Appendix: Additional Qualitative Data

Gap #1: Geographic Concentration of STI Services

The combination of centralized medical services and inadequate transportation from rural to urban spaces contributes to inadequate access to STI clinical services in rural areas of Yakima County. The Lower Valley region of Yakima County, a more rural area outside of the city of Yakima, is particularly lacking STI, HIV & PrEP services.

"There are a lot of people that we're not reaching who don't have transportation. The Health District is located in Yakima, the city, so that's the northern part of our county. Those, in what we call the Lower Valley, are who we are not reaching at all with our services. Same with New Hope Clinic, which is for HIV treatment; that's located here in Yakima with no additional [HIV treatment] services down in the Lower Valley."

"I would say Toppenish [is particularly lacking STI services]. I would call it a service desert, especially with the closure of the OB in the hospital there. The federally qualified health center is still seeing patients there. I just don't know if it provides enough services coupled with the Indian Health Service."

"The distance between the towns in the lower Yakima valley is difficult to overcome, but the health district serves the entire county and so it is essential that services reach the lower Yakima valley because they often face higher rates or risks of STIs. It is a segment of our community we are not reaching and should be addressed."

"There's this large gap between hospital and hospital. It's a 35-mile gap, and then that's just on the freeway. If you go the radius out wide, including White Swan and some of those places that are very outside the cities and freeway access, I think transportation is a huge issue as well, so I would say that people that also experience transportation issues would probably have trouble getting their care, connecting with care."

"One of the biggest hurdles with rural health is just -- we're not too spread out but just that barrier of getting in. Some people have transportation problems, some people have housing problems. I think those are the biggest barriers. It's just getting people to where services are provided."

"[I want to] stress the idea that the accessibility of the services, not because they're not wanting to be provided, but because of the difficulties that the patients have, either with transportation, or getting the trust to get into a clinic, or even knowing when or where they should be tested, and why is important."

"There's only one clinic that manages HIV, and it's the New Hope Clinic. It's small. That's for the entire county, extending down the entire valley...That's a huge barrier to care if people are living in Sunnyside, Granger, or whatever and having to drive up here."

“We did get a kiosk from the State Department of Health that currently has COVID and flu tests in it, and we placed that even further in the Lower Valley and Sunnyside for individuals who be undocumented, no insurance, can't get into provider. One of the things that we would love to place in those are take home, send in gonorrhea and chlamydia tests.”

“Oh, well, transportation is an issue…[Clients] will utilize [DIS], and again, it's just because transportation is the number one issue.”

Gap #2: Limited Walk-in Testing Availability

The availability of walk-in or same-day appointments for STI screening & testing is inadequate in Yakima County. Emergency rooms are serving as a place for individuals with acute STI symptoms to seek care because they cannot get same-day appointments at other locations. Other STI testing providers have high demand for appointments. YHD offers walk-in STI screenings 2 days a week, but service delivery is limited by funding, staff and low community awareness.

"I think we have a [STI] problem, so I think we could use some more [STI services]. Not that people aren't doing a great job, it's just from what I understand, we're the mecca of STIs."

"I think one of the gaps would be accessibility. When I say that, I mean probably more of a walk-in accessibility. Planned Parenthood being the biggest utilized organization in the county, they're really full and so it's really hard to get in there in a timely manner, if you are really wanting to get tested. If you're worried about an exposure or something like that. Of course, there is [the Health District], but like I said, not as widely known."

“I think we could probably do with another organization that did full wrap-around STI care, besides just Planned Parenthood, that offered full STI, HIV, and PrEP services. I think that would do wonders for our community.”

"The ED is the catch-all for everything and it's usually an access issue."

“What we see is people showing up at the ER because they're not going to wait three months to get into their primary care provider. I think more access to an actual STD clinic would be better use versus primary care.”

“The hospital, I think it's an expensive resource. It takes a lot of time and it's probably not the best place to deliver care, especially if somebody's just concerned about an STI, maybe not sick yet or maybe exposed or wants prophylaxis. I think it's a bad use of resources because, again, we're the only hospital in town, it's busy, it's expensive. If you're not that sick, you might have to wait out there waiting for three or four hours.”

“Yes, [the YHD Clinic] has a lot of patients ask about testing for herpes and for trich, which [they] don't do. One, because they don't do any microscopy... They have to, unfortunately, refer them to planned parenthood, which is unfortunate.”

“I would like to see [YHD] offer STI testing five days a week.”

Gap #3: Insufficient Access for Tribal Communities

STI, HIV and PrEP services for Yakama tribal populations are currently inadequate, reflecting poor transportation and the rurality of the Yakama tribal homeland, limited clinical service availability, limited trust of existing services, and concerns about confidentiality within a tight-knit community. Currently, tribal communities seek care at Yakama Tribal Public Health, Indian Health Services (IHS), YHD and private providers across the county, but communication between service providers is limited.

"[Service availability and access for the tribal population is] horrendous…Transportation, it's always something I've heard about as a provider and dealt with. On the tribal level, it is a whole different beast. I have never had so many people [for whom] literally just getting them to my appointments is a barrier…It's less than a mile away and I can't even get them from point A to point B. Let alone, the res[ervation] is huge."

"It's outside of our jurisdiction, but I think [access is insufficient for] our tribal partners, that's a huge group that we know are impacted by high STI rates."

“Working in partnership with the Yakama Nation, Indian Health Services and other key stake holders will help to increase access to health care.”

“"I've never heard a specific plan for how to address those things. How does [YHD] communicate with [their Yakima Nation partners], how do they work with them, and all that stuff?"

Gap #4: Insufficient Access for Communities experiencing Unstable Housing or Substance Use

STI services for populations experiencing unstable housing or substance use are inadequate in Yakima County. Contributing factors include:

- **Stigma contributes to these populations' care seeking behaviors and provider willingness to provide care.**
- **Many of these individuals rely on the hospital system as a safety net.**
- **Follow-up treatment for these individuals is extremely difficulty due to inconsistent contact information, limited Disease Intervention Specialist capacity at YHD & Washington State Department of Health (DOH), and insufficient systems within healthcare organizations to track treatment of these individuals.**
- **Mobile options to test & treat these populations are limited.**

"Yes, I think that those traditionally low-service populations are going to continue to get low service until they get into stable housing, and we don't have wraparound [services] here. There's almost no wraparound services, which is unfortunate because that's what's going to work with the homeless."

"Now we're to the point where we do have respite housing that we can house people for up to 30 days if they meet criteria. We are now utilizing that for STI treatment because they have no stable housing, and that way we know that they'll be there, and they'll have somewhere to stay to complete their treatment."

"When we have a lot of cases, no, there's not enough DIS to track all those people down, make sure everybody gets treated, do all the partner services and linkage to care and everything like that. No. On a good day when it's slow and there aren't as many cases, then yes, they can handle it. When it's busy, which it has been for the majority of the past two years, definitely, we could use more DIS. I know the couple that I work with here in Yakima County are stretched very thin."

"A big public health issue trying to-- especially if they're cohabitating in a homeless shelter or one of the makeshift shelters in our community -- trying to reach out to those patients. So, we do coordinate that with the Health District and try to find these people, get them treatment. I think that's probably our biggest gap is identifying that very difficult subset of the population that's infected and potentially infecting others that we can't treat."

"Supporting healthcare organizations to implement presumptive treatment of syphilis will increase numbers of these patients being treated."

"Again, going back to the syphilis thing, they just needed somebody that would be willing to go out. They have a couple of homeless shelters. They know that somebody's domiciled there, their RPR is positive, and they just need somebody to go administer the medication. The Health District often doesn't have anybody, or the patient can't get to where the medication is... I don't know if it's a funding thing or if they don't have the people to do it. I think we're pretty under-resourced from a personnel standpoint. I'm sure there's some financial constraints too. Every Health District has it. That's probably the biggest thing; I think there's a very distinct segment of our population that's

getting really underserved right now. That's the reservoir of a lot of this. Especially the syphilis stuff, that's our reservoir right there."

"It would be great if we had a department, or a dedicated personnel that may be partnered with the Department of Health to help with the outreach part of it. That's what I think would be the best, the most helpful…The coordination of transportation, appointment, whatever, to get it through the finish line. We have a great way of finding out if they have the problem, but then getting the patient treated to prevent the spread is where it fails."

Gap #5: Insufficient Access for Migrant Farmworkers

STI, HIV and PrEP services for migrant farmworkers, particularly those on H-2A visas, are limited. Farmworkers have difficulty accessing existing services and experience barriers related to language, cost, transportation and service locations, time that services are available, and trust of healthcare systems.

"It's literally like injecting a brand new group of people who are vulnerable, who have the potential to spread this, who have the potential to get infected, and they're just like a blank slate of knowledge about what the community resources are. They're very, very unaware. I don't know if it's by design, but I think that that is a vulnerable group that we have to really think about."

“I know that we have a lot of agricultural companies in our area, and I know that some of them come from out of town, out of country just to work on a work visa. I think it would be very beneficial to do testing and education on-site there at their place of work because they may not even see a doctor otherwise.”

"We would try and get people enrolled in free family planning services at the very least. You didn't have to have a social security number, but like so many people just refused to do that because they were so scared about being in the system. I'm thinking, those are the ones we saw. I imagine there's an even bigger portion that we never saw that has that fear."

"Especially in H-2A housings, we'll pick them up, we'll go into the orchard...and we'll just draw them [test for STIs] there because obviously, they can't leave either. I don't think that there is much publication about that or awareness of where to go sometimes."

“We need to make it easy for folks to access services. Mobile clinics at agricultural sites and businesses frequented by farm workers seem like the best option.”

“[Migrant farmworkers] are not given information that could help them stay healthy and avoid these infections. I think it's a very intentional withholding of information across the board, so then information about public health doesn't make it through at all.”

“[The migrant farm working community] is a hard population to reach and would require working and collaborating across multiple agencies to ensure that they are protected from STIs.”

“Our county's unique with a farm worker. I think the county has a good idea where all of those places are to reach out. I think it's just a limited staff and resources and ability to do more, and the case management.”

“Connecting up with where people are, where they're working, and in particular with our connection with growers in the area and some occupational health services to create opportunities to provide public health measures. I feel like that's where you can improve opportunities of getting to where people are, so having screening that's easily accessible in schools, or having screening that's easily accessible in more places where those patient populations otherwise might fall through the cracks.”

Gap #6: Limited Provider Awareness of Existing Services

Providers in Yakima County have a limited awareness of local STI, HIV and PrEP services, impacting their ability to refer patients for follow-up care. Communication between providers and YHD is limited and largely focuses on reportable STI cases or immediate public health crises (e.g. mpox).

"We just had a [HIV] case recently and that provider didn't really know what to do when that individual came back reactive. He called the [HIV treatment] Clinic and then I said, "Okay, there's DIS, there's the Yakima Health District," so we all went to go meet with this provider. He's like, "Okay, cool. Now I know that there's all these services." Same thing with syphilis testing. When somebody comes back reactive, you'd be surprised how many calls we'd get from providers, 'I don't know what to do, where do I send this individual?'"

"I don't think anybody's on the same page as far as what's available out there and what different organizations do what. I think provider outreach is definitely a big one that needs to be worked on, just making everybody aware."

"We do get emails that come to our medical director [from the Health District] who then sends that information onto the rest of the clinics and their medical directors in each site, but, usually, those types of things I think are things that come through more so when there's a spike in certain things and stuff like that. It doesn't come out routinely, it's more, I think, when we're having issues that we start to see things come from [the Health District]."

“While I do believe information sharing is important, when I see how overwhelmed our providers can get with patient care alone, I can see how they may have difficulty staying abreast of the information provided due to lack of time or bandwidth even if it were to be shared with them.”

“I think there's lots of people that have the capacity and the bandwidth to treat these patients [with STIs] but don't have relationships with the hospital. They're not part of our referral base.”

“This is where it might be helpful to have these regular meetings with the Health District just every few months to give us just a little update. What are we seeing in Yakima? Here's some updates on this as opposed to, 'Okay, monkeypox is here. Here's some training. Here's everything you know about it.”

“I think it would be good to have someone -- whether it's come to one of our division meetings or something like that, just somebody from the health district -- not every month, but every few months, for an update. This is what we're seeing; this is ways we could work together a little better. It seems like we talk to each other when there's a crisis on the horizon or something like that, but not necessarily just updated data, here's where we are, here's what we could do better kind of thing. I think that would probably be helpful.”

Gap #7: Insufficient Community Outreach & Education

Education & outreach about STIs, HIV and PrEP in Yakima County is inadequate. Providers interviewed during this project indicated this insufficient outreach is particularly true for the following groups:

- **Youth populations: providers voice concerns that youth are not receiving adequate sexual health education in schools.**
- **Monolingual Spanish communities: providers noted Spanish-language materials are limited.**

"Promotions on the local radio station, there's advertisements and whatnot, but I think the fact that this is a fairly conservative county reduces the amount of general community conversations about STI screening."

“I feel like STIs are often diagnosed incidentally, in my realm anyway. Probably, I'm going to say the biggest thing is the lack of awareness, symptomatology, and where to seek care.”

"I would change the outreach. I would set up meetings with clinics and publicize, oh, this is where you get tested. I would make sure that the Yakima Health District website is accessible to individuals who are searching on Google, not where I have to go click through all kinds of pages just to get to the information that I need. Even sometimes I think that some board members are also conservative, they're like, "Oh, no, let's just throw the STI stuff on the back of the page and not on the front because we don't want to be known for STIs." Yakima already has a bad reputation. I think it's just the outreach, educating providers, and then obviously publicizing, "Hey, this is where you can go." That's what I would say."

"Maybe one, but if you're going to have a billboard or something like that out here, it should be one in English, one in Spanish so that way, some people know, oh, what is PrEP? Especially if you're monolingual Spanish, you're not going to know what PrEP is."

“Here in this county specifically, I would say lack of education as well is a huge, huge problem where people are coming in testing for [syphilis], and they're like, "I have no idea what that is.”

"No [the current level of community outreach regarding STIs isn't adequate], and I would say that's because of our conservative area that we live in. You've got to jump a lot of hoops to talk about it with schools or with kids. Even though we know that they are having sex, some of them, but it's very conservative.”

“I think that there is a disconnect between more advertising, more community information about where to get those tests conducted, especially for HIV.”

“I guess that's Eastern Washington, but yes, I wish there was more billboards or things like that where people know, "Oh, I know to go here.”

“There's still a lot of lack of knowledge about STI services in the county. Some people struggle with knowing where to go.”

“I would love to just be able to give out a pack of condoms with everyone who comes in just so that way-- I know that they may choose not to use them, but at least, that way, they're handed to them on the way out or with some education.”

“We heard so much about monkeypox, but we hear so little about syphilis. Chlamydia and gonorrhea, too, but people have an idea about that. I feel like for how big of an increase we've had, I feel like it should be on the news, and people should be aware.”

Gap #8: Insufficient Prenatal Care for Underserved Communities

There are gaps in prenatal care for pregnant people in Yakima County who are using substances or are experiencing housing instability. While prenatal services exist in Yakima County, services tailored to the needs of these specific populations are limited, resulting in missed opportunities for congenital syphilis prevention.

“The hardest population are the people who don't come in for any prenatal care. Then you're not catching them until they're delivering, so then you cannot really prevent congenital syphilis. That probably goes back to substance abuse, and I don't have the answer to the problem. We have some unique barriers, but I think the highest barriers are probably drug use and then way less for migrant families, I think there might be some barriers there, too."

“I think the issue may be that there are plenty of places for them to get screening and tested, but if they don't do the routine care for prenatal care, they may be the group that falls through the cracks. And even if they get tested once, they may not go back again…I think that there is screening and testing, but it's not being accessed, potentially due to communication barriers, transportation, et cetera.”

“Our drug-using population [is a challenge], we've had quite a few and that's the majority of our congenital syphilis cases tend to come from is from pregnant mothers that were using during the pregnancy and just didn't access prenatal care.”

“100% no [substance use treatment for pregnant persons in Yakima County is not sufficient]. My overall feeling is that, even though [some organizations] do allow pregnant patients at their treatment facility, they're very uncomfortable treating pregnant women, increasing their doses of the Suboxone or Methadone, and what to do if they do have symptoms of whatever, while they're inpatient there."

“Definitely, the substance use disorder population, often don't have insurance at all, but also not interested in involving themselves in healthcare at all. Even when, say for example, they come in for having a baby, no prenatal care, but they're there, it's a catchment, or they come in because of whatever symptoms having to do with being pregnant, and then you do test them, and then the follow-up. They give a bogus phone number, or a bogus address, and then the outreach is difficult to find. We've been working on trying to come up with an algorithm to, do we presumptively treat because we know what's coming next, or what?”

“We're also working on a process to treat the partner. I know the emergency room has a good way of doing that, where if you're positive, they call you, give you your test results, they say the partner can come in at this time too, and we can give them treatment. Working on that for syphilis, especially, on the OB floor, it's hard to register a male patient up there. Still working on it, and we'll see where that lands.”

Gap #9: Insufficient PrEP Providers

PrEP knowledge among primary care providers is limited in Yakima County, resulting in only a few locations offering PrEP services.

"I think most providers [in Yakima County]...maybe 60% of providers aren't even aware of PrEP."

"A lot of people are turning to Mistr and a lot of online resources to get PrEP. Then I think also the PrEP navigation sometimes may be difficult for them or they don't know where to start...I always ask, "Have you heard of PrEP?" They said, "I've heard of it, I just don't know where to go." It's just knowing what providers are giving out PrEP."

"We have a few [PrEP providers] but not nearly as many as we could or should. Just with how easy it is to prescribe PrEP and to manage patients on PrEP, we don't have very many. We have Planned Parenthood that does PrEP. We have one of our FQHCs, which is Neighborhood Health. They are a regular PrEP prescriber...I'm sure there's a couple other maybe smaller family planning agencies that provide PrEP, but I would say probably not on a regular basis and people don't probably know about them super well. I think there could definitely be a wider variety of PrEP providers in the county."

“With Planned Parenthood being so full...it's hard for them to then get in to continue on PrEP because Planned Parenthood is so full. Then they don't have anywhere else to go to get their PrEP. Then they're off of it for a couple weeks and then they get back on it and some of them have to then deal with a repeat of side effects because their body got off of it, now they have to get back on it.”

“We've had an increase in PrEP providers, but I think it would be nice to get every primary care doctor to prescribe it as routine as diabetic medication. There's just that lack of education.”

“Creating training programs to encourage primary care providers to offer PrEP will increase access to health care.”

“Perhaps the AETC can help with providing PrEP training to providers in Yakima County.”

“I do know that there's several providers who can and do prescribe it, but I don't really know [who they are or how many there are].”

“I think what might get that going is a little funding pool [to support existing organization to provide PrEP]. We can add, ‘Here's the carrot, this money will help you set the PrEP program up, and then it should be self-sufficient with the pharmacy cost.’”

“I can't say for sure because I haven't met all the providers out there in the community. I can just only go off based of what I hear and how Yakima is, in general, we're a very conservative county, which I think is also another reason why we have such an issue with our STI services and availability.”

“I think there's a lack of knowledge in PrEP and prescribing for it. It doesn't have to be done by an infectious disease doctor. This is something that could be done by primary care. I definitely think there's under prescribing for PrEP for sure.”

“Then also a lack of knowledge on how to do a sexual history, to actually look to see what they should be screening for [or if they are a good candidate for PrEP].”

Gap #10: Insufficient Infectious Disease Specialists

Providers willing and capable of delivering specialty care for treating HIV and Hepatitis C are limited in Yakima County, making it difficult for county residents to access treatment. Attracting new physicians, particularly Infectious Disease specialists, to a primarily rural area is challenging for local healthcare organizations.

"It's really easy to manage a non-complicated HIV patient. There should be more providers, especially in the primary care setting that can do that instead of having to rely on one clinic to see everybody."

"There's only one clinic that manages HIV, and it's the New Hope Clinic. It's small. That's for the entire county, extending down the entire valley...That's a huge barrier to care if people are living in Sunnyside, Granger, or whatever and having to drive up here. It's just one clinic...so it's hard to get in."

"Hepatitis C is very prevalent. That one is a huge issue that I see is that there just really doesn't seem to be the resources for treating it."

"The ID docs I don't think have the bandwidth to see all the ED referrals...We're a little light there."

“Training providers in the primary care setting to provide treatment around STIs, HIV, Hep C will increase access to health care.”

“We really need to allow trained FPs and other primary care physicians to be able to prescribe [HIV and Hep C treatment] without restrictions.”

“The only issue is that we are seeing a lot of [ID] providers leave our county. So, it might get more challenging to get people in in a timely manner or to see a provider.”

“I think we have the resources, some providers just don't know how to, I guess, deal with an individual who says, "I've been exposed to an STI." They say, "Oh, we're just going to treat you for gonorrhea and chlamydia," but what about syphilis and HIV? I'll get some case reports that just will not say, "Did not test for HIV," and so we'll call them, "Hey, we're just curious as to why this wasn't tested." Goes, "Oh, well, there was no concerns." Then you'll see risk factors that they're MSM, history of IV drug use, or things like that.”

“I feel like we're growing as an organization [FQHC]. I think our next step is really to have a [Hep C treatment] protocol, but I don't know if there's great opportunities in the county to be able to provide that service. Otherwise, it's going to be going through a GI specialist and the wait time to follow up is six months.”