LINDSAY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS
AGENDA

Regular Meeting;
April 17, 2018
5:30PM

Hospital District Boardroom
831B N. Sequoia Ave.
Lindsay, CA 93247

1. OPEN SESSION
   a. Call to Order
   b. Flag Salute

2. ROLL CALL
   (Recognition of Quorum)

3. APPROVAL OF AGENDA

4. PUBLIC COMMENT
   Pursuant to Cal.Gov.Code §54954.3, members of the public will be afforded an opportunity to address the Board on any matter within the jurisdiction of the District at the beginning of the session or before the Board's consideration of an agenda item regarding that item. Comments are limited to 3 minutes per person, unless otherwise indicated by the Board Chairperson, with a maximum of 30 minutes for public comments.

5. CONSENT CALENDAR
   Unless a Director requests separate consideration of an item in the Consent Calendar, the following items are to be approved and/or accepted by vote on one motion. The specific items are included in the board packet available to the public at the meeting or as may be requested by any member of the public prior to the meeting
   a. Minutes of past board meetings:
      32/20/18
   b. Financial Report
   c. Warrants/Payables

6. REPORT(S) & INFORMATION
   a. Correspondence (Board Secretary)
   b. Rental Report (President/Rental Manager)
   c. Diabetes Project Update/Presentation
   d. Wellness Center update
   e. Scholarship Discussion

NOTES:

1. If documents are distributed to board members concerning an agenda item within 72 hours of a regular board meeting, said documents will be made available for public inspection at the same time at the District Office located at 831 B N Sequoia Avenue within regular work hours.
2. If a disability-related modification or accommodation is requested, please contact the District Assistant at 559-333-4456
3. Agenda posted for public information on 2/12/2018 at City Hall bulletin board (251 E. Honolulu St., Lindsay, CA 93247) Lindsay Wellness Center (860 N. Sequoia Ave., Lindsay, CA 93247) and District Office (831 B N Sequoia, Lindsay, CA 93247)

7. ACTION ITEMS
   a. Consideration/Approval of Scholarship

8. LEGAL COUNSEL REPORT

9. ADJOURN

LINDSAY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS
MINUTES

Regular Meeting:
March 20, 2018
5:30PM

Hospital District Boardroom
831B N. Sequoia Ave.
Lindsay, CA 93247

1. OPEN SESSION
   a. The meeting was called to order by President McQueen at 5:30 PM
   b. Flag Salute was led by Director Loftin

2. ROLL CALL
   Directors Present: Baker, McQueen, Loftin, Soria, Hurtado
   Directors Absent: None
   A quorum is recognized
   Others Present: Attorney Starr Warson and Administrative Assistant Dennis Medders

3. APPROVAL OF AGENDA
   Motion to approve agenda:
   Motion: Director Baker
   Second: Director Soria
   Vote: Unanimous (motion approved)

4. PUBLIC COMMENT
   There was no public comment.

5. CONSENT CALENDAR
   No discussion from the Board.
   Motion to approve consent calendar

   Motion: Director Loftin
   Second: Director Hurtado
   Vote: Unanimous (motion approved)

6. REPORT(S) & INFORMATION
   a. Correspondence – Communication was received from Tulare County regarding the due date for Form 700. Each Board Member must file said form by April 1, 2017. A letter was received from the State Controller's Office regarding the Compensation Report that is due by April 30, 2017. A request was received from the U.S. Commerce Department to participate in the Government Census Information Report. A letter was received from the Local Agency Formation Commission requesting a vote for members on the Tulare County RDA Commission.
   b. Rental Report – President McQueen reported monthly rental income of $8,680.37.
   c. Wellness Center Update – It was reported that their membership drive is continuing.
   d. Diabetes Project Update - Director Hurtado gave a brief report on the Diabetes Project
   e. Scholarship Discussion – Director Soria made a presentation to the Board regarding the possibility of creating a scholarship for a Lindsay High School student. Attorney Warson stated he wasn't sure about the Hospital District giving a scholarship, but will research it for the next Board Meeting.
   f. Website Photo Discussion – Director Soria discussed the matter of adding photos of the Board Members to the District web site. It was decided that at the next regular meeting

photos will be taken for this purpose.

7. ACTION ITEMS

a. Consideration/Approval of District Bylaws

The Board approved the Bylaws as presented by Attorney Warson. The changes are to delete Section 4.2 regarding the Finance Committee.

Motion: Director Hurtado
Second: Director Baker
Vote: Unanimous (motion approved)

b. Consideration/Approval for payment to Tech Crete

The Board approved the payment to Tech Crete for two Projects that are now complete.

Project No. 1 – Concrete work on West Entrance to Kaweah Delta Building
$12,915

Project No. 2 – Concrete work on the South entrance to the Kaweah Delta Building.
$12,300

Motion: Director Hurtado
Second: Director McQueen
Vote: Unanimous (motion approved)

8. LEGAL COUNSEL REPORT – It was reported that work is continuing on the ADA Compliance Issue.

9. ADJOURN – The meeting was adjourned at 5:58 pm by the following vote:

Motion: Director Hurtado
Second: Director Baker
Vote: Unanimous (motion approved)

Submitted,

Theresa Hurtado
Secretary

LINDSAY LOCAL HOSPITAL DISTRICT
(a California Special District)

Statement of Net Position as
Of March 31, 2018

Statement of Revenues and
Expenses and Schedule of
Revenues and Expenses-
Budget to Actual
For the One Month
And Nine Months
Ended March 31, 2018

LINDSAY LOCAL HOSPITAL DISTRICT

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Lindsay Local Hospital District
Statement of Net Position
As of March 31, 2018

ASSETS			
Current Assets			
Checking/Savings			
Cash In Bank-Checking	$ 248,086.11		
Cash In Bank-Money Market	93,806.37		
Cash in County of Tulare	2,014,439.34		
State Of Ca-LAIF	29,554.60		
Total Checking/Savings		$ 2,385,886.42	
Other Current Assets			
Prepaid Expenses	1,837.11		
Total Other Current Assets		1,837.11	
Total Current Assets		2,387,723.53	
Noncurrent Assets			
Capital Assets			
Buildings	183,066.04		
Improvements	237,168.78		
Land	17,073.68		
Office Equipment	16,741.59		
Less Accumulated Depreciation	(206,170.10)		
Total Capital Assets		247,879.99	
TOTAL ASSETS			$ 2,635,603.52
LIABILITIES			
Current Liabilities			
Other Current Liabilities			
Monthly Accounts Payable	7,616.86		
Unearned Rent	4,445.00		
Total Other Current Liabilities		12,061.86	
Total Current Liabilities		12,061.86	
Total Liabilities			12,061.86
NET POSITION			
Net Position			
Net Investment in Capital Assets	247,879.99		
Unrestricted	2,308,397.18		
Net Income	67,264.49		
TOTAL NET POSTION			$ 2,623,541.66

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District
Statement of Revenues & Expenses
for the One Month and Nine Months ended March 31, 2018

	Mar 18	Jul '17 - Mar 18
Ordinary Income/Expense		
Income		
County - Other Income	0 00	15,668 73
Physician Office Lease	12,900 00	113,310 00
Property Taxes	0 00	324,715 71
Total Income	12,900 00	453,694 44
Expense		
Accounting	690 00	12,920 76
Advertising	541 88	541 88
Bank Service Charges	0 00	35 00
Depreciation Expense	2,127 99	19,151 91
Directors' Fees	500 00	5,500 00
Dues and Subscriptions	920 00	920 00
Insurance		
D & O Insurance	352 06	3,168 54
Liability	327 58	2,948 22
Total Insurance	679 64	6,116 76
Legal	862 50	11,500 00
Legal Notices	0 00	339 00
Licenses and Permits	0 00	1,010 67
Maintenance	820 00	8,076 80
Management Fee	1,250 00	11,051 00
Miscellaneous	0 00	-0 01
Office Supplies	0 00	1,983 30
Postage and Delivery	0 00	62 00
Program Support	0 00	10,528 92
Property Tax Admin Fees	0 00	6,787 50
Repairs		
831 Sequoia Maintenance	0 00	9,659 68
835 Sequoia Maintenance	210 00	210 00
839 Sequoia Maintenance	70 00	70 00
845 Sequoia Maintenance	70 00	1,795 00
Building Repairs		
Supplies	0 00	763 78
Building Repairs - Other	35,079 39	246,847 55
Total Building Repairs	35,079 39	247,611 33
Total Repairs	35,429 39	259,346 01
Secretary Fee	0 00	100 00
Stipend pay	1,050 00	11,250 00
Utilities		
Gas and Electric	38 38	957 85
Utilities-City of Linday	1,166 19	4,658 67
Utilities - Other	65 06	97 92
Total Utilities	1,269 63	5,714 44
Wellness Center		
Advertising	0 00	0 00

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Lindsay Local Hospital District
Statement of Revenues & Expenses
for the One Month and Nine Months ended March 31, 2018

	Mar 18	Jul '17 - Mar 18
Equipment	0 00	22,000 00
Maintenance-Buildings	0 00	3,870 50
Maintenance-Lawns	650 00	7,180 00
Maintenance-Pool	0 00	1,800 00
Total Wellness Center	650.00	34,850 50
Total Expense	46,791 03	407,786 44
Net Ordinary Income	-33,891 03	45,908 00
Other Income/Expense		
Other Income		
Interest Income		
Interest Income-Bank	16 22	104 97
Interest Income-County	7,744 22	21,015 01
Interest Income-State	0 00	236 51
Total Interest Income	7,760 44	21,356 49
Total Other Income	7,760 44	21,356 49
Net Other Income	7,760 44	21,356 49
Net Income	**-26,130.59**	**67,264.49**

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Lindsay Local Hospital District
Schedule of Revenues and Expenses - Budget vs. Actual
March 2018

	Mar 18	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
County - Other Income	0 00	0 00	0 00	0 0%
Physician Office Lease	12 900 00	10,000 00	2 900 00	129 0%
Property Taxes	0 00	0 00	0 00	0 0%
Total Income	12,900 00	10,000 00	2 900 00	129 0%
Expense				
Accounting	690 00	1,250 00	-560 00	55 2%
Advertising	541 88	16 66	525 22	3,252 6%
Depreciation Expense	2,127 99	1,166 67	961 32	182 4%
Directors' Fees	500 00	1,000 00	-500 00	50 0%
Dues and Subscriptions	920 00	50 00	870 00	1,840 0%
Election Expense	0 00	0 00	0 00	0 0%
Insurance				
D & O Insurance	352 06	375 00	-22 94	93 9%
Liability	327 58	333 33	-5 75	98 3%
Total Insurance	679 64	708 33	-28 69	95 9%
Legal	862 50	1,083 34	-220 84	79 6%
Legal Notices	0 00	83 33	-83 33	0 0%
Licenses and Permits	0 00	83 33	-83 33	0 0%
Maintenance	820 00	1,250 00	-430 00	65 6%
Management Fee	1,250 00	1,000 00	250 00	125 0%
Miscellaneous	0 00	41 67	-41 67	0 0%
Office Supplies	0 00	100 00	-100 00	0 0%
Postage and Delivery	0 00	16 67	-16 67	0 0%
Program Support	0 00	23,291 66	-23,291 66	0 0%
Property Tax Admin Fees	0 00	0 00	0 00	0 0%
Repairs				
835 Sequoia Maintenance	210 00			
839 Sequoia Maintenance	70 00			
845 Sequoia Maintenance	70 00	10,000 00	-9,930 00	0 7%
855 Sequoia Maintenance	0 00	2,000 00	-2,000 00	0 0%
Building Repairs	35,079 39	29,666 66	5,412 73	118 2%
Equipment Repairs	0 00	166 67	-166 67	0 0%
Total Repairs	35,429 39	41,833 33	-6,403 94	84 7%
Security System Service	0 00	62 50	-62 50	0 0%
Stipend pay	1,050 00	1,633 33	-583 33	64 3%
Telephone				
Internet	0 00	0 00	0 00	0 0%
Total Telephone	0 00	0 00	0 00	0 0%
Travel & Ent				
Travel	0 00	0 00	0 00	0 0%
Total Travel & Ent	0 00	0 00	0 00	0 0%
Utilities				
Gas and Electric	38 38	166 67	-128 29	23 0%
Late pymt chg	0 00	0 00	0 00	0 0%
Utilities-City of Linday	1,166 19	458 33	707 86	254 4%
Utilities - Other	65 06			
Total Utilities	1,269 63	625 00	644 63	203 1%
Wellness Center				
Advertising	0 00	125 00	-125 00	0 0%
Class supplies	0 00	166 67	-166 67	0 0%
Debt Service Grant	0 00	233,721 00	-233,721 00	0 0%
Equipment	0 00	4,166 66	-4,166 66	0 0%
Equipment Repair	0 00	1,250 00	-1,250 00	0 0%
Maintenance-Buildings	0 00	2,916 67	-2,916 67	0 0%

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Lindsay Local Hospital District
Schedule of Revenues and Expenses - Budget vs. Actual
March 2018

	Mar 18	Budget	$ Over Budget	% of Budget
Maintenance-Lawns	650 00	750 00	-100 00	86 7%
Office supplies	0 00	0 00	0 00	0 0%
Total Wellness Center	650 00	243,096 00	-242,446 00	0 3%
Total Expense	46,791 03	318,391 82	-271,600 79	14 7%
Net Ordinary Income	-33,891 03	-308,391 82	274,500 79	11 0%
Other Income/Expense				
Other Income				
Interest Income				
Interest Income-Bank	16 22	0 00	16 22	100 0%
Interest Income-County	7,744 22	0 00	7,744 22	100 0%
Interest Income-State	0 00	0 00	0 00	0 0%
Interest Income - Other	0 00	1,250 00	-1,250 00	0 0%
Total Interest Income	7,760 44	1,250 00	6,510 44	620 8%
Total Other Income	7,760 44	1,250 00	6,510 44	620 8%
Other Expense				
Capital Expenditures	0 00	625 00	-625 00	0 0%
Total Other Expense	0 00	625 00	-625 00	0 0%
Net Other Income	7,760 44	625 00	7,135 44	1,241 7%
Net Income	-26,130.59	-307,766.82	281,636.23	8.5%

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Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through March 2018

	Jul '17 - Mar 18	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
County - Other Income	15,668.73	0.00	15,668.73	
Physician Office Lease	113,310.00	90,000.00	23,310.00	125.9%
Property Taxes	324,715.71	310,000.00	14,715.71	104.7%
Total Income	453,694.44	400,000.00	53,694.44	113.4%
Expense				
Accounting	12,920.76	11,250.00	1,670.76	114.9%
Advertising	541.68	150.00	391.68	361.1%
Bank Service Charges	35.00			
Depreciation Expense	19,151.91	10,500.00	8,651.91	182.4%
Directors' Fees	5,500.00	9,000.00	-3,500.00	61.1%
Dues and Subscriptions	900.00	450.00	470.00	204.4%
Election Expense	0.00	0.00	0.00	0.0%
Insurance				
D & O Insurance	3,168.54	3,375.00	-206.46	93.9%
Liability	2,948.22	3,000.00	-51.78	98.3%
Total Insurance	6,116.76	6,375.00	-258.24	96.0%
Legal	11,500.00	9,750.00	1,750.00	117.9%
Legal Notices	339.00	750.00	-411.00	45.2%
Licenses and Permits	1,010.67	750.00	260.67	134.8%
Maintenance	8,976.80	11,250.00	-3,173.20	79.8%
Management Fee	11,051.00	9,000.00	2,051.00	122.8%
Miscellaneous	-0.01	375.00	-375.01	0.0%
Office Supplies	1,583.30	900.00	1,083.30	220.4%
Postage and Delivery	82.00	150.00	-68.00	54.7%
Program Support	10,528.92	209,625.00	-199,096.08	5.0%
Property Tax Admin Fees	6,787.50	6,400.00	387.50	106.1%
Repairs				
831 Sequoia Maintenance	9,659.68			
835 Sequoia Maintenance	210.00			
839 Sequoia Maintenance	70.00			
845 Sequoia Maintenance	1,795.00			
855 Sequoia Maintenance	0.00	20,000.00	-58,205.00	0.0%
Building Repairs		18,000.00	-9,000.00	0.0%
Supplies	763.78			
Building Repairs - Other	246,847.55	251,000.00	-20,152.45	92.1%
Total Building Repairs	247,611.33	251,000.00	-19,388.67	92.1%
Equipment Repairs	0.00	1,500.00	-1,500.00	0.0%
Total Repairs	259,346.01	376,500.00	-117,153.99	68.9%
Secretary Fee	100.00			
Security System Service	0.00			
Stipend pay	11,250.00	562.50	562.50	0.0%
Telephone		14,700.00	-3,450.00	0.0%
Internet	0.00	0.00	0.00	0.0%
Total Telephone	0.00	0.00	0.00	0%
Travel & Ent				
Travel	0.00	0.00	0.00	0.0%
Total Travel & Ent	0.00	0.00	0.00	0%
Utilities				
Gas and Electric	957.85	1,500.00	-542.15	63.9%
Late pymt chg	0.00	0.00	0.00	0.0%
Utilities City of Lindsay	4,658.67	4,125.00	533.67	112.9%
Utilities - Other	97.92			
Total Utilities	5,714.44	5,625.00	89.44	101.6%
Wellness Center				
Advertising	0.00	1,125.00	-1,125.00	0.0%
Class supplies	0.00	1,500.00	-1,500.00	0.0%
Debt Service Grant	0.00	233,721.00	-233,721.00	0.0%
Equipment	22,000.00	37,499.99	-15,499.99	58.7%
Equipment Repair	0.00	11,250.00	-11,250.00	0.0%
Maintenance-Buildings	3,870.50	26,250.00	-22,379.50	14.7%
Maintenance-Lawns	7,180.00	6,750.00	430.00	106.4%
Maintenance-Pool	1,300.00			
Office supplies	0.00	0.00	0.00	0.0%
Total Wellness Center	34,350.50	318,095.99	-283,745.49	10.8%
Total Expense	401,186.44	1,002,158.49	-594,372.05	40.0%
Net Ordinary Income	52,508.00	-602,158.49	654,666.49	-8.7%
Other Income/Expense				
Other Income				
Interest Income				
Interest Income-Bank	104.97	0.00	104.97	100.0%
Interest Income-County	21,015.01	0.00	21,015.01	100.0%
Interest Income-State	236.51	0.00	236.51	100.0%

Those financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through March 2018

	Jul '17 - Mar 18	Budget	$ Over Budget	% of Budget
Interest Income - Other	0.00	11,250.00	-11,250.00	0.0%
Total Interest Income	21,356.49	11,250.00	10,106.49	189.8%
Total Other Income	21,356.49	11,250.00	10,106.49	189.8%
Other Expense				
Capital Expenditures	0.00	5,625.00	-5,625.00	0.0%
Total Other Expense	0.00	5,625.00	-5,625.00	0.0%
Net Other Income	21,356.49	5,625.00	15,731.49	379.7%
Net Income	**57,264.49**	**-596,533.49**	**653,797.98**	-11.3%

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Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through June 2018

	Jul '17 - MAR 18	ANNUAL Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
County - Other Income	15,668.73	0.00	15,668.73	
Physician Office Lease	113,310.00	120,600.00	-6,990.00	94.4%
Property Taxes	524,119.71	500,000.00	175,284.29	64.1%
Total Income	653,694.44	620,600.00	190,962.91	69.2%
Expense				
Accounting	12,920.76	15,000.00	-2,079.24	86.1%
Advertising	541.88	200.00	341.88	270.9%
Bank Service Charges	35.00			
Depreciation Expense	19,151.91	14,000.00	5,151.91	136.8%
Directors' Fees	5,500.00	12,000.00	-6,500.00	45.8%
Dues and Subscriptions	900.00	600.00	300.00	150.0%
Election Expense	0.00	0.00	0.00	0.0%
Insurance				
D & O Insurance	3,168.54	4,500.00	-1,331.46	70.4%
Liability	2,948.22	4,000.00	-1,051.78	73.7%
Total Insurance	6,116.76	8,500.00	-2,383.24	72.0%
Legal	11,500.00	13,000.00	-1,500.00	88.5%
Legal Notices	339.00	1,000.00	-661.00	33.9%
Licenses and Permits	1,010.67	1,000.00	10.67	101.1%
Maintenance	8,076.80	15,000.00	-6,923.20	53.8%
Management Fee	11,051.00	12,000.00	-949.00	92.1%
Miscellaneous	-0.01	500.00	-500.01	-0.0%
Office Supplies	1,983.50	1,200.00	783.50	165.3%
Postage and Delivery	62.00	200.00	-138.00	31.0%
Program Support	10,528.92	279,500.00	-268,971.08	3.8%
Property Tax Admin Fees	6,787.50	12,800.00	-6,012.50	53.0%
Repairs				
831 Sequoia Maintenance	9,659.68			
835 Sequoia Maintenance	210.00			
839 Sequoia Maintenance	75.00			
845 Sequoia Maintenance	1,795.00	120,000.00	-118,205.00	1.5%
855 Sequoia Maintenance	0.00	24,000.00	-24,000.00	0.0%
Building Repairs				
Supplies	793.78			
Building Repairs - Oth	240,647.55	366,000.00	-125,352.45	65.8%
Total Building Repairs	247,611.33	390,000.00	-142,388.67	63.5%
Equipment Repairs	0.00	2,000.00	-2,000.00	0.0%
Total Repairs	259,346.01	502,000.00	-242,653.99	51.7%
Secretary Fee	150.00			
Security System Service	0.00	750.00	-750.00	0.0%
Stipend pay	11,250.00	19,600.00	-8,350.00	57.4%
Telephone				
Internet	0.00	0.00	0.00	0.0%
Total Telephone	0.00	0.00	0.00	0.0%
Travel & Ent				
Travel	0.00	0.00	0.00	0.0%
Total Travel & Ent	0.00	0.00	0.00	0.0%
Utilities				
Gas and Electric	957.85	2,000.00	-1,042.15	47.9%
Late pymt chg	0.00	0.00	0.00	0.0%
Utilities-City of Lindsay	4,658.67	5,500.00	-841.33	84.7%
Utilities - Other	97.92			
Total Utilities	5,714.44	7,500.00	-1,785.56	76.2%
Wellness Center				
Advertising	0.00	1,500.00	-1,500.00	0.0%
Class supplies	0.00	2,000.00	-2,000.00	0.0%
Debt Service Grant	0.00	283,721.00	-283,721.00	0.0%
Equipment	22,000.00	53,000.00	-31,000.00	41.5%
Equipment Repair	0.00	15,000.00	-15,000.00	0.0%
Maintenance Buildings	3,672.50	35,000.00	-31,327.50	10.5%
Maintenance Lawns	7,180.00	9,000.00	-1,820.00	79.8%
Maintenance Pool	1,800.00			
Office supplies	0.00	0.00	0.00	0.0%
Total Wellness Center	34,652.50	346,221.00	-311,568.50	10.0%
Total Expense	407,186.44	1,262,571.00	-854,784.56	32.3%
Net Ordinary Income	46,508.00	642,571.00	-596,419.00	7.2%
Other Income/Expense				
Other Income				
Interest Income				
Interest Income-Bank	134.97	0.00	134.97	100.0%
Interest Income-County	21,515.01	0.00	21,515.01	100.0%
Interest Income-State	236.51	0.00	236.51	100.0%

Theso financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through June 2018

	MAR Jul '17 - [redacted]18	ANNUAL Budget	$ Over Budget	% of Budget
Interest Income - Other	0.00	15,000.00	-15,000.00	0.0%
Total Interest Income	21,356.49	15,000.00	6,356.49	142.4%
Total Other Income	21,356.49	15,000.00	6,356.49	142.4%
Other Expense				
Capital Expenditures	0.00	7,500.00	-7,500.00	0.0%
Total Other Expense	0.00	7,500.00	-7,500.00	0.0%
Net Other Income	21,356.49	7,500.00	13,856.49	284.8%
Net Income	**67,264.49**	**-635,071.00**	**702,335.49**	-10.6%

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

LINDSAY LOCAL HOSPITAL DISTRICT
Board Information
4/12/2018

CHECKING BALANCE- MARCH 15, 2018		$ 271,373.01
DEPOSITS		
HENKEN REALTY	8,680.37	
TULARE COUNTY-PROPERTY TAX	0.00	
INTEREST INCOME	12.11	8,692.48
CHECKS WRITTEN AFTER BOARD MEETING		
AWARDS & SIGNS	541.88	
BARTLETTS POOL SERVICE	120.00	
CINDY BAKER	400.00	
CSDA	920.00	
DENNIS MEDDERS	250.00	
GREG MCQUEEN	500.00	
IVET SORIA	100.00	
M. GREEN & COMPANY	995.00	
MORRIS, SPRAGUE, GROEN & NEUSE	195.00	
QUAD KNOPF	3,885.03	
RICHARD SCOTT LOFTIN	100.00	
STARR WARSON	1,522.50	
TECH-CRETE, INC	12,950.00	
TECH-CRETE, INC	12,300.00	
THERESA HURTADO	200.00	
TOTAL CHECKS WRITTEN		34,979.41
CHECKING BALANCE- MARCH 31, 2018		$ 248,086.11
DEPOSITS SINCE MONTH END		
HENKEN	0.00	0.00
CHECKS WRITTEN SINCE MONTH END		0.00
CHECKING BALANCE AT APRIL 12, 2018		$ 248,086.11
ACTIVITY SINCE MONTH END		0.00
MONEY MARKET BALANCE-APRIL 12, 2018		$ 93,806.37
Cash in Bank as of March 31, 2018		
Cash in Checking-Bank of the Sierra		$ 248,086.11
Cash in Money Market-Bank of the Sierra		93,806.37
Cash in County of Tulare		2,014,439.34
State of California-LAIF		29,554.60
Total Cash Available		$2,385,886.42
PROJECTED REVENUES		
April 2018 (Property Taxes)		$ 140,000.00
May 2018 (Property Taxes)		40,000.00
June 2018 (Property Taxes)		20,000.00
MOB Billings Per Month		9,000.00
TOTAL PROJECTED REVENUES		209,000.00
OTHER EXPENSES		
TOTAL OTHER EXPENSES		0.00
PROJECTED NET REVENUES		$209,000.00
June 2017 (Property Taxes)		0.00
MOB Billings Per Month		8,000.00
TOTAL PROJECTED REVENUES		217,000.00
OTHER EXPENSES		
TOTAL OTHER EXPENSES		0.00
PROJECTED NET REVENUES		$217,000.00

Lindsay Local Hospital District
Transactions by Account
As of March 31, 2018

Type	Date	Num	Name	Memo	Debit	Credit	Balance
Cash in Bank Checking							
Bill Pmt -Check	03/21/2018	3095	[illegible]				
Bill Pmt -Check	03/21/2018	3096	[illegible]				
Bill Pmt -Check	03/21/2018	3097	[illegible]				
Bill Pmt -Check	03/21/2018	3098	[illegible]				
Bill Pmt -Check	03/21/2018	3099	[illegible]				
Bill Pmt -Check	03/21/2018	3100	[illegible]				
Bill Pmt -Check	03/21/2018	3101	[illegible]				
Bill Pmt -Check	03/21/2018	3102	[illegible]				
Bill Pmt -Check	03/21/2018	3103	[illegible]				
Bill Pmt -Check	03/21/2018	3104	[illegible]				
Bill Pmt -Check	03/21/2018	3105	[illegible]				
Bill Pmt -Check	03/21/2018	3106	[illegible]				
Bill Pmt -Check	03/21/2018	3107	[illegible]				
Deposit	03/21/2018			[illegible]			
Bill Pmt -Check	03/27/2018	3108	[illegible]				
Bill Pmt -Check	03/31/2018	3109	[illegible]				
Bill Pmt -Check	03/31/2018	3110	[illegible]				
Deposit	03/30/2018			[illegible]			
Total Cash in Bank Checking							
Cash in Bank Money Market							
Deposit	03/30/2018			[illegible]			
Total Cash in Bank Money Market							
Cash in County of Tulare							
Deposit	03/31/2018			[illegible]			
Total Cash in County of Tulare							
STATE OF CALAIP							
Total STATE OF CALAIP							
TOTAL							

Lindsay Local Hospital District
Transactions by Account
As of April 12, 2018

Type	Date	Num	Name	Memo	Debit	Credit	Balance
Cash in Bank Checking							
Total Cash in Bank Checking							
Cash in Bank Money Market							
Total Cash in Bank Money Market							
Cash in County of Tulare							
Total Cash in County of Tulare							
STATE OF CA (LAIF							
Total STATE OF CA (LAIF							
TOTAL							2,585,884.42

Kaweah Delta
Exeter Health Clinic

MEMO

To: Greg McQueen

From: KDHCD – Dave Garrett DG

Date: 4-10-18

Re: Lindsay Project invoices

Comments: Below is the calculation for the final payment for the $120,000 allotment for the large clinic tenant improvements. Please pay Kevin Climer of Climer's Drywall in the amount of $7,482.00. The vendor made two restrooms ADA-compliant. Kaweah Delta will pay the remaining $4,318.00.

Previous submitted:	$112,518.00
Amount remaining:	$7,482.00
Total Budget Allocated for Large Clinic:	$120,000.00

Please note that there is a $24,000 budget for tenant improvements on the small annex space adjacent to the current clinic. Once the large clinic is operational, we will build out the small annex as administrative space.

Kevin Climer
Climer's Drywall
1380 E. Kern
Tulare, CA 93274
5593031394

INVOICE

Kaweah Delta Health Care District
Job Site: Lindsey Local Hospital District 831 B.N. Sequoia
400 W. Mineral King
Visalia, CA 93291

Invoice Number: 10003

Date	Description	Cost
Invoice#10003	Did the work to make building handicap compliant	10500.00
	Installed crash rail.	750.00
	Took out file cabinets, patched and painted walls in the file room.	550.00
	Totals:	$11800.00

Please remit total amount due, **$11800.00**, within 10 days.

Thank You,

Please pay $7,482.00
Lindsay District portion

Kevin Climer

Lane Engineers, Inc.
P.O. Box 1059
Tulare, CA 93275-1059
Phone: (559) 688-5263
Fax: (559) 688-8893

April 01, 2018
Project No: 17092
Invoice No: 42186

LINDSAY LOCAL HOSPITAL DISTRICT
P.O. BOX 234
LINDSAY, CA 93247

Project 17092 LOT LINE MERGER
Professional Services from March 01, 2018 to March 31, 2018

Billing Group 3.0 AMENDMENT NO. 1 - ADDITIONAL SERVICES
Phase SP SITE PLAN DEVELOPMENT
Project Fee

Phase	Fee	% Complete	Fee Earned	Previous Billing	Current Billing
SITE PLAN DEVELOPMENT	5,700.00	12.00	684.00	0.00	684.00
TOPOGRAPHIC SURVEY	8,500.00	100.00	8,500.00	0.00	8,500.00
Total Fee	14,200.00		9,184.00	0.00	9,184.00
		Total Fee			**9,184.00**
				Phase Total	**$9,184.00**
				Billing Group Total	**$9,184.00**
				Invoice Total	**$9,184.00**

Billing Statement

QBE

Billing Information

LINDSAY LOCAL HOSPITAL DIST
PO BOX 234
LINDSAY CA 93247

Agent

PALMER COMPANY
111 WEST HONOLULU
LINDSAY CA 93247

Phone Number 559-562-2522
Date of Billing 04/03/2018
Payment Due Date 04/23/2018

Pay Your Bill Online at www.qbeus.com

Account Balance	**$ 3,965.00**
Minimum Due	**$ 3,965.00**
Account Number	**4424788499**
Billing questions call	**1-800-553-4471**

Account Detail

Current Policies		Effective Date	Expiration Date	Balance	Minimum Due
FlexBiz	FB101171010	04/23/2018	04/23/2019	3,965.00	3,965.00
FlexBiz	FB101171010	04/23/2017	04/23/2018	0.00	0.00

Account Balance	Minimum Due
$ 3,965.00	$ 3,965.00

Detach this portion and return with payment in enclosed envelope.

QBE

Remittance

Pay Your Bill Online at www.qbeus.com

Agency PALMER COMPANY
Date of Billing 04/03/2018 004-2215
Insured Name LINDSAY LOCAL HOSPITAL DIST
Account Number 4424788499
Please write your account number on your check or money order and make payable to:

QBE
PO BOX 3109
MILWAUKEE WI 53201-3109

Please write any correspondence on a separate piece of paper with your account number clearly identified.

Account Balance	$ 3,965.00
Minimum Due	$ 3,965.00

Amount Enclosed: |

Please mail your payment by 04/18/2018 to avoid an increase in your effective rate for the policy period 04/23/2018

34424788499000039650000039650020180513 5

Invoice

Quad Knopf, Inc.
P.O. Box 3699
Visalia, CA 93278
(559) 733-0440

January 31, 2018
Project No: 150350
Invoice No: 91689

LINDSAY LOCAL HOSPITAL DISTRICT
P. O. Box 234
Lindsay, CA 93247

Project Manager: Tom McCurdy

Project: 150350 Topo Survey - ADA Compliant access ramps

Professional Services for the Period:December 17, 2017 to January 20, 2018

Phase: 03 Civil Engineering Design

Professional Personnel

	Hours	Rate	Amount	
Assistant Engineer	24.50	110.00	2,695.00	
Senior Associate Engineer	2.30	156.00	358.80	
Principal Engineer	.40	199.00	79.60	
Senior Construction Manager	1.00	165.00	165.00	
Project Administrator	.50	88.00	44.00	
Field Construction Observer	7.80	99.00	772.20	
Senior Associate Project Manager	3.00	148.00	444.00	
Totals	39.50		4,558.60	
Total Labor				4,558.60

Reimbursable Expenses

Reimbursable Travel & Promo

12/18/2017	Snyder, Kathleen	From Visalia to Lindsay	16.59	
1/15/2018	Snyder, Kathleen	From Visalia to Lindsay Hospital-RT	22.62	
	Total Reimbursables		**39.21**	**39.21**

Phase Total **$4,597.81**

Phase: 04 Construction Staking

Professional Personnel

	Hours	Rate	Amount	
Senior Associate Engineer	20	156.00	31.20	
Senior Surveyor	10	156.00	15.60	
Totals	30		46.80	
Total Labor				46.80

Phase Total **$46.80**

Phase: 05 CASP Certification

Project	150350	Topo Survey-ADA Compliant ramps		Invoice	91689
Consultants					
THE TAYLOR GROUP ARCHITECTS OF CA , INC					
1/20/2018	THE TAYLOR GROUP ARCHITECTS OF CA , INC			638.25	
	Total Consultants			**638.25**	638.25

Billing Limits	**Current**	**Prior**	**To-Date**
Total Billings	638.25	2,079.68	2,717.93
Limit			3,000.00
Remaining			282.07

Phase Total	**$638.25**
Total Project Invoice Amount	**$5,282.86**

Terms Net 30 Days

Invoice

Quad Knopf, Inc.
P.O. Box 3699
Visalia, CA 93278
(559) 733-0440

March 26, 2018
Project No 150350
Invoice No 92361

LINDSAY LOCAL HOSPITAL DISTRICT
P O Box 234
Lindsay, CA 93247

Project Manager Tom McCurdy
Project 150350 Topo Survey - ADA Compliant access ramps
Professional Services for the Period:February 18, 2018 to March 17, 2018
Phase 03 Civil Engineering Design
Professional Personnel

	Hours	Rate	Amount
Senior Associate Engineer	1 40	156 00	218 40
Associate Construction Manager	1 00	129 00	129 00
Project Administrator	20	88 00	17 60
Field Construction Observer	1 50	99 00	148 50
Senior Associate Project Manager	1 00	148 00	148 00
Totals	5 10		661 50
Total Labor			**661.50**

Phase Total **$661.50**

Total Project Invoice Amount **$661.50**

Outstanding Invoices

Number	Date	Balance
91689	1/31/2018	5,282.86
Total		**5,282.86**

Terms Net 30 Days

STARR WARSON
ATTORNEY AT LAW

MAILING ADDRESS
Post Office Box 638
Lindsay, Calif. 93247

warsonlaw@verizon.net (eMail)

OFFICE ADDRESS
23100 Avenue 208
Lindsay, Calif. 93247

559.568.0775 (voice/facsimile)

ACCOUNT STATEMENT

Lindsay Hospital District
Board of Directors
P. O. Box 234
Lindsay, CA 93247

March 31, 2018

	DESCRIPTION OF SERVICES	❖	TIME Hourly	PAYMENTS Credits	CHARGES Debits
03/01/2018	Beginning Balance				$1,522.50
03/02/2018	Register project with DIR for Lane Engineering	2	1.5		$142.50
03/08/2018	Discussion with Tech Crete, Re: Billing & work remaining to be done.	2	1.0		$95.00
	Follow on discussion with QK, Re: Concrete work	1	0.5		no charge
03/16/2018	Forward revised bylaws to directors	2	0.5		no charge
03/20/2018	Monthly Director's meeting	1	fee		$350.00
03/23/2018	Draft response to State Controller, Re: Validation of District standing	2	1.0		$95.00
	Revise bylaws, submit to board administrator	1	1.0		$180.00
03/27/2018	Payment Received - *Thank You* -			$1,522.50	
	Total Charges & Credits:			$1,522.50	$2,385.00
	Interest & Other Charges:				$0.00
	BALANCE DUE:				$862.50

1 All Account balances are due and payable on the date billed. If a balance is carried forward to the next statement period, an 18% charge (APR prorated monthly) will be added to the unpaid portion.
2 If a check is returned unpaid for any reason, a $30 handling fee will be assessed, plus any costs incurred to be added to the account in addition to any late fees charged.

❖ Legend
1 Attorney
2 Paralegal
3 Secretarial

BARTLETT'S POOL SERVICE, INC.
P.O. BOX 8622
PORTERVILLE, CA 93258
559-781-3252

STATEMENT

DATE
03/31/18
NUMBER
ACCT: 24790000

LINDSAY LOCAL HOSPITAL DIST
PO BOX 234
LINDSAY CA 93247

Total Due $ 120.00

Amount Paid: $

RE : 860 N SEQUIA

PLEASE RETURN THIS PORT ON WITH PAYMENT

	REFERENCE	CHARGES	CREDITS	BALANCE
	PREVIOUS BALANCE	120.00		120.00
03/26/18	CK3096		-120.00	-120.00
	March Service Charges	120.00		120.00

!!WE ARE GOING GREEN!! PLEASE HELP US REDUCE OUR CARBON FOOTPRINT BY SIGNINSIGNING UP TO RECIEVE E-STATEMENTS. LET US KNOW BY EMAILING US AT ACCOUNTS@BARTLETTSPOOL COM

**ANY AMOUNT NOT PAID WITHIN 30 DAYS WILL BE ASSESED A LATE CHARGE OF 1.5% **

120.00

PLEASE PAY THIS AMOUNT

Thank You

M. Green and Company LLP

CERTIFIED PUBLIC ACCOUNTANTS

135 N. URUAPAN DR., STE A
DINUBA, CA 93618-2123
(559) 591-4545

POST OFFICE BOX 210
HANFORD, CA 93232-0210
(559) 584-2751

POST OFFICE BOX 118
TULARE, CA 93275-0118
(559) 688-7401

POST OFFICE BOX 3330
VISALIA, CA 93278-3330
(559) 627-3900

Visit us at www.mgreencpas.com

LINDSAY LOCAL HOSPITAL DISTRICT
PO BOX 234
LINDSAY, CA 93247

Invoice No. *121415*
Date *02/28/2018*

Client No. *90445*

DETACH AND RETURN TOP PORTION

Accounting services for February 2018	$465.00
Meeting with finance committee	225.00

Current Amount Due	$	690.00
Prior Balance		~~995.00~~
Total Amount Due	$	1,685.00

Your payment in the amount
of $_____
was received on
_____
Your new Total Amount Due
is $_____

0 - 30	31- 60	61 - 90	91 - 120	Over 120	Balance
690.00	995.00	0.00	0.00	0.00	1,685.00

OPTION TO PAY BY CREDIT CARD: **Please return a complete copy of this invoice with your credit card payment.**

M. GREEN & COMPANY LLP, Client # ~90445 LINDSAY LOCAL HOSPITAL DISTRICT
*Name on Credit Card*_____ $_____

Charge my credit card for this payment only. # _____
*CVV#*____ *EXP Date* ___/___ *MC*____ *VISA*____ *AMEX*____ *DISCOVER*____

Financing charges will be added at the periodic rate of a 1.50%. This is an annual percentage rate of 18.0%. Minimum charge is 50 cents. Financing charges will be added to all unpaid balances after 60 days.

Lindsay Diabetes Integrated Project
Quarterly Update: April 2018
Project Lead: Linda Ledesma

Scope of work items completed to date:

Major Activities	Dec	Jan	Feb	Mar	Results
Ongoing stakeholder meetings		x			December meeting canceled due to low RSVPS. Meeting held on January 31st. Meetings will be held quarterly. Next scheduled meeting is April 25th at 12:15 p.m.
Formalize Partnerships and contractual relationships	x	x	x	x	Contract with KDH is in place with that data items were agreed upon.
Establish and formalize project specific bookkeeping and accounting systems, policies and procedures.	x	x	x	x	Completed
Establish the evaluative measures, procedures, management and milestones & reporting	x	x	x	x	10 enrolled in Project Dulce in January, 8 and for March cohort. Total patients completing year to date is 63, 6 completed the January cohort 4 were type 2 diabetics. 2 participants did not have diabetes but wanted to learn how to prevent it altogether. 8 patients have registered so far for the April class. This cohort will begin soon. We have been actively recruiting and calling patients who dropped out of the program to complete them. Of those who completed a total of 252 families have been indirectly touched by the program. 25 have been actively participating to either support a parent/spouse/child. 9 pre-diabetics have attended the classes. 4 Patients with Type 1 Diabetes have also attended classes to increase their knowledge. We do not count the pre diabetics and type 1 in our current data as the research and evaluation is geared towards Type 2.

					Support groups are ongoing recently we had a Podiatrist as a guest speaker for the group on foot care. Approximately 25 attend regularly. 20-25 continue to attend baileterapia- and recently Candy became certified in Zumba and it is also being offered. 15 patients have been seen by either Dr. Stearns or by the KDH pharmacist and follow up visits are scheduled. 6 patients have opted to work out at the Wellness Center instead of at the Healthy Start exercise classes.
Train and orient Project Staff		x	x	x	The promotoras are registered to participate in the Lifetime of Wellness program for pre-diabetic education.
Expand awareness of grant funded opportunities to support the project.	x	x	x		Alma & Linda continue to support the Tulare County Diabetes Coalition- Alma and Linda now chair the meetings. Last meeting was held in February. Next meeting is set for April. Health Fair/Walk planning is ongoing. Next meeting is scheduled for April 16 at 11 am. Grants: a funding opportunity presented itself- Sunlife Financial supports education for type 2 Diabetes. Grant requesting $50,000 was submitted. A $2,500 small grants request was submitted to Anthem Blue Cross for help with the Health Fair and program incentives for Diabetes Project participants. An additional grant has been written for $25,000 and will also be submitted in May.
Patient recruitment, enrollment and Participation	x	x	x		March 31, 2018- 6 of the 10 participants completed the program. 8 registered for April classes. Class will begin later this month, original date canceled.
Success Story					Non Kaweah patients began to see Dr. Charlie Stearns in December. Patients are

					finding pharmacist consults to be very helpful in understanding how their medications help control their symptoms. Dr. Stearns felt one patients medication dosage wasn't adequate, he spoke to her provider and it was increased. The patient began to feel better and lost weight. Other patients reported having less fear about using insulin and feeling less scared about having diabetes. Visits have been provided at Healthy Start or at their homes. The pharmacist makes it a point not just educate the patient but the family members who are present as well so they can provide support and encouragement.

Quantitative Report
(HbA1c)

Pre and Post Intervention Hemoglobin A1Cs					
	n	Pre	SD	Post	SD
Diabetics	12	9.3	2.24	8.6	2.16
Prediabetics + Diabetics	22	8.3	2.40	7.7	2.00

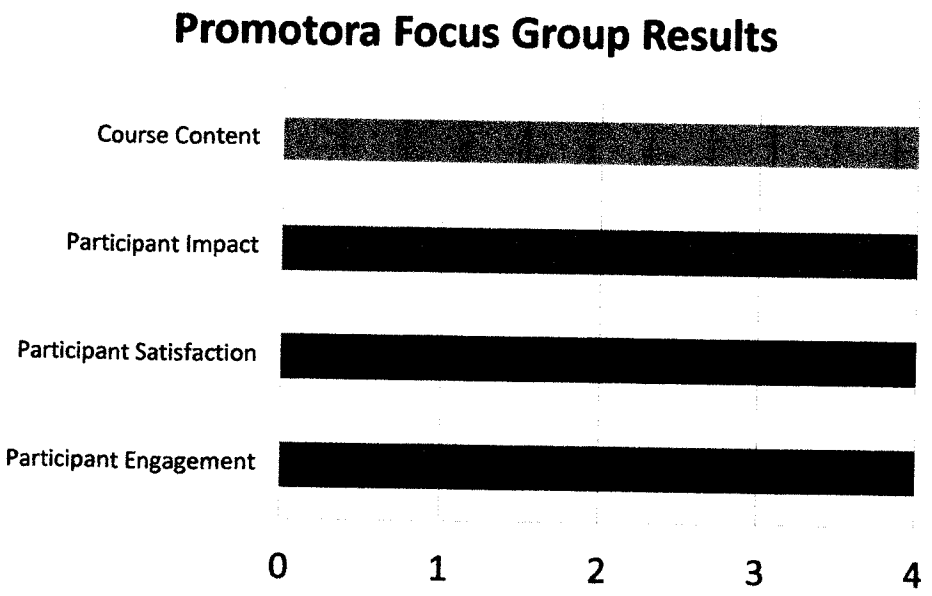
Results comparing pre and post intervention A1Cs in diabetics and diabetics with prediabetics

Quantitative Report
(Readmissions)

	Prior to Participation	During Program	After Program
Admitted	7	1	1
Not Admitted	26	0	0

Prior to participation = 1 year prior to cohort start date
During/After program = 3 months after cohort start date

Lindsay Diabetes Project Focus Groups
(Promotoras)



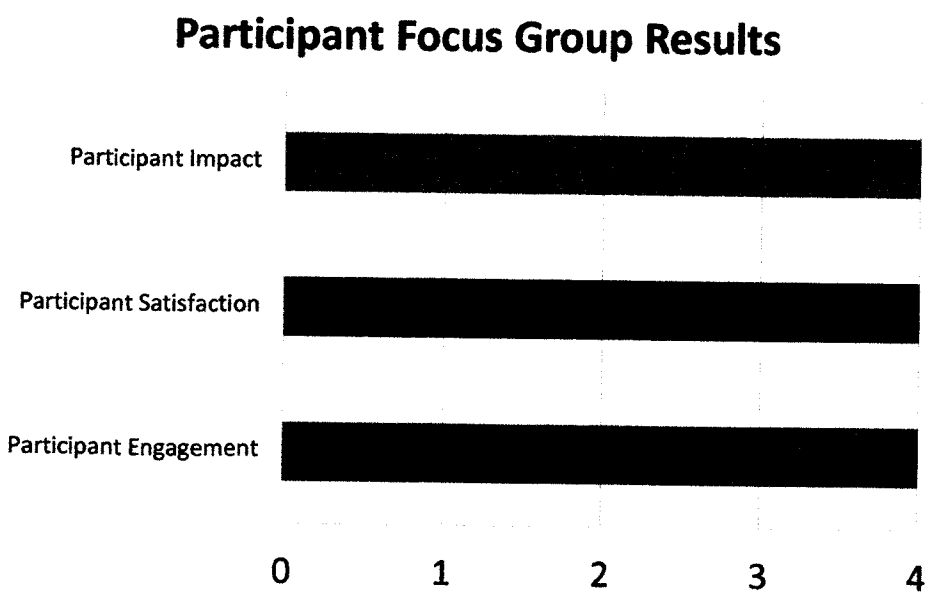
Challenges

- Data collection
- Participant perception
- Time

Suggested Improvements

- Increase health care provider engagement
- New outreach efforts

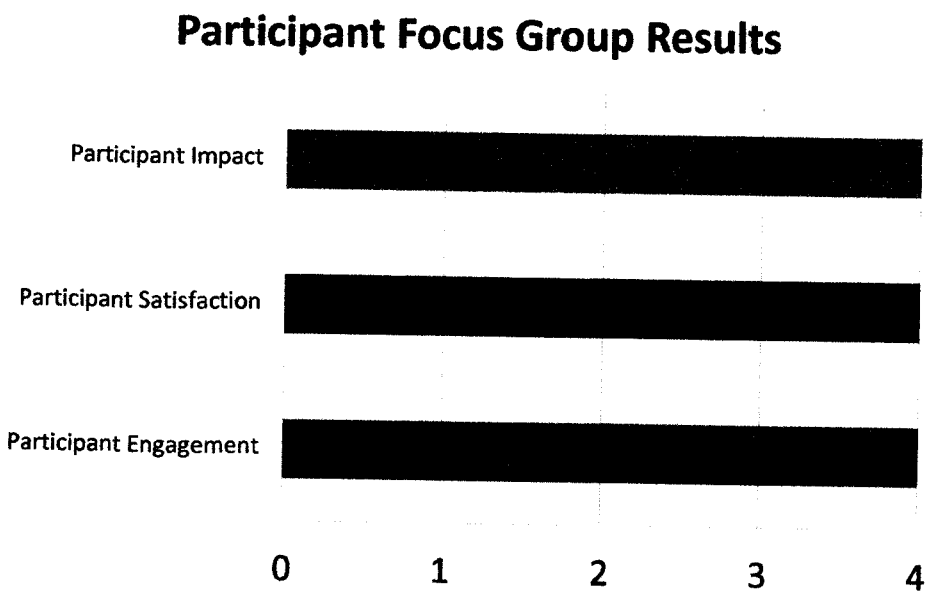
Lindsay Diabetes Project Focus Groups
(Participants)



Suggested Improvements

- Integrate a primary care physician
- More outreach

Lindsay Diabetes Project Focus Groups
(Phone Interviews)



Phone Interview Results

- Education helpful
- Common obstacles to attendance
  - work schedules
  - death in the family
- All would like to attend program again

Executive Summary

Project Summary

In 2014 a city wide collaborative effort between the Lindsay Hospital Board, LUSD, Healthy Kids-Healthy Lindsay, local medical providers and other community stakeholders was initiated to address Type 2 Diabetes in the city of Lindsay. Local physicians provided input as to what they felt was needed to help patients have better health outcomes. Their top two requests were Diabetic education and care coordination. The program sought to address these two issues that physician's felt they could not adequately address in their clinics. What began as pilot project in late 2015 grew and developed into a robust program. The plan was to provide culturally competent diabetes education utilizing community health workers (promotores) with consultation by pharmacists who are certified diabetes educators. Exercise programs were provided to support overall lifestyle change. The program was made available to all Lindsay residents. The first year was spent building the framework, establishing protocols, working through contracts and extracting data. A core team provided oversight, input and structure for the program. In the second and third year the program began to build as referrals increased. Referrals were made by local clinics, outreach efforts, and Emergency room data. The core team felt it was important to include research and evaluation into the effort to measure effectiveness of the program. As a result, this submission is to highlight the data gathered and overall effect the program had on its participants.

Project Evaluation

Three focus groups were conducted on Lindsay Diabetes Project (LDP) participants to assess participant satisfaction. The results show that the LDP has greatly and positively impacted all the participants, including the ones that only attended a fraction of the activities. All participants reported being influenced by the knowledge acquired in the program that led them to make positive and lasting changes. These changes have assisted them in managing their diabetes more effectively. Although, many elements of the program were cited as being important, the most impactful to the majority of the participants were: nutrition education, visits with the pharmacist and the personalized follow up and constant contact the Promotoras had with the participants. All focus group participants expressed, throughout the meeting, their desire to continue having the program.

To assess impact on Hemoglobin A1Cs, 45 participants were enrolled in the study and had initial baseline HbA1Cs drawn. 22 patients presented for follow up HbA1C readings post intervention between 3-12 months after the intervention. The average initial HbA1C was 8.3 (SD 2.4). Repeat HbA1C, collected between 3-12 months post intervention, had an average HbA1C of 7.7 (SD 2). When conducting a sub-group analysis of the 12 diabetics alone, those with HbA1Cs of 6.5 or greater, the results indicate a drop from a pre-intervention average HbA1C of 9.3 (SD 2.24) to a post-intervention average HbA1C of 8.6 (SD 2.16). These results were consistent with Gilmer et al whose original study showed a statistically significant reduction in HbA1C amongst participants in the Project Dulce curriculum.

Of the 45 participants, 33 had MRNs with Kaweah Delta Health Care District. These participants joined during one of nine six-week cohorts ranging from 7/13/16 to 11/15/2017. To measure the impact on readmissions a report was run to extract the frequency at which LDP participants had an ED visit which resulted in an inpatient hospitalization or were hospitalized before, during and after their participation in the program. Data from 7/1/2015 to 1/15/2018 provided data one-year prior and three-

months after each cohort start date. Of the 33 participants with KDHCD MRNs, 7 had a visit to the ED which resulted in an inpatient hospitalization or were hospitalized prior to their participation in the program. Of those 7 participants, only 1 participant was readmitted after their cohort start date. Participants who did not have a visit to the ED which resulted in an inpatient hospitalization or have a hospitalization one-year prior to their cohort start date, did not have an ED visit that resulted in an inpatient hospitalization or have a hospitalization three-months after their cohort start date.

Lindsay Diabetes Project

Background/Activities offered to participants

In January 2016, the Lindsay Diabetes Project began a collaborative, multi-faceted, community-based approach to diabetes education and management. The collaboration between Healthy Kids Healthy Lindsay and Kaweah Delta Health Care District (KDHCD) recruits Lindsay residents diagnosed with diabetes or are pre-diabetic to participate in promotora-led educational classes, support groups, visits with a pharmacist, and physical activities geared toward improving their understanding and better management of their diabetes through evidence-based techniques.

Promotoras, provided by KDHCD, educates participants using an evidence-based education program developed by the Whittier Institute. The educational modules include various topics related to diabetes, for example: diabetes basics, nutrition education, cooking demonstrations, importance of exercise, medications, among other topics. After completing the six-week course, the group celebrates with a gathering and presented with a certificate of completion.

Support groups are follow-up sessions provided to participants after completion of their six-week course. During the one hour sessions, participants suggest the topics that they are most interested in learning more about and local experts that may include doctors, pharmacists, social workers and health educators are invited as guest speakers. The groups begin with an icebreaker/group sharing activity, followed by the educational presentation and questions/answers. A short physical activity such as chair exercises, stretching is conducted and the support group ends with a cooking demonstration and a raffle. Zumba and Bailoterapia (dance therapy) exercise classes are offered on an ongoing basis to all participants. Participants who complete the education classes and who commit to utilizing the gym membership on a weekly basis are offered a three-month free gym membership. In addition, participants can be scheduled for individual meetings between participants and a pharmacist. The Pharmacy visit includes a medication review and goal setting. The pharmacist makes recommendations on the current medications and communicates this to the Primary Care Physician. According to the Promotoras, there was at least one participant who relayed that once the pharmacist realized her medication dosage was not appropriate and changed it, with her doctor's approval, she started feeling a significant improvement in her health and weight.

Every 3 months the participants get their blood sugar checked (A1c) at one of the monthly support groups by trained Medical Assistants. The A1C measures how well the body has controlled the sugar in the blood in the previous 2-3 months. The Body Mass Index (BMI), which is the value of weight in relation to height, and their blood pressure are also taken.

FOCUS GROUPS

KDHCD brought in an independent consultant to provide a qualitative evaluation of the program. Below is a summary of the results.

Promotoras Focus Group

The first focus group with the promotoras took place on March 7, 2018 at the Lindsay Healthy Start. The Promotoras play a vital role in this program and in the prevention and management of diabetes in Lindsay by performing various roles. By performing their duties,

they have impacted not only the participant, but their entire family, indirectly. Promotoras provide education and support on site and home visits, these are often done in the evenings. Additional tasks the Promotoras take part in are: educate patients on medicine organization, provide translation during the pharmacist/participant visits, provide support and follow up in relation to the goals set by patients, meet with some participants at the Wellness Center to motivate exercise routines, among other responsibilities.

Promotoras mentioned that an initial challenge encountered is to have all the people that registered for the program attend the first meeting. On rare occasions, there have been people who mentioned during the first class that they possess all the diabetes knowledge needed and did not continue with the program. The promotoras suggest increasing health care provider engagement to augment patient participation. However, low engagement of local health providers is an area from future improvement. Additionally, the promotoras suggested new outreach efforts such as extending to other geographic areas and integrate new recruiting techniques.

When asked about participant engagement both promotoras ranked participant engagement as "very engaged". We defined engagement by the level of participation during the classes, phone call return rate, referrals, and attendance. Participant satisfaction was also ranked as "very satisfied". We defined satisfaction as participant verbal reports, bio-metrics and attendance. Verbal reports frequently centered on the pharmacist and pharmacological goal-setting. Participants self-reported lost weight and lowered their A1Cs as a result of pharmacy-led interventions. The participants meet with the pharmacist after the completion of the 6 classes. The Promotoras feel this helps in maintaining the participants engaged since the goal is to obtain a pre and a post A1C and encourages goal achievement. The Promotoras feel that they do not have adequate time to closely follow up with all participants during this gap, as one Promotora is assigned only part time to this project

Both promotoras inferred that the program has had a positive impact on the participants and has met the participants needs, specifically in a physical, and emotional manner (Table 1).

Table 1: Improvements shown by participants, directly related to their participation in the program and expressed by participants
▪ Healthier eating ▪ Lower blood sugar levels ▪ Lowering and controlling stress ▪ Finding support as the classes ▪ Changing eating habits of the entire family due to what was learned ▪ Initiating walking when there is no exercise class

The program is dedicated to "Diabetes Excellence Across Communities," with a mission of improving the lives of people with diabetes through culturally appropriate, community-based diabetes management, education and support programs. Both promotoras rate the current course materials, provided by Project Dulce, as "very useful and easy to understand". The rate of usefulness and understanding was validated by pre- and post-tests that demonstrated an increased knowledge amongst the participants in nutrition information/carbohydrates, how to treat hypoglycemia and the effect of exercise on blood sugar levels. Promotoras stated that seeing the participants feel part of a

group they can relate with and seeing how proud participants feel of making positive changes, are the greatest outcomes of the program.

Table 2: When asked if the program met their needs participants responded that they are:
▪ Learning new things ▪ Receiving motivation ▪ Receiving support and feeling part of a group ▪ Feeling understood and not judged ▪ Engaging in physical activity and dance therapy ▪ Increasing their medication knowledge ▪ Learning to check feet and shoes to avoid complications ▪ Recognizing signs and symptoms of uncontrolled sugars ▪ Appreciating that promotoras are constantly follow up

Participant Focus Groups

There were two participants focus groups, one for Spanish speaking program participants and another for English speakers. These took place at the Lindsay Healthy Start on March 15th and March 20, 2018, respectively. In order to participate, the participants were required to have participated in most of the program activities. Each group had six participants with two male and four female participants in the Spanish group, and one male and five females in the English group. At the conclusion of the groups, all participants were given a $15.00 gift card as a token of appreciation for their participation.

The results presented in the following tables are combined from both groups. All twelve participants, answered "yes, definitely" when asked if the program met their needs (Table 2). All twelve participants, or 100%, answered "yes, definitely" when asked if the program helped manage their diabetes more effectively (Table 3).

Table 3: When asked if the program helped manage their diabetes more effectively participants responded that they are:
▪ Receiving nutrition education ▪ Making changes in diet and making healthier choices as a result ▪ Receiving support during dietary changes transition challenges ▪ Receiving education on A1Cs ▪ Learning how to respond if numbers are elevated ▪ Meeting with pharmacist ▪ Feeling more empowered ▪ Not afraid of the disease anymore

All participants regarded the information provided by Promotoras and Pharmacists was concise and easy to understand. Through the clear and personalized education provided by the pharmacists, one participant asserted, "for me, the use of insulin was the same as death and now I have lost fear by talking to the pharmacist. When I was first given insulin, I cried for a week and as I continued seeing the pharmacist I felt more safe and comfortable by knowing how it helps me."

When asked "do you feel that there were changes in your overall health and physical condition due to your participation in the program?" 100% of respondents said "yes, definitely." Most participants have lost weight, changed dietary habits, and started or increased physical activity. Adjoined with physical health changes, all participants concurred that their mental health has also being impacted in a positive manner. One participant

affirmed, "before coming to bailoterapia, I had headaches and anxiety, and now after the dance class I get home with energy." Another participant said, "we are not afraid of diabetes anymore. People that come here [attend the program] know they're doing something for their health." Additionally, others have felt empowered to make decisions that are perceived as important, for example, one participant expressed, "because of what I learned here, I am changing doctors because he wasn't doing his job. He wasn't checking my feet or asking me questions."

Focus group participants were asked for any additional recommendations or suggestions that would have made their experience better. Table 4 includes some of the common outreach strategies that were suggested by participants to help in bringing more participants to the program.

Table 4: Suggested outreach strategies
▪ Have more local primary care physicians send patients to the program
▪ Post flyers at the Lindsay apartments, stores and laundromats
▪ Outreach during the Lindsay Orange Blossom Festival

All participants concurred that the program possess and provides all the tools and resources necessary for a more suitable diabetes management and only positive feedback was received. One participant stated, "nothing really needs to change, if we don't come is because we are laggers and if there are no materials things to be received, then some people don't come to these programs." Another participant said, "Everything is perfect in the program. Trust is big here; the workers are very trustworthy." All participants repeatedly provided positive feedback and praised the expertise of the promotoras. Additionally, the constant follow up done by the promotoras to remind patients about the classes or to check on progress, was often commended. One participant said, "All the phone calls and reminders are good, we are given a personalized treatment."

INDIVIDUAL PHONE INTERVIEWS

The intention of the phone interviews was to collect feedback from the participants that did not complete all the program activities. A list of seven people was given to the independent contractor to complete the interviews. Four of those participants had disconnected phone numbers and were unable to be reached. The other three were asked the same seven questions that the focus group participants were asked.

Although the participants attended only a few classes all three concurred that the program educated them in a simple and concise manner about nutrition education, the importance of exercise and medications. Even though they only attended a few classes, they acquired sufficient knowledge and were able to switch some of their unhealthy habits. These healthy habits tend to diminish as less support is received. One participant mentioned that after he stopped attending, his health has been impacted because he doesn't have the support the program provides. He mentioned, "Since the 'policing' is not there, [referring to the support and follow up done by the promotoras] I have been cheating on food and it shows." The other two respondents concurred that they are still practicing what they learned and are being able to manage their disease in a better way. Similar to the focus group participants, the phone interview participants added that they are no longer afraid of the disease as a result of what they learned.

Two of the respondents did not complete the program and are unable to attend because their work schedule was modified. The third responder did not continue attending because her son had an accident and passed away and since then, she has lacked the motivation. Although, all had varying reasons to why they stopped attending, they all report their eagerness to come back and continue attending the program.

CONCLUSION

The Lindsay Diabetes Project has greatly and positively impacted all the participants, including the ones that only attended a fraction of the activities. All participants (100%), reported being influenced by the knowledge acquired in the program that led them to make positive and lasting changes. These changes have assisted them in managing their diabetes more effectively. Although, many elements of the program were cited as being important, the most impactful to the majority of the participants were: nutrition education, visits with the pharmacist and the personalized follow up and constant contact the Promotoras had with the participants. Aside from the three respondents that reported having stopped attending the program activities due to work schedule changes and death in the family, the rest of the participants concurred that not participating is a poor personal choice and not the result of what the program offers. All focus group participants expressed, throughout the meeting, their desire to continue having the program. Next are some quotes acquired during the focus groups that reflect the before mentioned aspiration: "Kaweah and everyone are doing a great job, is a whole village that helps us," "they just have to keep the program, is working and is free. If people had to pay, they wouldn't come," "if it ends, more people will get worse because of the lack of information. For current participants, it will be a lifetime-lasting experience and knowledge."

Lindsay Diabetes Study

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Research Question

Are comprehensive, culturally-focused lifestyle modification interventions effective at improving glycemic control in Hispanic diabetic populations in Lindsay, California?

Background

Diabetes Mellitus Type 2 (DM2) is a serious chronic medical condition marked by hyperglycemia due to defects in insulin secretion or utilization that affects over 400 million people worldwide with an expected increasing prevalence in the future (1). An estimated 30.3 million people had diabetes in 2015, roughly 9.4% of the US population (1). Many studies have shown that tight glycemic control can significantly reduce the risk of developing serious complications from DM2 (2). However, the control of blood sugar is complicated, and physicians and patients have found it difficult. Many variables affect blood sugar levels, and these include medication compliance, behavioral changes as well as pharmacologic treatments. Unfortunately those affected most by DM2 are the least educated and poorest segments of society (3). Non-English-speaking immigrants face further barriers. Many are poorly educated, and do not understand either their doctors recommendations or the reasoning behind it due to language and cultural barriers. Even when they do understand, they face barriers to compliance compounded by unsafe neighborhoods or transportation difficulties (4).

Significant educational and race disparities have been found in rates of DM2 in Tulare County, CA. From 2013 to 2015, Hispanics had a DM2 incidence of 8.4 per 1,000 persons, which is the second highest incidence among the races compared (figure 1). Having less than a high school education doubled the risk to 10.4 per 1,000 persons compared to those with more than a high school education, 5.3 per 1,000 persons (1). Not only are there disparities in the incidence of DM in Tulare County compared to other counties in California, but there is also a higher rate of

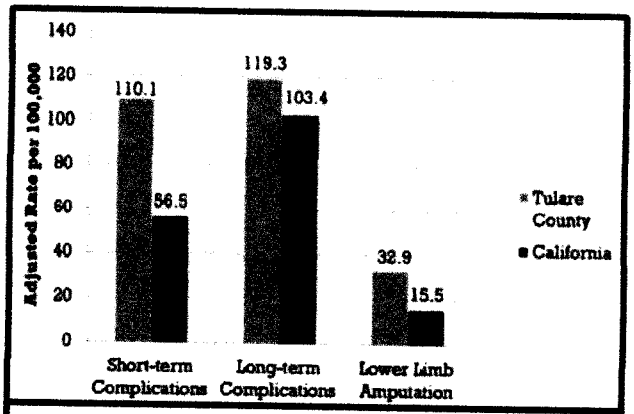

Figure 1: Hospitalization Rates for Diabetes Complications in Tulare County, 2014

Source: Office of Statewide Health Planning & Development, Prevention Quality Indicators, 2005-2014.

complications (figure 2). These disparities are likely multifactorial. It has previously been shown that minority populations have unequal access to healthcare and healthy diet which is likely an important factor in these different outcomes (5).

Lindsay, California, is a small city in Tulare County. Tulare County has higher hospitalization rates for diabetes-related complications when compared to other counties in California (5). Contributing factors to this epidemic are that Tulare County leads in under education and poor access to healthcare and healthy food options. It has also been noted that Tulare County has around half the number of primary care physicians for every 100,000 people compared to the rest of the state (5).

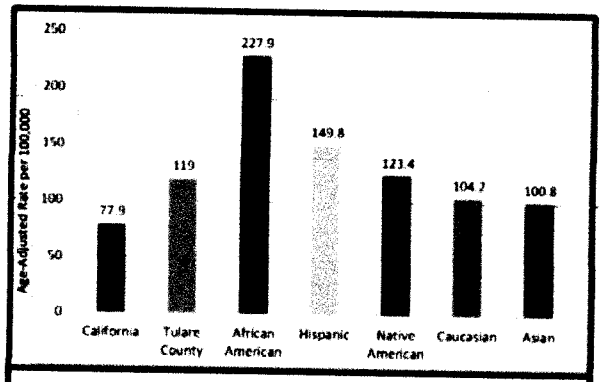

Figure 2: Diabetes Death Rates in Tulare County by race from 2010 to 2014

Source: CDC WONDER database, Multiple Cause of Death, 2010-2014.

One study completed in San Diego, CA showed that glycemic control was improved in a minority diabetic population after completing a culturally appropriate, integrated educational course. Similarly, the Lindsay Diabetes Project aimed to improve glycemic control in a minority population in Lindsay, CA who has DM2. This study implemented a multi-specialty, community based approach to improve management of diabetes in this population.

Methods

Patient population

Between 2016 and 2017 the Lindsay Diabetes Project looked at 12 patients from the city of Lindsay, California to evaluate if starting patients in a culturally relevant educational curriculum as an intervention method for DM2 had an impact on their diabetes management. Participants were selected from outpatient clinics that are part of the Lindsay Hospital District network. Inclusion criteria for the evaluation consisted of having a hemoglobin A1C (HbA1C) of 6.5 or higher, being a resident of the city of

Criteria for enrollment in the Lindsay Diabetes Project	
Patients seeking medical care in Lindsay Health District outpatient clinics	
Inclusion Criteria	**Exclusion Criteria**
• Resident of Lindsay, CA • Hemoglobin A1C >6.5 • Over 18 years of age • Hispanic	• Non resident of Lindsay • Diagnosis of Diabetes Mellitus type I
Resulted in 45 patients who were enrolled in the intervention course	

Figure 3: Showing the inclusion and exclusion criteria for enrollment in the intervention course for the LDP

Lindsay, being 18 years of age or older, and Hispanic/Latino origin. Patients were excluded if they had a diagnosis of T1DM or if they were non-Lindsay residents (figure 3).

Intervention

The LDP consists of taking the patients that met the above criteria and enrolling them in a 7 week educational intervention course. This course aimed to improve patient's understanding and compliance with lifestyle modifications needed to improve diabetes control. Special effort was placed in making sure these courses were culturally relevant to the patient population. Sessions were held in both English and Spanish by "Promotoras" who are community health care workers trained in diabetes management. Patients met several times each week to discuss DM2 related topics. Topics included: Getting to know Diabetes, Nutrition, Coping with Stress, Physical Activity, Medication Management, and Staying Healthy with Diabetes. Other services offered were dance or Zumba therapy to increase physical activity (figure 5).

Intervention for Lindsay Diabetes Project

Course	Frequency	Description
Educational Lectures	Met once weekly	Lecture topics consisted of: • Getting to Know Diabetes • Nutrition • Nutrition Cont. • Coping with Stress • Medication Management • Staying Healthy With Diabetes
Physical Activity Session	Morning and evening sessions three times a week	Zumba dance therapy sessions lasted an hour to promote physical activity

Figure 5: Breakdown of intervention course that was held for participants in the Lindsay Diabetes Project that was held over 7 weeks. Courses were held in Spanish and English by Promotoras.

Metrics

The primary metric that was measured in this study was HbA1C. HbA1C was used to evaluate the overall improvement in patients' diabetic control. A pre intervention reading was taken before the study to evaluate inclusion into the course and a baseline for improvement. HbA1C tests are done at support group meetings every 3 months with by MAs. Other metrics were collected during this time as well including BP,

Outcomes for Lindsay Diabetes Project

Primary outcome	Secondary outcomes
• Hemoglobin A1C	Measurements • Blood Pressure • Weight • BMI • Waist Circumference Surveys • PHQ-9 • Diabetes Knowledge Survey • Diabetes Empowerment Scale • Self Care Activities Survey

Figure 4. Metrics that were measured pre and post intervention during the Lindsay Diabetes Project

weight, waist circumference. Patients had PHQ-9 questionnaires done to evaluate for depression along with Diabetes knowledge and Diabetes empowerment surveys. All of these were measured pre and post intervention. For this study we will focus on HbA1C as the primary outcome to assess control of DMII in our patient population (figure 4).

Results

In total 45 patients were enrolled in the study and had initial baseline HbA1Cs drawn. 22 patients presented for follow up HbA1C readings post intervention between 3-12 months after the intervention. This was a 49% attrition rate.

Pre and Post Intervention Hemoglobin A1Cs

	n	Pre	SD	Post	SD
Diabetics	12	9.3	2.24	8.6	2.16
Prediabetics + Diabetics	22	8.3	2.40	7.7	2.00

Figure 6: Results comparing pre and post intervention A1Cs in diabetics and diabetics with prediabetics

The population consisted of 22 diabetics and pre-diabetics with an average initial HbA1C of 8.3 (SD 2.4). Repeat HbA1C was collected between 3-12 months post intervention. The post intervention average HbA1C was 7.7 (SD 2). The pre-intervention HbA1C for the 12 diabetics alone, those with HbA1Cs of 6.5 or greater, was 9.3 (SD 2.24). When analyzing the 12 diabetics HbA1C to dropped from 9.3 to 8.6 (SD 2.16) (see Figure 6).

Discussion

Diabetes Mellitus Type 2 (DM2) significantly impacts the health of the Lindsay community and is a major cause of heart disease, kidney disease, and eye disease. Treating DM2 is very costly, and physicians often have to obtain prior approval for many medications. Unfortunately, minority populations tend to have uncontrolled diabetes and suffer from higher complication rates. This study looked at whether a 7 week culturally appropriate educational intervention using "promotoras" was an effective method for improving DM control. This study was performed as an observational pre and post intervention study.

The results from this study showed the average HbA1C in diabetics and pre-diabetics improved after the intervention. Furthermore, these results emphasize the importance of DM2 education in minority patient populations. An average reduction in HbA1C in diabetics was found to be 0.7. Reduction in HbA1C was seen at both 6 months and 12 months post intervention, indicating that the lifestyle modifications secondary to patient education are long lasting.

Other metrics were also collected pre and post intervention including. Although not discussed in this paper it is expected that these parameters will have improved as well with educational intervention.

One significant strength of this intervention was the culturally appropriate nature of the intervention. Promotoras were culturally aware individuals taken from the community and enrolled in a course to certify them in diabetes education. By increasing the promotoras' credibility and strengthening their communication skills, they were better able to help these participants achieve better DM2 control.

One major obstacle in this study was patient compliance. Many patients were lost to follow up and did not return post intervention for repeat HbA1Cs. Poor compliance is a well-known obstacle in treating DM2 with minority populations. We found a 49 % attrition.

Future directions for this study will include post intervention evaluation of secondary outcomes such as: body mass index, blood pressure, and PHQ-9 scores. Data should also be collected to ensure that continued improvement in HbA1C was noted even 12 months after intervention. Furthermore, one can evaluate the cost effectiveness of the educational intervention for the city of Lindsay, along with barriers to implementation of intervention.

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