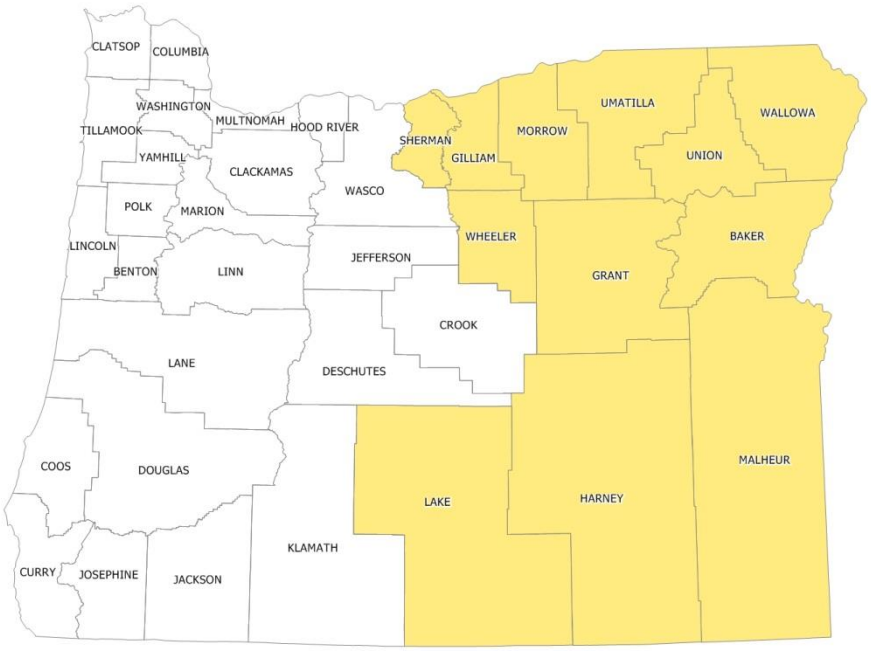
Background, Community Engagement, and Areas of Focus

Background

In 2010, the Affordable Care Act was signed into law with the goal of making health care more effective and efficient. The law strives to achieve the "Triple Aim" of better health, better quality and lower costs The State of Oregon applied for a Medicaid Waiver to implement its own plan to achieve the Triple Aim. This plan includes using Coordinated Care Organizations (CCOs) as the vehicle to deliver better care and lower cost. In addition, Health Exchanges will facilitate the goal of offering more health care coverage to people who currently do not have any.

The Eastern Oregon Coordinated Care Organization (EOCCO) includes the following counties; Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler.



Map provided by Oregon Office of Rural Health

Community Advisory Council's (CACs) were formed in each county to accomplish transformation goals; they organized themselves in a way that allows them to work effectively and strategically. CACs identified the resources and activities communities need to achieve intended results.

Every community is different, but there are similarities in the process by which communities mobilize to affect change. Leadership, Assessment, Planning, Implementation, and Evaluation are critical phases of change.

Local Community Advisory Council Membership

The primary charge of each LCAC is to advocate for preventive care practices, to oversee and collaborate with community partners on a Community Needs Assessment, and to develop, implement and report on a Community Health Improvement Plan.

CAC Members currently serving Baker County:

Marji Lind, Chairperson
Alicia Hills, Vice Chair
Michael Fedderly, Secretary
Fred Warner, County Judge
Charlotte Dudley, CAC Coordinator*
Kelly Poe
Tammy Pierce
Carole Webb
Cindi Bowman
Cindi Denne
Mary Stearns
Amy Johnson
Anthony Washington
Melissa Grammon
Will Benson
Win Lohner
Mary Jo Carpenter
Chris Knoll
Jodel Thatcher
Dr. Dan Hayden
Ideal Partners
Chris Knoll

*not LCAC member

Quantitative Data Collection

EOCCO Community Advisory Councils conducted a Community Health Assessment by collaborating with the Oregon Health Authority Office of Equity and Inclusion to develop meaningful baseline data on health disparities.

Each LCAC partnered with local public health authority, local mental health authority, hospital systems, local public agencies, consumers, and local health service providers to develop a shared Community Health Assessment process. Existing county resources were used from community partners when available.

In reviewing the data sets below it should be noted that the death rates are not age-adjusted and thus populations with a greater elderly population will have higher rates. Also, in small populations' data that is expressed as a rate where the time period under consideration is only one year one or two cases may skew the data/rate inordinately.

Community Advisory Council Needs Assessment
Baker County – December, 2013

OHA Required Data Elements for CCOs	Statewide:	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
Age PSU 2012													
Total	3,899,801	16,210	1,900	7,450	7,315	7,920	31,395	11,300	1,765	77,120	26,175	7,015	1,425
Ages 0 - 17	861,856	3,252	351	1,362	1,601	1,473	7,927	3,125	348	20,397	5,956	1,356	260
Ages 18 - 64	2,456,875	9,183	1,095	4,147	4,224	4,727	18,533	6,630	1,012	46,434	15,548	3,904	736
Ages 65+	581,070	3,775	454	1,941	1,490	1,720	4,934	1,545	405	10,289	4,671	1,756	429
Race 2007-2011 ACS													
White	87.6%	96%	92.8%	95.2%	92.9%	92.1%	81.1%	88.0%	95.9%	87.4%	94.0%	96.3%	96.7%
African American / Black	1.7%	0.4%	0.3%	0.4%	0.4%	0.6%	1.4%	0.2%	0.2%	0.6%	0.4%	0.2%	0.0%
American Indian	1%	**1.1%**	0.2%	1.0%	**2.9%**	**2.0%**	0.8%	0.7%	0.4%	**2.2%**	0.4%	0.4%	0.4%
Asian *	3.9%	0.4%	0.3%	0.2%	1.0%	0.5%	1.1%	0.9%	0.2%	0.9%	0.8%	0.2%	0.0%
Pacific Islander		0.0%	0.2%	0.0%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.1%	0.6%	0.0%
Other	1%	0.3%	**4.5%**	0.3%	0.3%	**1.4%**	**10.0%**	**6.1%**	**1.2%**	**4.2%**	0.8%	0.5%	0.9%
2 or More	2.8%	1.9%	1.7%	**2.9%**	2.3%	**3.3%**	**5.4%**	**4.0%**	2.3%	**4.6%**	2.8%	1.9%	2.0%
Ethnicity Hispanic 2007-2011 ACS	11.5%	3.3%	8.3%	2.6%	3.8%	6.4%	**30.9%**	**30.6%**	5.8%	**23.0%**	3.5%	2.2%	1.2%
Language 2007-2011 ACS speak English less than "very well"	6.4%	1.4%	2.3%	0.7%	0.7%	2.0%	**10.1%**	**13.9%**	3.1%	**8.1%**	2.5%	0.7%	0.9%
Gender 2007-2011 ACS (F / Female; M/Male)	49.3% F	50.7% M	54.3% M	49.3% M	51.6% M	52.5% M	54.6% M	50.9% M	50.5% M	52% M	49.1% M	50% M	47.4% M
Lesbian, Gay, and Bi-sexual population	State rate = 4.5% ; EOCCO counties combined = 1.6%												
Family size 2007-2011 ACS	3.02	2.66	2.6	2.63	2.6	2.6	**3.25**	**3.35**	2.78	**3.2**	2.85	2.86	2.55
Disability status (N/A more recent than 2000 Census)	28.8%	27.0%	28.7%	21.6%	20.6%	26.7%	21.0%	23.2%	28.7%	21.0%	26.9%	21.2%	N/A
Employment 2012 OR Employment Dept unemployed	8.7%	**10%**	7.4%	**13.4%**	**12.6%**	**12.8%**	**9.8%**	8.2%	8.4%	8.4%	**9.2%**	**10.2%**	7.6%
Households Homeless	N/A	4	8	N/A	3	31	31	5	N/A	107	20	0	1
Renters	36.9%	30.80%	**37.0%**	29.2%	34.8%	33.9%	34.3%	28.2%	33.5%	35.6%	34.8%	25.1%	26.1%
Overall health Good, Very Good, or Excellent BRFSS 2006-2009	86.9%	**85.5%**	**77.7%**	87.0%	**83.6%**	91.4%	**83.8%**	**85.7%**	**77.7%**	**82.7%**	87.0%	88.8%	**79.2%**
Tobacco use Smoking BRFSS 2006-2009	17.1%	**20.0%**	**22.8%**	**24.4%**	14.3%	**19.9%**	**22.0%**	**23.0%**	**22.8%**	**24.2%**	14.0%	13.0%	S
Tobacco use Smokeless BRFSS 2006-2009 by males	6.3%	**18.3%**	**8.4%**	**30.3%**	**28.7%**	S	**23.5%**	**19.6%**	**8.4%**	**13.3%**	**20.9%**	**19.0%**	S
Obesity BRFSS 2006-2009	24.5%	22.3%	**31%**	**27.9%**	22.8%	19%	**33%**	**36.0%**	**31%**	**36.0%**	23%	19.5%	S
Heart disease 2007-2011 Death Rate per 100,000	163.1	**272.8**	**237.8**	**231.8**	**230.9**	**176.8**	**237.3**	118.0	**251.7**	161.3	**177.2**	**235.6**	**345.8**
Stroke 2007-2011 Death Rate per 100,000	47.9	**63.5**	**54.1**	**62**	**62.5**	**80.8**	**62**	39.3	22.9	**50.4**	**62.6**	**62.5**	**55.3**
Intentional injuries	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Unintentional injuries 2007-2011 Death Rate per 100,000	41.9	**78.5**	21.6	**56.6**	**84.2**	**68.2**	**44.8**	**42.9**	**68.6**	**44.7**	**45.8**	**59.6**	**69.2**
Suicide 2007-2011 Death Rate per 100,000	16.2	**31.1**	**43.2**	**24.3**	**21.7**	**30.3**	14.1	10.7	11.4	**17.7**	**19.1**	**17**	**41.5**
Prescription drug abuse (no county specific data)													
Mental health conditions Good BRFSS 2006-2009	66.4	72.1%	66.8%	66.9%	75.9%	79.0%	81.3%	74.8%	66.8%	71.6%	**63.9%**	77.9%	95.7%

* Statewide lists as "Asian / Pacific Islander" and county specific data lists two group = "Asian" and "Pacific Islander."
S – Suppressed Data
Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

Community Advisory Council Needs Assessment
Baker County – December, 2013

EOCCO Specific Data:	Statewide	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
% of population without high school diploma 2007-2011 ACS	11.1%	**11.6%**	**13.2%**	11.0%	**11.2%**	**12.8%**	**20.4%**	**22.9%**	9.6%	**18.2%**	11.0%	7.3%	**12.6%**
% single parents 2007-2011 ACS	30.4%	**31.5%**	**34.5%**	**33.3%**	**30.9%**	29.8%	**31.6%**	**33.2%**	26.0%	**32.4%**	**31.2%**	**35.1%**	**48.9%**
% elderly poverty (Age data only 18 or less)													
% of population in poverty 2011 Small Area Income and Poverty	17.3%	**20%**	11.8%	17.2%	**18.6%**	**20.6%**	**24.5%**	16.1%	15.0%	**17.7%**	15.8%	16%	**20.1%**
Binge Drinking (BRFSS data)													
Male	18.7%	11.1%	17.0%	S	S	13.6%	S	S	17.0%	17.5%	S	**28.5%**	S
Female	10.8%	9.6%	4.3%	**26.6%**	S	S	10.2%	**18.6%**	4.3%	6.6%	5.6%	**43.1%**	S
Heavy Drinking (BRFSS data)													
Male	5.4%	S	S	S	S	S	S	S	S	S	S	S	S
Female	6.1%	5.9%	S	**10.5%**	S	S	S	S	S	2.6%	4.8%	**17.8%**	S
Physical activity levels (BRFSS data) Met CDC recommendations	55.8%	**42.3%**	57%	57%	**54%**	60%	57%	**52%**	57%	60%	**50%**	**44%**	S
DUI Rates Arrests 2009 Criminal Justice Commission per 100,000	506	389 **	**1,014**	**896.8**	**1007**	**750.6**	474	488.2	**669.6**	**578.6**	473	212.9	345.5
% of population without personal transportation 2007-2011 ACS	7.7%	5.8%	5.3%	6.4%	6.6%	4%	6.4%	6.1%	2.2%	6.1%	7.4%	5.1%	1.5%
% of population without access to phone 2007-2010 ACS	2.9%	**4.2%**	1.9%	2.3%	**3.8%**	**4.4%**	2.7%	**3.0%**	1.3%	**3.0%**	**3.1%**	2.1%	1.0%
EOCCO Specific Data which relates to youth and potentially the Early Learning Councils													
% of population under age 18 PSU 2012	22.3%	20.1%	18.5%	18.3%	21.9%	18.6%	25.2%	27.7%	19.7%	26.4%	22.8%	19.3%	18.3%
% of births to mothers younger than 18 2010 OHA	2.2%	1.8%	**4.8%**	n/a	**3.4%**	1.4%	**4.4%**	1.8%	n/a	**3.6%**	**2.5%**	1.6%	n/a
low birth weight infants 2010 OHA per 1000 births	63	**67.1**	n/a	50.8	**90.9**	**114.3**	56.6	49.1	n/a	**63.2**	**85.4**	16.4	**133.3**
% of mothers receiving inadequate prenatal care 2010 OHA	5.5%	5.5%	4.8%	**8.5%**	**6.0%**	**7.2%**	**12.8%**	**13.5%**	**6.2%**	**9.7%**	**9.6%**	3.4%	n/a
% premature births (Not recorded by OHA)													
% of women experiencing abuse before or during pregnancy													
Infant mortality rate (HIPPA issue?) 2009 OHA per 1000 births	4.8	**32.7**	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.0	**12.7**	n/a	n/a
Maternal Depression/Prenatal Depression Rates													
Child Maltreatment Rates Abuse DHS 2011 per 1000 under 18	13.4	**24.1**	**60**	11.4	12.3	**25.4**	**19.4**	**16.5**	n/a	9.3	**22.5**	**14.9**	**53.1**
% of schools meeting physical education standards (as measure of child access to physical activity)													
# or % of children on school lunch program (potential measure of food insecurity) 2011-2012 School Year	51.7%	42.8%	32.6%	**58.4%**	**59.7%**	50.4%	**69.8%**	**71.4%**	**52.4%**	**62.9%**	**53.3%**	37.5%	48.5%
% of children attending preschool prior to entering kindergarten													
% of children screened with a developmental tool (by 36 months of age)													
% of children current with immunizations by age 3	66.6%	72.3%	68.7%	**62.3%**	**53.4%**	**53.8%**	**61.8%**	68.1%	68.7%	**58.0%**	**63.7%**	**57.9%**	S

* 2008 rate
S = Suppressed Data
Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

Community Engagement Process

Community Advisory Councils used qualitative assessments to explore values, perceptions, and the "why" behind the "what" of community members. These assessments do not strive for a statistical sampling. Rather they reach for the reason behind the numbers generated from the quantitative assessments such as surveys, vital statistics and behavioral risk factor studies.

Qualitative assessments help the assessment process to determine the distance between what the statistics show as a community need and what the community perceives as a need. CAC members choose to provide two or more of the community engagement techniques in the form of a Household Mail-out Survey, Community-Wide Participation Meeting, or Key Informant Interviews. Summarized results from qualitative assessments which were held by the Baker County CAC are included in this report.

Health Assessment Mail-Out Survey

The household mail-out survey is an assessment tool with the greatest potential for accurately determining and measuring "what" or "how" a population is thinking, feeling, behaving, regarding a specific issue or set of issues. Each local Community Advisory Council wanted to ensure a diverse representation of community members in their qualitative data collection. In total, 3,098 community members in nine rural counties participated in the survey and are representative of each respective county in terms of geography, age, and race / ethnicity. Typically more females than males responded to the survey.

The table at the end of this report provides an overview of survey findings. The goal was to identify community members' perceptions of the most pressing community health issues. In summary, the primary concerns in *each* of the respective counties are obesity and alcohol and other substance use / abuse. Domestic violence and child abuse were also noted among half of the counties as either primary or secondary community health concerns. Respondents also reported problems related to access to health care in rural Oregon.

There is a particular nuance within the behavioral health data that warrants further investigation. While 20 percent to 40 percent of respondents reported being bothered by little interest in doing things and by feeling down or depressed, less than 12 percent reported needing treatment for mental health issues (or substance use). This difference indicates that respondents were more likely to experience feeling emotionally "down" or depressed but less likely to seek help for these feelings; or to believe their distress needed attention. These data seem even more significant when compared to other health needs. For example, over 80 percent of all respondents received needed medical care and between 43 percent and 94 percent received the dental care they needed.

The Community-Wide Participation (Vision) Meeting

The Community-Wide Participation Meeting allows members of the community to freely voice their concerns and satisfaction with the local health care system. The meeting provides an opportunity to express their perceptions about community health issues. Most importantly, it also invites community members to share their hopes for local health care – their vision. This assessment is a modified version of the nominal group technique. The Participation Meeting helps create a vision of what can change to make the community a healthier place.

The results of the participation meeting tell us three things; **1**) **what residents like about the current local health care delivery system. 2) what the community does not like about the current local health care delivery system 3) what the community thinks can be done to make their community healthier.**

Results from the Community Vision meeting are determined by the participants at the end of the meeting. Sticker dots are placed by each participant to indicate issues they feel are a priority issues in their communities.

The following summary is compiled based on the combined results of meetings held in Huntington, Unity and Baker City during September/October 2013. An **X** next to an idea means that one person put three of their dots on that idea. Each idea also denotes the community name from which the idea was generated. The ***italic*/bolded** items were among the top 3 dot getters at each meeting.

Primary Care
Travelling (Mobile or based at School) Nurse Practitioner or Physician Assistant for Smaller Communities-31 (Huntington)
PA/NP in Community on a Regular Schedule (1x week, 1x month) – 10 (Unity)
Access to Care 24/7 -10 (Baker City)

Emergency Services
More Experienced Emergency Medical Personnel to Allow for Transport-21 (Huntington)

Prevention/Health (Education – Activities)
Active After School Programs (Physical Activity)-19 (Huntington)
Community of Health Promotion and Wellness/Destination of Health -10 (Baker City)

Home Health and Senior Care
Hospice Care in the Community – 15 X (Unity)

Transportation
Public Transportation to Services – 6 (Unity)

Other
Create More Jobs – Lower Unemployment -8 (Baker City)

Focus Groups

A focus group is a data collection procedure in the form of a carefully planned group discussion among about ten people plus a moderator and observer, in order to obtain diverse ideas and perceptions on topic of interest in a relaxed, permissive environment that fosters the expression of different points of view, with no pressure for consensus.

A focus group was held September 2013 with residents in Halfway to discuss the health system in Baker County. Below is a summary of the *key* issues raised in focus group discussion.

The moderator asked the group what they felt were the most pressing health system problems facing Halfway and Baker County.

- Danger of losing Pine Eagle Clinic
- Limited services to residents living in Halfway area
- Pharmacy delivery service provided by the Pine Eagle Clinic will gain tax payer support
- Improved access to Medicaid people in Baker County
- Oral Health included into Coordinated Care Organization will be helpful
- Mental Health and Alcohol and Drug treatment is lacking and needed in the county

The moderator shifted the conversation and asked the group what they perceived were the biggest health status issues for Halfway and Baker County.

- Children's need for better nutritional food, increased nutrition programs are needed in the schools
- Early identification needed in youth (7th and 8th grades) for signs of depression which leads to alcohol use among teens
- Bringing professionals from outside the county into the schools to address issues such as bullying, sex education, drug and alcohol use.
- Breaking cultural barriers to early intervention and detection of mental health and alcohol and drug services
- Lack of exercise is a health status issue; lack of a community gym

The moderator shifted the conversation to having the group prioritize what issues to tackle first.

- Keeping the Pine Eagle Clinic viable and secure; coordinated care needed
- Care Coordination for people with simple to complex issues needs to improve for elderly as well as for youth
- Early identification and prevention are critical
- Need to break cultural barriers that stop people from seeking needed services

BAKER COUNTY SUMMARY

Partners

The Baker County LCAC has had several partners who have attended four or more meetings over the past 8 months. Thirteen individuals from eleven agencies represent the group. *New Directions Northwest* (Anthony Washington, Melissa Grammon*), Mountain Valley Mental Health* (Marji Lind), *State of Oregon Department of Human Services (Aging and People with Disabilities/* Cindy Bowman and *Community Outreach*/Tammy Pierce), *Baker County* (County Commissioner/Fred Warner), *Baker Health Department* (Alisha Hills*), Building Healthy Families* (Amy Johnson), *Parole and Probation* (Will Benson), *St Alphonsus/Baker Clinic* (Carol Webb), *St Luke's Clinic/EOMA* (Cindy Denne, Chris Knoll), *Malheur ESD Hub* (Kelly Poe). (Estella Gomez from the Oregon Health Authority and Wyn Lohner from the Baker City Police Dept attend when able.)

Data Sources

Primary Data Sources

- "Community Health Needs Survey, - Baker County" 2013. Eastern Oregon Coordinated Care Organization: Community Advisory Council. Oregon.
- Unity, Baker City and Huntington Community Participation – Visioning Meetings. 2013. Baker County.
- Halfway Focus group, 2013.Halfway Oregon
- LCAC Community Round Table- June 2013.

Secondary Data Sources

- "County Health Calculator," 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.
- "County Health Rankings and Roadmaps – a Healthier Nation County by County," 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute.
- "Prevention Chronic Diseases and Reducing Health Risk Factors," 2013. Centers for Disease Control and Prevention. CDC 24/7: Saving Lives. Protecting People.
- "Quick Facts," January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.
- "Tobacco Fact Sheet by County," 2013. Oregon Health Authority.
- "Oregon Smile Survey, "2013. Oregon Health Authority.
- "Baker Epidemiological Data on Alcohol, Drugs, Mental Health,"2000-2012. Addictions Mental Health Services.
- "Oregon Healthy Teens," 2013. Oregon Health Authority.
- "St Alphonsus Community Health Assessment," 2013. St Alphonsus Medical Center.

- "NEON Health Assessment" 2010. Northeast Oregon Network.
- "Baker County Child Care Profile," 2013. "Child Care &Preschool Needs," "Building Healthy Families.
- "Student Wellness Survey,"2011-2012.Oregon Health Authority.
- "Community corrections biennium plan,"2013-2015. Baker County Parole and Probation.

Priority Needs

GOBHI provided several staff members to support the Baker LCAC in developing a draft needs assessment. Sandy Ryman presented a majority of the primary data to the LCAC during monthly meetings. Linda Watson did a community needs assessment workshop during the July 2013 LCAC meeting. Members of the LCAC held four community health care meetings. They were in Halfway, Unity, Huntington, and Baker City. In October 2013, Ari Wagner presented a power point that combined primary data with the community mail surveys. Paul McGinnis provided a triangulation report and helped the council to conduct a forced choice matrix.

At the first LCAC round table, mental health became an established priority. Baker County residents who participated in the community meetings and the respondents to the EOCCO mail survey also listed mental health services as a need. State data indicates that suicide rates are higher in Baker County compared to the state. The mail survey and primary state data indicates that Baker County residents report having a high rate of health conditions. This paired with the recommendations from the United States Preventive Services Task Force encouraged the selection of Prevention and Screenings as a priority need. The EOCCO mail survey, the Oregon Smile Survey, and consistent concerns raised by community services providers indicate that oral health (dental) need to be addressed in Baker County.

1. **Mental Health Care**
2. **Prevention and Screenings**
3. **Dental and Oral Care**

Survey Summary:

	Totals N=3,098	Baker N=242	Gilliam N=209	Grant N=1,041	Lake (South) N=421	Lake (North) N= 143	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150
1.What is your health insurance status? **(Top cited)**	Medicare – 36%	Medicare – 45%	Employer or family member's employer – 42.6%	Medicare – 36%	Medicare – 34.6%	Medicare – 45%	Medicare – 39.9%	Employer or family member's employer – 37.4%	Employer or family member's employer – 42.9%	Medicare – 42.9%	Medicare – 48.7%
2. Do you have one person you think of as your personal doctor or health care provider? **(percent Yes)**	80%	85%	83%	70.9%	88.7%	82.7%	83%	82%	83%	92%	82%
3. Thinking about the last six months, was there a time when you or someone in your household needed medical care? **(Yes)**	80%	79%	81%	78%	76%	76.8%	83%	81%	84%	81%	82%
4. If you or someone in your household needed care in the last six months, did they get all the care they needed? **(Yes)**	84%	85%	92%	79.3%	85%	80%	86%	91%	85%	80%	89%

	Totals N=3,098	Baker N=242	Gilliam N=209	Grant N=1,041	Lake (South) N=421	Lake (North) N= 143	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150
5. Thinking of the most recent time within the last 6 months you or someone in your household went without needed care, what were the main reasons? Mark all that apply? **(Top Reason)**	It costs too much – 36%	It costs too much – 34%	It costs too much -32.7%	It costs too much – 27.3%	Couldn't get appointment – 31.5%	It costs too much – 35.8%	It costs too much – 16.4%	It costs too much – 40.9%	It costs too much – 15.1%	It costs too much – 39.6%	It costs too much – 33.3%
6. Thinking about the last six month, was there a time when you or someone in your household needed dental care? **(Yes)**	74%	67%	75%	74%	71.2%	69%	65%	76%	80%	77%	69%
7. If you or someone in your household needed dental care in the last six months, did they get all the care they needed? **(Yes)**	70%	68%	81%	69%	80%	43.6%	94%	73%	73%	68%	73%

	Totals N=3,098	Baker N=242	Gilliam N=209	Grant N=1,041	Lake (South) N=421	Lake (North) N= 143	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150
8. Thinking about the last six months, was there a time when you or someone in your household needed prescription medications? **(Yes)**	88%	87%	89%	87%	86%	79%	94%	88%	91%	89%	86%
9. If you or someone in your household needed prescription medications in the last six months, did they get all the medications they needed? **(Yes)**	92%	93%	95%	92%	93%	88%	88%	94%	88%	82%	92%

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10. Thinking about the last six months, was there a time when you or someone in your household needed treatment for mental health or substance use? **(Yes)**	7%	9%	7%	7%	5.1%	11%	11%	6%	8%	7%	4%
11. If you or someone in your household needed mental health or substance use treatment in the last six months, did they get all the help they needed? **(Yes)**	55%	48%	27%	51.5%	70%	63.2%	44%	44%	81%	50%	27%

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12. If you regularly seek care outside of your county, what are the main reasons why? **(Top cited)**	Needed care that I can't get locally – 45.5%	Needed care that I can't get locally – 36.5%	Needed care that I can't get locally – 49.6%	Needed care that I can't get locally – 43%	Needed care that I can't get locally – 39.8%	Needed care that I can't get locally – 35.3%	Needed care that I can't get locally – 31.4%	Needed care that I can't get locally – 53.8%	Needed care that I can't get locally – 32.8%	Needed care that I can't get locally – 41.8%	Needed care that I can't get locally – 44.6%
13. Have you ever been told by a doctor or other health professional that you have any of the following? **(Top Three Answers)**	High blood pressure – 25.2% High cholesterol- 21.5% Arthritis – 14.2%	Arthritis -44% High Blood pressure - 43.5% High cholesterol - 36.5%	High cholesterol – 41.6% High blood pressure – 38.3% Arthritis – 24.4%	High blood pressure – 35.5% High cholesterol – 29.8% Diabetes – 11%	High blood pressure – 16.9% Arthritis – 15.8% Vision – 14%	High blood pressure – 17.3% High cholesterol – 14.9% Arthritis – 13.3%	Arthritis – 33.4% High cholesterol – 29.7% Depressed or anxiety – 20.5%	High cholesterol – 39% Arthritis – 37.9% High blood pressure – 32.3%	High blood pressure – 34% Arthritis – 30.1% High cholesterol – 27.4%	High blood pressure – 45.5% Arthritis – 41.1% High cholesterol – 29.3%	High blood pressure – 58.3% Arthritis – 44.7% High cholesterol – 44.7%

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14. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? **(Yes – several days, more than half or every day total)**	28%	29%	25%	25%	30%	40.1%	33%	27%	29%	32%	31%
15. Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? **(Yes – several days, more than half or every day total)**	26%	27%	23%	24%	25%	32%	30%	20%	28%	31%	30%

	Totals N=3,098	Baker N=242	Gilliam N=209	Grant N=1,041	Lake (South) N=421	Lake (North) N= 143	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150
16. Does a physical, mental, or emotional problem now limit your ability to work or perform routine tasks? **(Yes)**	22%	25%	14%	18%	25%	37%	28%	18%	19%	22%	24%
17. In the last 12 months, how often have you or members of your household ever cut the size of meals or skipped meals because there wasn't enough money for food? **(Yes – Sometimes or Often)**	14.5%	18%	8%	12%	16.3%	18.6%	21%	9%	15%	20%	12%

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18. In the last 12 months how often have you been worried that your food would run out before you got money to buy more? **(Yes – Sometimes or Often)**	18.2%	21%	10%	16%	19%	23%	26%	14%	26%	24%	16%
19. In the last 12 months, were you or other members of your household unable to pay your rent, mortgage, or utility bills? **(Yes)**	9%	11%	5%	3.2%	12%	18%	18%	8%	13%	11%	5%

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20. In the last 12 months, how often did you have a difficult time accessing transportation when you needed it? **(Yes – Sometimes or Often)**	10%	11%	11%	9.3%	11.3%	16%	13%	8%	9%	8%	11%
21. Which of the following would you say is the most important health concern our community is facing today? **(Top Three)**	Alcohol – 23% Obesity – 20% Substance or drug use – 10.3%	Obesity - 29.3% Substance or drug use / abuse - 24% Domestic violence – child abuse / neglect - 21.1%	Obesity – 24.4% Lack of recreational facilities – 20.1% Substance or drug use / abuse – 19.1%	Alcohol or drug use – 45.2% Obesity – 16.9% Lack of access to good health care – 13.3%	Alcohol or drug use – 48.1% Obesity – 20.5% Lack of recreational facilities – 7.1%	Alcohol or drug use – 31.3% Obesity – 14.9% Lack of access to good health care – 13.4%	Obesity – 31.1% Substance or drug use / abuse – 28% Domestic violence – child abuse / neglect – 24.9%	Substance or drug use / abuse – 22.1% Obesity – 21.5% Alcohol use – 15.9%	Obesity – 33.6% Substance or drug use / abuse – 26.6% Domestic violence – child abuse / neglect – 17.4%	Obesity – 25% Substance or drug use / abuse – 17.1% Lack of recreational facilities – 15.7%	Obesity – 29.3% Substance or drug use / abuse – 17.3% Tobacco use – 10.7%

	Totals N=3,098	Baker N=242	Gilliam N=209	Grant N=1,041	Lake (South) N=421	Lake (North) N= 143	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150
22. Which of the following would you say is the second most important health concern our community is facing today? **(Top Three)**	Obesity – 13% Lack of recreational facility – 12% Alcohol or drug use – 10%	Substance or drug use / abuse - 19% Obesity - 11.2% Alcohol use - 9.5%	Substance or drug use / abuse – 14.4% Alcohol use – 10.5% Lack of recreational facilities – 10%	Alcohol or drug use – 25% Domestic violence – 15.9% Obesity – 13.7%	Alcohol or drug use – 22% Obesity – 18.9% Domestic violence or child abuse/ neglect – 14.1%	Alcohol or drug use – 23.4% Domestic violence or child abuse/neglect – 12.5% Lack of access to good health care – 11.7	Substance or drug use / abuse – 23.5% Child abuse / neglect – 9.6% Lack of access to good health care – 8.2%	Substance abuse or drug use / abuse – 18.5% Alcohol use – 16.9% Obesity – 12.3%	Substance or drug use / abuse – 22% Child abuse / neglect – 12.4% Obesity – 10.8%	Alcohol use – 14.3% Obesity – 13.6% Substance or drug use / abuse – 13.6%	Alcohol use – 21.3% Substance or drug use / abuse – 14% Obesity – 12%
23. If you could do one thing to improve our community's access to health care, what would it be? **(Top cited)**	More primary care providers – 35.8%	More specialists - 14.9%	Expanded hours for outpatient services – 24.9%	More primary care providers – 37.7%	More primary care providers – 38.5%	More primary care providers – 38.8%	More primary care providers – 21.8%	More primary care providers – 28.2%	More primary care providers – 18.9%	More specialists – 18.6%	More primary care providers – 23.3%

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24. What would be the best way for you to receive health education information about resources and programs that are available in our community? **(Top cited)**	Mail – 51.4%	Mail - 49.6%	Mail – 48.3%	Mail – 47.5%	Mail – 46%	Mail – 66%	Mail – 53.6%	Mail – 61.5%	Mail – 48.6%	Mail – 47.9%	Mail – 58%