ASANTE ASHLAND COMMUNITY HOSPITAL

2016 Community Health Needs Assessment and Implementation Strategy (Community Health Improvement Plan)

The following Community Health Needs Assessment findings are based on the defined primary service area (Jackson County) for Asante Ashland Community, Ashland, OR.

This document is amended and approved by the Asante Board of Directors as of May 2019. The amended document includes Evaluation of Past Activities to reflect subsequent implementation of the Community Health Improvement Plan.

The following document contains:
- 2016 Community Health Needs Assessment Report prepared by PRC, Inc.
- 2017 Implementation Strategy (CHIP) amended May 2019
Summary Report

2016 Community Health Needs Assessment Report

Jackson County, Oregon

Prepared for:
Asante Ashland Community Hospital

By:
Professional Research Consultants, Inc.
11326 P Street  Omaha, NE 68137-2316
www.PRCCustomResearch.com

2016-4491-02
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Introduction
About This Assessment

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011 and 2014, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Jackson County, the service area of Asante Ashland Community Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Asante Ashland Community Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

PRC Community Health Survey

Survey Instrument
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Asante and PRC.

Community Defined for This Assessment
The study area for the survey effort is defined as each of the residential ZIP Codes comprising Jackson County. This community definition, determined based on the ZIP Codes of residence of recent patients of Asante Ashland Community Hospital, is illustrated in the following map.
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 300 individuals age 18 and older in Jackson County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Jackson County as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 300 respondents is ±5.7% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.
The following chart outlines the characteristics of the Jackson County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Jackson County, 2016)

![Chart showing population and survey sample characteristics](image)

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2016 guidelines place the poverty threshold for a family of four at $24,300 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level and earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

**Online Key Informant Survey**

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Asante; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.
Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 103 community stakeholders took part in the Online Key Informant Survey for Jackson County, as outlined below:

### Online Key Informant Survey Participation

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Leader</td>
<td>122</td>
<td>47</td>
</tr>
<tr>
<td>Other Health Provider</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Physician</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Public Health Representative</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Social Services Provider</td>
<td>44</td>
<td>30</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- ACCESS
- Asante Ashland Community Hospital
- Asante Health System
- Asante Physician Partners
- Asante Rogue Regional Medical Center
- Ashland Emergency Food Bank
- Ashland Fire & Rescue
- Ashland Grace Point Church
- Ashland High School
- Ashland School District
- Boys & Girls Clubs of the Rogue Valley
- Central Point School District 6
- Children’s Advocacy Center of Jackson County
- City of Ashland
- City of Eagle Point
- City of Jacksonville
- City of Medford
- City of Talent
- Compass House
- Eastwood Baptist Church
- Gordon Elwood Foundation
- Hearts with a Mission
- Housing Authority of Jackson County
- Jackson Care Connect
- Jackson County Board of Commissioners
- Jackson County CASA
- Jackson County Health and Human Services
- Jackson County Library
- Jackson County Mental Health
- Jackson County Public Health
- Jefferson Regional Health Alliance
- John Watt & Associates
- KTVL TV
- La Clinica
- Mail Tribune
- Maslow Project
- Medford Fire-Rescue
- Medford Parks and Recreation
- Medford Police Department
- Medford School District
- Mercy Flights
- Mount Ashland Ski Area
- NAMI of Southern Oregon
- North Medford High School
- OnTrack, Inc.
- Options for Southern Oregon
- Oregon Community Foundation
Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

**Minority/medically underserved populations represented:**

- abused/neglected children,
- African-Americans,
- Asians,
- children, those with chronic health conditions,
- the disabled,
- geographically-isolated residents,
- Hispanics,
- the homeless,
- LGBT,
- low income individuals,
- Medicare/Medicaid recipients,
- the mentally ill,
- non-English-speaking,
- older adults,
- Pacific Islander youth,
- rural residents,
- substance abusers,
- undocumented,
- the uninsured/underinsured,
- veterans

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in Jackson County. Follow-up questions asked them to describe why they identify problem areas as such, and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

**NOTE:** These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants’ opinions and perceptions of the health needs of the residents in the county. Thus, these findings are not necessarily based on fact.

**Public Health, Vital Statistics & Other Data**

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Jackson County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
• ESRI ArcGIS Map Gallery
• National Cancer Institute, State Cancer Profiles
• OpenStreetMap (OSM)
• US Census Bureau, American Community Survey
• US Census Bureau, County Business Patterns
• US Census Bureau, Decennial Census
• US Department of Agriculture, Economic Research Service
• US Department of Health & Human Services
• US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
• US Department of Justice, Federal Bureau of Investigation
• US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending
A similar survey was administered in Jackson County in 2011 and 2014 by PRC on behalf of Asante. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

State Risk Factor Data
Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data
Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2015 PRC National Health Survey; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

• Encourage collaborations across sectors.
• Guide individuals toward making informed health decisions.
• Measure the impact of prevention activities.
Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

**Determining Significance**

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For the purpose of this report, “significance,” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 5% variation from the comparative measure.

**Information Gaps**

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.
IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010.

To understand which elements of this report relate to those requested as part of hospitals’ reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

|-----------------------------------------------------------------------------------------------|-----------------|
| Part V Section B Line 3a  
  A definition of the community served by the hospital facility                               | 5               |
| Part V Section B Line 3b  
  Demographics of the community                                                                    | 33              |
| Part V Section B Line 3c  
  Existing health care facilities and resources within the community that are available to respond to the health needs of the community | 158             |
| Part V Section B Line 3d  
  How data was obtained                                                                           | 5               |
| Part V Section B Line 3e  
  The significant health needs of the community                                                     | 14              |
| Part V Section B Line 3f  
  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | Addressed Throughout |
| Part V Section B Line 3g  
  The process for identifying and prioritizing community health needs and services to meet the community health needs | 15              |
| Part V Section B Line 3h  
  The process for consulting with persons representing the community’s interests                 | 7               |
| Part V Section B Line 3i  
  Information gaps that limit the hospital facility’s ability to assess the community’s health needs | 11              |
Summary of Findings
Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the county with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Health Services</strong></td>
</tr>
<tr>
<td>• Barriers to Access</td>
</tr>
<tr>
<td>o Cost of Prescriptions</td>
</tr>
<tr>
<td>o Appointment Availability</td>
</tr>
<tr>
<td>• Skipping/Stretching Prescriptions</td>
</tr>
<tr>
<td>• Routine Medical Care [Adults &amp; Children]</td>
</tr>
<tr>
<td>• Children’s Dental Care</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Cancer is a leading cause of death.</td>
</tr>
<tr>
<td>• Female Breast Cancer Incidence</td>
</tr>
<tr>
<td>• Skin Cancer Prevalence</td>
</tr>
<tr>
<td>• Cervical Cancer Screening [Age 21-65]</td>
</tr>
<tr>
<td><strong>Dementias, Including Alzheimer’s Disease</strong></td>
</tr>
<tr>
<td>• Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Deaths</td>
</tr>
<tr>
<td>• Prevalence of Borderline/Pre-Diabetes</td>
</tr>
<tr>
<td>• Blood Sugar Testing (Non-Diabetics)</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Cardiovascular disease is a leading cause of death.</td>
</tr>
<tr>
<td>• Stroke Deaths</td>
</tr>
<tr>
<td>• Blood Pressure Screening</td>
</tr>
<tr>
<td>• High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>• Blood Cholesterol Screening</td>
</tr>
<tr>
<td><strong>Infant Health &amp; Family Planning</strong></td>
</tr>
<tr>
<td>• Prenatal Care</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td>• Firearm-Related Deaths</td>
</tr>
<tr>
<td>• Intimate Partner Violence Experience</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>• “Fair/Poor” Mental Health</td>
</tr>
<tr>
<td>• Diagnosed Depression</td>
</tr>
<tr>
<td>• Treatment for Mental Health</td>
</tr>
<tr>
<td>• Suicide Deaths</td>
</tr>
<tr>
<td>• Mental Health ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>

-continued on next page-
AOOs Continued

Nutrition, Physical Activity, & Weight
- Fruit/Vegetable Consumption
- Obesity (Adults)
- Trying to Lose Weight (Overweight Adults)
- Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.

Potentially Disabling Conditions
- Activity Limitations
- Arthritis/Rheumatism Prevalence [Age 50+]
- Sciatica/Chronic Back Pain Prevalence
- Deafness/Hearing Trouble

Respiratory Diseases
- Chronic Lower Respiratory Disease (CLRD) Deaths
- Asthma Prevalence [Adults]
- Flu Vaccination [Age 65+]
- Flu Vaccination [High-Risk Age 18-64]

Substance Abuse
- Cirrhosis/Liver Disease Deaths
- Drug-Induced Deaths
- Personal Impact from Substance Abuse (Self or Other’s)
- Substance Abuse ranked as a top concern in the Online Key Informant Survey.

Tobacco Use
- Smokeless Tobacco Prevalence

Prioritization of Health Needs

Community Feedback
On February 16, 2017, Asante, acting as the legal owner and operator of Asante Ashland Community Hospital, convened a group of 29 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:
• **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

• **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.

This community input was taken into account in determining the finalized priority of health needs for Asante Health.
Final Prioritization

The Asante board of directors reviewed, approved and adopted the 2016 CHNA report on April 3, 2017, including the below prioritization of community needs.

1. **Access to Health Care Services**: Improve access to comprehensive, quality health care services.
2. **Mental Health & Substance Abuse**: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services. Reduce substance abuse to protect the health, safety and quality of life for all, especially children.
3. **Heart Disease and Stroke**: Improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events’ and reduction in deaths from cardiovascular disease.
4. **Infant Health and Family Planning**: Improve the health and well-being of women, infants, children and families. Improve pregnancy planning and spacing, and prevent unintended pregnancy.
5. **Diabetes**: Reduce the disease burden of diabetes and improve the quality of life for all persons who have, or are at risk for, diabetes.
6. **Nutrition, Physical Activity and Weight**: Promote health and reduce chronic disease risk through the consumption of healthful diets, and achievement and maintenance of healthy body weights. Improve health, fitness and quality of life through daily physical activity.
7. **Respiratory Diseases**: Promote respiratory health through better prevention, detection, treatment and education efforts.
8. **Cancer**: Reduce the number of new cancer cases, as well as the illness, disability and death caused by cancer.
9. **Disability and Health**: Maximize health, prevent chronic disease, improve social and environmental living conditions, and promote full community participation, choice, health equity and quality of life among individuals with disability of all ages.
10. **Injury and Violence Prevention**: Prevent unintentional injuries and violence, and reduce their consequences.
11. **Tobacco Use**: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.
12. **Dementias, including Alzheimer’s Disease**: Reduce the morbidity and costs associated with, and maintain or enhance the quality of life for, persons with dementia, including Alzheimer’s disease.

**Hospital Implementation Strategy**

Asante will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the above prioritized needs.

*Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.*
## Summary Data

### Comparisons With Benchmark Data

The following tables provide an overview of indicators in Jackson County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

#### Reading the Data Summary Tables

- In the following charts, Jackson County results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined area; for data from secondary sources, this column represents findings for the county as a whole. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

- The columns to the right of the Jackson County column provide trending comparisons (trending from the earliest data year available), as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Jackson County compares favorably (☉), unfavorably (☉), or comparably (☉) to these external data.

*Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.*

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. OR vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>1.7</td>
<td>☉ 3.4 ☉ 4.7</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>17.8</td>
<td>☉ 16.7 ☉ 15.6</td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td>41.5</td>
<td>☉ 37.0 ☉ 34.5</td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
<td>53.8</td>
<td>☉ 46.3 ☉ 44.2</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>11.2</td>
<td>☉ 10.5 ☉ 13.7</td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td>6.3</td>
<td>☉ 5.7 ☉ 5.3</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Overall Health

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>15.7</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>35.4</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Caregiver to a Friend/Family Member</td>
<td>23.8</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
</tbody>
</table>

### Access to Health Services

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>13.1</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% [Insured 18-64] Have Coverage Through ACA</td>
<td>15.6</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>45.3</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>11.2</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>16.6</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>13.1</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>22.2</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>10.4</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>5.6</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>16.5</td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
<td><img src="http://placehold.it/10" alt="Image" /></td>
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</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>5.8</td>
<td>vs. OR 3.9 vs. US 6.7</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>90.1</td>
<td>vs. OR 93.2 vs. US 75.8</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>77.4</td>
<td>vs. OR 74.0 vs. US 95.0</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>74.2</td>
<td>vs. OR 73.1 vs. US 89.4</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>86.6</td>
<td>vs. OR 76.8 vs. US 100.0</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>61.7</td>
<td>vs. OR 62.5 vs. US 70.5</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>75.0</td>
<td>vs. OR 89.3 vs. US 83.8</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>6.7</td>
<td>vs. OR 8.5 vs. US 6.1</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>16.8</td>
<td>vs. OR 14.2 vs. US 15.6</td>
</tr>
<tr>
<td>% Have Completed Advance Directive Documents</td>
<td>40.3</td>
<td>vs. OR 33.7 vs. US similar</td>
</tr>
</tbody>
</table>

### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Measure</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>41.3</td>
<td>vs. OR 32.0 vs. US 39.2</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>8.5</td>
<td>vs. OR 8.7 vs. US 13.8</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>27.2</td>
<td>vs. OR 19.4 vs. US 28.2</td>
</tr>
<tr>
<td>Cancer</td>
<td>Jackson County</td>
<td>Jackson County vs. Benchmarks</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>169.8</td>
<td>vs. OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>163.9</td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td>109.6</td>
<td>122.8</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td>133.5</td>
<td>128.4</td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td>62.4</td>
<td>61.0</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td>38.3</td>
<td>38.3</td>
</tr>
<tr>
<td>Cervical Cancer Incidence per 100,000</td>
<td>7.4</td>
<td>6.8</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>12.0</td>
<td>7.4</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>8.0</td>
<td>7.9</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>72.0</td>
<td>77.0</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>71.4</td>
<td>82.9</td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>77.8</td>
<td>70.6</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>22.2</td>
<td>17.0</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>71.3</td>
<td>66.8</td>
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</tbody>
</table>

**TRENDS**
- ☀ better
- ☁ similar
- ☁ worse
### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>7.3</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>2.6</td>
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</tbody>
</table>

### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>33.6</td>
</tr>
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</table>

### Diabetes

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
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</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>23.3</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>8.0</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>16.8</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>47.0</td>
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### Family Planning

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
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</thead>
<tbody>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td>35.4</td>
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</table>
### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>13.8</td>
</tr>
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</table>

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>126.1</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>40.0</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>5.7</td>
</tr>
<tr>
<td>% Stroke</td>
<td>2.9</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>87.1</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>39.5</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>88.8</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>81.4</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>35.8</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>86.4</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>87.2</td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

#### HIV

<table>
<thead>
<tr>
<th>HIV</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>1.2</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>87.7</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
</tbody>
</table>

#### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Immunization &amp; Infectious Diseases</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>41.7</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>30.6</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>76.1</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>29.0</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>% Have Completed Hepatitis B Vaccination Series</td>
<td>38.3</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
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</table>

#### Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>42.7</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>9.0</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>% [Age 45+] Fell in the Past Year</td>
<td>35.5</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>15.5</td>
<td><img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /> <img src="images/better.png" alt="Better" /></td>
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</table>
### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>297.8</td>
<td>250.0</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>4.3</td>
<td>2.3</td>
</tr>
<tr>
<td>% Perceive Neighborhood as “Slightly/Not At All Safe”</td>
<td>19.2</td>
<td></td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>21.8</td>
<td></td>
</tr>
</tbody>
</table>

### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td>No Prenatal Care in First Trimester (Percent)</td>
<td>22.2</td>
<td>20.2</td>
</tr>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td>6.2</td>
<td>6.1</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>4.4</td>
<td>5.1</td>
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</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>18.7</td>
<td>15.5</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>26.2</td>
<td>24.0</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>32.6</td>
<td>29.9</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders (continued)</td>
<td>Jackson County</td>
<td>Jackson County vs. Benchmarks</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>suicide (age-adjusted death rate)</td>
<td>21.9</td>
<td></td>
</tr>
<tr>
<td>% have ever sought help for mental health</td>
<td>41.3</td>
<td></td>
</tr>
<tr>
<td>% taking rx/receiving mental health treatment</td>
<td>18.7</td>
<td></td>
</tr>
<tr>
<td>% those with diagnosed depression seeking help</td>
<td>93.1</td>
<td></td>
</tr>
<tr>
<td>% unable to get mental health services in past yr</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>% typical day is &quot;extremely/very&quot; stressful</td>
<td>11.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition, Physical Activity &amp; Weight</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% eat 5+ servings of fruit or vegetables per day</td>
<td>36.1</td>
<td></td>
</tr>
<tr>
<td>% 7+ sugar-sweetened drinks in past week</td>
<td>20.1</td>
<td></td>
</tr>
<tr>
<td>% &quot;very/somewhat&quot; difficult to buy fresh produce</td>
<td>19.3</td>
<td></td>
</tr>
<tr>
<td>population with low food access (percent)</td>
<td>21.9</td>
<td></td>
</tr>
<tr>
<td>% food insecure</td>
<td>28.3</td>
<td></td>
</tr>
<tr>
<td>% healthy weight (BMI 18.5-24.9)</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td>% overweight (BMI 25+)</td>
<td>68.8</td>
<td></td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight (continued)</td>
<td>Jackson County</td>
<td>Jackson County vs. Benchmarks</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>33.5</td>
<td>vs. OR: 27.9 33.4 30.5</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>31.2</td>
<td>vs. US: 57.0</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>22.3</td>
<td>vs. HP2020: 20.4 20.0</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>38.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>60.7</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>25.9</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>16.8</td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>53.8</td>
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</table>
### Oral Health

<table>
<thead>
<tr>
<th>Oral Health</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>vs. OR vs. US vs. HP2020</td>
<td>TRENDS</td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>71.0 65.7 67.2 49.0 68.3</td>
<td>☀️ ☂️ ☀️ ☂️ ☀️</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>77.0 90.7 49.0 71.6</td>
<td>☂️ ☀️ ☂️ ☀️ ☂️</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>62.6 66.5 53.4</td>
<td>☂️ ☀️ ☂️ ☂️ ☂️</td>
</tr>
</tbody>
</table>

### Respiratory Diseases

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. OR vs. US vs. HP2020</td>
<td>TRENDS</td>
</tr>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>44.5 41.8 41.4</td>
<td>☂️ ☂️ ☂️</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>11.1 9.2 15.1</td>
<td>☂️ ☀️ ☂️</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>9.2 5.7 9.5 9.2</td>
<td>☂️ ☂️ ☂️</td>
</tr>
<tr>
<td>% Adults Asthma (Ever Diagnosed)</td>
<td>21.1 16.6 15.4 17.0</td>
<td>☂️ ☂️ ☂️</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>5.4 6.5 6.4</td>
<td>☂️ ☂️ ☂️</td>
</tr>
</tbody>
</table>

### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. OR vs. US vs. HP2020</td>
<td>TRENDS</td>
</tr>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>70.0 59.0 110.7</td>
<td>☂️ ☀️ ☂️</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>310.7 394.3 456.1</td>
<td>☀️ ☀️ ☀️</td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

#### Jackson County vs. Benchmarks

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>15.1</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>65.2</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>22.6</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>5.5</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>19.4</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>2.5</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>4.4</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Life Negatively Affected by Substance Abuse</td>
<td>50.6</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Jackson County</th>
<th>Jackson County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>17.4</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>11.0</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>5.5</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>13.9</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>10.1</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>% Currently Use Electronic Cigarettes</td>
<td>5.0</td>
<td><img src="image" alt="Diagram" /></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Jackson County</td>
<td>Jackson County vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>6.0</td>
<td>vs. OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.3</td>
<td></td>
</tr>
</tbody>
</table>

- better
- similar
- worse
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)
Data Charts & Key Informant Input

The following sections present data from multiple sources, including the random-sample PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey. Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.
Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>206,583</td>
<td>2,783.55</td>
<td>74.22</td>
</tr>
<tr>
<td>Oregon</td>
<td>3,900,343</td>
<td>95,988.34</td>
<td>40.63</td>
</tr>
<tr>
<td>United States</td>
<td>314,107,083</td>
<td>3,531,932.26</td>
<td>88.93</td>
</tr>
</tbody>
</table>


Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

<table>
<thead>
<tr>
<th></th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>21.4%</td>
<td>22.1%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Oregon</td>
<td>18.9%</td>
<td>14.9%</td>
<td>13.8%</td>
</tr>
<tr>
<td>United States</td>
<td>21.4%</td>
<td>18.9%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

**Total Population by Race Alone, Percent (2010-2014)**

- **Jackson County**: 91.6% White, 0.7% Black, 4.0% Some Other Race, 1.8% Multiple Races
- **Oregon**: 85.1% White, 3.7% Black, 9.2% Some Other Race, 3.9% Multiple Races
- **US**: 73.8% White, 12.6% Black, 10.7% Some Other Race, 2.9% Multiple Races

Sources:
- US Census Bureau American Community Survey 5-year estimates.

**Hispanic Population (2010-2014)**

- **Jackson County**: 11.4%
- **Oregon**: 12.2%
- **US**: 16.9%

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2010-2014)

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>17.8%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Oregon</td>
<td>16.7%</td>
<td>37.0%</td>
</tr>
<tr>
<td>US</td>
<td>15.6%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.  
- Retrieved September 2016 from Community Commons at http://www.chna.org

Notes:  
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Education

Education levels are reflected in the proportion of our population without a high school diploma:

**Population With No High School Diploma**
(Population Age 25+ Without a High School Diploma or Equivalent, 2010-2014)

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
Food Insecurity

“Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was often true, sometimes true, or never true for you in the past 12 months. The first statement is: “I worried about whether our food would run out before we got money to buy more.” Was this statement: often true, sometimes true, or never true?”

“The next statement is: “The food that we bought just did not last, and we did not have money to get more.” Was this statement: often true, sometimes true, or never true?”

In the following chart, food insecurity includes those who responded affirmatively to either of these questions.

Food Insecurity
(Jackson County; 2016)
General Health Status

Overall Health Status

Self-Reported Health Status
The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

The following charts further detail “fair/poor” overall health responses in Jackson County in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, income [based on poverty status], and race/ethnicity).

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
Experience “Fair” or “Poor” Overall Health (Jackson County, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>14.0%</td>
<td>17.3%</td>
<td>12.3%</td>
<td>21.4%</td>
<td>11.9%</td>
<td>22.6%</td>
<td>11.2%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Mid/High</td>
<td>12.3%</td>
<td>14.0%</td>
<td>17.3%</td>
<td>12.3%</td>
<td>21.4%</td>
<td>11.9%</td>
<td>22.6%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Jackson</td>
<td>11.9%</td>
<td>15.7%</td>
<td>14.0%</td>
<td>17.3%</td>
<td>12.3%</td>
<td>21.4%</td>
<td>11.9%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents. Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

Healthy People 2020 (www.healthypeople.gov)
“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes: Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Jackson County, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes: Asked of all respondents.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

Healthy People 2020 (www.healthypeople.gov)
Self-Reported Mental Health Status

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status
(Jackson County, 2016)

<table>
<thead>
<tr>
<th>Mental Health Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>28.7%</td>
</tr>
<tr>
<td>Very Good</td>
<td>30.0%</td>
</tr>
<tr>
<td>Good</td>
<td>22.5%</td>
</tr>
<tr>
<td>Fair</td>
<td>12.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: Asked of all respondents.

Experience “Fair” or “Poor” Mental Health

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>9.3%</td>
<td>0%</td>
</tr>
<tr>
<td>2014</td>
<td>16.9%</td>
<td>15.5%</td>
</tr>
<tr>
<td>2016</td>
<td>18.7%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Experience “Fair” or “Poor” Mental Health
(Jackson County, 2016)

Sources:
2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes:
Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Depression
Diagnosed Depression: “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

Sources:
2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
Asked of all respondents.
Depressive disorders include depression, major depression, dysthymia, or minor depression.
Symptoms of Chronic Depression: “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.  
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression (Jackson County, 2016)

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes:  
- Asked of all respondents.  
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
**Suicide**

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.)

### Suicide: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 10.2 or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>10.2 or Lower</td>
<td>10.2 or Lower</td>
<td>10.2 or Lower</td>
</tr>
<tr>
<td>2012-2014 Average Deaths per 100,000 Population</td>
<td>21.9</td>
<td>17.7</td>
<td>12.7</td>
</tr>
</tbody>
</table>

**Sources:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

**Notes:**
- Reflects the total sample of respondents.

---

**Mental Health Treatment**

“Have you ever sought help from a professional for a mental or emotional problem?”

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

### Mental Health Treatment

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Sought Help for a Mental or Emotional Problem</td>
<td>41.3%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Currently Taking Medication/Receiving Mental Health Treatment</td>
<td>13.6%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]
- 2015 PRC National/Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects the total sample of respondents.
“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Unable to Get Mental Health Services When Needed in the Past Year
(Jackson County, 2016)

Key Informant Input: Mental Health
The following chart outlines key informants’ perceptions of the severity of Mental Health as a problem in the community:

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2016)
Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

**Access to Care/Services**

- **Access to services is a huge issue. We don't have enough providers with the necessary training and expertise, residential and inpatient services are insufficient to meet the emergent needs, and wait times for non-emergent services can be weeks/months.** - Other Health Provider
- **Adequate mental health services, particularly for low income children and families, is nearly impossible to get on a regular basis. For some rural communities, access is limited by geographic isolation.** - Community Leader
- **We have many mental health clients that have basic needs, housing and food challenges. The homeless clients with limited ability to advocate for themselves is a major issue. Having a support system to assist them is vital to our community.** - Public Health Representative
- **The mental health services that are available are very limited. The system can be difficult to navigate for the public at-large, let alone if you are experiencing a mental health event. There are very few options/choices for those needing services.** - Other Health Provider
- **Limited access to services for Medicare, private and uninsured. For Medicaid, there is greater access, but the initial assessments serve as a barrier, and there is no choice of provider, as everyone is referred to the county.** - Other Health Provider
- **Capacity for the system to handle the number of patients with mental health issues. Long delays in initial screening and treatment cause more problems for the emergency health care system in this county.** - Other Health Provider
- **Lack of mental health facilities in the Southern Oregon and no pediatric psych facilities locally. There is a rise of mental health presentations to the hospital with little to no assistance from state agencies.** - Other Health Provider
- **Not many places to get help. Many walking the streets committing crimes.** - Community Leader
- **Access to good treatment. Cost of treatment. Availability of help for children suffering from mental illness.** - Community Leader
- **Getting timely, effective treatment that the clients feel they can trust.** - Social Services Provider
- **At one option for treatment, when people call there, they are told it will be 4-6 weeks before a case manager is available. The telephone operators have been known to say, “Don't call unless you are suicidal.”** - Social Services Provider
- **Access to mental health treatment is still inadequate in our community. Low income individuals often experience long waiting times to access services despite the best efforts of Jackson County Mental Health.** - Social Services Provider
- **Not enough capacity to address the challenges associated with mental health. First responders are dramatically lacking in education on how to deal with mental health crises.** - Social Services Provider
- **Access to services, diagnosis, medications.** - Social Services Provider
- **State-wide shortage of mental health beds.** - Physician
- **Lack of secure treatment beds in the local area.** - Community Leader
- **Access to services and organized system of care. Measurable outcomes.** - Other Health Provider
- **Limited resources. Resources that do exist are not accessible to most people. For example, services for rural communities or individuals who do not have transportation are extremely limited.** - Social Services Provider
- **Access to care, treatment, evaluation in a timely manner, especially those with no insurance or insurance that will not cover much of the bill. I have heard of far too many people waiting months or not being seen at all for their mental health needs.** - Community Leader
- **Help for individuals whose mental health issues put them at risk of homelessness.** - Community Leader
- **Not enough facilities or holding rooms to hold people who should not be on the street.** - Community Leader
- **Bed space, adequate facilities to treat and care for persons with mental health issues.** - Community Leader
- **Lack of mental health services for poor and homeless, lack of services in some communities, no satellite services, inpatient care, or half-way facilities.** - Community Leader
- **Access to counseling or other intervention programs.** - Social Services Provider
- **Access to services continues to be a major issue in this community.** - Other Health Provider
- **Lack of access, lack of intake, lack of investment by Jackson County in Ashland.** - Community Leader
- **Limited access to timely outpatient services.** - Physician
- **Access and affordability.** - Social Services Provider
- **Lack of capacity.** - Community Leader
Access to Providers

Not enough skilled providers or programs. There is a real tendency to ignore mental health because there aren't enough resources to pay for services. - Social Services Provider

Access continues to be a challenge. If we are truly going to address the capacity issues in mental health, we need to do a better job of training primary care providers to treat uncomplicated mental health diagnoses and embed behavioral health counselors. - Social Services Provider

Access to psychiatric care, supported housing. - Social Services Provider

Lack of prescribers for mental health. Lack of access to mental health counseling in a timely manner. Severe lack of inpatient mental health beds. Nearly impossible to access inpatient mental health treatment for children locally. - Physician

Limited access to psychiatry and counseling. - Physician

Very-difficult-to-navigate mental health system with too few providers. I see primary care unwilling and unable, due to time restraints, to coordinate care. I see too few mental health providers at all levels of disease who take Oregon Health Plan. - Physician

Finding providers who have time to see them. - Social Services Provider

Lack of qualified practitioners and linkages to get the patient to treatment. - Other Health Provider

Not enough mental health specialists. Not enough resources for the very sick. No long-term facilities. - Physician

Lack of mental health specialists, psychiatrists, psychologists, counselors. Long waits to get in to see one. Some no longer taking patients, especially patients on plans that have low reimbursement rates. Mental health issues still stigmatized. - Community Leader

Nobody to really help them with their issues. - Social Services Provider

Prevalence/Incidence

While I appreciate the incredible work that Asante and JCMH are contemplating in expansion of mental health capacity in Jackson County, I see that it's aimed to reach a very acute population and to decrease the prevalence of longer stays at the BHU. - Other Health Provider

Mental health issues touch nearly all aspects of our quality of life in Southern Oregon to some degree. It affects families and children, crime and jail space, economic development and overall fabric of our community. Access has been improved. - Community Leader

I see students on a daily basis who are struggling with mental health issues and how to cope with them. However, the biggest concern I have is parental stigma around their students' mental health. - Community Leader

The high percentage of youth and adults who have experienced more than six ACEs in their early life, causing them to have challenges that lead to mental health breakdowns. - Social Services Provider

Mental health issues have always been a challenge, but it seems that there is a growing need for these services. The population growth for these services is compounded by the fact that Asante is a regional mental health center. - Social Services Provider

Poor mental health status directly impacts health mortality and morbidity. - Physician

Diagnosis/Treatment

Our laws and rights for people who experience mental health issues have become too open. Even when it is apparent that a person with a mental health issue needs to live in a structured environment to ensure they are taking their medications. - Social Services Provider

I see a lot of people with mental illness in our community that is going untreated. I understand there are laws in place to keep people from having treatment forced upon them or being institutionalized without cause, but needs to be a balance. - Social Services Provider

Getting adequate treatment and residential treatment. - Community Leader

Follow-up care after the initial diagnosis. - Social Services Provider

Housing

Within the 911 system, we primarily see the impact of mental health issues within the homeless and/or transient community. The biggest challenge for us as emergency responders is finding them immediate resources. - Community Leader

The issues for individuals with mental health issues first surround the ability to secure adequate housing needs. In the last few years, there have been many projects to assist those with mental health issues: expansion of JCMH, Compass House, and CIT. - Community Leader

Finding housing in a caring environment. We estimate that over 50% of the homeless have mental health problems, many of them without access or motivation to get in the care system. - Community Leader
Homelessness comes, in many cases, from lack of mental health care, and drug abuse also comes from lack of mental health care. If only we could invest more in education and mental health care and less in prisons. - Community Leader

Children/Youth

Access for youth under the age of 18. There are no major care facilities in our hospitals for youth with chronic mental health challenges. There appears to be plenty of residential for minor health challenges. - Social Services Provider

There is a huge shortage of mental health providers for children and adults, especially children on Medicaid. It is very hard to get competent treatment for a wide variety of mental health challenges. Throughout the state, there is a major shortage. - Physician

We lack treatment facilities, especially for teens. - Community Leader

Affordable Care/Services

Access is a huge issue for low income residents. We need more capacity in screening, assessing, treatment in both inpatient and outpatient settings, and acute care. Most people who need these services are not getting care. - Other Health Provider

Low income seniors with mental health issues usually are not aware of resources in the community and where to go to receive them. Housing is often an issue, and nutritional food. - Social Services Provider

Denial/Stigma

Mental health issues still carry a stigma. In addition, those with mental health issues have increased negative physical health outcomes. Many medical and dental providers have not been trained to effectively see patients. - Public Health Representative

Mental health has a lot of negative stigma to it. Many people are wary of the mental health systems, and the traditional approach is often off-putting to those who lack trust or have had traumatic experiences. - Social Services Provider

Comorbidities

It is obvious that many of the substance abuse issues- as well as the homeless, unemployed and underemployed circumstances- are caused by minor or major mental health issues. Access to service providers. - Community Leader

Prevention

Prevention. - Community Leader
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

![Graph showing Leading Causes of Death in Jackson County, 2012-2014]

Leading Causes of Death
(Jackson County, 2012-2014)

- Heart Disease 23.4%
- Cancer 30.2%
- Other (Each <3 %) 14.3%
- Diabetes Mellitus 4.1%
- Unintentional Injuries 6.1%
- Alzheimer’s Disease 6.5%
- Stroke 7.4%
- CLRD 8.0%

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, the state and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 targets.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the county. (For infant mortality data, see also Birth Outcomes & Risks in the Births section of this report.)
## Age-Adjusted Death Rates for Selected Causes
(2012-2014 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>169.8</td>
<td>163.9</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>126.1</td>
<td>132.5</td>
<td>169.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>44.5</td>
<td>41.8</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>42.7</td>
<td>40.3</td>
<td>39.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>40.0</td>
<td>37.4</td>
<td>36.5</td>
<td>34.8</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>33.6</td>
<td>27.9</td>
<td>24.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>23.3</td>
<td>23.4</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>21.9</td>
<td>17.7</td>
<td>12.7</td>
<td>10.2</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>19.4</td>
<td>14.1</td>
<td>14.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>15.5</td>
<td>11.2</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>15.1</td>
<td>12.0</td>
<td>10.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>11.1</td>
<td>9.2</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>9.0</td>
<td>8.3</td>
<td>10.6</td>
<td>12.4</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>7.3</td>
<td>7.1</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>3.0</td>
<td>2.7</td>
<td>5.6</td>
<td>5.5</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1.2</td>
<td>1.2</td>
<td>3.0</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2016.

**Note:**
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

Heart Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Stroke: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
Prevalence of Heart Disease & Stroke

“Has a doctor, nurse, or other health professional ever told you that you had: a heart attack, also called a myocardial infarction; or angina or coronary heart disease?” (Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.)

“Has a doctor, nurse, or other health professional ever told you that you had a stroke?”

Prevalence of Heart Disease

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Includes diagnoses of heart attack, angina or coronary heart disease.

Prevalence of Stroke

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>39.5%</td>
<td>31.8%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Oregon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

88.8% of adults with multiple HBP readings are taking action to help control their levels (such as medication, diet, and/or exercise).

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower

Jackson County

US

2011 2014 2016

37.1% 29.3% 35.8%

86.4% of adults are taking action to help control their levels (such as medication, diet, and/or exercise).

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
Total Cardiovascular Risk
The following chart reflects the percentage of adults in the Jackson County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also Nutrition, Physical Activity, Weight Status, and Tobacco Use in the Modifiable Health Risks section of this report.

![Chart showing percentage of adults reporting one or more cardiovascular risks or behaviors in Jackson County, 2016]

**Present One or More Cardiovascular Risks or Behaviors**
(Jackson County, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91.6%</td>
<td>83.4%</td>
<td>82.7%</td>
<td>88.0%</td>
<td>93.3%</td>
<td>90.4%</td>
<td>85.8%</td>
<td>87.2%</td>
</tr>
</tbody>
</table>

*Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 149)*

*Notes: Asked of all respondents. Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese. Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.*

**Key Informant Input: Heart Disease & Stroke**
The following chart outlines key informants’ perceptions of the severity of Heart Disease & Stroke as a problem in the community:

![Chart showing key informants' perceptions of heart disease and stroke severity]

**Perceptions of Heart Disease and Stroke as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>26.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>44.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>12.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>16.5%</td>
</tr>
</tbody>
</table>

*Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.*

*Notes: Asked of all respondents.*
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- Within the 911 system, a vast majority of our calls for service are related to heart disease and stroke. The specific causes for heart disease and stroke seem to vary throughout the population, but the impacts of these diseases are very significant. - Community Leader

- Although there have been many advances in the treatment of heart disease and stroke, it still impacts many lives of those in the Rogue Valley. If not properly treated/prevented, it will continue to impact the community. - Community Leader

- There seem to be a very high number of people on high blood pressure and cholesterol medications. I have seen a high number of people at younger and younger ages having heart attacks. - Social Services Provider

- Heart disease continues to be a leading health condition. I am not sure if people with Medicaid or Medicare receive care coordination as well as people with private insurance. It seems less like there is a disparity with longer waiting for procedures. - Social Services Provider

- High incidence in our region. - Community Leader

- People I know dying of heart disease. - Community Leader

Leading Cause of Death

- Heart disease is one of the major causes of death in Jackson County. Heart disease risk can be reduced through lifestyle changes. - Public Health Representative

- They are epidemiologically the most common causes of death. Predominantly geriatric population. - Physician

- Increasingly greater cause of death. People unwilling to make lifestyle changes to decrease risks. - Physician

- Heart disease and stroke are another leading cause of death in Southern Oregon. Our facilities in Southern Oregon are world-class and highly regarded. This is another problem that can never have too much attention focused on it. - Community Leader

Lifestyle

- Many people do not lead healthy lifestyles, which leads to heart disease and strokes. - Social Services Provider

- Poor eating habits, genetics, smoking, lack of exercise, not taking medications. - Community Leader

- Again this goes back to the food and culture in America and Southern Oregon. Heart disease often does not cause death, but disability. Same with stroke. - Physician

Aging Population

- Aging and obese population. - Community Leader

- We have an older population, and heart disease is an epidemic in our culture. - Community Leader

Comorbidities

- I think these are major problems because we have a high number of individuals in our community that are overweight and have diabetes. These seem to go hand-in-hand. - Social Services Provider

- Because of the prevalence of obesity, lack of exercise and high fat and sugar diets. - Social Services Provider

Health Education

- I have a concern about the level of coordinated community-wide messages about how to prevent, detect and intervene in areas of heart disease and stroke. - Other Health Provider

Socioeconomic Status

- Socioeconomic factors and lack of education surrounding diet and exercise. - Physician
Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Jackson County.

Cancer: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They usually are expressed as cases per 100,000 population per year. These rates are also age-adjusted.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)


Notes: This indicator reports the age adjusted incidence rate (cases per 100,000 population per 2013) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Cancer Risk

About Cancer Risk

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
Female Breast Cancer Screening

**About Screening for Breast Cancer**

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Breast Cancer Screening:** “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated here among women age 50 to 74 who indicate screening within the past 2 years.)

**Have Had a Mammogram in the Past Two Years**

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>70.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>72.0%</td>
<td></td>
<td>80.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Enrollment Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2014 Oregon data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50-74.
- Note that the 2014 sample is too small to be shown here.
## About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

**Rationale:** The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

**Rationale:** The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

**Rationale:** The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.
Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)

![Graph showing cervical cancer screening rates](image)

### About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.
Colorectal Cancer Screening: “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?” and

“A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

(Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of Cancer as a problem in the community:

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.0%</td>
<td>48.1%</td>
<td>14.3%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**

- The rate at which cancer is diagnosed is increasing. I know more and more people every month from my own circle of influence who have been diagnosed. I am not aware of any programs that focus on prevention. - Social Services Provider
- I know many who have had cancer and survived, but also many who have died. Our oncologists are kept very busy. I have no stats on how many of our population have had cancer, just my observation. - Community Leader
- I hear several times a month of a friend, family member or acquaintance developing some type of cancer. People are getting it earlier in life than previously. - Community Leader
- It seems there are a great number of people with cancer in our community, many of whom struggle with medical expenses during treatment. - Social Services Provider
- Many cases and many patients need to go out of the area for treatment. - Community Leader
- It seems that you hear about more and more people being diagnosed with some form of cancer. It was one thing that struck me, also, when I moved to the valley in the early 1980s. - Social Services Provider
- Cancer impacts approximately 400 people per 100,000 population, suggesting that within Jackson County about 800 people are diagnosed each year. - Community Leader
- I know many people who have or had cancer. Some have expired because of cancer. - Social Services Provider
- Affects a large percentage of the population. - Community Leader
- So many people are getting it. - Social Services Provider

**Access to Care/Services**

- There is simply not good enough treatment or diagnosis. Many people leave the area for treatment. - Social Services Provider
- It's not the incidence, but the access to the chemo drugs and the difficulty of recruiting and retaining enough high quality oncologists. - Community Leader
- Limited access to specialty care. Progressive diagnoses. - Physician

**Co-Occurrences**

- I feel that even with treatment of chemotherapy and other treatment options, the side effects are still going to cause more health issues. - Social Services Provider
- So many smokers. Lung cancer and related diseases are very high in the Rogue Valley. - Community Leader
- Environmental hazards, longer life span. - Community Leader

**Leading Cause of Death**

- Cancer continues to be devastating to Jackson County families, and a major killer. I believe Jackson County has high quality care facilities, but this disease needs continued attention focused on it to mitigate the damage it inevitably creates. - Community Leader
- Cancer is a leading cause of death in Jackson County. The risk of many cancers can be reduced by lifestyle changes. - Public Health Representative
Respiratory Disease

**About Asthma & COPD**

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality also is illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also Immunization & Infectious Diseases in the Infectious Disease section of this report.

CLRD: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Pneumonia/Influenza: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Prevalence of Respiratory Diseases

COPD

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In 2012 data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.
Asthma

**Adults:** “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?”

**Children:** “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma [“current asthma”].)

### Adult Asthma: Ever Diagnosed

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>21.1%</td>
<td>16.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>2014</td>
<td>17.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>21.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

### Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5.4%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>5.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of Respiratory Disease as a problem in the community:

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Rate</td>
<td>14.7%</td>
<td>49.3%</td>
<td>28.0%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2016)

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

A large portion of the population who utilize the 911 system suffer from respiratory diseases. Respiratory diseases are typically time sensitive, meaning they don't typically have the ability to wait to see a healthcare professional, so they call 911. - Community Leader

High rates of asthma in our county, particularly among children. - Other Health Provider

COPD is on the rise, due to current or past history of smoking. Our valley keeps allergens in, due to inversions. - Other Health Provider

High rates of asthma for children in Jackson County. - Other Health Provider

Tobacco Use

There are still many smokers of cigarettes and probably more for legal marijuana. We also have many fires in our area, which affects many people throughout the year. - Social Services Provider

Smokers who are aging into lung disease. Again population, particulate matter due to burning and autos. Asthma due to poor indoor environments for children. - Social Services Provider

Smoking. - Community Leader

Smoking, marijuana and cigarettes. - Physician

Environmental Contributors

Air quality in the Rogue Valley contributes to respiratory diseases like asthma and lung disease. - Social Services Provider

Wildfire exposure and poor air quality. - Public Health Representative
Injury & Violence

**About Injury & Violence**

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

Healthy People 2020 (www.healthypeople.gov)
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the county.

![Unintentional Injuries: Age-Adjusted Mortality Chart]

Healthy People 2020 Target = 36.4 or Lower

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2016.


Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Age-Adjusted Deaths for Selected Injury-Related Causes

The following chart outlines age-adjusted mortality rates for drug-induced deaths and motor vehicle crash deaths.

![Select Injury Death Rates Chart]

Select Injury Death Rates (By Cause of Death; Annual Average Deaths per 100,000 Population; 2012-2014)

Jackson County Oregon US

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2016.


Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,00 population, age-adjusted to the 2000 US Standard Population.

*Drug-induced deaths include both intentional and unintentional drug overdoses.
Firearm-Related Deaths

The following chart outlines the age-adjusted mortality in the county due to firearms.

**Firearms-Related Deaths: Age-Adjusted Mortality**

*(2012-2014 Annual Average Deaths per 100,000 Population)*

Healthy People 2020 Target = 9.3 or Lower

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Homicide

Age-adjusted mortality attributed to homicide is shown in the following chart.

**Homicide: Age-Adjusted Mortality**

*(2007-2014 Annual Average Deaths per 100,000 Population)*

Healthy People 2020 Target = 5.5 or Lower

Sources:

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Rate per 100,000 Population, 2010-2012)


Notes: This indicator reports the rate of violent crime offenses reported by the sheriff’s office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent Crime Experience: “Have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years
(Jackson County, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49] 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents. Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Intimate Partner Violence: “Now I would like to ask you about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

Haven Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]  
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Neighborhood Safety
“How safe from crime do you consider your neighborhood to be? Would you say: extremely safe, quite safe, slightly safe, or not at all safe?”

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe
(Jackson County, 2016)

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.  
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Injury & Violence

The following chart outlines key informants’ perceptions of the severity of Injury & Violence as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>23.5%</td>
<td>43.2%</td>
<td>27.2%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Sources:  PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:  Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Domestic Violence and Child Abuse**

Jackson County has a high incidence rate of domestic violence and child abuse. I believe this is related to poverty, substance abuse, mental health and lack of education, high school dropout rate, as well as education regarding appropriate parenting. - Social Services Provider

I'm thinking particularly about domestic violence incidence and the pervasive increases in child abuse and neglect. We have a lack of resources in this community that are geared toward the prevention of violence. - Other Health Provider

We have a high rate of child abuse and neglect in our county. This issue causes many other health issues for children that will also follow them into adulthood if not addressed appropriately. - Social Services Provider

I read about domestic violence and have heard from judges who work to overcome drug use and domestic violence. - Community Leader

Due to the drug issue in our valley I see a great deal of domestic violence. It seems there is a great deal of violence, in general, in our community, compared to previous years. - Social Services Provider

There is a high level of domestic violence and child abuse, and it is often under-reported, under-recognized, and it is often hard to help families with acute problems in this area. - Physician

High levels of domestic violence. - Social Services Provider

**Behavioral Health**

Overdose deaths and suicides are a major cause of death in our county. Using guns to commit suicide is an issue that needs to be addressed. Kills more than MVAs, so do overdose deaths. - Physician

We have a huge drug problem in our valley, one that I feel leads to violence and injury. - Social Services Provider

As people become less able to access programs that deal with alcohol or substance abuse and mental health services, we will consequently see an increase in violent crimes and injuries associated with this increase. - Social Services Provider

With drug abuse and homelessness comes abuse. - Community Leader

The issue is running rampant though the entire country. Alcohol and mental health are primary reasons. - Community Leader

**Prevalence/Incidence**

Read the newspaper or listen to the local news on TV. Our little community has violence on the rise. We never heard of a drive-by shooting here 10 years ago or less. Also, more domestic violence. We have a big drug problem here. - Community Leader

Record number of people presenting to ED's related to injury and violence, often beyond the capacity to care for them. - Physician
Media coverage regarding crime and court cases. Non-profit work focusing in dealing with these issues. - Social Services Provider

Socioeconomic Factors

Drug and alcohol abuse, joblessness and homelessness. - Social Services Provider
People are having trouble finding and keeping jobs, pay is low which causes more anger, high level of homelessness. Housing is also unavailable which offers safety and security. - Social Services Provider

Seniors

Senior health care needs. Trip and fall preventive care. Depression in this group. - Community Leader
Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.
Prevalence of Diabetes

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

![Prevalence of Diabetes Chart]

Another 16.8% of adults report that they have been diagnosed with “pre-diabetes” or “borderline” diabetes. (vs. 5.7% nationwide)

Jackson County

Prevalence of Diabetes
(Jackson County, 2016)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).
Diabetes Testing

**Adults who do not have diabetes:** “Have you had a test for high blood sugar or diabetes within the past three years?”

### Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jackson County</strong></td>
<td>47.0%</td>
<td>55.1%</td>
</tr>
<tr>
<td><strong>US</strong></td>
<td>46.3%</td>
<td>47.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of respondents who have not been diagnosed with diabetes.

---

**Key Informant Input: Diabetes**

The following chart outlines key informants’ perceptions of the severity of *Diabetes* as a problem in the community:

### Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>32.9%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>41.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>19.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

**Disease Management**

- Controlling the disease, either with regular access to treatment or by regulating diet and exercise. Poverty being a major barrier to both. People in poverty often eat lower quality food and have overall poor nutrition, contributing to obesity. - Social Services Provider
- Personal self-management, personal accountability, cost of therapy. - Physician
- Controlling blood sugar levels and losing weight. - Social Services Provider
- Non-compliance. - Other Health Provider
- Many people taking medication for mental illness are not aware that their medications are prone to cause diabetes. Also, people with lower incomes cannot afford healthy food, so they eat cheaper fast food. - Social Services Provider

**Health Education**

- Education about the disease, causes and effects, access to and affordability in regards to healthful food choices. Food preparation/recipes are all issues faced by low-income families and individuals who may have less control over what they eat. - Social Services Provider
- Many people still don't understand the relationship between diabetes and diet. - Social Services Provider
- Nutrition education and exercise. - Community Leader
- Access and knowledge regarding healthy foods and lifestyle choices. - Public Health Representative

**Nutrition**

- Our culture for unhealthy foods and too many calories. You have to start at the source: restaurants and fast food. How to create a healthy culture for Southern Oregon, get kids healthy in school with fresh food, no soda, and no sugar. - Physician
- Inability to eat healthy enough to control their diabetes. Unable to purchase fresh, whole foods. The prevalence of refined sugars and high fructose corn syrups in foods. - Social Services Provider
- Poor diet, related to socioeconomic and education factors. - Physician

**Obesity**

- Obesity is on the rise in the Rogue Valley. Given poor employment prospects and lack of access to a variety of nutrition options, many people exist on a fast food diet. - Community Leader
- Being overweight and following a healthy diet. - Community Leader
- I work with kids, and the incidence of obesity and inactivity seems to be on the increase. Health data and stats would support this. - Social Services Provider

**Affordable Care/Services**

- Access to affordable medicine and supplies to manage diabetes. - Social Services Provider
- Affording insulin and other medications is an issue. Access to endocrinology is also an issue. We need more endocrinologists. - Physician

**Lifestyle**

- The biggest challenge for people with diabetes is our community is eating a healthy, well balanced diet, getting sufficient exercise, managing their weight and their insulin levels. For many low income individuals, a lifetime of poor nutrition and eating. - Social Services Provider
- Proper nutrition and exercise. - Social Services Provider

**Diagnosis/Treatment**

- Based on what we know at the national level about people who are pre-diabetic and don't know it, I am concerned for our community. More folks need to be screened, early and often. - Social Services Provider

**Physical Activity**

- Getting low impact exercise that is appropriate for their condition and doesn't create additional risk from casual injuries or hypoglycemia. - Community Leader
Prevalence/Incidence

In the local emergency services community, we commonly see many of our patients who suffer from diabetes and the other related illnesses that result from that disease. Many of the 911 calls we get are in some way tied to diabetes. - Community Leader

Vulnerable Populations

Latino population. - Social Services Provider
Alzheimer’s Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

• Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Age-adjusted Alzheimer’s disease mortality is outlined in the following chart.

Alzheimer’s Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2016.

Notes:● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Key Informant Input: Dementias, Including Alzheimer’s Disease

The following chart outlines key informants’ perceptions of the severity of Dementias, Including Alzheimer’s Disease as a problem in the community:

### Perceptions of Dementia/Alzheimer’s Disease as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.8%</td>
<td>48.7%</td>
<td>15.4%</td>
<td>5.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Aging Population**

- Longer lifespan, combined with routine geriatric concerns, have combined to produce a large population of people needing advanced care. This could be caused by (or simply correlated with) poor dietary and exercise habits over a lifetime. - Community Leader
- The population of Jackson County is aging, and many older persons move to this area to retire. In addition, many people with substance abuse and mental health issues are at increased risk for dementia and Alzheimer’s disease. - Social Services Provider
- Rogue Valley has a growing population of elderly who are in need of experts around dementia/Alzheimer's disease management. In addition, the other types of dementia that are often related to lifestyle choices are growing in the Rogue Valley. - Social Services Provider
- Our population is aging. We run a respite program that serves people with dementia and Alzheimer's disease. We find that families are stressed and worn down. - Social Services Provider
- This is an area with a high percentage of older adults. In many cases, as the aging in place process occurs, family members who are caring for a loved ones with dementia or Alzheimer’s are challenged to find information and good caregivers. - Social Services Provider
- Aging populations. Elderly care is limited in our valley. Concerned about quality care providers. - Social Services Provider
- This is a retirement community, and the increase of dementia/Alzheimer's without enough support from family or the funding to place patients in the appropriate setting. - Other Health Provider
- Increasing numbers of people living longer and getting dementia/Alzheimer's. Especially in a retirement community: cost of care, lack of respite care. - Community Leader
- We are a rapidly aging community with limited resources for long-term dementia care. - Community Leader
- The community is aging, and many people are coming here specifically to retire. - Social Services Provider
- Large geriatric population is the predisposing factor. - Physician
- It is on the rise with the aging population, with very limited resources or treatment options. - Physician
- Large elderly population, and widespread chronic use of benzodiazepines. - Physician

**Access to Care/Services**

- I believe there is a gap in service between the point that the family can take care of the patient and the point that a patient becomes a risk to themselves. I’ve heard about it from others and experienced it with my father. - Community Leader
- There doesn’t seem to be many (or any) Alzheimer’s facilities in the area. - Community Leader
- There is only one Gerontologist in our area. - Social Services Provider
Interaction with the community. - Community Leader

Prevalence/Incidence

During my time as a police officer in the Rogue Valley, I have seen an increase in the number of calls for service police officers receive due to dementia/Alzheimer’s. There is a limited number of resources to assist with these types of calls. - Community Leader

I hear about it in the news and from people who have family members with the disease. - Social Services Provider

Health Education

Education increases needed. Fear of dementia for older adults. Children lack information on what to do for their parents and services available. Bad folks taking advantage of dementia folks, including elder abuse and stealing. - Community Leader

Homelessness

High population of homeless and the aging I have seen. I have also read numerous studies that dementia is untreated in the Rogue Valley. - Community Leader

Impact on Families/Caregivers

This is hard on families. They often expect the physician/provider to be able to navigate them. Assessment is needed, legal services often needed, home support often needed, meal support needed, adult children live out of town, financial. - Physician
Kidney Disease

**About Kidney Disease**

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

**Age-Adjusted Kidney Disease Deaths**

Age-adjusted kidney disease mortality is described in the following chart.

---

**Kidney Disease: Age-Adjusted Mortality**

(2012-2014 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>7.3</td>
<td>7.1</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Prevalence of Kidney Disease

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Oregon data.
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Key Informant Input: Chronic Kidney Disease

The following chart outlines key informants’ perceptions of the severity of Chronic Kidney Disease as a problem in the community:

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0%</td>
<td>34.3%</td>
<td>41.8%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

Chronic alcoholism, drug abuse, and hepatitis prevalence in the community all contribute to degraded hepatic function in many individuals. - Community Leader
Alcohol abuse. - Community Leader

Aging Population

This is almost entirely related to the elderly and substance abuse population concentration. - Physician

Diagnosis/Treatment

No easy treatment or cure. Transplants have long wait periods and don't provide permanent solutions; dialysis is challenging to people. Not sure this is a community problem, but just a medical challenge that dramatically affects the lives of people. - Social Services Provider
Potentially Disabling Conditions

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

“Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?” (Reported here among only those here 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?” (Reported in the following chart among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?” (Reported here among all adults age 18+.)

See also Overall Health Status: Activity Limitations in the General Health Status section of this report.
Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The following chart outlines key informants’ perceptions of the severity of Arthritis, Osteoporosis & Chronic Back Conditions as a problem in the community:

**Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community**
(Key Informants, 2016)

- **Major Problem**: 14.7%
- **Moderate Problem**: 37.3%
- **Minor Problem**: 37.3%
- **No Problem At All**: 10.7%

**Sources**: PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes**: Asked of all respondents.

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Aging Population**

- The large numbers of geriatric patients in Medford creates the right demographic for these issues. They affect most of my patients. - Physician
- We have an aging community that is experiencing the inevitable impact of many years of use on joints and spines. - Community Leader
- Many seniors. - Community Leader
Access to Care/Services
There just aren’t enough specialists in the area, especially since we have a pretty high percentage of older people in this region, compared to the national stats. Many have retired to Southern Oregon, with more retirees to come. - Social Services Provider
You have to wait for over a month to see a pain specialist about back pain issues. I talk to a number of people who suffer from chronic back pain. - Community Leader

Co-Occurrences
These are the issues that are leading to chronic pain medications for many younger patients. Some insurances are slow to cover physical therapy. We don’t have many options to treat. Community pools for exercise are limited in the number that are warm. - Physician
We have a large population of manual laborers. This tends to produce a large amount of back problems, as these folks get into their 4th and 5th decades. Arthritis and osteoporosis I believe comes from a concentration of older/geriatric patients. - Physician

Prevalence/Incidence
We see many individuals with back pain conditions and chronic pain. I believe this is related to the opiate epidemic we also face. - Other Health Provider
Nearly everyone I run into is afflicted with arthritis and back conditions. - Social Services Provider

Diagnosis/Treatment
Lack of definitive interventions. Lack of insurance support for complementary services. - Physician

Vision & Hearing Impairment

About Vision
Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)
About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

“Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing, even when wearing glasses?”

“Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing?”

Prevalence of Blindness/Deafness

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
- 2016 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2014 Oregon data.

Notes:
- Reflects the total sample of respondents.
Key Informant Input: Vision & Hearing

The following chart outlines key informants’ perceptions of the severity of Vision & Hearing as a problem in the community:

![Perceptions of Vision and Hearing as a Problem in the Community](chart.png)

**Perceptions of Vision and Hearing as a Problem in the Community**
(Key Informants, 2016)

- **Major Problem**: 9.1%
- **Moderate Problem**: 31.2%
- **Minor Problem**: 39.0%
- **No Problem At All**: 20.8%

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Affordable Care/Services**

- OHP only provides one hearing aid per year, and most people don’t see a reason to only wear one. OHP will pay for exams, but not for glasses, so most people cannot afford to pay for their glasses without assistance. - Social Services Provider
- There is still considerable cost to hearing aids and glasses/contacts. Assistance for seniors, children and people in poverty is seemingly more limited than other types of medical services. I have worked with individuals who have not had eye exams. - Social Services Provider
- Most low-income seniors do not have the income to pay for hearing loss and vision problems. - Social Services Provider

**Aging Population**

- As our population grows older (the baby boomers), it becomes important to have regular eye exams and hearing tests. - Social Services Provider
- Aging population. - Community Leader
Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants’ perceptions of the severity of Immunization & Infectious Diseases as a problem in the community:

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>17.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>29.1%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>39.2%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Child Immunizations
There is a debate about the validity of immunizations. We have parents of preschoolers using the religious exemption to immunizations, putting others at risk. - Social Services Provider
Still see a large amount of science denial and vaccine hesitancy in both Jackson and Josephine counties. With pockets of some of the lowest vaccination rates in the country, it is a matter of when (not if) we have an outbreak of a vaccine preventable illness. - Social Services Provider
Some residents, a higher percentage than most communities, don’t believe in immunizing their children, which is a significant risk for the greater society. - Community Leader
There is widespread belief in bad information about the dangers of immunizations that puts the community at risk. - Social Services Provider
There seems to be a growing number of parents who are misinformed about the safety of immunizations; as a result, we are seeing more and more uncommon diseases become more common. - Social Services Provider

Vulnerable Populations
This issue is most pressing for low income, uninsured and underinsured residents. - Other Health Provider
Lack of clean facilities for the homeless population. - Community Leader

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia
Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.
- Healthy People 2020 (www.healthypeople.gov)

Vaccinations
“The next questions are about some different types of vaccinations. There are two ways to get the flu vaccine: one is a shot in the arm, and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?”

“A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?”

Columns in the following chart show these findings among those age 65+. Percentages for “high-risk” adults age 18-64 in Jackson County are also shown; here, “high-risk” includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.
**Older Adults: Have Had a Flu Vaccination in the Past Year**
(Among Adults Age 65+)

*Healthy People 2020 Target = 70.0% or Higher*

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects respondents 65 and older.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Note that samples from prior years are too small to be shown here.

- **Jackson County:** 41.7%
- **Oregon:** 56.6%
- **US:** 58.9%

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**Older Adults: Have Ever Had a Pneumonia Vaccine**
(Among Adults Age 65+)

*Healthy People 2020 Target = 90.0% or Higher*

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects respondents 65 and older.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Note that samples from prior years are too small to be shown here.

- **Jackson County:** 76.1%
- **Oregon:** 74.1%
- **US:** 76.3%
About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)
HIV/AIDS Deaths

The following chart outlines age-adjusted mortality rates for the area in comparison with state and national rates.

HIV/AIDS: Age-Adjusted Mortality
(2005-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the county.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2013)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
Key Informant Input: HIV/AIDS

The following chart outlines key informants’ perceptions of the severity of HIV/AIDS as a problem in the community:

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>16.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>59.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>19.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Drug Users

- We have a population of drug users that share needles. They also share HIV/AIDS with their needles. - Community Leader

Health Education

- I have not heard a thing about prevention or safety in years through a PSA or anything. I only know of one resource available. - Social Services Provider

Prevention

- HIV/AIDS is preventable. - Public Health Representative
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- Asymptomatic nature of STDs. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- Gender disparities. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- Age disparities. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- Lag time between infection and complications. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors.

Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

Chlamydia & Gonorrhea

Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STDs.
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)

Hepatitis B

“To be vaccinated against Hepatitis B, a series of three shots must be administered, usually at least one month between shots. Have you completed a Hepatitis B vaccination series?”

Have Completed the Hepatitis B Vaccination Series
Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants’ perceptions of the severity of Sexually Transmitted Diseases as a problem in the community:

**Perceptions of Sexually Transmitted Diseases as a Problem in the Community**
(Key Informants, 2016)

- **Major Problem**: 6.9%
- **Moderate Problem**: 41.7%
- **Minor Problem**: 37.5%
- **No Problem At All**: 13.9%

**Sources**: PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes**: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Health Education**

- Due to lack of education in the schools and the hesitancy of schools to even offer it. Now they are mandated to by the state and unprepared. - Social Services Provider
- Lack of education. - Community Leader

**Prevalence/Incidence**

- STDs are increasing, especially syphilis, even though STDs are largely preventable. - Public Health Representative
Births

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Lack of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2010)

Healthy People 2020 Target = 22.1% or Lower

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>22.2%</td>
<td>20.2%</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved September 2016 from Community Commons at http://www.chna.org

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described in the following chart.

![Low-Weight Births Chart]

**Sources:**

**Note:**
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)
Healthy People 2020 Target = 6.0 or Lower

Key Informant Input: Infant & Child Health

The following chart outlines key informants’ perceptions of the severity of Infant & Child Health as a problem in the community:

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2016)

Sources:  PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:  Asked of all respondents.
Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Alcohol/Drug Use**

We have a high volume of first-time mothers who use substances. We have many families that lack parenting knowledge/skills and have very limited resources. Our children with special health care and mental health issues have limited resources. - Public Health Representative

The culture of addiction here is a serious issue impacting families with young children. Unemployment and poverty levels are high in our region. Significant homelessness and a lack of affordable housing means many children do not have safe shelter. - Other Health Provider

We have an epidemic of drug-exposed infants and children who have or will experience neglect, abuse and trauma. - Other Health Provider

Our current drug and alcohol abuse situation is high among mothers. Housing and homelessness for pregnant women. Domestic issues and abuse is high among women who have these other issues. Babies need security to be healthy. - Community Leader

Prevalence of ACEs. - Social Services Provider

**Access to Care/Services**

We don't have resources to make sure children are raised in healthy environments. We have limited resources, so many children slip through the cracks. - Community Leader

Very limited child care providers for infant care. - Social Services Provider

**Adverse Childhood Experiences (ACES)**

ACES, reducing childhood trauma would go a long way to preventing poor health outcomes across our community. The research that now exists connecting adverse childhood experiences to early disease and death is powerful information. - Social Services Provider

There is still much improvement to be made with infant and child health, especially in light of how ACEs and education are linked to health outcomes. - Public Health Representative

**Child Immunizations**

Immunizations. There are a significant number of children and adults in the Ashland community that are not vaccinated. We do not have herd immunity, and if there is an outbreak of a vaccine-preventable disease, it will spread rapidly. - Other Health Provider

Immunization. Poor information spread in sensationalist media accounts, chat forums online, and poorly-informed celebrities and "scientists". - Community Leader

**Health Education**

This seems to be another example of education to parents. Care is available, but there are still parents who don’t seem to utilize routine check-ups, immunizations, and preventative care. - Social Services Provider

Families don’t understand the importance of diet on the growing infant and child. - Social Services Provider

**Prevalence/Incidence**

I work in the high school setting with teen parents and their children. The number one reason I have students out of school is due to child health. - Community Leader

Oregon has one of the highest rates of autism of any state in the country. We have a shortage of good services. We need to have a coordinated, multi-specialty treatment center in Southern Oregon to address these needs. - Physician

**Socioeconomic Factors**

We have a high percentage of children who qualify for free and reduced lunch program, which indicates living in poverty. Diet for these students is usually poor. I see the absence of emergent literacy skills in our poorest students. - Community Leader

Poverty. - Social Services Provider

**Teenage Pregnancies**

We have a population of teen mothers who do not know how to care for themselves, let alone a child. - Community Leader
Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

Notes: This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Family Planning

The following chart outlines key informants’ perceptions of the severity of Family Planning as a problem in the community:

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.1%</td>
<td>35.1%</td>
<td>26.0%</td>
<td>16.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Health Education

Lack of adequate education in our school systems. Teen pregnancy needs a focused approach. Now that health care is an option for more of our community, not all providers address the "One Key Question" with their clients. - Public Health Representative

I believe access to family planning resources is available and within reach, but there is virtually zero education with young people in school or elsewhere, contributing to this being a major problem. - Social Services Provider

Information is not available in schools. Younger adults need information and resources to prevent teen pregnancy. - Social Services Provider

There is a lack of education about birth control options in our teens. - Physician

Single Parent Families

There are a lot of unwed, young mothers. Also, many babies born into families that cannot afford them but also cannot afford contraception. - Community Leader

The breakdown of the family unit. People do not rally around each other, and many older adults have no family or spokesperson to assist them in navigating care. - Other Health Provider

We seem to have a fair amount of unwed mothers and a high number of aborted children. - Social Services Provider

Unplanned Pregnancies

Half of the babies in Oregon are unplanned. - Community Leader

Effective contraceptive use among women at risk of unintended pregnancy— according to the 2015 CCO Metric report—ranks our community performance at 36% (JCC), 35% (AllCare), and 36% (Primary Health of JoCo). - Other Health Provider

Our agency works with younger families, who seem to have a great deal of unplanned pregnancies. - Social Services Provider

Planned Parenthood

Planned Parenthood is viewed through a negative lens, so many people do not take advantage of their services. Additionally, lack of sex education in school leads to misinformation being shared. - Community Leader

Only two Planned Parenthood providers in the area. They do not provide abortions but are continually picketed and make people change their minds about going in. - Social Services Provider
Access to Care/Services

We still have a consistent limited access to affordable and accessible family planning services. It's getting better, but it still has a ways to go. - Social Services Provider

Cultural/Personal Beliefs

Public and religious opposition to services; also availability of doctors who are willing to help with family planning, especially if it involves abortion. Also access to birth control for young girls and boys. - Community Leader


**Modifiable Health Risks**

**Actual Causes Of Death**

**About Contributors to Mortality**

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), diet and activity patterns (400,000), **alcohol** (85,000), microbial agents (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantitively independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

**Factors Contributing to Premature Deaths in the United States**

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Jackson County, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>25.8%</td>
<td>45.3%</td>
<td>36.7%</td>
<td>34.1%</td>
<td>38.1%</td>
<td>34.1%</td>
<td>38.9%</td>
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<td>20%</td>
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<td>40%</td>
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<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
Access to Fresh Produce

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(Jackson County, 2016)

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This related chart is based on US Department of Agriculture data.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

Sources:

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
Sugar-Sweetened Beverages

“During the past seven, how many servings of sugar-sweetened beverages did you have? Please include beverages such as soda, Kool-Aid, sweetened fruit juice, sports drinks, energy drinks, or sweet tea. Do not include “diet” drinks.”

**Had Seven or More Sugar-Sweetened Beverages in the Past Week**
(Jackson County, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
<th>US</th>
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</thead>
<tbody>
<tr>
<td>Count</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>24.7%</td>
<td>16.0%</td>
<td>29.5%</td>
<td>22.4%</td>
<td>5.4%</td>
<td>23.1%</td>
<td>15.8%</td>
<td>20.1%</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Includes soda, Kool-Aid, sweetened fruit juice, sports drinks, energy drinks, or sweet tea. Does not include “diet” drinks.

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**Professional Research Consultants, Inc.**
Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one’s line of work.

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”
No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

Jackson County

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>18.2%</td>
</tr>
<tr>
<td>2014</td>
<td>16.5%</td>
</tr>
<tr>
<td>2016</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meeting Physical Activity Recommendations

(Meeting physical activity recommendations, 2016)

Healthy People 2020 Target = 20.1% or Higher

Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Household income was calculated as a ratio to the federal poverty level (FPL) for their household size.
- Low income includes households with incomes up to 200% of the federal poverty level.
- Mid/High Income includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
Children’s Physical Activity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

**Child Is Physically Active for One or More Hours per Day**
(Among Children Age 2-17)

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

---

**Graph:**
- Jackson County: 53.8%
- US: 47.9%
- 2014: 52.4%
- 2016: 53.8%
Weight Status

**About Overweight & Obesity**

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight, not Obese</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


**Adult Weight Status**

“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

“Are you now trying to lose weight?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).
### Prevalence of Total Overweight (Overweight or Obese)

(Percent of Adults With a Body Mass Index of 25.0 or Higher)

**Jackson County**
- 2011: 68.8%
- 2014: 65.2%
- 2016: 65.9%

**Oregon**
- 2011: 61.7%
- 2014: 62.7%
- 2016: 64.6%

**US**
- 2011: 65.9%
- 2014: 64.6%
- 2016: 68.8%

31.2% are trying to lose weight with both diet and exercise (vs. 57.9% US).

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

### Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

**Jackson County**
- 2011: 33.5%
- 2014: 27.9%
- 2016: 33.4%

**Oregon**
- 2011: 23.9%
- 2014: 31.3%
- 2016: 33.5%

**US**
- 2011: 23.9%
- 2014: 31.3%
- 2016: 33.5%

**Healthy People 2020 Target = 30.5% or Lower**

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Jackson County, 2016)

Healthy People 2020 Target = 30.5% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>34.4%</td>
<td>29.7%</td>
<td>37.6%</td>
<td>34.7%</td>
<td>33.8%</td>
<td>31.8%</td>
<td>33.5%</td>
<td>33.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

Centers for Disease Control and Prevention
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“How tall is this child?”

### Child Total Overweight Prevalence
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

#### Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
- Note that samples in prior years are too small to be shown here.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.9%</td>
<td>24.2%</td>
<td></td>
</tr>
</tbody>
</table>

### Child Obesity Prevalence
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

#### Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
- Note that samples in prior years are too small to be shown here.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.8%</td>
<td>9.5%</td>
<td></td>
</tr>
</tbody>
</table>
Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants’ perceptions of the severity of Nutrition, Physical Activity & Weight as a problem in the community:

**Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community**

(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>44.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>36.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>10.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

**Obesity**

- Obesity is an increasing problem in our community. Poor nutrition and healthy food for low income individuals, lack of programs to address these issues, and lack of affordable exercise programs - especially among the poor. - Social Services Provider
- Obesity is huge in Jackson County. Our diets are high in refined carbohydrates. We build communities without adequate access to non-motorized transport and food deserts. - Physician
- Data tells the story. Our society is becoming heavier and less active. Kids and families with whom I work live on processed foods and do not get regular activity. There is very little knowledge of nutrition. Families do not know how to cook healthfully. - Social Services Provider
- Obesity contributes to such a broad spectrum of health conditions, is preventable and does not have the level of concerted attention needed in addressing it. - Other Health Provider
- Obesity. We have become a society where people do not address their weight. People need to get out of in front of the television and computer screens and go outside to exercise. - Community Leader
- People of all ages need help to lose weight. Schools at all levels need to increase physical education requirements. Cities need to provide increased physical recreation programming. - Community Leader
- Increase in obesity due to poor nutrition habits, lack of physical activity due to video games and cell phones. - Other Health Provider
- Obesity is a nationwide epidemic. We eat too much processed food and do not go outside and move around enough. - Social Services Provider
- Many obese people with little motivation to improve their physical well-being. Not much in the way of nutrition counseling from primary care providers. - Physician
- Growing obesity epidemic in our community. - Physician
- Obesity is rampant in the Valley. - Social Services Provider
- Many obese people. - Community Leader
- Obesity in adult and child populations. - Community Leader
- Obesity. - Social Services Provider

**Built Environment**

- Lack of community recreation centers that are affordable to all socioeconomic classes, and there are large areas of the county that have no space that offers those options. The more rural you go, the less opportunities there are for group classes. - Public Health Representative
Food deserts and lack of adequate and safe walking areas in poor communities creates only access to food at convenience stores for low income, minority populations. Lack of physical activity support at schools unless it's pay to play. - Other Health Provider

This is an ongoing issue in the community. Not enough is available to people to choose a healthy lifestyle, especially individuals living in poverty. - Social Services Provider

Quality diet and quality food options in our schools and facilities. Access to physical activity in the clubs for at-risk youth, and low income families other than the YMCA, which is full with child care. - Social Services Provider

We have many areas with limited access to food or safe exercise. Our county is car-dependent. - Other Health Provider

Health Education

Again due to lack of public education around the importance of nutrition and availability of affordable healthy food and resources and classes. - Social Services Provider

I do not believe that the current health care system and the services provided in our community specifically are focused towards quality nutrition and promoting physical exercise. There are very few financial incentives for patients to solve. - Community Leader

There is not enough support for families trying to change their diet and activity. Doctors and other health professionals need to more emphasis on benefits of nutrition and exercise. - Social Services Provider

Families often have a very poor understanding of how to feed their children healthy foods. Way too much processed food and sugary drinks are consumed. Too much time on electronics so the kids are sedentary. - Physician

There is a lack of education from the medical community on a healthy diet and the advantages of leading an active lifestyle. More promotion of organic foods would help. - Social Services Provider

Access to Healthful Food

Limited food for community members meeting low income criteria. Access assists, but families have more needs than this service can provide. Obesity in children is on the upswing and needs prompt prevention activities to assist our youth. - Public Health Representative

Too much availability of junk foods, especially for low income people. The medical professionals’ lack of education on nutrition, and the general public's indifference to the health problems caused by poor nutrition and exercise. - Community Leader

Access to inexpensive and unhealthy food. Too many fast food and convenience stores that provide low-nutrient foods. Lack of safe outdoor activity places for youth living in towns. Lack of physical activities for youth. - Social Services Provider

Lack of nutritional food. - Social Services Provider

Motivation to Change

We have an abundance of opportunities in the Rogue Valley to be healthy. We need to take advantage of that. - Community Leader

Apathy with students and families is the biggest concern I have. Many parents believe that because their student is skinny that they can eat whatever they want and do not have to exercise. I am also concerned about students’ choices when it comes to food. - Community Leader

Personal interest in health maintenance behaviors and willingness. - Physician

Self-discipline, poor food choices and lack of exercise. - Community Leader

Comorbidities

Many chronic conditions (such as diabetes, heart disease, and some cancers) can be avoided with proper nutrition and physical activity, improving the health of community while reducing medical costs for treatment. - Public Health Representative

These issues go hand-in-hand with the issues of heart disease and diabetes. - Social Services Provider

Lifestyle

Limited nutrition, physical activity, and weight management for low income residents. Poor neighborhoods have limited access to affordable, nutritious foods, parks and sidewalks. - Other Health Provider

Our hot weather in the summertime reinforces a sedentary cycle for obese and semi-obese individuals. Dietary habits trend towards a meat and potatoes fare. Combined with higher alcohol intakes and screen-based entertainment for many individuals. - Community Leader
Socioeconomic Status

- Food insecurity, due to poverty. Inadequate nutritional options (due to poverty) and understanding of nutrition. Limited exercise. - Social Services Provider

- Mostly tied to issues of poverty. Poor nutrition, food insecurity, inability to afford gyms, sports, recreation. Poor education on the benefits of nutrition, physical activity and healthy weight. Logistic challenges: work schedules and transportation. - Social Services Provider

Nutrition

- Fast food and lack of education on what is healthy. - Physician
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the county.

Drug-Induced Deaths. Drug-induced deaths include both intentional and unintentional drug overdoses. The following chart outlines local age-adjusted mortality for drug-induced deaths.
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Sources:  

Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Drug-Induced Deaths: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Sources:  

Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Alcohol Use

**Excessive Drinkers.** Excessive drinking reflects the number of adults (age 18+) who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women), or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

**Excessive Drinkers**  
(Jackson County, 2016)  
Healthy People 2020 Target = 25.4% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>30.2%</td>
<td>16.0%</td>
<td>22.1%</td>
<td>22.2%</td>
<td>23.2%</td>
<td>25.1%</td>
<td>23.4%</td>
<td>22.6%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Women</td>
<td>16.0%</td>
<td>22.1%</td>
<td>22.2%</td>
<td>23.2%</td>
<td>25.1%</td>
<td>23.4%</td>
<td>22.6%</td>
<td>22.2%</td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td>22.1%</td>
<td>22.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 64</td>
<td>22.2%</td>
<td>23.2%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>23.2%</td>
<td>25.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Income</td>
<td>25.1%</td>
<td>23.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>23.4%</td>
<td>22.6%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackson County</td>
<td>22.6%</td>
<td>22.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>22.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.  
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
- Excessive drinking reflects the number of persons aged 18 Years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women), or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
Drinking & Driving. As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

“During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”

Illicit Drug Use

“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”
Alcohol & Drug Treatment

“Have you ever sought professional help for an alcohol or drug-related problem?”

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]

Notes: • Asked of all respondents.

Personal Impact of Substance Abuse

“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Jackson County, 2016)

Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

Notes: • Asked of all respondents.

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Substance Abuse

The following chart outlines key informants’ perceptions of the severity of Substance Abuse as a problem in the community:

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>75.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>16.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>4.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

- I'm concerned about the lack of residential addiction treatment options in Southern Oregon for young girls. As we see the opiate epidemic (both heroin and prescription pills) growing in scale, we need to be doing a better job. - Social Services Provider
- There doesn't appear to be any live-in rehabilitation centers that are connected to health care providers like hospitals. I believe the two go hand-in-hand to provide a successful outcome. - Social Services Provider
- There is a large wait time now to enter treatment programs. There aren't very many in our community, given how large our drug problems are here. People who need to enter an inpatient treatment program may have to wait up to 3 months to get in. - Social Services Provider
- There are a limited number of treatment openings in the community. Importantly, more emphasis should be placed on preventing substance abuse, in addition to treatment. - Public Health Representative
- There are absolutely no residential or treatment facilities for youth under the age of 18. There are no detox centers for youth needing detox from the habitual opiate addictions so many of our youth now experience. - Social Services Provider
- We have three programs in our community. Delays and wait lists reduce the chances for a client to enter treatment. Clients need to be ready to access, and often it takes a couple attempts to move into recovery. Access needs to be immediate. - Public Health Representative
- There is very little capacity for substance abuse services in Jackson County, and especially for low income residents. There is little investment in prevention and early use intervention programs in schools and other settings. - Other Health Provider
- Limited programs that address these issues. No detox center for minors. Limited detox centers for adults. Once someone has been through detox or treatment, there is limited follow-up support. We also have no affordable housing. - Social Services Provider
- Access issues to electronic health record information that would provide a whole profile of individual needs, treatments and service providers that would enable better coordination of care are hindered by privacy issues with school/health care information. - Other Health Provider
- Lack of detox facilities. Many of our community members want to get help, but it is really difficult and often unsafe to detox them in the outpatient setting. Medically complicated alcohol abuse, benzodiazepine detox in patients taking benzodiazepines. - Physician
- We need a medical detox center in Grants Pass to address locally and safely our huge alcohol, opiate, benzodiazepine, methamphetamine and now-high THC cannabis, inducing deliriums in the young, the mentally ill and novices. - Social Services Provider
Longstanding institutions that have not progressed with the evolution of substance abuse treatment, as it has made improvements and the development of evidenced-based practices. Limited number of providers. - Public Health Representative

People trying to get assistance are on a 30-day waiting list, which is not helpful. Most people can't wait that long. There seems to be an ongoing problem of mental health providers saying they can't help someone because they have a drug problem. - Social Services Provider

The availability of inpatient drug rehab facilities. What is needed is a comprehensive mental health/drug rehab facility for Jackson County. This is a one-stop comprehensive health and drug/alcohol facility where people can get help immediately. - Community Leader

The greatest barrier is long waiting lists for affordable inpatient treatment, especially for those also suffering from mental health issues. - Social Services Provider

Treatment facilities for adolescents and teens. - Other Health Provider

No local facilities, stigma, lack of wanting help, underlying programs including poverty and foster care system. - Community Leader

Lack of treatment facilities. Lack of economic and educational opportunities for low income folks. - Social Services Provider

Lack of inpatient treatment for chronic abusers. - Community Leader

Too few outreach programs. Substance abuse is a huge problem in our community and impacts many other areas of healthcare. - Physician

Not enough programs for the amount of people who need it. - Social Services Provider

Lack of resources, lack of providers, inter-generational history of use discredits the need for services. - Other Health Provider

More individuals in need than facilities to offer treatment. - Community Leader

Referrals for those in need. Cost of treatment. - Community Leader

There are few programs available. Economic barriers. - Physician

Choice of programs. - Social Services Provider

Not enough. - Community Leader

Prevalence/Incidence

A huge portion of the community who uses the 911 system suffers from some sort of substance abuse problem. Within the 911 system, it seems that the lower income levels, who don't have good access to health care, have a higher rate of substance abuse. - Community Leader

Marijuana legalization has increased use, drawing people with substance abuse programs from other states to the area. Marijuana use increases the risks for other mental health disorders and has been scientifically proven to be a gateway drug. - Physician

Substance abuse in Jackson County is another destructive force that requires a broad and comprehensive strategy to address. We have many facilities that exist to treat individuals across the spectrum of need and ability to pay. - Community Leader

This is off the charts, a major community issue. Marijuana usage has dramatically increased and with populations that is historically seen. Meth, heroine and pain pills are so available and cheap that access is easy. - Social Services Provider

The availability and prevalence of drugs in our community is huge. At the hospital we see many complications related to alcohol/drug abuse and lack of compliance with medical recommendations. - Other Health Provider

Ongoing issues with connecting with vulnerable teens. - Community Leader

The number of individuals who need the treatment and how to get to them earlier before they have children and additional responsibilities. - Community Leader

Availability, but really more than that; I think their mental health issues go untreated. - Social Services Provider

Large number of abusers. Criminal connection to reporting for treatment. - Community Leader

Chronic narcotic use. - Physician

Marijuana. - Community Leader

Motivation to Change

People's interest and awareness of their addiction and how it is affecting their lives and the lives of others around them. - Social Services Provider

People who most need it don't want it. They are doing meth, heroin, smoking lots of weed, etc. People who do come in have limited options, OnTrack being the one most known. NIMBY factor: no one wants a treatment facility in any neighborhood. - Community Leader
The person's acknowledgement of and desire to address the issue. - Community Leader
People wanting to change their behaviors. There seems to be an abundance of services, yet people are making poor choices by taking drugs in the first place. - Social Services Provider
Recognizing the problem exists and removing the stigma of seeking help. In Oregon, there is a general acceptance of drug use among young adults. This acceptance reinforces a pattern of behavior that eventually leads to dependency and abuse. - Community Leader
Lack of motivation to get help. They just want their next fix. They need to hit rock bottom before seeking help, and then it may be too late. I'm unaware if we have free care programs. These folks usually don't have any resources. - Community Leader

Denial/Stigma
A large percentage of the adult population of this community does not believe there is a substance abuse problem and, therefore, fail to acknowledge the significance of the impact on our adult and youth populations. - Other Health Provider
I think a lot of families want to solve it within their family unit and are unwilling to seek treatment for their minor son or daughter. From my experience, the parents are also dealing with substance abuse issues. - Community Leader
The stigma and social pressure don't allow many to enter programs. Also, the cost of programs. - Community Leader
In many cases, the barrier is the person needing the treatment, either by their denial of an existing problem or not wanting to change their behavior. There are great programs available here, such as OnTrack and Addictions Recovery Center. - Social Services Provider
Rational plan to address opioid problem. - Other Health Provider

Affordable Care/Funding
Cost, jails are too full, access for drugs is easier than access to help. - Social Services Provider
Cost, waiting lists. - Social Services Provider
Affordable, consistent treatment options. - Community Leader
Cost, willingness to seek treatment, available and reliable childcare, fear of losing children, feelings of isolation and hopelessness because there is such a discrepancy between wages and the cost of living here that people give up and stop trying. - Social Services Provider
Additional funding from Jackson County and other service providers to address this issue. - Community Leader
Lack of funding. - Social Services Provider

Access to Providers
Inadequate capacity among substance abuse providers, largely because of historical underfunding that limited their staffing and infrastructure capacity. No housing first models in the valley; all housing requires sobriety. - Other Health Provider
Workforce compensation and training. Even if our community had greater resources for direct services, we don't have enough capacity within the workforce pipeline to accommodate that resource need. We do not have access to inpatient beds. - Other Health Provider
Limited providers, waiting lists, too little residential treatment. - Community Leader
Limited numbers of people treating addiction and substance abuse. - Physician
Shortage of providers. Cost to families not on Medicaid. Treatment that is too short-term with a high relapse rate. - Physician

Generational Use
There is generational use of marijuana and methamphetamines in the Rogue Valley. The valley has also seen a crisis of over-prescription of opioid medication, which there has been a push to curb; however, this has transferred into an epidemic of heroin use. - Community Leader
For teenagers, addressing substance abuse while the student remains in a home where adults are using is a serious challenge. For all community members who need substance abuse treatment, typically the intensity and duration of programs is a problem. - Community Leader

Health Education
Community awareness is low. - Community Leader
Lack of education and lack of investment in mental health support leads to drug abuse. - Community Leader

Coordination
Coordination between law enforcement and treatment facilities. - Social Services Provider
Impact on Families/Caregivers

*Individuals having support through the recovery process.* - Social Services Provider

Leading Cause of Death

*Opioid overdose deaths (pills and heroin) continue to exceed motor vehicle deaths. We prescribe more than one opioid prescription per citizen a year in Jackson County. We do not have enough savvy treatment providers to deal with the problem.* - Physician

<table>
<thead>
<tr>
<th>Problematic Substances as Identified by Key Informants</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>31.6%</td>
<td>31.6%</td>
<td>10.5%</td>
<td>14</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>21.1%</td>
<td>26.3%</td>
<td>5.3%</td>
<td>10</td>
</tr>
<tr>
<td>Alcohol</td>
<td>10.5%</td>
<td>21.1%</td>
<td>21.1%</td>
<td>10</td>
</tr>
<tr>
<td>Marijuana</td>
<td>15.8%</td>
<td>10.5%</td>
<td>21.1%</td>
<td>9</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>10.5%</td>
<td>10.5%</td>
<td>26.3%</td>
<td>9</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>10.5%</td>
<td>0.0%</td>
<td>5.3%</td>
<td>3</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.3%</td>
<td>1</td>
</tr>
<tr>
<td>Over-The-Counter Medications</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.3%</td>
<td>1</td>
</tr>
</tbody>
</table>
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

“Do you now smoke cigarettes: every day, some days, or not at all?”

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>18.5%</td>
<td>16.2%</td>
<td>17.4%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
Current Smokers
(Jackson County, 2016)
Healthy People 2020 Target = 12.0% or Lower

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Secondhand Smoke

“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).
Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”

“Do you now use electronic vaping products, such as e-cigarettes: every day, some days, or not at all?”
Currently Use Electronic Cigarettes
(Jackson County, 2016)

Other Tobacco Use
“Do you currently use chewing tobacco, snuff, or snus: every day, some days, or not at all?”

Smokeless Tobacco Users
Healthy People 2020 Target = 0.3% or Lower
Key Informant Input: Tobacco Use
The following chart outlines key informants’ perceptions of the severity of Tobacco Use as a problem in the community:

**Perceptions of Tobacco Use as a Problem in the Community**
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>26.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>48.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>14.6%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

**Top Reasons for “Major Problem” Responses:**
- Tobacco causes cancer, COPD, and many other chronic conditions, yet use of tobacco continues. - Public Health Representative
- All the secondary issues, such as asthma, second-hand smoke, and the myth that vaping is safer. How can inhaling hot oil vapors be safe and not carcinogenic? - Social Services Provider
- Leading cause of cardiovascular disease and stroke. - Physician

**Comorbidities**
- It’s a fact that people who smoke have far more health issues than those who don’t. The cost to provide health care is much more expensive for this segment of the population. I’m seeing more kids smoking, too, so that may indicate lack of programs. - Social Services Provider
- Substance abuse is a large problem, and nicotine abuse often goes hand in hand with other substances. There may be a perception or an association of freedom or not being told how to live on the part of our specific community. - Physician
- Tobacco use is on the rise with young people. The trend toward backing off tobacco education over the past decade has not helped. Between smoking tobacco, e-cigarettes and marijuana use, kids are smoking as young as 12 and aren’t stopping. - Social Services Provider
- Tobacco use in pregnancy increase the possibility of an adverse birth outcome. Our children are subjected to packaging that direly markets to children and use of tobacco products. This issue is an addiction for clients; true help with quitting is vital. - Public Health Representative
- High rates of use in pregnant women, increased use of e-cigarettes by youth and all ages, increased use of flavored tobacco through hookahs. - Other Health Provider
- Too many young people are smoking. - Community Leader

**Prevalence/Incidence**
- Tobacco use is on the rise with young people. The trend toward backing off tobacco education over the past decade has not helped. Between smoking tobacco, e-cigarettes and marijuana use, kids are smoking as young as 12 and aren’t stopping. - Social Services Provider
- Tobacco use in pregnancy increase the possibility of an adverse birth outcome. Our children are subjected to packaging that direly markets to children and use of tobacco products. This issue is an addiction for clients; true help with quitting is vital. - Public Health Representative
- High rates of use in pregnant women, increased use of e-cigarettes by youth and all ages, increased use of flavored tobacco through hookahs. - Other Health Provider
- Too many young people are smoking. - Community Leader

**Gateway Drug**
- My training tells me that tobacco is the first drug children use. We know it is unhealthy but available. I am very concerned about how it will lead to additional marijuana use now that it is more available, particularly in the edible form. - Community Leader
- It is a gateway drug and adds to many health issues. Jackson County has a very high rate of tobacco use compared to the rest of the state and to national averages. - Community Leader
Poverty

Seems the more depressed a community is, the more they smoke, due to high unemployment, limited affordable cost of living wages and shortage of affordable housing. Under 1% vacancy rate. - Social Services Provider

A lot of the low income households that we serve smoke cigarettes, even with the insane health risks and high prices. I haven't seen as many younger smokers as I used to, but in the lower income community, it is still a large problem. - Social Services Provider

Socioeconomic Factors

Many of our homeless population smoke. Additionally, smoking is also a class thing. Many people who are poor smoke. We need more education on the dangers of tobacco use. - Community Leader

Multiple health issues in lower socioeconomic population linked to smoking and tobacco use. - Other Health Provider

Addiction

It's addictive and relates to cancer. - Social Services Provider

E-Cigarettes

E-cigarettes are on the increase, and many younger folks do not understand the dangers. We have too many younger folks (under 30) who are heavy smokers. They don't know the dangers, or they don't care about the dangers of smoking. - Community Leader
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Jackson County, 2016)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Sources:
- 2016 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 190]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Difficulties Accessing Healthcare

### About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

### Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

“Was there a time in the past 12 months when…

- … you needed medical care, but had difficulty finding a doctor?”
- … you had difficulty getting an appointment to see a doctor?”
- … you needed to see a doctor, but could not because of the cost?”
- … a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”
- … you were not able to see a doctor because the office hours were not convenient?”
- … you needed a prescription medicine, but did not get it because you could not afford it?”

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

### Barriers to Access Have Prevented Medical Care in the Past Year

#### Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of all respondents.
The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

![Chart showing percentage of population experiencing difficulties or delays in healthcare access.](chart)

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Jackson County, 2016)**

![Chart showing percentage of population in Jackson County experiencing difficulties or delays in healthcare access.](chart)

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

**Notes:**
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Accessing Healthcare for Children
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

“What was the main reason you could not get medical care for this child?”

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to lack of insurance coverage. Long waits for an appointment were also mentioned.

Key Informant Input: Access to Healthcare Services
The following chart outlines key informants’ perceptions of the severity of Access to Healthcare Services as a problem in the community:
Top Concerns
Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care
Physical health care wait times are substantial. I hear that from all walks of life, and if you are after a specialty provider and on private insurance, the wait list is quite problematic. - Public Health Representative
We are rural. The choices are limited, and with the limitation comes long wait times for health care providers. - Community Leader
General access to health care. Many doctors have done a fantastic job gaining access, but there still needs to be providers available to offer the care and the ability to get there. Transportation is improving. - Community Leader
Lack of specialty hand surgery coverage. In a community this size we should be able to keep all these patients here and not have to send them to Eugene. - Physician

Housing
Lack of affordable housing. Having a safe, affordable place to live is the most basic of needs. Without addressing this need, we will make only limited progress on other health issues. - Social Services Provider
Homelessness and lack of affordable housing limits the ability to stabilize families and individuals. - Social Services Provider
Misuse of care facilities when the need is simply homelessness and the need for shelter. - Social Services Provider
Homelessness and associated health issues. Homeless people experience many of the specific issues noted, but need to be treated holistically. - Community Leader

Socioeconomic Factors
The underlying health issue in our community is related to educational attainment and its link to income. For a large segment of our underserved population, the largest contributor to overall health is income. - Other Health Provider
I see several challenges related to accessing health care services. Homelessness. The lack of affordable housing means even if someone receives service, follow-up and managing prescribed care is not likely. High unemployment. - Other Health Provider
One of the biggest challenges is the economic one, and the other is lack of bilingual staff that can speak their language, which can trigger a great fear to get medical attention. - Community Leader
Social determinants of health, housing, food, transportation. - Other Health Provider

Health Education
More education is needed for families living in poverty, or on the edge of poverty to access affordable healthcare. In addition, providers need to be more sympathetic to working with people in poverty. - Social Services Provider
 Assistance in navigating the health care system. - Social Services Provider
 Knowledge of services, transportation, access. - Community Leader

Medicare/Oregon Health Plan
Several medical practices do not accept Medicare or the Oregon Health Plan. This limits access significantly. - Social Services Provider
Prenatal care requires OHP, and delays in getting approval for OHP has been an issue. Children can have delays to see providers because offices are closed to OHP. There are reported delays to mental health services. - Public Health Representative
Many people using OHP have come to depend on using the Emergency Rooms, due to the long wait in accessing appointments at La Clinica and the lack of emergency or urgent need appointments available for them. - Social Services Provider

Affordable Care/Services
This is especially true for foot/ankle specialists, dermatology, and all health care for uninsured, underinsured, low income residents. - Other Health Provider
Money, insurance not covering important services. Access to quality physicians; many practices are full, and some are closing. Access for young adults. - Community Leader
Vulnerable Populations

Health disparities for populations of color. When you look at a majority of health outcomes, persons of color have poorer overall health outcomes due to several factors: language barriers, internal biases of providers, lack of knowledge of health. - Other Health Provider

There are very few options available for home-bound seniors for several reasons: lack of public transportation to doctor’s appointments, affordable transportation, escalating numbers of seniors and not enough health care providers. - Social Services Provider

Behavioral Health

The absence of mental health services, especially as they relate to homelessness. - Community Leader

Communication Via EMR

Communication and information sharing via our EMR could be better. We have many great providers, it is hard for primary care to care coordinate outside of their own staff. - Physician

Insurance Issues

Affordable insurance plans, lack of universal health care coverage. - Social Services Provider

Intellectual and Developmental Disabilities

Regular preventative health screening for people who experience intellectual and developmental disabilities. I feel that it is a major problem because some people in the health care field don’t know how to talk to people with these conditions. - Social Services Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) were further asked to identify the type of care they perceive as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Medical Care Difficult to Access as Identified by Key Informants</th>
<th>Most Difficult</th>
<th>Second-Most Difficult</th>
<th>Third-Most Difficult</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Care</td>
<td>64.3%</td>
<td>21.4%</td>
<td>0.0%</td>
<td>12</td>
</tr>
<tr>
<td>Dental Care</td>
<td>7.1%</td>
<td>28.6%</td>
<td>7.1%</td>
<td>6</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>0.0%</td>
<td>14.3%</td>
<td>28.6%</td>
<td>6</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>14.3%</td>
<td>7.1%</td>
<td>7.1%</td>
<td>4</td>
</tr>
<tr>
<td>Elder Care</td>
<td>0.0%</td>
<td>7.1%</td>
<td>21.4%</td>
<td>4</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>7.1%</td>
<td>0.0%</td>
<td>14.3%</td>
<td>3</td>
</tr>
<tr>
<td>Primary Care</td>
<td>0.0%</td>
<td>14.3%</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.0%</td>
<td>7.1%</td>
<td>7.1%</td>
<td>2</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>7.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>1</td>
</tr>
</tbody>
</table>
Primary Care Services

About Primary Care
Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care
This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2013)


Notes: This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).

“Is there a particular place that you usually go to if you are sick or need advice about your health?”

“What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor’s office, a hospital emergency room, military or other VA healthcare, or some other place?”

The following chart illustrates the proportion of the Jackson County population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

---

### Have a Specific Source of Ongoing Medical Care

(Jackson County, 2016)

**Healthy People 2020 Target = 95.0% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>72.2%</td>
<td>82.0%</td>
<td>62.6%</td>
<td>83.8%</td>
<td>86.6%</td>
<td>67.5%</td>
<td>85.4%</td>
<td>77.4%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Utilization of Primary Care Services

**Adults:** “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

**Children:** “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

### Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
<th>2011</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>61.7%</td>
<td>62.5%</td>
<td>70.5%</td>
<td>64.5%</td>
<td>61.3%</td>
<td>61.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>US</th>
<th>2011</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.0%</td>
<td>89.3%</td>
<td>83.8%</td>
<td>79.3%</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Emergency Room Utilization

“In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.” (Responses here reflect the percentage with two or more visits in the past year.)

“What is the main reason you used the emergency room instead of going to a doctor's office or clinic?”

Have Used a Hospital Emergency Room More Than Once in the Past Year

Sources:  2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  Asked of all respondents.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use; and poor dietary choices.**

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)
Dental Care

“About how long has it been since you last visited a dentist or a dental clinic for any reason?”

**Have Visited a Dentist or Dental Clinic Within the Past Year**
*(Jackson County, 2016)*

**Healthy People 2020 Target = 49.0% or Higher**

![Bar chart showing how many people visited a dentist or dental clinic within the past year in Jackson County, Oregon, with data for different income levels and age groups.](chart)

<table>
<thead>
<tr>
<th>Income Category</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Dental Insurance</th>
<th>No Dental Insurance</th>
<th>Jackson County</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>68.7%</td>
<td>76.2%</td>
<td>81.7%</td>
<td>54.7%</td>
<td>81.3%</td>
<td>81.2%</td>
<td>53.8%</td>
<td>71.0%</td>
<td>65.7%</td>
<td>67.2%</td>
</tr>
<tr>
<td>Women</td>
<td>73.1%</td>
<td>81.3%</td>
<td>81.2%</td>
<td>53.8%</td>
<td>81.3%</td>
<td>81.2%</td>
<td>53.8%</td>
<td>71.0%</td>
<td>65.7%</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Dental Insurance

“Do you currently have any health insurance coverage that pays for at least part of your dental care?”

**Have Insurance Coverage That Pays All or Part of Dental Care Costs**

![Bar chart showing the percentage of people with dental insurance for the years 2011, 2014, and 2016](chart)

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>53.4%</td>
<td>59.7%</td>
</tr>
<tr>
<td>2014</td>
<td>59.7%</td>
<td>62.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Key Informant Input: Oral Health

The following chart outlines key informants’ perceptions of the severity of Oral Health as a problem in the community:

### Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>33.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>41.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>15.1%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Affordable Care/Services

- Dental care is outrageously expensive and difficult to access. Waiting times to see a dentist if you are on a public assistance plan can be so long that by the time you get there, what was once a cavity is now a root canal, and the tooth has to be removed. - Social Services Provider
- Oral and dental health is a major problem in our community because of the costs involved. La Clinica Dental Clinic is trying to address the need but it is not sufficient. Oral health problems lead to other health problems. - Social Services Provider
- Dental care is unattainable for low- and middle-income families. Dental insurance offers little support. - Other Health Provider
- Low income seniors don't have the resources to pay for emergency dental work and often need dentures that are not covered by their Medicare benefits. - Social Services Provider
- Many of my patients can't afford dental care and especially denture care. Fitting and/or troubleshooting. - Physician
- Expensive. Should be included in the affordable care act for all to have access to. - Social Services Provider
- Many low income families can't afford dental care. - Social Services Provider
- Not enough providers willing to offer affordable dental care. - Social Services Provider
- Patients won't go get dental work if they can't pay for it. - Physician
- Dental care for low income people. - Other Health Provider

#### Insurance Issues

- Dental insurance is unavailable/unaffordable for many, and what coverage there is routinely pays 50% or less for dental work that can run many thousands of dollars. - Community Leader
- Actually having dental insurance, knowledge of whether they have dental insurance or not, OHP population, access to care. - Other Health Provider
- Many people lack insurance and cannot afford dental care. - Social Services Provider
- Many people do not have the insurance needed to afford dental care. - Social Services Provider
- Lack of coverage, lack of services, cost. - Social Services Provider

#### Access to Care/Services

- Routine dental care is in sore need. Especially severe are those people who have been using methamphetamine chronically and developed severe "meth mouth" as a result, which in turn affects their ability to eat and interact socially. - Social Services Provider
- Access, access, access. - Public Health Representative
- Not enough access to services. Children are especially underserved. - Other Health Provider
Socioeconomic Factors

Between lack of water fluoridation, high rates of poverty and a strong anti-science and anti-government sentiment, our children end up paying some of the highest costs, with rampant tooth decay impacting 1 in 4 children between 1st and 3rd grade. - Social Services Provider

Poverty and drug addiction result in many dental issues. OHP provides some basic services for those who are eligible, but does not cover reconstruction or significant procedures. Loss of teeth is a social, cultural and health problem. - Community Leader

I don’t know if it’s a lack of education or dental care, but the lower socioeconomic groups have horrible dentition and miss lots of work and school because of it. - Physician

Access to Providers

Access to dental care in pregnancy is a real issue for our community. Limited providers and long wait lists have been our clients’ experiences. - Public Health Representative

Many children/families now have access to dental coverage; however, the number of providers that take state assisted OHP clients is limited. This creates a lack of choice for clients or their parents and also causes long delays. - Other Health Provider

Drug/Alcohol Use

Meth, lack of coverage and poor community education. - Physician

Meth. - Community Leader

Prevalence/Incidence

Tooth decay is one of the leading causes of school absenteeism for children of color. Many people still aren’t aware of the importance of oral health prevention activities and its impact on physical health. - Public Health Representative

Report from schools and employers that absences occur because of dental issues. - Social Services Provider
Local Resources

Perceptions of Local Healthcare Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Healthcare Services as “Fair/Poor”

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access to Healthcare Services

<table>
<thead>
<tr>
<th>Access to Healthcare Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDE</td>
</tr>
<tr>
<td>AllCare</td>
</tr>
<tr>
<td>Asante Health System</td>
</tr>
<tr>
<td>Babies First</td>
</tr>
<tr>
<td>CaCoo Nurses</td>
</tr>
<tr>
<td>CCOs (Coordinated Care Organizations)</td>
</tr>
<tr>
<td>Family Planning Clinic</td>
</tr>
<tr>
<td>Hospitals</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
</tr>
<tr>
<td>Jackson County Health Department</td>
</tr>
<tr>
<td>Jackson County Mental Health</td>
</tr>
<tr>
<td>La Clinica</td>
</tr>
<tr>
<td>Nurse Family Partnership Program</td>
</tr>
<tr>
<td>OHRA (Options for Homeless Residents of Ashland)</td>
</tr>
<tr>
<td>Oregon Health Plan</td>
</tr>
<tr>
<td>Oregon MothersCare</td>
</tr>
<tr>
<td>Providence Medford Medical Center</td>
</tr>
<tr>
<td>Rogue Community Health</td>
</tr>
<tr>
<td>Rogue Valley Council of Governments</td>
</tr>
<tr>
<td>Saint Vincent de Paul</td>
</tr>
<tr>
<td>School System</td>
</tr>
<tr>
<td>Siskiyou Community Health Center</td>
</tr>
<tr>
<td>Urgent Care</td>
</tr>
<tr>
<td>VOLPACT</td>
</tr>
</tbody>
</table>

### Cancer

<table>
<thead>
<tr>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDE</td>
</tr>
<tr>
<td>AllCare</td>
</tr>
<tr>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Asante Health System</td>
</tr>
<tr>
<td>Asante Rogue Regional Medical Center</td>
</tr>
<tr>
<td>Asante Three Rivers Medical Center</td>
</tr>
<tr>
<td>Cancer Centers of America</td>
</tr>
<tr>
<td>Community-Based Support Programs</td>
</tr>
<tr>
<td>Doctor's Offices</td>
</tr>
<tr>
<td>Dubs Cancer Center</td>
</tr>
<tr>
<td>Hematology Oncology Associates</td>
</tr>
<tr>
<td>Hill Crest Committee</td>
</tr>
<tr>
<td>Hospice</td>
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<tr>
<td>Hospitals</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
</tr>
<tr>
<td>Jackson County Public Health</td>
</tr>
<tr>
<td>La Clinica</td>
</tr>
<tr>
<td>Leila Eisenstein Center for Breast Cancer</td>
</tr>
<tr>
<td>Oregon Cancer Foundation</td>
</tr>
<tr>
<td>Providence Breast Center</td>
</tr>
<tr>
<td>Providence Cancer Center</td>
</tr>
<tr>
<td>Providence Medford Medical Center</td>
</tr>
<tr>
<td>Specialty Care</td>
</tr>
<tr>
<td>Support Groups</td>
</tr>
<tr>
<td>Veterans Affairs Health Services</td>
</tr>
</tbody>
</table>

### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Arthritis, Osteoporosis &amp; Chronic Back Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDE</td>
</tr>
<tr>
<td>Aging in Place</td>
</tr>
<tr>
<td>Asante Health System</td>
</tr>
<tr>
<td>Baxter Fitness</td>
</tr>
<tr>
<td>Chamberland Rheumatology Group</td>
</tr>
<tr>
<td>Chronic Pain Management</td>
</tr>
<tr>
<td>Doctor's Offices</td>
</tr>
<tr>
<td>Drug Recovery Center - Medford</td>
</tr>
<tr>
<td>Exercise Programs</td>
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<tr>
<td>Jackson Care Connect</td>
</tr>
<tr>
<td>Massage Therapists</td>
</tr>
<tr>
<td>Mental Health Services</td>
</tr>
<tr>
<td>OSU Extension Service</td>
</tr>
<tr>
<td>Pain Clinics</td>
</tr>
<tr>
<td>Physical Therapy</td>
</tr>
</tbody>
</table>

### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Chronic Kidney Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDE</td>
</tr>
<tr>
<td>Asante Health System</td>
</tr>
<tr>
<td>Doctor's Offices</td>
</tr>
<tr>
<td>Methadone Clinic</td>
</tr>
<tr>
<td>Renal Care Consultants</td>
</tr>
</tbody>
</table>

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**Community Health Needs Assessment**
**Dementias, Including Alzheimer's Disease**

- Addictions Recovery Center
- Adult and Senior Living Facilities
- Aging and Disability Resource Connection
- Alzheimer's Association
- Asante Health System
- Ashland Senior Center
- Ashley Manor Care Centers
- Assisted Living/Alzheimer's Units
- Bartlett House of Medford
- Black Oak Adult Foster Care
- Care Facilities
- Caregiver Support
- CME/Grand Rounds Lectures for Providers
- Doctor's Offices
- Elder Services in Jackson County
- Farmington Square Medford
- Fern Gardens
- Foster Home Association
- Health and Human Services
- Highland House
- Home Health Social Services
- Hospitals
- Marya Kain's Power of the Heart Dementia Care
- Memory Care Facilities
- Mountain Meadows
- Mountain Springs
- Private and Public Health Facilities
- Providence Medford Medical Center
- Rogue Valley Council of Governments
- Rogue Valley Manor
- Senior Centers
- Senior Disability Services
- Senior Services
- Skylark Assisted Living
- Spring Pointe
- Support Groups
- The Springs at Anna Maria

**Health Education**

- Hospitals
- Jackson Care Connect
- Jackson County Health Department
- La Clinica
- Nutritional Services
- OSU Extension Service
- Private and Public Health Facilities
- Providence Clinics
- Providence Medford Medical Center
- Rogue Community Health
- School System
- Siskiyou Community Health Center
- SNAP
- Specialty Care
- State of Oregon
- Support Groups
- The Right Plan
- Urgent Care
- YMCA

**Family Planning**

- AllCare
- Asante Health System
- CCOs (Coordinated Care Organizations)
- Churches
- Community Health Center
- Doctor's Offices
- Family Planning Clinic
- Grants Pass Clinic
- Health and Human Services
- Home Health Programs
- Hospitals
- Jackson County Health Department
- Jackson County School District
- La Clinica
- One Key Question Initiative
- Oregon MothersCare
- Pharmacies
- Planned Parenthood
- Pregnancy Care Center
- Pregnancy Resource Center
- Public Health
- Rogue Community Health
- School System
- Starting Strong
- White City Community Health Center
- Women's Health Center

**Diabetes**

- ACCESS
- AllCare
- Asante Health System
- Asante Three Rivers Medical Center
- CCOs (Coordinated Care Organizations)
- Diabetes Association
- Diabetic Education
- Doctor's Offices
- Food Project
Hearing & Vision
- CCOs (Coordinated Care Organizations)
- Doctor's Offices
- Lions Club
- Lions Sight and Sound Program
- School System
- Siskiyou Community Health Center

Heart Disease & Stroke
- ACCESS
- AllCare
- American Heart Association
- Asante Health System
- Asante Rogue Regional Medical Center
- Asante Three Rivers Medical Center
- Cardiac Rehab
- Cardiology Clinic - Grants Pass
- Cardiovascular Institute
- Community Education
- Disease Modification Programs
- Doctor's Offices
- Fitness Centers/Gyms
- Food Project
- Grants Pass Clinic
- Hospitals
- La Clinica
- Medford Cardiology
- Nutritional Services
- Physical Therapy
- Providence Medford Medical Center
- Rogue Community Health
- Siskiyou Community Health Center
- Southern Oregon Cardiology
- YMCA

HIV/AIDS
- Public Health

Immunization & Infectious Diseases
- Asante Ashland Community Hospital
- Asante Health System
- Ashland Immunization Team
- Jackson and Josephine Counties Immunization Clinics
- Pharmacies
- Providence Medford Medical Center
- Rogue Community Health
- Siskiyou Community Health Center

Infant & Child Health
- ACCESS

Babies First
- CaCoon Nurses
- CASA
- Children's Advocacy Center
- Court Appointed Child Advocates
- Doctor's Offices
- Early Head Start
- Early Intervention Programs
- Family Nurturing Center
- Gospel Mission Women's and Children's Center
- Grants Pass Clinic
- Grants Pass School System
- Health and Human Services
- Health Department
- Healthy Families America
- Hospitals
- Jackson County Health Department
- Jackson County Maternal and Child Health Program
- Jackson County Mental Health
- Jackson County Perinatal Task Force
- Jackson County Public Health
- Kids Unlimited
- La Clinica
- Nurse Family Partnership Program
- OnTrack
- Options of Southern Oregon
- Parent Resource Center
- Planned Parenthood
- Public Health
- Rogue Community Health
- Siskiyou Community Health Center
- WIC
- Women's Health Center
- YMCA

Injury & Violence
- Addictions Recovery Center
- Aging and Disability Resource Connection
- Asante Ashland Community Hospital
- Asante Health System
- Asante Rogue Regional Medical Center
- CASA
- Children's Advocacy Center
- Choices Counseling
- Community Works
- Crime Victim Resources
- District Attorney's Office
- Dunn House
- Faith-Based Programs
- Family Nurturing Center
Food Assistance Programs
Grants Pass Public Safety
Hearts With A Mission
Hospitals
Housing Authority
Illinois Valley Safe House Alliance
Jackson County Health and Human Services
Jackson County Mental Health
Juvenile Justice
La Clinica
OnTrack
Options of Southern Oregon
Oregon Pain Guidance
OSU Extension Service
Police Department
Providence Medford Medical Center
Public Health Advisory Board
Public Safety
Resolve Programs
SART
Shelter for Abused Women
Siskiyou Community Health Center
Suicide Prevention Coalition
UCAN
United Way
Women's Crisis Center
Women's Crisis Support Team

Mental Health

2 North
ACCESS
Addictions Recovery Center (ARC)
AllCare
Asante Behavioral Health Unit
Asante Health System
Asante Rogue Regional Medical Center
Behavioral Health Services
Birch Grove Clinic
Bridges
CCOs (Coordinated Care Organizations)
CDS Publications
Choices Counseling
Churches
Columbia Care
Community Counseling Center of Ashland
Community Mentors
Community-Based Support Programs
Compass House
Court Intervention
Crisis Resolution Center
Crisis Unit
Crossings Counseling Center
Doctor's Offices
Family Court
Family Solutions
Federally Qualified Health Centers (FQHCs)
Foster Homes
Gospel Rescue Mission
Health and Human Services
Health Department
Hearts With A Mission
Help Now Advocacy Center
Hospitals
Hugo Hills
Jackson Care Connect
Jackson County Health and Human Services
Jackson County Health Department
Jackson County Mental Health
KAIROS
Kids Unlimited
La Clinica
Mental Health Court
Mental Health Resource and Education Network
Mental Health Services
NAMI
OnTrack
Options of Southern Oregon
Oregon Health Plan
Police Department
Providence Medford Medical Center
Providence Medical Group
Public Health
Ramsey Place
Rogue Community Health
Salvation Army
School System
Siskiyou Community Health Center
SOASTC (Southern Oregon Adolescent Study and Treatment Center)
Sobering Center
Southern Oregon Rehabilitation Center
State of Oregon
Substance Abuse Treatment Centers
Suicide Prevention Coalition
Travel Nurse Progressive Care Unit (PCU)
Trinity Counseling Center
UCAN
Veterans Affairs Health Services
Youth Move Oregon
### Nutrition, Physical Activity & Weight

- 24 Hour Fitness
- ACCESS
- After School Activity Programs for Youth
- AllCare
- Asante Health System
- Asante Rogue Regional Medical Center
- Babies First
- Bear Creek Greenway
- CCOs (Coordinated Care Organizations)
- Club Northwest
- Community Gardens
- Compass House
- Doctor’s Offices
- Exercise Programs
- Family Planning/Well Women’s Exams
- Farm to School
- Farmer’s Markets
- Fitness Centers/Gyms
- Food Banks
- Growers Markets
- Handley Farms
- Jackson Care Connect
- Jackson County Health Department
- Jackson County Public Health
- Kids Unlimited
- KidZone Community Foundation
- La Clinica
- Leightman Maxey Foundation
- Maslow Project
- Media Advertising on Healthy Living
- Mount Ashland
- Nurse Family Partnership Program
- Nutritional Services
- Oregon Health Plan
- OSU Extension Service
- Over-Eaters Anonymous
- OZ Fitness
- Parks and Recreation Department
- Private and Public Health Facilities
- Public Health
- Public Health Advisory Board
- Rogue Community Health
- Rogue Valley Crossfit
- Rogue Valley Farm to School Network
- School System
- Self-Healing Community Initiative
- Sodexo
- Superior Gym

### Oral Health

- Advantage Dental
- Babies First
- CaCoon Nurses
- Capitol Dental
- CCOs (Coordinated Care Organizations)
- Children’s Dental Clinic
- Children’s Dental Health Program
- Dental Health Coalition
- Dentist’s Offices
- Federally Qualified Health Centers (FQHCs)
- Happy Smiles
- Health and Human Services
- Hospitals
- La Clinica
- Local Dental Association
- Medical Teams International Van
- Oral Health Coalition
- Oregon Health Plan
- Public Health
- Rogue Community Health
- School-Based Health Centers
- School System
- Smile Keepers
- WIC

### Respiratory Diseases

- CCOs (Coordinated Care Organizations)
- Doctor’s Offices
- Federally Qualified Health Centers (FQHCs)
- Home Health Programs
- Jackson County Health Department
- La Clinica
- Lincare Caring Continuum
- Media Advertising Air Masks Due to Pollution
- Oregon DEQ (Department of Environmental Quality)
- Public Health
- Rogue Community Health
- Smoking Cessation Programs

### Sexually Transmitted Diseases

- Doctor’s Offices
- Health Department
- Jackson County Public Health
- Jackson County Sexual Assault Response Team
- Oregon Health Authority
Planned Parenthood
Southern Oregon University

Substance Abuse
- AA/NA
- Adapt Medford
- Addictions Recovery Center (ARC)
- Aging and Disability Resource Connection
- Allied Health Methadone Clinic
- Asante Three Rivers Medical Center
- Ashland Police Department
- Ashland School District
- CCOs (Coordinated Care Organizations)
- Choices Counseling
- Detox
- Doctor's Offices
- Drug Court
- Faith-Based Programs
- Family Nurturing Center
- Fresh Start Recovery
- Genesis
- Jackson County Health and Human Services
- Jackson County Health Department
- Jackson County Health Promotion Program
- Jackson County Mental Health
- Jackson County Syringe Exchange
- La Clinica
- Medford Senior High School
- Mental Health Services
- Methadone Clinic
- Naloxone Program
- OnTrack
- Options of Southern Oregon
- Pain Clinics
- Phoenix Counseling Center
- Police Department
- Public Health
- Public Safety
- Rogue Community Health
- Self-Healing Community Initiative
- Sobering Center
- Treatment Centers

Tobacco Use
- Adapt Medford
- AllCare
- American Cancer Society
- Asante Health System
- CCOs (Coordinated Care Organizations)
- Choices Counseling
- Doctor's Offices
- Grants Pass School District #7
- Jackson Care Connect
- Jackson County Health and Human Services
- Jackson County Health Department
- Jackson County Public Health
- La Clinica
- Maternal Child Health Programs
- Mid-Rogue Independent Physicians Associated
- Options of Southern Oregon
- Pharmacies
- Private Insurance
- Public Health
- Rogue Community Health
- Self-Healing Community Initiative
- Seventh Day Adventist Smoking Cessation Program
- Siskiyou Community Health Center
- Smoking Cessation Programs
- State Smoking Cessation Programs
- Tobacco QuitLine
- Workplace Programs
The Asante Ashland Community Hospital CHNA amendment does not include the full Implementation Strategy adopted by the Asante Board of Directors in 2017, but rather contains an evaluation of the impact of any actions that were taken since the immediately preceding CHNA.
1. **Access to health care services**
   - New primary care and specialty providers are being recruited for medical clinics in Ashland to increase the availability of health care providers in the community.
   - Each year, funding of the school nurse program in the Ashland and Phoenix/Talent school districts brings student health care services to nearly 2,800 school children in kindergarten through eighth grade. Some students require individualized care plans for chronic conditions such as asthma, allergies, and seizures.
   - Asante Ashland’s ongoing discounted or free prescription drug program provides medications to patients to ensure all patients have necessary prescriptions upon discharge from the hospital.
   - Access to tele-intensivists is being made available 24/7 for doctors working in the hospital’s intensive care unit treating patients who need an advanced level of care.
   - Each year, several hospital departments provide no-cost education and training required for licensure for college students, including imaging, nursing, dietary, sleep technology, laboratory and other clinical programs.
   - Asante committed a substantial financial contribution to the Rogue Community College Allied Health Program ensuring quality clinical education in the health sciences is available locally and helping to increase the number of trained technicians and medical support personnel in our community.
   - The Wound Care Clinic is planning education events for area providers at all levels to ensure that area care professionals have the awareness and skills necessary to provide quality care and intervention.

2. **Mental health & substance abuse**
   - The hospital has partnered with the Ashland Police Department and On Track to create and operate a drug-surrender program for people with chemical dependency.

3. **Heart disease and stroke**
   - As the primary financial sponsor of PulsePoint, a heart attack notification app, Asante has partnered with several community groups to bring this potentially life-saving tool to Jackson County. When a cardiac emergency is in a public place, the location-aware app alerts nearby CPR-trained citizens at the same time a 9-1-1 call is made.

4. **Infant health and family planning**
   - A midwifery program was recently created to provide women with more options to support the birthing experience.
   - The Family Birth Center was recently renovated and expanded to accommodate the growing number of patients in Ashland and surrounding areas who choose to give birth in a non-traditional setting (e.g., water birth).
   - Each year, free classes and support groups are offered for new parents, as well as breastfeeding education for moms regardless of whether they gave birth at an Asante hospital.
5. **Diabetes**
   - An endocrinologist was hired in Ashland to provide care for people with diabetes.

6. **Nutrition, physical activity and weight**
   - Inpatient and outpatient nutrition counselors are retained to help patients learn about how their diet affects their health condition and how to make better food choices.
   - Our funding of the Ashland High School sports program and athletic trainers helps ensure player safety.
   - The hospital has committed to sponsorship of the Ashland Chamber of Commerce community-wide health and wellbeing initiative. A member of AACH’s executive team serves on the planning committee for this project.

7. **Respiratory diseases**
   - Cardiopulmonary testing services were recently added at the Ashland hospital, so patients do not need to travel for the service.
   - A process was put in place for discharged patients with respiratory issues to be scheduled with an Asante pulmonologist to ensure a continuum of care and reduce their chance of being readmitted.
   - Telemedicine pulmonary intensivist consultations were implemented for medical providers treating patients in the hospital to give advanced care to patients.

8. **Cancer**
   - 3-D mammography technology was recently installed at the imaging center for enhanced detection of breast cancer.
   - Each year, national breast cancer awareness month activities and education are provided to inform people of the services available for breast cancer treatment and support.
   - With financial help from Asante Foundation, Asante provides low and no-cost preventive and diagnostic mammography for underinsured or uninsured community members.
   - Meeting rooms are provided at no cost for community-based education and support groups for community members dealing with cancer and its associated medical conditions.

9. **Disability and health**
   - Asante Ashland was established as an Infection Control, Assessment and Response (ICAR) Center of Excellence to serve as the regional specialized isolation unit for people in Southern Oregon with any highly infectious disease. Each year staff members undergo specialized continuing education and training to maintain certification and readiness.
   - Asante Ashland was established as a Tier 2 Ebola Virus Disease regional assessment hospital. Each year staff members undergo specialized continuing education and training to maintain certification and readiness.
10. **Injury and violence prevention**
   - The hospital’s ongoing sponsorship of the Jackson County Sexual Assault Response Team helps victims of abuse through their crisis. Exams are performed and submitted by certified Sexual Assault Nurse Examiners at no cost to the patient.
   - Asante partners with American Red Cross to provide Prepare Out Loud earthquake and disaster preparedness events in Jackson County. These events provide no-cost education about medical preparedness and steps to take to reduce the impact of disasters.
   - Asante will partner with Kohl’s Cares to provide educational PSAs supporting children’s safety that will be aired on local radio and tv channels.

11. **Tobacco use**
   - The Asante tobacco use policy has been revised to restrict hospital-inpatient tobacco use to nicotine patches and gum to promote better health. Smoking cessation education is also provided.
   - An eight-week Freedom from Smoking program is being developed and will be available at no cost for anyone in the community who wants to stop smoking.