

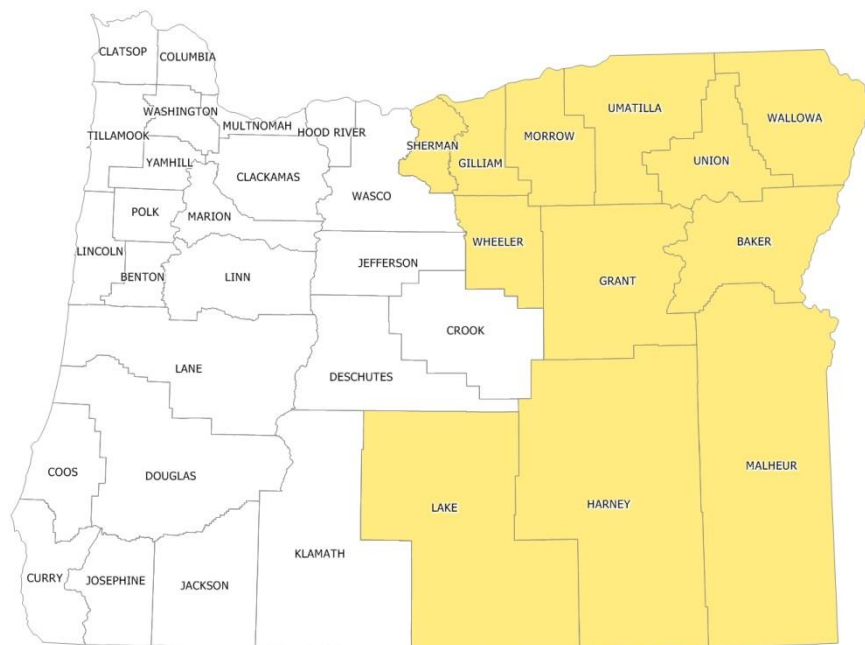
Community Advisory Council Health Assessment Grant County - 2013

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.

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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 Grant County:

Karen Triplett, Chairperson
Sharon Mogg, Vice Chair
Chris Labhart, County Commissioner/CAC
Secretary
Teresa Aasness
Dr. Travis Schuller
Thad Labhart
Greg Armstrong
Danetta Lewis

Debi Hueckman
Kim Mills, DHS (Harney)
Vickie Brown
Cammi Copenhaver
Russ Comer
Linda Watson
Sally Bartlett
Erin Osgood

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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	Statewide	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
EOCCO Specific Data:													
% 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)

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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 Grant County CAC utilized available qualitative assessment data from a 2012-2013 Community Health Improvement Partnership (CHIP) Community Health Needs Assessment which included community engagement techniques in the form of a Household Mail-out Survey, Community-Wide Participation Meeting, and Key Informant Interviews. Brief summaries of *key findings* 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.

In October, 2012, The Oregon Office of Rural Health (ORH) conducted a confidential, mail-out questionnaire ^[1] to Grant County households. Of the 1,946 surveys that were mailed, 1,042 surveys were completed and returned to ORH. This was a **53.5% response rate**.

The survey included forty questions, mainly multiple choice, with intent to help understand the health and health needs of people living in the county. Questions asked were in the following areas: access to health care; your health and health needs; your community’s needs; and about you and your family. Listed in this report are *key findings* taken from the survey results:

When asked to identify the first and second most important health concern in the community, response rates were as follows:

- 39.1% alcohol or drug use
- 14.6% obesity
- 22.8% alcohol or drug use
- 14.5% domestic violence or child abuse/neglect
- 12.5% obesity

When asked if you could do one thing to improve your community’s access to health care, what would it be?

- 30.9% more primary care providers
- 24.8% more specialists

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- 10.6% extended hours for outpatient services

^[1] ORH, Grant County Health Survey; www.ohsu.edu/xd/outreach/oregon-rural-health

The Community-Wide Participation 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.**

New Paths to a Healthier Grant County

On January 10th, 2013, the Community Health Improvement Partnership held a public participation meeting. Over **50** Grant County residents attend the meeting.

Eight *key* issues that resulted from the final group vote:

1. More available urgent care
2. Specialists here more often
3. Collaboration with all health care providers
4. Build a community fitness center
5. Improved services to prevent transfers
6. More affordable screenings
7. Hospital sponsored low cost/low impact exercise and nutrition education
8. Confidentiality

Key Informant Interviews

Key Informant interviews are not meant to be a statistical sampling of communities. This process gathers qualitative information – opinions, attitudes and beliefs. The concern is not 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.

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The following is a summary of findings reflecting *key* 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.

During October and November, 2012, CHIP members conducted eighty-three one-on-one interviews with Grant County residents representing varies sectors of the communities in which they live and work. CHIP members developed a questionnaire and used the same format for each interview.

Key informant interviews are particularly useful for:

- Involving citizens who are not likely to complete (either willing or unable) surveys
- Obtaining a deeper understanding of residents' attitudes, perceptions and behaviors
- Increasing residents' understanding of local issues
- Clarifying complex issues
- Demonstrating the Partnership's sincere interest in the individual's viewpoint
- Allowing community members themselves to conduct assessments

Key questions and responses taken from the Key Informant Report

What do you perceive as the most important health system (resources) problem facing Grant County residents and how should it be solved?

- Doctor turnover and lack of primary care physicians – improve doctor recruiting
- Urgent Care and Accessibility – hire more doctors and change scheduling
- Lack of Specialists – bring in a larger variety of specialist
- Lack of insurance and affordability – restructure sliding fee scale
- Transportation for senior citizens to medical appointments – provided more transportation options
- Communication and health education – offer more health communication to the young and old

What do you perceive as the most important health problem (health status) facing the Grant County Service area and how should it be solved?

- Drug and Alcohol abuse – see more sustained child education prevention programs in the schools and more resources such as AA.
- Obesity – offer more preventative classes, exercise classes, more incentive programs
- Cancer rates – offer more local cancer treatment, lower the cost of screenings and annual checkups.

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GRANT COUNTY

Partners

The Grant County Community Advisory Council (CAC) first met in June 2013. The group has had good attendance and participation and members are broadly representative of our community. This advisory council includes:

- Nurse Practitioner, Grant County Health Department, Karen Triplett, CAC Chairperson
- Grant County Chamber of Commerce, Sharon Mogg, CAC Vice Chairperson
- Grant County Commissioner, Chris Labhart, CAC Secretary
- Safe Communities Coalition, Russ Comer
- VISTA, Grant County Health Department, Erin Osgood,
- Grant County Economic Development Coordinator, Sally Bartlett
- Consumer, Danetta Lewis
- Dental and Tobacco, Grant County Health Department, Program Director, Sheila Comer
- Community Counseling Solutions, Thad Labhart
- Advantage Dental, Dr. Travis Schuller
- Consumer, Vicki Brown
- Local Pharmacist and Business owner, Greg Armstrong,
- Department of Human Services, Debbie Hueckman and Kim Mills (Harney County)
- Consumer and Foster Parent, Cammie Copenhaver Grant County CHIP/CAC Coordinator, Linda Watson
- Families First, Teresa Aasne
- Resource Assistance to Grant County CAC: Paul McGinnis, Sandy Ryman, Ari Wagner and Linda Watson, Greater Oregon Behavioral Health; Estela Gomez, Oregon Health Authority, EOCCO

Data Sources

There were numerous data sources reviewed by our CAC members. Following are sources of the wide variety of data considered before making a final determination as to the three most significant Grant County issues:

Primary Data Sources

- Grant County Community Health Improvement Partnership (CHIP) conducted the following Primary Data Assessments for Grant County:
- “New Paths to a Healthier Grant County” community-wide participation vision meeting ,held January 10, 2013. Conducted by ORH, CHIP and The Blue the Mountain Hospital District.
- “2012 Grant County CHIP Household Survey”, conducted by the Office of Rural Health, under the direction of the Grant County CHIP. Mailed in Oct. 2012
- “Key Informant Interviews,” 83 one-on-one interviews were conducted by CHIP members, Oct/Nov 2012.
- “Provider Need and Shortage Analysis” Physician and practitioner survey conducted by Blue Mountain Hospital District and ORH in Nov. 2012 and presented to the CHIP in Dec. 2012

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Secondary Data Sources

- Grant County Community Health Needs Assessment 2012-2013, conducted by Oregon Office of Rural Health and Blue Mountain Hospital District under the direction of the Community Health Improvement Partnership (CHIP).
- Demographic and Socio-Economic Data; Oregon Employment Dept., Dept. of Education, Division of Medical Assistance Programs, 2000 Census, 2011 Oregon Health Insurance Survey, prepared by Oregon Department of Rural Health (ORH), September 2012.
- Health Status, Oregon Department of Human Services; prepared by ORH, September 2012.
- Health Utilization, Comp. Data (July 1, 2011-July 1, 2012; prepared by ORH, September 2012.
- Local Childhood Surveillance Data; conducted by Shawna Clark, FNP, with the support of Strawberry Wilderness Community Clinic and CHIP, September – November 2012.
- Grant County 2013-2015 Mental Health Biennial Implementation Plan; conducted by Community Counseling Solutions, September 2013.
- Grant County Healthy Smiles Dental Clinic Assessment report 2009-2013; presented by Grant County Health Department, September 2013.
- Grant County Health Teen Survey Alcohol Use report data (revised March 2012; presented by Safe Communities Coalition, August 2013.
- Grant County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012, Oregon Health Authority, Office of Health Analytics and Addictions and Mental Health Division.
- Grant County Community Food Assessment Report Addendum 2011; conducted by Oregon State University Extension, Oregon Food Bank *and* Resource Assistance for Rural Environments, presented by Grant County Economic Development.
- Grant County Cost and Utilization Report, prepared by EOCCO, Experience for November 1, 2012 – August 31, 2013
- Additional Grant County data sources: 2013 Tobacco Fact Sheet; YBRFSS; BRFSS; Oregon Smile Survey; Criminal Justice Data; Community Connections of Northeast Oregon Survey 2012; 2013 County Health Rankings and Road Maps; CHIP data related to alcohol use, obesity, cancer, mental health and dental care; Vital Statistics; EOCCO Need Assessment Data Sheet; DHS Quick Facts; 2013 Areas of Unmet Health Care Need in Rural Oregon Report; Prescription Controlled Substance Dispensing in Oregon: Statewide Data Report, November 2012.

Priority Needs

In November, 2013, the CAC members reviewed Triangulation of Grant County Needs Assessments and participated in a forced matrix to identify which of community health issues were the higher priorities: Children's health, obese and overweight which tied with alcohol and drugs, and mental health which tied with oral health. On December 18, 2013 Grant County CAC members voted to move forward with these three top *key* community concerns:

- 1. Children's Health**
- 2. Obese and Overweight**
- 3. Oral Health**

Grant CAC will be forming small groups to identify our community health focus and developing an implementation plan for change.

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%

Community Advisory Council Health Assessment

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	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 choleste rol - 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%

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					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%	

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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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						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 - 29.3%	Obesity – 24.4%	Alcohol or drug use – 45.2%	Alcohol or drug use – 48.1%	Alcohol or drug use – 31.3%	Obesity – 31.1%	Substance or drug use / abuse – 22.1%	Obesity – 33.6%	Obesity – 25%	Obesity – 29.3%
	Obesity – 20%	Substance or drug use / abuse - 24%	Lack of recreational facilities – 20.1%	Obesity – 16.9%	Obesity – 20.5%	Obesity – 14.9%	Substance or drug use / abuse – 28%	Obesity – 21.5%	Substance or drug use / abuse – 26.6%	Substance or drug use / abuse – 17.1%	Substance or drug use / abuse – 17.3%
	Substance or drug use – 10.3%	Domestic violence – child abuse / neglect - 21.1%	Substance or drug use / abuse – 19.1%	Lack of access to good health care – 13.3%	Lack of recreational facilities – 7.1%	Lack of access to good health care – 13.4%	Domestic violence – child abuse / neglect – 24.9%	Alcohol use – 15.9%	Domestic violence – child abuse / neglect – 17.4%	Lack of recreational facilities – 15.7%	Tobacco use – 10.7%

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22. Which	Obesity –	Substance	Substance or	Alcohol or	Alcohol or	Alcohol or	Substance	Substance	Substance or	Alcohol	Alcohol use –

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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%

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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)											
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