Department and its partners are properly engaging the community in understanding services available.
- Tulare County is semi-rural, and individuals often opt to prolong accessing health services due to transportation, cultural, wait times, etc. Understanding why individuals delay care will assist in addressing this issue through education material development.
- This will help Tulare County HHSA commit to engaging, learning, and being a more active participant in improving health equity for all residents of Tulare County.

What is needed to prepare for this focus group?

- Collect current data and create new data.
- Identify the targeted population.
- Develop focus group plan and identify roles and responsibilities.
- Identify intended outcomes and data points for the report.

Who are the targeted populations for our work? What do we know and not know?

- We will identify age/race/zip codes in the County of Tulare.

What are the indicators of unmet needs and initiative impact? How would we like these indicators to claim success?

- Community expressing needs
- Participants revealing their concerns/hesitation
- Focus group outcome/findings

What programs/initiatives in our LHD currently address these needs? What do we know and not know about these programs? What else do we need?

- CHIP Subcommittee –Access to Care
- Public Health Accreditation Board (PHAB) reaccreditation
- Public Health Equity Team
- Public Health Media Team

Who are the major stakeholders and how will this focus group impact their work?

- Access to Care Subcommittee members to guide their implementation planning of goals and objectives.
- Public Health Equity & Media-teams in developing campaigns to address access to care issues.

What are the resources (people, time, data) we need to access?

- The people we will need for this focus group plan are Access to Care committee members, Public Health Equity Team, HHS Leadership, Epidemiology.
- A timeline for this focus group will take two months of planning.
- We will need to collect data that is already presented, while gathering data from the focus group.

What is the objective for completing this goal?

- This report will be presented to the Farmworker Womens Conference Planning committee, HHS Leadership, and Access to Care Subcommittees.

Focus Group Guide

The items outlined in the section above will assist in developing your focus group guide. *See attachment.*

- Keep questions short and simple
- Focus on the research topic at hand
- Ensure simple wording
- Create and present open-ended questions
- Do not have questions that are threatening or embarrassing
- Ensure qualitative
- Do not say things to bias the groups response

Event Planning

The following things should be considered at minimum when planning for your focus group.

Where is the best place to host the focus? (I.e. public space, in county facility, zoom)	The event will be coordinated to occur with the Farmworker Women’s Conference, at the Visalia Convention.
How long will your focus group be?	The allocated time for the focus group session is 1 hour and 15 minutes (11am-12:15pm).
What is the best time to host the focus group? (I.e. during the day, after work hours, etc.)	Focus group will be hosted during the day from 11am-12:15pm during the Farmworker Women’s Conference.
Are translator services needed?	4 Focus group will occur in Spanish.
Are there any special accommodation you may need? (I.e. transportation for participants, childcare, etc.)	N/A
Will there be any incentives for participation?	1 Raffle basket and gift cards.
Budget for Focus Groups	Time for Staff to coordinate and facilitate/Incentives/ Food/ Drinks.

Defining your target population or participant engagement

When it comes to recruiting participants in a focus group, it’s important to draw out your criteria for the possible participants that will join the focus group. Developing a plan for recruitment, defining how you will engage potential participants and establishing a timeline for engagement is important to ensure meaningful participation.

Recruiting and Preparing Participants

Please complete the boxes below for your recruitment and participation plan.

What is the target population of your focus group? (I.e. race, gender, orientation, age, occupation, etc.)	Female Farmworkers who are Spanish speaking. Must have worked in the last 3 years in the agricultural industry.
How will you engage individuals to participate in your focus group? (I.e. through CBOs, program participants, social media, mailers, etc.)	Individuals will be attending a conference with various themes including health, safety, educations, and support services.
Do you have an “elevator pitch” for your focus group?	The purpose of this focus group research study is to understand farm working women’s opinions and perceptions regarding access to care and how we can further expand knowledge/resources for the services available in your community.
Are there any stakeholders who will be assisting in recruitment?	Anthem Blue Cross, Kaweah Health and HHS

What timeline are you setting for recruiting participants?	Recruitment will occur the day of the event.
Who will coordinate outreach for focus group participants?	Public Health Equity Team, Sonia Duran-Aguilar-Kaweah Health and Mayra Serrano-Anthem Blue Cross
How will you track interest?	- Through the education breakout session #1 -Listed on the event agenda.

Conducting the Focus Group and Analyzing the Results

Defining Roles in the Focus Group	
Focus Group Team	
<p>Before you begin your focus group, it's important to meet with your focus group team to go over any questions for clarification related to the research questions, the purpose, issues, and objectives.</p> <p>The focus group team involves:</p> <ol style="list-style-type: none"> 1. Moderator 2. Assistant Moderator 	
Position	Role and Responsibilities
Moderator	<p>Role: The moderator will facilitate the discussion.</p> <p>Responsibilities include:</p> <ol style="list-style-type: none"> a. Listens attentively with sensitivity and empathy b. Listens and thinks at the same time c. A belief that regardless of education, experience, and background, all participants have something to say. d. Understands the topic being discussed e. Keeps their personal views and ideals out of facilitation f. Someone the participants can relate to but also give authority to g. Build trust with each participant in the focus group. h. Keep focus group participants focused and engaged. i. Receive consent form from each participant. j. Ensure comfortability and safety for all focus group participants. k. Explain focus group rules at the start of the focus group. l. Ensure that the focus group is on time and focused on the topics. m. Handle arguments and personality clashes by separating conflict individuals. n. Serve as a diplomat by enforcing rules throughout the session.

Assistant Moderator	<p style="text-align: center;">o. Remain sensitive to gender or cultural issues.</p> <p>Role: The assistant moderator will assist the moderator with any assigned task.</p> <p>Responsibilities include:</p> <ol style="list-style-type: none"> a. Run a tape recorder or iPhone recorder during the session b. Take notes in case the recorder fails, or the tape is audible c. Note/record body language or other subtle but relevant clues d. Allows moderator to talk during the entire group discussion with no interruptions. e. Observe and record the way focus group participants respond. f. Proficient writing skills. g. Summarize comprehensive discussion into a concise format. h. Remain impartial and not speak during the discussion i. Ensure focus group participants complete the necessary documentation before the start of the discussion: demographics card, consent forms, and other paperwork.
---------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Conducting the Focus Group:

- Ensure you have supplies on hand (pens, papers, notebooks, laptops, incentives, handouts, etc.)
- Welcome the participants and conduct “housekeeping” notices
- Have participants complete any necessary paperwork (I.e. demographics, consent forms, etc.)
- Create a safe environment for sharing by providing “guidelines for participation”
- Provide an overview for the session indicating what will be covered, how information will be used, etc.
- Conduct introductions
- Follow the established script
- Close out the meeting and provide appreciation to participants
- Moderator/Assistant Moderator will debrief after closing.

Analyzing the Data:

Use the focus group tapes and insert the notes into transcribed material where appropriate. Once notes are transcribed into paper, remove any nonessential words. When completing your focus group report you can pull the information from this guide to assist in developing your narrative, the report should include:

- Background
- Project overview
- Target population and existing data
- Focus group findings
- Recommendations

Appendices

- I. Focus Group Consent Form and Demographic
- II. Focus Group Script

Focus Group Guide for Facilitators

Introduction

1. Hello, my name is _____, and we will be moderating this focus group today. We would like to welcome you to this conversation.
2. A focus group is a small group of people who come together to discuss a specific topic of interest.
3. The purpose of this focus group is to understand the opinions and perceptions of women farmworkers regarding access to health care.
4. This session will be recorded and will last approximately one hour and fifteen minutes. We will be asking questions about how you gain access to health care.
5. There are a few rules of thumb that I would like to go over before we begin:
 - a. Maintain confidentiality and we will ask participants to do the same.
 - b. Maintain focus.
 - c. Allow space for everyone to share their opinions.
 - d. There are no right or wrong answers.
 - e. It's okay to disagree, but it's not okay to attack or blame yourself or others.
 - f. Practice self-concentration, use "I" statements, and speak up for yourself.
 - g. Above all, be respectful.
6. The goal of this focus group is for everyone to share their opinions, so we want everyone to participate. We have a lot to talk about, so the conversation will move quickly, but feel free to interrupt me if you have something to add.
7. A gift card will be given out at the end of the session, plus there will be a drawing for gift baskets for participants.
8. Finally, we want to emphasize that what is discussed here will not be shared elsewhere. Your personal information will not be connected to anything you say here today. So please feel free to speak openly and honestly about our topic.
9. Are there any questions before we begin.

Start

Introductions: (Everyone must participate)

1. Tell us your name and the city where you live.

Ice Breaker Question: (Everyone must participate)

2. If money and time were not an obstacle, what would you do with your money?

Focus group questions

1. What are the reasons for not accessing health care? For example: transportation, schedules, etc.
(Challenges to accessing health care)
2. Where do you receive medical care?
3. If you could change anything about health care in your community, what would you change?
(Health care challenges)
4. On what occasion would you go to the emergency room for medical care? **(Use of Emergency Room)**
5. Do you feel comfortable seeing a doctor virtually through telehealth **(Comfortable using technology)?**



6. Does your doctor take into consideration your opinions and traditions about your health? What barriers have you encountered because of this? (**Cultural Competence**)
7. How do you feel about mental health services (**CHIP Objective**)?
8. Does your doctor ask you questions about your work or work environment (**Cultural Competence**)?
9. Do you seek medical care when you have been exposed to pesticides? Why or why not? (**Health Literacy**)

Conclusion

1. Are there any final comments you would like to share about what we discussed today?
2. Thank you for your participation, your time and responses are appreciated.
3. Stop by to grab your gift card and next we will announce the winners of the drawing.

Guía para Facilitadores de Grupos de Enfoque

4

Introducción

1. Hola mi nombre es _____, y nosotras estaremos moderando este grupo focal hoy. Queremos darle la bienvenida a esta conversación.
2. Un grupo focal es un grupo pequeño de personas que se reúnen para discutir un tema específico de interés.
3. El propósito de este grupo de enfoque es comprender las opiniones y percepciones de las mujeres trabajadoras agrícolas con respecto al acceso a la atención médica.
4. Esta sesión será grabada, durará aproximadamente una hora y quince minutos, se les harán preguntas sobre cómo consiguen el acceso a la asistencia médica.
5. Hay algunas reglas generales que me gustaría sobrepasar antes de comenzar:
 - a. Mantener la confidencialidad y pediremos a los participantes que hagan lo mismo.
 - b. Mantener el enfoque
 - c. Permitir espacio para que todos compartan sus opiniones
 - d. No hay respuestas correctas o incorrectas.
 - e. Está bien no estar de acuerdo, pero no está bien atacarse o culparse a sí mismo o a los demás
 - f. Practicar la auto concentración, utilizar las afirmaciones "yo" y hablar por uno mismo
 - g. Sobre todo, seamos respetuosos.
6. El objetivo de este grupo focal es que todos compartan sus opiniones, así que queremos que todos participen. Tenemos mucho que hablar, así que la conversación se desarrollará con bastante rapidez, pero no dude en interrumpirme si tiene algo que añadir.
7. Al final de la sesión se entregará una tarjeta de regalo, además se realizará un sorteo de canastas de regalo para los participantes.
8. Finalmente, queremos enfatizar que lo que aquí se discute no se compartirá en otros lugares. Su información personal no estará conectada con nada de lo que diga aquí hoy. Así que, por favor, no dude en hablar abierta y sinceramente sobre nuestro tema.
9. Tienen alguna pregunta antes de comenzar.

Inicio

Introducciones: (Todos deben participar)

1. Díganos su nombre y la ciudad donde vive.



Pregunta Rompe Hielo: (Todos deben participar)

2. Si el dinero y el tiempo no fuera un obstáculo, ¿qué haría con su dinero?

Preguntas para el grupo de enfoque

1. ¿Cuáles son las razones por las cuales no acceden atención médica? Por ejemplo: transporte, horarios, etc. **(Desafíos para acceder a la atención médica)**
2. ¿Dónde recibe atención médica?
3. Si usted pudiera cambiar algo sobre la asistencia médica en su comunidad, ¿qué cambiaría? **(Retos de la asistencia médica)**
4. ¿En qué ocasión iría a la sala de urgencias para recibir atención médica? **(Uso de urgencias)**
5. ¿Se siente cómodo al ver un médico virtualmente a través de telesalud? **(Se siente cómodo utilizando la tecnología)**
6. ¿Su médico toma en cuenta sus opiniones y tradiciones sobre su salud? ¿Qué barreras ha tenido por ello? **(Competencia cultural)**
7. ¿Qué opina de los servicios de salud mental? **(Objetivo CHIP)**
8. ¿Su médico le hace preguntas sobre su trabajo o ambiente laboral? **(Competencia cultural)**
9. ¿Busca atención médica cuando ha estado expuesto a pesticidas? ¿Por qué sí o por qué no? **(Conocimientos saludables)**

Conclusión

1. ¿Hay algún comentario final que le gustaría compartir sobre lo que discutimos hoy en día?
2. Gracias por su participación, se le agradece su tiempo y respuestas.
3. Pasen a agarrar su tarjeta de regalo y a continuación vamos a anunciar los ganadores del sorteo.



Focus Group Notes- Spanish

Date: 11/16/2023

Category of Group: **Access to Care**

of Participants:

Note-taker: Luis Cortez/Manuel Rodriguez

Demographics: Spanish Speaking Group

Moderator: Sonia Duran-Aguilar/Mayra Serrano

Participant #1	City: Porterville
Participant #2	City: Farmersville
Participant #3	City: Lindsay
Participant #4	City: Lindsay
Participant #5	City: Lindsay
Participant #6	City: Lindsay
Participant #7	City: Porterville
Participant #8	City: Porterville
Participant #9	City: Porterville
Participant #10	City: Farmersville
Participant #11	City: Farmersville

Overall themes:

Q1. What are the reasons for not accessing health care? For example: transportation, schedules, etc. **(Challenges to accessing health care)**

Brief Summary/Key Points	Themes	Limitations
--------------------------	--------	-------------



HHSA

Public Health

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Participant: Lack of time. Their work interferes with being able to schedule any appointment during the week and/or throughout the day. They would much rather skip going to the doctor than taking sick leave, hence their focus is paying their bills and caring for their family.• Participant: Work is a challenge, working in Ag labor can be difficult some of their management/mayordomos can place obstacles as in providing days off and working with the daily routine schedule.• Participant: Lack of money to pay out certain medical bills (high medical bills) or co-payments.• Participant: They face the obstacle of losing work if they call off sick because they can simply replace them, or they won't call you for work again the next season.• Participant: The cost of certain medical procedures may be too costly and can be an obstacle to seeking medical attention.• Participant: Lack of education/information, people do not know the available resources that are available for them and the available monetary help they can receive.• Participant: The cost of medical insurance is too high for them at times; hence they have other payments/bills to pay aside from that.• Participant: Due to not having sufficient income, people may get discouraged, and not consider their health as important because they would rather focus on their children.• Participant: They would rather treat themselves rather than going to the doctor, due to the high cost of medical bills, even though the patient knows it is not a good | <ul style="list-style-type: none">• Lack of time/time constraint because of work schedule.• Medical care can be costly.• Conflict with their Ag management/mayordomo.• Health insurance is costly.• Sense of guilt taking time off | <ul style="list-style-type: none">• There was potentially a distraction with having children of the participant present hence they are not fully focused on the conversation. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



HHSA

Public Health

<p>alternative at times.</p> <ul style="list-style-type: none">• Participant: The language barrier, the client feels that the doctor does not understand their concerns and they at times do not understand their instructions, this discourages them from going to the doctor.• Participant: Family members only go to the doctor if they have someone who can translate for them, if they can't get anyone to translate, they feel discouraged to go to the doctor.• Participant: Certain clinics do not provide/prescribe actual medication therefore this discourages them from accessing care.• Participant: They rather focus on working and paying the bills		
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Q2. Where do you receive medical care?

Brief Summary/Key Points	Themes	Limitations
--------------------------	--------	-------------



HHSA

Public Health

Location:

- Family Healthcare Network
- Kaweah Health (Lindsay)
- Farmersville Clinic
- Sierra View Hospital
- **Participant:** They are scared to go to the doctors per what some doctors say.
- **Participant:** Some appointments are reoccurring and the issue/medical attention the client is going for is not being resolved, but the doctor still sets up new appointments with no resolution at the end.
- **Participant:** Doctors are not treating the patient if they bring up another concern that they may have, the doctor will let them know to schedule another appointment to follow up on the concern instead of checking for the request then and there.
- **Participant:** They get discouraged and do not want to go anymore once they see the high medical bill.
- **Participant:** Getting a specialist can be difficult to book, hence they have to make an appointment months later.

- Participants are using different clinic/hospital locations throughout Tulare County.
- Mistrust of doctors.
- Waitlisted to get appointed with specialist.



Q3. If you could change anything about health care in your community, what would you change? **(Health care challenges)**

Brief Summary/Key Points	Themes	Limitations
<ul style="list-style-type: none">• Participant: They would change policies and procedures on how hospitals and clinics handle their patients/appointments.• Participant: They feel when they go in to get checked and if they ask for another medical concern the provider does not care for the medical concern then they set a new follow up appointment instead. This discourages the patient from continuing going.• Participant: They would change the time frame of the clinic closure from 5:00pm to 8:00pm throughout the whole week including weekends.• Participant: Urgent care closes at 8pm, once that is closed then their last option is the emergency room where the wait time is too long.• Participant: They want weekend clinic hours extended until 5:00pm hence they close at 3:00pm• Participant: They would like providers to wait for patients a few extra minutes (10–15-minute grace period) if they are late for their appointment. Hence the patient is the one who must wait a good amount of time to see the doctor.	<ul style="list-style-type: none">• A common theme brought up was the change of clinic and urgent care time frames throughout the whole week including weekends.	



Q4. On what occasion would you go to the emergency room for medical care? (Use of Emergency Room)

Brief Summary/Key Points	Themes	Limitations
<ul style="list-style-type: none"> • Participant: They would go to the urgent care if the clinic they go to is booked and there's no availability for them to schedule an appointment the day they need to go. • Participant: They care for their family if it's a common cold or minor issue, if the problem can not be fixed at home, then they will get to a clinic, however if there are no available appointments then she takes them to the emergency room. • Participant: There is less wait time in urgent care compared with emergency. • Participant: They only go to the urgent care if they truly need to go, last resort. • Participant: When the patient has a severe illness and is being served in urgent care, then the doctor there will refer them to the emergency room. • Participant: If urgent care hours extended their operating hours, then they would go more if needed. • Participant: They would like urgent care hours to be extended. Patients will travel there before the emergency room this will reduce influx at hospital emergency rooms. • Participant: They see urgent care as a good resource/service as it might help 	<ul style="list-style-type: none"> • They only go if truly needed. 	<ul style="list-style-type: none"> • People were confused with urgent care and emergency. The facilitator explained the difference.



HHSA

Public Health

reduce the influx of patients going into the hospital emergency room.		
-----------------------------------------------------------------------	--	--

Q5. Do you feel comfortable seeing a doctor virtually through telehealth (**Comfortable using technology**)?

Brief Summary/Key Points	Themes	Limitations



HHSA

Public Health

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none">• Participant: They view telehealth as a good tool especially during the height of COVID-19.• Participant: If their child is sick, sore throat/infection how can the doctor care properly and provide the best treatment virtually, especially during the pandemic. They would rather go in person.• Participant: Doctors can't really care for the patient for intensive care/illnesses over telehealth.• Participant: How can the doctor properly check a sore throat, ear infection and just provide prescribed medication without checking the patient physically.• Participant: If the check-in/appointment is for something quick, a follow up or not of an urgent manner then telehealth is a good alternative.• Participant: It is good for follow-up and simple check-ups for children's appointments. | <ul style="list-style-type: none">• Telehealth provides easier access from patient to provider to those who might lack the health care facility near them.• Provides more flexibility and easier access to a provider.• Gives more opportunity to meet with provider because it can work with patients work schedule (reduction of time off).• They are more comfortable if its just a follow up appointment where they follow up on how things are doing with the patient. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|



HHSA

Public Health

Q6. Does your doctor take into account your opinions and traditions about your health? What barriers have you encountered because of this?
(Cultural Competence)

Brief Summary/Key Points	Themes	Limitations
<ul style="list-style-type: none">• Participant: They express this by saying the doctor does take her opinion and needs into consideration. They ask what they would like to be done.• Participant: The doctor is considerate and provides her with different options, provides her with the option of a specialist as well.• Participant: It depends on the doctor whether they truly care about the patient's opinion or traditions. She took her grandfather to the doctor and the doctor judges him being crazy, the grandfather feels discouraged and not heard regarding his issues. However, when the doctor speaks to the granddaughter who is translating, he is more understanding, providing resources and solutions.• Participant: Had the experience where the doctor was not responsive to what patient had to say (were rude) and did not care for the client's needs (FHCN).• Participant: They feel like the provider rushes through their checkup and does not allow for the patient to express the issue properly. The doctor asks questions quickly and feels rushed and gets them quickly set up for their next appointment.	<ul style="list-style-type: none">•	



Q7. How do you feel about mental health services (CHIP Objective)?

Brief Summary/Key Points	Themes	Limitations
<ul style="list-style-type: none">• Participant: They provide a positive note on mental health by stating therapy is helpful and needed in our community.• Participant: Their daughter had taken therapy/counseling sessions when she started college and they found it helpful for her to continue doing her daily functions in life and getting back on track.• Participant: There is a need for more mental health services/locations in our towns and community of Tulare County.• Participant: The population of Tulare County is more vulnerable to mental health issues than other counties.• Participant: Mental health specialist is not available in most towns of the county and if referred to a specialist the cost can be high for the patient.• Participant: They state they did not want to send their aunt to the Sierra View Hospital for mental health services because then they would refer her to a specialist out in Valencia which would be too expensive for them to cover the cost.• Participant: Not enough mental	<ul style="list-style-type: none">• Most participants view mental health services as an essential need in our community and would like to see more services available to the people.• Provide education of the current available services.	



HHSA

Public Health

<p>specialists available in the county.</p> <ul style="list-style-type: none"> • Participant: There is a stigma of receiving mental health, where some people view it as a negative when it should be normalized and be viewed as an important need for the community. Also, to create a welcoming and friendly environment in mental health locations. 		
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Q8. Does your doctor ask you questions about your work or work environment (**Cultural Competence**)?

Brief Summary/Key Points	Themes	Limitations
<ul style="list-style-type: none"> • Participant: Their medical provider does not ask about where they work or if they work in agriculture labor specifically. • Participant: If you don't tell them about getting an injury at work then they won't ask. • Participant: They rarely ask where you work. • Participant: Providers might ask if something hurts, but they don't ask if 	<ul style="list-style-type: none"> • Doctors seem to not be asking patients about their vocation/workplace. 	



HHSA

Public Health

<p>it's in correlation of their vocation/work.</p> <ul style="list-style-type: none"> • Participant: Providers do not really ask question where they work unless the visit to the doctor is in relations to a work-related injury. 		
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Q9. Do you seek medical care when you have been exposed to pesticides? Why or why not? (**Health Literacy**)

Brief Summary/Key Points	Themes	Limitations
<ul style="list-style-type: none"> • Participant: No • Participant: In the agriculture business they will tell you when and when not to go to work, and when pesticides are being used in the fields. Therefore, workers will know when not to go out to work. • Participant: It is also a lack of information, if the job does not inform you of the exposure to pesticide and its harm then you won't go to the doctor to get checked. • Participant: The doctor might differ to another health issue aside of the pesticide. 		



HHSA

Public Health

<ul style="list-style-type: none">• Participant: They did not know the doctor can check on issues in relations to pesticide or if exposed to pesticide.• Participant: Would like to see more education on pesticide exposure and its harms.• Participant: They state some employers inform the workers that the pesticide does not do harm and disregard if some employees feel headaches.		
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Additional information/comments:

- They understand that there's good doctors and bad doctors.
- Some doctors work only for money and for the care of the patient.



Focus Group Notes- Spanish

Date: 11/16/2023 Category of Group: **Access to Care**

of Participants:

Note-taker: Luis Cortez/Manuel Rodriguez

Demographics: Spanish Speaking Group

Location: Visalia Convention Center

Moderator: Sonia Duran-Aguilar/Mayra Serrano

Participant	City
#1	Porterville
#2	Farmersville
#3	Lindsay
#4	Lindsay
#5	
#6	Lindsay
#7	Porterville
#8	Porterville
#9	Porterville
#10	Farmersville
#11	Farmersville



Overall themes:

Q1. What are the reasons for not accessing health care? For example: transportation, schedules, etc. **(Challenges to accessing health care)**

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: Lack of time.</p> <p>-Participant: People don't want to miss work because we need the income.</p> <p>-Participant: The cost. I've heard about Medi-Cal, but I am not eligible for the service because my husband and I both worked. I needed to stop working because I had to have surgery. At that point, I was eligible for Medi-Cal and knew what it was being treated at no cost. The cost is an obstacle because if the doctors refer me to do a physical check-up, immediately I begin to think how much the cost would be.</p> <p>-Participant: Lack of education- not knowing about the available resources. People may not know about the resources that are available and if they are denied by a program they may not know of other options and or resources. Due to not having sufficient income, people may get discouraged, and not consider their health as important because they would rather focus on their children. But there are programs for people who work.</p> <p>-Participant: Some clinics may have</p>	<p>-The cost of healthcare services.</p> <p>-Not enough education on available resources.</p> <p>-Language barrier.</p> <p>-Some individuals don't want to miss work because they lose out on a day of income.</p> <p>-The disadvantage of the agricultural worker. There are some employers that make it difficult for their employees to ask for sick days.</p> <p>-Sometimes there is a sense of guilt taking a sick day off.</p>	<p>-Potentially a distraction with having children present because the participants were not focused on the conversation because they were attending to their child.</p>



HHSA

Public Health

assistance for low-income families. I have gone to the clinic and depending on the household income is the fee I have to pay for the service.

-Participant: I had Covered California, but the monthly cost was high for me.

-Participant: Don't want to miss work because they need the income

-Participant: sometimes they are not eligible for Medi-cal.

-Participant: Language barrier. I have family members who say, "why should I go if I don't understand the doctor" or "they don't understand me and what I am saying." I've had to translate for family members.

-Participant: employers make it difficult to ask for sick days.

-Participant: Even though we know it's not good to treat ourselves we would rather do that than go to the doctor due to cost.

-Participant: If I go to the doctor immediately, I begin to think how much I will be spending, that income can help to pay my light bill or my rent. At that point we don't take care of ourselves, and we are the ones who sustain the household.



HHSA

Public Health

Q2. Where do you receive medical care?

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: Kaweah</p> <p>-Participant: Family Healthcare Network</p> <p>-Participant: Sierra view hospital</p> <p>-Participant: We are required to make multiple appointments. On some occasions the doctor cannot treat us for multiple reasons in one visit; instead, we are required to make a separate appointment for a different day.</p> <p>-Participant: It may depend on the doctor because there have been instances where doctors are willing to treat the patient for multiple reasons during one visit.</p> <p>-Participant: There is mistrust with doctors and are afraid/scared to talk to a doctor. I went to the doctor due to having pain and the doctor proceeded to tell me that they were going to remove my colon. I proceeded to question the doctor as to why they would be removing my colon. The doctor then asked me where I felt the pain and I pointed to the area, the doctor then stepped out of the room and did not return.</p> <p>-Participant: You have to wait many months to see a specialist.</p>	<p>-clinics/ hospitals</p> <p>- mistrust of doctors</p> <p>- required to make multiple appointments because often times doctors do not treat a patient for multiple reasons during one visit to the doctor.</p> <p>- must wait an extensive period of time for an appointment with a specialist</p>	



HHSA

Public Health

Q3. If you could change anything about health care in your community, what would you change? **(Health care challenges)**

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: Change the policies regarding only treating the patient based on the need of the appointment because in some cases the patient may need to be seen for multiple reasons.</p> <p>-Participant: Adding to the previous comment- it can probably be an insurance policy that may benefit the insurance and the doctors.</p> <p>-Participant: Longer opening hours for clinics, extend hours until 8pm.</p> <p>-Participant: Extend weekend hours as well.</p> <p>-Participant: The amount of time one is sitting in the waiting room and sometimes in the patient room before they are finally seen by a doctor.</p> <p>-Participant: If we're a few minutes late to an appointment they no longer want to take us in for that appointment.</p>	<p>-more flexible with the policy- individuals would like to be treated for multiple reasons during one visit if needed, rather than having to make a separate appointment and therefore taking more time to make a second visit to the doctor (sometimes they prefer to just not go back to see the doctor)</p> <p>-be more flexible if a patient is running late.</p> <p>-less wait time in the waiting room</p>	



Q4. On what occasion would you go to the emergency room for medical care? (Use of Emergency Room)

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: If my child is sick with a high temperature and I call the clinic but there is no available appointment until 3-4 days, then I go to the urgent care or emergency care.</p> <p>-Participant: Going to the urgent care can help with referrals to the emergency room and upon the arrival to the emergency room are treated promptly (quickly).</p> <p>-Participant: There is less wait time with urgent care.</p> <p>-Participant: Extend hours for urgent care services- this can probably benefit the emergency rooms because rather than being treated at a hospital a patient can be treated in urgent care instead.</p>	<p>-quick service with urgent cares</p> <p>-could potentially help the hospitals be less crowded since patients could be treated in an urgent care instead of the hospital.</p>	<p>-Confused with urgent care and emergency care (hospital)</p> <p>-one of the participants understood emergency care, not urgent care and gave an example of when they visited the emergency room due to a leg injury and received a high bill for the services.</p> <p>-the facilitator proceeded to explain the difference between urgent care and emergency services.</p>



Q5. Do you feel comfortable seeing a doctor virtually through telehealth (**Comfortable using technology**)?

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: Utilized telehealth and over the phone consultation a lot during the height of COVID-19 pandemic.</p> <p>-Participant: stated they liked the services.</p> <p>-Participant: Shared that they did not like using the service for their children but instead would prefer for a doctor to physically treat their child.</p> <p>-Participant: Stated that children cannot express themselves like adults can.</p> <p>-Participant: Stated that follow up consultations/ appointments may work well with telehealth.</p> <p>-Participant: Stated they would prefer for the doctors to physically treat and see what the symptoms are (e.g., sore throat (check the throat), ear infection (check the ears) etc.) and then the doctor can prescribe medication based on what they see, rather than having to explain to the doctor what the symptoms are over telehealth and then the doctor prescribing medication based solely on the explanation of the symptoms.</p>	<p>-some participants like utilizing telehealth services but other would prefer in person visits instead of virtual appointments/ consultations.</p> <p>-children may benefit better with in person visits because it's harder for them to explain/ express how they feel, where adults may be able to utilize telehealth services with more ease.</p>	



Q6. Does your doctor take into account your opinions and traditions about your health? What barriers have you encountered because of this? (**Cultural Competence**)

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: some doctors do but others don't. For example, I took my elderly father-in-law to the doctor and as my father-in-law was explaining the symptoms to the doctor like where he felt pain and then proceeded to let the doctor know that he had forgotten about a separate issue, the doctor labeled my father in law as crazy and asked my father in law if he was crazy because he couldn't remember a symptom. The doctor then disregarded my father-in-law and referred to me with the questions instead of him. After this incident my father-in-law did not want to see that doctor anymore and so we changed doctors for him.</p> <p>-The same participant had a more positive experience with a different doctor. The participant shared that her children's doctor listens more and asks questions, the doctor takes more into consideration what the patient is saying etc. Has better treatment and consultation. The doctor provides options such as offering to seek a specialist or if they would rather continue to be treated at the clinic.</p>	<p>-it may depend on the doctor; there have been positive experiences with doctors during visits but there have also been negative experiences.</p> <p>-the doctors are in a rush and don't take the time to speak with the patients.</p>	



HHSA

Public Health

<p>-Participant: Yes. For example, I do not like to consistently be prescribed with medication if it is not needed. The doctor consults with me to see how I feel or how I would like to proceed with treatment. The doctor provides me with options.</p> <p>-Participant: Stated that they don't have enough time with the doctor because the doctors are always in a rush.</p>		
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Q7. How do you feel about mental health services **(CHIP Objective)?**

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: Likes mental health services and therapy and has used the services for their daughter. The participant's daughter was referred to a therapist by her doctor. They received the help needed.</p> <p>-Participant: Here in Tulare County, we need more clinics that provide mental health services. I have a family member who told me not to take an aunt who needed mental health services to Sierra View because it would be more expensive because they would refer my aunt to a different clinic but in a different area, I think that it was in Valencia, CA.</p>	<p>- we need more clinics that specialize in mental health and more advanced services with mental health in Tulare County.</p> <p>-we need more resources for mental health.</p>	



HHSA

Public Health

-Participant: It's a necessity but we don't have the resources or clinics that specialize in mental health services.

-Participant: Received a lot of therapy and feels fine.

-Participant: Does not know if there are a lot of psychiatrists in the area, knows that there are a lot of counselors, but we probably need more advanced services.

-Participant: Parents should be able to decide whether to stop or continue mental health services for their children. For example, if my niece says that she does not need services because my niece feels uncomfortable, my niece has the option to deny help; but as a parent we should have the option to continue with the services to prevent matters from getting worse for the child.

-Participant: there is a stigma with mental health.

-Participant: When I was a child, I would not want to go to a formal mental health center. However, there was another place that was less formal and still had professional counselors that made it enjoyable to go to as a child because it was fun and playful and less formal.



HHSA

Public Health

Q8. Does your doctor ask you questions about your work or work environment (**Cultural Competence**)?

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: Occasionally, if you let the doctor know that you have pain, they may ask what you do for work because it may be the cause of the pain (related to the pain).</p> <p>-Participant: only when filling out the evaluation but sometimes it feels more restricted writing something on paper rather than saying it verbally.</p> <p>-Participant: doctors don't really ask questions regarding work unless the visit is related to work injury.</p>	<p>-there were many responses saying "No"</p> <p>-doctors may ask you about your work only if the reason for the visit was due to a work-related injury.</p>	



HHSA

Public Health

Q9. Do you seek medical care when you have been exposed to pesticides? Why or why not? (**Health Literacy**)

Brief Summary/Key Points	Themes	Limitations
<p>-Participant: One is conscience of the pesticides. For example, with pregnant woman the pesticides may be harmful to the baby, one must decide whether they continue working and be at risk or to just stop working.</p> <p>-Participant: the doctors don't tell you to stop working even if you are pregnant.</p> <p>-Participant: Lack of communication/ information from employer. Sometimes employers don't let workers know that they are working in an area that was just sprayed with pesticides and the side effects (health issues) that it may cause.</p> <p>-Participant: I would prefer to not have the best plate of food in order to have a healthy baby.</p> <p>-Participant: we do get scared because we see co-workers or people whose baby is born with health issues due to working in the fields.</p> <p>-Participant: At times the odor and smell are so strong that it stays in our clothes. We have headaches and you can feel the strong aroma of the pesticides.</p>	<p>-the majority of participants are conscience and have insight that pesticides can be harmful to health. However most do not seek medical attention after being exposed to pesticides due to cost or they don't really see a significant need to seek medical attention for exposure to pesticides.</p> <p>-employers tell workers that the pesticides are not harmful despite strong odors.</p>	



HHSA

Public Health

-Participant: While in the fields you can smell the strong odors, but employers say that the pesticides are not harmful. Or employers say that after a certain period of time the chemicals/ pesticides are not harmful even if the strong smell persists.

-Participant: stated they were never exposed to pesticides.

-Participant: Never really think to visit the doctors for pesticides/ spray.

-Participant: My husband worked while they were spraying in the fields and came home with a headache but didn't think of going to the doctor. Don't really think that it would have any effects in the future.

-Participant: My child has had a skin condition since he was born, and the doctors say it's due to the chemicals in the area. I've been wanting to see a dermatologist but have not been referred.

-Participant: cost of the doctor would rather not go.

-Participant: If a headache may probably think is just a migraine.

-Participant: not as significant.



Additional information:

- Participant:** some doctors may just be in the wrong place, look at us for example, we work in the field because of necessity, some people are in the wrong practice, and we get the bad treatment.
- Participant:** Some doctors may just work for the money and not because they like to help because of the passion.
- **Participant:** There are good doctors and not so good doctors. It's like everything, we don't generalize.

Tulare County Health & Human Services Agency Public Health Branch



Karen Elliott, MBA
Public Health Director

Thomas Overton, MD
Deputy Health Officer

For information, please visit: Tchhsa.org/phb
Social media: Tulare County Health & Human Services Agency