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<td></td>
</tr>
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MAPP Steering Committee members:

Aikham Saese Tulare County Visalia Health Care Center
Albert Cendejas Community Services and Employment Training
Brandon Foster Family HealthCare Network
Brenda Weyhrauch Sierra View Medical Center
Cathy Volpa Tulare County Dept. of Public Health
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Sandy Dutch             Tulare County Office of Education School Health Programs
Sharon Minnick          Tulare County Dept. of Public Health
Sjahari Pullom          Tulare County Dept. of Public Health
Thelma Nelson           Tulare County Medical Society
Victor Silvas           Tule River Tribe of California
Vivian Reyes            Kaweah Delta Health Care District
Warner Ribuca           Tulare County Dept. of Mental Health
Zahid Sheikh            Tule River Indian Health Care Center
Greetings:

Over the past year, the Tulare County Health & Human Services Agency’s Public Health Branch has partnered with almost 90 representatives from an array of public agencies, nonprofit organizations, businesses, and numerous residents to gain insight on issues impacting county residents’ health and well-being. As a result of this collaboration, we are pleased to publish the Tulare County Community Health Assessment. This report provides an in-depth, comprehensive look at the state of health in Tulare County.

Following the Mobilizing for Action through Planning and Partnerships (MAPP) process, the Public Health Branch gathered partners and stakeholders to review health data, assess the strengths and areas for improvement of the community and its local public health system, and identify outside factors that may impact our overall county health. Additionally, the Public Health Branch coordinated ten area focus groups with community members; conversations included residents’ experiences that impacted their health as well as communities’ strengths and resources.

We are currently collaborating with the MAPP Steering Committee and our partners to prioritize the health indicators and to develop and implement a Community Health Improvement Plan that will serve as a roadmap for the Agency and community to begin to address some of the health issues described in this report. The Public Health Branch is also developing its own strategic plan to strengthen its capacity to deliver public health programs and services. There will be challenges ahead, but the opportunities to improve our community are great. We look forward to starting this journey with you.

Sincerely,

Tulare County Health & Human Services Agency
INTRODUCTION

Tulare County Health & Human Services Agency (HHSA) is comprised of Public Health, Mental Health, and Human Services for an integrated approach to addressing the community’s needs for overall wellness and well-being.

In 2015, Tulare County HHSA undertook the process of conducting a current comprehensive Community Health Assessment (CHA) which would be the basis for the development of a Community Health Improvement Plan (CHIP) with the ultimate goal of improving health in Tulare County. The CHA was intended to assess health behaviors, health outcomes and the social, economic, and environmental factors impacting health in Tulare County through the collection of data and by listening to the ideas and concerns of people and organizations from across the county.

The tool chosen for the process was the nationally recognized process called Mobilizing for Action through Planning and Partnerships (MAPP). A steering committee representing multiple perspectives in the county was brought together to guide the process. This CHA is allowing Public Health and the MAPP Steering Committee to identify priority health issues. With additional community input, a five-year Community Health Improvement Plan (CHIP) is being prepared. The CHIP provides a framework for collaborative and focused work to address the priority health issues and improve health in Tulare County.

The CHA includes information about the demographics of Tulare County along with health data, community feedback on health issues, and forces that may impact the health of the communities within the county. It is organized in a fashion that provides a brief overview of each of the four MAPP assessments (the Community Health Status Assessment; the Community Themes and Strengths Assessment; the Forces of Change Assessment; and the Local Public Health System Assessment) along with a brief summary of the results. These summaries only include highlights from the assessments; however, the full results for each assessment are available as an appendix to this document.

Key findings consist of conclusions drawn after careful review and synthesis of all of the collected data. The MAPP Steering Committee reviewed and provided feedback on the conclusions. Key findings are being used by the MAPP Steering Committee to identify areas for community health improvement, which in turn are being used to construct the framework for the CHIP. What follows is an executive summary of the key findings for each of the four MAPP assessments.
Community Health Status Assessment

The MAPP Steering Committee delegated the completion of the Community Health Status Assessment to a subcommittee of local data experts. This subcommittee identified and selected indicators representing the health status of Tulare County residents. Based on the key findings of this assessment, indicators that show where Tulare County doing well include:

- Kindergarten immunization rates are high;
- High school graduation rates are higher than the state rates;
- Childhood asthma rates are lower than the state; and
- Overall rates of premature birth and low birth weight babies are lower than the national rates.

Indicators that show improving trends include:

- Air quality improving over the past 14 years;
- Homicide rates decreasing over the past 10 years;
- Juvenile arrests decreasing over the past five years;
- Teen births decreasing over the past five years; and
- Health insurance coverage has improved over the past four years.

Opportunities for improvement include:

- Percentage of children living in poverty;
- Fewer Tulare County young adults enroll in college compared with the state;
- Fewer exercise opportunities compared to the state and nation;
- Low access to markets for purchasing fresh food in outlying areas;
- Heart disease is the leading cause of death and exceeds the state rate;
- Adult chronic lung disease rates are higher than the state;
- Adult and child obesity rates are higher than the state;
- Diabetes rates are higher than the state;
- Sexually transmitted infections are increasing;
- Adult smoking rate is higher than the state;
- Breastfeeding rates are lower than the state;
Tulare County children and teens drink more sugary beverages and Tulare County residents eat more fast food when compared to the state; and

Drunk driving fatality rate is higher than the state.

Community Themes and Strengths Assessment

Representatives from partner organizations participated in a Community Themes and Strengths Assessment workshop in November 2015. They described the characteristics of a healthy community as having access to services, clean air and water, safety, spaces for physical activity, healthy food, a good economy, affordable quality housing, and educational opportunities. Caring for the environment and for others was also mentioned as important.

Community members also provided input into the Community Themes and Strengths Assessment through participation in one of 10 focus groups. Five themes were identified based on this input:

- People are not satisfied with the quality of care they receive;
- Access to healthy food, educational opportunities, and exposure to poor air quality and pesticides are the most important health concerns;
- Diabetes is the most pressing health concern;
- Youth and educational institutions were viewed by participants as community strengths; and
- Community members want increased access to physical activity opportunities, safe outdoor spaces, safe drinking water, and health education.

Forces of Change Assessment

The Forces of Change Assessment was completed by the same group of partners that participated in the Community Themes and Strengths workshop and on the same day in November 2015. The list below represents a sample of the forces that were identified by more than one group during the workshop include:

- Drought and potable water;
- Housing and homelessness;
- Poor air quality;
- Seniors/aging population; and
- Drugs and alcohol.

Workshop participants also shared associated opportunities and threats that each of the forces has on the health of the community.
Local Public Health Systems Assessment

The Local Public Health System Assessment (LPHSA) was conducted in April 2016 with representatives from partner organizations that are part of the local public health system in Tulare County. The LPHSA measures how well the local public health system delivers the 10 Essential Public Health Services. The National Public Health Performance Standards (NPHPS) were used for this assessment.

The NPHPS instrument describes what the local public health system would look like if all the organizations, groups, and individuals in the community worked together to ensure that essential services were delivered optimally. The descriptions of what should occur in the community serve as model standards (optimal, not minimal standards) of local public health system performance. Figure 17 illustrates a summary of those scores by essential service area.

The areas that received high scores (those with averages near 80%) were diagnosing and investigating diseases and enforcing public health laws. The areas that received the lowest scores (those with averages less than 40%) were monitor health status, educate/empower, mobilize partnerships, and research/innovations.

KEY FINDINGS FROM ALL FOUR ASSESSMENTS

All data were thoroughly reviewed and analyzed. The MAPP Steering Committee met in July 2016 to review and approve the findings. Seven major themes were identified:

- Access to care;
- Chronic disease;
- Air quality, water quality, and asthma;
- Education;
- Maternal and child health;
- Infectious disease; and
- Violence and crime (alcohol and drugs are included in this area).

CONCLUSION

Information from these themes are being used by the MAPP Steering Committee to identify, prioritize, and select areas for community health improvement. This effort is setting the framework for the community health improvement plan, which is the next step of the MAPP process.
TULARE COUNTY

OVERVIEW

Tulare County is centrally located in the southern region of California’s San Joaquin Valley between San Francisco and Los Angeles, a 2.5 hour drive from California’s central coast, and a short distance from Sequoia and Kings Canyon National Parks, Sequoia National Monument and Forests, and Inyo National Forest. State Highways 99 and 198 provide convenient access to these destinations.

Tulare County is situated in a geographically diverse region, covering 4,824 square miles of land area. Mountain peaks of the Sierra Nevada Range rise to more than 14,000 feet in its eastern half, comprised primarily of public lands within the Sequoia National Park, National Forest, and the Mineral King, Golden Trout, and Domelands Wilderness areas.

Meanwhile, the extensively cultivated and very fertile valley floor in the western half has allowed the county to become 2015’s leading producer of agricultural commodities in the United States. In addition to substantial packing/shipping operations, light and medium manufacturing plants are becoming an important factor in the county’s total economic picture.
According to the California Department of Finance, Tulare County’s estimated population in 2016 was 466,339, with one in three residents living in unincorporated areas. The county has eight cities: Dinuba, Exeter, Farmersville, Lindsay, Porterville, Tulare, Visalia, and Woodlake.

The largest city in the county is Visalia, with a population of 130,231. The cities of Porterville and Tulare have populations over 50,000, with the remaining five towns maintaining populations below 30,000. A significant proportion of the population (a total of 145,050) lives in small, rural, unincorporated communities, many of which lack services such as health clinics, parks, and grocery stores.

The majority of Tulare County residents are of Hispanic ethnicity (62.7%). The racial composition for non-Hispanics is 30.6% white, 3.2% Asian, 1.3% African American, 1.4% multi-race, and 0.8% Native American. A large percentage (23%) of residents are foreign-born.

The county is also home to the Tule River Tribe, a proud sovereign nation that strives to improve the livelihood of their members, their community and their surrounding environment. Established in 1873, the Tule River Indian Reservation is estimated to cover almost 85 square miles of rugged foothill lands of the Sierra Nevada Mountains. The reservation is located in a remote rural area approximately 20 miles from Porterville, the nearest city.
Figure 1. Tulare County Age Structure, 2016

Source: California Department of Finance Demographic Research Unit, Report P-3 State and County Female and Male Populations by Race/Ethnicity and Detailed Age for 2016.

Figure 2. California State Age Structure, 2016

Source: California Department of Finance Demographic Research Unit, Report P-3 State and County Female and Male Populations by Race/Ethnicity and Detailed Age for 2016.
Figure 3. Hispanic/Latino Age Structure

Figure 4. Non-Hispanic White Age Structure

Figure 5. Asian Age Structure

Figure 6. Black Age Structure

Figure 7. American Indian Age Structure

Figure 8. Two or More Races Age Structure

Source for Figures 3-8: California Department of Finance Demographic Research Unit, Report P-3 State and County Female and Male Population Projections by Race/Ethnicity and Detailed Age for 2016.
Table 1. Population Estimates, 2016

<table>
<thead>
<tr>
<th>Location</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulare County</td>
<td>466,339</td>
</tr>
<tr>
<td>Visalia</td>
<td>130,231</td>
</tr>
<tr>
<td>Tulare (City)</td>
<td>63,515</td>
</tr>
<tr>
<td>Porterville</td>
<td>60,070</td>
</tr>
<tr>
<td>Dinuba</td>
<td>24,657</td>
</tr>
<tr>
<td>Lindsay</td>
<td>12,960</td>
</tr>
<tr>
<td>Farmersville</td>
<td>11,161</td>
</tr>
<tr>
<td>Exeter</td>
<td>11,047</td>
</tr>
<tr>
<td>Woodlake</td>
<td>7,648</td>
</tr>
<tr>
<td>Unincorporated areas</td>
<td>145,050 (31.1%)</td>
</tr>
</tbody>
</table>

Figure 9. California Population by Race/Ethnicity, 2016

Figure 10. Tulare County Population by Race/Ethnicity, 2016

Sources: California Department of Finance Population Estimates; Tule River Records/Enrollment Department.
Approximately 22.8% of Tulare County’s population is foreign-born. Of these, 28.6% are naturalized U.S. citizens. Approximately 50.3% of the population speaks a language other than English at home. Of these, 47% speak English less than "very well." Approximately 90,131 Spanish speakers speak English less than "very well," and 5,229 Asian/Pacific Islander language speakers speak English less than "very well."

Table 2. Percentage of Foreign-born Population by Region of Birth in Tulare County

<table>
<thead>
<tr>
<th>Region of Birth</th>
<th>Percent of Foreign-born Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America</td>
<td>87.0%</td>
</tr>
<tr>
<td>Asia</td>
<td>8.9%</td>
</tr>
<tr>
<td>Europe</td>
<td>3.2%</td>
</tr>
<tr>
<td>North America</td>
<td>0.5%</td>
</tr>
<tr>
<td>Africa</td>
<td>0.3%</td>
</tr>
<tr>
<td>Pacific Islands</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Source: American Community Survey 2010-2014, U.S. Census Bureau.
**BIRTHS AND DEATHS**

Table 3. Birth and Death Total and Rate—Tulare County, 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births</td>
<td>7,651</td>
<td>16.8 per 1,000</td>
</tr>
<tr>
<td>Birth Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>2,893</td>
<td></td>
</tr>
<tr>
<td>Death rate (Age-adjusted)</td>
<td>759.7 per 100,000</td>
<td></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Vital Statistics Query System.

Table 4. Birth Total and Rate and Death Total—California, 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births</td>
<td>494,392</td>
<td>12.9 per 1,000</td>
</tr>
<tr>
<td>Birth Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>248,118</td>
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<tr>
<td>Death rate (Age-adjusted)</td>
<td>626.5 per 100,000</td>
<td></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Vital Statistics Query System.

**HOUSEHOLDS**

Number of Households in Tulare County, 2011-2014: 132,706

Number of grandparents responsible for their grandchildren: 5,951

Single parent households (68% single mother): 20,014

SEXUAL ORIENTATION

There are not very many sources for local estimates of the lesbian, gay, bisexual, transgender (LGBT) population. Summarized here are estimates from the California Health Interview Survey for the San Joaquin Valley region (county level estimates were not statistically reliable), U. S. Census Bureau’s American Community Survey for household composition, and California Healthy Kids Survey, administered to 7th, 9th, and 11th grade students in Visalia Unified School District (the county’s largest school district) in 2012-2013.

Note: Table 5 shows reported percentages. Due to perceived or actual discrimination, persons may not identify as gay, lesbian, or bisexual.

Table 5. Sexual Orientation

<table>
<thead>
<tr>
<th></th>
<th>San Joaquin Valley</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight/Heterosexual</td>
<td>95.4%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Gay/Lesbian/Homosexual</td>
<td>1.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>2.2%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Source: California Health Interview Survey (2011-2014).

SAME-SEX COUPLES

American Community Survey estimate of number of same sex partner households in Tulare County (2010-2014): 0.3% of 132,706 total households, or 398 households. Nationally, 1% of households are same-sex couples.

HARASSMENT AND BULLYING DUE TO SEXUAL ORIENTATION

California Healthy Kids Survey, Visalia Unified School District, 2012-2013: 8-12% of high school students indicated that they had been harassed or bullied because of their sexual orientation (harassed or bullied “because you are gay or lesbian or someone thought you were”).
Approximately 11% of Tulare County non-institutionalized civilians have a disability. Among those under 18 years old, 3.3% have a disability while 10.1% of 18 to 64 year olds and 42% over age 65 have a disability.
An estimated 16,939 veterans reside in Tulare County, 5.5 percent of the civilian non-institutionalized population over the age of 17.

Table 6. Veterans by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>93.3%</td>
</tr>
<tr>
<td>Female</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Source: American Community Survey 5-year estimates 2010-2014, U.S. Census Bureau.

Table 7. Service-Connected Disability

<table>
<thead>
<tr>
<th>Service-Connected Disability</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>3,532</td>
<td>20.9</td>
</tr>
<tr>
<td>No Disability</td>
<td>13,407</td>
<td>79.1</td>
</tr>
<tr>
<td>Total</td>
<td>16,939</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: American Community Survey 5-year estimates 2010-2014, U.S. Census Bureau.
Number of admissions to the County Jail System in 2014: 22,881

Average daily census: 1,691

Average daily census in the Tulare County youth detention facilities in 2014: 150

Number of adults from Tulare County in the California State Prison in 2013: 2,306

1.7 % of the total California State Prison population in 2013

Source: California Department of Justice.
**Table 8. Probation Caseload by Number of Felony and Misdemeanor Offenses for Tulare County, 2014**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Probation Caseload</td>
<td>4,951</td>
</tr>
<tr>
<td>Felony Offense</td>
<td>4,631</td>
</tr>
<tr>
<td>Misdemeanor Offense</td>
<td>320</td>
</tr>
</tbody>
</table>

*Source: Personal communication from the Probation Department and Kings/Tulare Parole Office.*

*In addition, there were 392 adults on active Post-Release Community Supervision, 670 adults on Mandatory Supervision, and approximately 635 adults on parole.*
Figure 15. Homeless In Tulare County, 2015

Source: Kings/Tulare Homeless Alliance Point-in-Time Count of Homeless Persons.
MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS
WHAT IS IT?

Committed to a community-driven health improvement process, Tulare County selected Mobilizing for Action through Planning and Partnerships (MAPP) as its framework. Developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), MAPP is a community-wide strategic planning process for improving community health. Facilitated by public health leaders and used by local health departments across the country, MAPP helps communities apply strategic thinking to prioritize public health issues and identify the resources needed to address them.

MAPP is not an agency-focused assessment framework; rather, it is an interactive process that can improve the efficiency, effectiveness, and performance of local public health systems.

The MAPP process includes 6 key phases:

1. Organizing for success and partnership development
2. Visioning
3. Conducting the four MAPP assessments
4. Identifying Strategic Issues
5. Formulating goals and strategies
6. Taking action: planning, implementing, and evaluating

MAPP calls for the completion of 4 assessments.

MAPP Phase 3 Assessments: Provide a comprehensive picture of health and what is happening related to health in the community.

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment
## MAPP Timeline

### Community Health Assessment Process

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2015</td>
<td>Held workshop with staff to organize for a successful process and identify the key partners to be included, MAPP Phase 1</td>
</tr>
<tr>
<td>September 2015</td>
<td>Conducted first focus group with the <em>promotoras de salud</em> to collect information for the Community Themes and Strengths Assessment, MAPP Phase 3</td>
</tr>
<tr>
<td>November 2015</td>
<td>Held MAPP Steering Committee kick-off and visioning session to complete MAPP Phase 2</td>
</tr>
<tr>
<td>November 2015</td>
<td>Conducted a workshop with community partners to collect their input regarding Community Themes and Strengths Assessment, MAPP Phase 3</td>
</tr>
<tr>
<td>December 2015</td>
<td>Held first MAPP Data Subcommittee meeting to propose framework for selecting indicators for the Community Health Status Assessment, MAPP Phase 3</td>
</tr>
<tr>
<td>February 2016</td>
<td>Held MAPP Data Subcommittee meeting to further discuss and finalize list of indicators for the Community Health Status Assessment, MAPP Phase 3</td>
</tr>
<tr>
<td>March 2016</td>
<td>Held a MAPP Steering Committee meeting to plan for the focus groups with various community members, MAPP Phase 3</td>
</tr>
<tr>
<td>April 2016</td>
<td>Conducted the Local Public Health System Assessment with partners representing various sectors of the local public health system, MAPP Phase 3</td>
</tr>
<tr>
<td>April 2016</td>
<td>Conducted the remaining nine focus groups with community members representing youth, seniors, LGBTQ+, farmworkers, Tule River Tribe, and Districts 2, 3, and 4, MAPP Phase 3</td>
</tr>
<tr>
<td>June 2016</td>
<td>Provided a debrief on the health indicators to the MAPP Steering Committee for their input, MAPP Phase 3</td>
</tr>
<tr>
<td>July 2016</td>
<td>Conducted a workshop with the MAPP Steering Committee to review and analyze all of the assessment data resulting in a list of strategic priorities, MAPP Phase 4</td>
</tr>
</tbody>
</table>
Tulare County has embarked upon a community health improvement planning process that includes the participation of not only its community partner organizations, but also community residents and health promotion advocates (promotoras de la salud). Using the Mobilizing for Action through Planning and Partnerships (MAPP) community health improvement planning model, the MAPP Steering Committee held its first meeting on November 5, 2015.

During this meeting, the MAPP Steering Committee was introduced to public health accreditation. They also were provided an overview of the MAPP process along with a description of their roles and responsibilities. Following a presentation about health equity, they were asked to consider the social determinants of health throughout the planning process.

The second half of this meeting included time for them to engage in the work of MAPP Phase 2: Visioning. The participants were divided into small workgroups and asked to discuss elements of a healthy Tulare County by answering a few questions. The small groups then shared what they discussed with the larger group. Ideas were captured on poster paper and displayed around the room.

Next the small groups were asked to create vision statements using the ideas presented after the first breakout session. Those draft vision statements were captured on poster paper and shared with the group at large. This was followed with a facilitated discussion about common themes in the drafted vision statements. Common themes were underlined. The group was asked to identify the concepts that resonated most with them. These ideas were circled. A final draft vision statement was then created based on this information.

Using a guided discussion and a modified version of the Fist of Five group consensus technique, the Steering Committee members voted on how much they liked the final drafted vision statement. It took a total of three revisions to come to a consensus on the vision for a healthy Tulare County. This vision is: Healthy Lives through Vibrant and Supportive Communities.
MAPP ASSESSMENTS

COMMUNITY HEALTH STATUS ASSESSMENT

WHAT IS IT?
The Community Health Status Assessment collects quantitative information on health status, quality of life, and risk factors.

WHAT TULARE COUNTY DID
The MAPP Steering Committee assembled a subcommittee to identify and select indicators for this assessment. The MAPP Steering Committee approved the final set of indicators, and the subcommittee began collecting and displaying the data for the final report.

The complete report of the Community Health Status Assessment is located in Appendix A, along with the list of secondary data sources in Appendix A. Here we present those indicators that could be directly compared to the national Healthy People 2020 Goals.

INDICATORS WITH HEALTHY PEOPLE 2020 COMPARISONS

TULARE COUNTY COMPARISON TO HEALTHY PEOPLE 2020 GOALS

<table>
<thead>
<tr>
<th>How We Are Doing</th>
<th>Indicator Name</th>
<th>Tulare County Data</th>
<th>HP2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviors</td>
<td>Current smoker (Adults)</td>
<td>18.2%</td>
<td>Reduce cigarette smoking by adults from 20.6% to 12%.</td>
</tr>
<tr>
<td>Red</td>
<td>Alcohol/Drug use in past month (student reported), by grade level: 2011-2013</td>
<td>7th graders: 0% to 34.6%&lt;sup&gt;1&lt;/sup&gt; 9th graders: 27.6% to 34.3%&lt;sup&gt;1&lt;/sup&gt; 11th graders: 25.3% to 37.4%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Reduce the proportion of adolescents (12-17 years) reporting use of alcohol or any illicit drugs during the past 30 days from 18.4 % to 16.6%.</td>
</tr>
<tr>
<td>Red</td>
<td>Cigarette use in past month (student reported), by grade level: 2011-2013</td>
<td>7th graders: 0% to 15.4%&lt;sup&gt;1&lt;/sup&gt; 9th graders: 5.25% to 8.6%&lt;sup&gt;1&lt;/sup&gt; 11th graders: 7.5% to 13.4%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Reduce use of cigarettes by adolescents (past month, 9th-12th grade) from 19.5 % to 16%.</td>
</tr>
</tbody>
</table>

<sup>1</sup> The range is different for schools and could not be averaged across the county.
# TULARE COUNTY COMPARISON TO HEALTHY PEOPLE 2020 GOALS (continued)

<table>
<thead>
<tr>
<th>How We Are Doing</th>
<th>Indicator Name</th>
<th>Tulare County Data</th>
<th>HP2020 Goal</th>
</tr>
</thead>
</table>
| Behaviors        | Marijuana use in past month (student reported), by grade level: 2011-2013 | 7th graders: 0% to 18.4%<sup>1</sup>  
9th graders: 13.9% to 16.9%<sup>1</sup>  
11th graders: 15.6% to 20.0%<sup>1</sup> | Reduce the proportion of adolescents (12-17 years) reporting use of marijuana during the past 30 days from 6.7% to 6%. |
| Economy          | Percent below poverty level by census tract | Overall, 27.4% in poverty, and 64 of 78 census tracts are greater than 14.3% | Proportion of persons living in poverty at 14.3% in 2010 (no target). |
|                  | Percent of children in poverty (0-17 Years) | 37.3% | Proportion of children aged 0-17 years living in poverty at 20.7% in 2010 (no target). |
|                  | Percent with housing cost burden (30% income spent on housing) | 43.1% in 2007 | Proportion of all households that spend more than 30% of income on housing at 34.6% in 2007 (no target). |
|                  | Able to afford enough food | 34.6% food insecure | Reduce household food insecurity from 14.6% to 6%. |
| Environment      | Homicide rate | 9.0 homicides per 100,000 population in 2007 | Reduce homicides from 6.1 homicides per 100,000 to 5.5 in 2007. |
|                  | Pesticide illness reports | 48 pesticide illness reports in 2013 for a rate of 10.52 reports per 100,000 | Reduce pesticide exposures that result in visits to a health care facility from 14,963 to 9,819 (2008) or a baseline of 4.92 pesticide illness visits per 100,000 with a target of 3.23 pesticide illness visits per 100,000. |
| Health           | Adult obesity | 36.3% (2011-2014) | Reduce the proportion of adults who are obese from 33.9% of persons aged 20+ in 2005-2008 to 30.5%. |
|                  | Child obesity | 23.3% of 5th graders are considered obese (2014-2015) | Reduce the proportion of children aged 6 to 11 years who are considered obese from 17.4% in 2005-2008 to 15.7%. |

1. The range is different for schools and could not be averaged across the county.
## MAPP ASSESSMENTS

### TULARE COUNTY COMPARISON TO HEALTHY PEOPLE 2020 GOALS (continued)

<table>
<thead>
<tr>
<th>How We Are Doing</th>
<th>Indicator Name</th>
<th>Tulare County Data</th>
<th>HP2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Diabetes mortality - multiple cause</td>
<td>Avg. rate 119 per 100,000</td>
<td>Reduce the diabetes death rate from 74.0 to 66.6.</td>
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<td></td>
<td>Diabetes complication rates (lower limb amputations)</td>
<td>151 amputations per 42,450 persons diagnosed with diabetes for a rate of 357.4 per 100,000</td>
<td>Reduce the rate of lower extremity amputations in persons with diagnosed diabetes. 350 per 100,000 persons in 2005-2007 (no target).</td>
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<td>Campylobacter infection rates</td>
<td>2012-2014: 37.4 per 100,000</td>
<td>2006-2008: Reduce infections caused by Campylobacter species transmitted commonly through food from 12.7 cases on average of lab-conferred infections per 100,000 to 8.5.</td>
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<td>Salmonella infection rates</td>
<td>2012-2014: 12.0 per 100,000</td>
<td>Reduce infections caused by Salmonella species transmitted commonly through food from 15 cases of lab-conferred infections per 100,000 to 11.4.</td>
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<tr>
<td></td>
<td>E. Coli (O157) infection rates</td>
<td>1.5 per 100,000</td>
<td>Reduce infections caused by Shiga toxin-producing Escherichia coli (STEC) O157 transmitted commonly through food from 1.2 cases of lab-conferred infections per 100,000 to 0.6.</td>
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<td>HIV rates per 100,000</td>
<td>Rate per 100,000 (2012-2014): 4.1</td>
<td>Reduce the number of new HIV infections among adolescents and adults from 48,600 people over 12 in 2006 to 36,450 (baseline of 16.29 infections per 100,000 with a target of 12.22 infections per 100,000).</td>
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<td>Cervical cancer incidence rate (females only)</td>
<td>Cervix (female only): 10.8 per 100,000 females</td>
<td>Reduce invasive uterine cervical cancer from 8.0 new cases per 100,000 females to 7.2.</td>
</tr>
<tr>
<td></td>
<td>Colorectal cancer incidence rate</td>
<td>Colon and rectum cancer incidence: 37 per 100,000</td>
<td>Reduce invasive colorectal cancer from 46.9 new cases of invasive colorectal cancer per 100,000 to 39.9.</td>
</tr>
</tbody>
</table>
How We Are Doing | Indicator Name | Tulare County Data | HP2020 Goal |
<table>
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</thead>
<tbody>
<tr>
<td>Red</td>
<td>Overall cancer death rate</td>
<td>180.2 per 100,000</td>
<td>Reduce the overall cancer death rate from 179.3 cancer deaths per 100,000 to <strong>161.4</strong>.</td>
</tr>
<tr>
<td>Green</td>
<td>Lung cancer death rate</td>
<td>41.4 per 100,000</td>
<td>Reduce the lung cancer death rate from 50.6 lung cancer deaths per 100,000 to <strong>45.5</strong>.</td>
</tr>
<tr>
<td>Red</td>
<td>Cervical cancer death rate (females only)</td>
<td>3.5 per 100,000</td>
<td>Reduce the death rate from cancer of the uterine cervix. from 2.4 uterine cervix cancer deaths per 100,000 females to <strong>2.2</strong>.</td>
</tr>
<tr>
<td>Green</td>
<td>Infant mortality rate</td>
<td>5.2 infant deaths per 1,000 births (2012-2014)</td>
<td>Reduce the rate of all infant deaths (within 1 year) from 6.7 infant deaths per 1,000 live births to <strong>6.0</strong> infant deaths per 1,000 live births.</td>
</tr>
<tr>
<td>Green</td>
<td>Low birth weight</td>
<td>6.4% in 2012-2014</td>
<td>Reduce low birth weight (LBW) from 8.2% to <strong>7.8%</strong> of live births (2007).</td>
</tr>
<tr>
<td>Red</td>
<td>Preterm births</td>
<td>7.4% in 2012-2014</td>
<td>Reduce total preterm births from 12.7% of live births to <strong>11.4%</strong>.</td>
</tr>
</tbody>
</table>

Healthcare Access

| Percent with health insurance | 93.4% (2014) | Increase the proportion of persons with health insurance. Baseline: 83.2 percent of persons had medical insurance in 2008. Target: 100%. |
| Percent of kindergarteners with immunization | 97.1% had all required immunizations in 2014-2015 | Maintain vaccination coverage levels for children in kindergarten (2009-2010) Baselines range from 91.3% to 97.2% depending on the vaccine. **Target is 95%** for all vaccines. |
| Percent of births where prenatal care was begun in the first trimester | 80.5% of women accessed prenatal care beginning in the first trimester (2010-2012, 3 year average) | Increase the proportion of pregnant women who receive prenatal care beginning in first trimester from 70.8% to **77.9%**. |
TULARE COUNTY COMPARISON TO HEALTHY PEOPLE 2020 GOALS (continued)

<table>
<thead>
<tr>
<th>How We Are Doing</th>
<th>Indicator Name</th>
<th>Tulare County Data</th>
<th>HP2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>Child maltreatment substantiations</td>
<td>7.7 substantiations per 1,000 children in 2015</td>
<td>Reduce nonfatal child maltreatment from 9.4 victims per 1,000 children under age 19 to 8.5 (2008).</td>
</tr>
<tr>
<td></td>
<td>Suicide deaths</td>
<td>10.5 per 100,000 population (2012-2014)</td>
<td>Reduce the suicide rate from 11.3 suicides per 100,000 in 2007 to 10.2.</td>
</tr>
</tbody>
</table>

COMMUNITY THEMES & STRENGTHS ASSESSMENT

WHAT IS IT?
The Community Themes and Strengths Assessment identifies community thoughts, experiences, opinions, and concerns.

WHAT TULARE COUNTY DID
The MAPP Steering Committee assembled a broad group of partners to discuss health and quality of life issues in Tulare County. Focus groups were used to collect additional information from community residents. The groups represented communities across the county and included some with specific populations such as community health workers (promotoras de la salud), seniors, youth, Tule River Tribe members, farmworkers, and members of the lesbian, gay, bisexual, transgender, queer/questioning, and others (LGBTQ+) community.

Data from this assessment were used to further explain the quantitative results from the Community Health Status Assessment. The results are located in Appendices B and C.

Conducting the Community Themes & Strengths Assessment answers the following questions:
- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve health?
The Tulare County Community Themes and Strengths Assessment was held on November 5, 2015 with community partners and Health & Human Services Agency staff.

They described the characteristics of a healthy community as having access to services, clean air and water, safety, spaces for physical activity, healthy food, a good economy, affordable quality housing, and educational opportunities. Caring for the environment and for others also was mentioned as important.

When asked about sources of community pride, participants mentioned collaboration, communication, agriculture, people, and diversity. There were some expressions of pride for the agricultural production of the county.

Participants were asked to provide actions, suggest policies, and provide priority areas for funding to build healthier communities. Their responses can be found in the report located in Appendix B along with a summary of answers regarding satisfaction with their quality of life.

The barriers that they reported include lack of (or insufficient) resources and funding; poverty and low wages; politics; lack of knowledge and education; and lack of collaboration.

Lastly, there were six main themes for what would make their communities healthier: access to services, environment, lifestyle, economic conditions, education, and collaboration.
FOCUS GROUP REPORT SUMMARY

Community members expressed their opinions about the health of their communities through one of 10 focus group discussions. Several themes resulted from these discussions. Below is a summary of the main themes across all focus groups.

People are not satisfied with the quality of care they receive

Participants in half of the 10 focus groups described the level of care as poor at their local clinics. Reasons participants gave included experiencing long wait times to see primary care providers and specialists, lack of cultural sensitivity, and feeling they were treated rudely by clinic staff. Health insurance cost was cited as a key barrier to accessing care in four focus groups. Participants explained that the cost for health insurance had increased after the Affordable Care Act was implemented and some mentioned that this increase in cost prevented them from accessing care, either because they could not afford to pay their premium or their deductible, or both. Travel to access care was mentioned as a barrier in three focus groups. Examples noted by the participants included needing to travel far to access specialty care.

Access to healthy food, educational opportunities, and exposure to poor air quality and pesticides are the most important health determinants

Access to healthy food, educational opportunities, and exposure to poor air quality and pesticides were the most frequently cited determinants of health. Access to healthy food was mentioned in five of the focus groups. Other determinants of health that participants discussed in more than one focus group included: housing, violence, alcohol, and fast food.

Diabetes is the most pressing health concern

The most common health need or illness mentioned in six of the focus groups was diabetes. Other health needs mentioned in more than one focus group included obesity, high blood pressure, mental health, and children’s health. Generally, participants were more passionate about reporting determinants of health rather than specific diseases.
Youth and educational institutions were viewed by participants as community strengths

Many participants named the community’s youth and educational institutions as community strengths. Participants suggested that public health initiatives could focus on leveraging these resources to increase reach and impact. For example, initiatives to increase nutrition education and physical activity could focus on training adolescents as leaders to promote healthier behaviors and encourage other community changes, such as changes in policies (e.g., joint use agreements with schools so the community can use the school yard for outdoor physical activity). A common theme mentioned was that education was critical for health because it could help lift an individual out of poverty.

Community members want increased access to physical activity opportunities, safe outdoor spaces, safe drinking water, and health education

In four focus groups, participants asked for increased opportunities for physical activity. Similarly, in two of the focus groups, participants asked for safe outdoor spaces. A common theme in these focus groups was that participants did not feel safe doing physical activity outside because of the fear of violence. Safe drinking water was mentioned in three focus groups. Participants in those focus groups did not have access to safe drinking water via plumbing, but were relying on bottled water delivered from the government. Some participants from the farmworker focus group who were residents of the Porterville area did not have access to running water since their wells had run dry.

CONCLUSIONS

Throughout the focus groups, community members offered heart-wrenching stories that characterized the challenges they face to be healthy and make healthy choices while living in poverty. Many of the communities did not have adequate resources to ensure all residents could be healthy, and participants cited environmental and structural barriers as reasons for this (e.g., lack of clinics, providers, affordable health insurance, healthy food, safe spaces for physical activity). Initiatives to address these barriers should be considered.

In spite of these environmental and structural barriers, participants thought that health education and information sharing would benefit many community members. They also would like to expand the use of community health workers (promotoras de la salud). These same members displayed resilience and a deep sense of caring about their communities. They constantly struggle to make the choice between survival (paying the rent, utilities) and health (purchasing healthier food that may cost more than fast food). The community members were thankful for the opportunity to share their opinions, perspectives, and personal stories.
COMMUNITY ASSETS

Tulare County staff generated a list of community assets based on their knowledge and information collected from the Community Themes and Strengths Assessment and 2-1-1 Tulare County to access community information and referral services. These assets are listed in the table below by city and town.

<table>
<thead>
<tr>
<th>City or Town</th>
<th>Alcohol, Drug and Narcotics Treatment and/or Support Services</th>
<th>Banks, Credit Unions, and ATMs</th>
<th>Family Resource Centers</th>
<th>Licensed Family Child Care Homes or Centers</th>
<th>Libraries or Book Machines</th>
<th>Mental Health Services for Youth</th>
<th>Pharmacies</th>
<th>Parks</th>
<th>Public Transportation Routes</th>
<th>Primary Care Clinics and Hospitals</th>
<th>Parenting Classes</th>
<th>School as Open Spaces</th>
<th>Senior Centers</th>
<th>Summer Meal Program Sites</th>
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</table>

*Cities and towns outside of Tulare County where not all assets are listed

**Includes Dial-A-Ride where a reservation must be placed the day before a planned trip
## Community Assets (continued)

<table>
<thead>
<tr>
<th>City or Town</th>
<th>Alcohol, Drug, and Narcotics Treatment and/or Support Services</th>
<th>Ballotoplasa</th>
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<th>Public Transportation Routes</th>
<th>Primary Care Clinics and Hospitals</th>
<th>Parenting Classes</th>
<th>School as Open Spaces</th>
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<th>Summer Meal Program Sites</th>
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</tr>
</tbody>
</table>

*Cities and towns outside of Tulare County where not all assets are listed

**Includes Dial-A-Ride where a reservation must be placed the day before a planned trip
WHAT IS IT?
The Forces of Change Assessment identifies all the forces and their associated opportunities and threats that can affect (either now or in the future) the community and local public health system. Forces can be trends, factors, or events.

- Trends are patterns over time, such as migration in and out of a community.
- Factors are discrete elements, such as community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

WHAT TULARE COUNTY DID

The MAPP Steering Committee assembled a broad group of partners to discuss the Forces of Change during a workshop following the Community Themes and Strengths Assessment. The group was asked to identify the forces and list their associated opportunities and threats.

Table 9 on the following page summarizes the forces that were identified by more than one small group during the workshop. A thorough report of findings from this assessment can be found in Appendix D.
### Table 9. Subset of the Forces of Change Data, Collected November 2015

<table>
<thead>
<tr>
<th>Force</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought/Potable water (Note that some participants stated climate change, but the opportunities and threats were mostly related to water issues of drought and flood cycles so they were combined here)</td>
<td>Identify new ways of H2O conservation, pollution control initiatives, water management, resources education to community members, use drought info pathways to push down info economic impact, policy changes, drought gone, culture shift to use less water, become more aware of local resources, planning for next generation, improve systems, reused water osmosis and purification process, food grown in new ways</td>
<td>Drought-flood cycles leading to mudslides, increase in temperatures, lack of drinking water, farms closing or reducing production, housing fewer, unsanitary use of water, adverse weather impact on health, scarcity of resources, regulation, long term effects, standards for potable water rule change, no food planted</td>
</tr>
<tr>
<td>Housing and homelessness</td>
<td>Shelter/long-term housing projects</td>
<td>More people living in substandard, unsafe housing leading to increases in injury and illness</td>
</tr>
<tr>
<td>Poor air quality</td>
<td>Opportunity for health education, develop policies to decrease wood burning and other carbon emissions, access to natural gas</td>
<td>Chronic disease (spread), wood burning effects in soil and in atmosphere, legislative decisions, poor air quality, cost</td>
</tr>
<tr>
<td>Senior/Aging population, including physicians and medical providers, generation factors</td>
<td>Intergenerational interactions and programs</td>
<td>Dwindling number of providers which is already low, increase resource needs for seniors, limited income, mobility issues, workforces mass exodus, need program available to help elderly</td>
</tr>
<tr>
<td>Cap and trade law</td>
<td>Supports decrease in carbon emissions leading to lower air pollution, more funding to improve transit, decrease car use could lead to increase in active commuting</td>
<td>Tied to climate change and could be impacted with changes in political leadership</td>
</tr>
<tr>
<td>Drugs and alcohol (substance abuse)</td>
<td>Collaboration within health plan and agencies, partnerships between health plans and county services, cultural or social acceptance of not using substances, increase in education programs</td>
<td>Increase in addiction and alcohol related problems</td>
</tr>
</tbody>
</table>
WHAT IS IT?

The Local Public Health System Assessment was completed using the National Public Health Performance Standards (NPHPS) Local Instrument. The LPHSA measures how well the local public health system delivers the 10 Essential Public Health Services.

The NPHPS instrument describes what the local public health system would look like if all the organizations, groups, and individuals in the community worked together to ensure that essential services were delivered optimally. The descriptions of what should occur in the community serve as model standards (optimal, not minimal standards) of local public health system performance.

Conducting the Local Public Health System Assessment answers the following questions:

- What are the activities, competencies, and capacities of the local public health system?
- How are the 10 Essential Public Health Services being provided to the community?

WHAT TULARE COUNTY DID

Essential service providers participated in a workshop in April 2016 to complete the NPHPS Local Instrument. Staff from the Public Health Institute facilitated discussions to determine how well the Tulare County’s local public health system achieves model standards.

Highlights from the final report are presented on the following page. Appendix E contains the full report.
SUMMARY OF SCORING

The NPHPS Local Public Health System Assessment instrument consists of model standards organized around the 10 Essential Public Health Services (Table 10). Each model standard was scored based on input from a group of participants. Scores range from “no activity” to “optimal activity.” Table 11 shows all of the scores along with their values.

Table 10. The 10 Essential Public Health Services

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

Table 11. Summary of Performance Measures Response Options

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optimal Activity</strong></td>
<td>Greater than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(76–100%)</td>
<td></td>
</tr>
<tr>
<td><strong>Significant Activity</strong></td>
<td>Greater than 50% but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(51–75%)</td>
<td></td>
</tr>
<tr>
<td><strong>Moderate Activity</strong></td>
<td>Greater than 25% but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(26–50%)</td>
<td></td>
</tr>
<tr>
<td><strong>Minimal Activity</strong></td>
<td>Greater than zero but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(1–25%)</td>
<td></td>
</tr>
<tr>
<td><strong>No Activity</strong></td>
<td>0% or absolutely no activity.</td>
</tr>
<tr>
<td>(0%)</td>
<td></td>
</tr>
</tbody>
</table>
RESULTS

The Model Standard scores reported below reflect an average of performance measure scores within each Model Standard. The scores have been further averaged for each Essential Service. *Figure 17: Summary of Average ES Performance Score* contains a graphic depiction of these scores with the range of scores reflected by the black line on each color bar.

*Figure 17. Summary of Average ES Performance Score*
KEY FINDINGS

TULARE COUNTY COMMUNITY HEALTH ASSESSMENT
Tulare County completed all four of the Mobilizing for Action through Planning and Partnership (MAPP) assessments during the period of September 2015 through April 2016. Representatives from diverse sectors of community partner organizations participated in the assessments. Please see the acknowledgements section starting on page 82 for a list of partner organizations. Community residents also provided input through community focus group dialogues. Focus group dialogues were conducted in each of the five supervisiorial districts as well as with special populations for each of the following groups:

- Community health workers (*promotoras de la salud*),
- Farmworkers,
- Members of the Tule River Tribe,
- Members of the lesbian, gay, bisexual, transgender, queer/questioning, and others (LGBTQ+) community,
- Seniors, and
- Youth.

The MAPP process has allowed for many health issues and their associated root causes to be documented. A large amount of collected data has been synthesized and analyzed around collective themes of health concerns. Elements of data from the four MAPP assessments have been combined to tell the story of the current health status of Tulare County residents. This section tells that story.

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**ACCESS TO CARE**

Access to care is a broad term that can be used to describe population health insurance coverage rates, locations of medical care providers, and hours of operation to name a few. Tulare County residents and community partner organizations list many access-to-care issues in all four of the MAPP assessments. They may not have specifically called out this issue as an access to care issue every time it was discussed, but the intent of their input is similar to access issues that are experienced in other communities throughout the country. During the Forces of Change Assessment participants were global with the term access to care; they included not only medical care but also other types of related services such as mental health and substance abuse treatment, social services, and dental care. They were very focused on a holistic approach to overall wellbeing: “Enhanced mind, body, and spirit.” We summarize access to care in four major groupings: transportation, specialty care, cultural competence, and health insurance.
KEY FINDINGS

TRANSPORTATION

Tulare County covers 4,824 square miles of geographical terrain. About one third of the county is flat while the rest consists of foothills and mountains that are part of the Sierra Nevada Mountain range. However, many of the roads linking the smaller rural communities to the larger urban ones are smaller two-lane highways and roadways. This adds transportation barriers to those living in outlying communities. Transportation barriers impact residents’ ability to get to medical care facilities in addition to limiting their ability to shop for healthy foods. Participants in two of the focus groups, one with seniors and the other conducted in Cutler-Orosi, were concerned about transportation barriers.

During the Local Public Health System Assessment (LPHSA), participants discussed the use of a mobile clinic to provide medical care services to some of the more remote areas of the county. They suggested using this model as a solution to addressing medical care and health information access for those experiencing transportation barriers. Other models that they would like to see implemented include expanded rural clinic locations and chronic disease management centers.

SPECIALTY CARE

Tulare County experiences a shortage of specialty medical care providers. When the diagnosis calls for it, primary care providers will refer their patients to specialists for cancer treatment, diabetes care, epilepsy care, etc. Six focus groups discussed challenges in accessing specialty care. Many times these specialists are located outside of the county in places such as the Bay Area. This can be a three to four hour drive on average and without major traffic issues, exacerbating the transportation barrier experienced by some residents. There are some specialists in Visalia, but because there is a supply and demand imbalance, the wait times for appointments can be long. This limitation also reduces choice. Examples from the focus group input include needing to travel far to access specialty care. Participants typically said that the care they could access at local clinics was bad (five of the ten groups) for reasons including long wait times to see primary care physicians and specialists.

―People will probably put [seeking medical care] off instead of going...due to travel [distance], maybe not having transportation."
Members of the LGBTQ+ community discussed the lack of specialty care in their focus group. They also felt that greater access to specialists is needed within the county. Specialty care also includes mental health and dental health services. Through the discussion, participants shared that there is a need for access to a variety of LGBTQ-friendly providers, from mental health specialists to dentists.³

Members of the Tule River Tribe discussed the lack of specialists at the clinic on the reservation and the long wait time to be referred to a specialist as a gap in care. One participant also mentioned that the clinic needs an x-ray technician. She shared that even though the clinic has an x-ray room, there is no technician to operate it. Additionally, participants felt that mental health services should be made available in their community.³

The LPHSA work group offered some suggestions to address the shortage of specialty care providers that included offering more medical care internship and residency opportunities to recruit more providers to the area. They also would like to see more incentives to attract and maintain a skilled and competent workforce.⁴

“It takes a long time. [The] referral process is long. We have a health board and everything has to be approved before you see a specialist.”
-Tule River Tribe member

CULTURAL COMPETENCE

Some of the focus groups discussed a need for more culturally competent care. The promotoras de la salud discussed a general lack of cultural sensitivity in many of the health care facilities along with a need for better customer service. The lack of cultural sensitivity was specifically mentioned for the Hispanic community, and they perceive a lack of understanding of provider understanding of their traditions and family relationships. There was a belief that people with private insurance, however, receive better care and customer service than those with Medi-Cal. Participants reported that people in the community put off getting care because they know they will be treated poorly by all personnel: from intake, to medical provider, to discharge. These issues are especially apparent when there is a difficulty in communicating in the patient’s language. Participants discussed that clinics and hospitals are not adequately resourced with bilingual staff and people are met with language barriers.³

In a similar discussion with the LGBTQ+ focus group members, participants felt that providers in Tulare County need training to become more LGBTQ-friendly.³ This could be included in a more global approach to culturally competent care that would address specific needs and respect for the diverse populations within the county, reducing barriers for those seeking services.
HEALTH INSURANCE

Data regarding health insurance coverage in Tulare County show a decreasing trend in the percentage of uninsured residents from a high of over 25% in 2012 to a low of 6.5% in 2014. Figure 18 illustrates the trend by type of health insurance. However, health insurance cost was cited as a key barrier to accessing care in four focus groups. Focus group participants discussed health insurance as still problematic. They explained that the cost for health insurance had increased after the Affordable Care Act was implemented, and some mentioned that this increase in cost prevented them from accessing care, either because they could not afford to pay their premium or their deductible, or both.

Focus group participants expressed concern about the difficulty obtaining health insurance, including confusion about how to apply for health insurance and how the Affordable Care Act had changed health insurance plans. They also mentioned difficulty in finding doctors that accept particular plans and the concern that the Affordable Care Act had not improved accessibility to providers in Tulare County.³

Another important area to highlight about the health insurance coverage rate is that there is one segment of the Tulare County population that remains a challenge to cover. This is the unauthorized immigrant population. There are an estimated 50,000 unauthorized immigrants living in Tulare County according to a recent report published by the Migration Policy Institute.⁵

Figure 18: Health Insurance Trends by Type

Heart disease, cancer, and diabetes were mentioned in all of the four assessments along with root causes such as healthy eating, physical activity, lack of knowledge, perceived safety, and poverty. However, focus group participants overwhelmingly (six out of a total of 10 groups) reported diabetes as their greatest health concern. This concern also is supported by quantitative data. The prevalence of diabetes in Tulare County is significantly higher than that of California (13.7% and 8.6%, respectively). Diabetes is significant because it is a contributor to other chronic diseases such as heart disease. Tulare County has higher hospitalization rates for diabetes-related complications when compared to California (Figure 19).

These types of hospitalizations indicate a patient’s inability to monitor and control their disease under the guidance of a medical care professional. Regular outpatient care and monitoring is necessary to assist diabetes patients in managing their disease; however, the previously noted access barriers often prevent adequate care to prevent hospitalizations. Focus group members mentioned many barriers to accessing medical and specialty care. Barriers included long wait times (provider shortages), financial limitations (including insurance), and transportation. Participants also frequently expressed dissatisfaction with

---

**Figure 19: Hospitalization Rates for Diabetes Complications, 2014**

the quality of patient care and customer service they received at their local clinics.

Community partner organization members also cited a need to provide better quality, comprehensive care, which includes treating the patient holistically: mind, body, and spirit. These organizations have expressed a desire to better meet the needs of the Tulare County population. They would like to see more specialty care providers available throughout the county.

Diabetes is the sixth leading cause of death in the county. The medical management of the disease is very costly, and the disease many times decreases the quality of life for those who have it. This could be one reason why residents are concerned about it. The diabetes death rates for African Americans is nearly double that of Tulare County as a whole (227.9 per 100,000 and 119.0 per 100,000, respectively), a notable disparity that could be related to delayed or inadequate care.

Figure 20 illustrates the leading 15 causes of death in Tulare County compared to California. Heart disease is the number one leading cause of death in Tulare County. There were 193.4 deaths per 100,000, higher than the California heart disease death rate of 149.0 per 100,000.

“My deductible cost is so astronomical that I can’t actually afford to see a doctor...it will require an absolute crisis...”
KEY FINDINGS

The farmworkers’ focus group mentioned heart disease as a health concern along with input from multiple focus groups, which added high blood pressure to the list of their concerns. Similar to diabetes management, some of these deaths may have been premature given the multiple barriers to accessing preventive medical care that was noted by both the residents in their focus groups and the community partner organizations during the Community Themes and Strengths Assessment and the Local Public Health System Assessment.3,4,8

CANCER

When it comes to overall cancer diagnosis rates, Tulare County is slightly lower when compared to California (388.3 per 100,000 and 418.0 per 100,000, respectively).11 However, when looking at the data by race and ethnicity, there is a larger number of African Americans diagnosed with cancer compared with other racial and ethnic groups (Figure 21). Upon further analysis, there are two cancers that have higher rates of diagnosis in Tulare County when compared with California: kidney/renal and cervical cancer.11 Table 12 illustrates the statistically significant differences in these rates for Tulare County and California.

Cancer deaths (as opposed to cancer diagnoses) are slightly higher in Tulare County compared to California (180.2 per 100,000 and 172.4 per 100,000). Similar to the diagnosis rates, African Americans have the highest death rates compared with other racial and ethnic groups in Tulare County (Figure 22). When analyzing the data for specific cancers, two have higher death rates in Tulare County: lung/bronchus and cervical cancer.10 Table 13 illustrates the statistically significant differences in these rates for Tulare County and California. Difficulty in accessing specialty care was noted in all four MAPP assessments and could potentially contribute to the higher cancer death rates.

Figure 21: Average Annual Rate of Cancer Diagnosis, 2009-2013

Source: California Cancer Registry.
Figure 22. Rate of Cancer Deaths, 2010-2014

Table 12. Tulare County Cancer Rate of Diagnosis Comparison with California: Kidney and Renal Cancer and Cancer of the Cervix

<table>
<thead>
<tr>
<th>Site</th>
<th>Tulare County</th>
<th>95% CI</th>
<th>California</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney and renal</td>
<td>16.7</td>
<td>14.9-18.7</td>
<td>14.3</td>
<td>14.1-14.4</td>
</tr>
<tr>
<td>Cervix (females only)</td>
<td>10.8</td>
<td>8.8-13.1</td>
<td>7.5</td>
<td>7.3-7.7</td>
</tr>
</tbody>
</table>

Source: California Cancer Registry, age-adjusted per 100,000 population (2009-2013).

Table 13. Tulare County Cancer Death Rate Comparison with California: Lung and Bronchus Cancer and Cancer of the Cervix

<table>
<thead>
<tr>
<th>Site</th>
<th>Tulare County</th>
<th>95% CI</th>
<th>California</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung and bronchus</td>
<td>41.4</td>
<td>38.4-44.5</td>
<td>36</td>
<td>35.7-36.3</td>
</tr>
<tr>
<td>Cervix (females only)</td>
<td>3.5</td>
<td>2.4-4.9</td>
<td>2.2</td>
<td>2.1-2.3</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention Wonder, Multiple Cause of Death database (2010-2014).

It was interesting to note that some of the focus group members were surprised to see cancer and heart disease as the leading two causes of death in Tulare County because diabetes and respiratory disease are more important in their communities. Some focus group participants immediately blamed the cancer rates on high exposure to pesticides, especially in the water, and consumption of processed food.
ROOT CAUSES

Chronic diseases have similar root behavioral causes: unhealthy eating, lack of physical activity, and tobacco use. Focus group participants seemed to understand the link between these behaviors and their health outcomes. Additionally, they demonstrated an awareness of the environmental root causes and social determinants that can either make the healthy choice easier or more difficult. Participants were more passionate about reporting determinants of health rather than specific diseases. They also mentioned many barriers that prohibit them from living healthy lifestyles:

- Fear of safety when outdoors engaging in physical activity;
- High cost of fresh produce;
- Poverty;
- Overabundance of cheap fast food outlets; and
- Inadequate potable tap water.

They said it was a constant struggle to make the choice between survival (paying the rent, utilities, etc.) and health (purchasing healthier food that may cost more than fast food, for example).  

Economic Causes

Income level is a social determinant of health and a root cause driving unhealthy behaviors and choices. Tulare County income data demonstrate that financial struggles could be experienced by a large percentage of the population. For married couples with two children, 34.5% have incomes under a living wage compared to only 25.0% of those same types of families in California.  

For single mothers, these percentages are very high with 82.2% reporting incomes under a living wage in Tulare County and 77.1% of single mothers in California with incomes under a living wage.  

Overall, 37.3% of Tulare County children live below the federal poverty line, which equates to 54,591 children (ages 0-17), whereas the overall state percentage for children in poverty is 22.7%. African-American children in Tulare County experience the highest levels of poverty (55.4%) followed by Hispanic children (42.2%) and Asian children (25.4%).  

White children experience the lowest levels of poverty at 19.0%.  

According to American Community Survey data, the median income for adults over the age of 25 is $25,999. Figure 23 illustrates the income distribution among married couple families in Tulare County. Amount of income increases with higher levels of education. Figure 24 illustrates the distribution for Tulare County. There also is an underlying issue of economic development. Agriculture is one of the main economic driving forces in Tulare County. Many of the jobs within the county are related to it. However, these tend to be lower paying jobs that don’t require a highly skilled labor force. Educational needs are also tied to economic and workforce development to improve the standard of living for Tulare County residents.
Figure 23: Tulare County Income Distribution among Married Couple Families

Source: American Community Survey, 2010-2014

Figure 24: Median Income in Tulare County for Adults over 25 by Education (2010-2014)

Source: American Community Survey, 2010-2014
Environmental Causes

Environments with healthy options enable residents to make healthy choices. Food deserts are areas where fresh, healthy food is scarcely available, and when it is available, it is often times expensive. Food deserts tend to be located in outlying communities as well as economically depressed areas. Communities that are considered to be food deserts also have higher rates of chronic disease. During the Community Themes and Strengths Assessment, a community partner mentioned that Tulare County produces an abundance of fresh, healthy food for the nation, but experiences challenges in ensuring that all of its residents have access to it.8

A local Tulare County retail survey conducted in 2013 surveyed 195 stores around the county and found that 31.6% sold low-fat or non-fat milk versus 82.6% that sold alcohol.14 They also found that 33.8% sold any fresh fruit or vegetable versus 62.9% that sold chewing tobacco, leading to the conclusion that alcohol and tobacco products are more accessible than healthy food items.14 With limited availability of fresh produce and milk to create meals at home, residents may be more inclined to eat at restaurants, especially those serving fast food. This may be a contributing factor to the higher fast food consumption of Tulare County residents; the percentage of the Tulare County population reporting that they eat fast food four or more times per week when compared to California was 15.3% and 10.9%, respectively.15

Kids in Tulare County also consume more soda than their California counterparts (Figure 25). One participant in the youth focus group stated, “Since water is bad, there is nothing else to do but drink sugary stuff...” The California drought and availability of safe and clean drinking water was an area of concern in both the Forces of Change and the Community Themes and Strengths Assessments, both of which had a broad participation of representatives from various sectors of the community.1,8

Figure 25: Percent of Children and Teens Who Drank Soda or Other Sugary Drink the Previous Day, 2013 - 2014

**Limited Exercise Opportunities**

Exercise opportunities are also limited in this county. According to the County Health Profiles report from the Robert Wood Johnson Foundation, in Tulare County, an estimated 68% of the population has access to exercise opportunities compared to 94% statewide.\textsuperscript{16} Nationally, 84% of the population has adequate access. In four focus groups, participants asked for increased opportunities for physical activity. Similarly, in two focus groups, participants asked for safe outdoor spaces. A common theme in these focus groups was that participants did not feel safe doing physical activity outside because of the fear of violence.\textsuperscript{3} Community partner organizations suggested providing more opportunities for free exercise classes and creating more paths for walking and biking.\textsuperscript{8}

**Obesity Listed as a Top Cause**

Focus group results and community partner input obtained during the Community Themes and Strengths Assessment indicate that obesity is one of the top health issues to be addressed. Quantitative data substantiate these observations. Approximately one out of three adults in Tulare County is obese compared to one out of four in California. Childhood obesity is of special concern because it can contribute to a variety of health issues later in life. Overall, 48.3% of 5th graders in Tulare County are overweight or obese compared to 40.3% in California. Figure 26 illustrates the racial and ethnic breakdown of the Tulare County data. The highest rates are found in the Native American, African American, and Hispanic populations, closely followed by multi-racial students. There is a disparity with 50.0% of economically disadvantaged students being overweight or obese compared to 41.9% of students who are not disadvantaged.\textsuperscript{18}

![Figure 26: 5th Grade Students with an Unhealthy Weight, 2014-2015](Source: California Department of Education, Dataquest: http://data1.cde.ca.gov/dataquest (2014-2015).)
Tobacco Use

Tobacco use in Tulare County is much higher than in California. Table 14 illustrates that Tulare County has 18.2% of its population reporting to be current smokers whereas California has 12.0% of its population reporting to be current smokers.

What is of interest is that smoking and tobacco use were not mentioned in either the vast majority of the focus group discussions or the Community Themes and Strengths Assessment (which had extensive representation from partner organizations). The focus group with the Lesbian, Gay, Bisexual, Trans, Queer/Questioning, and Others (LBGTQ+) community was the only focus group where smoking was mentioned as a top health issue that should be addressed.3,8

The Local Public Health System Assessment participants discussed progress in tobacco control polices as part of Public Health Essential Service Five: Develop Policies/Plans.4 An example of this was a recently drafted proposed policy regarding smoking in public parks. Although it did not pass in the unincorporated areas, many cities within the county are using it as a model policy for their communities.

Table 14. Tulare County Versus California Smoking Rates (2012 – 2013)

<table>
<thead>
<tr>
<th>Current Smokers</th>
<th>Tulare County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>24.3%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Females</td>
<td>11.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Total</td>
<td>18.2%</td>
<td>12%</td>
</tr>
</tbody>
</table>


Results from the California Healthy Kids Survey and California Student Survey, in the 2011-12 and 2012-13 school years, report the number of 7th, 9th and 11th graders who have smoked cigarettes in the last 30 days. Of the 17 school districts reporting, the percent of 7th graders ranged from 0% to 15.4%; seven were over the state’s 4.5%. Smoking among 9th graders ranged from 5.25% to 8.6%, compared to the state’s 6.8%. For 11th graders, the range was from 7.5% to 13.4% compared to the state’s 10.2%. The definition used in this survey to describe youth smoking rates is the percentage of public school students in grades 7, 9, and 11 reporting any smoking in the past 30 days.
Water quality and availability, air quality, and pesticides were common issues across all of the assessments, and were one of the top themes from the Forces of Change Assessment. Most of these environmental issues must be tackled at the state level because the water system connects to all of California’s counties, and the air also moves across the state.

The current drought situation is felt all across the state and is not a local Tulare County issue. However, the drought’s impact on some of the communities within the county has been greater when compared to other parts of the state.

On June 20, 2015, the Fresno Bee reported on the impact of the drought as a public health crisis for East Porterville. The article discusses the wells drying up in addition to the poor quality of the water that is remaining.

On June 25, 2016, a stakeholders meeting was held as part of a feasibility study, where solutions were explored such as hooking East Porterville residents up to the nearby City of Porterville’s water system. The goal is to have East Porterville connected to a reliable water source.

The drought could be seen as a result of the much larger issue of climate change, where weather patterns all over the world are changing and leading to devastating weather events such as this drought, wild fires, hurricanes, etc.

During the focus group dialogues with the various groups of residents, participants specified that they wanted safe, clean drinking water, and they associated water contamination with increased cancer risk.

Three focus groups specifically discussed water quality and mentioned that in some areas the faucets went dry, leaving residents to rely on the government to bring water to them. They expressed the

“These last few years, the drought has been bad. We can’t even water our trees and plants. Once our water gets low, our water turns brown, and it’s not drinkable.”
need for better, more permanent solutions instead of just water tanks.

Participants shared that soda consumption may be an issue because there is a lack of safe drinking water in their community.

Participants also mentioned contaminated water as a concern in their community, and discussed how water quality issues had prevented their school from starting a gardening education program. However, not enough information was collected to determine whether or not this was the only cause or a contributing factor.

Water availability and cost should be considered if the county decides to take on healthy eating as an area for community health improvement. For example, it would be challenging to implement school-based gardens and encourage youth and children to drink more water instead of sugar-sweetened beverages if there is not enough safe, clean water available.

Representatives from community partner organizations also discussed improving emergency risk communications by expanding the County’s existing Tulare County Alert (AlertTC) system to include alerts for a broader set of health issues such as possible water contamination situations and inform the public on where to access safe, clean water during these situations. Expansion also would include enrolling more community members into the system. Note that this expanded system, as discussed by participants at the LPHSA, would allow for 24/7 access to information for all health issues and emergencies, not only water.

“[El agua] es para lavar trastes, bañarse y lavar la ropa, y es todo. [The water] it's only for washing dishes, bathing, and washing clothes, that is it.”

Water in terms of the drought and residents’ ability to access safe, clean water during three of the MAPP assessments: Forces of Change, Community Themes and Strengths, and Local Public Health System. They expressed many of the same concerns that the residents had. During the LPHSA, they also discussed...
The water delivery system in Tulare County is very complex due to the dispersed nature of the population (31% of the population live in unincorporated towns or small settlements). Many residents in unincorporated areas rely on their own private wells for their water supply. While permits are required at the time of drilling, private wells are not otherwise regulated by any government agency and water quality testing is up to the well owner. The number of private wells in the county is not known.

There are over 390 water systems in Tulare County. Over 40% (166) of these are not serving specific communities; they are termed transient non-community water systems and serve private entities or businesses such as gas stations. The community water systems (excluding school systems), serve approximately 379,490 people or 84% of the county’s population (2012).

Kidsdata.org reports water quality violations by county for the year 2014. They report 162 maximum contaminant violations in Tulare County, which means that the water tested over the limit for a specified contaminant. Only 5 counties out of 54 (the number with available data) had over 100 violations. However, this does not take into consideration whether the water system was serving the public and it does not take into consideration that some systems test positive repeatedly for known contaminants. For example, there are areas of Tulare County with naturally-occurring arsenic in the groundwater. Systems with these water sources may test positive for arsenic every time they are tested, usually four times per year.

The following breakdown of the 2014 violations for contaminants is provided in order to better explain the nature of the violations.

Out of the 162 maximum contaminant violations, 74 were in water systems that serve communities or schools and some had repeat violations. Counting each water system only once, there were 38 that had at least one violation.

Water Quality from the California State Water Resources Control Board
30 water systems tested positive for coliform bacteria. When a water system is over the limit for coliform bacteria, they treat the water in order to destroy the bacteria. If necessary, the water system can issue a "boil water" notice as boiling the water will destroy the bacteria and make it safe to drink.

6 water systems tested positive for arsenic, which can be a naturally occurring substance in ground water. The levels of arsenic found in ground water are not dangerous with short-term exposure, but over the course of a lifetime, could increase the risk for some types of skin or circulatory damage or cancer.

15 water systems tested positive for nitrates. Nitrates are very difficult to remove from the water and are a common contaminant in agricultural areas. High levels of nitrates are dangerous for pregnant women and babies under six months of age.

1-2 water systems each tested over the maximum contaminant level for substances such as combined uranium (a naturally occurring source of radioactivity); 1,2-Dibromo-3-chloropropane; and haloacetic acid and trihalomethanes, which are byproducts of water treatment. If the treated water contains too much of these byproducts, the water company can modify their treatment or add a process to remove them.

“In Pixley, I’ve gotten letters from them that say basically if you drink the water, you’re at high risk of cancer.”

CONTAMINATION VIOLATION REQUIREMENTS

When water systems have a maximum contaminant violation, they are required to notify their customers in English and Spanish and any other language spoken by over 1,000 or 10% of their customer population.

The type of notification depends on the type of violation. Tier 1 notices are issued when there is an immediate threat and tier 2 notices are for situations that require notification but are not immediate threats. In this case, the water system must issue the notice as soon as practical or within 30 days at the maximum.
Air Quality

Tulare County’s location in California’s Central Valley, surrounded by three mountain ranges, provides a unique geographical situation that creates atmospheric inversions. Atmospheric inversions cause air pollution to concentrate and increase, trapping the polluted air close to the ground. These can be very dangerous conditions for those with lung disease. Emissions and pollutants end up trapped in this air causing them to concentrate. This pollution comes from many sources, including being blown into the region from the more populated coastal regions of the state, and can exacerbate lung conditions such as asthma or allergies. Data from the San Joaquin Valley Air Pollution Control District show that the air quality index is trending downward; however, the number of days that it exceeds 100 is more than one-third of the year (Figure 27). Air quality was one of the top ranking external pressures for change found in the Forces of Change Assessment. Residents and community partners expressed concern over the air quality in Tulare County. One focus group participant stated that she would like to see more information about air quality and lung conditions such as asthma, emphysema, and lung disease. Focus group participants also mentioned pneumonia and discussed at length how common allergies are within their community, which they felt had to do with air quality. Participants discussed the poor air quality in general from smog that settles in the area. Health education and information about air quality-related illnesses is desired by many of the residents who come into contact with the promotoras de la salud (community health workers). Community partner organizations also reported that there is a need for more health education and information in the community. They did not specify health topics because they felt that it should be based upon need, which may vary across the county. This is one area that may be addressed with a health education and information approach.

Figure 27: Number of Days Where Air Quality Index Exceeds 100

Source: San Joaquin Valley Air Pollution Control District.
**KEY FINDINGS**

**Health Issues Related to Air Quality**

Some focus group participants felt that health issues in their community such as bronchitis, allergies, and asthma, were related to poor air quality. Information about asthma shows that Tulare County has higher rates of asthma for adults (15.5% Tulare county; 13.9% California)\(^1\), but lower rates for children ages 0-17 (11.6% Tulare County; 15.2% California) compared to California.\(^1\)

When asthma can be managed in primary care outpatient settings, hospitalizations are not necessary. High rates of admissions can indicate lack of access to primary care or other factors that make it difficult for patients to manage their condition.

While asthma incidence rates are higher for adults in Tulare County compared to California, Tulare County asthma-related hospitalizations are lower for those under the age of 40.\(^2\) However, for those 40 years or older, the hospitalizations increase and surpass the state.\(^2\)

Note that the rates for those 40 years or older also include chronic obstructive pulmonary disease (COPD), which could be exacerbated by tobacco use. Figure 28 illustrates the differences in hospitalization rates for asthma in children or asthma/COPD in adults.

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*Figure 28: Hospitalization Rates for Asthma in Children or Asthma/COPD in Adults, 2014*

NEED FOR MORE QUALITY EDUCATION AND HIGHER EDUCATIONAL OPPORTUNITIES

Although education is not a direct health service, it is a social determinant of health. It has been well established in scientific literature that those with a higher education tend to live healthier lives. Community partner organizations and residents all expressed a desire for high quality education.

During the Local Public Health System Assessment, participating partners noted that there is no four-year college or university capable of conducting research within the county, making it difficult to obtain research consultation and partnerships in the area. Four-year colleges with headquarters outside of the county offer limited classes and services at satellite locations in Tulare County, but these type of facilities are not designed to offer the full spectrum of services that their main campuses offer. Focus group participants also said that they would like to have more educational opportunities available to them. They viewed youth and educational institutions as community strengths. A couple of youth participants expressed concern about the resources available to schools that are necessary to provide quality education.

One participant indicated that there is inequity in teachers’ salaries and that teachers need to be paid fairly for their work. The students’ perception is that teachers are not adequately compensated for their hard work and “Education is pretty much the most important thing in life. It changes your position in life.”

Figure 29: Cohort Graduation Rate by Race/Ethnicity (2013-2014)

Source: California Department of Education, DataQuest.
dedication to their students.

One participant expressed concern that students may be negatively impacted by being labeled as English as a Second Language (ESL) students. This label may limit student potential if he or she internalizes it to mean that they cannot learn. Some participants felt that youth need more encouragement in order to pursue education, which may be connected with the English-learners comment.

Some participants felt that the church can play an important role in encouraging students and assisting them to go to college. They also noted challenges in paying for college and thought that there is a need for more information about scholarships. These students may believe that college is financially out of reach for them, leading to a more limited view of their futures.

Cohort high school graduation rates are slightly higher in Tulare County compared to California for both female (86.0% and 84.8% respectively) and male (77.4% and 77.3%). This also is seen for most groups when looking at them by race/ethnicity; Tulare County has higher rates for all racial and ethnic groups compared with the state except for Whites and two or more races (Figure 29).

When looking at the cohort graduation rates by program, Tulare County does better than California in all four of the program areas (Figure 30):

- Socioeconomically disadvantaged,
- Special education,
- Migrant education, and
- English learners.

![Figure 30: Cohort Graduation Rate by Program (2013-2014)](source: California Department of Education, DataQuest.)
One indicator used to assess the quality of education is 3rd graders meeting English Standards. Tulare County ranks near the bottom third of California counties (Figure 31). This could be due to the large percentage of English Language Learners in the Tulare County schools, over 28% compared to about 20% for California.  

**Figure 31: Percent of 3rd Graders Meeting English Standards (2015)**

Of interest in the area of education is that although the high school graduation rates are higher than those of California, the rate of students completing college preparatory work is lower than the state. These would be the courses required for entrance by the University of California and the California State University Systems. Both male and female students in the county have lower rates of completing these courses. Figure 32 illustrates this difference by gender. The reason for lower rates of completion for college preparatory courses may be related to input from youth during the focus group when they discussed going to college. They stated that the cost was a concern for them, and they did not want to burden their families.  

“I know a friend who isn’t going to college because he doesn’t know what he’s going to do and also because he doesn’t have the money. His parent’s income is low so he’s afraid of the stress he’s going to put on his parents since they’re going to have to pay for it.”

Source: Kidsdata.org
Figure 32: 12th Grade Graduates Completing All Courses Required for UC and/or CSU Entrance by Gender (2013–2014)

Source: Kidsdata.org
**KEY FINDINGS**

**MATERNAL AND CHILD HEALTH**

Maternal and child health and well-being are important in determining the health of the future generations. It can be used in forecasting the future public health challenges for families, communities, and the public health system. Optimally, an expectant mother begins prenatal care during her first trimester of pregnancy.

*Native American Women Not Receiving Prenatal Care as Early as Others*

In Tulare County, 19.5% of women did not access prenatal care until after the first trimester (2010-2012, three year average). Figure 33 shows the geographic distribution, which ranged from 6.7% in northwestern Visalia to 37.1% in the rural and mountain area southeast of Porterville. In the more recent time period of 2012-2014, no significant change has occurred with 19.2% of expectant mothers not accessing care until after the first trimester, which is above the state average of 16.5% but is below (meets) the national Healthy People 2020 goal of 22.1%.

Figure 34 shows the breakdown by age group with the greatest rate of expectant females to delay prenatal care being those that are less than 34 years old. Native American women receive prenatal care later in pregnancy than any other racial or ethnic group. Two out of every five Native American women do not receive prenatal care during the first trimester. African Americans and Asians were two other groups that exceeded the Healthy People 2020 target of 22.1%.

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*Figure 33: Percent of Women Accessing Prenatal Care After the First Trimester by Census Tract, 2010-2012*

Source: Birth Statistical Master File, California Department of Public Health.
**Figure 34: Accessing Prenatal Care after the First Trimester, 2012-2014: by Maternal Age Group**

Source: Birth Statistical Master File, California Department of Public Health.

**Figure 35: Accessing Prenatal Care after the First Trimester, 2012-2014: by Race/Ethnicity**

Source: Birth Statistical Master File, California Department of Public Health.
BIRTH OUTCOMES

Premature births are babies born before 37 weeks gestation. The data presented in the Community Health Status Assessment Report are for single births only (not including twins, triplets, etc.). On average, there were 676 (7.4%) babies born before 37 weeks in Tulare County (2012-2014, three-year average).26

Tulare County overall premature births are similar to the U.S. percentages.27 However, rates vary among racial/ethnic groups with Native Americans having the highest rate and non-Hispanic Caucasians having the lowest rate. Figure 36 provides the details about these differences. The Healthy People 2020 target for reducing total preterm births is 11.4%. All groups are below this target, which is what is desired for this goal.

Figure 36: Premature Births, Born Before 37 Weeks Gestation, 2012-2014

Definition: percentage of singleton births in 2012-2014 that occurred U.S. data is from 2014.
LOW BIRTH WEIGHT BABIES

Low birth weight babies are born weighing less than 2,500 grams (or about 5-1/2 pounds). Many times these babies are also born premature. In Tulare County, on average, there were 495 babies per year born with low birth weight. Among single births in Tulare County, only 5.2% overall were born less than 2,500 grams.26

However, rates varied among racial/ethnic groups with African-American mothers having the highest rate and non-Hispanic Caucasians having the lowest rate. Figure 37 provides the details about these differences. The Healthy People 2020 goal is to have no more than 7.8% of births classified as low birth weight, so Tulare County as a whole is doing well with this objective.

Figure 37: Percent of Low Birth Weight Babies, 2012-2014

KEY FINDINGS

INFANT DEATH RATE

The infant death rate is the number of deaths in children under the age of one year old divided by the number of births in that calendar year multiplied by 1,000. Because the number of infant deaths in Tulare County in one year is a small number, the rate varies from year to year and so three-year averages are presented. Even so, the rate does still show some variation with no clear trend. In general, the infant death rate in Tulare County is close to the state rate, sometimes slightly higher. The actual number of infant deaths in Tulare County per year varied from a low of 30 in 2012 to a high of 59 in 2007. The Tulare County infant death rate does meet the Healthy People 2020 goal of 6.0 per 1,000 births. Figure 38 compares the infant death rate for Tulare County and California.

Figure 38: Infant Death Rate: Tulare County and California

Source: California Center for Health Statistics, Vital Statistics, Death & Birth Statistical Master Files, and Tulare County electronic death registration system.
Definition: The number of deaths occurring before age less than 1 year per 1,000 live births.
KEY FINDINGS

BREASTFEEDING

The benefits of breastfeeding are numerous for both the infant and mother. Breast milk provides 100% of the nutritional needs of a newborn infant, and its composition changes to meet the infant’s needs as he or she grows over time. Mother and child benefit psychologically through the bonding that occurs during breastfeeding. Public health officials and medical care practitioners have been promoting breastfeeding because of the aforementioned benefits. The Healthy People 2020 goal is to increase the proportion of infants who are breastfed exclusively through three months of age to a target of 46.2%.

The exclusive breastfeeding rate in hospital at birth for Tulare County was 51.9% in 2014. When looking at the data by race and ethnicity, White women and Native Americans tend to be exclusively breastfeeding at birth at higher rates than Hispanics, African Americans, and Asians, whose rates are under 50% (Figure 39). The rates for breastfeeding at three months after delivery are 44.3% in Tulare County and 64.9% in California; the definition includes any breastfeeding during this time period.29

Figure 39: Tulare County Breastfeeding at Birth


Of Note

Maternal and child health issues did not arise as an area of concern during any of the Forces of Change, Community Themes and Strengths, and Local Public Health System Assessments.1,3,4,8 This may be one area that is overshadowed by other areas needing to be addressed for community health improvement.
KEY FINDINGS

INFECTIOUS DISEASE

CHLAMYDIA AND GONORRHEA ARE TOP TWO COMMONLY REPORTED DISEASES

Infectious disease incidence in Tulare County consists largely of those that are sexually transmissible followed by those that are foodborne and/or waterborne. Table 15 consists of a list of the 15 most common infectious diseases that were mandated to be reported in Tulare County in 2015. The top two on this list are sexually transmissible. Chronic Hepatitis C is transmitted via the blood, typically through needle sharing, and unsterilized tattoo equipment. Campylobacter is one of the most common causes of diarrheal illness in the United States. It is generally transmitted through improperly handled food or contact with animals. Valley fever (Coccidioidomycosis) is endemic in Tulare County. Valley fever is caused by a fungus that lives in the environment and is not contagious between people.

Table 15: Fifteen Most Commonly Reported Infectious Diseases (2015)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>2,155</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>670</td>
</tr>
<tr>
<td>Chronic Hepatitis C</td>
<td>336</td>
</tr>
<tr>
<td>Campylobacter infection</td>
<td>207</td>
</tr>
<tr>
<td>Valley fever (Coccidioidomycosis)</td>
<td>194</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (unspecified cause)</td>
<td>109</td>
</tr>
<tr>
<td>Salmonella infection</td>
<td>87</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>76</td>
</tr>
<tr>
<td>Viral meningitis</td>
<td>52</td>
</tr>
<tr>
<td>Early syphilis (includes primary, secondary, &amp; early latent)</td>
<td>52</td>
</tr>
<tr>
<td>Late latent syphilis</td>
<td>50</td>
</tr>
<tr>
<td>Chronic Hepatitis B</td>
<td>34</td>
</tr>
<tr>
<td>Shigella infection</td>
<td>20</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>15</td>
</tr>
<tr>
<td>West Nile virus infection</td>
<td>15</td>
</tr>
</tbody>
</table>
**Key Findings**

*Sexually Transmissible Diseases*

Reproductive health is an important component of overall wellness. Sexually transmissible diseases (STDs) are largely preventable when individuals have the knowledge, resources, and tools to maintain overall reproductive health. Chlamydia rates are higher in Tulare County than they are in California, whereas gonorrhea rates are lower in Tulare County than they are in California (Figure 40).

The LGBTQ+ focus group participants discussed the need to educate physicians regarding the unique health needs of LGBTQ+ patients. One participant shared an example that gay men should receive an annual anal pap smear as an important health screening, which many doctors may not know about. Another participant shared that as a gay man, even he had not heard of this screening before coming to the focus group.3

“I’ve had to do that as a gay man here, train my doctor...When you ask for an anal pap here, they look at you like you are crazy, they’ve never even heard what that is.”

Figure 40: Rates (per 100,000) of Sexually Transmitted Infections (2014)

Chlamydia, gonorrhea, and syphilis all have been steadily rising in Tulare County over the past six years; this is similar to trends at the state and national levels. The rates of chlamydia increased starting in 2010 (Figure 41)\textsuperscript{30}.

Although the overall number of cases for gonorrhea and syphilis are lower than that of chlamydia, the six-year trend for each of those is on the rise. Figure 42 illustrates that the number of gonorrhea cases has increased over 700\% from 2010 to 2015.\textsuperscript{30}

Figure 43 illustrates that over the past two years, early syphilis cases have more than doubled and are not showing signs of tapering off.\textsuperscript{30}

\textbf{Figure 41: Chlamydia Cases Six-year Trend}

\begin{center}
\includegraphics[width=\textwidth]{Figure_41.png}
\end{center}

\textit{Source: California Health Interview Survey, 2011-2014.}
Figure 42: Gonorrhea Cases Six-year Trend


Figure 43: Early Syphilis Cases Six-year Trend

KEY FINDINGS

VIOLENCE AND CRIME

TULARE COUNTY HOMICIDE RATE GOING DOWN, STILL HIGHER THAN OVERALL STATE RATE

Violence and crime in general were areas of concern identified by both community residents and partner organizations in every MAPP assessment. As mentioned previously, one common theme in the focus groups was that participants did not feel safe doing physical activity outside because of the fear of violence. Additionally, some participants discussed stress, alcohol consumption, violence and gang activity as concerns that affect the health of their community.

During the Community Themes and Strengths Assessment with representatives from community partner organizations, crime and gang activity were cited as reasons why the quality of life in Tulare County is not satisfactory to many residents. One group reported, “We are at the bottom of many health rankings, bad on quality, too much crime, gangs.”

Quantitative data from the Community Health Status Assessment also shows that while homicide rates for Tulare County and California have been decreasing over time, Tulare County’s rate remains higher than the state’s homicide rate. In 2014, in unincorporated Tulare County, there were 9,829 crimes of which 244 or 2.48% were gang related, and there were 15 homicides of which 2 or 13.3% were gang related. In 2015, there were 9,564 crimes of which 363 or 3.8% were gang related and 25 homicides of which 4 or 16% were gang related. Figure 44 shows the homicide rate trend over 10 years, comparing Tulare County with California.

“Nos gustaría tener más policía, para tener más seguridad en la comunidad.”
“We would like to have more security, more police, to have a safer community.”

“Nos gustaría tener más policía, para tener más seguridad en la comunidad.”
“We would like to have more security, more police, to have a safer community.”

JUVENILE CRIME

Juvenile arrests are higher in Tulare County compared with California. Juvenile felony offenses for 11 to 17 year olds were 0.99% for Tulare County and 0.78% for California; misdemeanor offenses were 2.37% for Tulare and 1.36% for California; and status offenses were 0.75% for Tulare and 0.31% for California. There were 506 youth on formal probation in 2014.

School safety perception is fairly consistent across the 7th, 9th, and 11th grades in Tulare County. A majority of students either agreed or strongly agreed that they feel safe in school (59%, 58%, and 59% for 7th, 9th, and 11th graders respectively). Only 9% of the students in the 11th grade disagreed or strongly disagreed about feeling safe in school, while 10% of 9th graders and 12% of 7th graders reported the same.

Figure 45 consists of the five-year trend for the percentage of the juvenile population (11-17) with a felony, misdemeanor, or status offense arrest and illustrates a decreasing trend. However, these data are not adjusted for individuals arrested more than once. Still, the trend is encouraging.

Figure 45. Rate of Felony, Misdemeanor or Status Offense Arrests per 100 Juvenile Population (ages 11-17)

ALCOHOL AND DRUGS

TULARE COUNTY DRUNK DRIVING FATALITY RATE MORE THAN DOUBLE THE STATE RATE

The Community Themes and Strengths Assessment and focus group participants discussed concerns about drug and alcohol use, particularly among youth. Increase in drug and alcohol use also was on the list of concerns during the Forces of Change Assessment. Focus group participants were shown the data for drunk driving in Tulare County.1,3,8

Tulare County drunk driving fatalities per 100,000 were over double that of California (6.7 and 3.1, respectively).34 They were surprised by the high rate of fatalities from drunk driving accidents, and felt that the culture and the lack of activities in the area were possible causes of drinking and driving.

The LGBTQ+ participants felt that youth, especially transgender youth, may turn to drugs and alcohol to escape the daily prejudices that they encounter.3

CALIFORNIA HEALTHY KIDS SURVEY INFORMATION

The California Healthy Kids Survey is a statewide survey about youth resiliency, risk behaviors, and protective factors used in grades 5, 7, 9, and 11. Reports can be available by school, school district or county. County level reports can only be prepared if the participating districts represent 75% of the enrollment of 7th, 8th, and 9th grade students in the county when the survey is given in a single year or 90% when the survey is given over two years. We are only able to report some of the indicators selected for our report by individual schools or school districts when the participation of our school districts has not met these percentage thresholds.
KEY FINDINGS

ALCOHOL AND DRUG USE IN THE PAST MONTH REPORTED BY STUDENTS BY GRADE LEVEL (2011-2013) — 12 OF 17 TULARE COUNTY SCHOOL DISTRICTS WERE ABOVE THE STATE AVERAGE

Results from the California Healthy Kids Survey and California Student Survey, in the 2011-12 and 2012-13 school years, indicate that drug and alcohol use in the last 30 days among 7th graders ranged from 0% to 34.6% among 17 Tulare County school districts reporting. At the state level, 14.5% of 7th graders reported using drugs or alcohol. Twelve of the 17 Tulare County school districts were above the state average.

Among the four school districts reporting, 9th graders’ drug and alcohol use in the last 30 days ranged from 27.6% to 34.3% compared to the state at 25.9%. For 11th graders, the same school districts reported a range of 25.3% to 37.4% compared to the state at 38.3%. The definition used to describe youth alcohol and drug use is the percentage of public school students in grades 7, 9, and 11 reporting whether they used alcohol or any illegal drug (excluding tobacco) in the past 30 days.19

MARIJUANA USE IN THE PAST MONTH, REPORTED BY STUDENTS BY GRADE LEVEL (2011-2013) — RATES FOR TULARE SCHOOL DISTRICTS VARIED

11 DISTRICTS ABOVE THE STATE RATE

Regarding the use of marijuana, the same school districts had a range of 0% to 18.4% of 7th graders responding that they had used marijuana in the last 30 days. Eleven of these school districts were above the state’s rate 6.5%.

The range for 9th graders was 13.9% to 16.9% compared to the state’s 14.8%. The same schools had a range of 15.6% to 20.0% for their 11th graders, compared to the state’s rate 22.0%.

The definition used to describe youth marijuana use is the percentage of public school students in grades 7, 9, and 11 who report they used marijuana one or more days in the past 30 days.19

RECREATIONAL USE OF PRESCRIPTION DRUGS IN LIFETIME, REPORTED BY STUDENTS BY GRADE LEVEL (2011-2013) — RATES VARIED BY GRADE

9TH GRADERS HAD HIGHER RATES THAN STATE

11TH GRADERS RATES VARIED BY DISTRICT

The surveys also asked 9th and 11th graders about recreational use of prescription drugs in their lifetime. Among the four school districts that had students respond, the range for 9th graders was 16.7% to 19.1%, compared to the state’s rate of 12.6%. For 11th graders, the range was from 16.7% to 22.2%, compared to the state’s rate of 19.0%.

The definition used to describe youth recreational use of prescription drugs is the percentage of public school students in grades 9 and 11 reporting whether they have ever used prescription drugs recreationally.

19 The California Healthy Kids Survey and California Student Survey, in the 2011-12 and 2012-13 school years, indicate that drug and alcohol use in the last 30 days among 7th graders ranged from 0% to 34.6% among 17 Tulare County school districts reporting. At the state level, 14.5% of 7th graders reported using drugs or alcohol. Twelve of the 17 Tulare County school districts were above the state average.

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The definition used to describe youth marijuana use is the percentage of public school students in grades 7, 9, and 11 who report they used marijuana one or more days in the past 30 days.19
Areas of Celebration & Opportunities for Improvement

Tulare County, like many other counties across the country, has areas of health to be celebrated in that they meet or exceed national or state benchmarks or standards. This includes areas with trend data showing progress in the desired direction. Additionally, there are areas of health where community partners join together in implementing strategies that are necessary to move the health of the population in a direction that would improve the overall health and well-being of the population.

Tulare County has made notable progress in the areas of maternal and infant health, improving air quality, decreasing homicide rate and juvenile crime; and the county experiences a high school graduation rate that is consistently higher than California. External facilitators of this assessment process have noticed enthusiastic involvement from both community partners and residents during the workshops and focus groups. There is a strong sense of community spirit and pride, with residents caring very deeply about their communities. The community’s strength is in the aforementioned community spirit, along with its youth and diversity.

The following page consists of a summary of those areas where the data show positive rates and trends that contribute to a healthy and vibrant community, as well as areas for improvement. These are labeled Areas of Celebration and Opportunities for Improvement, respectively.
KEY FINDINGS

AREAS OF CELEBRATION

- High school graduation rates tend to be higher than the state, especially for Hispanics, African Americans, and Native Americans
- High graduation rates also reflected for the socioeconomically disadvantaged, special education, migrant education, and English learners
- Air quality trending toward improvement over past 14 years
- Ten-year decreasing trend in homicide rate
- Five-year decreasing trend in juvenile arrests
- Childhood asthma rates are lower than those of California
- Tulare County has lower rates for both premature birth and low-birth weight
- There is a four-year trend showing improvement in health insurance coverage rates

OPPORTUNITIES FOR IMPROVEMENT

- Poverty impacts many aspects of community health
- Water quality and quantity issues that are currently being addressed
- Less exercise opportunities when compared to state and nation
- Low access to markets for purchasing fresh fruits and vegetables
- Heart disease is the number one leading cause of death and exceeds the state
- Slightly lower cancer incidence rates than the state, but the cancer death rate in Tulare County is slightly higher than the state
- Adult asthma and chronic obstructive pulmonary disease (COPD) rates are higher than those of California
- Adult obesity rates are higher in Tulare County compared with California
- Diabetes rates are significantly higher in Tulare County when compared to the state
- Chlamydia rates are high and gonorrhea and early syphilis are on the rise, reflecting a national trend
- There are more smokers in Tulare County compared with California
- Breastfeeding rates vary by race and ethnicity similar to the state, but the rates are lower than the state
- Tulare County children and teens drink more soda and sugary beverages compared to the state
- Tulare County residents eat more fast food when compared with California
- Drunk driving fatality rate in the county is over twice that of California
Tulare County’s health assessment provides a picture of the current state of health for its residents, and the basis on which action can be taken to improve the future health outcomes of county residents. The Tulare County MAPP Steering Committee described their vision for a healthy Tulare County: *Healthy Lives through Vibrant and Supportive Communities*. This provides an overall picture for the future state of the county in regard to the health of its residents. In order to achieve that vision, the community partners will come together to develop a Community Health Improvement Plan, which will serve as a roadmap toward achieving the vision.

Information from this report will be used by the Tulare County MAPP Steering Committee to move toward its next step of identifying strategic areas that will be addressed in the Community Health Improvement Plan. They will assign committees to address these issues and ensure their subsequent implementation over a five-year period. Consideration will be given to those areas with the most pressing need for improvement, as well as the available community assets to ensure that the strategies taken are achievable.
REFERENCES

DATA SOURCES FOR THE 2016 TULARE COUNTY COMMUNITY HEALTH ASSESSMENT BY REFERENCE NUMBER

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8. November 2015 Community Themes and Strengths Assessment with representatives from partner organizations. (Appendix B)
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34. Stateside Integrated Traffic Records System (SWITRS), California Highway Patrol, 2009-2013
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The Tulare County Health & Human Services Agency would like to extend their gratitude to the following individuals for their roles on this project. Without their hard work and dedication, this assessment would not have been possible.

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<td>Farm Service Agency</td>
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### ACKNOWLEDGMENTS

**LIST OF PARTNER ORGANIZATIONS PARTICIPATING IN THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT and FORCES OF CHANGE ASSESSMENT**

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<td>Lindsay Unified School District</td>
<td>Women United - Mujeres Unidas</td>
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<td>Owens Valley Career Development Center</td>
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<td>Primary care providers (private practice)</td>
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APPENDIX D ............................................................................................................ FORCES OF CHANGE REPORT
APPENDIX E .................................................................................. LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RESULTS
Process for selecting data indicators

The Mobilizing for Action through Planning and Partnerships (MAPP) steering committee members were invited to participate in the data subcommittee to choose data indicators. The Director of FoodLink (the county food bank) was also invited, given her former role as the county epidemiologist. The first meeting was scheduled for December 11, 2015. At this meeting, the subcommittee was presented with a proposed framework for selecting indicators and a preliminary list of possible indicators based largely on the topics that were discussed at the November 5th MAPP Visioning and Community Themes & Strengths meetings. Indicators were divided into main topics, ensuring that social determinants of health were included as well as traditional health topics: demographics, economy, environment, education, social support, healthcare access, and health behaviors.

The subcommittee provided input and discussion on the preliminary list. The list was further refined based on the discussion, as well as review of the California Department of Public Health’s Healthy Communities Data and Indicators Project and community health status assessments from other California local public health jurisdictions. The list included the topic of the indicator and the proposed source of the data, as well as information on the most recent time period available and update frequency and availability of subgroup data (race/ethnicity, subcounty geography, time trend).

A second data subcommittee meeting was held on February 2, 2016 in which the subcommittee had the opportunity to further discuss the near-final list of possible indicators. After additional refining to gather as much information as possible (including indicators that aligned with Healthy People 2020 national objectives), the list was sent out by email to all members of the data subcommittee on February 12, 2016. A scoring process was used for making the final selection of indicators.

Indicators that had at least 6 votes for priority 1 or 2 or at least 5 votes of priority 1 were selected for inclusion in the Community Health Status Assessment. Out of 160 suggested indicators, 36 were not selected as priorities by the data subcommittee. Twenty of the suggested indicators fell into the assets category and were moved to that section for a final selection of 104 indicators.

The selected indicator list was presented to the full steering committee at the March 7, 2016 meeting. A few indicators with overlapping topics were discussed and it was proposed that a few (6 or 7) of the non-prioritized indicators might be retained. The steering committee approved the list of indicators. During the process of compiling all the data, there were 10 indicators that were excluded either because the topic was already covered by a different indicator, the data was found to be unreliable at the county level, or other similar reasons. A few additional indicators were included when found during the data compilation process (for example, the cancer types for which Tulare County rates are higher than the state rate). The final number of indicators was approximately 103 (not including assets).

Recognizing that some population groups are underrepresented by secondary data, community focus groups were held to gather input from various sectors of the community on their priorities and their reaction to a selection of the data (see Focus Group Report).

The final data were sent to the MAPP steering committee on June 15, 2016 and the highlights presented at the meeting on June 16, 2016. The Community Health Status Assessment serves as one of the four MAPP assessments and is an appendix to the full Community Health Assessment.
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BEHAVIORS

BREASTFEEDING

Breastfeeding is recognized by national and international health organizations as the optimal feeding method for infants. Breastfeeding builds the infant immune system and reduces risk of many infant infections, some childhood cancers, Sudden Infant Death Syndrome, and reduces risk of childhood obesity and future diabetes. It promotes infant brain development, normal bonding and attachment. Breastfeeding is also crucial for mothers’ physical and mental health as it reduces future cancer risk (breast, uterine, ovarian), diabetes and heart disease. The hormones of breastfeeding promote relaxation and counteract stress, which is often high in the newborn period.

Figure 1. California Exclusive Breastfeeding at Birth in Hospital (%)

![Graph showing exclusive breastfeeding by ethnicity in California from 2009 to 2014.]

Sources: Hospital data - California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2013.

Table 1. Breastfeeding Rates, Tulare County and California

<table>
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<tr>
<th>Breastfeeding Rates</th>
<th>Tulare County</th>
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<tr>
<td>Exclusive breastfeeding in hospital (at birth), 2014</td>
<td>51.9%</td>
<td>66.6%</td>
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<tr>
<td>Any breastfeeding, three months after delivery (2012)</td>
<td>44.3%</td>
<td>64.9%</td>
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</table>

Source: Any breastfeeding - Maternal Infant Health Assessment Survey, Tulare County Snapshot 2012.

Figure 2. Tulare County Exclusive Breastfeeding at Birth in Hospital (%)

![Graph showing exclusive breastfeeding by ethnicity in Tulare County from 2009 to 2014.]

Sources: Hospital data - California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2013.
**TEEN BIRTHS**

Preventing teen pregnancy can significantly improve other serious issues such as poverty, child abuse and neglect, low birth weight, and high school dropout rates. Only 38% of teens who have an unplanned pregnancy complete their high school education. According to a 2010 analysis done by the National Campaign to Prevent Teen and Unplanned Pregnancy, this can cost taxpayers up to $9 billion dollars annually for medical care, foster care, incarceration, and lost tax revenue.

*Source: [http://thenationalcampaign.org/resource/effective-programs-database](http://thenationalcampaign.org/resource/effective-programs-database).*

**Figure 3. Tulare County Teen Birth Rates by Age Group Compared to California**

![Graph showing Tulare County teen birth rates by age group compared to California](image)

*Source: California Birth Statistical Master Files, birth registration data.*

**TULARE COUNTY TEEN BIRTH RATES ARE HIGHER THAN THE STATE OVERALL RATES**

The birth rate is the number of live births per 1,000 population of females in that age group. Tulare County’s teen birth rates continue to be higher than the state rates, but have been steadily declining over time. The rates are highest in the 18-19 year age group and considerably lower among 15-17 year olds.
Alcohol related problems are among the most significant public health issues in the United States, with 17,000 motor vehicle deaths attributed annually to alcohol.


**TULARE COUNTY DRUNK DRIVING FATALITY RATE IS HIGHER THAN THE OVERALL STATE RATE**

In California, the average fatality rate for drunk driving accidents was 3.1 per 100,000 population while in Tulare County, the average rate was 6.7 per 100,000 (5 year rates for 2009-2013).

Source: Statewide Integrated Traffic Records System (SWITRS), California Highway Patrol, 2009-2013. Rates are deaths per 100,000 population.

### SMOKING

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<tr>
<td>Males</td>
<td>24.3%</td>
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<tr>
<td>Females</td>
<td>11.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Total</td>
<td>18.2%</td>
<td>12%</td>
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In the United States, smoking accounts for hundreds of thousands of deaths each year through illnesses like cancer, heart disease, and respiratory conditions. The negative consequences of smoking extend beyond the individual doing the smoking, since exposure to second-hand smoke can cause the same illnesses and contribute to the billions of dollars spent on medical care and lost productivity in the United States. Despite increasing knowledge about the health effects of tobacco, almost one in four males are current smokers in Tulare County (Table 2). Overall, Tulare County has a higher percentage of smokers than the state.


SUGARY DRINK AND FAST FOOD CONSUMPTION

Nutrition is an important factor for both the growth and development of children, and an overall healthful diet can also reduce risks of: becoming overweight/obese, malnutrition, high blood pressure, oral disease, and some cancers.\(^3\) The evidenced-based Dietary Guidelines for Americans 2015 also recommends that no more than 10% of calories should come from added sugar.\(^4\) Frequent fast food consumption can also lead to an increase in caloric intake, making it difficult for Tulare County residents to maintain a healthy weight leading to overweight and obesity. Figures 4 and 5 show that Tulare County has a higher percentage of youth drinking sugary drinks and residents eating fast food when compared to the state.

Sources:


Figure 4. Percent of Children and Teens Who Drank Soda or Other Sugary Drink the Previous Day

Figure 5. Percent of Residents Who Ate Fast Food Four or More Times in Past Week

BEHAVIORS

ALCOHOL/DRUG USE

Substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. A major contributing factor associated with underage drinking and youth marijuana use is accessibility and the low perception of harm. In Tulare County, alcohol and other drug use rates among 12 of 17 school districts for 9th graders were above the state rate.

The California Healthy Kids Survey is a statewide survey about youth resiliency, risk behaviors, and protective factors used in grades 5, 7, 9, and 11. Reports can be available by school, school district or county. County level reports can only be prepared if the participating districts represent 75% of the enrollment of 7th, 8th, and 9th grade students in the county when the survey is given in a single year or 90% when the survey is given over two years. We are only able to report some of the indicators selected for our report by individual schools or school districts when the participation of our school districts has not met these percentage thresholds.

ALCOHOL/DRUG USE IN THE PAST MONTH (STUDENT REPORTED), BY GRADE LEVEL: 2011-2013

Results from the California Healthy Kids Survey and California Student Survey, in the 2011-12 and 2012-13 school years, indicate that drug and alcohol use in the last 30 days among 7th graders ranged from 0% to 34.6% among 17 Tulare County school districts reporting. At the state level, 14.5% of 7th graders reported using drugs or alcohol. Twelve of the 17 Tulare County school districts were above the state average. Among the four school districts reporting, 9th graders’ drug and alcohol use in the last 30 days ranged from 27.6% to 34.3% compared to the state at 25.9%. For 11th graders, the same school districts reported a range of 25.3% to 37.4% compared to the state at 38.3%.

Definition: Percentage of public school students in grades 7, 9, and 11, reporting whether they used alcohol or any illegal drug (excluding tobacco) in the past 30 days.

Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

CIGARETTE USE IN THE PAST MONTH (STUDENT REPORTED), BY GRADE LEVEL: 2011-2013

The same surveys provide the number of 7th, 9th and 11th graders who have smoked cigarettes in the last 30 days. Of the 17 school districts reporting, the percent of 7th graders ranged from 0% to 15.4%, and seven were over the state’s 4.5%. Smoking among 9th graders ranged from 5.25% to 8.6%, compared to the state’s 6.8%. For 11th graders, the range was from 7.5% to 13.4% compared to the state’s 10.2%.

Definition: Percentage of public school students in grades 7, 9, and 11, reporting the number of days in which they smoked cigarettes in the past 30 days.

Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).
BEHAVIORS

MARIJUANA USE IN THE PAST MONTH (STUDENT REPORTED), BY GRADE LEVEL: 2011-2013

Regarding the use of marijuana, the same school districts had a range of 0% to 18.4% of 7th graders responding that they had used marijuana in the last 30 days. Eleven of these school districts were above the state’s 6.5%. The range for 9th graders was 13.9% to 16.9% compared to the state’s 14.8%. The same schools had a range of 15.6% to 20.0% for their 11th graders, compared to the state’s 22.0%.

Definition: Percentage of public school students in grades 7, 9, and 11, reporting the number of days in which they used marijuana in the past 30 days.

Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

RECREATIONAL USE OF PRESCRIPTION DRUGS IN LIFETIME (STUDENT REPORTED), BY GRADE LEVEL: 2011-2013

The surveys also asked 9th and 11th grade students about recreational use of prescription drugs in their lifetime. Among the four school districts that had students respond, the range for 9th graders was 16.7% to 19.1%, compared to the state’s 12.6%. For 11th graders among the four school districts that included this question, the range was from 16.7% to 22.2%, compared to the state’s 19.0%.

Definition: Percentage of public school students in grades 9 and 11 reporting whether they have ever used prescription drugs recreationally.

Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey, and California Student Survey (WestEd).
**ECONOMY**

**UNEMPLOYMENT**

Unemployment affects individuals, families, and even entire societies in the long run. One study showed that unemployed adults aged 18-25 were three times more likely to suffer depression than those that were employed. Without a source of income, unemployed individuals, especially those with dependents, face a multitude of barriers in paying for basic human needs like housing, food, and medical care. In the United States, unemployment rates significantly increased during the recession between 2007-2009, and this is reflected in Figure 6. Figure 7 shows San Joaquin Valley’s recovery from the recession with improving unemployment rates across the counties, although the recovery here has lagged behind the rest of the state and the nation.


---

**Figure 6. Unemployment Trends for Tulare County (2006-2015)**

**TEEN UNEMPLOYMENT BY SCHOOL ENROLLMENT**

Figure 8 shows the employment status of 16-19 year olds based on education level. The majority of those enrolled in school are not in the labor force, which is most likely due to their involvement in school without a need to seek employment. Of those seeking employment, however, almost 10% of school enrollees cannot find a job and remain unemployed. As for high school graduates not enrolled in school, almost 40% are employed and a little over 20% are unemployed. Those who are not high school graduates have a lower employment percentage of about 35%, but also have a lower unemployment percentage of a little over 10%.

*This category consists mainly those who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).*

Knowing the income distribution in a community is helpful because it shows where the gaps in wealth occur and gives perspective on how severe inequity really is. In Tulare County, for example, 6% of married couple families make under $15,000, but 8.7% of married couple families make at least 10 times as much. Income inequality has been linked to increased risk of death, heart disease, and poor health. Figure 9 shows that the $25,000-$49,999 income range has the highest percentage of married couple families, with 27.1% belonging in this group.

Source: 4http://www.countyhealthrankings.org/app/california/2016/measure/factors/44/description

Figure 9. Tulare County Income Distribution among Married Couple Families

Source: American Community Survey, 2010-2014.
MEDIAN INCOME

Figure 10 shows the association between level of education and median income. The trend illustrates that those who complete higher levels of education earn a higher median income. Those with professional or graduate degrees, on average earn almost 5 times as much money as someone with less than a high school degree in Tulare County. High education and income levels, furthermore, are associated with better health outcomes and a higher quality of life.

**Figure 10. Median Income in Tulare County for Adults over 25 by Education, 2010-2014**

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/graduate degree</td>
<td>$72,000</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>$50,000</td>
</tr>
<tr>
<td>Some college/associate’s degree</td>
<td>$31,000</td>
</tr>
<tr>
<td>High school graduate</td>
<td>$26,000</td>
</tr>
<tr>
<td>Less than high school graduate</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

Source: American Community Survey, 2010-2014. Income by educational attainment is rounded to the nearest 1,000 dollars.

*Median income for adults over 25 years old in Tulare County is $25,999 (in 2014 inflation-adjusted dollars).*
POVERTY

TULARE COUNTY HAS 2ND HIGHEST RATE OF CHILDREN LIVING BELOW POVERTY LEVEL IN CALIFORNIA

Overall, 37.3% of Tulare County children live below the federal poverty line, which equates to 54,591 children (ages 0-17). The overall state percentage for children in poverty is 22.7%. Out of 58 counties, only Fresno County has a higher percentage of children living in poverty (39.1%).

**Figure 11. Percent of Children in Poverty by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>42.2%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>19%</td>
</tr>
<tr>
<td>Asian</td>
<td>25.4%</td>
</tr>
<tr>
<td>African American</td>
<td>55.4%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>31.6%</td>
</tr>
<tr>
<td>Tulare County</td>
<td>37.3%</td>
</tr>
<tr>
<td>California</td>
<td>22.7%</td>
</tr>
</tbody>
</table>


**Figure 12. Percent of Families with Income Under the Living Wage, 2010**

A living wage is defined as the hourly wage rate or yearly income that a sole provider working full time must earn to provide his/her family a minimum standard of living, covering costs of food, child care, health insurance, housing, transportation, and other necessities. For more information, see the California Department of Public Health’s Healthy Communities Data and Indicators Project: [https://www.cdph.ca.gov/programs/ Pages/HealthyCommunityIndicators.aspx](https://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx).

Source: Healthy Communities Data and Indicators Project (HCI), California Department of Public Health.
CALFRESH (SNAP, AKA FOOD STAMPS)

In 2015, 123,955 Tulare County residents received CalFresh benefits of which 78,672 (63%) were children and 6,133 (4.9%) were 60 years or more.

CALWORKS

In 2016, 34,054 Tulare County residents are receiving California Work Opportunity and Responsibility to Kids (CalWORKs) aid (7.2% of total population or 10.3% of adults 18 and over).

WOMEN, INFANTS, AND CHILDREN (WIC)

Of the Tulare County women who gave birth during 2012-2014, 75.2% participated in the Women, Infants, and Children (WIC) program.

Source: Birth Statistical Master File, California Department of Public Health.
HOUSING

Adequate housing is linked to good health because it provides people with privacy, security, and protection from harmful exposures. Inadequate housing, on the other hand, is known to be linked to infectious and chronic diseases, injuries, and poor childhood development. Although Tulare County has slightly lower percentages of household problems than the state, almost half of the households in the county experience at least one housing problem (Figure 14).


### Table 3. Total Occupied Housing, U.S., CA, Tulare County

<table>
<thead>
<tr>
<th></th>
<th>Owners</th>
<th>Renters</th>
<th>Total Occupied Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>76,346,190</td>
<td>40,098,205</td>
<td>116,444,395</td>
</tr>
<tr>
<td>California</td>
<td>6,978,395</td>
<td>5,487,935</td>
<td>12,466,330</td>
</tr>
<tr>
<td>Tulare County</td>
<td>76,130</td>
<td>53,865</td>
<td>129,995</td>
</tr>
</tbody>
</table>

### HOUSING ISSUES

- The four housing problems included in the Housing & Urban Development data are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.

- Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs", which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

Figure 15. Housing Cost Burden by Tenure, 2008-2012, Owners and Renters
(Spending more than 30% and 50% of income on housing)


Figure 16. Households with High Housing Cost Burden, 2007-2013

Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2014).

Definition: Estimated percentage of households that spend 30% or more of household income on housing costs. The U.S. Dept. of Housing and Urban Development considers housing “affordable” if total expenses (rent or mortgage payments, taxes, insurance, utilities, and other related payments) account for less than 30% of total household income.
FOOD SECURITY

Food security refers to having easy access to affordable and nutritious food. Those who live in a food desert, or an area where healthy, fresh food is difficult to obtain, often suffer from worse health outcomes when compared to people who have reliable access to healthy food. Some of these negative health conditions include obesity and even premature death. Figure 17 shows the disparity of food insecurity among low-income populations in the county. While the urban, more resourced region including Visalia has a low-income food insecurity of 7.6% of the total population, the south region, composed of smaller towns and unincorporated areas has a low-income food insecurity of 18% of the total population.


Figure 17. Percentage of Low-Income Food Insecurity


The North Region includes zip code data from Cutler (93615), Orosi (93647), Woodlake (93286) and Traver (93673). The South Region includes zip code data from Alpaugh (93201), Earlimart (93219), Richgrove (93261), Ducor (93218), Terra Bella (93270), Pixley (93256), and Tipton (93272).
Figure 18. Percentage of K-12 Students Eligible for Free and Reduced Price Meals for 2014-2015

Source: California Department of Education, Analysis, Measurement, and Accountability Reporting Division, Data Reporting Office, 2014-15 California Longitudinal Pupil Achievement Data System (CALPADS) Fall 1.
From an early age, the experiences of children help shape their cognitive, social, emotional, language and physical development. Preschool and kindergarten expose children to numbers, shapes, letters, and interaction with other children so that they are able to stimulate development and in turn reach crucial milestones. Tracking milestones in children may lead to earlier interventions, which reduces negative health, learning, and behavior issues in their futures. From 2005-2013 in Tulare County, percentages of children not enrolled in preschool or kindergarten have remained higher than the state, but have generally improved over time (Figure 19). Reading proficiency is associated with greater likelihood of graduating from high school and going to college. Figure 20 shows the percentage of 3rd Graders Meeting English Standards.

Figure 20. Percent of 3rd Graders Meeting English Standards (2015)

Source: Kidsdata.org, California Dept. of Education, California, 2015.
HIGH SCHOOL SUSPENSIONS AND EXPULSIONS

TULARE COUNTY HAS HIGHER RATE OF SUSPENSIONS AND EXPULSIONS THAN STATE

According to the California Department of Education, in the 2014-15 school year, Tulare County had a suspension rate of 4.9 per 100 students compared to the state’s rate of 3.8. This included 10 school districts with no suspensions at all.

The five school districts with the highest suspension rates ranged from 14.6 to 56.5. The total number of suspensions was 5,220. The expulsion rate for Tulare County was 0.2 per 100 students compared to the state’s 0.1. This included 33 schools with no expulsions. The five school districts with the highest expulsions rates ranged from 0.3 to 0.5. The total number of expulsions was 173.

Note 1: Expulsion counts include all expulsions, even those expulsions where the term of the expulsion has been shortened or the enforcement of the expulsion has been suspended.

Note 2: Suspension rate includes both in-school and out-of-school suspensions.

HIGH SCHOOL GRADUATION RATES

Graduation rates are often a good indicator for income level and health status. Those who do not graduate high school can even negatively affect future generations, according to studies linking maternal education with the health of their children. Fortunately, Tulare County experiences higher graduation rates than the state in all programs (Figure 21) and in all but two race and ethnicity groups (Figure 22).

**Figure 21. Cohort Graduation Rate by Program (2013-2014)**

Source: California Department of Education, DataQuest.

**Figure 22. Cohort Graduation Rate by Race/Ethnicity (2013-2014)**

Source: California Department of Education, DataQuest.
While Tulare County typically experiences higher high school graduation rates than the state, Figure 23 shows that the percentage of graduates completing college preparatory classes is significantly lower. Students may be successful in completing high school, but the data suggests that they may not be prepared for college as a next step. Figure 24 shows that most school districts are on the right track, however, with generally improving percentages of high school graduates completing college preparatory courses from 2010-2014.

**Figure 23. 12th Grade Graduates Completing All Courses Required for U.C. and/or C.S.U. Entrance by Gender (2013-2014)**

![Bar Chart: 12th Grade Graduates Completing All Courses Required for U.C. and/or C.S.U. Entrance by Gender (2013-2014)](chart.png)

*Source: California Department of Education, DataQuest.*
EDUCATION

Figure 24. High School Graduates Completing College Preparatory Courses

Source: As cited on kidsdata.org, California Dept. of Education, California Basic Educational Data System (CBEDS) (June 2015).

Definition: Percentage of public school 12th grade graduates completing courses required for University of California (UC) and/or California State University (CSU) entrance, with a grade of "C" or better.

EDUCATIONAL ATTAINMENT

Higher education is linked to higher income, improved work opportunities, reduced psychosocial stress, and better health outcomes.¹¹ Many factors influence one’s ability to attend college, such as economic status, college preparatory course completion, whether a nearby college exists, or lack of support or guidance in the college and financial support application process. Figure 25 shows the educational attainment of those age 25 and older in Tulare County, California, and the United States.

KEY TAKEAWAYS

- In Tulare County, 20.8% of adults over 25 years old have less than a 9th grade education compared to 10.1% for the state of California and 5.8% for the nation.

- The percent of adults that are high school graduates or who have some college/2-year degree is similar in Tulare County and the state and nation.

- The percent that have a Bachelor's degree or professional or graduate degree is much lower in Tulare County.

- U.S. Census estimates from 2011-2014 show that 31.9% of Tulare County 18-24 year olds are enrolled in college compared with 46.3% statewide (American Community Survey).
ENGLISH LEARNER

In Tulare County, there are nearly 10% more English Language Learners (ELLs) than the state of California (Figure 26). Some school districts in the county, such as Ducor and Earlimart, even have upwards of 75% of their school population categorized as ELLs (Figure 27). English Language Learners, compared to peers already proficient in the language, face unique challenges in communication and culture and are more likely to perform at lower academic levels. Proper teacher preparation and availability of tools to assist ELLs are some resources for helping ELLs succeed.

Source: http://www.nea.org/assets/docs/HE/ELL_Policy_Brief_Fall_08_(2).pdf.

Figure 26. Percentage of English Learners in Tulare County Compared to California (2015)

Source: As cited on kidsdata.org, California Department of Education, English Learners by Grade and Language Data Files and California Basic Educational Data System (CBEDS), May 2015.
Figure 27. Percentage of English Learners in Tulare County by School District (All Languages, 2015)

Source: As cited on kidsdata.org, California Department of Education, English Learners by Grade and Language Data Files and California Basic Educational Data System (CBEDS), May 2015. Data for Citrus South Tule and Hot Springs Elementary not available.
### Table 4. Top 10 Languages Spoken by English Learner Students in Tulare County, 2015

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>96.20%</td>
<td>27,707</td>
</tr>
<tr>
<td>Arabic</td>
<td>0.93%</td>
<td>268</td>
</tr>
<tr>
<td>Filipino</td>
<td>0.31%</td>
<td>90</td>
</tr>
<tr>
<td>Hmong</td>
<td>0.21%</td>
<td>61</td>
</tr>
<tr>
<td>Punjabi</td>
<td>0.17%</td>
<td>50</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0.11%</td>
<td>32</td>
</tr>
<tr>
<td>Cantonese</td>
<td>0.05%</td>
<td>13</td>
</tr>
<tr>
<td>Mandarin</td>
<td>0.05%</td>
<td>13</td>
</tr>
<tr>
<td>Korean</td>
<td>0.04%</td>
<td>12</td>
</tr>
<tr>
<td>Russian</td>
<td>0.02%</td>
<td>7</td>
</tr>
<tr>
<td>All Other Non-English Languages</td>
<td>1.88%</td>
<td>541</td>
</tr>
</tbody>
</table>

Source: KidsData.org; English Learners in Public Schools by Top Ten Languages Spoken (2015).

### SCHOOL SAFETY PERCEPTION

Studies show that students learn better when they feel safe. Multiple factors including anti-bullying policies, school violence portrayed in the media, the presence of security guards, and the adult-student relationships all play a role in how students perceive the safety of their schools.

Source: [http://www.edweek.org/ew/articles/2013/01/10/16environment.h32.html](http://www.edweek.org/ew/articles/2013/01/10/16environment.h32.html).

### Table 5. School Safety Perception—Tulare County, 2009-2011

<table>
<thead>
<tr>
<th>Students Who State They Feel</th>
<th>Grade 7</th>
<th>Grade 9</th>
<th>Grade 11</th>
<th>Non-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree or Strongly Agree</td>
<td>59%</td>
<td>58%</td>
<td>59%</td>
<td>60%</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>29%</td>
<td>32%</td>
<td>33%</td>
<td>29%</td>
</tr>
<tr>
<td>Disagree or Strongly Disagree</td>
<td>12%</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

ENIRONMENT

AIR QUALITY

Long-term exposure to poor air quality can lead to respiratory issues, heart disease, cancer, and even premature death. Some areas, like Tulare County and the surrounding valley, are more susceptible to poor air quality due to their location. Pollutants are trapped in the valley due to the wall of the Sierra Nevada to the east. An air quality index (AQI) is used to measure the cleanliness of air based on air pollutant calculations, and an AQI above 100 is considered unhealthy.

Although Tulare County experiences high numbers of days where the air quality index exceeds 100 in one year, the 2002-2015 trend shows that air quality is improving (Figure 27).


Figure 28. Number of Days Where Air Quality Index Exceeds 100

Source: San Joaquin Valley Air Pollution Control District.
ACRES OF PUBLIC PARK

Parks act as green spaces that not only increase the attractiveness of a community, but improve physical and psychosocial health. Higher park acreage within a community has been linked to higher participation in physical activity, especially if the park is within walking distance and is well-maintained. Low-income areas and communities where higher percentages of racial/ethnic minorities reside often face disparities in park availability and access. In Tulare County, the City of Tulare has the most public park acres per 1,000 residents (5.72) while Visalia has the lowest at 1.01 (Table 6).


Table 6. Public Park Acres per Population

<table>
<thead>
<tr>
<th>Parks</th>
<th>Acres</th>
<th>Population</th>
<th>Acres per 1,000 residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulare County Unincorporated</td>
<td>460</td>
<td>145,050</td>
<td>3.17</td>
</tr>
<tr>
<td>Visalia</td>
<td>132</td>
<td>130,231</td>
<td>1.01</td>
</tr>
<tr>
<td>Tulare</td>
<td>363</td>
<td>63,515</td>
<td>5.72</td>
</tr>
<tr>
<td>Porterville</td>
<td>295</td>
<td>60,070</td>
<td>4.91</td>
</tr>
<tr>
<td>Lindsay</td>
<td>52</td>
<td>12,960</td>
<td>4.01</td>
</tr>
<tr>
<td>Dinuba</td>
<td>80</td>
<td>24,657</td>
<td>3.24</td>
</tr>
<tr>
<td>Exeter</td>
<td>32.2</td>
<td>11,047</td>
<td>2.91</td>
</tr>
<tr>
<td>Farmersville - current</td>
<td>21.3</td>
<td>11,161</td>
<td>1.91</td>
</tr>
<tr>
<td>Farmersville (with new sports park, Phase I)</td>
<td>47.3</td>
<td>11,161</td>
<td>4.24</td>
</tr>
<tr>
<td>Woodlake</td>
<td>10.9</td>
<td>7,648</td>
<td>1.43</td>
</tr>
</tbody>
</table>

Private parks are not included. National parks/forests are not included. Sources: Park acreage is from the City and County Parks Departments. Population data is from California Department of Finance Population Estimates, January 2016.
ENVIRONMENT

AVERAGE TEMPERATURES—JULY

Without proper care, exposure to hot temperatures can lead to heat cramps, heat exhaustion, and even life-threatening heatstroke.¹⁶ Many communities in Tulare County experience high temperatures during the summer. Lindsay, Three Rivers, and Visalia, for example, all had five-year average temperatures of 94°F or more for the month of July. Out of these three sample cities, Lindsay had the most total number of days over 102°F from 2011-2015 with 49.


<table>
<thead>
<tr>
<th>Year</th>
<th>Lindsay</th>
<th>Three Rivers</th>
<th>Visalia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>95°</td>
<td>95°</td>
<td>93°</td>
</tr>
<tr>
<td>2012</td>
<td>96°</td>
<td>96°</td>
<td>93°</td>
</tr>
<tr>
<td>2013</td>
<td>100°</td>
<td>100°</td>
<td>97°</td>
</tr>
<tr>
<td>2014</td>
<td>99°</td>
<td>101°</td>
<td>96°</td>
</tr>
<tr>
<td>2015</td>
<td>95°</td>
<td>95°</td>
<td>93°</td>
</tr>
</tbody>
</table>

**Table 7. Average Temperature for July (°F)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Lindsay</th>
<th>Three Rivers</th>
<th>Visalia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>14</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>2013</td>
<td>13</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>2014</td>
<td>9</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2015</td>
<td>10</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 8. Total Number of Days Over 102°F**


EXERCISE OPPORTUNITIES

Access to exercise opportunities encourages physical activity, which is associated with lower risks for obesity, heart disease, cancer, stroke, and many other health conditions.¹⁷ Distance from parks, gyms, pools, or other recreational facilities greatly impacts how likely individuals are to take advantage of exercise opportunities.


TULARE COUNTY HAS LESS ACCESS TO EXERCISE OPPORTUNITIES COMPARED TO THE STATE OVERALL

In Tulare County, an estimated 68% of the population has access to exercise opportunities compared to 94% statewide. Nationally, 84% of the population has adequate access.


Definition: Percentage of population with adequate access to locations for physical activity.
HOMICIDES

TULARE’S HOMICIDE RATE HIGHER THAN THE STATE

Though homicide rates for Tulare County and California state have been decreasing over time, Tulare County's rate remains higher than the state's homicide rate (Figure 29).

In 2014, in unincorporated Tulare County there were 9,829 crimes of which 244 or 2.48% were gang-related and there were 15 homicides of which 2 or 13.3% were gang-related. In 2015 there were 9,564 crimes of which 363 or 3.8% were gang-related and 25 homicides of which 4 or 16% were gang-related.

Figure 29. Homicide Rate per 100,000 Population, 2005-2014

Youth who have come into contact with the juvenile justice system are more likely to engage in substance abuse, drop out of school, and attempt suicide. In addition, youth who have been arrested are more likely to engage in adult criminal behavior than those who have not been detained. Poverty, parental incarceration, mental illness, and a history of maltreatment are just some of the risk factors for involvement with the juvenile justice system. Although Tulare County has a higher percentage of juveniles with a felony, misdemeanor, or status offense arrest than the state, the trend from 2010 to 2014 shows a decrease in those percentages over time (Figure 32).

Source: [18 http://www.kidsdata.org/research/30/juvenile-arrests#why-this-is-important/](http://www.kidsdata.org/research/30/juvenile-arrests#why-this-is-important/).

**Figure 30. Percentage of Juvenile Population (Ages 11-17) with an Arrest by Offense Type, 2014**

![Bar graph showing percentage of juvenile population with arrests by offense type.](image)

Source: Juvenile Justice in California (2014), California Department of Justice.

Note: Percentages were calculated by dividing the number of arrests by the population size and were not adjusted for individuals arrested more than once.
Figure 31. Number of Juvenile Arrests (Ages 11-17) by Type of Offense in Tulare County, 2014

Source: Juvenile Justice in California (2014), California Department of Justice.

Figure 32. Rate of Felony, Misdemeanor or Status Offense Arrests per 100 Juvenile Population (Ages 11-17)

Source: California Department of Finance, Demographic Research Unit, Report P-3.
Juvenile Probation information from the Youth Probation Department:

- 3,745 referrals were received from law enforcement agencies.
- 506 youth were on formal probation.
- Average daily population for both detention facilities was 150.

PESTICIDES

Although pesticides are useful in protecting people and crops from harmful diseases spread by insects, rodents, and other pests, misuse of pesticides can result in illness and long-term health effects. Effects vary depending on the type of pesticide and length of exposure, but can include diarrhea, rashes, nausea, vomiting, and an increased risk for certain cancers or birth defects.° Wearing proper protective equipment, washing skin and clothing if contact with pesticides is made, and thoroughly washing fruits and vegetables can reduce one’s exposure to pesticides. In Tulare County, the majority of pesticide illness reports are agricultural, as is common in an agricultural region. Nearly one quarter of the pesticide illness reports are not agriculture-related. Precautions include hiring only licensed pest control companies and following all directions on the label of any pesticide.

Source: ° https://www.cdph.ca.gov/HealthInfo/discond/Pages/PesticideIllness.aspx.
Figure 33. Percentage of Pesticide Illness Reports by Type, 2013

Source: Pesticide Illness Surveillance Program (PISP) Database, California Department of Pesticide Regulation, Worker Health and Safety Branch.

Figure 34. Number of Agricultural Pesticide Illness Reports by Activity for Tulare County, 2013

Source: Pesticide Illness Surveillance Program (PISP) Database, California Department of Pesticide Regulation, Worker Health and Safety Branch.
The highlighted sections of the map above show low-income census tracts where a significant number of households have low vehicle access or are more than 20 miles from the nearest supermarket.

**RETAIL STORE SURVEY RESULTS**

- 195 stores around the county surveyed in Tulare County.
- 31.6% sold low-fat or non-fat milk versus 82.6% sold alcohol.
- 33.8% sold any fresh fruit or vegetable versus 62.9% sold chewing tobacco.

Source: Healthy Stores for a Healthy Community, 2013.

LEADING CAUSES OF DEATH

Tulare County mirrors the United States and the state of California in that heart disease is the number one leading cause of death, and cancer is the second.\(^2\) The heart disease death rate for Tulare County, however, is significantly higher than the death rate of California. Heart disease and many cancers are preventable by reducing risk factors such as obesity, use of tobacco products, physical inactivity, and poor nutrition.\(^2\) Chronic lung disease is the third leading cause of death in Tulare County, and is more likely to be seen in current or former smokers, non-Hispanic whites, women aged over 65, and people with lower incomes.\(^2\)


**Figure 36. Leading 15 Causes of Death in Tulare County, Rates per 100,000 (2012-2014)**

Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Underlying Cause of Death 2012-2014 on CDC WONDER Online Database, released 2015.
ASTHMA

Although the rate of children in Tulare County that have ever been diagnosed with asthma is lower than the state’s rate, the percentage of adults in Tulare County that have been diagnosed with asthma is higher than the state. Treatment is essential in preventing symptoms such as wheezing and shortness of breath in those who are affected. Genetics and environmental factors, such as air pollution, dust mites, and tobacco smoke play a role in the development of asthma.23


Figure 37. Asthma Rates, 2011-2014 (Ever Diagnosed With Asthma)

Source: California Health Interview Survey (CHIS), 2011-2014.
HEALTH

ASTHMA

ASTHMA HOSPITALIZATION RATES FOR ADULTS 40 YEARS AND OVER ARE HIGHER THAN STATE RATES

When asthma can be managed in primary care outpatient settings, hospitalizations are not necessary. High rates of admissions can indicate lack of access to primary care or other factors that make it difficult for patients to manage their condition. While Tulare County’s asthma hospitalization rates for children and adults under 40 are not higher than the state rates, the rate for adults 40 years old or more is higher than the state rate.


Notes: These rates are adjusted for sex and age. The child rate includes hospitalizations for asthma in children 2-17 years.
UNHEALTHY WEIGHT, OVERWEIGHT OR OBESE

TULARE 5TH GRADERS MORE OVERWEIGHT OR OBESE COMPARED TO STATE 5TH GRADERS

Student weight is considered unhealthy if he or she scored outside of the healthy fitness zone for body composition on the FitnessGram, a physical fitness test administered yearly to 5th, 7th, and 9th grade students in California. The unhealthy weight categories correspond closely to a Body Mass Index (BMI) indicating overweight or obese status.

Figure 39. 5th Grade Students with an Unhealthy Weight, 2014-2015


Figure 40. Percentage of Students with Unhealthy Weights

Source: California Department of Education: Dataquest.
OBESITY

Overall, the prevalence of adult obesity in Tulare County is 36.3%, which is well above the state’s prevalence of 25.3%. Obesity is particularly harmful, as it increases the risk for health conditions such as heart disease, diabetes, stroke, and some cancers.24 Although certain behaviors such as engaging in physical activity or having a nutritious diet play a role in preventing obesity, environmental factors such as the availability of fresh fruits and vegetables or safe walking trails are important components in encouraging healthy behaviors.


Figure 41. Adult Overweight and Obesity Rates, 2011-2014

Source: California Health Interview Survey (CHIS), 2011-2014.
HIGH PREVALENCE RATES IN TULARE COUNTY

Diabetes is more prevalent in Tulare County when compared with the state. Tulare County's rate, as estimated from the California Health Interview Survey is higher than the rate for the state of California, and ranks as the fifth highest rate among California counties.

Figure 42. Adults Ever Diagnosed with Diabetes, 2011-2014
DIABETES

Death rates due to diabetes in Tulare County are also higher than the state. Figure 43 shows the diabetes death rate (multiple causes where diabetes is mentioned) for the different races/ethnicities in Tulare County. This rate reflects deaths where the person may have had multiple contributing factors, such as diabetes and heart or kidney disease. African Americans and Hispanics are disproportionately impacted when it comes to diabetes deaths.

Figure 43: Diabetes Death Rates in Tulare County, 2010-2014 (Multiple Cause)

Source: CDC WONDER database, Multiple Cause of Death, 2010-2014.
When diabetes can be properly managed in the outpatient setting, hospitalizations for complications can be minimized.

**SHORT-TERM COMPLICATIONS**

Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

**LONG-TERM COMPLICATIONS**

Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

**LOWER LIMB AMPUTATIONS**

Admissions for any-listed diagnosis of diabetes and any-listed procedure of lower-extremity amputation per 100,000 population, ages 18 years and older. Excludes any-listed diagnosis of traumatic lower-extremity amputation admissions, toe amputation admission (likely to be traumatic), obstetric admissions, and transfers from other institutions.
### Infectious Disease

**Table 9. 15 Most Commonly Reported Infectious Diseases in Tulare County, 2015**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>2,155</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>670</td>
</tr>
<tr>
<td>Chronic Hepatitis C</td>
<td>336</td>
</tr>
<tr>
<td>Campylobacter infection</td>
<td>207</td>
</tr>
<tr>
<td>Valley fever (Coccidioidomycosis)</td>
<td>194</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (unspecified cause)</td>
<td>109</td>
</tr>
<tr>
<td>Salmonella infection</td>
<td>87</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>76</td>
</tr>
<tr>
<td>Viral meningitis</td>
<td>52</td>
</tr>
<tr>
<td>Early syphilis (primary, secondary, early latent)</td>
<td>52</td>
</tr>
<tr>
<td>Late latent syphilis</td>
<td>50</td>
</tr>
<tr>
<td>Chronic Hepatitis B</td>
<td>34</td>
</tr>
<tr>
<td>Shigella infection</td>
<td>20</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>15</td>
</tr>
<tr>
<td>West Nile virus infection</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: California electronic disease reporting system (CalREDIE).
Note: Not all diseases are reported to public health.

The diseases listed in this table are caused by bacteria, viruses, parasites, or fungi, and can be passed from person to person, passed from animal to person, or acquired from the environment. Sexually transmitted diseases (STDs) such as chlamydia, gonorrhea, and syphilis are bacterial and can be spread through infected body fluids, whereas West Nile is a virus transmitted by infected mosquitoes. Infections of Campylobacter, Salmonella, and Shigella most commonly occur by eating contaminated or undercooked food or inadequate handwashing. In Tulare County, chlamydia accounts for the overwhelming majority of reported infectious disease cases. Gonorrhea is the second most commonly reported infectious disease with 670 cases in 2015, and chronic Hepatitis C then follows with a total of 336 cases in 2015.

Source: http://www.who.int/topics/infectious_diseases/en/.
SEXUALLY TRANSMITTED INFECTIONS

Table 10 shows that the rate of chlamydia is higher in Tulare County than the state of California, but that the rates of gonorrhea, early syphilis and HIV/AIDS are significantly less in Tulare County when compared to the state. Regardless, reported cases of early syphilis and gonorrhea have increased drastically from 2010-2015 in Tulare County (Figures 46 and 47). The number of HIV/AIDS reported cases show no clear trend (Figure 48), but a greater proportion of cases are occurring in young adults.

Young adults aged 15-24 are disproportionately affected when it comes to sexually transmitted infections (STI), and many infections go undiagnosed due to a lack of symptoms.26 STIs, especially if left untreated, may contribute to reproductive health problems, fetal and perinatal problems, cancer, and even premature death.27 For these reasons, STI screenings and the use of condoms are often encouraged as preventive measures.


Table 10. Rates of Sexually Transmitted Infections, 2014

<table>
<thead>
<tr>
<th></th>
<th>Tulare County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>506.3</td>
<td>453.4</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>84.9</td>
<td>116.8</td>
</tr>
<tr>
<td>Early Syphilis</td>
<td>8.9</td>
<td>18.7</td>
</tr>
<tr>
<td>HIV/AIDS*</td>
<td>4.1</td>
<td>7.3</td>
</tr>
</tbody>
</table>

Source: California Local Health Jurisdiction STD Data Summaries, 2014.

All rates are per 100,000 population.

*HIV/AIDS rate is 3 year average from 2012-2014 and includes cases 13 years and over.
Numbers of cases reported in Tulare County from 2010-2015.

Source: California electronic disease reporting system (CalREDIE), Tulare County HIV Program.
VALLEY FEVER (COCCIDIOIDOMYCOSIS)

TULARE COUNTY IS HIGH RISK FOR VALLEY FEVER

The number of valley fever cases in Tulare County varies considerably from year to year. Between 2011 and 2015, an average of 172 cases were reported each year, ranging from 147 in 2013 to 194 in 2015. However, these numbers are likely an underestimate as many cases may either not be reported or may not have the appropriate laboratory tests reported to be confirmed as cases.

Tulare County has one of the top rates for valley fever in California because the fungus that causes the disease naturally lives in the soil in areas such as the Central Valley of California. The average rate from 2012-2014 in Tulare County was 27.2 per 100,000 compared with the state average of 8.5 per 100,000. Areas at most risk are the southern part of the county and some areas in the foothills or low elevation mountain areas.

CHRONIC HEPATITIS C

HEPATITIS C IS THIRD MOST COMMONLY REPORTED DISEASE IN TULARE COUNTY

Hepatitis C is the third most commonly reported infectious disease in Tulare County. From 2012-2014, an average of 295 probable or confirmed cases of Hepatitis C were reported. In 2015, 336 probable and confirmed cases were reported and an additional 185 suspect cases were reported. The state of California reported a rate of 88.3 (per 100,000) newly diagnosed cases of Hepatitis C in 2011. Tulare County’s rate in 2011 was 55.8 (per 100,000). Many more cases likely exist than are reported. Chronic hepatitis C contributes to Tulare County’s chronic liver disease and cirrhosis death rates. New, more effective treatment now exists for Hepatitis C, but the medication is very expensive and patients may have difficulty accessing treatment.

Source: California Local Health Jurisdiction Chronic Viral Hepatitis Data Summaries, 2011
FOODBORNE INFECTIONS

CAMPYLOBACTER IS THE MOST COMMON FOODBORNE INFECTION IN TULARE COUNTY

People may become infected with bacteria through the food they eat (especially undercooked meat or eggs), or through contact with animals. Additionally, these infections may spread person to person or from items contaminated by infected people or animals. The most common of these infections is Campylobacter. Others include salmonella, shiga-toxin producing E. coli (including O157), and shigella.

The majority of cases are reported in young children under 5 years of age, but many people who become infected may not seek medical care or may not be tested for the specific infection so many cases are never reported.

Table 13. Tulare County Foodborne Infections, Average 3-Year Rate*, 2012-2014

<table>
<thead>
<tr>
<th>Infection</th>
<th>Tulare County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>37.4</td>
<td>20.7</td>
</tr>
<tr>
<td>Salmonella</td>
<td>12.0</td>
<td>13.1</td>
</tr>
<tr>
<td>Shigella</td>
<td>2.9</td>
<td>3.3</td>
</tr>
<tr>
<td>E. coli O157</td>
<td>1.5</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Source: California electronic disease reporting system, Yearly Summaries of Selected General Communicable Diseases in California, 2011-2014.

*Rates are per 100,000 population.

Figure 49. Salmonella and Campylobacter Cases by Age Group, Tulare County, 2015

Source: California electronic disease reporting system (CalREDIE).
CANCER

Many interrelated factors and disparities contribute to the development of cancer and treatment outcomes. Low income, low levels of education, smoking, and a lack of health care coverage are just some of these complex factors. While some cancers are preventable via vaccination (HPV and Hepatitis B), breast cancer, cervical cancer, and colorectal cancer can be screened for early on and therefore can be treated more effectively or even prevented.\(^\text{28}\)

Although Tulare County has a lower rate of cancer diagnoses than the state of California (Figure 50), the rate of cancer deaths is slightly higher (Figure 51). The graphs show that African Americans have the highest rates in both cancer diagnoses and deaths. Table 14 takes a closer look at the incidence rates for the five most common cancer sites. For prostate, breast, lung and bronchus, colon and rectum, and uterine cancer, Tulare County incidence rates are lower than California’s rates. Kidney/renal and cervical cancer, on the other hand, are diagnosed at higher rates in Tulare County when compared to the state. Tulare County also experiences a higher death rate in lung/bronchus and cervical cancer than the state.

Currently, Tulare County’s overall cancer death rate is 180.2 per 100,000, which is higher than the Healthy People 2020 goal of 161.4 cancer deaths per 100,000. The lung cancer death rate, however, is lower than the Healthy People 2020 goal, with rates of 41.4 per 100,000 and 45.5 per 100,000, respectively. Healthy People 2020 calls for a reduction in new cases of cervical cancer in females to 7.2 per 100,000, and Tulare County is currently diagnosing at a rate of 10.8 per 100,000. The death rate for cervical cancer in Tulare County is also above the goal of 2.2 per 100,000, with a death rate of 3.5 per 100,000. In regards to the colorectal cancer incidence rate, Tulare County is meeting the Healthy People 2020 goal of 39.9 new cases per 100,000, with its own incidence rate of 37 per 100,000.\(^\text{28}\)

HEALTH

CANCER

Figure 50. Rate of Cancer Diagnosis in Tulare County, 2009-2013

Source: California Cancer Registry.

Figure 51. Rate of Cancer Deaths in Tulare County, 2010-2014

Source: Centers for Disease Control and Prevention Wonder, Multiple Cause of Death database.
# Table 14. Most Common 5 Sites of Cancer, 2009-2013, Age Adjusted Incidence Rates (New Diagnoses)

<table>
<thead>
<tr>
<th>Site</th>
<th>Tulare County</th>
<th>95% CI*</th>
<th>California</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate (males only)</td>
<td>104.8</td>
<td>97.9-112.0</td>
<td>119</td>
<td>118.3-119.7</td>
</tr>
<tr>
<td>Breast</td>
<td>56.4</td>
<td>53.0-59.9</td>
<td>64.9</td>
<td>64.6-65.3</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>48.1</td>
<td>44.9-51.4</td>
<td>46.6</td>
<td>46.2-46.9</td>
</tr>
<tr>
<td>Colon and rectum</td>
<td>37</td>
<td>34.2-39.9</td>
<td>38.3</td>
<td>38.1-38.6</td>
</tr>
<tr>
<td>Uterus (female only)</td>
<td>22</td>
<td>19.2-25.1</td>
<td>23.6</td>
<td>23.3-23.9</td>
</tr>
</tbody>
</table>

There are 2 types of cancer that are diagnosed more often in Tulare County

<table>
<thead>
<tr>
<th>Site</th>
<th>Tulare County</th>
<th>95% CI</th>
<th>California</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney and renal</td>
<td>16.7</td>
<td>14.9-18.7</td>
<td>14.3</td>
<td>14.1-14.4</td>
</tr>
<tr>
<td>Cervix (females only)</td>
<td>10.8</td>
<td>8.8-13.1</td>
<td>7.5</td>
<td>7.3-7.7</td>
</tr>
</tbody>
</table>

There are 2 types of cancer that have a higher rate of death in Tulare County

<table>
<thead>
<tr>
<th>Site</th>
<th>Tulare County</th>
<th>95% CI</th>
<th>California</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung and bronchus</td>
<td>41.4</td>
<td>38.4-44.5</td>
<td>36</td>
<td>35.7-36.3</td>
</tr>
<tr>
<td>Cervix (females only)</td>
<td>3.5</td>
<td>2.4-4.9</td>
<td>2.2</td>
<td>2.1-2.3</td>
</tr>
</tbody>
</table>

*Source: California Cancer Registry, Age-adjusted rates per 100,000 population.

*95% Confidence Interval (CI) is where we are 95% confident that the true value is within the confidence interval.
TULARE COUNTY PREMATURE BIRTHS PERCENTAGES ARE SIMILAR TO THE U.S.

On average, there were 676 babies born before 37 weeks gestation in Tulare County. Tulare County’s overall percentage of premature births is similar to the U.S. percentage. However, rates vary among racial/ethnic groups with Native Americans having the highest rate and non-Hispanic Caucasians having the lowest rate.

Notes: Premature births are babies born before 37 weeks gestation. The data presented here are for single births only (not including twins, triplets). U.S. data is from 2014. California data is not comparable (used a different measure of gestational age).
INFANT DEATH RATE

Figure 53. Infant Death Rate for Tulare County, 2003-2014

Source: California Center for Health Statistics, Vital Statistics, Death and Birth Statistical Master Files, and Tulare County electronic death registration system.

Definition: The number of deaths occurring before age less than one year per 1,000 births.

TULARE COUNTY INFANT DEATH RATE MEETS HEALTHY PEOPLE 2020 GOAL

The infant death rate is the number of deaths in children under one year old divided by the number of births in that calendar year per 1,000. Because the number of infant deaths in Tulare County in one year is a small number, the rate varies from year to year and so three-year averages are presented. Even so, the rate does still show some variation with no clear trend. In general, the infant death rate in Tulare County is close to the state rate, sometimes slightly higher.

The Tulare County infant death rate meets the Healthy People 2020 goal of 6.0 per 1,000 births. The actual number of infant deaths in Tulare County per year varied from a low of 30 in 2012 to a high of 59 in 2007.
LOW BIRTH WEIGHT

TULARE COUNTY MEETS HEALTHY PEOPLE LOW BIRTH WEIGHT BABY OBJECTIVE

Low birth weight babies are babies that are born weighing less than 2,500 grams (or about 5-1/2 pounds). In Tulare County, on average, there were 495 babies per year born with low birth weight. The Healthy People 2020 goal is to have no more than 7.8% of babies born low birth weight, so Tulare County as a whole meets this objective (Table 15).

Since multiples (twins, triplets, etc.) are often born weighing less than single babies, and multiples are often born earlier, the low birth weight among singleton births is often used as a measure. The Tulare County rate of low birth weight among singletons was 5.2% compared to the national percent of 7.3 (Figure 54). However, rates varied among racial/ethnic groups, with African-American mothers having the highest rate and non-Hispanic Caucasians having the lowest rate.

Table 15. Percent of Low Birth Weight Babies, 2012-2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. (2014)</td>
<td>9.4%</td>
</tr>
<tr>
<td>California</td>
<td>6.7%</td>
</tr>
<tr>
<td>Tulare County</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Sources: California Birth Statistical Master Files 2012-2014; National Vital Statistics Reports, Vol. 64, No. 12; and California Health Profiles, 2016.
ACCIDENTAL DEATHS

Four accident types account for 80% of all accidental deaths: motor vehicle traffic accidents, drug or medication overdoses, pedestrian-motor vehicle accidents, and falls.

Table 16. Fatal Accidental Injuries by Type of Accident, 2011-2015

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Percent</th>
<th>Yearly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle traffic accident</td>
<td>255</td>
<td>38.8</td>
<td>51</td>
</tr>
<tr>
<td>Drugs or medication overdose</td>
<td>161</td>
<td>24.5</td>
<td>32.2</td>
</tr>
<tr>
<td>Pedestrian-motor vehicle accident</td>
<td>58</td>
<td>8.8</td>
<td>11.6</td>
</tr>
<tr>
<td>Fall</td>
<td>55</td>
<td>8.4</td>
<td>11</td>
</tr>
<tr>
<td>Drowning</td>
<td>20</td>
<td>3.0</td>
<td>4</td>
</tr>
<tr>
<td>Fire</td>
<td>15</td>
<td>2.3</td>
<td>3</td>
</tr>
<tr>
<td>Occupational</td>
<td>13</td>
<td>2.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Alcohol toxicity</td>
<td>12</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Bicyclist-motor vehicle accident</td>
<td>12</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Infant suffocated while sleeping</td>
<td>10</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>All others</td>
<td>47</td>
<td>7.1</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Figure 55. Accidental Death Trends in Tulare County by Type of Accident, 2011-2015

Sources: Tulare County Death Registration System. Note, deaths are based on the county of residence. Some drug-related deaths may still be pending at the time of report preparation.
Public health practices including improved hygiene, access to safe water, and immunizations have all contributed to the general increase in life expectancy throughout the years (Figure 56). Despite improvements made in life expectancy across the board, Tulare County residents tend to live shorter lives than California residents. While the Tulare County overall life expectancy is similar to the U.S. life expectancy, significant disparities exist among different racial and ethnic groups. Figure 57 shows that in Tulare County, those belonging to the Asian/Pacific Islander group tend to live almost 12 years longer than African Americans. Note, however, that even with combining three years, these racial/ethnic groups are small for estimating life expectancy. While trends may be useful to consider, these numbers should not be considered exact. Complex differences in socioeconomic status, education, sex, and other factors within racial and ethnic groups may account for this disparity.

Figure 57. Tulare County Life Expectancy at Birth by Race/Ethnicity, 2010-2012

Sources: California Department of Public Health, Table 1-14, Life Expectancy at Birth; Centers for Disease Control National Vital Statistics Reports Vol. 58 No. 10, 2010; National Vital Statistics Reports Vol. 64 No. 11, 2011; Tulare County Birth and Death Statistical Master Files; U.S. Census 2000, 2010.
HEALTH INSURANCE

With the enactment of the Affordable Care Act (ACA) in 2010, health care reform gave many Americans the opportunity to access affordable health insurance options. By 2014, the expansion of Medicaid allowed millions of low-income people across the nation to become eligible to receive health care at little or no cost. Many others qualified for tax credits to help cover a large portion of their health care costs. People could no longer be denied health insurance due to their pre-existing conditions, and employers with 50 or more employees were required to provide health insurance to their employees. In addition, U.S. citizens and lawful permanent residents were required to have health insurance or be subject to a fine.

The effects of the ACA on the health insurance trends in Tulare County can be seen in Figure 58. A drastic decrease in the uninsured rate from 2012-2014, combined with increasing rates of Medi-Cal, work-based insurance, and private purchase insurance during the same time period show that more people are covered by health insurance than ever before. Healthy People 2020 calls for a target of 100% health insurance coverage, and Tulare County comes close with 93.4% among those surveyed. Table 17 demonstrates that a higher proportion of Tulare County residents are eligible for Medi-Cal when compared to the California state rate. The number of health providers per 100,000 population in Tulare County, however, is much lower when compared to the state (Table 18).

**HEALTH INSURANCE**

**Table 17. Enrollees Certified Eligible for Medi-Cal, June 2015**

<table>
<thead>
<tr>
<th></th>
<th>Tulare County</th>
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<tr>
<td>Number</td>
<td>243,805</td>
<td>12,742,493</td>
</tr>
<tr>
<td>Percent</td>
<td>52.4%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

Source: California Department of Health Care Services.

**UNINSURED UNAUTHORIZED POPULATION**

**TULARE COUNTY ESTIMATED TO HAVE A POPULATION OF 29,000 UNINSURED/UNAUTHORIZED**

In January 2015, the Migration Policy Institute (MPI) released detailed data profiles for counties with the largest unauthorized populations. The data profile for Tulare County estimated the total unauthorized population at 50,000 people, of which 29,000 were estimated to be uninsured. Approximately 47,000 of the 50,000 unauthorized persons are from Mexico.


**ACCESS TO PROVIDERS**

Access to care is impacted when there are not enough health care providers to care for the entire population. Assessing the number of health care providers per 100,000 population provides a picture of how impacted the health care system may be. Tulare County has a little over half the number of primary care doctors and dentists per 100,000 population compared to the state. Tulare County also has fewer mental health providers per 100,000 population.

**Table 18. Health Provider Rates per Population**

<table>
<thead>
<tr>
<th></th>
<th>Tulare County</th>
<th>California</th>
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<tbody>
<tr>
<td>Primary Care Doctors per 100,000 residents</td>
<td>42</td>
<td>78</td>
</tr>
<tr>
<td>Mental Health Providers per 100,000 residents</td>
<td>216</td>
<td>281</td>
</tr>
<tr>
<td>Dentists per 100,000 residents</td>
<td>47</td>
<td>79</td>
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</table>

County Health Rankings 2016, Robert Wood Johnson Foundation.
DENTAL CARE

Regular dental care, beginning at a young age, leads to better overall health with less oral pain and complications later on. Dental check-ups help prevent cavities and tooth decay, which is a significant problem among elementary school-age children. In fact, a 2006 survey held by the Dental Health Foundation shows that 71% of California’s children experience tooth decay by the time they reach 3rd grade. Currently, in Tulare County, the percentage of 2-11 year olds who have visited a dentist in the last six months is 69.5%, which is lower than the state’s percentage of 74% (Table 19).


Table 19. Percentage of 2-11 Year Olds Who Have Visited a Dentist in the Last Six Months

<table>
<thead>
<tr>
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<th>Tulare County</th>
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<tr>
<td>Six Months Ago or Less</td>
<td>69.5%</td>
<td>74%</td>
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<tr>
<td>95% Confidence Intervals</td>
<td>52.6-86.5%</td>
<td>71.4-76.6%</td>
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IMMUNIZATIONS

Vaccines are considered one of the best and most cost-effective methods of preventing diseases such as polio, measles, diphtheria, whooping cough, and measles. All school children are required to be vaccinated by state law, unless exempted due to medical reasons. Programs such as Vaccines for Children, are available to ensure that all children regardless of income have access to the required immunizations. In 2014, Tulare County had a higher percentage of kindergarteners with all required immunizations than the state.

IMMUNIZATIONS

TULARE COUNTY IMMUNIZATION RATES HIGHER THAN CALIFORNIA OVERALL

Counties across California ranged from 77% to 100% of kindergarteners with all required immunizations for the 2014-2015 school year. The counties that reached 100% immunization rates had a total number of 30 students or less.

Figure 59. Percentage of Kindergarteners With All Required Immunizations for 2014-2015 School Year

Pregnancy Care

ACCESSING PREGNATAL CARE

Early prenatal care is important because it promotes better birth outcomes as well as decreasing infant and maternal morbidity and mortality. Optimally, an expectant mother begins prenatal care during her first trimester of pregnancy. In Tulare County, 19.5% of women did not access prenatal care until after the first trimester (2010-2012, 3 year average). The map below shows the geographic distribution, which ranged from 6.7% in northwestern Visalia to 37.1% in the rural and mountain area southeast of Porterville. In the more recent time period of 2012-2014, no significant change has occurred with 19.2% of expectant mothers not accessing care until after the first trimester, which is above the state average of 16.5% but is below (meets) the national Healthy People 2020 goal of 22.1%. Other factors that influence early prenatal care include age of the mother, type of health insurance, and race/ethnicity.

Figure 60. Percent of Women Accessing Prenatal Care After the First Trimester by Census Tract, 2010-2012

Figure 61. Accessing Prenatal Care after the First Trimester by Age, 2012-2014

![Bar chart showing the percentage of mothers accessing prenatal care after the first trimester by age.]


Figure 62. Accessing Prenatal Care after the First Trimester by Payer, 2012-2014

![Chart showing the percentage of mothers accessing prenatal care by payer.]


Note, the Other/Unknown payer category represents a small number of women.

Figure 63. Accessing Prenatal Care after the First Trimester by Race/Ethnicity, 2012-2014

![Bar chart showing the percentage of mothers accessing prenatal care by race/ethnicity.]

In Tulare County there are 9,076 households consisting solely of a senior (65 year or over) living alone.

Older adults suffer from more limited physical and mental abilities than younger populations because of their susceptibility to illness, chronic disease, and injury. Basic daily activities, such as washing dishes or going up stairs, may be difficult for seniors, especially without someone else in the home to assist them. The darkest areas of the map show the areas with the highest percentages of households with seniors living alone.

Although domestic violence can include physical, sexual, and psychological violence among intimate partners, the violence in the figure above is limited to physical and some psychological abuse. Domestic violence can affect anybody and can result in severe consequences such as physical injury, emotional trauma, or death. Many barriers exist in escaping violent relationships, such as lack of support, anxiety, fear, and isolation from friends and family.

Child abuse includes physical, sexual, and emotional abuse, in addition to neglect and exploitation.\textsuperscript{35} Child maltreatment can range in severity and includes anything from mocking or belittling a child to physically causing death. In the central San Joaquin Valley, Tulare County has the highest rate of allegations of child maltreatment, but the lowest rate of substantiations. In the central San Joaquin Valley, the vast majority of children entering foster care are victims of neglect (Figure 67).

Figure 67. Foster Care Entry per 1,000 Children Central San Joaquin Valley (2015)

Source: University of California at Berkeley, California Child Welfare Indicators Project (CCWIP).

Figure 68. Foster Care Entry Numbers Central San Joaquin Valley, 2015

Source: University of California at Berkeley, California Child Welfare Indicators Project (CCWIP).
SUICIDES

TULARE COUNTY SUICIDE RATE SLIGHTLY HIGHER THAN STATE OVERALL RATE

The 2012-2014 three-year average death rate by suicide in Tulare County was 10.5 per 100,000 population (95% confidence interval: 7.6, 14.0). The state rate was 10.2 and the Healthy People 2020 national objective is 10.2 per 100,000.

Source: Tulare County Health Status Profile for 2016, California Department of Public Health.

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<th>Year</th>
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<tbody>
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<td>2011</td>
<td>38</td>
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<tr>
<td>2012</td>
<td>40</td>
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<tr>
<td>2013</td>
<td>47</td>
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<tr>
<td>2014</td>
<td>40</td>
</tr>
<tr>
<td>2015</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>221</td>
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</table>

Source: Tulare-Kings Suicide Prevention Task Force.

Males made up 79.2% of suicide deaths. At least 115 (52%) of all suicides from 2011-2015 involved drugs or alcohol (16% still unknown or pending).

SUICIDAL IDEATION (STUDENT REPORTED), BY GRADE LEVEL: 2011-2013

The California Healthy Kids Survey indicates that for the 2011-12 and 2012-13 school years, four Tulare County school districts reported that among 9th graders, suicidal ideation ranged from 16.4% to 22.3% and among 11th graders, suicidal ideation ranged from 14.4% to 20.8%. Among California 9th and 11th graders, suicidal ideation was 19.3% and 17.5%, respectively.

Definition: Percentage of public school students in grades 9 and 11 who reported seriously considering attempting suicide in the past 12 months.

Note: Not all schools participated in the California Healthy Kids Survey during this time period or did not pose this question to their students.
ELDER ABUSE

Just like children, older adults are a vulnerable population that are at an increased risk for physical, sexual, and emotional abuse. Older adults who depend on others to meet their basic needs may also suffer from neglect and abandonment. Exploitation in the form of misusing or illegally taking a senior’s funds has become an increasingly common form of elder abuse as well. In Tulare County, the elder abuse complaint rate has increased over the last few years (Figure 69).


Figure 69. Elder Abuse Complaint Rate per 100,000 People in Tulare County, 2012-2014

Source: Tulare County Health and Human Services Agency, Public Guardian.
Psychological distress is a condition characterized by unpleasant emotions that impact quality of life and level of functioning. The data displayed in Figure 70 is based on a model called the Kessler 6 Scale, where respondents of the survey commented on their symptoms of emotional distress over the last year. Responses were scored based on severity, and a cutoff point was determined to distinguish cases of serious psychological distress.37


Tulare County ranks 37th out of 44 counties or county groups in the highest percentage of population who likely have had serious psychological distress during the past year.
VOTER REGISTRATION

In addition to having a powerful impact on public policy and government, communities with high rates of voting have traditionally experienced more appearances and attention from elected officials. People who vote are likely to be more engaged in activities like volunteering and connecting with their neighbors. Although different barriers to voting vary among age, economic, and racial groups, one of the most common barriers is a lack of education on how to vote and on election processes.\(^{38}\)

Source: \(^{38}\) http://massvote.org/the-importance-of-voting/.

LOW VOTER REGISTRATION RATE IN TULARE COUNTY

In 2015, only 51.5% of eligible Tulare County residents were registered to vote. This was the lowest registration rate in all 58 counties in California. The average in California was 72.7%, as indicated in Figure 70 on the following page.
SOCIAL SUPPORT

VOTER REGISTRATION

Figure 71. California Residents Registered to Vote, Ranked by County, 2015

Source: California Secretary of State.
## Demographics

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<td>Population pyramids</td>
<td>California Department of Finance population projections by age, sex, and race, P-3, 2016</td>
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<td>Race/ethnicity by census tract</td>
<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table DP05)</td>
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<td>Sexual orientation</td>
<td>California Health Interview Survey, 2011-2014 (pooled), <a href="http://ask.chis.ucla.edu/">http://ask.chis.ucla.edu/</a></td>
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<td>Sexual orientation bullying</td>
<td>California Healthy Kids Survey, Visalia Unified School District, 2012-2013</td>
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<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table S1101)</td>
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<td>Veterans</td>
<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table S2101)</td>
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<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table S1810)</td>
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<td>Probation</td>
<td>California Department of Justice, 2014, and Tulare County Probation Department</td>
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<td>Parole &amp; other supervisions</td>
<td>Kings/Tulare Parole Office and Probation Department</td>
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<td>Incarcerations</td>
<td>Criminal Justice Statistics Center (<a href="https://oag.ca.gov/cjsc/spereq">https://oag.ca.gov/cjsc/spereq</a>), Tulare County Sheriff's Department</td>
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## Behaviors

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<td>Student smoking</td>
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<td>Student alcohol consumption</td>
<td>As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)</td>
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<td>Student marijuana use</td>
<td>As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)</td>
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<td>Student prescription drug use</td>
<td>As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)</td>
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<td>Breastfeeding at birth</td>
<td>Newborn screening data, 2013, Genetic Disease Screening Program, California Department of Public Health</td>
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<td>Breastfeeding, 3 months</td>
<td>Maternal Infant Health Assessment Survey, Tulare County Snapshot 2012, California Department of Public Health, Maternal Child &amp; Adolescent Health Program</td>
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<td>Economy</td>
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<td>Income charts</td>
<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table S1901)</td>
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<td>Children in poverty</td>
<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table B17020I)</td>
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<td>Poverty by census tract</td>
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<td>California Department of Public Health, Birth Statistical Master Files, 2012-2014</td>
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<td>San Joaquin Valley</td>
<td>U.S. Bureau of Labor Statistics (BLS), Unemployment in the San Joaquin Valley by County, July 2014</td>
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<td>Adolescent unemployment</td>
<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table B14005)</td>
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<td>High cost burden</td>
<td>As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2014)</td>
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<td>Living wage</td>
<td>California Department of Public Health, Healthy Communities Data and Indicators Project <a href="http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx#HealthyCommFramwkw">http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx#HealthyCommFramwkw</a></td>
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<td>CalFresh participation</td>
<td>CalFresh County Dashboards, Annual Demographics, 2015, <a href="http://www.cdss.ca.gov/research/PG3575.htm">http://www.cdss.ca.gov/research/PG3575.htm</a></td>
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### DATA SOURCES

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http://www.cde.ca.gov/ds/sd/sd/filessp.asp |
| **Education**                  |                                                                                                  |
| 3-5 year olds not in school   | Kidsdata.org  
http://www.kidsdata.org/topic/798/no-preschool20/trend#fmt=1226&loc=2,359&tf=36,81 |
| 3rd grade English standards  | As cited on kidsdata.org, California Dept. of Education, California, 2015. Percentage of public  
school students who met or exceeded the English Language Arts standards on the California Assessment  
of Student Performance and Progress test |
| English Language Learners     | Kidsdata.org                                                                                     |
| High school graduation rate   | California Department of Education Dataquest, Cohort Outcomes 2013-2014                           |
| Completing college requirements | http://data1.cde.ca.gov/dataquest                                                                 |
| School suspension/expulsion   | California Department of Education Dataquest, 2014-2015  
http://data1.cde.ca.gov/dataquest |
| College enrollment (18-24)    | U.S. Census Bureau, American Community Survey, 2010-2014 (Table B14004)                         |
| Adult educational attainment  | U.S. Census Bureau, American Community Survey, 2010-2014 (Table S1501)                         |
| School safety perception      | California Healthy Kids Survey, Secondary level, Main Report, 2009-2011                          |
| **Environment**               |                                                                                                  |
| Water quality                 | Kidsdata.org  
California State Water Resources Control Board, 2014 Annual Compliance Report Dataset  
http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/Publications.shtml |
| Air Quality Index             | San Joaquin Valley Air Pollution Control District                                                |
| Park acres per resident       | City and county Parks Departments  
Population from California Department of Finance Population Estimates                              |
NOAA National Climatic Data Center. doi:10.7289/V5D21VHZ. Access date May 11, 2016  |
## DATA SOURCES

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<td>Pesticide Illness Reports</td>
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<td>Gang related crime</td>
<td>Tulare County Sheriff's Office</td>
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<td>Retail store survey</td>
<td>Healthy Stores for a Healthy Community Survey, 2013</td>
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### Health

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<td>Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database</td>
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<td>Asthma diagnosis</td>
<td>California Health Interview Survey, 2011-2014</td>
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<td>Asthma hospitalization rate</td>
<td>Pediatric Quality Indicators 2005-2014 and Prevention Quality Indicators, 2005-2014, Office of Statewide Health Planning and Development (OSHPD)</td>
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<td>Overweight and obesity</td>
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<td>Diabetes complication rates</td>
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<td>Tulare County death registration system, Tulare County Public Health</td>
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<td>Tulare County Public Health electronic reporting system</td>
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<td>Sexually transmitted infections</td>
<td>California Local Health Jurisdiction STD Data Summaries, 2014</td>
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<td>Cancer incidence</td>
<td>California Cancer Registry, Data query system <a href="http://www.cancer-rates.info/ca/">http://www.cancer-rates.info/ca/</a></td>
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<td>Cancer mortality</td>
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<td>Low birth weight</td>
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<td>California Department of Public Health, Table 1-14, Life Expectancy at Birth; Centers for Disease Control National Vital Statistics Reports Vol.58 No. 10, 2010; National Vital Statistics Reports Vol 64 No. 11, 2011; Tulare County Birth and Death Statistical Master Files; U.S. Census 2000, 2010</td>
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**Healthcare Access**

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<td>Medi-Cal eligibility</td>
<td>California Department of Health Care Services, Medical Certified Eligibles,</td>
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<td></td>
<td>Summary Pivot Tables by County, Most Recent 24 Months, Report Date: February 2016</td>
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<td></td>
<td>Research and Analytic Studies Division</td>
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<tr>
<td>Health insurance trends</td>
<td>California Health Interview Survey, 2011-2014</td>
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<td><a href="http://ask.chis.ucla.edu/">http://ask.chis.ucla.edu/</a></td>
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<td>Uninsured unauthorized</td>
<td>Migration Policy Institute data profile</td>
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<td><a href="http://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/6107">http://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/6107</a></td>
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<tr>
<td>Social Support</td>
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<tr>
<td>Single households, 65+</td>
<td>U.S. Census Bureau, American Community Survey, 2010-2014 (Table DP02)</td>
</tr>
<tr>
<td>Elder abuse complaints</td>
<td>Tulare County Health &amp; Human Services Agency, Public Guardian</td>
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<tr>
<td>Child maltreatment allegations</td>
<td>University of California at Berkeley, California Child Welfare Indicators Project</td>
</tr>
<tr>
<td>Foster care entry rates</td>
<td><a href="http://cssr.berkeley.edu/ucb_childwelfare/refRates.aspx">http://cssr.berkeley.edu/ucb_childwelfare/refRates.aspx</a></td>
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<td>Domestic violence calls</td>
<td>California Department of Justice, Domestic Violence Data File 2005-2014</td>
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<td><a href="https://oag.ca.gov/crime/cjsc/stats/domestic-violence">https://oag.ca.gov/crime/cjsc/stats/domestic-violence</a></td>
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<td>Suicide rate</td>
<td>Tulare-Kings Suicide Prevention Task Force, Tulare County Office of the Coroner</td>
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<td>Psychological distress</td>
<td>California Health Interview Survey, 2011-2014 (pooled), <a href="http://ask.chis.ucla.edu/">http://ask.chis.ucla.edu/</a></td>
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<td>Voter registrations</td>
<td>California Secretary of State, 2015 Odd-Numbered Year Report</td>
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<tr>
<td></td>
<td><a href="http://www.sos.ca.gov/elections/voter-registration/voter-registration-statistics">http://www.sos.ca.gov/elections/voter-registration/voter-registration-statistics</a></td>
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APPENDIX B: COMMUNITY THEMES AND STRENGTHS ASSESSMENT RESULTS
SUMMARY

The Tulare County Community Themes and Strengths Assessment was held on November 5, 2015 with community partners and Health and Human Services Agency staff. Over 70 participants signed into this assessment workshop, and a list of the organizations that they represent is located on page 83 in the main report. This group completed an eight-question survey followed by a small group discussion about their answers. There were 43 completed surveys submitted at the end of the session, but not all of the surveys contained answers to all of the questions leading to a lower response to some of the questions. Some attendees left at various points during the assessment while others may have forgotten to submit their completed survey form. This report summarizes those results and highlights the common themes and strengths offered by those participating in the session.

HOW IT WAS DONE

The analysis of the qualitative data collected with this survey was done using the method of clustering similar responses and classifying them based on their similar concepts. This type of categorization allows for a better understanding of issues that are important to the community, and how those issues are interconnected. This methodology helps to elucidate related themes that can be used to build a sequence of events and provide a narrative description of the current themes and strengths in regard to community health in Tulare County.
ACCESS TO SERVICES WAS MOST IMPORTANT

When asked what are the two or three most important characteristics of healthy communities, the feature that was most cited was access to services (16). This is a broad category that includes not only access to medical care (especially medical specialists), but also access to mental health services, preventive services, social services, health information, clean water (or water in general given the current drought situation), healthy food, and places for physical activity.

Along those lines, additional elements of a healthy community as related to obtaining health services included adequate transportation (2) and affordability of both health insurance and health care (3). Other issues related to healthcare access were quality and availability of medical specialists, especially with regard to adequate number of clinics; this answer was mentioned eight (8) times. Access to specialized services is frequently out of reach for residents in the local area. Many times Tulare County residents must travel to the Bay Area to receive specialized medical treatment. Quality of care was also discussed as an important factor for a healthy community.

CLEAN AIR AND WATER AND THEIR IMPACT ON QUALITY FOOD PRODUCTION

Clean air and water and their impact on quality food production were categorized with the environment. This category had the next highest number of answers (12). Given that Tulare County is one of the largest agricultural producers in the world, some respondents are concerned about the environmental impacts of this industry. Water was mentioned in terms of both quality and quantity. California is currently in the middle of one of its largest droughts on record, and some of the smaller communities in Tulare County must have clean water brought in due to their wells drying up. The air quality was another area of concern due carbon emissions, methane, pesticides, and other contaminants.
HEALTHY COMMUNITIES

TIED FOR SECOND WAS SAFETY

Safety issues were mentioned as many times (12) as the environmental factors listed above. One participant noted that a drug-free environment is a key element of healthy communities.

THE OTHER CHARACTERISTICS

Physical activity (11) and healthy eating (11) each received the same number of mentions. A related topic of overall health and wellness (5) and mind, body, and spirit (5) were also part of the responses that reflect a sense of well-being that extends beyond physical health. This group was very aware of this connection and wanted to reflect a broader understanding of health beyond just promoting and maintaining physical health.

Economic factors (7) were mentioned along with housing and homelessness (6) and education (5). Many participants expressed concern about low wages and poverty, especially for children and the elderly. The issue with housing was more about the quality as opposed to affordability, which tends to be a problem in other California areas as well. Poor quality housing raises concerns for safety and overall impact on health (e.g., asthma triggers). Education was mentioned in both the form of employment preparedness and knowledge of general health information. There were six (6) responses specific to health information and outreach and five (5) for education in general.

The availability of health information was a concern, and some participants offered ideas to address this in their answers to other questions in the instrument.

The last grouping of answers tended to emphasize the mental health and social aspects of a healthy community. Those whose response fit into the category of mind, body, and spirit (5) indicated that happiness and hope were important factors leading to a healthy community. Other respondents’ answers were categorized as caring for others and the environment (5) and indicated that supporting friends and neighbors while fostering an environment of inclusiveness were both essential in promoting community health.

Other items that were mentioned, but were not similar enough in concept to be placed into one of the above categories include low co-morbidities and mortalities; health gaining population; equal opportunities; thriving arts and sports; and community engagement. Of note, children were mentioned many times as a group to address as part of a healthy community.
"WE FEED THE WORLD"

COLLABORATION AND COMMUNICATION
When asked, “What makes you proud about living in Tulare County?” an overwhelming number of respondents stated collaboration and communication between organizations (11) as a source of community pride. One participant answered, “The ability to connect with community partners and work together for a common goal, which is to assist the residents of Tulare County.”

AGRICULTURE, PEOPLE, AND DIVERSITY
Agriculture, with six (6) responses, was the next most frequent answer. Tulare County residents are proud to be an agricultural community, even if that industry has the potential to negatively impact the environment. One participant mentioned, “We feed the world!” Another answer with many responses was the people (5). Some cited the people as being hardworking, caring, sincere, bright, and willing to make changes. One person stated, “The growing number of people that are tackling some issues that are controversial in a conservative community.”

Answers that were provided three (3) times were the diversity of the community and sense of community (small town feel); walking paths and outdoor fitness parks; community involvement and care for others; and resources and economic growth. Responses mentioned twice (2) include social services, proximity to Sequoia National Park, and educational opportunities.

Other areas of local and civic pride included events that provide opportunities to be physically active; the fact that Tulare County is an historic community; facilities that promote healthy choices; availability of healthy food; and a sense of safety. One participant stated, “As a native to Tulare County, I’ve been proud to see the economic growth that’s taken place over the years. And, I feel safe raising my family in my community.”

"As a native to Tulare County, I’ve been proud to see the economic growth that’s taken place over the years. And, I feel safe raising my family in my community.”
WORKING TOGETHER TO IMPROVE HEALTH AND THE QUALITY OF LIFE

The participants were asked to provide examples of people or groups working together to improve the health and quality of life in Tulare County. The following is a list of their answers:

- Be Healthy Tulare
- Tulare County (TC) Mental Health Cultural Competency Plan – Faith-Based Initiative
- Conferencia Anual de Mujeres Trabajadoras Agrícolas
- Healthy for Life
- Healthy Visalia
- Lindsay Integrated Diabetes Center/Chronic Care Collaboration
- Network Leaders on the Move (NLOM) – Dinuba Farmers’ Market
- Parents, Families, Friends, and Allies United with LGBTQ People (PFLAG)
- TC Drought Task Force
- TC Health Advisory Committee
- TC Mental Health Integrated Health Pods – Collaboration with Family Health Care Network (FHCN)/Visalia Health Care Center (VHCC) to provide clients access to regular mental health services
- TC Mental Health Systems of Care / Tule River Prevention Work Group
- TC Public Health Emergency Preparedness Advisory Committee (PHEP-AC)
- Tulare Kings Suicide Prevention Task Force

ISSUES TO BE ADDRESSED

When asked what are the two or three most important issues that must be addressed to improve the health and quality of life in Tulare County, the majority of the participants answered improving access to services (11) and reducing obesity and chronic disease (11), which aligned well with the answers given for a healthy community.

The next most frequent response categories were clean air and water (8); healthy eating (8); economic factors such as wages and poverty (8); health information and outreach (7); education (6); housing and homelessness (5); mental health and suicide (5); safety (4); overall health and wellness (4); physical activity (4); transportation (4); aging population (4); quality and adequate health care (3); teenage pregnancy (3); health insurance and affordability (2); alcohol- and drug-free neighborhoods (2); and mind, body, and spirit (1).
RESPONSES FROM PARTICIPANTS TO BUILD HEALTHIER COMMUNITIES

Participants were asked to provide actions, suggest policies, and provide priority areas for funding to build healthier communities. Their responses are placed into the following table. The number in parenthesis indicates that number of participants gave the same answer.

**Table 1. Actions, Policy, and Funding Priorities**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Policies</th>
<th>Funding Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes control in children to start knowledge early in life</td>
<td>Workplaces and/or initiatives that are supportive of individual and family well being</td>
<td>Local tax example: pennies per sales tax fair to all, not just property tax, increase spending in health initiatives</td>
</tr>
<tr>
<td>Employment for the homeless</td>
<td>Living wage activism (2)</td>
<td>Construction of sewerage systems (2)</td>
</tr>
<tr>
<td>Provide on-site access to medical services</td>
<td>Bring back physical fitness as part of school curriculum</td>
<td>Opportunities for affordable and healthy housing</td>
</tr>
<tr>
<td>Improve access to transit</td>
<td>Health in all policies</td>
<td>More identifiable food banks</td>
</tr>
<tr>
<td>Take action and improvement plan versus more discussion</td>
<td>Enforce health and safety code in housing stock to ensure that it is decent, safe, and sanitary</td>
<td>More transportation</td>
</tr>
<tr>
<td>Increase the size of the work force in Tulare County</td>
<td>Universal access to health care</td>
<td>Prevention programs (2)</td>
</tr>
<tr>
<td>Distribute health care information and supplies of preventive care items</td>
<td>Safe drinking water (continuous research and regulating to improve water quality)</td>
<td>Exercise programs (for all ages)</td>
</tr>
<tr>
<td>Institute work site wellness</td>
<td></td>
<td>Alcohol and tobacco avoidance programs</td>
</tr>
<tr>
<td>Improve air quality</td>
<td></td>
<td>Diet awareness programs</td>
</tr>
<tr>
<td>Educate families/parents</td>
<td></td>
<td>Nutrition education</td>
</tr>
<tr>
<td>Provide education on signs and symptoms</td>
<td></td>
<td>Money for prevention education</td>
</tr>
<tr>
<td>Collaborate with schools, community, and public health</td>
<td></td>
<td>Programs to work with young children who are at high risk of being diagnosed with diabetes</td>
</tr>
<tr>
<td>Obtain community input into system of care</td>
<td></td>
<td>Education for medical community regarding sexuality and LGBT issues</td>
</tr>
<tr>
<td>Obtain input from youth (steer with youth and families)</td>
<td></td>
<td>Mobile health units to serve disadvantaged communities (DAC’s)</td>
</tr>
<tr>
<td>Increase educational opportunities</td>
<td></td>
<td>Aging: Alzheimer’s dementia, care/education, senior activity</td>
</tr>
<tr>
<td>Engage community members and provide leadership training to empower them to make changes which benefit their communities</td>
<td></td>
<td>Education for youth regarding health and sexuality</td>
</tr>
<tr>
<td>Create exercise groups</td>
<td></td>
<td>Trainings</td>
</tr>
<tr>
<td>Conduct a community health needs assessment</td>
<td></td>
<td>Education for the community about LGBT issues</td>
</tr>
<tr>
<td>Place community gardens in schools to promote healthy life style</td>
<td></td>
<td>Accessibility of affordable high quality food (fresh produce)</td>
</tr>
</tbody>
</table>
## Table 2. Score, Number, and Comments

<table>
<thead>
<tr>
<th>Score</th>
<th>Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>3</td>
<td>Poor air quality, lack of access to quality education, health care, and jobs. Disadvantaged Communities (DAC) lack resources/services to address health issues in sustainable way.</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td>People with influence in this area, by-and-large, are unaware of or choose to ignore the negative effects that widespread multigenerational poverty is having on health and wellness in this area. As such, very little is done outside health/social services entities.</td>
</tr>
<tr>
<td>(2)</td>
<td>10</td>
<td>Outlying communities are isolated and housing is not safe. Low income and poverty rate is too high, homelessness. Pollution, limited health care benefits, resources and services. As one of the privileged in the county, the quality of life is fairly high. Not so much for the lower income, people of color.</td>
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<tr>
<td></td>
<td></td>
<td>Income inequity and environmental health impacts. I feel like the county should be more included with the community to create an exercise group. We are at the bottom of many health rankings, bad on quality, too much crime, gangs, not enough parks, trails, bike paths. Need to reach underserved communities, need input from youth and families. I believe it can be better.</td>
</tr>
<tr>
<td>(3)</td>
<td>10</td>
<td>We are improving community activities that get people out and doing something enjoyable, but there is more to be done. Outlying communities still need a lot of outreach. Too much poverty, lack of jobs, education. Regressive attitudes toward LGBT people. Positive: Improving sense of commitment, lack of congestion (population density). Negative: Poor air quality - need to improve educational attainment. We need to work on efforts to really reach those individuals who need quality of life the most. Not enough prevention programs. Although there may be limited resources or services, it is one of a few more affordable areas to live in California. Increased violence, increased homelessness. I don’t think there is enough community support targeting the right sectors and issues.</td>
</tr>
<tr>
<td>(4)</td>
<td>6</td>
<td>I believe opportunities are there, we just need people to move forward and stop looking for handouts. Native Visalian – community involvement. I’ve lived here all my life, have been able to take advantage of assistance when needed, obtain education, even a livable income, and raise a family who can access community events and sport programs, etc. Smaller town/county.</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>0</td>
<td></td>
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</tbody>
</table>

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RESPONSES FROM PARTICIPANTS TO BUILD HEALTHIER COMMUNITIES (continued)

Visually, it is clear that the participants are predominately focused on education, services, and programs that work with individuals as opposed to being more focused on policies that have a much larger impact on population health. However, a few were aware that health in all policies, livable wages, universal health care, and enforcement of many existing environmental and housing laws are vital to the health of Tulare County.

ADDRESSING ENVIRONMENTAL FACTORS AND INEQUITIES WERE DOMINANT THEMES

Participants were asked to rate their satisfaction with the quality of life in Tulare County. The scale was one (1) to five (5), where one represents not at all satisfied and five represents very satisfied. They also were asked to provide a reason for their rating.

It is noted that none of the participants rated their quality of life as very satisfied. One participant noted that although he or she is privileged and experiences a great quality of life that this is not equitable across the county with lower income residents or residents of different races and ethnicities.

The dominant themes for the reasons why they provided their scores ranged from pollution and environmental factors to inequities (especially income and poverty) to a need for more physical activity venues and opportunities. Another interesting observation is that the two individuals that claim to be native to the area both scored 4’s and indicated a very positive experience with living here.
BARRIERS TO A HEALTHY COMMUNITY

MOST CITE LACK OF RESOURCES AND FUNDING

Many participants cited lack of resources and funding (10) as a major barrier toward improving the health of Tulare County residents as well as poverty and low wages (7). It seems that an overall lack of money at both the system and the individual levels serve as a major barrier toward improving health conditions. The system provides low reimbursements to providers for care, leading to fewer providers willing to accept patients. People have low incomes and cannot afford to pay for care out of pocket. It becomes a cyclical issue that spirals further away from becoming a healthy community. Also, the participants perceived this as a lack of directing enough funding toward health improvement efforts by local governments.

POLITICS AND LACK OF KNOWLEDGE AND EDUCATION

Political will along with legislation and policy (5) also were mentioned as one of the top barriers, with a noted lack of knowledge and education (8) among political leaders and the people that elect them. Along with a leadership barrier (3), this leaves a gap in overall goals, focus, and priorities (1) toward the improvement of health. This renders them incapable of making good policy and funding decisions that improve the health of all of their constituents. Some of these decisions include under-paying providers for reimbursement of medical services (3), which leads to less medical providers willing to accept Medi-Cal. Those covered by Medi-Cal then have to wait to see a provider for care.

Despite many attendees (11) being proud of the collaborations in Tulare County, three (3) participants stated the lack of collaboration as a barrier. This is an area that could be explored to determine what this specifically means as a barrier. Perhaps existing collaborations are not addressing an issue that is important to these attendees.

The system provides low reimbursements to providers for care, leading to fewer providers willing to accept patients. People have low incomes and cannot afford to pay for care out of pocket. It becomes a cyclical issue that spirals further away from becoming a healthy community.
WHAT MOTIVATES THEIR INVOLVEMENT?

IMPROVING TULARE COUNTY

SELF-IMPROVEMENT, CULTURAL CHANGE AND COMMUNITY AWARENESS

The participants were asked what would excite them enough to become involved in improving Tulare County and our community. Some people answered this question by stating what they would like to see:

- People help themselves; for example, people becoming interested in self improvement.
- Actual cultural changes occur in the communities.
- Community awareness improve so that people come together to build and make a better county.

FOCUS ON TRADITIONAL COLLABORATION

Others were focused on traditional collaboration in planning and implementation types of activities:

- Partnerships and collaboration to address people with serious mental illness because they are dying 25 years earlier than general population and 2/3 of premature deaths are due to preventable and treatable medical conditions.
- Working towards a vision; people working together to accomplish goals.
- Continued collaborative efforts between Tule River Tribe and Tulare County; building relationships, getting youth involved in planning.
- Action that demonstrates positive development toward addressing critical health issues in disadvantaged communities.
- Action to remedy items such as cleaning the air, water and drought.
- Stories, progress reports from projects.

FINANCE, FUNDING, VOLUNTEERISM, AND LEADERSHIP

Then there were those that focused on money, funding, volunteerism, and leadership by example:

- More funding and more community involvement in volunteerism.
- If more people went out and did community outreach (assuming this is voluntary).
- Free health education classes at any time of day, any day of week
- Teen mentoring programs (assuming mentors are volunteers).
- Increased involvement by top officials (supervisors, mayors) to show buy-in at high levels.

PEOPLE MAKING A DIFFERENCE

People making a difference was the last grouping of responses:

- Already involved: C.A.R.E. Foundation (Compassion, Alzheimer’s, Respect, Education).
- Being part of the individuals that can make a difference in the community and for the county.
MAIN SIX THEMES

WHAT IS IMPORTANT FOR A HEALTHY COMMUNITY

ACCESS TO SERVICES

Access to services that treat the person as a whole (mind, body, and spirit) is important for a healthy community. The ability for residents to have access to places where they can be physically active and access healthy affordable food is extremely important. One participant also mentioned thriving arts and sports as they relate to overall well-being. Stress reduction and mental well-being are also important, so access to services that provide this would also be important when addressing the health of the community.

The concept of caring for others and the environment shows that having this could help address access issues with some of the non-medical services. Access to medical care has some of its own challenging barriers in obtaining enough providers that will accept Medi-Cal patients and in the number of specialty care practices. Transportation also becomes a huge barrier especially in cases where a patient must travel over 200 miles to receive proper care.

ENVIRONMENT

The environment is extremely important to consider when addressing community health. There seem to be many environmental health concerns, many stemming from the use of carbon fuels. Clean air, water, and food are vital to an overall healthy community.

Elected officials need to be educated about the impacts of their decisions on the health of their constituents. Government officials should also be enforcing the laws that are already in place to protect human health. Housing conditions appear to be a great concern, something that code enforcement could assist in rectifying.

LIFESTYLE

Lifestyle is important for improving the overall health of the county. Many attendees mentioned a desire for more opportunities to be physically active, whether it was through offering free exercise classes or creating more walkable and bikeable paths. Healthy food was also common among many of the participants’ answers to the questions. One participant mentioned, “We feed the world, yet we cannot feed our own people.” The link to chronic disease prevention is evident in those answers.

Interesting enough, tobacco use was not mentioned in any of the answers. Drug and alcohol use were infrequently mentioned. That all of these lifestyle choices impact the development of chronic disease, prevention, and overall wellness was on the minds of many of the participants.
ECONOMIC CONDITIONS

Economic conditions in general are a great concern as they relate to health. Income inequities along with poverty create conditions for unhealthy lifestyles. Livable wages were a great concern, to the point where respondents would like to see activism in changing local laws on wages. Money in the form of funding priorities was another area of concern. Lack of knowledge and understanding among elected officials leads them to pass budgets that many times leave those most disenfranchised without any supplemental resources to help them meet a minimal standard of living.

EDUCATION

Education in general was mentioned throughout the answers. The form of education that traditionally prepares children to enter the workforce or go on to higher education seemed to be an area that could be improved. Inequities in educational outcomes were mentioned.

Participants also expressed a need to bring physical activity back into the core curriculum. Also mentioned was using new and innovative techniques to educate children about health, such as adding school gardens. Education in the form of health information was also an important aspect toward improving health.

There is an overall sense that most people don’t understand health issues, so with more information, they would be better able to take care of themselves and their families.

COLLABORATION

Collaboration was an important aspect with this group. It was a source of pride for many of the respondents. They also listed quite a number of examples where people and organizations are coming together to address various health issues. Ironically a few people also mentioned that a lack of collaboration is a barrier.

Further investigation may be warranted to gain a better understanding of the intent of those responses.
APPENDIX C: Focus Group Reports

Tulare County HHSA
Promotoras Focus Group Report
Prepared by
The Public Health Institute
Survey Research Group

September 24, 2015
Focus Group Reports

Tulare County HHSA
Focus Group Report

Introduction
The Public Health Institute (PHI) conducted a focus group of local promotoras de la salud in Tulare County on September 24th, 2015. These promotoras represented different areas within Tulare County. Through this focus group we gathered information to better inform the County of Tulare Health and Human Services Agency the health issues facing the community. Using a scripted interview protocol (see attached) PHI held this discussion with ten promotoras.

The discussion was designed to gather information from the promotoras in regard to the following topics:
To understand their ideas regarding the strengths and weaknesses in the community;
To understand where health information is available;
To understand where people in the community go for the health care;
To understand the top health issues affecting the community;
To understand what type of support is needed in the community

Participant Demographics
Ten participants took part in the focus group, which was held entirely in Spanish because all of the participants felt most comfortable speaking Spanish:\n
- All were women originally from Mexico
- Participants’ ages ranged from 18 – 60 (estimate)
- All participants self-defined as volunteer promotoras
- Participants stated they lived in Tulare County, 1 recently moved, 2 between 1 and 2 years, 1 for 4 years, 2 for 8 years, 1 for 10 years, and 3 for over 20 years

Discussion
Below, is a summary of the major themes during the discussion. Because of time limitations, not all questions were covered. We needed to evacuate the room fifteen minutes before planned due to the responsible staff person ending her shift. Overall, the participants were very vocal and wanted to continue the discussion. They emphasized a need for more similar types of interactions to gauge the needs of the Hispanic community. They welcomed us back soon.

Why did you decide to become a promotora?
Answers to this question revolved around one main theme: to support the Hispanic community – respondents indicated there is a lot of unmet need in the Hispanic community. Especially among Hispanic women who sometimes feel unvalued and unable to return to their homeland. Many participants indicated that because women are isolated in their homes, they are unable to receive important information. The promotoras are happy to be able to impart information to improve the quality of life for community members.

1The women were not asked if they were monolingual Spanish speakers or if they were bilingual (able to speak English too). The focus group was conducted in Spanish because all of the women were speaking Spanish and appeared comfortable continuing the conversation in that language.
Focus Group Reports

Where do people in your community go for health care?
The answers to this question did not vary much – participants responded with community clinics, hospitals (in Visalia), and emergency rooms.

Where would they like to go for health care?
This question elicited quite a bit of discussion. Many participants indicated that people would rather go to private doctors for care, but that this option is not available to them due to limited incomes. Also, participants are concerned about getting prescriptions they cannot afford from private doctors, but they know these are covered in community clinics and hospitals through Medi-Cal. There was a belief that people with private insurance, however, receive better care and customer service than those with Medi-Cal. Participants reported that people in the community put off getting care because they know they will be treated poorly by all personnel: from intake, to medical provider, to discharge. These issues are especially apparent when there is a difficulty in communicating in the patient’s language. Clinics and hospitals are not resourced with bilingual staff and people are met with language barriers.

How would you define healthy lifestyles?
Healthy food, exercise, and access to care. Also, many mentioned access to therapy, citing poor mental health in the community (especially depression and domestic violence among women). One participant also mentioned there was a lack of preventive care in the community, which would bolster a healthy lifestyle.

How would your friends and family define healthy lifestyles?
Consensus for this was “in the same way.”

What are the top 2-3 health issues facing your community?
The participants deviated a bit here and began to discuss access to clean water. They stated that climate change and drought conditions have served to further contaminate polluted water sources. They also repeated the need for mental health services, better customer care in existing health care facilities, and preventive care.

What do you think are some of the reasons for these health issues?
As far as preventative care, participants again cited the poor customer service they receive at clinics and hospitals. They are aware that those with resources receive much better care from private doctors, but are at a loss because the community cannot afford those services. This poor customer service (uncaring and rude practitioners and office workers) leads to lack of preventive care and even lack of seeking care when ill. One participant mentioned that she knew an older gentleman that did not seek care for a tumor because he did not want to interact with the health care system available to him.

What are the biggest concerns you have for your family or friend’s families?
Would like to see more workshops and other tools to advance health and health information among the community. Because of the high cost of prescription medicines, the community is aware that they only have access to generics or less effective medicines covered by Medi-Cal – there is a belief that private doctors prescribe better and newer medicines that they could never afford.
On a scale of 1 to 5, 5 being very desirable, how would you rate your community? Why? Here, the participants agreed that they very much liked their communities and appreciated what they had in this country compared to their native country. They mentioned the opportunities here for themselves and their children that did not exist at home. (As a note, the rating idea did not work very well).

What do you view as strengths of your community? Here, the participants agreed, “Promotoras.”

What are some of the things that you see as lacking in your community? More information about schools, moral education for their children, and there is a lack of confidence regarding the school system and health systems. Again, lack of preventive care for health issues due to a hesitancy to see medical providers because of sub-standard interactions was cited as lacking. One participant said there was a “lack of love” among health practitioners and among personnel in the public schools.

Do you have any ideas about how to use your community’s strengths to improve the needs of your community? One idea was to permanently place promotoras in the clinics to help users navigate the system. Also, this would add to cultural sensitivity that is lacking in many facilities and add better customer service for patients. The participants also brought up the mobile clinics – they found these clinics very useful and that people like to visit these. The community sees the mobile workers as there because of a real concern about the community rather than the negative treatment they get from the typical medical business people. The participants emphasized that promotoras are a major strength in the community and they should be utilized more often and more effectively – especially in institutionalized settings like clinics and hospitals.

What support do you and your community need to live healthier lifestyles? Several participants agreed that the community needs more education – that the schools are poor and that parents do not receive enough information about navigating the school system. These participants thought that the education system was out of reach for them and felt powerless to interact. They further mentioned that they do not understand the schools’ policies and there is no way to clarify for the Hispanic community with language barriers.

Another discussion point was that there is a lack of cultural sensitivity for the Hispanic community and a lack of understanding of traditions and family relationships.
Focus Group Reports

Tulare County
Public Health Department
Focus Group Report

Prepared by
Survey Research Group
Public Health Institute

April 29, 2016
**Focus Group Reports**

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**Acknowledgments:** We thank the 90 focus group participants who shared deeply personal information with us. Without their willingness to share honestly and openly about their personal health experiences, we would not be able to develop community programs and policies to improve their health and address the root causes of their health needs. Our entire focus group team was dramatically moved after being part of the focus group discussions.

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Executive Summary

Introduction

The Public Health Institute (PHI) conducted a series of 9 focus groups targeting key regions and populations of interest in Tulare County on April 5 - 7, 2016. Focus group participants were strategically recruited in collaboration with Tulare County Public Health Department’s partners. Through this series of focus groups, we gathered information to better inform the Tulare County Public Health Department of the health issues facing the community. Using a scripted interview protocol (see attached), PHI engaged a total of 90 participants in focus groups which were facilitated in both English and Spanish.

The discussions were designed to gather information from community members in regard to the following topics:

1. To understand the top health issues affecting the community
2. To understand where people in the community go for health care;
3. To understand their ideas regarding the strengths and weaknesses in the community;
4. To understand what type of support is needed in the community;
5. To capture community members’ impressions regarding Tulare County Community Health Status data.

Participant Demographics

Ninety people participated in the focus groups, which ranged in size from 1 to 22 participants (Table 1). Participants ranged in age from 17 to 87 years old. Nearly two-thirds of participants identified as Hispanic or Latino (64.4%), followed by 12.2% Black or African American, 11.1% White or Caucasian, 7.8% Native American or Indian, and 1.1% other. Half of the participants indicated that Spanish is their preferred language (50%), and another 7.8% preferred both English and Spanish. Almost two-thirds of participants were male (61.1%). Slightly more than one-third of participants indicated that they have children living at home under the age of 18 (36.7%). Some participants indicated that their household received public assistance programs in the last 12 months, including Medi-Cal (30.0%), Califresh (11.1%), WIC (7.8%), and CalWORKS (4.4%).

Table 1 Descriptive Statistics of Participants (n=90)

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Focus Group Reports

Summary of Findings

Through the focus group discussion questions, several themes arose that were of importance to community members in Tulare County. Below is a summary of the main themes that arose across all nine focus groups.

1. People are not satisfied with the quality of care they receive.

Health insurance cost was cited as a key barrier to accessing care in four of the nine focus groups. Participants explained that the cost for health insurance had increased after the Affordable Care Act was implemented and some mentioned that this increase in cost prevented them from accessing care, either because they could not afford to pay their premium or their deductible, or both. Travel to access care was mentioned in three of the nine focus groups. Examples included needing to travel to access specialists and specialized care (i.e. for epilepsy). Participants typically said that the care they could access at local clinics was bad (five of the nine groups) for reasons including long wait times to see primary care physicians and specialists.

*My deductible cost is so astronomical that I can’t actually afford to see a doctor...it will require an absolute crisis...*

A participant from the LGBTQ+ Focus Group

*What [the Affordable Care Act] really did was put a Band-Aid on insurance companies not to deny pre-existing services. Other than that they charge you through the roof;*

A participant from the Tulare Focus Group

*Pixley is our only place and it’s bad. We don’t like it. They take a long time, they’re really rude, and they judge you in there.*

A participant from the Youth Focus Group

2. Access to healthy food, educational opportunities, and exposure to poor air quality and pesticides are the most important health determinants.

Access to healthy food, educational opportunities, and exposure to poor air quality and pesticides were the most frequently cited determinants of health. Access to healthy food was the most commonly mentioned (five of the nine focus groups). Other determinants of health that participants discussed in more than one focus group included: housing, violence, alcohol, and fast food.

3. Diabetes is the most pressing health need.

The most common health need or illness mentioned across all of the focus groups was diabetes (in six of the nine groups). Other health needs mentioned in more than one focus group included obesity, high blood pressure, and children’s health. Generally, participants were more passionate about reporting determinants of health rather than specific diseases. Other health needs that were mentioned in specific groups were:

- Respiratory illnesses, seasonal allergies, tooth decay (Cutler-Orosi);
- Mental health (Tulare);
- Teen pregnancy (Visalia); and
- Heart disease and valley fever (Farm workers).
4. Youth and educational institutions are community strengths.

Many participants named the community’s youth and educational institutions as community strengths. Public health initiatives should focus on leveraging these resources to increase reach and impact. For example, initiatives to increase nutrition education and physical activity could focus on training adolescents as leaders to promote healthier behaviors and encourage other community changes, such as changes in policies (i.e. joint use agreements with schools so the community can use the school yard for outdoor physical activity). A common theme mentioned was that education was critical for health because it could help lift an individual out of poverty.

*Education is pretty much the most important thing in life. It changes your position in life, so if you help with the education more, give those resources or something, people get more scholarships that means more revenue and makes more money for the community.*

A participant in the Youth Focus Group

5. Community members want increased access to physical activity opportunities, safe outdoor spaces, safe drinking water, and health education.

In four of the nine focus groups, participants asked for increased opportunities for physical activity. Similarly, in two of the nine focus groups, participants asked for safe outdoor spaces. A common theme in these focus groups was that participants did not feel safe doing physical activity outside because of violence. Safe drinking water was mentioned in three of the nine focus groups. Participants did not have access to safe drinking water via plumbing, but were relying on bottled water delivered from the government. Some participants in Porterville did not have access to running water since their wells had run dry.

*Since water is bad, there is nothing else to do but drink sugary stuff...*

A participant in the Youth Focus Group

**Conclusions**

Throughout the focus groups, we heard heart-wrenching stories from community members that characterized how difficult it can be to be healthy and make healthy choices when living in poverty. Many of the communities did not have adequate resources to ensure all residents could be healthy and participants cited environmental and structural barriers (i.e. lack of clinics, providers, affordable health insurance, healthy food, safe spaces for physical activity). Initiatives to address these barriers should be considered. In spite of these environmental and structural barriers, participants thought that health education and information sharing would benefit many community members. We observed that these same members were resilient and cared deeply about their communities. They were constantly struggling to make the choice between survival (paying the rent, utilities) and health (purchasing healthier food that may cost more than fast food). The community members were thankful for the opportunity to share their opinions, perspectives, and personal stories. One focus group participant explained:

*Todo esto es muy importante para nosotros, saber lo que está pasando en el condado, todo está muy bien, todo lo que han hecho ustedes hoy por nosotros, y les agradecemos mucho todo lo que han hecho y ojalá que todo esto nos sirva más para seguir adelante.*

*All this is very important for us to know what is happening in the county, everything is fine, everything you have done for us today, and thank you very much for everything you have done and hopefully this will help us more to go keep going.*

A participant in the Seniors Focus Group
Report of Findings: Regional Focus Groups

Alpaugh

April 7, 2016

This group was facilitated in Spanish (n=2).

I. Summary of Findings

The participants of the Alpaugh Focus Group focused the discussion around children’s health and the school environment. The need for more nutrition education and physical activity opportunities was of great importance to both participants, particularly in preventing chronic disease such as childhood obesity and diabetes. Both participants expressed that the quality of health care in their community is good and indicated that cultural competency and the prioritization of care through triage systems are important aspects of the quality of care. Regarding health care, the cost and difficulty obtaining health insurance were important issues. Participants were surprised by many of the health statistics presented in the Tulare County Community Health Status data. In particular, they were interested in issues around education, the determinants of heart disease as the leading cause of death, and the increase in sexually transmitted infections (STIs) in Tulare County.

II. Findings

Sources of health information

One participant receives health information from health care providers and Medi-Cal. The other participant expressed that information about health insurance is not available, making it difficult to obtain health insurance.

Gaps in health care

One participant felt that the school where she works as an assistant needs a physician rather than a school nurse in order to address the health care concerns of students. She brought up the example of a student with diabetes who required insulin injections.

Barriers in access to health care

The participants identified the cost of health insurance as a barrier. One participant stated that the cost of health insurance has increased since the Affordable Care Act, and felt that paying out of pocket for care and paying the penalty for not having health insurance is more affordable than paying monthly for insurance.

¿De que me sirvió tener esta aseguranza si tengo que pagar?

How did I benefit from having that insurance if I still have to pay?

Más bien tiene aseguranza mi carro que yo, eso está mal.

My car has insurance instead of me, that is wrong.
Focus Group Reports

Quality of health care

One participant felt that the community clinic offered high quality care due to the availability of staff that speak Spanish and the friendliness of staff, indicating that cultural competency is an important aspect of health care quality. Both participants commented on the quality of Emergency Room (ER) care, indicating that the ER’s triage procedures are good; however, both felt that community members need further education to understand what health conditions should be treated in the ER.

Te tratan bien, son amables y hablan tu idioma.
The ladies are friendly, they treat you well and speak your language.

Yo he llevado a mis hijos a la sala de emergencia, yo llego y nos atienden perfecto.
I have taken my kids to the ER and have been seen shortly.

Navigating health systems

One participant expressed concern about the difficulty obtaining health insurance, including confusion about how to apply for health insurance and how the Affordable Care Act had changed health insurance plans.

Quality of education

Both participants expressed concern about the resources available to schools to provide quality education. One participant indicated that there is inequality in teachers’ salaries and that teachers need to be rewarded for their work. One participant expressed concern that students may be negatively impacted by being labeled as English as a Second Language (ESL) students.

Top health issues

In discussing the top health issues in their community, both participants focused on children’s health. They discussed chronic conditions including childhood obesity and diabetes, as well as infectious diseases such as lice, influenza, and the common cold. Hygiene among students was of great concern to both participants as a way to prevent the spread of lice and other infectious diseases. Both participants also focused on the need for nutrition education to prevent childhood obesity and diabetes.

Necesitaban informar a niños para tener cuidado de taparse (cuando se estornudan) y lavarse las manos.
Kids need to be taught how to cover their sneezes and wash their hands.

Community strengths

The participants felt that the school where they work as assistants is a strength of their community, providing support to community members in need. For example, one participant discussed how the school organized a fundraiser for a mom who lost her child.

Community needs

The participants emphasized the need for more nutrition education and physical activity opportunities for children. One participant cited community organizations, such as WIC and Food Link, as resources. However, participants felt that more assistance was needed to provide education to prevent diabetes and teach individuals how to cook healthy meals. Both participants felt that schools should play a role in
providing nutrition education to youth. Additionally, both participants felt that the Public Health Department could help by providing physical activity opportunities for the community and by promoting physical activity during the summer.

La única información que le dan a uno es del WIC, pero eso solo dura hasta que los niños tienen 5 años.
The only information we get is from WIC, but that only lasts till the kids turn 5.

Algo que hagan los niños se ejerciten, que tengan como algo para ir a hacer actividades.
Something that makes the kids exercise, that they have activities to do.

Participants also mentioned contaminated water as a concern in their community, and discussed how water quality issues had prevented their school from starting a gardening education program.

[El agua] tiene varios niveles de arsénico.
[The water] has various levels of arsenic.

[El agua] es para lavar trastes, bañarse y lavar la ropa, y es todo.
[The water] it’s only to wash dishes, bathing and laundry, that is it.

Data impressions
The participants were excited about seeing the data. They explained that they understood how important data is to make changes in the community because of their history doing policy advocacy work at the local and statewide level.

The participants were very interested in the education statistics presented. One participant commented on the Common Core and the need for teachers to be educated in order to improve academic standards. In response to the low college enrollment in Tulare County, participants did not feel that enrollment was that much lower than the California average. Both participants discussed the need for youth to receive support and encouragement to pursue higher education.

Es triste que los niños digan que van a ir a trabajar en las uvas.
It's sad that kids say that they will grow up to work in the grape fields.

The participants were concerned that heart disease is the leading cause of death in Tulare County. One participant wanted more information about the causes of heart disease and wondered if behavioral determinants such as exercise and nutrition play a role. Both participants stated that the Hispanic culture pushes food on children and prefers them to be a little overweight.

¿A qué se debe la enfermedad de corazón? ¿La alimentación que tiene uno?
What is the reason for heart disease? Is it our nutrition?

Es por falta de ejercicio.
It's due to not exercising.

The participants were surprised and concerned about the rising rate of STIs in Tulare County. Both were concerned about lack of STI prevention education for youth, and stated that youth may not understand that STIs can be transmitted through oral sex.
April 5, 2016
This group was facilitated in Spanish (n=15).

I. Summary of Findings
The Cutler-Orosi Focus Group participants discussed many barriers and potential causes for the health issues they feel are most pressing in their community. Participants felt that their local clinic does not provide quality health care, making it necessary to travel outside of their community to receive care in a timely manner. Participants were particularly concerned about long wait times to be seen and to schedule appointments. The top health issues discussed for their community included diabetes, respiratory issues, allergies, tooth decay, and violence and gang activity. Lack of access to healthy foods, easy access to fast food, stress, alcohol consumption, and pesticides were all discussed as important causes of these health issues. Participants were not surprised by most of the demographic, economic, and environmental statistics presented in the Tulare County Community Health Status data. However, they were surprised by the leading causes of death, though the statistics did not change their mind regarding the top health issues for their community.

II. Findings
Sources of health information
Participants shared that they receive health information from the clinic. One participant stated that it is easiest to receive information by mail since transportation can be a barrier.

Gaps in health care
Two participants stated that there are not enough dentists in the community, resulting in a long wait time to be seen by a dentist.

*Tiene que hacer...una cita dos meses antes.*

*We need to make an appointment two months in advance.*

Quality of health care
Several participants stated that they prefer to travel to Visalia for their health care in order to receive higher quality care, including shorter wait times and perceived better treatment. Participants shared that the local clinic does not provide quality care due to long wait times and the high volume of patients. A few participants shared stories of not being seen by a physician at the local clinic and having to travel to Dinuba or Visalia in order to receive care. Participants also discussed the long wait times at the ER. One participant discussed the high turnover rate of physicians and stated that good physicians provide high quality care by doing a thorough physical exam and ordering labs.

*Lleve mi hija con una ampolla, y no la quisieron atender.*

*I took my daughter with a blister, and they refused to treat her.*

*En Visalia, nos atienden mejor.*

*In Visalia, they treat us better.*
Focus Group Reports

Top health issues
When asked about the top health issues facing their community, participants responded that they were concerned about diabetes, which they felt may be caused by poor nutrition, including eating fast food. Participants also discussed respiratory issues and allergies, and felt that pesticides may be responsible for these conditions. Tooth decay was discussed as a health issue and participants cited the long wait time to be seen by a dentist. Additionally, participants discussed stress, alcohol consumption, and violence and gang activity as concerns that affect the health of their community.

Community strengths
One participant shared that the schools are a strength of the community that can be utilized to improve community health, including addressing violence in the community. Participants also stated that there are plenty of employment opportunities in their community.

Community needs
Participants discussed the food environment in their community and felt that school meals need to be improved and that access to fast food should be limited in order to improve the health of their community. Improved public safety was discussed as a need to address violence and gang activity. Relating to public safety, participants discussed the need for parks and safe outdoor spaces for youth to get physical activity. One possibility discussed was to use the school’s outdoor space as a safe space for physical activity outside of school hours by creating a joint use agreement.

Que no hubiera comidas rápidas.
Not to have fast food.

Nos gustaría tener más seguridad, más policía para tener más seguridad la comunidad.
I would like to have more security, more police to have a safer community.

Data Impressions
Participants expressed interest but also seemed a little hesitant to interpret the data on their own. After the facilitator walked them through the statistics, the participants seemed more engaged and confident about interpreting the data.

Participants stated that they were not surprised by most of the data presented, including the economic statistics showing indicators for high poverty as well as the low ratio of physicians to patients.

Este pueblo es el más pobre.
This town is the most poor.

Estamos como abandonados.
It’s like we’re abandoned.

Participants were interested in the Food Desert map and agreed that their community has limited access to healthy foods. They felt that their community needs a supermarket and stated that access to healthy foods is very limited if residents don’t have transportation. Participants reacted to the health insurance trends and stated that the cost of health care has increased since the Affordable Care Act was implemented.
Participants were surprised by the leading causes of death; in particular, they were surprised at how common heart disease, cancer, and stroke were as leading causes of death. In response, participants concluded that diabetes and respiratory diseases are still the most important issues in their community.

*El cáncer - pensé que iba a ser menos.*

*I thought cancer was going to be less.*

The group concluded that better health care is needed in Tulare County.

*Quisiéramos una clínica en Orosi.*

*We would like a clinic in Orosi.*

*Una clínica que sea buena como la que está en Visalia.*

*A clinic that is as good as the one in Visalia.*
Focus Group Reports

Tulare

April 6, 2016
This group was facilitated in English (n=16).

I. Summary of Findings
The Tulare Focus Group participants felt that the cost of health care and health insurance, along with the lack of quality health care services in Tulare County, present substantial barriers to the community’s health. Many participants discussed traveling great distances outside of Tulare County in order to receive higher quality health care. Participants discussed concerns regarding health insurance, including the high cost, the difficulty finding doctors that accept particular plans, and the concern that the Affordable Care Act had not improved health insurance accessibility in Tulare County. Regarding health issues, participants were concerned about diabetes and high blood pressure as the top health conditions affecting their community. Participants also discussed mental health, alcoholism, and drug use among teens as important health concerns. The participants felt that the faith community should play an important role in providing information and health education to the community. Participants were not surprised by most of the demographic, economic, and environmental statistics presented in the Tulare County Community Health Status data. Participants were surprised by the high rate of fatalities from drunk driving accidents, and felt that the culture and the lack of activities in the area were possible causes of drinking and driving.

II. Findings
Sources of health information
Participants felt that access to health information is limited and that a centralized source of health information was needed. Participants said they get their health information from the internet and from pamphlets from hospitals and clinics. They felt that finding health care providers that accept specific health insurance plans was a challenge, and that the Public Health Department could be a resource to provide this information.

As a professor, I don’t see any handouts for middle aged patients – I don’t see any pamphlets for those that don’t have internet service. I think that’s a gap that needs to be bridged. The hospitals, clinics should be the providers of these pamphlets.

I would think it starts at leading from the front and I think that is Tulare County [Public Health Department]…Provide talks, brochures, there is access, here is the website information for those that have it available. Once it starts from there, that information will get out there.

Gaps in health care
Participants felt that quality health care was often not available in Tulare County, and several participants discussed traveling to Sacramento, Los Angeles, or the Bay Area in order to receive quality care.

Tulare, I don’t know why we don’t get the best of doctors. I have been sent to other places [outside Tulare County] many times.
Focus Group Reports

Barriers in access to health care

Many barriers were discussed that make it difficult for the community to access health care. The high cost of health care and health insurance were of great concern to participants. One participant shared that when she moved to Tulare County from Los Angeles, her health insurance broker informed her that Tulare County is the worst area for affordable health care. Participants also felt that health insurance was a barrier to accessing health care. In particular, the cost of health insurance and the difficulty finding a doctor that accepts that health insurance plan were both concerns. Some participants also felt that the Affordable Care Act had not improved health insurance access, and one participant stated that Covered California is restricted in Tulare County.

There are a lot of people suffering because they can’t afford their medicine, or they can’t get a good doctor that will take the Medicare. I just had a friend that passed away, they airlifted her to UCSF or UCLA. We should have what everybody else has.

Kaiser would not cover me here in Tulare County. I used my brother’s address for four or five years. What is it about this particular [sic] Tulare County?

What [the Affordable Care Act] really did was put a Band-Aid on insurance companies not to deny pre-existing services. Other than that they charge you through the roof.

Quality of health care

Participants commented on the poor quality of care at Tulare Regional. Nearly all participants stated that they travel outside of the City of Tulare or even outside of the county to receive better quality health care.

Top health issues

When asked about the top health issues facing their community, participants all agreed that diabetes and high blood pressure are the most critical issues. Participants also discussed mental health, alcoholism, and drug use among teens. One participant stated that a big concern among teens is mixing drugs with energy drinks. Another participant felt that women’s health needs to be a greater focus in Tulare County.

I was thinking I would never get sick. I had an eye test with Kaiser with this new testing thing that went inside my eye and he asked me if I was diabetic. About six to seven years down the road I got diabetes. Your eyes show a lot and I was surprised. I tell my son it’s a silent killer and you need to know.

How do we deal with prescription drugs that young people are getting a hold of and crushing it, putting it in energy drinks? I’m out there with police every night and seeing young people that are taking it away from their grandmother and they do crazy stuff.

There’s a lot of mental health issues, people don’t understand that alcoholism and drugs fall into mental health. If you call the hotline, they take you through all kinds of stuff to get to a live person. Once you get to a live person, the first thing they ask you is what kind of health insurance do you have.

Community strengths

Participants felt that the faith community is a strength and that pastors and churches should play an important role in influencing the health of their community. They discussed having health information
available as a resource at churches, training pastors to educate their congregations, and hosting outreach programs or community events. One participant gave an example of a health fair in Bakersfield at a Hispanic congregation that provided health services and included the police and fire crews. Another participant gave an example of a church that provides a hotline for people to call.

*Bring the churches together to give the information to the pastors, bring the churches together. The pastors will not be afraid to pass it out at their congregations.*

*In Bakersfield, the Spanish congregation has health fairs in the community and invite the police department, fire department and have people attend with their entire family – this would be a good idea.*

**Community needs**

In order to improve their community, participants felt that pastors need to be educated and should collaborate to address the needs of their community.

One participant discussed women’s health and the need for a breast and imaging center in Tulare County, which would reduce barriers in access to health care by allowing women to have all of their wellness check-ups at the same location.

*There is not enough focus on women’s health. Here we just have a regular radiology center. I’m used to going to a place that makes you feel comfortable, and they can talk to you more openly. More of a safe haven where you get everything done in the same place.*

Participants also felt that mental health is a condition that needs more attention, and that currently individuals delay seeking treatment due to the stigma associated with it.

*Stigma of just leave them alone, they are just crazy.*

**Data Impressions**

The participants were very engaged during the data presentation and were not surprised by many of the statistics presented. The statistics presented generated further discussion about challenges facing their community, including education, housing, and health behaviors.

Participants felt that youth need more encouragement in order to pursue education. Some participants felt that the church can play an important role in encouraging students and assisting them to go to college.

*[Youth in the Youth Program] said that being in Tulare they were never going to be anything.*

*It’s about educating and making sure they know the path to take for those different types of jobs.*

Participants agreed that housing is a great concern within Tulare. They discussed the lack of affordable housing in the area, the issue of crowding, and the need for supermarkets in low-income areas to provide access to healthy foods.

Participants were surprised by the high fatality rate from drunk driving accidents in Tulare County, and felt that the culture was to blame. One participant suggested that the lack of activities for people to do in the area encourages them to go drinking instead.

*I think it’s because of the area, the culture. It’s cultural – that’s what they do. I used to hear people say in high school – “there’s nothing to do here.”*

*Grocery stores focusing in on the alcohol and tobacco – and then you have the accidents. It’s all correlated.*
April 5, 2016
This group was facilitated in English (n=1).

I. Summary of Findings
The participant shared key issues facing her community, including gaps in health care and the top health issues that need to be addressed. A gap in health care that she discussed is the lack of specialists available in Tulare County and the difficulty getting access to specialty care. She felt that diabetes is a top health issue for her community and felt that community health workers and the Public Health Department should be addressing obesity and nutrition through education and evidence-based programs. She also felt that teen pregnancy was a top health concern, and was surprised to see that the teen birth rate is trending down, as shown in the Tulare County Community Health Status data. The participant stated that she would like to see more information about air quality and lung conditions such as asthma, emphysema, and lung disease.

II. Findings

Gaps in health care
The participant shared that there are few specialists in Tulare County with limited availability. For example, she stated that there is only one podiatrist. She shared that with the lack of specialists there is also a lack of choices when it comes to seeking care.

*People will probably put it off instead of going...due to travel, maybe not having transportation.*

Top health issues
The participant felt that diabetes and teen pregnancy are the top health issues in Tulare County. She felt that diabetes is particularly important since it is a chronic condition that creates other challenges for families.

Community strengths
The participant discussed efforts to improve public health and the built environment in her community. She mentioned trainings available for community health workers to address issues such as diabetes and substance abuse. She also discussed the progress to reform “Oval town” and the Northside in order to improve public safety.

Community needs
The participant felt that more community efforts to address obesity and diabetes are needed. She felt that further collaboration is needed between organizations and sectors in order to address nutrition issues. Additionally, she stated that the Public Health Department could support these efforts by providing further information and education, and by promoting evidence-based programs.

*How much education is happening and how it affects people’s lives?*
The participant also shared that more efforts need to be made to assist the homeless and foster youth once they become adults.

**Data Impressions**

The participant expressed concern that she might not be able to understand the data. However, once the facilitator walked her through the statistics, she seemed more engaged and confident.

The participant was surprised to see that the teen birth rate is decreasing and wondered what has contributed to this improvement. However, she was concerned to see that STIs are increasing and expressed concern about oral transmission of STIs.

*A lot of people haven’t taken notice but it is on the rise, HPV, due to oral sexual contact.*

The participant noted that she would like to know more about lung conditions related to poor air quality, such as asthma, emphysema, and lung disease.
Farm Workers

April 6, 2016
This group was facilitated in Spanish (n=12).

I. Summary of Findings

Participants in the Farm Workers Focus Group discussed health insurance as a barrier to health care, given that only documented citizens may receive coverage. Participants discussed important aspects of quality health care, including attentiveness and cultural competency from providers. Participants felt that chronic conditions such as diabetes, high blood pressure, and heart disease were top concerns within their community. They also expressed concern about pesticide exposure, Valley Fever, and the lack of safe drinking water in their community. Participants felt that more needs to be done to provide permanent access to safe drinking water. Additionally, access to safe outdoor spaces for exercise is an important need. In response to the Tulare County Community Health Status data, participants expressed their concern that there is limited access to healthy foods and felt that youth need more encouragement to pursue education. They also discussed pesticides as environmental exposures of concern in their community.

II. Findings

Sources of health information

Participants indicated that promotoras or community health workers are a resource for health information in their community. They also mentioned getting health information from clinics, health fairs, colleges, and the media.

Nosotros también de las promotoras que andan en las comunidades, acerca de salud, de cualquier programa que haiga [sic], si necesita uno médico, transporte, dentista - muchas veces las promotoras son las que nos ayudan.

We are also (obtaining health information) from the promotoras who are in the community. About health, any program that exists, if we need a doctor, transportation, dentist - many times promotoras are those that help us.

Barriers in access to health care

Participants discussed the Affordable Care Act and its implications for accessing health care. Some participants felt that the Affordable Care Act made it more difficult to get access to care for individuals who are not documented citizens. Participants were confused about the eligibility for Covered California and what health care services it covers.

Si no tienes el Obamacare nadie te va a atender. Uno que no tiene documentos no está beneficiando – sí de todos modos estamos trabajando en este País.

If you do not have Obamacare nobody will give you medical care. Someone without documents does not benefit, although we are working in this country.
Quality of health care

Participants discussed the use of new computer systems by doctors. Some participants felt that the use of such technology has decreased the quality of care, stating that their doctor is less attentive to them because s/he is looking at the computer screen. Other participants felt that the use of technology was an improvement in the quality of care, indicating that their doctor is doing research and thoroughly addressing their issues.

*Es una tristeza le enseñaba donde me dolía pero ni miraba por estar en su computadora.*

*It is sad – I showed him where it hurt but he didn’t even look because he was looking at his computer.*

*Yo tengo 20 años con mi doctor pero recientemente cada vez que voy está en su computadora y cuando mucho dura como un minuto conmigo.*

*I have been seeing this doctor for 20 years, but recently every time I go, he is on his computer and at the most spends about one minute with me.*

A key aspect of care that participants discussed was their desire for doctors to be attentive, listen to what patients have to say, and show them respect. Many participants expressed feeling that they are not listened to during their appointments. One participant shared about her negative experience with a doctor who assumed she did not speak English, indicating that cultural competency is a key aspect of quality care. Another participant felt that doctors are too quick to prescribe medication rather than thoroughly investigating the root health issue. Two participants discussed long wait times to receive care at the Porterville Hospital and at the ER.

*Antes tenía un doctor que ni me ponía atención.*

*Before I used to have a doctor that would not pay attention to me.*

*A los doctores, les dan demasiados pacientes y no tienen atención porque los están apresurando.*

*The doctors are given too many patients and do not give sufficient time to the patients because they are being rushed.*

*Antes les cubría con la tarjeta blanca de Medi-Cal. Hace dos semanas llevé a mi hijo a Tulare a emergencias, duré 5 horas y le sacaron 2 rayos X. La persona que me atendió me dijo que el Medi-Cal no está cubriendo ni el yeso, ni la bota ni las muletas, y que ya no me podía atender. Tuve que navegar más de una semana para encontrar la bota para mi hijo.*

*Before, they were covered with the white card from Medi-Cal. A couple of weeks ago I took my son to the Tulare emergency room and was there 5 hours and they did 2 x-rays. The person who saw me told me that Medi-Cal would not cover the cast, or the boot or crutches, and he could no longer see me. I had to search for over a week to find the boot for my son.*

**Top health issues**

Participants stated that diabetes, heart disease, and high blood pressure are important chronic conditions in their community. They also discussed Valley Fever and their concern about pesticide exposure. One participant felt that exposure to chemicals and pesticides could cause Valley Fever. Additionally, participants shared that not having access to water is a great health concern in their community.

*El doctor ni siquiera sabe los síntomas [de la Fiebre del Valle].*

*The doctors do not even know the symptoms [of Valley Fever].*
Focus Group Reports

Community needs

Participants stated that better outdoor spaces for leisure and exercise are needed in their community. They shared that the park is not safe because it is a location for drug activity. One participant was concerned about a lack of street lights and public restrooms which are also barriers to exercise. Another participant shared that streets and drainage systems need to be repaired in her neighborhood, where flooding occurs regularly.

No tiene luces, no tiene banquetas, no tiene un parque bueno para que jueguen los niños.
It has no lights, no sidewalks, does not have a good park for children to play.

Nadie se puede acercar al parque, porque el parque depende de los que hacen drogas. No dejan que vaya la gente a llevar sus niños al parque. Una vez fueron unas señoras y creó el que vive cerca se siente propietario del parque y sacó un rifle y tiró al aire para que se asuste la gente.
No one can go to the park because the park depends on doing drugs. They do not let people bring their kids to the park. One time a couple of women went and I guess the man that lives close feels like he is the owner (of the park) and took out a rifle and shot up to the air so that people would get scared.

Participants discussed their concern about access to safe drinking water. They stated that ranchers benefit from federal subsidies for water, but the community does not benefit from these subsidies. They expressed the need for better, permanent solutions instead of just water tanks.

Nos pusieron los tanques de agua pero queremos una mejor solución. Algo más estable porque con los tanques no es suficiente.
They gave us water tanks but we want a better solution. Something more stable because the tanks are not sufficient.

Los que tienen dinero hacen norias para sacar agua para las vacas, y las vacas no pueden ser más importantes que las personas, que los niños.
Those who have money make wells to draw water for the cows, and cows cannot be more important than people, than children.

Data Impressions

Participants agreed that there is limited access to healthy foods in their community. One participant felt that food banks are a resource, though she expressed that they need to distribute more fruits and vegetables. Another participant stated that more food pantries are needed in their community. All participants agreed that supermarkets are not easily accessible for all communities, particularly those that are more rural.

Estamos pidiendo la ayuda de nutrición, de educación para que nuestras estampillas nos ayuden a comprar cosas saludables, cosas frescas. Yo antes agarraba todo para el mes, ahora me espero a las especiales, y vamos 4 o 5 mamá y así nos alcanzan.
We are asking the help of nutrition education so that our food stamps will help us buy healthy things, fresh things. Before I would use them at one time for the entire month, now I wait for store specials and 4 or 5 mothers will go with me and they last us longer.

One participant felt that more scholarships need to be available for students to encourage them to pursue higher education.
Participants reacted to the information about exercise opportunities in their community by emphasizing that parks are not available and are not safe to access.

*En el pueblo de Tulare hemos estado peleando para que nos hicieran varios parques porque estamos en votaciones y todo para apoyar.*

*In the town of Tulare we have been fighting to have them make us several parks because we are all voting and supporting.*

In response to the health data presented, participants discussed concerns about pesticides and the health effects that result from exposure. They also discussed valley fever and additional health problems, including thyroid issues and kidney disease.

*Están saliendo demasiadas enfermedades por las pesticidas del campo.*

*Too many diseases are resulting from the pesticides in the fields.*

*En los campesinos es muy común. La mayoría de los campesinos tiene la Fiebre del Valle y no han puesto mucha atención a esto.*

*In the farm workers this is very common. Most farm workers have Valley Fever and this has not been given much attention.*

Participants shared that soda consumption may be an issue because there is a lack of safe drinking water in their community.
Lesbian, Gay, Bisexual, Trans, Queer/Questioning, and Others (LGBTQ+)  

April 5, 2016
This group was facilitated in English (n=6).

I. Summary of Findings
Participants of the LGBTQ+ Focus Group shared that there are critical gaps in health care for their community that need to be addressed. They discussed the lack of LGBTQ+-friendly providers available in Tulare County. They also discussed the high cost of health insurance and the difficulty finding a provider that accepts private insurance as barriers in access to health care. Participants felt that LGBTQ training is needed for providers in order to provide quality health care services. Participants felt that acceptance, respect, and knowledgeable providers were important aspects of quality care. Participants discussed the idea of having the Tulare County Public Health Department create an online flowchart to help the community navigate the health care system. A sense of community among LGBTQ individuals was of great importance to participants and was expressed as both a strength and a need. In response to the Tulare County Community Health Status data, participants stated that data is needed for the transgender community and participants were surprised to see how many lesbian, gay, and bisexual individuals reside in Tulare County.

II. Findings

Sources of health information
Participants shared that they rely on the internet and word of mouth to get information about health. Participants expressed that it is difficult finding providers that will offer the services they need or accept the insurance they have. Participants felt that there was no central source of information about health.

I think when you ask where we go for health information, we don’t even know what you’re talking about, there is no place we can go.

Gaps in health care
Participants discussed at length the lack of LGBTQ+-friendly services available in Tulare County. Participants shared that within the transgender community, there are no providers within the county that offer necessary services, requiring them to travel outside of the county for health care. Participants also shared that the lack of providers trained to provide LGBTQ+-friendly services is such a barrier that many within the LGBTQ+ community do not seek treatment. Participants felt that providers in Tulare County need training to become LGBTQ+-friendly. They also felt that greater access to specialists is needed within the county. Through the discussion, participants shared that there is a need for a variety of LGBTQ-friendly providers, including mental health services and dentists.

As far as trans care goes, it's not just bad, it is non-existent.

Even if there was just one, just one dentist, doctor, etc...that was cool with calling a person by their preferred name and gender, that's all we need.
Barriers in access to health care

Participants felt that challenges with health insurance created a barrier in accessing health care services. The high cost of health insurance was a significant barrier for some participants. One participant shared that she pays so much for her health insurance premium that she can’t afford to pay her deductible, making it impossible for her to receive the health care she needs. Two participants stated that individuals on Medi-Cal have greater access to care at clinics, and other participants agreed that individuals with private insurance have a harder time finding doctors that will accept that insurance.

*My deductible cost is so astronomical that I can’t actually afford to see a doctor...it will require an absolute crisis...*

*The whole thing is such a hassle you don’t even seek treatment, whatever it is you hope it just goes away because it is so complicated and the billing is out of control.*

*As a private insurance carrier, sometimes I have less access to services than I would if I had public health care.*

Quality of health care

Participants discussed important aspects to receiving quality health care which are currently lacking in Tulare County. They felt that providers need to receive training to provide LGBTQ+-friendly services. Many participants expressed that they don’t feel accepted or respected when they receive care from local providers. There was also concern about providers not understanding the unique health needs of LGBTQ+ patients. One participant shared an example that gay men should receive an annual anal pap smear as an important health screening, which many doctors may not know about. Another participant shared that as a gay man, even he had not heard of this screening before.

*I’ve had to do that as a gay man here, train my doctor...When you ask for an anal pap here, they look at you like you are crazy, they’ve never even heard what that is.*

*Here it is very difficult for me as a gay man to find a doctor that A) saw gay men, B) treated what I wanted to be treated and C) would take my insurance.*

Navigating the health systems

Participants discussed the idea of Tulare County Public Health Department providing resources to help residents locate providers based on the services they provide and the health insurance they accept. They discussed an idea for an online flowchart – “Tulare County Health Portal” – where individuals could select their criteria to get a specific list of providers that meet their needs.

*I’d love to see it online, where there is a Tulare County health portal...it’ll put you through this flowchart and go to the service providers that pertained to your specific situation...”*

Top health issues

Participants felt that mental health, depression, and suicide are top health issues among their community. One participant stated that among the transgender community in particular, suicide is a very big concern. Another participant stated that drug addiction and alcoholism are also important issues which are connected to mental health. Participants also discussed STIs, including HIV. Additionally, they felt that smoking and obesity are concerns within Tulare County.
It is hard living here, where you are underserved and undertreated, or not treated. Our community is likely to go look for other ways to feel okay about being stuck – drugs and alcohol become that thing...

Community strengths
Participants noted that having a sense of community and using the Center for Spiritual Living as a gathering place for members of the LGBTQ+ community was a strength. Participants expressed that they hope the Center will continue to be a resource to connect LGBTQ+ individuals to the resources and information they need.

Community needs
Participants expressed that a need within the LGBTQ+ community is to build relationships and come together to address the health concerns. They mentioned ideas such as opening an LGBTQ+ clinic or providing information resources for LGBTQ individuals.

Data Impressions
Participants were upset that there were no statistics for transgender individuals in the Tulare County Community Health Status Assessment data. They felt strongly that this data needs to be collected. Other participants were surprised to see how many lesbian, gay, and bisexual individuals live in Tulare County, and stated that they need to continue building community to find these people.

*Can I point out that there is not even a box for trans...there is not even an option, my son is not gay or lesbian...*

*Even though we only have 1.8 that identify, that is still 18,500 people to serve, that's not 8 people.*

Participants were surprised by the economic statistics presented. One participant shared that it is very difficult to find employment as a transgender person, which puts transgender individuals at risk for poverty.

*There are not many people in this town who will hire a trans person, sadly, so then those people don't have a form of income, then they have no housing, then they turn to drugs...*
Focus Group Reports

Seniors

April 6, 2016

This group was facilitated in Spanish and English (n=22).

I. Summary of Findings

Participants of the Seniors Focus Group focused the discussion primarily on environmental causes of disease as well as barriers to leading a healthy lifestyle in their community. When asked about the health care they receive, participants indicated that they are satisfied with their health care and feel that they receive good quality care. In discussion of the top health issues facing their community, participants discussed a variety of conditions including chronic diseases and conditions caused by older age. They also discussed the stress experienced by individuals who have immigrated into the U.S. from Mexico. Participants felt that limited public transportation and limited access to healthy foods were great concerns for their community. Specifically, they discussed the expense of healthy foods as a barrier to living a healthy lifestyle. In response to the Tulare County Community Health Status Assessment data, participants were particularly surprised by the leading causes of death and felt that high exposure to pesticides and processed foods may be responsible for the relatively high rate of cancer. Participants expressed their gratitude for having these statistics shared with them.

II. Findings

Sources of health information

Participants indicated that they receive health information from their doctor or local clinic, the media (specifically, one participant mentioned Dr. Oz), AARP, or from presentations or handouts provided by the senior center.

Barriers in access to health care

Participants indicated that while their local clinic provides good quality care, they must travel to Visalia to see specialists or to treat serious health conditions. They also indicated that the public transportation system needs improvement, which may make traveling for health care a challenge in their community.

Cuando de veras nos ponemos graves nos mandan al Kaweah, al hospital, allá en Visalia.

When we get really seriously sick they send us to Kaweah, the hospital, back in Visalia.

Quality of health care

Participants indicated that the quality of health care they receive is good. They indicated that health care providers are thorough and attentive, the process of receiving care is easy, and that they can be seen or referred to a specialist quickly.

They ask you what's wrong with you, then you tell them, then they check you – and they check pretty good. If they can’t do anything, they refer you to a specialist or to a heart doctor, like I had to go to the heart doctor three years ago. They look for you for your mammogram in Visalia, too. Anything they can or need to do they refer you, and they call pretty fast.
Focus Group Reports

Top health issues

When asked about the top health issues in their community, participants primarily discussed chronic conditions such as cancer, diabetes, high blood pressure, cholesterol, and kidney disease as well as conditions that are common with older age, including arthritis and joint problems. Participants also mentioned pneumonia and discussed at length how common allergies are within their community, which they felt had to do with air quality. Participants discussed the poor air quality in general from smog that settles in the area, as well as chemicals used in farming and contamination from cattle. Some participants also felt that stress is an important health concern, and discussed the stress immigrant families feel from many reasons, including perceptions of being treated poorly in this country. Some participants disagreed and felt that they have a better lifestyle and better access to healthy foods in this country.

La edad que tenemos nosotros, más las enfermedades.

The age we have, plus the diseases.

También dicen que de la bahía se viene todo lo malo para acá porque estamos cerca de las montañas y eso también nos ayuda más a que haya más contaminación y estar más [enfermo].

They also say that everything bad comes here from the bay because we are near the mountains and that helps us to have more pollution and be more ill.


[Stress] that is the main cause of all the [illnesses of] people that are here. The problem is that especially those of us who come from Mexico, in Mexico life is freer, here it is like a prison.

Community strengths

One participant shared that the community has a beautiful park to walk in with places to sit, and felt that this is a strength of their community. Other participants discussed community organizations that provide resources to them, including Food Link which provides them access to fruits, vegetables, and groceries, as well as the senior center which provides them a sense of community.

We have Food Link and get our vegetables, it's nice. Food Link comes twice a month and brings boxes with groceries for the community and that's a lot of help.

Community needs

Participants indicated that better public transportation is needed in their community, including additional buses and improved bus schedules. They also discussed the need for more financial assistance for seniors. This led into a discussion about how participants have limited access to foods, primarily due to the cost of healthy food. They indicated that it is difficult to afford healthy foods when there are bills to pay and the cost of medicine is so high. They felt that farmers’ markets in their community and assistance such as coupons for fruits and vegetables would help to increase access to healthy foods.

After 2:00 pm you cannot get a ride, we really need another bus. There is only one bus available right now.

We absolutely need more money for the seniors to live off of. The younger generation can go out and work, get jobs and whatever. Seniors like myself, that is [sic] in a wheelchair, I...can no longer work and we don’t have the money...because social security didn’t give us a raise this year, the state didn’t give us a raise this year - but everything else went up.
Data Impressions

Participants were surprised to see that heart disease and cancer are the leading causes of death in Tulare County. Some participants discussed pesticide exposure as a possible cause of cancer. Other participants discussed processed foods and the chemicals used in food production that may cause cancer.

Yo pienso que todo eso de cáncer, que aquí muchas personas han muerto de eso, yo pienso que también es causa de tanta contaminación, se procesa más todas esas enfermedades aquí en este valle porque esta todo contaminado el ambiente que respiramos.

I think that all of this cancer, which many people have died from here, I think it’s also because of such contamination, all these diseases happen more here in this valley because everything is contaminated, the atmosphere we breathe.

In response to the food desert map, participants indicated that while they do have access to supermarkets in their community, they do not have enough money to purchase healthy foods.

Participants were very interested in the data presented and expressed their gratitude for being provided this information.

Todo esto es muy importante para nosotros, saber lo que está pasando en el condado, todo está muy bien, todo lo que han hecho ustedes hoy por nosotros, y les agradecemos mucho todo lo que han hecho y ojalá que todo esto nos sirva más para seguir adelante.

All this is very important for us to know what is happening in the county, everything is fine, everything you have done for us today, and thank you very much for everything you have done and hopefully this will help us more to go keep going.
Focus Group Reports

Tule River Tribe

April 7, 2016

This group was facilitated in English (n=8).

I. Summary of Findings

Participants of the Tule River Focus Group discussed the needs within their community in order to lead healthy lifestyles. Among these needs, they discussed the need for access to healthy foods and safe drinking water, exercise opportunities, improved community support, new housing developments, and improved public safety. With regard to health care, participants shared their overall satisfaction with the clinic on the reservation, though they felt there are gaps in health care, including a lack of specialists. They also felt that getting prescriptions from a pharmacy was a barrier and that wait times to be seen by specialists were too long. Participants felt that their focus on youth is an important strength of their community. In reaction to the Tulare County Community Health Status Assessment data, participants were surprised by the high rate of child poverty and could relate to the severe housing problems. They were also concerned about air quality and water quality, and were interested in knowing additional information about their community.

II. Findings

Sources of health information

Participants indicated that they receive health information from the clinic on the reservation. Other sources of information included health care providers in Porterville or Lindsay, word of mouth from family, published information in brochures, pamphlets, and newsletters; and social media sources such as Facebook.

Gaps in health care

Participants discussed the lack of specialists at the clinic on the reservation and the long wait time to be referred to a specialist as a gap in care. One participant also mentioned that the clinic needs an x-ray technician. She shared that even though the clinic has an x-ray room, there is no technician to operate it. Participants agreed that this would be an improvement to their health care. Additionally, participants felt that mental health services should be made available in their community.

We have never had an x-ray technician. If they would be able to do this in-house it would speed up the process. We have to go to Porterville to [get x-rays].

Barriers in access to health care

Participants shared that there are challenges getting prescriptions filled at a pharmacy. One participant shared that the pharmacy on the reservation does not accept her health insurance, requiring her to travel to Porterville for prescriptions. Another participant shared that communication between the clinic and the pharmacy is often poor, making it difficult to get prescriptions filled.

I wish the clinic had a pharmacy. I have so much trouble because my girls are under Blue Cross and the pharmacy the tribe uses right now doesn’t cover Blue Cross and I have to have them transferred over — I have been waiting almost four days for my daughters’ medications and they are still waiting to be approved. It’s a hassle and I have to go through it all the time.
Quality of health care

Overall, participants felt that the quality of care they received at the local clinic was good, and they appreciated the convenience of being seen close to home. Some participants shared that not all community members feel that the clinic provides good quality care. They did feel that quality could be improved by reducing the wait time to see a specialist. Specifically, participants discussed having to wait about three months to see a dentist.

*Take a long time. Referral process is long. We have a health board and everything has to be approved before you see a specialist.*

*From what I heard it takes like three months to see the dentist.*

Top health issues

Participants agreed that diabetes is a top health issue for their community. They also discussed obesity, hypertension, and cancer. They felt that the primary causes of these health conditions included poor nutrition and lack of exercise. They discussed the challenges of trying to eat a healthy diet and shared that access to healthy food is limited in their community. Participants stated that alcoholism is an important issue for their community that also impacts other health conditions. Participants also discussed the poor water quality in their community.

*[Obesity is starting] younger and younger – especially with video games and the quality of food they are getting at school, not wanting to be active.*

*[Alcoholism] is an epidemic on this reservation.*

Community strengths

Participants agreed that they prioritize youth, which is a strength of their community. They also indicated that the elders and the youth council are resources for making change happen.

*The one thing that is very strong in the community is that everybody agrees on youth: youth activities, education, health, well-being.*

Community needs

One key need within the community is access to healthy foods and safe drinking water. Participants have to travel to Porterville in order to shop at a grocery store. Locally, only gas stations sell food items, and participants felt that healthy food is not available there. They expressed a need for resources such as a community garden and a farmers’ market to provide fresh produce. Participants also discussed the lack of safe drinking water in their community. One participant said that the water turns brown when the water level is low. Participants wondered what chemicals are in the water. Community members must rely on bottled water which is an added expense.

*These last few years our drought has been bad. We can’t even water our trees or plants. Once our water gets low our water turns brown and it’s not drinkable.*
Access to exercise opportunities was another need that came up in the discussion. One participant felt that they need more physical activities and resources like a physical trainer to guide workouts.

Participants expressed that they need to develop more community support. They felt that the community comes together during specific times, like funerals or sporting events for youth. However, they felt that this sense of community needs to be improved.

Other community needs that were discussed included new housing developments to alleviate overcrowded housing conditions and improved public safety. One participant felt that there was a lack of respect both for and from public safety officers in their community, which threatens their authority to enforce the law.

*Housing is a big problem for our members, we lack a lot of housing that we need, overcrowding and everything.*

*I wish we had a better type of law enforcement – maybe if there was a little bit more authority.*

*I think there is authority – but there is a lack of respect from the community, starting with the adults and filtering down to the kids.*

**Data Impressions**

Participants were surprised by the high child poverty rate in Tulare County. They also responded to the information about severe housing problems, an issue that they can relate to in their community. They indicated that crowded housing can be an issue as a result of poverty. In their community, they felt the issue was primarily a lack of housing, as well as a cultural practice of living with extended family. In reaction to the education statistics, participants felt that it is difficult to get scholarships and that further assistance needs to be available to encourage youth to pursue higher education.

*I had no idea we had that many children living below poverty level.*

*I think [crowded housing] also has to do with tradition – where we keep our elders with us.*

All participants agreed that the air quality and water quality in their community are poor, and were concerned about the potential impacts on health from these environmental exposures.

*I hear a lot of stuff about the chemicals in the water and people think this is where the cancer may be coming from.*

Participants were interested in knowing more about the rate of babies born from mothers with drug addiction and the disbursement of income levels within Tulare County. Overall, participants were not surprised by the data presented and felt that it was an accurate depiction of the problems facing their community.
Youth

April 7, 2016

This group was facilitated in English (n=8).

I. Summary of Findings

Participants of the Youth Focus Group were very concerned about environmental and behavioral factors that impact health in their community. Of particular concern was the lack of sanitation and upkeep of housing and public spaces; exercise opportunities; access to healthy foods; and access to safe drinking water. Participants also felt that business development and job opportunities were needed to improve the health of their community. With regard to health care, participants felt that the local clinic provided poor quality care, and described gaps in service that required them to travel or pay higher costs in order to receive appropriate health care. They were also concerned with the lack of health care available for immigrants. Participants felt that the cost of health care was a barrier, often requiring families to choose between health care and other necessities. Participants felt that the top health issues in their community were related to poor air quality, including bronchitis, allergies, and asthma. They also discussed diabetes and the impact of poor nutrition on health. In response to the Tulare County Community Health Status Assessment data, participants were concerned about improving education and providing encouragement for students to pursue a higher education. They were concerned about many of the environmental factors in their community, particularly the lack of access to healthy foods and safe drinking water. Participants also felt that further education is needed in their community to address health issues such as diabetes.

II. Findings

Sources of health information

Participants indicated that they receive health information from school, the internet, family members, and the hospital.

Gaps in health care

One participant shared that there are no clinics for immigrants to receive health care and discussed this gap in health care for their parents. Another participant felt that local hospitals don’t have the equipment needed. He talked about having to go to two hospitals to treat a broken arm because the first didn’t have the equipment needed. Another participant shared that his mother needs to travel to Madera to get durable medical equipment for his sister who has epilepsy. Participants felt these were important gaps in the health care system in their community.

...Some immigrants can’t go the dentist or can’t go somewhere to get checked because they don’t have a good social [security number]...Why show up if they’re not going to take care of us because we’re not from here.

My mom has to drive all the way to Madera because my sister has epilepsy... In Tulare they don’t have the necessary equipment for it. In our home she also needs some equipment but the government won’t give it to us...
Barriers in access to health care

Participants discussed the high cost of health care. One participant shared that people in their community must choose between health care and paying for bills, rent, and food.

*It’s either your health or your survival.*

Quality of health care

Participants felt that the quality of care provided by Pixley’s clinic is poor. They shared that there are long wait times to be seen and they did not experience good customer service. One participant shared that friends had felt judged by nurses when they asked for a pregnancy test, indicating that the clinic does not offer youth-friendly services. Many participants indicated that they travel to Visalia, Tipton, or Tulare to receive better quality health care.

*Pixley is our only place and it’s bad. We don’t like it. They take a long time, they’re really rude, and they judge you in there.*

*I’ve had friends that have walked in there to do a pregnancy test and they say “don’t you think you’re too young to be taking a pregnancy test.”*

Top health issues

Participants felt that conditions related to air quality were of great concern in their community. For example, they mentioned bronchitis, allergies, and asthma. One participant shared that unsanitary housing conditions are an important cause of asthma. Participants also discussed diabetes and felt that poor nutrition, such as eating fast food, was of particular concern.

*When I was small like 2 years old, I lived in a really crappy house and that’s how my asthma got triggered because there was a lot of filth. The rats were already there and there were a lot of cockroaches…*

*Fast food is cheaper than actual food.*

Community strengths

Participants felt that their school and education was a strength of their community.

*Education is pretty much the most important thing in life. It changes your position in life, so if you help with the education more, give those resources or something, people get more scholarships that means more revenue and makes more money for the community.*

Community needs

Participants felt that their community lacks access to affordable, healthy foods. They discussed the health concerns associated with eating fast food and felt that cost was an important factor that prevents community members from eating healthy foods.

Participants discussed poor housing conditions as a health concern in their community. One participant felt that houses are poorly maintained and there is a lack of housing.
Focus Group Reports

Participants were very concerned about the lack of clean, safe outdoor spaces and the built environment in their community. They stated that their community is not clean, with unkept roads and a lack of street lights, making it unsafe to go out at night. They discussed their park at length, sharing that there are shootings and gang activity there. They also felt the park was dirty and poorly maintained. They discussed a need for better law enforcement in their community to improve public safety.

*Nobody literally takes their brothers or sisters to the park because they already know how the park is...*

*If you go walking at night, good luck to you.*

Additionally, participants felt that more businesses were needed in their community. They shared that their community needs access to businesses that sell clothes and school supplies. They mentioned the Dollar General store and wished that their community was being prioritized with regard to business development.

*There’s people that come and say “my mom worked too late, she couldn’t take me, I didn’t have a ride, I couldn’t get it”. Basically you have to go all the way to Tulare, Pixley, Earlimart whichever side you think is better because there’s no stores there.*

Finally, participants expressed that there is a lack of jobs or opportunities in their community. Participants shared that they plan to move out of the area to a place with more opportunities when they are done with school.

*There’s not much [sic] opportunities in Pixley. If you wanted a good job you’d have to travel a little bit.*

**Data Impressions**

Youth were interested in the education statistics for their county. In response to the low percent of 3rd grade students meeting English standards in Tulare County, participants felt that more bilingual teachers are needed to improve learning at a young age. As an example, they mentioned that bilingual education is standard in Delano. With regard to college enrollment, they discussed the difficulties of immigrants pursuing higher education. Participants felt there was a lack of encouragement and support for students to pursue higher education, and that the cost of education is a barrier for many families.

*I know a friend who isn’t going to college because he doesn’t know what he’s going to do and also because he doesn’t have the money. His parent’s income is low so he’s afraid of the stress he’s going to put on his parents since they’re going to have to pay for it.*

Regarding their environment, participants agreed with the Retail Store survey results, feeling that alcohol and tobacco products are easily available and more affordable than healthy foods. They also felt that access to exercise opportunities is very limited in their community, as they do not have a safe park, pools, gyms, or other spaces for physical activity. They mentioned that if residents want to exercise, they run or jog around the fields. Participants were also highly concerned about the poor water quality in their community and discussed the need to drink bottled water. One participant felt there was a high risk of getting cancer from the water. Participants also agreed that there are severe housing problems in Tulare County, and they discussed the high cost of housing, crowding, and lack of sanitary housing in their community.

*The food is too expensive sometimes. Alcohol or tobacco is cheaper than food so they prefer to get that instead of their food.*
In Pixley I’ve gotten letters from them that say basically if you drink the water you’re at high risk of cancer.

Participants were familiar with the leading causes of death in their community and agreed that diabetes is an issue of great concern. Participants felt that more education is needed to teach people the importance of eating a healthy diet. Participants also felt that high soda consumption may result from the lack of safe drinking water in their community.

Since water is bad, there is nothing else to do but drink sugary stuff...
APPENDIX D:
FORCES OF CHANGE REPORT
REPORT FROM THE COMMUNITY WORKSHOP

OVERVIEW
The following Tulare County Forces of Change Assessment Report consists of a summary of findings from the qualitative data collected on November 5, 2015 at a workshop with community partners and Tulare County Health and Human Services staff. Information from this report will be used as part of the Tulare County HHSA community health improvement planning process that meets Public Health Accreditation Board Standards and Measures.

WHAT TOOK PLACE
- Over 70 participants signed into this assessment workshop (a list of the organizations that they represent is located on page 83 of the main report.
- Participants were provided a brief overview of what constitutes forces of change and how those forces may consist of potential opportunities or threats to the improvement of community health.
- Participants wrote down their thoughts about the external forces that would bring potential opportunities and threats.
- Participants worked in small group of four to five individuals to do an analysis of the forces.
- Groups analyzed the forces and shared the ones that they felt were the most important to consider while planning for community health improvement.

The tables on the following pages provide a summary of the forces of change along with their accompanying opportunities and threats. The numbers in the second column represent the number of small groups that raised an issue.
<table>
<thead>
<tr>
<th>Force</th>
<th>#</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought/potable water (Note that some participants stated climate change, but the opportunities and threats were mostly related to water issues of drought and flood cycles so they were combined here)</td>
<td>4</td>
<td>Identify new ways of H2O conservation, pollution control initiatives, water management, resources education to community members, use drought info pathways to push down info economic impact, policy changes, drought gone, culture shift to use less water, become more aware of local resources, planning for next generation, improve systems, reused water osmosis and purification process, food grown in new ways</td>
<td>Drought-flood cycles leading to mudslides, increase in temperatures, lack of drinking water, farms closing or reducing production, housing fewer, unsanitary use of water, adverse weather impact on health, scarcity of resources, regulation, long term effects, standards for potable water rule change, no food planted</td>
</tr>
<tr>
<td>Housing and homelessness</td>
<td>4</td>
<td>Shelter/long term housing projects</td>
<td>More people living in substandard, unsafe housing leading to increases in injury and illness</td>
</tr>
<tr>
<td>Poor air quality</td>
<td>2</td>
<td>Opportunity for health education, develop policies to decrease wood burning and other carbon emissions, access to natural gas</td>
<td>Chronic disease (spread), wood burning effects in soil and in atmosphere, legislative decisions, poor air quality, cost</td>
</tr>
<tr>
<td>Senior/aging population, including physicians and medical providers, generation factors</td>
<td>2</td>
<td>Intergenerational interactions and programs</td>
<td>Dwindling number of providers which is already low, increase resource needs for seniors, limited income, mobility issues, workforces mass exodus, need program available to help elderly</td>
</tr>
<tr>
<td>Cap and trade law</td>
<td>2</td>
<td>Supports decrease in carbon emissions leading to lower air pollution, more funding to improve transit, decrease car use could lead to increase in active commuting</td>
<td>Tied to climate change and could be impacted with changes in political leadership</td>
</tr>
<tr>
<td>Drugs and alcohol (substance abuse)</td>
<td>2</td>
<td>Collaboration within health plan and agencies, partnerships between HPs and county services, cultural or social acceptance of not using substances, increase in education programs</td>
<td>Increase in addiction and alcohol related problems</td>
</tr>
<tr>
<td>Marijuana farms</td>
<td>1</td>
<td></td>
<td>Increase crime and gangs, increase in substance abuse problems</td>
</tr>
</tbody>
</table>
### SUMMARY OF THE FORCES OF CHANGE

<table>
<thead>
<tr>
<th>Force</th>
<th>#</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media</td>
<td>1</td>
<td>Good way to educate and outreach to youth</td>
<td>Less going out to engage with people face-to-face, lower activity levels, and lots of non-credible information on the internet</td>
</tr>
<tr>
<td>Increased need for specialized medical care</td>
<td>1</td>
<td>Potential to take advantage of residency programs and identify creative ways to bring a variety of specialty care services to Tulare County</td>
<td>Not enough or no providers of specialty services</td>
</tr>
<tr>
<td>Increase in obesity</td>
<td>1</td>
<td>Increase data, attention health education, change epidemic, awareness of food deserts, education, empowerment awareness</td>
<td>Increase chronic disease, death rates, increase education outreach, no one does anything, disease spread, whole generation of obese people, diabetes increase</td>
</tr>
<tr>
<td>Change in political environment (2016 elections)</td>
<td>1</td>
<td>New, fresh perspective, change for clarification</td>
<td>Continued lame duck Congress, different agendas, threat to repeal prevention fund</td>
</tr>
<tr>
<td>Focus on Income Inequities, living wage movement</td>
<td>1</td>
<td>Focus might bring change, opportunity for change, moving toward some types of income equality created window for change</td>
<td>Loss of middle class, lack of the opportunity for the poor if disparities are not addressed, could lead to social disruption and unrest</td>
</tr>
<tr>
<td>Increase in diverse populations</td>
<td>1</td>
<td>Brings diverse perspectives to the region</td>
<td>Cultural competency needs unmet</td>
</tr>
<tr>
<td>Universal access to care and wellness programs</td>
<td>1</td>
<td>Increases creative approaches to providing care such as mobile units to rural area, underinsured access to primary by Medi-Cal recipients</td>
<td>Provides services to undocumented migrant workers, regulations are complicated</td>
</tr>
<tr>
<td>Recruiting new businesses and new populations</td>
<td>1</td>
<td>Brings more financial resources to the region, employment opportunities</td>
<td>Potential increase in population density, traffic</td>
</tr>
<tr>
<td>Fire management &amp; prevention</td>
<td>1</td>
<td>Brings awareness to the community about keeping homes fire safe</td>
<td>Wild fires are capable of destroying thousand of acres of land, includes farms and housing</td>
</tr>
<tr>
<td>Affordable Care Act</td>
<td>1</td>
<td>Better medical care, people have insurance, impact of public health program funding</td>
<td>More cost for regular care</td>
</tr>
<tr>
<td>No political action</td>
<td>1</td>
<td>Presidency, non-discrimination</td>
<td>Disease, divisiveness</td>
</tr>
<tr>
<td>Increased violence</td>
<td>1</td>
<td>Increase programs that target reforming criminals to reduce recidivism</td>
<td>Lack of jail resources leading to more criminals on the streets, posing challenges to getting people out doing physical activity</td>
</tr>
<tr>
<td>Immunization law changes</td>
<td>1</td>
<td>Opportunity for community to receive free shots, education on facility, all children are immunized</td>
<td>Will cost some the full amount, unvaccinated youth leading to exposure of others in communities, child not allowed in public school, long term effects, public school non-attendance</td>
</tr>
</tbody>
</table>
TULARE COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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

BACKGROUND ON THE INSTRUMENT

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

The Performance Standards address questions such as:

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

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

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

Additionally, the Performance Standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the Performance Standards may be used for continuous quality improvement by serving as a guide for
learning about public health activities throughout the system and determining how to make improvements. All communities have areas upon which they can improve their performance. The Performance Standards assist communities in identifying unique assets and areas to improve.

**PROCESS**

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

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

Assignments to groups were as follows:

- **Group A:** Essential Services 1 and 2
- **Group B:** Essential Services 3 and 4
- **Group C:** Essential Services 5 and 6
- **Group D:** Essential Services 7 and 9
- **Group E:** Essential Services 8 and 10

Table 1 provides a description of each of the Ten Essential Public Health Services. There are anywhere from two to four Model Standards per Essential Service, each with a set of performance measures to be scored by the participants. Facilitators provided guidance and instruction about scoring the performance measures based on five possible categories: optimal activity, significant activity, moderate activity, minimal activity, and no activity. Each participant received a set of five voting cards color-coded for each of the responses found in Table 2.
Table 1: The 10 Essential Public Health Services

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

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

Some attendees left the assessment early due to an emergency situation within their organizations. However, most of the participants continued to end of the workshop, which was concluded with a debrief from each group for the entire room to hear and a summary of next steps to be taken by the Tulare County Health and Human Services Agency with assistance from the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee. These steps include writing this report along with a report from the community focus groups that were held during the remainder of that week. There will be a draft Community Health Assessment (CHA) document for the MAPP Steering Committee to review and discuss in the month of June 2016. The CHA will be used for selecting areas for community health improvement that will become the framework for the Community Health Improvement Plan (CHIP).
Table 2: Summary of Performance Measures Response Options

<table>
<thead>
<tr>
<th>Response Options</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Activity (76–100%)</td>
<td>Greater than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Significant Activity (51–75%)</td>
<td>Greater than 50% but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Moderate Activity (26–50%)</td>
<td>Greater than 25% but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Minimal Activity (1–25%)</td>
<td>Greater than zero but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>No Activity (0%)</td>
<td>0% or absolutely no activity.</td>
</tr>
</tbody>
</table>

RESULTS

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

The Model Standard scores reported below reflect an average of performance measure scores within each Model Standard. The scores have been further averaged for each Essential Service. Figure 2: Summary of Average ES Performance Score contains a graphic depiction of these scores with the range of scores reflected with the black bar overlay on each colored score bar.
Essential Service 1: Monitor health status to identify and solve community health problems

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

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

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

- Population-based Community Health Assessment – 33.3% (moderate activity)
- Current Technology to Manage and Communicate Population Health Data – 33.3% (moderate activity)
- Maintenance of Population Health Registries – 37.5% (moderate activity)
The group noted that the hospitals conduct assessments, but they are not easily shared. HHSA staff described ways to share and use the data. Several liked the idea of having the Tulare County Board of Supervisors be in charge of displaying/disseminating data for their districts. There seemed to be some gaps in awareness of existing documents and data reports leading to lower, and sometimes split, scores. The group also noted that there are large health disparities between those living in rural Tulare County versus urban Tulare County based upon the data that are familiar to them. Suggested improvements include sharing assessments with specific groups, maintaining a centralized assessment, translating assessment findings, and using family resource centers to distribute information. The group also recommend aligning their work to the State of California’s Let’s Get Healthy California, State Health Improvement Plan.

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

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

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

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

- Identification and Surveillance of Health Threats – 66.7% (significant activity)
- Investigation and Response to Public Health Threats and Emergencies – 70.8% (significant activity)
- Laboratory Support for Investigation of Health Threats – 100% (optimal activity)
The HHSA public health laboratory staff was present for this discussion and provided great detail of information about the quality and comprehensive nature of local laboratory surveillance. They were able to describe how the public health laboratory functions in regard to this model standard. Scores reflected trust among the partners in the information that was provided. As for the investigation of health threats, the public health emergency preparedness and response program has been exercised and tested during real emergency situations that include After Action Reports (AARs). The group suggested short-term improvements such as partnering with the food bank for emergency distribution of medications, and having Public Health Emergency Preparedness expand the use of Tulare County (TC) Alert system, a system-wide communication tool, which would allow for 24/7 communication access for all health-related messages including water.

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

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

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

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

- Health Education and Promotion – 41.7% (moderate activity)
- Health Communication – 33.3% (moderate activity)
- Risk Communication – 41.7% (moderate activity) As noted above, this Model Standard was scored by the MAPP Core Team
There were many noted strengths for health education and promotion that included the use of promotoras de salud (community health workers), relationships being built as part of a Collective Impact approach to address community health, and the connection of community members to providers. The group discussed occasional inconsistencies with health messages and a need to have all partners identify with a uniformed message. Sometimes messaging lacks connection for the disadvantaged communities (DACs) in the rural areas. There is a perception that there is no communication between community agencies and that the County agencies appear to be totally connected. Although many organizations have Public Information Officers (PIOs), there needs to be more coordination among them, perhaps regular quarterly meetings or an annual forum to establish stronger connections. The group also suggested sharing newsletters and creating more community messengers to deliver health information (similar to the promotoras de salud model).

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

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

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

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

- Constituency Development – 25% (minimal activity at the high end)
- Community Partnerships – 33.3% (moderate activity)
The group noted that they get together to conduct community-based needs assessments, but that the information does not get out to all that need to know it and many of them are siloed in nature. The group did note an area of excellence with good communication regarding issues surrounding the current drought situation. They suggested holding a forum that includes community members and health agencies partnering to address health needs. The group identified the Tulare County 2-1-1 directory as a resource for identifying organizations as potential partners, but as with other parts of the country that use the 2-1-1 system, keeping the information current is a challenge. The group mentioned that there are many committees and coalitions (Prevention Coalition, Health Advisory Committee, etc.), but they are not necessarily connected. This group would like to see better promotion of these meetings and rotating their location around the county for more visibility within the community.

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

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

- Local health department, including environmental health and public health emergency preparedness program areas (HHSA)
- Local governing entity
- Hospitals
- Elected officials and policymakers – Mayor of City of Farmersville
- Public health attorneys – County Counsel
- Law enforcement agencies and emergency services personnel – HazMat
- Health care providers
- Civic organizations
- Department of transportation (local)
- Mental health and substance abuser organizations (HHSA)
- Parks and recreation
- Media – local AM radio station
- Rural health
- Farm Bureau Boards
- Military
- Animal services

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

- Governmental Presence at the Local Level – 75% (significant activity at the high end)
- Public Health Policy Development – 50% (moderate activity at the high end)
Local Public Health System Assessment Results

- Community Health Improvement Process and Strategic Planning – 25% (minimal activity at the high end)
- Plan for Public Health Emergencies – 66.7% (significant activity)

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

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

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

- Local health department, including environmental health and public health emergency preparedness program areas (HHSA)
- Local governing entity
- Hospitals
- Elected officials and policymakers – Mayor of City of Farmersville
- Public health attorneys – County Counsel
- Law enforcement agencies and emergency services personnel – HazMat
- Health care providers
- Civic organizations
- Department of transportation (local)
- Mental health and substance abuser organizations (HHSA)
- Parks and Recreation
- Media – local am radio station
- Rural health
- Farm Bureau Boards
- Military
- Animal services
There are three Model Standards in this Essential Service with average scores for each as follows:

- Review and Evaluations of Laws, Regulations, and Ordinances – 68.8% (significant activity)
- Involvement in the Improvement of Laws, Regulations, and Ordinances – 83.3% (optimal activity)
- Enforcement of Laws, Regulations, and Ordinances – 85% (optimal activity)

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

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

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

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

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

- Identification of Personal Health Services Needs of Populations – 50% (moderate activity at the high end)
- Linkage of People to Personal Health Services – 62.5% (significant activity)
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RESULTS

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

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

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

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

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

- Workforce Assessment, Planning, and Development – 25% (minimal activity at the high end)
- Public Health Workforce Standards – 83.3% (optimal activity)
- Life-long Learning through Continuing Education, Training, and Mentoring – 55% (significant activity)
- Public Health Leadership Development – 43.8% (moderate activity)
The diversity of sectors represented in this group brought a diversity of opinions to this Essential Service. Representatives from the public health department and clinical sectors tended to go with higher scores because many of their positions are required to have continuing education units (CEUs) that encourage ongoing staff development and learning to keep skills current as part of their state licensure. These would be positions such as nurses. However, members representing other sectors (e.g., non-profit, advocacy, education) tended to go with lower scores in this area because many positions in those types of organizations do not have formal CEU requirements, and the need varies from organization to organization. Non-clinical positions do not always have standard licensure or training requirements. Therefore, the group observed inconsistency across types of positions. They also discussed that there was no overarching collaborative effort being done at this time to assess the workforce and to provide standards and training to meet the needs of developing the workforce. They felt that trainings were offered in silos and mentioned that they like the idea of conducting collaborative training across organizations, such as creating a training exchange. The group also discussed ways to attract and keep people with skills and talent in the Tulare County area. They were very interested in exploring how to bring youth back into the community after they go away to college and earn degrees. There are no four-year colleges or universities within the county, which can provide a natural pipeline for employing those who have recently graduated with a degree.

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

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

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

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

- Evaluation of Population-based Health Services – 62.5% (significant activity)
- Evaluation of Personal Health Services – 70% (significant activity)
- Evaluation of the Local Public Health System – 31.3% (moderate activity)
This group had many scores that were not in consensus because they felt that evaluation was done inconsistently applied to programs and services across the county, occurring within some areas and not at all in others. The group believed that obtaining sufficient funding to carry out evaluations and make improvements is quite difficult, and the information is not readily shared once the evaluations are complete. Some of the participants felt that it appears that there is nothing done with the information after it has been collected, while others disagreed. They noted that there are sometimes political barriers, and that the evaluation findings are sometimes used for political purposes. They also said that there is a lack of an evaluation culture. The group mentioned that electronic health records are helping to improve the evaluation of personal health data, but that communication between organizations could be improved. As for the evaluation of the Local Public Health System, this workshop was the inaugural event for Tulare County to meet this Model Standard, leading to an initially low score that should improve over time.

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

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

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

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

- Fostering Innovation – 50% (moderate activity at the high end)
- Linkage with Institutions of Higher Learning and/or Research – 33.3% (moderate activity)
- Capacity to Initiate or Participate in Research – 25% (minimal activity at the high end)
This group noted that there is some research collaboration happening in the county. However, it is not consistent and it becomes challenging given that there is no four-year institution of higher learning where research is part of the curriculum such as college or university in the county. They commented on how accreditation and epidemiology represent areas of best practices. There is some pilot testing of programs before they are fully implemented. Focus groups are conducted on occasion and usually program-specific. Overall there is a willingness to support research. The group suggested collaborating with national associations by providing data and surveys results so that these agencies can conduct research on Tulare County communities. A shared public health vision was also recommended.

OVERALL FINDINGS AND THEMES

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

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

There also seems to be two Tulare Counties: one rural and one urban. Life is vastly different in these two types of settings in the way services are provided and accessed as well as the ability to seek care when needed. Rural areas tend to have higher poverty rates and poorer health outcomes. The county is geographically large in size which makes transportation from the rural areas to an urban area challenging, further exacerbating the disparities in health outcomes. Many of these rural communities have undocumented residents that often do not access services and therefore would not be counted for clinic and hospital data collection purposes. There may be fear of deportation when seeking medical care. Creative methods such as mobile clinics that include comprehensive clinical service and health education could be a possible solution to providing access to these outlying communities.
There are no institutions for higher education located within the county borders. This poses a challenge for finding researchers for collaboration on projects. Fresno State University and the University of California, Davis will sometimes collaborate with the County on research projects. However, neither of them are local, and the partnership is not consistent or regular. Developing stronger linkages to some of these institutions and establishing more formal agreements could help increase the capacity of Tulare County to conduct public health research.

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

LESSONS LEARNED

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

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