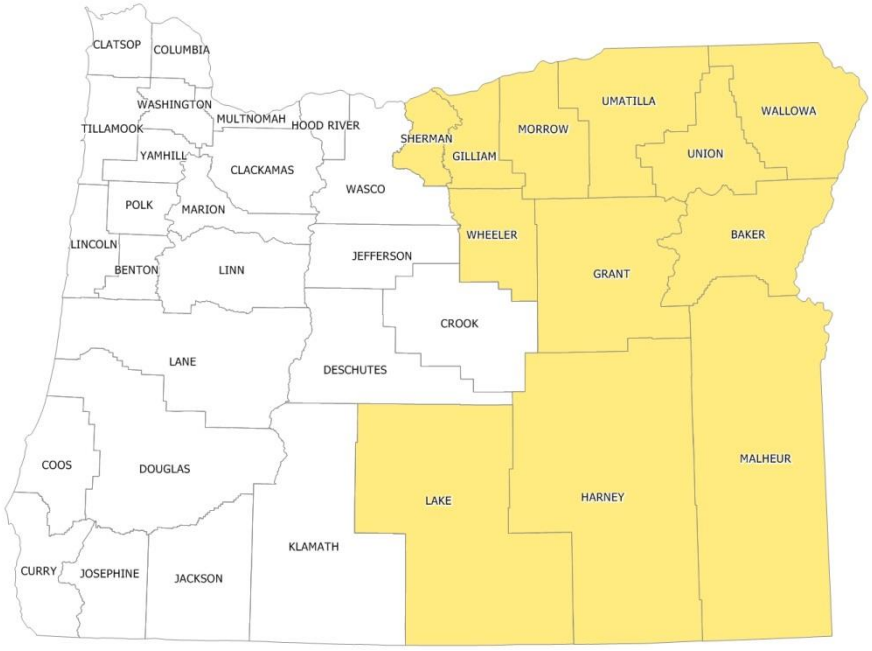
Community Advisory Council Needs Assessment
Gilliam County –2013

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 Gilliam County:

Vicki Winters, Chairperson
Natalie Wilkins, Vice Chair
Teddy Fennern: Secretary
Steve Shaffer, County Judge
Teri Thalopher
Lisa Helms
Rebecca Humphreys
Tiah Devin
Ryan Hawley
Marvin Pohl
Gary Bettencourt

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.

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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)

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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. The Gilliam County CAC conducted a Community Health Needs Assessment which included community engagement techniques in the form of a Household Mail-out Survey, and Key Informant Interviews. Summarized results from these assessments 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.

Key Informant Interviews

Key Informant Interviews are informal, conversational interviews with individuals who reside in and understand their communities. This interview process brought CAC members face-to-face with community members in an effort to obtain community perceptions, beliefs and issues of concern with their local health care system.

Key Informant interviews are not meant to be a statistical sampling of communities. This process gathers qualitative information – the "why" behind the "what". They provide an indication of how broadly like perceptions; opinions and attitudes are held in the community. We are not concerned with specific numbers. Hence, instead of stating "Seven key informants of the 65 interviewed perceived…" We use terms like *"many," "some," "majority," most,"* etc. The key is being consistent in their use.

The CAC members developed their questionnaires, selected interviewees throughout their county and recorded the responses. Interviews were conducted through August and July of 2013. The 15 interviews included people living in Condon, Arlington and rural Gilliam County. The majority of persons interviewed where white, females, ranging evenly between the ages of 30-40; 40-65.

The following is a summary of *key* findings reflecting attitudes, opinions and beliefs of participants. The findings ARE NOT intended as a statement of fact and to consider them as such would be erroneous.

Key questions and responses taken from the Gilliam County Key Informant Report:

What do you perceive as the most important health system (resources problem facing your community?

- Limited access to clinics due to limited hours clinics are open
- Lack of effective after hour ER care
- Lack of exercise facilities
- Better understanding/education of mental health services

What do you perceive as the most important health problem (health status) facing your community?

- Substance abuse, both drug and alcohol
- Weight management and obesity
- Poor nutrition

What is your perception of other community health functions?

- *Many* people interviewed said Assisted Living Facilities are adequate

- *Several* people said drug and alcohol substance abuse is a problem in their community
- *Many* people said there needs to be more specialists available in the county
- *Many* people said there needs to be more Prevention Care/Health Promotion in their community
- *Many* people said the county does a good job with Senior Programs (transportation and meals

GILLIAM COUNTY SUMMARY

Partners

The Gilliam County Community Advisory Council (CAC), to the Eastern Oregon CCO, first met in June, 2013. There has been consistent participation on the part of representatives by a minimum of the following entities and individuals:

- Gilliam County Commissioner (Judge Steve Shaffer)
- North Central Public Health (Teri Thalopher)
- Community Counseling Solutions (Lisa Helms)
- Department of Human Services (Rebecca Humphreys)
- Gilliam County Juvenile Department (Vicki Winters)
- Gilliam County Sheriff's Office (Gary Bettencourt)
- North Central ESD Early Education Office (Natalie Wilkins)
- Mid-Columbia Council of Government, AAA Program (Marvin Pohl)
- Gilliam County Medical Center, (Ryan Hawley)
- Gilliam County Family Services, (Teddy Fennern)

Data Sources

Primary Data Sources

- "Community Health Needs Survey, Gilliam County" 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Gilliam County CAC.
- Key Informant Interviews conducted by Gilliam County CAC members in August, 2013.

Secondary Data Sources

- "Tobacco Fact Sheet by County," Oregon Health Authority, 2013.

- Eastern Oregon Coordinated Care Organization Data Packet prepared by Emerson Ong, Oregon Office of Rural Health, April, 2013.
- "Oregon Smile Survey," Oregon Health Authority, 2012.
- "Oregon Statewide Area Agency on Aging Report," 2013.
- "Community Health Improvement Plan Based on Community Health Assessment" North Central Public Health District, 2011
- Excerpt of county data from DHS County Quick Facts. Prepared by DHS and OHA January 2013.
- 2013 Areas of Unmet Health Care Need in Rural Oregon Report
- County Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012. OHA office of Health Analytic and Addiction and Mental Health Division.
- Prescription Controlled Substance Dispensing in Oregon Statewide Data Report, November 2012
- From Our Roots, Community Food Assessment Report, CAPECO, 2010
- Gilliam County Special Transportation Public Transportation Plan, 2009
- Umatilla/Morrow Head Start, Community Assessment 2012-2013
- Gilliam, Morrow, Wheeler Implementation Plan, Community Counseling Solutions, 2013

Priority Needs

EOCCO staff supported the Gilliam County LCAC in customizing a draft needs assessment document. The needs assessment was mailed as a household survey to approximately 900 county households.

The Gilliam County CAC group developed Key Informant Interview Questions for use by the entire CAC group in surveying a diverse group (age, income and community of residence) of 15 Gilliam County residents.

The gathered information was combined into a triangulation report by EOCCO staff. The triangulation report identified topic areas where there were multiple data sources. The triangulation report was provided to the CAC as a whole. At the November 2013 CAC meeting, the group used a forced choice matrix to vote individually and privately on the priorities based on the triangulation report. Due to there being only 7 people in attendance, the group solicited participation by the rest of the committee and then the individual totals were added together for each potential priority area.

At their next meeting the group narrowed their initial five priorities down to three. These are not in the order of their final prioritization, which is yet to come:

Mental Health; Social Determinates of Health; Children's Health Promotion and Education

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%

	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
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%

	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
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)	Lake (North)	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150

					N=421	N= 143					
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%

	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
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%

	Totals N=3,098	Baker N=242	Gilliam N=209	Grant N=1,041	Lake (South) N=421	Lake (North)	Malheur N=298	Sherman N=195	Union N=259	Wallowa N=140	Wheeler N=150

						N= 143					
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	Obesity –	Substance	Substance or	Alcohol or	Alcohol or	Alcohol or	Substance	Substance	Substance or	Alcohol	Alcohol use –

of the following would you say is the second most important health concern our community is facing today? **(Top Three)**	13% Lack of recreational facility – 12% Alcohol or drug use – 10%	or drug use / abuse - 19% Obesity - 11.2% Alcohol use - 9.5%	drug use / abuse – 14.4% Alcohol use – 10.5% Lack of recreational facilities – 10%	drug use – 25% Domestic violence – 15.9% Obesity – 13.7%	drug use – 22% Obesity – 18.9% Domestic violence or child abuse/ neglect – 14.1%	drug use – 23.4% Domestic violence or child abuse/neglect – 12.5% Lack of access to good health care – 11.7	or drug use / abuse – 23.5% Child abuse / neglect – 9.6% Lack of access to good health care – 8.2%	abuse or drug use / abuse – 18.5% Alcohol use – 16.9% Obesity – 12.3%	drug use / abuse – 22% Child abuse / neglect – 12.4% Obesity – 10.8%	use – 14.3% Obesity – 13.6% Substance or drug use / abuse – 13.6%	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%

	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
24. What would be the best way for	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%

you to receive health education information about resources and programs that are available in our community? **(Top cited)**											