ASANTE ROGUE REGIONAL MEDICAL CENTER

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 and Josephine counties) for Asante Rogue Regional Medical Center, Medford, 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
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Introduction
Project Overview

Project Goals
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 the Total Service Area of Asante. 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 Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Asante by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this 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 trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

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 and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Service Area” in this report) is defined as each of the residential ZIP Codes comprising Jackson and Josephine counties. This community definition, determined based on the ZIP Codes of residence of recent Asante patients, 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 stratified random sample of 600 individuals age 18 and older in the Total Service Area, including 300 in Jackson County and 300 in Josephine County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 600 respondents is ±4.0% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 600 Respondents at the 95 Percent Level of Confidence

Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 600 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% (10% ± 2.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.0% and 54.0% (50% ± 4.0%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, 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. Specifically, once the raw
data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area 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.]

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, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more 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 was also 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, 136 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Public Health Representative</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Community Leader</td>
<td>170</td>
<td>66</td>
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<tr>
<td>Social Services Provider</td>
<td>57</td>
<td>39</td>
</tr>
<tr>
<td>Other Health Provider</td>
<td>25</td>
<td>17</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- ACCESS
- AllCare
- Allied Solutions
- Asante Ashland Community Hospital
- Asante Health System
- Asante Physician Partners
- Asante Rogue Regional Medical Center
- Asante Three Rivers 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
- CASA of Jackson and Josephine Counties
- Central Point School District 6
- Children's Advocacy Center of Jackson County
- City Council
- City of Ashland
- City of Eagle Point
- City of Jacksonville
- City of Medford
- City of Talent
- Community Volunteer Network
• Compass House
• Eastwood Baptist Church
• Food & Friends: Meals on Wheels
• Gordon Elwood Foundation
• Grants Pass City Council
• Grants Pass Daily Courier
• Grants Pass Department of Public Safety
• Grants Pass Family YMCA
• Grants Pass Fire Rescue
• Grants Pass School District
• Grants Pass School District 7
• Habitat for Humanity
• Hearts with a Mission
• Highland Elementary School
• Housing Authority of Jackson County
• Jackson Care Connect
• Jackson County Board of Commissioners
• Jackson County Health and Human Services
• Jackson County Library
• Jackson County Mental Health
• Jackson County Public Health
• Jefferson Regional Health Alliance
• Jerome Prairie Bible Church
• Josephine County
• Josephine County Board of Commissioners
• Josephine County Foundation
• Josephine County Public Health
• Josephine County School System
• Josephine Housing Council
• JWA Public Affairs
• Kairos
• KTVL TV
• La Clinica
• Law Enforcement

• Lincoln Elementary School
• Mail Tribune
• Maslow Project
• Medford Fire-Rescue
• Medford Parks and Recreation
• Medford Police Department
• Medford School District
• Mercy Flights
• Mount Ashland Association
• NAMI
• North Medford High School
• OnTrack, Inc.
• Options for Southern Oregon
• Oregon Community Foundation
• Oregon Health Authority
• Oregon Shakespeare Festival
• OSU Extension Services
• Our Lady of the Mountain Catholic Church
• PrimeCare, Inc.
• Rogue Community College
• Rogue Community Health
• Rogue Valley Council of Governments
• Rogue Valley Family YMCA
• Rogue Valley Metropolitan Planning Organization
• Siskiyou Community Health Center
• SOREDI (Southern Oregon Regional Economic Development, Inc.)
• Southern Oregon Goodwill Industries
• St. Mary's School
• Communication Strategies
• The Arc of Jackson County
• The Chamber of Medford/Jackson County
• The Salvation Army, Medford
Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, 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, Pacific Islander youth, seniors, substance abusers, undocumented, the uninsured/underinsured, veterans, victims of crime.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better 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 from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.*

**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 the Total Service Area 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
Benchmark Data

Trending
Similar surveys were administered in the Total Service Area 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.

Oregon Risk Factor Data
Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data published online by the Centers for Disease Control and Prevention. 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 identical 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
• Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
• Provide measurable objectives and goals that are applicable at the national, State, and local levels.
• Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
• Identify critical research, evaluation, and data collection needs.

**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 secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, 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.

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<tr>
<th>IRS Form 990, Schedule H (2015)</th>
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<td>Part V Section B Line 3a</td>
<td>8</td>
</tr>
<tr>
<td>A definition of the community served by the hospital facility</td>
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<tr>
<td>Part V Section B Line 3b</td>
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<tr>
<td>Demographics of the community</td>
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<tr>
<td>Part V Section B Line 3c</td>
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<tr>
<td>Existing health care facilities and resources within the community</td>
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<td>that are available to respond to the health needs of the community</td>
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<tr>
<td>Part V Section B Line 3d</td>
<td>8</td>
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<tr>
<td>How data was obtained</td>
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<tr>
<td>Part V Section B Line 3e</td>
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<tr>
<td>The significant health needs of the community</td>
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<tr>
<td>Part V Section B Line 3f</td>
<td>Addressed Throughout</td>
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<tr>
<td>Primary and chronic disease needs and other health issues of</td>
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<tr>
<td>uninsured persons, low-income persons, and minority groups</td>
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<tr>
<td>Part V Section B Line 3g</td>
<td>19</td>
</tr>
<tr>
<td>The process for identifying and prioritizing community health</td>
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</tr>
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<td>needs and services to meet the community health needs</td>
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<td>Part V Section B Line 3h</td>
<td>11</td>
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<tr>
<td>The process for consulting with persons representing the</td>
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<td>community’s interests</td>
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<tr>
<td>Part V Section B Line 3i</td>
<td>14</td>
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<tr>
<td>Information gaps that limit the hospital facility’s ability to</td>
<td></td>
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<tr>
<td>assess the community’s health needs</td>
<td></td>
</tr>
</tbody>
</table>
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 area 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.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare 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>• Cancer Deaths</td>
</tr>
<tr>
<td>o Including Lung Cancer, Prostate Cancer, Female Breast Cancer</td>
</tr>
<tr>
<td>• Skin Cancer Prevalence</td>
</tr>
<tr>
<td>• Female Breast Cancer Incidence</td>
</tr>
<tr>
<td>• Female Breast Cancer Screening</td>
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<td>• Cervical Cancer Screening</td>
</tr>
<tr>
<td>• Colorectal Cancer Screening</td>
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<tr>
<td><strong>Dementia, 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>• High Blood Pressure Management</td>
</tr>
<tr>
<td>• Blood Cholesterol Screening</td>
</tr>
<tr>
<td>• Overall Cardiovascular Risk</td>
</tr>
<tr>
<td><strong>Infant Health &amp; Family Planning</strong></td>
</tr>
<tr>
<td>• Prenatal Care</td>
</tr>
</tbody>
</table>

—continued on next page—
<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>● Unintentional Injury Deaths</td>
</tr>
<tr>
<td>○ Including Motor Vehicle Crash Deaths and Falls (65+)</td>
</tr>
<tr>
<td>● Falls (Age 45+)</td>
</tr>
<tr>
<td>● Firearm-Related Deaths</td>
</tr>
<tr>
<td>● “Fair/Poor” Neighborhood Safety</td>
</tr>
<tr>
<td>● Domestic Violence Experience</td>
</tr>
<tr>
<td>● “Fair/Poor” Mental Health</td>
</tr>
<tr>
<td>● Diagnosed Depression</td>
</tr>
<tr>
<td>● Suicide Deaths</td>
</tr>
<tr>
<td>● Mental Health ranked as a top concern among Community Residents.</td>
</tr>
<tr>
<td>● Mental Health ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>● Fruit/Vegetable Consumption</td>
</tr>
<tr>
<td>● Obesity [Adults]</td>
</tr>
<tr>
<td>● Trying to Lose Weight [Overweight Adults]</td>
</tr>
<tr>
<td>● Overweight [Children]</td>
</tr>
<tr>
<td>● Nutrition, Physical Activity &amp; Weight ranked as a top concern among Community Residents.</td>
</tr>
<tr>
<td>● Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
</tr>
<tr>
<td>● Activity Limitations</td>
</tr>
<tr>
<td>● Caregiver to a Friend/Family Member</td>
</tr>
<tr>
<td>● Arthritis Prevalence (50+)</td>
</tr>
<tr>
<td>● Sciatica/Back Pain Prevalence</td>
</tr>
<tr>
<td>● Deafness/Hearing Trouble</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
</tr>
<tr>
<td>● Chronic Lower Respiratory Disease (CLRD) Deaths</td>
</tr>
<tr>
<td>● Asthma Prevalence [Adults]</td>
</tr>
<tr>
<td>● Pneumonia/Influenza Deaths</td>
</tr>
<tr>
<td>● Flu Vaccination [65+]</td>
</tr>
<tr>
<td>● Flu Vaccination [High-Risk 18-64]</td>
</tr>
<tr>
<td>● Pneumonia Vaccination [High-Risk 18-64]</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>● Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td>● Drug-Induced Deaths</td>
</tr>
<tr>
<td>● Negatively Affected by Substance Abuse (Self or Other’s)</td>
</tr>
<tr>
<td>● Substance Abuse ranked as a top concern among Community Residents.</td>
</tr>
<tr>
<td>● Substance Abuse ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
</tr>
<tr>
<td>● Cigarette Smoking Prevalence</td>
</tr>
<tr>
<td>● Smokeless Tobacco Prevalence</td>
</tr>
<tr>
<td>● Smoking Cessation</td>
</tr>
<tr>
<td>● Professional Advice</td>
</tr>
</tbody>
</table>
Prioritization of Health Needs

Community Feedback

On February 16, 2017, Asante, acting as the legal owner and operator of Asante Rogue Regional Medical Center, 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 Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Service Area, including comparisons between the two counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, the Total Service Area results are shown in the larger, blue column.
- The green columns [to the left of the Total Service Area column] provide comparisons between the two counties, identifying differences for each as “better than” (●), “worse than” (▲), or “similar to” (○) the other county.
- The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Service Area 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.
### Social Determinants

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Linguistically Isolated Population (Percent)</strong></td>
<td>1.7</td>
<td>0.4</td>
<td>1.3 vs. OR 3.4 vs. US 4.7 vs. HP2020</td>
</tr>
<tr>
<td><strong>Population in Poverty (Percent)</strong></td>
<td>17.8</td>
<td>19.7</td>
<td>18.3 vs. OR 16.7 vs. US 15.6 vs. HP2020</td>
</tr>
<tr>
<td><strong>Population Below 200% FPL (Percent)</strong></td>
<td>41.5</td>
<td>47.4</td>
<td>43.2 vs. OR 37.0 vs. US 34.5 vs. HP2020</td>
</tr>
<tr>
<td><strong>Children Below 200% FPL (Percent)</strong></td>
<td>53.8</td>
<td>60.8</td>
<td>55.7 vs. OR 46.3 vs. US 44.2 vs. HP2020</td>
</tr>
<tr>
<td><strong>No High School Diploma (Age 25+, Percent)</strong></td>
<td>11.2</td>
<td>11.3</td>
<td>11.2 vs. OR 10.5 vs. US 13.7 vs. HP2020</td>
</tr>
<tr>
<td><strong>Unemployment Rate (Age 16+, Percent)</strong></td>
<td></td>
<td></td>
<td>7.2 vs. OR 5.7 vs. US 5.3 vs. HP2020</td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

TREND: better, similar, worse
## Community Health Needs Assessment

### Overall Health

#### % "Fair/Poor" Physical Health

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.7</td>
<td>21.0</td>
<td>17.3</td>
<td>15.6</td>
<td>18.3</td>
<td>17.0</td>
<td></td>
</tr>
</tbody>
</table>

#### % Activity Limitations

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35.4</td>
<td>32.3</td>
<td>34.5</td>
<td>25.6</td>
<td>20.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### % Caregiver to a Friend/Family Member

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.8</td>
<td>34.2</td>
<td>26.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Access to Health Services

#### % [Age 18-64] Lack Health Insurance

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13.1</td>
<td>7.2</td>
<td>11.4</td>
<td>13.5</td>
<td>10.1</td>
<td>0.0</td>
<td>23.9</td>
</tr>
</tbody>
</table>

#### % [Insured 18-64] Have Coverage Through ACA

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.6</td>
<td>15.9</td>
<td>15.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### % Difficulty Accessing Healthcare in Past Year (Composite)

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45.3</td>
<td>40.5</td>
<td>43.9</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

#### % Inconvenient Hrs Prevented Dr Visit in Past Year

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11.2</td>
<td>9.9</td>
<td>10.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Health Services (continued)</td>
<td>County vs. County</td>
<td>Total Service Area vs. Benchmarks</td>
<td></td>
<td></td>
<td></td>
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<td>--------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Jackson County</td>
<td>Josephine County</td>
<td>vs. OR</td>
<td>vs. US</td>
<td>vs. HP2020</td>
<td>TRENDS</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>16.6</td>
<td>15.1</td>
<td>16.1</td>
<td>9.5</td>
<td>16.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>13.1</td>
<td>11.5</td>
<td>12.6</td>
<td>11.5</td>
<td>21.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>22.2</td>
<td>20.2</td>
<td>21.6</td>
<td>15.4</td>
<td>16.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>10.4</td>
<td>13.5</td>
<td>11.3</td>
<td>8.7</td>
<td>10.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>5.6</td>
<td>6.4</td>
<td>5.8</td>
<td>5.0</td>
<td>8.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>16.5</td>
<td>13.7</td>
<td>15.7</td>
<td>10.2</td>
<td>16.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>5.8</td>
<td>3.5</td>
<td>5.3</td>
<td>3.9</td>
<td>5.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>90.1</td>
<td>84.0</td>
<td>88.4</td>
<td>93.2</td>
<td>75.8</td>
<td>78.0</td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>77.4</td>
<td>77.8</td>
<td>77.5</td>
<td>74.0</td>
<td>95.0</td>
<td>80.2</td>
<td></td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>74.2</td>
<td>75.3</td>
<td>74.5</td>
<td>73.1</td>
<td>89.4</td>
<td>79.1</td>
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</tbody>
</table>
## Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>86.6</td>
<td>81.8</td>
<td>vs. OR 85.1</td>
<td>83.4</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>61.7</td>
<td>72.6</td>
<td>vs. US 64.8</td>
<td>64.8</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>75.0</td>
<td>91.5</td>
<td>vs. HP2020 78.5</td>
<td>83.7</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>6.7</td>
<td>12.1</td>
<td>vs. OR 8.3</td>
<td>7.4</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>16.8</td>
<td>14.3</td>
<td>vs. US 16.2</td>
<td>19.4</td>
</tr>
<tr>
<td>% Have Completed Advance Directive Documents</td>
<td>40.3</td>
<td>38.6</td>
<td>vs. HP2020 39.8</td>
<td></td>
</tr>
</tbody>
</table>

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better | similar | worse
### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>41.3</td>
<td>44.1</td>
<td>42.2</td>
<td></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>8.5</td>
<td>12.1</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>27.2</td>
<td>29.5</td>
<td>27.9</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>169.8</td>
<td>189.9</td>
<td>176.0</td>
<td>184.8</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>48.1</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>22.3</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>23.6</td>
<td></td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Cancer (continued)

<table>
<thead>
<tr>
<th>Cancer (continued)</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td>12.9</td>
</tr>
<tr>
<td></td>
<td>109.6</td>
<td>112.9</td>
<td>110.7</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td>134.5</td>
</tr>
<tr>
<td></td>
<td>133.5</td>
<td>136.6</td>
<td>66.4</td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
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<td></td>
<td>39.0</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td>7.4</td>
</tr>
<tr>
<td></td>
<td>38.3</td>
<td>40.4</td>
<td>11.4</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td></td>
<td></td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>8.0</td>
<td>12.7</td>
<td>6.8</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td></td>
<td></td>
<td>71.2</td>
</tr>
<tr>
<td></td>
<td>72.0</td>
<td>69.1</td>
<td>69.8</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes

- **HP2020** refers to Healthy People 2020 benchmarks.
- Data reflects trends and comparisons between Jackson County and Josephine County against benchmarks for Oregon (OR) and the United States (US).
- Values indicate relative performance with higher numbers generally reflecting better health outcomes.
### Cancer (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td></td>
<td>77.8</td>
<td>78.9</td>
<td>78.1</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td></td>
<td></td>
<td>21.3</td>
</tr>
<tr>
<td></td>
<td>22.2</td>
<td>19.2</td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td>71.8</td>
</tr>
<tr>
<td></td>
<td>71.3</td>
<td>72.8</td>
<td></td>
</tr>
</tbody>
</table>

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### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td></td>
<td>7.3</td>
<td>8.0</td>
<td>7.5</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td></td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>2.6</td>
<td>3.9</td>
<td></td>
</tr>
</tbody>
</table>

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### Dementias, Including Alzheimer’s Disease

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alzheimer’s Disease (Age-Adjusted Death Rate)</strong></td>
<td>33.6</td>
<td>21.6</td>
<td>29.8</td>
<td>vs. OR: 27.9 vs. US: 24.2 vs. HP2020: 34.9</td>
<td>34.9</td>
</tr>
</tbody>
</table>

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### Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes Mellitus (Age-Adjusted Death Rate)</strong></td>
<td>23.3</td>
<td>22.5</td>
<td>22.9</td>
<td>vs. OR: 23.4 vs. US: 21.1 vs. HP2020: 20.5</td>
<td>21.9</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>8.0</td>
<td>16.8</td>
<td>10.6</td>
<td>vs. OR: 9.0 vs. US: 14.5 vs. HP2020: 10.5</td>
<td>10.5</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>16.8</td>
<td>10.7</td>
<td>15.0</td>
<td>vs. OR: 5.7 vs. US: 6.7 vs. HP2020: 8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>47.0</td>
<td>53.9</td>
<td>48.9</td>
<td>vs. OR: 55.1 vs. US: 50.5 vs. HP2020: 50.5</td>
<td>50.5</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Family Planning</th>
<th>County vs. County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jackson County</td>
<td>Josephine County</td>
</tr>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td>35.4</td>
<td>35.2</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Hearing &amp; Other Sensory or Communication Disorders</th>
<th>County vs. County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>13.8</td>
<td>16.8</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Heart Disease &amp; Stroke</th>
<th>County vs. County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>126.1</td>
<td>139.3</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>40.0</td>
<td>44.9</td>
</tr>
</tbody>
</table>
## Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>County vs. County</td>
<td>Total Service Area vs. Benchmarks</td>
<td>TRENDS</td>
</tr>
<tr>
<td><strong>% Heart Disease (Heart Attack, Angina, Coronary Disease)</strong></td>
<td>🍃 <strong>6.5</strong> 🍃</td>
<td>🍃 <strong>6.9</strong> 🍃</td>
<td>🍃 <strong>7.2</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 5.7 🍃</td>
<td>🍃 8.5 🍃</td>
<td>🍃 <strong>6.9</strong> 🍃</td>
</tr>
<tr>
<td><strong>% Stroke</strong></td>
<td>🍃 <strong>3.8</strong> 🍃</td>
<td>🍃 <strong>2.8</strong> 🍃</td>
<td>🍃 <strong>3.2</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 2.9 🍃</td>
<td>🍃 5.8 🍃</td>
<td>🍃 <strong>2.6</strong> 🍃</td>
</tr>
<tr>
<td><strong>% Blood Pressure Checked in Past 2 Years</strong></td>
<td>🍃 <strong>90.0</strong> 🍃</td>
<td>🍃 <strong>93.6</strong> 🍃</td>
<td>🍃 <strong>88.0</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 87.1 🍃</td>
<td>🍃 97.1 🍃</td>
<td>🍃 <strong>93.6</strong> 🍃</td>
</tr>
<tr>
<td><strong>% Told Have High Blood Pressure (Ever)</strong></td>
<td>🍃 <strong>40.5</strong> 🍃</td>
<td>🍃 <strong>31.8</strong> 🍃</td>
<td>🍃 <strong>30.8</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 39.5 🍃</td>
<td>🍃 43.1 🍃</td>
<td>🍃 <strong>36.5</strong> 🍃</td>
</tr>
<tr>
<td><strong>% [HBP] Taking Action to Control High Blood Pressure</strong></td>
<td>🍃 <strong>86.2</strong> 🍃</td>
<td>🍃 <strong>92.5</strong> 🍃</td>
<td>🍃 <strong>91.2</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 88.8 🍃</td>
<td>🍃 80.2 🍃</td>
<td>🍃 <strong>92.5</strong> 🍃</td>
</tr>
<tr>
<td><strong>% Cholesterol Checked in Past 5 Years</strong></td>
<td>🍃 <strong>83.0</strong> 🍃</td>
<td>🍃 <strong>74.4</strong> 🍃</td>
<td>🍃 <strong>87.6</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 81.4 🍃</td>
<td>🍃 87.1 🍃</td>
<td>🍃 <strong>87.4</strong> 🍃</td>
</tr>
<tr>
<td><strong>% Told Have High Cholesterol (Ever)</strong></td>
<td>🍃 <strong>35.8</strong> 🍃</td>
<td>🍃 <strong>33.5</strong> 🍃</td>
<td>🍃 <strong>35.4</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 35.8 🍃</td>
<td>🍃 35.7 🍃</td>
<td>🍃 <strong>33.5</strong> 🍃</td>
</tr>
<tr>
<td><strong>% [HBC] Taking Action to Control High Blood Cholesterol</strong></td>
<td>🍃 <strong>85.9</strong> 🍃</td>
<td>🍃 <strong>84.2</strong> 🍃</td>
<td>🍃 <strong>85.2</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 86.4 🍃</td>
<td>🍃 84.9 🍃</td>
<td>🍃 <strong>84.2</strong> 🍃</td>
</tr>
<tr>
<td><strong>% 1+ Cardiovascular Risk Factor</strong></td>
<td>🍃 <strong>87.7</strong> 🍃</td>
<td>🍃 <strong>83.0</strong> 🍃</td>
<td>🍃 <strong>84.0</strong> 🍃</td>
</tr>
<tr>
<td></td>
<td>🍃 87.2 🍃</td>
<td>🍃 88.8 🍃</td>
<td>🍃 <strong>83.0</strong> 🍃</td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>1.2</td>
<td>1.2</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence per 100,000</td>
<td></td>
<td></td>
<td>87.7</td>
<td>80.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>vs. OR</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td></td>
<td></td>
<td>42.3</td>
<td>56.6</td>
<td>70.0</td>
<td>59.4</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td></td>
<td></td>
<td>28.9</td>
<td>48.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td></td>
<td></td>
<td>76.5</td>
<td>74.1</td>
<td>90.0</td>
<td>76.9</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td></td>
<td></td>
<td>29.8</td>
<td>38.7</td>
<td></td>
<td>40.9</td>
</tr>
<tr>
<td>% Have Completed Hepatitis B Vaccination Series</td>
<td></td>
<td></td>
<td>37.6</td>
<td>40.2</td>
<td></td>
<td>40.6</td>
</tr>
</tbody>
</table>

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## Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>46.8</td>
<td>40.3, 39.7, 36.4</td>
<td>48.2</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>9.0</td>
<td>18.7</td>
<td>11.7</td>
<td>8.3, 10.6, 12.4</td>
<td>17.7</td>
</tr>
<tr>
<td>[65+] Falls (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td>80.2</td>
<td>92.9, 57.2</td>
<td></td>
</tr>
<tr>
<td>% [Age 45+] Fell in the Past Year</td>
<td>35.5</td>
<td>39.3</td>
<td>36.7</td>
<td>28.2</td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>15.5</td>
<td>17.3</td>
<td>15.9</td>
<td>11.2, 10.4, 9.3</td>
<td>12.4</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>3.0</td>
<td>3.7</td>
<td>3.2</td>
<td>2.7, 5.6, 5.5</td>
<td></td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>297.8</td>
<td>210.1</td>
<td>272.4</td>
<td>250.0, 395.5</td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>4.3</td>
<td>3.1</td>
<td>3.9</td>
<td>2.3, 5.2</td>
<td></td>
</tr>
<tr>
<td>% Perceive Neighborhood as “Slightly/Not At All Safe”</td>
<td>19.2</td>
<td>32.2</td>
<td>22.9</td>
<td>15.3</td>
<td></td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>21.8</td>
<td>18.5</td>
<td>20.9</td>
<td>15.1, 22.8</td>
<td></td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prenatal Care in First Trimester (Percent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.2</td>
<td>20.2, 17.3, 22.1</td>
<td></td>
</tr>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td>6.1</td>
<td>6.1, 8.2, 7.8</td>
<td></td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>5.7</td>
<td>5.1, 5.9, 6.0</td>
<td>6.7</td>
</tr>
</tbody>
</table>

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### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Measure</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.5</td>
<td>15.5, 10.9</td>
<td></td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.8</td>
<td>24.0, 17.9</td>
<td>20.2</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32.2</td>
<td>29.9, 29.8</td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.3</td>
<td>17.7, 12.7, 10.2</td>
<td>19.0</td>
</tr>
</tbody>
</table>
### Mental Health & Mental Disorders (continued)

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. OR</td>
<td>vs. US</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>41.3</td>
<td>28.3</td>
<td>37.6</td>
<td>27.4</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>93.1</td>
<td>79.9</td>
<td>89.4</td>
<td>91.7</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>18.7</td>
<td>11.5</td>
<td>16.6</td>
<td></td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>6.1</td>
<td>2.7</td>
<td>5.1</td>
<td>4.4</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>11.7</td>
<td>7.7</td>
<td>10.5</td>
<td>11.7</td>
</tr>
</tbody>
</table>

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### Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. OR</td>
<td>vs. US</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>36.1</td>
<td>36.0</td>
<td>36.1</td>
<td>27.4</td>
</tr>
<tr>
<td>% 7+ Sugar-Sweetened Drinks in Past Week</td>
<td>20.1</td>
<td>20.7</td>
<td>20.3</td>
<td>30.2</td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight (continued)</td>
<td>County vs. County</td>
<td>Total Service Area vs. Benchmarks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>Jackson County</td>
<td>Josephine County</td>
<td>Total Service Area vs. OR vs. US vs. HP2020</td>
<td>TRENDS</td>
</tr>
<tr>
<td></td>
<td>19.3</td>
<td>15.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>21.9</td>
<td>18.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Food Insecure</td>
<td>28.3</td>
<td>21.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>29.4</td>
<td>27.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>68.8</td>
<td>69.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>33.5</td>
<td>36.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>22.3</td>
<td>21.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>25.7</td>
<td>26.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>38.3</td>
<td>41.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>31.2</td>
<td>29.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight (continued)</td>
<td>Jackson County</td>
<td>Josephine County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Service Area vs. Benchmarks</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>vs. OR</td>
<td>vs. US</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>60.5</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>26.8</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>17.5</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>19.1</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>23.9</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>10.8</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>57.3</td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

**TRENDS**
- better
- similar
- worse
### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TENDR</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>71.0</td>
<td>64.4</td>
<td><img src="image" alt="Cloud" /> 69.1 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>65.7</strong> <img src="image" alt="Cloud" /> <strong>67.2</strong> <img src="image" alt="Cloud" /> <strong>49.0</strong></td>
<td><img src="image" alt="Cloud" /> <strong>62.9</strong></td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td><img src="image" alt="Cloud" /> 78.7 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> 90.7 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>65.7</strong> <img src="image" alt="Cloud" /> <strong>67.2</strong> <img src="image" alt="Cloud" /> <strong>49.0</strong></td>
<td><img src="image" alt="Cloud" /> <strong>76.2</strong></td>
<td></td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>62.6</td>
<td>63.1</td>
<td><img src="image" alt="Cloud" /> 62.7 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>66.5</strong> <img src="image" alt="Cloud" /> <strong>52.6</strong></td>
<td><img src="image" alt="Cloud" /> <strong>52.6</strong></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Respiratory Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TENDR</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td><img src="image" alt="Cloud" /> 44.5 <img src="image" alt="Cloud" /></td>
<td>51.8</td>
<td><img src="image" alt="Cloud" /> 46.8 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>41.8</strong> <img src="image" alt="Cloud" /> <strong>41.4</strong></td>
<td><img src="image" alt="Cloud" /> <strong>55.8</strong></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td><img src="image" alt="Cloud" /> 11.1 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> 11.3 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>11.2</strong> <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>9.2</strong> <img src="image" alt="Cloud" /> <strong>15.1</strong></td>
<td><img src="image" alt="Cloud" /> <strong>9.9</strong></td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td><img src="image" alt="Cloud" /> 9.2 <img src="image" alt="Cloud" /></td>
<td>12.5</td>
<td><img src="image" alt="Cloud" /> <strong>10.1</strong> <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>5.7</strong> <img src="image" alt="Cloud" /> <strong>9.5</strong></td>
<td><img src="image" alt="Cloud" /> <strong>10.2</strong></td>
</tr>
<tr>
<td>% Adults Asthma (Ever Diagnosed)</td>
<td><img src="image" alt="Cloud" /> 21.1 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> 17.2 <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>20.0</strong> <img src="image" alt="Cloud" /></td>
<td><img src="image" alt="Cloud" /> <strong>16.6</strong> <img src="image" alt="Cloud" /> <strong>15.4</strong></td>
<td><img src="image" alt="Cloud" /> <strong>16.9</strong></td>
</tr>
</tbody>
</table>
### Respiratory Diseases (continued)

<table>
<thead>
<tr>
<th>% (Child 0-17) Currently Has Asthma</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. OR</td>
</tr>
<tr>
<td>% of children currently diagnosed with asthma</td>
<td>5.4</td>
<td>6.3</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. OR</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>70.0</td>
<td>88.8</td>
<td>75.4</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>310.7</td>
<td>265.3</td>
<td>297.8</td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. US</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TREND</td>
<td></td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>15.1</td>
<td>13.2</td>
<td>14.5</td>
<td>11.9</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>65.2</td>
<td>55.1</td>
<td>62.3</td>
<td>58.0</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>22.6</td>
<td>19.7</td>
<td>21.7</td>
<td>21.9</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>5.5</td>
<td>2.6</td>
<td>4.7</td>
<td>2.8</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>19.4</td>
<td>17.5</td>
<td>18.9</td>
<td>18.3</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>2.5</td>
<td>3.9</td>
<td>2.9</td>
<td>2.2</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>4.4</td>
<td>6.1</td>
<td>4.9</td>
<td>6.3</td>
</tr>
<tr>
<td>% Life Negatively Affected by Substance Abuse</td>
<td>50.6</td>
<td>49.0</td>
<td>50.2</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

- better
- similar
- worse
<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>County vs. County</th>
<th>Total Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>17.4</td>
<td>18.9</td>
<td></td>
<td>17.8 vs. OR 17.0 vs. US 12.0 vs. HP2020 TEND 18.9</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>11.0</td>
<td>13.0</td>
<td></td>
<td>11.6 vs. OR 10.2 vs. US 14.3 vs. HP2020 TEND 14.3</td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>5.5</td>
<td>5.9</td>
<td></td>
<td>5.6 vs. OR 3.9 vs. US 6.1 vs. HP2020 TEND 6.1</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>13.9</td>
<td>12.5</td>
<td></td>
<td>13.6 vs. OR 10.2 vs. US 13.5 vs. HP2020 TEND 13.5</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td></td>
<td></td>
<td>57.1</td>
<td>76.0 vs. OR 67.3 vs. HP2020 TEND 67.3</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>42.3</td>
<td></td>
<td></td>
<td>43.7 vs. OR 80.0 vs. US 63.8 vs. HP2020 TEND 63.8</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>10.1</td>
<td>3.5</td>
<td></td>
<td>8.3 vs. OR 3.6 vs. US 0.3 vs. HP2020 TEND 3.5</td>
</tr>
<tr>
<td>% Currently Use Electronic Cigarettes</td>
<td>5.0</td>
<td>6.5</td>
<td></td>
<td>5.4 vs. OR 3.8 vs. US 0.3 vs. HP2020 TEND 3.8</td>
</tr>
<tr>
<td>Vision</td>
<td>Jackson County</td>
<td>Josephine County</td>
<td>Total Service Area vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------</td>
<td>------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>6.0</td>
<td>11.7</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.8 vs. OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7.3 vs. US</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6.5 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TREND</td>
<td></td>
</tr>
</tbody>
</table>

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Community Description
Population Characteristics

Total Population

Jackson and Josephine counties, the focus of this Community Health Needs Assessment, encompass 4,423.21 square miles and house a total population of 289,604 residents, according to latest census estimates.

Total Population
(Estimated Population, 2010-2014)

<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>Josephine County</td>
<td>83,021</td>
<td>1,639.66</td>
<td>50.63</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>289,604</td>
<td>4,423.21</td>
<td>65.47</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>

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

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the Total Service Area increased by 28,924 persons, or 11.3%.

- A smaller proportional increase than seen across the state.  
- A larger proportional increase than seen nationally.  
- The increase was proportionally higher in Jackson County than in Josephine County.
Change in Total Population
(Percentage Change Between 2000 and 2010)

An increase of 28,924 persons

Sources:

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The following map provides a visual illustration of the population change between 2000 and 2010.
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is predominantly urban, with 72.7% of the population living in areas designated as urban.

- Note that about 81% of the state and national populations live in urban areas.
- Jackson County is much more urban than Josephine County.

Urban and Rural Population
(2010)


Notes: This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the Total Service Area census tracts as of 2010.
Age

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

In the Total Service Area, 21.0% of the population are infants, children or adolescents (age 0-17); another 58.9% are age 18 to 64, while 20.2% are age 65 and older.

- The percentage of older adults (65+) is higher than state and national figures.
- By county, Josephine County houses a larger proportion of seniors (age 65+).
Total Population by Age Groups, Percent (2010-2014)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>21.4%</td>
<td>18.9%</td>
<td>23.4%</td>
<td>21.0%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>56.7%</td>
<td>58.9%</td>
<td>58.9%</td>
<td>63.0%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>19.9%</td>
<td>20.2%</td>
<td>22.1%</td>
<td>14.9%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

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

**Median Age**

Both counties are “older” than the state and the nation in that the median ages are higher.

**Median Age** (2010-2014)

- Jackson County: 42.7 years
- Josephine County: 47.7 years
- Oregon: 38.9 years
- US: 37.4 years

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

- The following map provides an illustration of the median age in the Total Service Area, segmented by census tract.
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), most residents (92.1%) in the Total Service Area are White, with just 0.6% Black and 3.6% some other race.

- As a state, Oregon houses a proportionally smaller White population, with more Black and other-race residents.
- Nationally, the US population is much more diverse.
- The racial distribution does not vary significantly by county.
Total Population by Race Alone, Percent (2010-2014)

<table>
<thead>
<tr>
<th>Race Alone</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91.6%</td>
<td>93.4%</td>
<td>92.1%</td>
<td>85.1%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Black</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.6%</td>
<td>8.5%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>3.7%</td>
<td>3.4%</td>
<td>3.7%</td>
<td>9.2%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>4.6%</td>
<td>2.9%</td>
<td>3.7%</td>
<td>3.9%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>


Ethnicity

A total of 10.1% of Total Service Area residents are Hispanic or Latino.

- Lower than state and nationwide percentages.
- The percentage is higher in Jackson County than in Josephine County.

Hispanic Population (2010-2014)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>11.4%</td>
<td>6.7%</td>
<td>10.1%</td>
<td>12.2%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>


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.

- Note the distribution of the Hispanic population in the following map.
Between 2000 and 2010, the Hispanic population in the Total Service Area increased by 11,641, or 75.8%.

- Higher (in terms of percentage growth) than found statewide and nationally.
- By county, the increase is much higher in Jackson County.

**Hispanic Population Change**
(Percentage Change in Hispanic Population Between 2000 and 2010)

<table>
<thead>
<tr>
<th>Source</th>
<th>2000-2010 Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>79.3%</td>
</tr>
<tr>
<td>Josephine County</td>
<td>62.6%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>75.8% (Net increase of 11,641 Hispanic residents 2000-2010)</td>
</tr>
<tr>
<td>Oregon</td>
<td>63.5%</td>
</tr>
<tr>
<td>US</td>
<td>42.9%</td>
</tr>
</tbody>
</table>

Sources:
Linguistic Isolation

A total of 1.3% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Lower than found statewide and nationally.
- Higher in Jackson County than in Josephine County.

Linguistically Isolated Population
(2010-2014)

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

Notes: This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in the Total Service Area.
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 latest census estimate shows 18.3% of the Total Service Area population living below the federal poverty level.

In all, 43.2% of Total Service Area residents (an estimated 123,649 individuals) live below 200% of the federal poverty level.

• Above the proportion reported statewide and nationally.
• Unfavorably higher in Josephine County.

Population in Poverty

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

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

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.
The following map provides an illustration of the area's poverty distribution.
Children in Low-Income Households

Additionally, 55.7% of Total Service Area children age 0-17 (representing an estimated 33,236 children) live below the 200% poverty threshold.

- Well above the proportions found statewide and nationally.
- The percentage is unfavorably high in Josephine County.

![Percent of Children in Low-Income Households](map-legend.png)

**Percent of Children in Low-Income Households**
(Children 0-17 Living Below 200% of the Poverty Level, 2010-2014)

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

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

![Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2010-2014](map-legend.png)
Education

Among the Total Service Area population age 25 and older, an estimated 11.2% (over 23,124 people) do not have a high school education.

- Less favorable than found statewide.
- More favorable than found nationally.
- The prevalence does not vary by county.

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.

Population With No High School Diploma, Percent by Tract, ACS 2010-2014

Map Legend
- Population with No High School Diploma (Age 25+) Percent by Tract, ACS 2010-2014

Individuals
Employment
According to data derived from the US Department of Labor, the 2015 unemployment rate was 7.2% in the Total Service Area.

- Less favorable than the statewide and national unemployment rates.
- TREND: Unemployment for the Total Service Area has trended downward since 2009, echoing the state and national trends.

Food Insecurity
In the past year, 23.3% of Total Service Area adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 20.0% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.
Food Insecurity
(Total Service Area, 2016)

Overall, 26.4% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- Comparable to US data.
- Statistically similar by county.

Food Insecurity

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflected the total sample of respondents.

Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
Adults more likely affected by food insecurity include:

- Women.
- Younger residents (negative correlation with age).
- Residents living at lower incomes.
- Other (non-White) races.

### Food Insecurity
(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.3%</td>
<td>31.8%</td>
<td>39.1%</td>
<td>29.6%</td>
<td>8.0%</td>
<td>48.3%</td>
<td>13.2%</td>
<td>24.6%</td>
<td>41.9%</td>
<td>26.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
General Health Status
## Overall Health Status

### Evaluation of Health Status

A total of 51.3% of Total Service Area adults rate their overall health as “excellent” or “very good.”

- Another 31.4% gave “good” ratings of their overall health.

**Self-Reported Health Status**

(Total Service Area, 2016)

- Excellent: 15.9%
- Very Good: 35.4%
- Good: 31.4%
- Fair: 14.5%
- Poor: 2.8%

However, 17.3% of Total Service Area adults believe that their overall health is “fair” or “poor.”

- Similar to statewide and national findings.
- Similar findings by county.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.
Experience “Fair” or “Poor” Overall Health

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Residents age 40 to 64.
- Those living at lower incomes.
- Other differences by demographic characteristic, as shown in the following chart, are not statistically significant.

Experience “Fair” or “Poor” Overall Health
(Total Service Area, 2016)
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)

A total of 34.5% of Total Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence reported statewide and nationally.
- Comparable by county.
- TREND: Marks a statistically significant increase in activity limitations since 2011.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Total Service Area, 2016)

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Women.
- Adults age 40 and older (note the positive correlation with age).

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, or fractures or bone/joint injuries.

Other limitations noted with some frequency include those related to mental health (depression, anxiety) and lung/breathing problems.

### Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>18.5%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>15.5%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>13.6%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>9.6%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>4.9%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>3.6%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>34.3%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: Asked of those respondents reporting activity limitations.

### Caregiving
A total of 26.8% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Much higher in Josephine County.

Of these adults, 42.1% are the **primary** caregiver for the individual receiving care.
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

Respondent is the Primary Caregiver: 42.1%

The prevalence of caregivers in the community is notably higher among:

- Adults between the ages of 40 and 64.
- Other races.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Total Service Area, 2016)

Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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, 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)
Evaluation of Mental Health Status

A total of 60.3% of Total Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 22.2% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Service Area, 2016)

A total of 17.5% of Total Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Similar by county.
- TREND: Denotes a statistically significant increase over time.

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

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.

- Note the negative correlation between poor mental health and age.
- Low-income residents are also much more likely to report experiencing “fair/poor” mental health than those in households with higher incomes.

Experience “Fair” or “Poor” Mental Health
(Total Service Area, 2016)

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

Notes:  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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**

A total of 25.8% of Total Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the state finding.
- Worse than the national figure.
- Statistically similar by county.
- **TREND**: Marks a statistically significant increase since 2014.

### Have Been Diagnosed With a Depressive Disorder

<table>
<thead>
<tr>
<th></th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>20.2%</td>
</tr>
<tr>
<td>2016</td>
<td>25.8%</td>
</tr>
<tr>
<td>Jackson County</td>
<td>26.2%</td>
</tr>
<tr>
<td>Josephine County</td>
<td>24.7%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>25.8%</td>
</tr>
<tr>
<td>OR</td>
<td>24.0%</td>
</tr>
<tr>
<td>US</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

**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

A total of 32.2% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to national findings.
- Comparable findings by county.
- **TREND**: Statistically unchanged over time.
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.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults under age 65 (negative correlation).
- Adults with lower incomes.
- Other races.

Have Experienced Symptoms of Chronic Depression
(Total Service Area, 2016)
Stress

Nearly half of Total Service Area adults consider a typical day to be “not very stressful” (38.2%) or “not at all stressful” (11.0%).

- Another 40.3% of respondents say their typical day is “moderately stressful.”

**Perceived Level of Stress On a Typical Day**
*(Total Service Area, 2016)*

**Sources:** 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

**Notes:** Asked of all respondents.

In contrast, 10.5% of Total Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.

**Perceive Most Days As “Extremely” or “Very” Stressful**

**Sources:** 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

**Notes:** Asked of all respondents.
High stress levels are more prevalent among these populations:

- Women.
- Adults under 65 (negative correlation with age).
- Low-income residents.
- Other races.

### Perceive Most Days as “Extremely” or “Very” Stressful

(Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>5.8%</td>
</tr>
<tr>
<td>Women</td>
<td>14.8%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>16.0%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>12.0%</td>
</tr>
<tr>
<td>65+</td>
<td>2.5%</td>
</tr>
<tr>
<td>Low Income</td>
<td>16.0%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>7.0%</td>
</tr>
<tr>
<td>NH White</td>
<td>9.0%</td>
</tr>
<tr>
<td>Other</td>
<td>22.0%</td>
</tr>
<tr>
<td></td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

### Suicide

Between 2012 and 2014, there was an annual average age-adjusted suicide rate of 22.3 deaths per 100,000 population in the Total Service Area.

- Higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Similar rates by county.
Suicide: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 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.

- TREND: The area suicide rate has overall trended upward, though not as steadily as state and national rates.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 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.
Mental Health Treatment
A total of 37.6% of Total Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

- Higher than the US percentage.
- Much higher in Jackson County than in Josephine County.

A total of 16.6% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Similar to US findings.
- Higher in Jackson County than in Josephine County.

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.

Difficulty Accessing Mental Health Services
A total of 5.1% of Total Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- More than twice as high in Jackson County as in Josephine County.
- Among the 26 respondents citing difficulty accessing mental health services when needed in the past year, availability and cost were the primary reasons for the problems.
Unable to Get Mental Health Services When Needed in the Past Year

Note that access difficulty is notably more prevalent among:

- Women.
- Adults under age 65 (negative correlation with age).
- Other races.

Unable to Get Mental Health Services When Needed in the Past Year
(Total Service Area, 2016)
Key Informant Input: Mental Health

A majority of key informants taking part in an online survey characterized Mental Health as a “major problem” in the community.

Perceptions of Mental Health 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>77.9%</td>
<td></td>
<td></td>
<td>17.2%</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 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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

We do not have sufficient facilities to address this issue and end up pushing them through the courts or through the Emergency Departments. There is a critical need for more housing and facilities to address this issue. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Access and affordability. – Social Services Provider (Jackson County)

There is a lack of facilities to house those in crisis. We need transitional housing facilities to help those with mental health issues, as well as those needing rehab services. Unfortunately they are put back on the street. – Community Leader (Josephine County)

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 (Jackson County)

Not many places to get help. Many walking the streets and committing crimes. – Community Leader (Jackson County)
Access to good treatment. Cost of treatment. Availability of help for children suffering from mental illness. – Community Leader (Jackson County)

Limited access to timely outpatient services. – Physician (Jackson County)

Getting timely, effective treatment that the clients feel they can trust. – Social Services Provider (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Access to services, diagnosis, medications. – Social Services Provider (Jackson County)

Access to care. Co-morbidity with substance abuse is common. People with mental health issues make up the majority of the local homeless population. – Public Health Representative (Josephine County)

State-wide shortage of mental health beds. – Physician (Jackson County)

Lack of secure treatment beds in the local area. – Community Leader (Jackson County)

Access to services and organized system of care. Measurable outcomes. – Other Health Provider (Jackson County)

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 (Jackson County)

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 (Jackson County)

Help for individuals whose mental health issues put them at risk of homelessness. – Community Leader (Jackson County)

Not enough facilities or holding rooms to hold people who should not be on the street. – Community Leader (Jackson County)

Bed space, adequate facilities to treat and care for persons with mental health issues. – Community Leader (Jackson County)

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 (Jackson County)

Access to counseling or other intervention programs. – Social Services Provider (Jackson County)

Access to services continues to be a major issue in this community. – Other Health Provider (Jackson County)

Access help for mental health issues. – Community Leader (Josephine County)

Lack of resources. – Community Leader (Jackson County)

Lack of access, lack of intake, lack of investment by Jackson County in Ashland. – Community Leader (Jackson County)

Lack of services. – Community Leader (Josephine County)

Access and diagnosis. – Community Leader (Josephine County)

Lack of capacity. – Community Leader (Jackson County)

Data on Access and Quality. – Other Health Provider (Josephine County)

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 (Jackson County)

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 (Jackson County)
Access to psychiatric care, supported housing. – Social Services Provider (Jackson County)
Limited mental health personnel and services. – Social Services Provider (Josephine County)
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 (Jackson County)
Access to providers, and so many don’t have an ability to pay for needed care. – Community Leader (Josephine County)
Poor access to primary services, particularly for Medicaid and Medicare patients. – Physician (Josephine County)
Limited access to psychiatry and counseling. – Physician (Jackson County)
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 (Jackson County)
Finding providers who have time to see them. – Social Services Provider (Jackson County)
Lack of qualified practitioners and linkages to get the patient to treatment. – Other Health Provider (Jackson County)
Not enough mental health specialists. Not enough resources for the very sick. No long-term facilities. – Physician (Jackson County)
Finding a provider. Having the money to pay a provider. – Community Leader (Josephine County)
Lack of private practitioners to take care of the community and Medicaid patients. – Other Health Provider (Josephine County)
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 (Jackson County)
Nobody to really help them with their issues. – Social Services Provider (Jackson County)

**Diagnosis/Treatment**

Diagnosis is the biggest problem we face with students and their parents. Often viewed as a negative thing, many families are unwilling to consider there may be mental health issues in the family. – Community Leader (Josephine County)

Oftentimes, mental health issues go undiagnosed. In the school system, we can see a lot of parents that have these issues. It is a difficult conversation from the school perspective to suggest an adult has it. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)

Getting adequate treatment and residential treatment. – Community Leader (Jackson County)
Follow-up care after the initial diagnosis. – Social Services Provider (Jackson County)

**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 (Jackson County)

Although support services exist, it seems that the number of people with mental health issues is growing faster than the support services can keep up with, leaving needs for housing, employment, and guidance. – Social Services Provider (Josephine County)

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 (Jackson County)

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 (Jackson County)

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
(Jackson County)

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 (Jackson County)

Poor mental health status directly impacts health mortality and morbidity. – Physician (Jackson County)

Housing

There are so few resources with regard to the scope of mental illness in the community. Many are treated through the criminal justice system. Many of the homeless population suffer from mental illness they may not know about. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Insufficient foster care, short term residential facilities and transitional housing. – Social Services Provider (Josephine County)

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 (Jackson County)

Simply getting adequate help. We have a grave shortage of adolescent psychiatrists. We lack options for serious emotionally disturbed adolescents/youth in our community. What little help that is available for our children is a mental health counselor. – Community Leader (Josephine County)

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 (Jackson County)

Emergency Rooms not suited to accommodate youth in mental health crises. Emergency Rooms also not referring to local resources who are actually equipped to handle youth in mental health emergencies. – Other Health Provider (Josephine County)

We lack treatment facilities, especially for teens. – Community Leader (Jackson County)

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 (Jackson County)

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 (Jackson County)

Low income, high rates of substance abuse and a high percentage of transient population with untreated mental health issues. Lack of essential diagnostic and preventive care services, lack of community support services, limited public funding. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)
We have community resources available. The issue I see is parents’ unwillingness to participate in mental health services for their children and/or family. They want the counselor to fix the child, but are not willing to do their part to change practice. – Community Leader (Josephine County)

Health Education

Understanding how what has happened to them has effected where they are now, and what they can do about it to make changes that have meaning for them in their lives. – Other Health Provider (Josephine County)

There is a lack of understanding within the community regarding the ongoing mental health challenges that many in our community are facing. There also appear to be mostly short-term treatment options, if the person can access them. – Social Services Provider (Josephine County)

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 (Jackson County)

Prevention

Prevention. – Community Leader (Jackson County)
Death, Disease & Chronic Conditions
Leading Causes of Death

Distribution of Deaths by Cause
Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over 4 in 10 deaths in the Total Service Area in 2014.

Leading Causes of Death
(Total Service Area, 2014)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>18.4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>22.0%</td>
</tr>
<tr>
<td>Stroke</td>
<td>5.4%</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>5.2%</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>4.3%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>3.3%</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other (each &lt;3%)</td>
<td>35.2%</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).  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, Oregon 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 2012-2014 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.
## Age-Adjusted Death Rates for Selected Causes
(2012-2014 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>176.0</td>
<td>163.9</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>130.2</td>
<td>132.5</td>
<td>169.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>46.8</td>
<td>41.8</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>46.8</td>
<td>40.3</td>
<td>39.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>41.7</td>
<td>37.4</td>
<td>36.5</td>
<td>34.6</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>29.8</td>
<td>27.9</td>
<td>24.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>22.9</td>
<td>23.4</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>22.3</td>
<td>17.7</td>
<td>12.7</td>
<td>10.2</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>18.9</td>
<td>14.1</td>
<td>14.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>15.9</td>
<td>11.2</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>14.5</td>
<td>12.0</td>
<td>10.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>11.7</td>
<td>8.3</td>
<td>10.6</td>
<td>12.4</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>11.2</td>
<td>9.2</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>7.5</td>
<td>7.1</td>
<td>13.2</td>
<td>n/a</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

Heart Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 130.2 deaths per 100,000 population in the Total Service Area.

- Similar to the Oregon rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Lower in Jackson County.
**Heart Disease: Age-Adjusted Mortality**
(2012-2014 Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 156.9 or Lower (Adjusted)**

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.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- **TREND:** The heart disease mortality rate has **decreased** in the Total Service Area, echoing the decreasing trends across Oregon and the US overall.

### Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 156.9 or Lower (Adjusted)**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>162.3</td>
<td>158.7</td>
<td>154.0</td>
<td>147.9</td>
<td>144.0</td>
<td>137.3</td>
<td>133.6</td>
<td>130.2</td>
</tr>
<tr>
<td>Oregon</td>
<td>162.7</td>
<td>156.4</td>
<td>149.9</td>
<td>143.3</td>
<td>138.1</td>
<td>134.5</td>
<td>133.6</td>
<td>132.5</td>
</tr>
<tr>
<td>US</td>
<td>206.1</td>
<td>197.9</td>
<td>190.3</td>
<td>184.7</td>
<td>178.5</td>
<td>174.4</td>
<td>171.3</td>
<td>169.1</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.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
Stroke Deaths

Between 2012 and 2014, there was an annual average age-adjusted stroke mortality rate of 41.7 deaths per 100,000 population in the Total Service Area.

- Less favorable than the Oregon and national rates.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Higher in Josephine County.

**Stroke: Age-Adjusted Mortality**

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

Healthy People 2020 Target = 34.8 or Lower

- Jackson County: 40.0
- Josephine County: 44.9
- Total Service Area: 41.7
- OR: 37.4
- US: 36.5

TREND: The stroke rate has **declined** in recent years, though not as steadily as the rates reported across Oregon and the US overall.
**Prevalence of Heart Disease & Stroke**

**Prevalence of Heart Disease**

A total of 6.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar findings by county.
- TREND: Statistically unchanged since 2011.

### Prevalence of Heart Disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>7.2%</td>
<td>5.7%</td>
<td>8.5%</td>
<td>6.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>2014</td>
<td>7.1%</td>
<td>5.7%</td>
<td>8.5%</td>
<td>6.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>2016</td>
<td>6.5%</td>
<td>5.7%</td>
<td>8.5%</td>
<td>6.5%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

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

**Notes:**
- 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.
- 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.

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**Stroke: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2007</td>
<td>51.0</td>
<td>49.7</td>
<td>45.4</td>
</tr>
<tr>
<td>2006-2008</td>
<td>47.6</td>
<td>45.3</td>
<td>43.5</td>
</tr>
<tr>
<td>2007-2009</td>
<td>44.7</td>
<td>43.8</td>
<td>41.7</td>
</tr>
<tr>
<td>2008-2010</td>
<td>45.8</td>
<td>42.6</td>
<td>40.3</td>
</tr>
<tr>
<td>2009-2011</td>
<td>46.1</td>
<td>41.7</td>
<td>38.9</td>
</tr>
<tr>
<td>2010-2012</td>
<td>45.2</td>
<td>39.7</td>
<td>38.0</td>
</tr>
<tr>
<td>2011-2013</td>
<td>41.7</td>
<td>38.8</td>
<td>37.0</td>
</tr>
<tr>
<td>2012-2014</td>
<td>39.7</td>
<td>37.4</td>
<td>36.5</td>
</tr>
</tbody>
</table>
Total Service Area seniors (age 65+) are much more likely to have been diagnosed with chronic heart disease.

**Prevalence of Heart Disease**

(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
</table>
| **2016 PRC Community Health Survey, Professional Research Consultants, Inc.** [Item 146]
| Men             | 7.0%    | 6.2%    | 4.2%     | 2.5%     | 15.0%| 8.7%       | 4.8%           | 6.7%    | 5.5%  | 6.5%              |
| Women           | 0%      | 0%      | 0%       | 0%       | 0%   | 0%         | 0%             | 0%      | 0%    | 0%                |

Prevalence of Stroke

A total of 3.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.
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

High Blood Pressure Testing

A total of 90.0% of Total Service Area adults have had their blood pressure tested within the past two years.

- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (92.6% or higher).
- Much higher in Josephine County.
- TREND: Statistically unchanged since 2011.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

A total of 40.5% of Total Service Area adults have been told at some point that their blood pressure was high.

- Worse than the Oregon prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings by county.
- TREND: Marks a statistically significant increase over time.
- Among adults with multiple high blood pressure readings, 86.2% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

High blood pressure is more prevalent among:

- Men.
- Adults age 40 and older, and especially those age 65+.
Prevalence of High Blood Pressure
(Total Service Area, 2016)
Healthy People 2020 Target = 26.9% or Lower

<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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45.8%</td>
<td>35.8%</td>
<td>23.1%</td>
<td>41.1%</td>
<td>59.9%</td>
<td>42.2%</td>
<td>38.1%</td>
<td>40.5%</td>
<td>41.8%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]  

Notes:  
- Asked of all respondents.
- Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 83.0% of Total Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Oregon findings.
- Less favorable than the national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).
- Similar by county.
- TREND: Denotes a statistically significant decrease since 2011.
Prevalence of High Blood Cholesterol

A total of 35.8% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- Far from satisfying the Healthy People 2020 target (13.5% or lower).
- Similar by county.
- TREND: Statistically unchanged since 2011.
- Among adults with high blood cholesterol readings, 85.9% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).
Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Non-Hispanic Whites report a higher prevalence than Other races.
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

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.

Total Cardiovascular Risk

A total of 87.7% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably higher than national findings.
- Similar by county.
- TREND: The increase over time is not statistically significant.
Present One or More Cardiovascular Risks or Behaviors

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.
- Non-Hispanic Whites.
Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

### Perceptions of Heart Disease and Stroke 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>30.0%</td>
<td>42.0%</td>
<td>14.0%</td>
<td>14.0%</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:

#### 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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- High incidence in our region. – Community Leader (Jackson County)
- The number of people who have had heart attacks and strokes at a relatively young age. – Community Leader (Josephine County)
- People I know dying of heart disease. – Community Leader (Jackson County)
- Statistics indicate they are a major problem. – Other Health Provider (Josephine County)
- I don’t have data, but I imagine it is an issue. – Other Health Provider (Josephine County)

#### Lifestyle

- Many people do not lead healthy lifestyles, which leads to heart disease and strokes. – Social Services Provider (Jackson County)
- Poor diet, inactivity, elderly population, high stress levels. – Social Services Provider (Josephine County)
- Poor eating habits, genetics, smoking, lack of exercise, not taking medications. – Community Leader (Jackson County)
- 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 (Jackson County)
- Poor eating habits. – Community Leader (Josephine County)
Aging Population

Aging and obese population. – Community Leader (Jackson County)

We have an older population, and heart disease is an epidemic in our culture. – Community Leader (Jackson County)

At-risk population, high percentage of elderly. Lack of affordable diagnostic and preventive care services. Critical care patients are transferred to Medford using advance life support EMS resources, stripping the community of emergent response resources. – Community Leader (Josephine County)

Demographics figure in. We have an older population. I recently had to see a cardiologist and was surprised at how many other patients there were. Also, one often has to go to Medford to see a cardiologist and have certain treatments. – Community Leader (Josephine County)

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 (Jackson County)

They are epidemiologically the most common causes of death. Predominantly geriatric population. – Physician (Jackson County)

Increasingly greater cause of death. People unwilling to make lifestyle changes to decrease risks. – Physician (Jackson County)

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 (Jackson County)

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 (Jackson County)

Because of the prevalence of obesity, lack of exercise and high fat and sugar diets. – Social Services Provider (Jackson County)

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 (Jackson County)

Socioeconomic factors and lack of education surrounding diet and exercise. – Physician (Jackson County)
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

All Cancer Deaths

Between 2012 and 2014, there was an annual average age-adjusted cancer mortality rate of 176.0 deaths per 100,000 population in the Total Service Area.

- Less favorable than the statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Higher in Josephine County.
Cancer: Age-Adjusted Mortality (2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

TREND: Although currently lower than found in the baseline reporting year, the Total Service Area cancer mortality rate has not shown the clear and steady decrease reported both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Total Service Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2012-2014 annual average age-adjusted death rates):

- The Total Service Area lung, prostate, and female breast cancer death rates are each higher than both the state and national rates.
- In contrast, the Total Service Area colorectal cancer death rate is lower than both the Oregon and US rates.

Note that, while the area’s colorectal cancer death rate satisfies the related Healthy People 2020 target, the local lung and female breast cancer rates fail to satisfy the related 2020 goals (the prostate cancer rate is similar to its Healthy People 2020 goal).

### Age-Adjusted Cancer Death Rates by Site

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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>176.0</td>
<td>163.9</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>48.1</td>
<td>42.5</td>
<td>43.4</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>23.6</td>
<td>20.2</td>
<td>20.9</td>
<td>20.7</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>22.3</td>
<td>20.3</td>
<td>19.2</td>
<td>21.8</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>12.9</td>
<td>13.7</td>
<td>14.6</td>
<td>14.5</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.
Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

The 2008-2012 Total Service Area annual average age-adjusted female breast cancer incidence rate is worse than the US rate.

- Other local area cancer incidence rates were similar to US benchmarks.

These Total Service Area cancer incidence rates are worse than state rates for the same years:

- Lung cancer.
- Cervical cancer.

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

The 2008-2012 Total Service Area annual average age-adjusted lung cancer incidence rate is significantly different by county.

- Other local cancer incidence rates are similar by county.
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 year) 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.

- By available race data, Non-Hispanic Whites experience notably higher cancer incidence rates than Hispanics in the Total Service Area.

Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population, Total Service Area 2008-2012)


Notes: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) 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.

Prevalence of Cancer

Skin Cancer
A total of 11.4% of surveyed Total Service Area adults report having been diagnosed with skin cancer.
- Worse than state and US benchmarks.
- Similar by county.
- TREND: Statistically unchanged over time.

### Prevalence of Skin Cancer

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>OR</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>9.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>10.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>11.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

### Other Cancer

A total of 9.4% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Similar findings by county.
- TREND: The prevalence of cancer has remained unchanged over time.

### Prevalence of Cancer (Other Than Skin Cancer)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>OR</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>8.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>7.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>9.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
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 three cancer sites: 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.

Mammography

Among women age 50-74, 71.2% have had a mammogram within the past 2 years.

- Similar to statewide findings.
- Well below national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Similar by county.
- TREND: Statistically unchanged since 2011.
Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 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:
- Reflects female respondents 50-74.
Cervical Cancer Screenings

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.

Pap Smear Testing

Among Total Service Area women age 21 to 65, 69.8% have had a Pap smear within the past 3 years.

- Higher than state and national findings.
- Fails to satisfy the Healthy People 2020 target (93.0% or higher).
- Similar by county.
- TREND: Statistically unchanged since 2011.
Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

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 (FOBT, 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

Among adults age 50-75, 71.8% have had an appropriate colorectal cancer screening fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.
- TREND: Statistically unchanged over time.
Key Informant Input: Cancer
The greatest share of key informants taking part in an online survey characterized Cancer as a “moderate 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>22.4%</td>
<td>53.1%</td>
<td>14.3%</td>
<td>10.2%</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:

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 (Jackson County)
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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Many cases and many patients need to go out of the area for treatment. – Community Leader (Jackson County)

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 (Jackson County)

Cancer impacts approximately 400 people per 100,000 population, suggesting that within Jackson County about 800 people are diagnosed each year. – Community Leader (Jackson County)

I know many people who have or had cancer. Some have expired because of cancer. – Social Services Provider (Jackson County)

Affects a large percentage of the population. – Community Leader (Jackson County)

So many people are getting it. – Social Services Provider (Jackson County)

Access to Care/Services

There is simply not good enough treatment or diagnosis. Many people leave the area for treatment. – Social Services Provider (Jackson County)

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 (Jackson County)

Limited access to specialty care. Progressive diagnoses. – Physician (Jackson County)

Aging Population

Demographic: higher incidence in the elderly population. Lack of affordable specialty care resources, lack of affordable diagnostic and preventive care services, lack of end stage services. Heavy reliance on emergency services for end stage care. – Community Leader (Josephine County)

I think it's the demographics of our community; a disproportionate number of seniors make this a major problem here. It is rare that I talk with any senior who hasn’t had or isn't having a bout with some kind of cancer. – Community Leader (Josephine County)

Co-Occurrences

So many smokers. Lung cancer and related diseases are very high in the Rogue Valley. – Community Leader (Jackson County)

Environmental hazards, longer life span. – Community Leader (Jackson County)

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 (Jackson County)

Cancer is a leading cause of death in Jackson County. The risk of many cancers can be reduced by lifestyle changes. – Public Health Representative (Jackson County)

Effects of Medication

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 (Jackson County)
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](http://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 Disease Deaths (CLRD)

Between 2012 and 2014, there was an annual average age-adjusted CLRD mortality rate of 46.8 deaths per 100,000 population in the Total Service Area.

- Higher than the statewide and national rates.
- Higher in Josephine County.

**CLRD: Age-Adjusted Mortality**

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

<table>
<thead>
<tr>
<th></th>
<th>2012-2014 AAVD (Deaths per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson</td>
<td>44.5</td>
</tr>
<tr>
<td>Josephine</td>
<td>51.8</td>
</tr>
<tr>
<td>Total</td>
<td>46.8</td>
</tr>
<tr>
<td>Oregon</td>
<td>41.8</td>
</tr>
<tr>
<td>US</td>
<td>41.4</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.
- CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality in the Total Service Area has decreased over time.

**CLRD: Age-Adjusted Mortality Trends**

(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.
- CLRD is chronic lower respiratory disease.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 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.
Pneumonia/Influenza Deaths

Between 2012 and 2014, the Total Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 11.2 deaths per 100,000 population.

- Above the Oregon mortality rate.
- Well below the US rate.
- Similar rates by county.

**Pneumonia/Influenza: Age-Adjusted Mortality**

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

- TREND: No clear trend in local pneumonia/influenza mortality. Statewide and nationally, pneumonia/influenza death rates have decreased.

**Pneumonia/Influenza: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)
Asthma
Adults
A total of 20.0% of Total Service Area adults have been diagnosed with asthma.

- Worse than the statewide and US percentages.
- Statistically similar by county.
- TREND: Although statistically similar to the 2011 prevalence, the prevalence of adults with current asthma has increased significantly since 2014.

**Adult Asthma: Ever Diagnosed**

**Ever Diagnosed with Asthma**
(Total Service Area, 2016)

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

Notes: Asked of all respondents.

Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Service area women and adults under 65 are more likely to suffer from asthma.

**Serious Asthma in Older Adults**

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with asthma and COPD.
**Children**

Among Total Service Area children under age 18, 5.6% currently have asthma.

- Statistically similar to US findings.
- Similar by county.
- TREND: Statistically unchanged over time.

---

**Childhood Asthma: Current Prevalence**

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>2014</td>
<td>5.6%</td>
<td>2.7%</td>
</tr>
<tr>
<td>2016</td>
<td>5.6%</td>
<td>2.7%</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.

---

**Chronic Obstructive Pulmonary Disease (COPD)**

A total of 10.1% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the Oregon prevalence.
- Similar to the national prevalence.
- Similar by county.
- TREND: In comparing to 2011 data, the change in prevalence is not statistically significant.

**NOTE:** in prior data, this question was asked slightly differently; respondents in 2011 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Key Informant Input: Respiratory Disease
Half of key informants taking part in an online survey characterized Respiratory Disease as a “moderate problem” in the community.

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

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 (Jackson County)

High rates of asthma in our county, particularly among children. – Other Health Provider (Jackson County)
I see a lot of people with oxygen tanks. It seems we have a high incidence of asthma in the area. – Community Leader (Josephine County)

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

High rates of asthma for children in Jackson County. – Other Health Provider (Jackson County)

**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 (Jackson County)

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 (Jackson County)

Smoking. – Community Leader (Jackson County)

Smoking, marijuana and cigarettes. – Physician (Jackson County)

**Aging Population**

At-risk population, high percentage of elderly. Lack of affordable diagnostic and preventive care services. Critical care patients are transferred to Medford using advance life support EMS resources, stripping the community of emergent response resources. – Community Leader (Josephine County)

Elderly population, many with long prior history of smoking. – Physician (Josephine County)

**Environmental Contributors**

Air quality in the Rogue Valley contributes to respiratory diseases like asthma and lung disease. – Social Services Provider (Jackson County)

Wildfire exposure and poor air quality. – Public Health Representative (Jackson County)
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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2012 and 2014, there was an annual average age-adjusted unintentional injury mortality rate of 46.8 deaths per 100,000 population in the Total Service Area.

- Less favorable than the Oregon and US rates.
- Higher than the Healthy People 2020 target (36.4 or lower).
- Higher in Josephine County.
Unintentional Injuries: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
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).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

TREND: No clear trend in the local unintentional injury death rate over time. Rates have been relatively stable statewide and nationally.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
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).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Leading Causes of Accidental Death
Falls, motor vehicle accidents, poisoning (including accidental drug overdose), and suffocation accounted for most accidental deaths in the Total Service Area between 2012 and 2014.

Selected Injury Deaths
The following chart outlines mortality rates for drug-induced deaths (both intentional and unintentional overdoses), motor vehicle crashes, and falls (among adults age 65 and older).

These Total Service Area annual average age-adjusted mortality rates are worse than US rates:

- Motor vehicle accidents.
- Falls.
- Drug-related deaths.

Total Service Area mortality rates are worse than state rates for:

- Motor vehicle accidents.
- Drug-related deaths.

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).
Select Injury Death Rates
(By Cause of Death; 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.
- *Drug-induced deaths include both intentional and unintentional drug overdoses.

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … in 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults’ quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors.

Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

Among surveyed Total Service Area adults age 45 and older, 36.7% fell at least once in the past year, including 11.1% who fell three or more times.
Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Total Service Area, 2016)

- The prevalence of adults age 45+ who fell at least once in the past year is well above the national proportion.
- Similar findings by county.

Among those who fell in the past year, 38.4% were injured as a result of the fall.

Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older)

- Residents age 65+.
- Non-Hispanic Whites.
Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older; Total Service Area, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

Notes: Asked of those respondents age 45 and older. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

Firearm Safety
Age-Adjusted Firearm-Related Deaths

Between 2012 and 2014, there was an annual average age-adjusted rate of 15.9 deaths per 100,000 population due to firearms in the Total Service Area.

- Worse than Oregon and US rates.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Higher in Josephine County.

Firearms-Related Deaths: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 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.
Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2012 and 2014, there was an annual average age-adjusted homicide rate of 3.2 deaths per 100,000 population in the Total Service Area.

- Less favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
- Higher in Josephine County.

### Homicide: Age-Adjusted Mortality

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

**Healthy People 2020 Target = 5.5 or Lower**

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>3.0</td>
</tr>
<tr>
<td>Josephine County</td>
<td>3.7</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>3.2</td>
</tr>
<tr>
<td>Oregon</td>
<td>2.7</td>
</tr>
<tr>
<td>US</td>
<td>5.6</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.

### Violent Crime

**Violent Crime Rates**

Between 2010 and 2012, there were a reported 272.4 violent crimes per 100,000 population in the Total Service Area.

- Much higher than the Oregon rate for the same period.
- Lower than the national rate.
- Unfavorably high in Jackson County.
COMMUNITY HEALTH NEEDS ASSESSMENT

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

Sources: Federal Bureau of Investigation, FBI Uniform Crime Reports.
Notes: Relevant because it assesses community safety.

Community Violence
A total of 3.9% of surveyed Total Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Victim of a Violent Crime in the Past Five Years

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: Asked of all respondents.
Reports of violence are notably higher in these population samples:

- Women.
- Younger adults (negative correlation with age).
- Other races.

**Victim of a Violent Crime in the Past Five Years**

(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>2.3%</td>
<td>5.4%</td>
<td>6.0%</td>
<td>3.9%</td>
<td>1.1%</td>
<td>6.3%</td>
<td>2.7%</td>
<td>2.8%</td>
<td>12.1%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

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

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

**Family Violence**

A total of 20.9% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Less favorable than national findings.
- Statistically similar by county.
- TREND: While the 2016 prevalence of local domestic violence is statistically similar to the 2011 figure, note the statistically significant increase since 2014.
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65 (negative correlation with age).
- Those with lower incomes.

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

Notes:● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
● Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
Perceived Neighborhood Safety

While most Total Service Area adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 22.9% considering it “not at all safe” or only “slightly safe.”

Perceived Safety of Own Neighborhood
(Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Safe</td>
<td>22.8%</td>
</tr>
<tr>
<td>Quite Safe</td>
<td>54.4%</td>
</tr>
<tr>
<td>Slightly Safe</td>
<td>17.6%</td>
</tr>
<tr>
<td>Not At Safe</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

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.

• Compared with the US prevalence, local adults are more likely to consider their neighborhood to be “slightly” or “not at all” safe.
• The prevalence is much higher in Josephine County.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>19.2%</td>
</tr>
<tr>
<td>Josephine County</td>
<td>32.2%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>22.9%</td>
</tr>
<tr>
<td>US</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

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.
Reports of unsafe neighborhoods are notably higher among these residents:

- Adults under 65 (negative correlation).
- Those in households with lower incomes.

### Perceive Own Neighborhood as “Slightly” or “Not At All” Safe

(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.2%</td>
<td>22.6%</td>
<td>27.9%</td>
<td>25.2%</td>
<td>13.5%</td>
<td>30.6%</td>
<td>16.3%</td>
<td>22.5%</td>
<td>26.7%</td>
<td>22.9%</td>
</tr>
</tbody>
</table>

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

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

### Perceptions of Injury and Violence as a Problem in the Community

(Ken Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25.7%</td>
<td>43.8%</td>
<td>24.8%</td>
<td>5.7%</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:

Family Violence
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 (Jackson County)
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 (Jackson County)
High rate of child abuse and neglect. High rate of domestic violence. Increased murder rate. – Community Leader (Josephine County)
While related to the issues addressed in other questions, crime, domestic violence and child abuse are a significant problem. – Social Services Provider (Josephine County)
Child abuse. One in 50 of our children are in foster care. They have and continue to experience trauma of a sort that will impact them throughout their lives. – Social Services Provider (Josephine County)
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 (Jackson County)
I read about domestic violence and have heard from judges who work to overcome drug use and domestic violence. – Community Leader (Jackson County)
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, compare to previous years. – Social Services Provider (Jackson County)
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 (Jackson County)
High instances of domestic violence and assault in the community. Lack of criminal justice stability and resources are an extreme factor. – Community Leader (Josephine County)
High levels of domestic violence. – Social Services Provider (Jackson County)

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 (Jackson County)
We have a huge drug problem in our valley, one that I feel leads to violence and injury. – Social Services Provider (Jackson County)
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 (Jackson County)
With drug abuse and homelessness comes abuse. – Community Leader (Jackson County)
The issue is running rampant though the entire country. Alcohol and mental health are primary reasons. – Community Leader (Jackson County)

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 (Jackson County)
Record number of people presenting to ED’s related to injury and violence, often beyond the capacity to care for them. – Physician (Jackson County)
With the lack of police officers, the amount of violence is increasing. Also the amount of legal and illegal drugs is also on the rise and has caused issues in this area. – Social Services Provider (Josephine County)
Media coverage regarding crime and court cases. Non-profit work focusing in dealing with these issues. – Social Services Provider (Jackson County)
Socioeconomic Factors

Rampant drug use, abject and generational poverty stressors, and a severe lack of adequate policing and jail options. We also lack effective inpatient treatment options. – Social Services Provider (Josephine County)

Drug and alcohol abuse, joblessness and homelessness. – Social Services Provider (Jackson County)

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 (Jackson County)

Low educational attainment and lack of public safety. – Community Leader (Josephine County)

Public Safety

Lack of law enforcement to respond to issues. Domestic violence, due to drug interactions use, including children as victims is a concern, because there are limited resources to respond and limited corrective action. – Social Services Provider (Josephine County)

Lack of public safety. – Other Health Provider (Josephine County)

Seniors

Senior health care needs. Trip and fall preventive care. Depression in this group. – Community Leader (Jackson County)
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

Between 2012 and 2014, there was an annual average age-adjusted diabetes mortality rate of 22.9 deaths per 100,000 population in the Total Service Area.

- Similar to the Oregon rate.
- Less favorable than the US rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Similar by county.
Diabetes: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

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.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: No clear diabetes mortality trend is apparent in the Total Service Area. Rates have decreased for Oregon and the US overall.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

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.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Prevalence of Diabetes

A total of 10.6% of Total Service Area adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- More favorable than the national proportion.
- Twice as high in Josephine County.
- TREND: Statistically unchanged since 2011.

In addition to the prevalence of diagnosed diabetes referenced above, another 15.0% of Total Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Well above the US prevalence.
- Higher in Jackson County (not shown).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 19.4% of seniors with diabetes).
Prevalence of Diabetes  
(Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Group</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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>(%)</td>
<td>11.5</td>
<td>9.7</td>
<td>3.1</td>
<td>10.7</td>
<td>19.4</td>
<td>9.7</td>
<td>9.7</td>
<td>10.7</td>
<td>9.8</td>
<td>10.6</td>
</tr>
</tbody>
</table>

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

Notes:  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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

Of area adults who have not been diagnosed with diabetes, 48.9% report having had their blood sugar level tested within the past three years.

- Lower than the national proportion.
- Statistically similar by county.
- TREND: Statistically unchanged since 2014.

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>(%)</td>
<td>55.1%</td>
</tr>
</tbody>
</table>

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

Notes:  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of respondents who have not been diagnosed with diabetes.
Key Informant Input: Diabetes

A plurality of key informants taking part in an online survey characterized Diabetes as a “moderate problem” in the community.

Perceptions of Diabetes 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>33.0%</td>
<td>43.0%</td>
<td>18.0%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

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

Challenges

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

Health Education

- Receiving information and guidance on lifestyle changes that will reduce the symptoms of diabetes. Research is showing the healthy lifestyle can reduce symptoms, but information and guidance is needed to move people in that direction. – Social Services Provider (Josephine County)
- Many people still don’t understand the relationship between diabetes and diet. – Social Services Provider (Jackson County)
- Nutrition education and exercise. – Community Leader (Jackson County)
- Education about the disease, causes and effects, access to and affordability in regards to healthy 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 (Jackson County)
- Lack of education as to the causes of diabetes, particularly Type 2 in children. – Community Leader (Josephine County)
- Access and knowledge regarding healthy foods and lifestyle choices. – Public Health Representative (Jackson County)

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 (Jackson County)
- Personal self-management, personal accountability, cost of therapy. – Physician (Jackson County)
- Controlling blood sugar levels and losing weight. – Social Services Provider (Jackson County)
- Non-compliance. – Other Health Provider (Jackson County)
- 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 (Jackson County)

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 (Jackson County)
**Pervasiveness of high calorie foods.** – Social Services Provider (Josephine County)

**Poor eating habits.** – Community Leader (Josephine County)

**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 (Jackson County)

**Poor diet, related to socioeconomic and education factors.** – Physician (Jackson County)

### 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 (Jackson County)

**Being overweight and following a healthy diet.** – Community Leader (Jackson County)

**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 (Jackson County)

### Affordable Care/Services

**Access to affordable medicine and supplies to manage diabetes.** – Social Services Provider (Jackson County)

**Affording insulin and other medications is an issue. Access to endocrinology is also an issue. We need more endocrinologists.** – Physician (Jackson County)

### 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 (Jackson County)

**Proper nutrition and exercise.** – Social Services Provider (Jackson County)

### 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 (Jackson County)

**Seeing more cases in younger populations and not seeking medical attention early or practicing preventative practices.** – Community Leader (Josephine County)

### Denial/Stigma

**An unwillingness on many people to address their core issues of cause and management of the disease. Not willing to make the change in diet and exercise to reduce the problem.** – Community Leader (Josephine County)

### 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 (Jackson County)

### 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 (Jackson County)

### Vulnerable Populations

**Latino population.** – Social Services Provider (Jackson County)
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

Between 2012 and 2014, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 29.8 deaths per 100,000 population in the Total Service Area.

- Less favorable than the statewide and national rates.
- Much higher in Jackson County.

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

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths per 100,000 population</td>
<td>33.6</td>
<td>21.6</td>
<td>29.8</td>
<td>27.9</td>
<td>24.2</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.
• TRENDS: The area’s Alzheimer’s disease mortality rate has decreased over time.

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

<table>
<thead>
<tr>
<th>Period</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2007</td>
<td>34.9</td>
<td>29.3</td>
<td>23.8</td>
</tr>
<tr>
<td>2006-2008</td>
<td>34.6</td>
<td>29.0</td>
<td>24.4</td>
</tr>
<tr>
<td>2007-2009</td>
<td>33.0</td>
<td>28.3</td>
<td>24.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>32.1</td>
<td>28.5</td>
<td>25.0</td>
</tr>
<tr>
<td>2009-2011</td>
<td>30.2</td>
<td>28.0</td>
<td>24.7</td>
</tr>
<tr>
<td>2010-2012</td>
<td>31.2</td>
<td>28.2</td>
<td>24.5</td>
</tr>
<tr>
<td>2011-2013</td>
<td>29.1</td>
<td>27.8</td>
<td>24.0</td>
</tr>
<tr>
<td>2012-2014</td>
<td>29.8</td>
<td>27.9</td>
<td>24.2</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.

---

### Key Informant Input: Dementias, Including Alzheimer’s Disease

Key informants taking part in an online survey are most likely to consider **Dementias, Including Alzheimer’s Disease** as a “moderate problem” in the community.

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

- **Major Problem**: 31.0%
- **Moderate Problem**: 47.0%
- **Minor Problem**: 18.0%

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 community is aging, and many people are coming here specifically to retire. – Social Services Provider (Jackson County)
- Large geriatric population is the predisposing factor. – Physician (Jackson County)
- It is on the rise with the aging population, with very limited resources or treatment options. – Physician (Jackson County)
Large elderly population, and widespread chronic use of benzodiazepines. – Physician (Jackson County)

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 (Jackson County)

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 (Jackson County)

Aging populations. Elderly care is limited in our valley. Concerned about quality care providers. – Social Services Provider (Jackson County)

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 loved ones with dementia or Alzheimer's are challenged to find information and good caregivers. – Social Services Provider (Jackson County)

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 (Jackson County)

Aging population and the lack of providers knowledgeable in caring for people with dementia/Alzheimer's. – Community Leader (Josephine County)

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 (Jackson County)

Large retired population. Limited psychiatric practitioner numbers. – Social Services Provider (Josephine County)

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 (Jackson County)

Due to the number of senior citizens in the community, we seem to have more than an average number of individuals who are affected by this disease. – Community Leader (Josephine County)

We are a rapidly aging community with limited resources for long-term dementia care. – Community Leader (Jackson County)

The number of elderly people I see dealing with this problem and the struggles families have trying to provide care in the gap areas between independent and a permanent care facility. – Community Leader (Josephine County)

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 (Joseph County)

Access to Care/Services

There doesn't seem to be many (or any) Alzheimer's facilities in the area. – Community Leader (Jackson County)

There is only one Gerontologist in our area. – Social Services Provider (Jackson County)

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 (Jackson County)

Interaction with the community. – Community Leader (Jackson County)

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 (Jackson County)

I hear about it in the news and from people who have family members with the disease. – Social Services Provider (Jackson County)

I don't have data, but I imagine it is an issue. – Other Health Provider (Josephine County)

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 (Jackson County)
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 (Jackson County)

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 (Jackson County)
Kidney Disease

About Chronic 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

Between 2012 and 2014 there was an annual average age-adjusted kidney disease mortality rate of 7.5 deaths per 100,000 population in the Total Service Area.

- Higher than the rate found statewide.
- Well below the national rate.
- Similar findings by county.

Kidney 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.
- TREND: The death rate has not changed significantly over the past decade in the Total Service Area.

**Kidney Disease: Age-Adjusted Mortality Trends**

*(Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-07</td>
<td>7.6</td>
<td>8.8</td>
<td>14.8</td>
</tr>
<tr>
<td>2006-08</td>
<td>7.7</td>
<td>9.5</td>
<td>14.9</td>
</tr>
<tr>
<td>2007-09</td>
<td>7.9</td>
<td>9.5</td>
<td>15.0</td>
</tr>
<tr>
<td>2008-10</td>
<td>7.9</td>
<td>9.1</td>
<td>15.2</td>
</tr>
<tr>
<td>2009-11</td>
<td>7.9</td>
<td>8.2</td>
<td>14.6</td>
</tr>
<tr>
<td>2010-12</td>
<td>7.7</td>
<td>7.5</td>
<td>13.9</td>
</tr>
<tr>
<td>2011-13</td>
<td>7.7</td>
<td>6.8</td>
<td>13.2</td>
</tr>
<tr>
<td>2012-14</td>
<td>7.5</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**

A total of 3.0% of area adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.
- Statistically similar by county.
- TREND: Statistically unchanged since 2014.

**Prevalence of Kidney Disease**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>OR</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4.2%</td>
<td>2.6%</td>
<td>3.9%</td>
<td>3.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>2016</td>
<td>3.0%</td>
<td>2.6%</td>
<td>3.9%</td>
<td>3.0%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. Item 32.

Notes: Asked of all respondents.
Note the positive correlation between age and kidney disease among Total Service Area respondents.

**Prevalence of Kidney Disease**
(Total Service Area, 2016)

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a “minor problem” in the community.

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

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

*Alcohol/Drug Use*

- Alcohol abuse. – Community Leader (Jackson County)
- Chronic alcoholism, drug abuse, and hepatitis prevalence in the community all contribute to degraded hepatic function in many individuals. – Community Leader (Jackson County)
Aging Population
This is almost entirely related to the elderly and substance abuse population concentration. – Physician (Jackson County)

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 (Jackson County)
Potentially Disabling 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)

Arthritis, Osteoporosis, & Chronic Back Conditions

Over 4 in 10 Total Service Area adults age 50 and older (42.2%) report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.
- Similar by county.

A total of 9.6% Total Service Area adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Similar by county.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

RELATED ISSUE:
See also Activity Limitations in the General Health Status section of this report.
A total of 27.9% of Total Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Similar by county.

### Prevalence of Potentially Disabling Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis/Rheumatism (50+)</td>
<td>41.3%</td>
<td>44.1%</td>
<td>42.2%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Osteoporosis (50+)</td>
<td>8.5%</td>
<td>12.1%</td>
<td>9.6%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Sciatica/Chronic Back Pain (18+)</td>
<td>27.2%</td>
<td>29.5%</td>
<td>27.9%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Sources:  
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

### Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized Arthritis, Osteoporosis & Chronic Back Conditions as a “moderate problem” in the community.

### Perceptions of Arthritis/Osteoporosis/Back Conditions 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>13.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>42.1%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>34.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>9.5%</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:

Aging Population

The large numbers of geriatric patients in Medford creates the right demographic for these issues. They affect most of my patients. – Physician (Jackson County)

We have an aging community that is experiencing the inevitable impact of many years of use on joints and spines. – Community Leader (Jackson County)

Many seniors. – Community Leader (Jackson County)

Access to Providers

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 (Jackson County)

No specialty practice in our community for either condition. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Nearly everyone I run into is afflicted with arthritis and back conditions. – Social Services Provider (Jackson County)

Diagnosis/Treatment

Lack of definitive interventions. Lack of insurance support for complementary services. – Physician (Jackson County)
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)

Vision and Hearing Trouble

A total of 7.7% of Total Service Area adults are blind or have trouble seeing even when wearing corrective lenses, and 14.7% are deaf or have trouble hearing.

- While the local blindness prevalence is similar to the US prevalence, the Total Service Area percentage of adults with hearing problems is worse than the national benchmark.
- Compared with the statewide prevalence, a greater proportion of service area adults are blind.
Prevalence of Blindness/Deafness

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 PRC Community Health Survey, Professional Research Consultants, Inc. Items 25-26</td>
<td>6.0%</td>
</tr>
<tr>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td>11.7%</td>
</tr>
<tr>
<td>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.</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Blindness/Trouble Seeing Even With Glasses
Deafness/Trouble Hearing

OR = 3.8%

Jackson County: 6.0%
Josephine County: 11.7%
Total Service Area: 13.8%
US: 16.8%
Josephine County: 14.7%
Total Service Area: 8.6%

Notes:
- Reflects the total sample of respondents.

Hearing Trouble

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)
Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized Vision & Hearing as a “minor problem” in the community.

Perceptions of Vision and Hearing 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>9.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>32.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>40.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>18.2%</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:

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 (Jackson County)
- 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 (Jackson County)
- Most low income seniors do not have the income to pay for hearing loss and vision problems. – Social Services Provider (Jackson County)
- I put on free vision clinics, and there are lots of students and poor individuals that use this free service. I also see students in the school that cannot see very well. – Social Services Provider (Josephine County)

Aging Population

- Josephine County has a large senior population, with hearing and vision problems being a natural occurrence of an aging population. – Social Services Provider (Josephine County)
- Aging population. – Community Leader (Jackson County)
- As our population grows older (the baby boomers), it becomes important to have regular eye exams and hearing tests. – Social Services Provider (Jackson County)
Infectious Disease
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)

Flu Vaccinations

Among Total Service Area seniors, 42.3% received a flu shot (or FluMist®) within the past year.

- Lower than the Oregon and US benchmarks.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Denotes a statistically significant decrease from previous survey findings.

A total of 28.9% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

<table>
<thead>
<tr>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>OR</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.7%</td>
<td>43.6%</td>
<td>42.3%</td>
<td>56.6%</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

High-Risk Adults = 28.9%
(HP2020 Goal = 70%)

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.
  - Includes FluMist as a form of vaccination.
Pneumonia Vaccination
Among Total Service Area adults age 65 and older, 76.5% have received a pneumonia vaccination at some point in their lives.

- Comparable to the Oregon and US finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county.
- TREND: Statistically unchanged since 2011.
- A total of 29.8% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

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.
About 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)
Age-Adjusted HIV/AIDS Deaths

Between 2005 and 2014, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.2 deaths per 100,000 population in the Total Service Area.

- Identical to the Oregon rate.
- Well below the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).
- No difference by county.

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

HIV Prevalence

In 2013, there was a prevalence of 85.7 HIV cases per 100,000 population in the Total Service Area.

- Well below the statewide and US figures.
- Similar by county.
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2013)


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.

- By race and ethnicity, HIV/AIDS prevalence in the Total Service Area is particularly high among non-Hispanic Blacks, although to a lesser degree than found statewide or nationally.

HIV Prevalence Rate by Race/Ethnicity
(Prevalence Rate of HIV per 100,000 Population, 2013)


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

Key informants taking part in an online survey most often characterized HIV/AIDS as a “minor problem” in the community.

Perceptions of HIV/AIDS 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>18.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>62.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>16.3%</td>
</tr>
<tr>
<td>No Problem At All</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:

**Drug Users**
- We have a population of drug users that share needles. They also share HIV/AIDS with their needles. – Community Leader (Jackson County)

**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 (Jackson County)

**Prevention**
- HIV/AIDS is preventable. – Public Health Representative (Jackson County)
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).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in the Total Service Area was 297.8 cases per 100,000 population.

- Notably lower than the Oregon and US incidence rates.
- Higher in Jackson County.

The Total Service Area gonorrhea incidence rate in 2014 was 75.4 cases per 100,000 population.

- Above the Oregon incidence rate.
- Well below the national incidence rate.
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)


Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Hepatitis B Vaccination Series

A total of 37.6% of Total Service Area respondents have completed the three-shot vaccination series against hepatitis B.

- Comparable to that reported nationally.
- Comparable findings by county.
- TREND: Statistically unchanged over time.

Have Completed the Hepatitis B Vaccination Series

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes: Asked of all respondents.

Includes a series of three shots, usually administered at least one month between shots.
These adults are more likely to have completed the hepatitis B vaccination series:

- Women.
- Young adults (negative correlation with age).

### Have Completed the Hepatitis B Vaccination Series
(Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>32.3%</td>
</tr>
<tr>
<td>Women</td>
<td>42.5%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>53.5%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>38.3%</td>
</tr>
<tr>
<td>65+</td>
<td>19.1%</td>
</tr>
<tr>
<td>Low Inc</td>
<td>33.9%</td>
</tr>
<tr>
<td>Mid/High Inc</td>
<td>41.6%</td>
</tr>
<tr>
<td>NH White</td>
<td>36.8%</td>
</tr>
<tr>
<td>Other</td>
<td>47.3%</td>
</tr>
<tr>
<td>Total</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

**Key Informant Input: Sexually Transmitted Diseases**

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “moderate problem” in the community.

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

- Major Problem: 8.4%
- Moderate Problem: 44.2%
- Minor Problem: 35.8%
- No Problem At All: 11.6%

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots.
Top Concerns

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

Health Education

Lack of education and access to testing and condoms. A significant portion of our population is resistant to efforts to educate our community, especially our children, to the dangers of STDs. – Social Services Provider (Josephine County)

Due to lack of education in the schools and the hesitancy of schools to even offer it. Now they are mandated by the state and unprepared. – Social Services Provider (Jackson County)

Lack of education. – Community Leader (Jackson County)

Substance abuse and lack of education about safe sex in the elderly and in the 30 and younger crowd. – Physician (Jackson County)

Prevalence/Incidence

Very high rate of STDs in our county. – Community Leader (Josephine County)

STDs are increasing, especially syphilis, even though STDs are largely preventable. – Public Health Representative (Jackson County)
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases
The largest share of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases 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>18.0%</td>
<td>34.0%</td>
<td>36.0%</td>
<td>12.0%</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:

**Childhood 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 (Jackson County)
- 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 (Jackson County)
- Very low immunization rate among children for childhood diseases. Low number of seniors who get flu shots, relative to the number of seniors who live in our county. High number of animals determined to be without rabies shots to me is an indicator. – Community Leader (Josephine County)
- Parents not immunizing children. – Social Services Provider (Josephine County)
- 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 (Jackson County)
- There is widespread belief in bad information about the dangers of immunizations that puts the community at risk. – Social Services Provider (Jackson County)
- 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 (Jackson County)

**Vulnerable Populations**
- This issue is most pressing for low income, uninsured and underinsured residents. – Other Health Provider (Jackson County)
- Lack of clean facilities for the homeless population. – Community Leader (Jackson County)
Births
Prenatal Care

**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)

Between 2007 and 2010, 22.2% of all Total Service Area births did not receive prenatal care in the first trimester of pregnancy.

- Less favorable than the Oregon and US proportions.
- Comparable to the Healthy People 2020 target (22.1% or lower).

**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>22.2%</th>
<th>20.2%</th>
<th>17.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>Oregon</td>
<td>US</td>
</tr>
</tbody>
</table>

**Sources:**

**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
A total of 6.1% of 2006-2012 Total Service Area births were low-weight.

- Similar to the Oregon proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Similar percentages by county.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower

<table>
<thead>
<tr>
<th>Source</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Disease Control and Prevention, National Vital Statistics System</td>
<td>6.2%</td>
</tr>
<tr>
<td>US Department of Health and Human Services, Healthy People 2020</td>
<td>6.1%</td>
</tr>
<tr>
<td>Jackson County</td>
<td>6.2%</td>
</tr>
<tr>
<td>Josephine County</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>6.1%</td>
</tr>
<tr>
<td>Oregon</td>
<td>6.1%</td>
</tr>
<tr>
<td>US</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

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
Between 2012 and 2014, there was an annual average of 5.7 infant deaths per 1,000 live births.

- Higher than the Oregon rate.
- Comparable to the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Higher in Josephine County.
**Infant Mortality Rate**
(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)

**Healthy People 2020 Target = 6.0 or Lower**

**TREND:** After decreasing steadily, the area’s infant mortality rate has trended upward in recent years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Oregon</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2007</td>
<td>6.7</td>
<td>5.9</td>
<td>7.1</td>
</tr>
<tr>
<td>2006-2008</td>
<td>6.1</td>
<td>5.7</td>
<td>7.0</td>
</tr>
<tr>
<td>2007-2009</td>
<td>5.2</td>
<td>5.4</td>
<td>6.8</td>
</tr>
<tr>
<td>2008-2010</td>
<td>4.1</td>
<td>5.0</td>
<td>6.5</td>
</tr>
<tr>
<td>2009-2011</td>
<td>3.9</td>
<td>4.8</td>
<td>6.3</td>
</tr>
<tr>
<td>2010-2012</td>
<td>4.5</td>
<td>4.9</td>
<td>6.1</td>
</tr>
<tr>
<td>2011-2013</td>
<td>5.0</td>
<td>4.9</td>
<td>6.0</td>
</tr>
<tr>
<td>2012-2014</td>
<td>5.7</td>
<td>5.1</td>
<td>5.9</td>
</tr>
</tbody>
</table>

**Sources:**
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Notes: Infant deaths include deaths of children under 1 year old. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized Infant & Child Health as a “moderate problem” in the community.

Perceptions of Infant and Child Health 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>22.5%</td>
<td>37.3%</td>
<td>28.4%</td>
<td>11.8%</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:

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 (Jackson County)
- I worry that the poverty and substance abuse in our county contributes to a significant amount of children not getting their early childhood needs met. I believe that strong bonds early is critical, along with healthy regular communication. – Community Leader (Josephine County)
- Low income demographic, high percentage of single parent families, lack of affordable diagnostic and preventive care services. Lack of county funding for minimal essential public health programs, lack of qualified pediatric physicians and services. – Community Leader (Josephine County)
- Homeless families; ACEs data. – Other Health Provider (Josephine County)
- Low income and poorly-educated parents. – Community Leader (Josephine County)
- Poverty. – Social Services Provider (Jackson County)

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 (Jackson County)
- 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 (Jackson County)
- We have an epidemic of drug-exposed infants and children who have or will experience neglect, abuse and trauma. – Community Leader (Jackson County)
- 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. Prevalence of ACEs. – Social Services Provider (Jackson County)

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 (Jackson County)
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 (Jackson County)

Parental neglect is the number one health risk we see impacting our CASA kids. Neglect due to drug and alcohol addictions, in particular. – Social Services Provider (Josephine County)

**Childhood 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 (Jackson County)

Immunization. Poor information spread in sensationalist media accounts, chat forums online, and poorly-informed celebrities and “scientists”. – Community Leader (Josephine County)

Low level of immunizations for childhood diseases. Childhood obesity and Type 2 diabetes rates are high. – Community Leader (Josephine County)

**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 (Jackson County)

I learn of children’s health problems at CCO meetings. – Other Health Provider (Josephine County)

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 (Jackson County)

**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 (Jackson County)

Very limited child care providers for infant care. – Social Services Provider (Jackson County)

**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 (Jackson County)

Families don’t understand the importance of diet on the growing infant and child. – Social Services Provider (Jackson County)

**Housing**

Number of homeless children living in shared or multi-family dwellings. Lack of food and proper nutrition for these children and their families. Children living with parents with drug and alcohol addictions. – Community Leader (Josephine County)

**Teenage Pregnancies**

We have a population of teen mothers who do not know how to care for themselves, let alone a child. – Community Leader (Jackson County)
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)

Between 2006 and 2012, there was an annual average of 35.3 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Oregon proportion.
- Similar to the national proportion.
- Similar rates by county.

Teen Birth Rate

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


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.
• By race and ethnicity, Hispanics/Latinas exhibit a much higher teen birth rate in the Total Service Area (as is also found statewide and nationally) compared with non-Hispanic Whites.

**Teen Birth Rate**

*(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Total Service Area by Race/Ethnicity, 2006-2012)*

<table>
<thead>
<tr>
<th></th>
<th>White (Non-Hispanic)</th>
<th>Hispanic/Latina</th>
<th>All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>32.1</td>
<td>57.8</td>
<td>66.7</td>
</tr>
<tr>
<td>Oregon</td>
<td>23.8</td>
<td>35.3</td>
<td>30.8</td>
</tr>
<tr>
<td>US</td>
<td>24.6</td>
<td>36.6</td>
<td>62.0</td>
</tr>
</tbody>
</table>

**Trend**: The teen birth rate has decreased slightly in the Total Service Area; statewide and nationally, the decrease is more notable.

**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 largest share of key informants taking part in an online survey characterized Family Planning as a “moderate problem” in the community.

Perceptions of Family Planning 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>22.3%</td>
<td>37.9%</td>
<td>26.2%</td>
<td>13.6%</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
- 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 (Jackson County)
- There is a lack of education about birth control options in our teens. – Physician (Jackson County)
- 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 (Jackson County)
- Organized anti-family planning disinformation campaigns. Low level of education, high level of alcohol and drug use, poor self-control. “Just Say No” is a poor contraceptive. – Social Services Provider (Josephine County)
- Information is not available in schools. Younger adults need information and resources to prevent teen pregnancy. – Social Services Provider (Jackson County)
- Lack of social outreach services for youth and young adults. Lack of mental health services. Lack of quality substance abuse treatment programs. Lack of domestic violence prevention and support services. Community struggles to support the high percentage. – Community Leader (Josephine County)

Unplanned Pregnancies
- At CASA we are seeing the fallout of unplanned and repeated pregnancies. Women, young and old, who are addicted to meth, heroin or other substances giving birth to children who are born drug-affected and sick, many of whom will bear the burden. – Social Services Provider (Josephine County)
- Half of the babies in Oregon are unplanned. – Community Leader (Jackson County)
- High rate of unplanned pregnancy. Lack of resources to educate and prepare youth in the community for the future and the consequences of being sexually active at a younger age. – Community Leader (Josephine County)
- 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 (Jackson County)
- Our agency works with younger families, who seem to have a great deal of unplanned pregnancies. – Social Services Provider (Jackson County)
- Percent of unplanned pregnancies; contraception measure. – Other Health Provider (Josephine County)
Family Life

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 (Jackson County)

Families need to spend time working together to build a group that will last, and focus on current and future needs. A lot of needs are for just today, not for the future. The family needs to be healthy in the sense of health and financially. – Social Services Provider (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

We seem to have a fair amount of unwed mothers and a high number of aborted children. – Social Services Provider (Jackson County)

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 way to go. – Social Services Provider (Jackson County)

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 (Jackson County)

Unprotected Sex

Most people don't use birth control. – Community Leader (Josephine County)
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 quantify 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.

**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

A total of 36.1% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- More favorable than national findings.
- Similar findings by county.
- TREND: Fruit/vegetable consumption has decreased significantly since 2011.

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.

Consume Five or More Servings of Fruits/Vegetables Per Day

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
Notes: Asked of all respondents.

Area men are statistically less likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Service Area, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
Notes: Asked of all respondents. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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

Difficulty Accessing Fresh Produce
While most report little or no difficulty, 18.2% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable, fresh fruits and vegetables.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Level of Difficulty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Difficult</td>
<td>51.9%</td>
</tr>
<tr>
<td>Not Too Difficult</td>
<td>29.9%</td>
</tr>
<tr>
<td>Somewhat Difficult</td>
<td>12.7%</td>
</tr>
<tr>
<td>Very Difficult</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: ●Asked of all respondents.

- Comparable to national findings.
- Comparable by county.
- TREND: The decrease since 2014 is not statistically significant.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: ● Asked of all respondents.
Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Residents under age 65.
- Lower-income residents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
</table>
| Low Food Access (Food Deserts)
US Department of Agriculture data show that 21.0% of the Total Service Area population (representing over 60,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- More favorable than national findings.
- The percent of residents with low food access is higher in Jackson County.
Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

<table>
<thead>
<tr>
<th></th>
<th>Population With Low Food Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>21.9%</td>
</tr>
<tr>
<td>Josephine County</td>
<td>18.8%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>21.0%</td>
</tr>
<tr>
<td>Oregon</td>
<td>18.4%</td>
</tr>
<tr>
<td>US</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Note: 60,088 individuals have low food access.

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.

- Note the distribution of residents with limited food access in the following map.
Sugar-Sweetened Beverages
A total of 20.3% of Total Service Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Below the national benchmark.
- Comparable findings by county.

Had Seven or More Sugar-Sweetened Beverages in the Past Week

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson County</td>
<td>20.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Josephine County</td>
<td>20.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Service Area</td>
<td>20.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>30.2%</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 212]  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

Those more likely to consume at least 7 sugar-sweetened beverages in the past week include:

- Men.
- Younger adults (negative correlation with age).
- Lower-income residents.
Had Seven or More Sugar-Sweetened Beverages in the Past Week
(Total Service Area, 2016)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 defined poverty status up to incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Notes:
- N/A
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 and older 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.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 19.1% of Total Service Area adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- More favorable than national findings.
• Satisfies the Healthy People 2020 target (32.6% or lower).
• Similar findings by county.
• TREND: Although similar to 2011 survey findings, note that the 2016 percentage reflects a statistically significant decrease (improvement) since 2014.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

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.

• Lack of leisure-time physical activity in the area differs significantly by income level.

No Leisure-Time Physical Activity in the Past Month
(Total Service Area, 2016)
Healthy People 2020 Target = 32.6% or Lower

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

Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 Levels

Adults

**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.

- Learn more about CDC’s efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

**Aerobic & Strengthening Physical Activity**

Based on reported physical activity intensity, frequency and duration over the past month, 36.2% of Total Service Area adults are found to be “insufficiently active” or “inactive.”

A total of 56.8% of Total Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

---

### Participation in Physical Activities (Total Service Area, 2016)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactive</td>
<td>25.8%</td>
</tr>
<tr>
<td>Insufficiently Active</td>
<td>10.4%</td>
</tr>
<tr>
<td>Active</td>
<td>17.2%</td>
</tr>
<tr>
<td>Highly Active</td>
<td>46.6%</td>
</tr>
<tr>
<td>Not At All</td>
<td>56.8%</td>
</tr>
<tr>
<td>1 Time/Wk</td>
<td>6.5%</td>
</tr>
<tr>
<td>&lt;1 Time/Wk</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]

**Notes:**
- Reflects the total sample of respondents.
- In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.
Recommended Levels of Physical Activity

A total of 23.9% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Similar to national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)
- Similar findings by county.

Meets Physical Activity Recommendations

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
- 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.

The prevalence of area adults who meet physical activity requirements does not vary by demographics.
Meets Physical Activity Recommendations
(Total Service Area, 2016)
Healthy People 2020 Target = 20.1% or Higher

<table>
<thead>
<tr>
<th>Age Group</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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25.6%</td>
<td>22.4%</td>
<td>22.7%</td>
<td>24.2%</td>
<td>24.9%</td>
<td>20.7%</td>
<td>27.7%</td>
<td>23.5%</td>
<td>25.8%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- Notes: Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
- 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

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.


Among Total Service Area children age 2 to 17, 57.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Statistically similar to the US benchmark.
- TREND: Statistically unchanged from the 2014 survey findings.
- Unfavorably low among area boys age 2-17.
**Child Is Physically Active for One or More Hours per Day**
(Among Children Age 2-17)

**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.

**Access to Physical Activity**
In 2013, there were 10.8 recreation/fitness facilities for every 100,000 population in the Total Service Area.

- Similar to what is found statewide.
- Above what is found nationally.
- Higher in Jackson County than in Josephine County.

**Population With Recreation & Fitness Facility Access**
(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)

**Sources:**
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.

**Notes:**
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.” Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.” Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².


Adult Weight Status

<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

**Overweight Status**

Nearly 7 in 10 Total Service Area adults (69.0%) are overweight.

- Worse than the Oregon prevalence.
- Similar to the US overweight prevalence.
- Similar findings by county.
- TREND: The increase over time is not statistically significant.

Note that 30.5% of overweight adults are currently trying to lose weight with both diet and exercise.

**Prevalence of Total Overweight**

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

Here, "overweight" includes those respondents with a BMI value ≥25.

Further, 34.5% of Total Service Area adults are obese.

- Worse than Oregon findings.
- Comparable to the US benchmark.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Comparable proportions of obesity by county.
- TREND: Denotes a statistically significant increase in obesity since 2011.
Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Total Service Area obesity does not vary significantly by demographic characteristics.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Total Service Area, 2016)
Healthy People 2020 Target = 30.5% or Lower

Notes:
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- 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.

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 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 Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Notes:
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- 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.

Sources:
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- 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.
Health Advice
A total of 22.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2011.
- Note that 25.8% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while nearly 3 in 4 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 115, 178-179]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Actual vs. Perceived Body Weight
A total of 5.7% of obese adults and 28.6% of overweight (but not obese) adults feel that their current weight is “about right.”

- 69.4% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 36.9% of obese adults see themselves as “very overweight.”
Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; Total Service Area, 2016)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: BMI is 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.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- High blood pressure.
- Activity limitations.
- Arthritis/rheumatism.
- “Fair” or “poor” physical health.
- Diabetes.
- Cancer.

Overweight/obese residents are also more likely to have overweight children.
Children’s Weight Status

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

Based on the heights/weights reported by surveyed parents, 26.8% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to that found nationally.
- TREND: Marks a statistically significant increase from previous survey findings.
**Child Total Overweight Prevalence**
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>26.8%</td>
<td>14.5%</td>
</tr>
<tr>
<td>2014</td>
<td>24.2%</td>
<td>13.5%</td>
</tr>
<tr>
<td>2016</td>
<td>26.8%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

**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.

Further, 17.5% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged over time.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>17.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>2014</td>
<td>9.5%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2016</td>
<td>17.5%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

**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.
Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized Nutrition, Physical Activity & Weight as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight 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>43.4%</td>
<td>38.1%</td>
<td>12.4%</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:

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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- Many obese people. – Community Leader (Jackson County)
- Increase in obesity due to poor nutrition habits, lack of physical activity due to video games and cell phones. – Other Health Provider (Jackson County)
- Reducing obesity. – Other Health Provider (Josephine County)
- Obesity in the community is a problem. – Other Health Provider (Josephine County)
- Obesity is rampant in the Valley. – Social Services Provider (Jackson County)
- Obesity is a nationwide epidemic. We eat too much processed food and do not go outside and move around enough. – Social Services Provider (Jackson County)
- Obesity in adult and child populations. – Community Leader (Jackson County)
- Obesity, inactivity and poor food choices are big problems in Josephine County. – Social Services Provider (Josephine County)
- Weight is up in our area, and also the amount of coffee drinks is not helping the situation. – Social Services Provider (Josephine County)
- 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 (Jackson County)
Obesity. – Social Services Provider (Jackson County)

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 (Jackson County)

Growing obesity epidemic in our community. – Physician (Jackson County)

**Built Environment**

Inactivity, poor dietary choices, easy access to high caloric foods, limited walking paths and bike paths. Basic community layout does not lend itself to healthy choice being the default. Too much TV and screen time. – Social Services Provider (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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

**Motivation to Change**

It isn’t a priority for very many people, as they don’t see the connection. Lack of education and understanding of the connection between diet and nutrition, physical activity and their weight. – Community Leader (Josephine County)

We have an abundance of opportunities in the Rogue Valley to be healthy. We need to take advantage of that. – Community Leader (Jackson County)

Personal interest in health maintenance behaviors and willingness. – Physician (Jackson County)

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 (Jackson County)

The value placed on healthy living is not there. Many students have very little exercise outside of PE. Additionally, many students are not making healthy decisions about nutrition. Both of these are difficult for students when poor modeling takes place. – Community Leader (Josephine County)

Self-discipline, poor food choices and lack of exercise. – Community Leader (Jackson County)

**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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

**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 (Jackson County)
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 (Jackson County)

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 (Jackson County)

Lack of nutritional food. – Social Services Provider (Jackson County)

Fast food and lack of education on what is healthy. – Physician (Jackson County)

Poor eating habits. – Community Leader (Josephine County)

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 (Jackson County)

These issues go hand-in-hand with the issues of heart disease and diabetes. – Social Services Provider (Jackson County)

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 (Jackson County)

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 (Jackson County)

Socioeconomic Status

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

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 (Jackson County)
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.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2012 and 2014, Total Service Area reported was an annual average age-adjusted cirrhosis/liver disease mortality rate of 14.5 deaths per 100,000 population.

- Worse than state and national rates.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Higher in Jackson County.
COMMUNITY HEALTH NEEDS ASSESSMENT

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

- TREND: The cirrhosis/liver disease mortality rate has increased overall in the region over the past 10 years, and has been consistently above statewide and nationwide rates.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 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.
Alcohol Use

Excessive Drinking

A total of 21.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Similar to the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Similar by county.
- TREND: Statistically unchanged since 2011.

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- 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.

- Excessive drinking is more prevalent among men and Whites.
Excessive Drinkers
(Total Service Area, 2016)
Healthy People 2020 Target = 25.4% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

Notes:
- 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
A total of 4.7% of Total Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.
- Similar by county.
- TREND: The drinking and driving prevalence has not changed significantly over time.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- 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.
Age-Adjusted Drug-Induced Deaths
Between 2012 and 2014, there was an annual average age-adjusted drug-induced mortality rate of 18.9 deaths per 100,000 population in the Total Service Area.

- Higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Lower in Josephine County.

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

TREND: While the local mortality rate has not shown a clear trend, it has remained above statewide and national rates over the past decade.
Illicit Drug Use

A total of 2.9% of area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar by county.
- TREND: Statistically unchanged over time.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Note: 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 actual illicit drug use in the community is likely higher.
Note the negative correlation between age and illicit drug use in the area.

Illicit Drug Use in the Past Month
(Total Service Area, 2016)
Healthy People 2020 Target = 7.1% or Lower

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White 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.

Alcohol & Drug Treatment
A total of 4.9% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.

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

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Negative Effects of Substance Abuse
Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, half of respondents have not been negatively affected (49.8% “not at all” responses).

In contrast, 50.2% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 17.9% who gave “a great deal” responses.

- Much higher than the US figure.
- Similar findings by county.
Area women are statistically more likely to report that their life has been negatively affected by substance abuse (whether their own or that of someone else).

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Total Service Area, 2016)

Key Informant Input: Substance Abuse
A total of 3 in 4 key informants taking part in an online survey characterized Substance Abuse as a “major problem” in the community.
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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Limited programs that address this 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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Treatment facilities for adolescents and teens. – Other Health Provider (Jackson County)

No local facilities, stigma, lack of wanting help, underlying programs including poverty and foster care system. – Community Leader (Jackson County)

Lack of treatment facilities. Lack of economic and educational opportunities for low income folks. – Social Services Provider (Jackson County)

Lack of alternatives for treatment. About 200 from our community have to go to Medford for their treatments with methadone or other drugs to try to get them off illegal drugs. – Community Leader (Josephine County)

Lack of inpatient treatment for chronic abusers. – Community Leader (Jackson County)

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 (Jackson County)

We have made important progress with the recent opening of a Sobering Center and soon-to-be-open Medically Assisted Treatment Center for narcotic addicts. Barriers are transportation, lack of public awareness as to the magnitude of the problem. – Public Health Representative (Josephine County)

Too few outreach programs. Substance abuse is a huge problem in our community and impacts many other areas of healthcare. – Physician (Jackson County)

Not enough programs for the amount of people who need it. – Social Services Provider (Jackson County)

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 (Jackson County)
Lack of resources, lack of providers, inter-generational history of use discredits the need for services. – Other Health Provider (Jackson County)
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 (Jackson County)
More individuals in need than facilities to offer treatment. – Community Leader (Jackson County)
Referrals for those in need. Cost of treatment. – Community Leader (Jackson County)
Requiring services for those who need it and/or having those who need services to see the need. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)
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 (Jackson County)
There are few programs available. Economic barriers. – Physician (Jackson County)
The greatest barrier is long waiting lists for affordable inpatient treatment, especially for those also suffering from mental health issues. – Social Services Provider (Jackson County)
Choice of programs. – Social Services Provider (Jackson County)
Not enough. – Community Leader (Jackson County)
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 (Jackson County)
Availability, but really more than that; I think their mental health issues go untreated. – Social Services Provider (Jackson County)

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 (Jackson County)
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 (Jackson County)
The overwhelming number of methamphetamine users. Limited resources available for treatment. – Social Services Provider (Josephine County)
Ongoing issues with connecting with vulnerable teens. – Community Leader (Jackson County)
The number of individuals who need the treatment and how to get to them earlier before they have children and additional responsibilities. – Community Leader (Jackson County)
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 (Jackson County)
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 (Jackson County)
Large number of abusers. Criminal connection to reporting for treatment. – Community Leader (Jackson County)
This is off the charts, a major community issue. Marijuana usage has dramatically increased and with more populations than has been historically seen. Meth, heroine and pain pills are so available and cheap that access is easy. – Social Services Provider (Jackson County)
Community Health Assessment and court and justice data. – Other Health Provider (Josephine County)
Chronic narcotic use. – Physician (Jackson County)
Marijuana. – Community Leader (Jackson County)

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 (Jackson County)

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 (Jackson County)

A true desire of the client to quit. – Other Health Provider (Josephine County)

Many patients are unwilling to seek treatment. But if they are willing, they run into payment barriers. Private payers open more doors than no-pay, self-pay and Medicaid. – Physician (Josephine County)

The person's acknowledgement of and desire to address the issue. – Community Leader (Jackson County)

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 (Josephine County)

Persons with substance abuse issues often do not seek treatment. – Social Services Provider (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Stigma and capacity. – Other Health Provider (Josephine County)

The stigma and social pressure don't allow many to enter programs. Also, the cost of programs. – Community Leader (Jackson County)

Stigma, denial and effective treatment opportunities. Addiction is still linked to character flaws. There is a high incidence of multi-generational addiction in this county. – Social Services Provider (Josephine County)

There is a stigma attached to substance abuse treatment, which prevents some people from seeking help. I do not know many resources to help in our community. There is a significant substance abuse issue in our community, so relapse is common. – Community Leader (Josephine County)

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 (Jackson County)

Rational plan to address opioid problem. – Other Health Provider (Jackson County)

Affordable Care/Services

Cost, jails are too full, access for drugs is easier than access to help. – Social Services Provider (Jackson County)

Cost, waiting lists. – Social Services Provider (Jackson County)

The cost of in-house treatment. – Community Leader (Josephine County)

Affordable, consistent treatment options. – Community Leader (Jackson County)

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 (Jackson County)

Cost and visibility of programs. – Community Leader (Josephine County)

Lack of affordable or public-based substance abuse treatment programs or resources. Heavy reliance on emergent services providers, law enforcement, EMS, fire and Emergency Room, to provide critical
care services. It is costly and strains local resources. – Community Leader (Josephine County)

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 (Jackson County)

Limited providers, waiting lists, too little residential treatment. – Community Leader (Jackson County)

Inability to have sufficient, qualified personnel in the community to address the issues. Also, not enough emphasis on trying to develop a comprehensive system to address the addiction. Prevention and education needed to improve our current state. – Community Leader (Josephine County)

Limited numbers of people treating addiction and substance abuse. – Physician (Jackson County)

Shortage of providers. Cost to families not on Medicaid. Treatment that is too short-term with a high relapse rate. – Physician (Jackson County)

Access to providers, inability to pay and actually getting people into the programs. – Community Leader (Josephine County)

Funding

Lack of funding for these services. – Community Leader (Josephine County)

Additional funding from Jackson County and other service providers to address this issue. – Community Leader (Jackson County)

Lack of funding. – Social Services Provider (Jackson County)

Health Education

Engagement of clients in services, education of the community of the problem. Oftentimes addiction is confused with mental health. – Social Services Provider (Josephine County)

Community awareness is low. – Community Leader (Jackson County)

Lack of education and lack of investment in mental health support leads to drug abuse. – Community Leader (Jackson County)

Law Enforcement

Lack of jail space. Juvenile detention space prevents substance abuse criminals from facing consequences and prevents a possible first step in treatment. – Social Services Provider (Josephine County)

Lack of law enforcement. – Community Leader (Josephine County)

Coordination between law enforcement and treatment facilities. – Social Services Provider (Jackson County)

Impact on Families/Caregivers

Individuals having support through the recovery process. – Social Services Provider (Jackson County)

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 (Jackson County)

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified methamphetamine/other amphetamines as the most problematic substance abused in the community, followed by alcohol, heroin/other opioids, marijuana, and prescription medications.
## Problematic Substances

<table>
<thead>
<tr>
<th>Substance</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>32.1%</td>
<td>28.6%</td>
<td>17.9%</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol</td>
<td>14.3%</td>
<td>25.0%</td>
<td>21.4%</td>
<td>17</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>25.0%</td>
<td>21.4%</td>
<td>10.7%</td>
<td>16</td>
</tr>
<tr>
<td>Marijuana</td>
<td>10.7%</td>
<td>10.7%</td>
<td>17.9%</td>
<td>11</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>7.1%</td>
<td>14.3%</td>
<td>17.9%</td>
<td>11</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>7.1%</td>
<td>0.0%</td>
<td>3.6%</td>
<td>3</td>
</tr>
<tr>
<td>Over-The-Counter Medications</td>
<td>3.6%</td>
<td>0.0%</td>
<td>7.1%</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>3.6%</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

Cigarette Smoking Prevalence

A total of 17.8% of Total Service Area adults currently smoke cigarettes, either regularly (11.5% every day) or occasionally (6.3% on some days).

Cigarette Smoking Prevalence
(Total Service Area, 2016)

Regular Smoker 11.5%
Occasional Smoker 6.3%
Never Smoked 50.9%
Former Smoker 31.3%

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: Asked of all respondents.

- Similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
Similar findings by county.

TREND: The current smoking percentage is statistically unchanged since 2011.

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

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).

Cigarette smoking is more prevalent among:

- Young adults (negative correlation with age).
- Lower-income residents.

Current Smokers
(Total Service Area, 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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 occasional smokers (every day and some days).
Environmental Tobacco Smoke

A total of 11.6% of Total Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- Comparable findings by county.
- TREND: Statistically unchanged over time.
- Note that 13.6% of Total Service Area children are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

![Chart showing percentage of households with children exposed to smoke in the home over time]

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

The percentage of area residents who report that someone smokes in the home is statistically higher in these populations:

- Young adults (note the negative correlation with age).
- Other races.
**Member of Household Smokes At Home**  
(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.6%</td>
<td>10.6%</td>
<td>18.0%</td>
<td>11.4%</td>
<td>4.7%</td>
<td>14.8%</td>
<td>8.9%</td>
<td>10.3%</td>
<td>21.3%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

**Sources:**  
2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

**Notes:**  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
- “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

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**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)

### Smoking Cessation Attempts

Just over 4 in 10 regular smokers (42.3%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: The prevalence has **decreased** significantly over time.
- Over half of current smokers (57.1%) have been advised by a healthcare professional in the past year to quit smoking.
Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers) 
Healthy People 2020 Target = 80.0% or Higher

Most current smokers (57.1%) were advised to quit in the past year by a healthcare professional.

Electronic Cigarettes
A total of 5.4% of Total Service Area adults currently use electronic cigarettes (“e-cigarettes”), either regularly (3.1% every day) or occasionally (2.3% on some days).

Other Tobacco Use

Electronic Cigarette Use
(Total Service Area, 2016)
- Similar to national findings.
- Similar findings by county.

**Currently Use Electronic Cigarettes**
(Every Day or on Some Days)

| Source | 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
| Notes | 2015 PRC National Health Survey, Professional Research Consultants, Inc.

- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Note the negative correlation between age and use of e-cigarettes in the Total Service Area.

**Currently Use Electronic Cigarettes**
(Total Service Area, 2016)

- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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 occasional users (those who smoke e-cigarettes every day or on some days).
Smokeless Tobacco

A total of 8.3% of Total Service Area adults use some type of smokeless tobacco every day or on some days.

- Higher than state and national percentages.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Much higher in Jackson County.
- TREND: Reflects a statistically significant increase from previous survey findings.

### Smokeless Tobacco Users

**Healthy People 2020 Target = 0.3% or Lower**

<table>
<thead>
<tr>
<th>Year</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Total Service Area</th>
<th>OR</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>10.1%</td>
<td>3.5%</td>
<td>8.3%</td>
<td>3.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>3.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>3.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>8.3%</td>
<td></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).

### Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized Tobacco Use as a “moderate problem” in the community.

**Perceptions of Tobacco Use as a Problem in the Community**

(Key Informants, 2016)

- **Major Problem** 31.5%
- **Moderate Problem** 46.3%
- **Minor Problem** 14.8%
- **No Problem At All** 7.4%

**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:

Comorbidities

- Leading cause of cardiovascular disease and stroke. – Physician (Jackson County)
- Tobacco causes cancer, COPD, and many other chronic conditions, yet use of tobacco continues. – Public Health Representative (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- It is unhealthy. Would like to see more of a campaign to prevent teens from starting. – Community Leader (Josephine County)

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 (Jackson County)
- 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 (Jackson County)
- 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 (Jackson County)
- There are still lots of smokers. – Other Health Provider (Josephine County)
- High rate of tobacco use among young people in the county. – Community Leader (Josephine County)
- The number of people I see with cigarettes or purchasing cigarettes. – Community Leader (Josephine County)
- High incidence of tobacco and marijuana use at all ages. Lack of preventive or treatment services. – Community Leader (Josephine County)
- Too many young people are smoking. – Community Leader (Josephine County)

Socioeconomic Factors

- Low education level, easy access to tobacco products, high addictive characteristics of nicotine. – Social Services Provider (Josephine County)
- 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 (Jackson County)
- Multiple health issues in lower socioeconomic population linked to smoking and tobacco use. – Other Health Provider (Jackson County)
- Seems the more economically 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 (Jackson County)
- 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 (Jackson County)

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 (Jackson County)
- 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 (Jackson County)

Addiction

It's addictive and relates to cancer. – Social Services Provider (Jackson County)

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 (Jackson County)

Lifestyles

Poor health habits. – Community Leader (Josephine County)
Access to Health Services
Health Insurance Coverage

Type of Healthcare Coverage
A total of 49.3% of Total Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 39.4% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Service Area, 2016)

- Insured, Employer-Based: 38.6%
- Insured, Self-Purchase: 9.9%
- Insured, Unknown Type: 0.8%
- Medicaid: 15.4%
- Medicare: 10.0%
- VA/Military: 4.1%
- Medicaid & Medicare: 2.8%
- Other Gov't Coverage: 7.1%
- No Insurance/Self-Pay: 11.4%

A total of 15.7% of residents under 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as “Obamacare.”

- Higher than the US benchmark.
- Note the comparison between adults with Medicaid and privately insured individuals.

Insurance Was Secured
Under the Affordable Care Act/“Obamacare”
(Insured Adults Age 18-64, By Type of Coverage)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: Reflects respondents age 18 to 64.
Lack of Health Insurance Coverage
Among adults age 18 to 64, 11.4% report having no insurance coverage for healthcare expenses.

- Similar to state and national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar findings by county.
- TREND: Denotes a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

The following population segments are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes.
- Other races.

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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11.3%</td>
<td>11.6%</td>
<td>13.3%</td>
<td>10.0%</td>
<td>16.0%</td>
<td>6.8%</td>
<td>10.0%</td>
<td>20.8%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Service Area, 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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
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)

Difficulties Accessing Services

A total of 43.9% of Total Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Higher than national findings.
- Statistically similar by county.
- TREND: Similar to the percentage reported in 2011 but marks a statistically significant increase from 2014 survey findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

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.
Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Lower-income residents.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties</td>
<td>35.0%</td>
<td>51.9%</td>
<td>44.4%</td>
<td>56.4%</td>
<td>25.7%</td>
<td>53.8%</td>
<td>38.2%</td>
<td>44.4%</td>
<td>41.2%</td>
<td>43.9%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

### Barriers to Healthcare Access

Of the tested barriers, difficulty obtaining a doctor’s appointment impacted the greatest share of Total Service Area adults (21.6% say that difficulty getting in to see a doctor prevented them from obtaining a visit to a physician in the past year).

- The proportion of Total Service Area adults impacted was worse than that found nationwide for cost of prescription medications and difficulty getting in to see a physician.
- Findings were statistically similar by county for each barrier surveyed.
Barriers to Access Have Prevented Medical Care in the Past Year

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]

Notes: Asked of all respondents.

- TREND: Over time, difficulty getting in to see a physician has **grown worse** in the Total Service Area, while the barrier of cost of a physician visit has **decreased** (other barriers remained statistically unchanged).

Barriers to Access Have Prevented Medical Care in the Past Year (Total Area Trends)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]

Notes: Asked of all respondents.
Prescriptions

Among all Total Service Area adults, 15.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Worse than national findings.
- Similar by county.
- TREND: Statistically similar to 2011 findings but marks a significant increase since 2014.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults age 40 to 64.
- Respondents with lower incomes.

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Total Service Area, 2016)

![Bar chart showing percentages of skipped or reduced prescription doses by gender, age, income, and race.]

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Accessing Healthcare for Children

A total of 5.3% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Similar findings by county.
- TREND: Statistically unchanged since 2011.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)

![Bar chart showing percentages of parents with trouble obtaining medical care for their child.]

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized Access to Healthcare Services as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services 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>19.2%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>53.1%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>19.2%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.5%</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:

Access to Providers

- It is difficult for people new to the community to find a primary care provider who is accepting new patients. The same problem exists for those who have recently graduated from high school or college and are leaving their parents’ health insurance. – Community Leader (Josephine County)
- Lack of doctors. Very few doctors are taking new patients, and the only available care for many is a physician’s assistant or a nurse practitioner. – Community Leader (Josephine County)
- Lack of providers and adequate facilities for the demographic. Lack of coordinated care system, from in-home to critical care services. – Community Leader (Josephine County)
- We are rural. The choices are limited, and with the limitation comes long wait times for health care providers. – Community Leader (Josephine County)
- 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 (Jackson County)
- PCP Shortage, ED Utilization. – Other Health Provider (Josephine County)

Affordable Care/Services

- Limited number of people who have funds for adequate health insurance. – Community Leader (Josephine County)
- This is especially true for foot/ankle specialists, dermatology, and all health care for uninsured, underinsured, low income residents. – Other Health Provider (Jackson County)
- People wrestling with how they fund their health care. People choosing not to get treatment or finding it difficult to get treatment because of not having a primary care physician. – Community Leader (Josephine County)
- Ability to pay, travel, distance. – Other Health Provider (Josephine County)
- Money, insurance not covering important services. Access to quality physicians; many practices are full, and some are closing. Access for young adults. – Community Leader (Jackson County)

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 (Jackson County)
- Homelessness and lack of affordable housing limits the ability to stabilize families and individuals. –
Social Services Provider (Jackson County)

Misure of care facilities when the need is simply homelessness and the need for shelter. – Social Services Provider (Jackson County)

Homelessness and associated health issues. Homeless people experience many of the specific issues noted, but need to be treated holistically. – Community Leader (Jackson County)

Housing insecurity has a known negative impact on health. – Public Health Representative (Josephine County)

Medicare/Oregon Health Plan

Several medical practices do not accept Medicare or the Oregon Health Plan. This limits access significantly. – Social Services Provider (Jackson County)

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 (Jackson County)

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 (Jackson County)

Lack of providers who will take Medicare and OHP patients. – Community Leader (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Social determinants of health, housing, food, transportation. – Other Health Provider (Jackson County)

Lack of Specialty Services

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 (Jackson County)

Poor orthopedic emergency room coverage. Long waits to be established with primary care. Difficult to find medical care for new patients. – Social Services Provider (Josephine County)

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 (Jackson County)

The absence of mental health services, especially as they relate to homelessness. – Community Leader (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)
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 (Jackson County)

Assistance in navigating the health care system. – Social Services Provider (Jackson County)

Knowledge of services, transportation, access. – Community Leader (Jackson County)

Insurance Issues

Affordable insurance plans, lack of universal health care coverage. – Social Services Provider (Jackson County)

I have heard many complaints of people who cannot access services because their health insurance carrier is not accepted by Asante. Also, Medicare patients having to change doctors to receive services, and then having to wait weeks for appointments. – Community Leader (Josephine County)

Many physicians do not take certain insurances. – Social Services Provider (Josephine County)

Lack of Services

At CASA, we deal solely with abused and neglected children and their families who are in the foster care system. There is a serious scarcity of resources for mental, physical and emotional health. Their access is limited to and reliant upon DHS. – Social Services Provider (Josephine County)

Lack of supportive treatment and support services for the various non-emergent health related issues within the community results in the reliance on emergent services providers to be the first point of contact into the health care system for non-emergent. – Community Leader (Josephine County)

Coordination of Care

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 (Jackson County)
Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health care as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Medical Care Difficult to Access Locally</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Mental Health Care</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
</tr>
<tr>
<td>Primary Care</td>
</tr>
<tr>
<td>Dental Care</td>
</tr>
<tr>
<td>Elder Care</td>
</tr>
<tr>
<td>Specialty Care</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
</tr>
<tr>
<td>Pain Management</td>
</tr>
<tr>
<td>Prenatal Care</td>
</tr>
<tr>
<td>Urgent Care</td>
</tr>
<tr>
<td>Palliative Care</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).

Access to Primary Care

In the Total Service Area in 2013, there were 258 primary care physicians, translating to a rate of 88.4 primary care physicians per 100,000 population.

- Below the primary care physician-to-population ratio found statewide.
- Above the ratio found nationally.
- Statistically similar ratios by county.

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.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past decade in the Total Service Area.
Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)


Notes: This indicator is relevant because a shortage of health professionals contributes to access and health status issues. These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care
A total of 77.5% of Total Service Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar by county.
- TREND: Statistically unchanged over time.

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).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

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.
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.
- Lower-income adults.

### Have a Specific Source of Ongoing Medical Care
(Total Service Area, 2016)

Healthy People 2020 Target = 95.0% or Higher

![Bar chart showing have a specific source of ongoing medical care](chart.png)

**Sources:**
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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

Nearly 2 in 3 adults (64.8%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Lower than national findings.
- Higher in Josephine County.
- **TREND:** Statistically unchanged over time.
Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are residents in low-income households.

---

**Have Visited a Physician for a Checkup in the Past Year**

(Total Service Area, 2016)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>61.7%</td>
<td>72.6%</td>
<td>64.8%</td>
</tr>
<tr>
<td>OR</td>
<td>62.5%</td>
<td>70.5%</td>
<td>64.8%</td>
</tr>
<tr>
<td>US</td>
<td>64.5%</td>
<td>64.5%</td>
<td>64.8%</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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
Children

Among surveyed parents, 78.5% report that their child has had a routine checkup in the past year.

- Well below the US benchmark.
- Higher in Josephine County.
- TREND: The decrease over time is not statistically significant.

![Child Has Visited a Physician for a Routine Checkup in the Past Year](chart)

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

A total of 8.3% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Much higher in Josephine County.
- TREND: Statistically unchanged from 2011 survey findings but marks a statistically significant increase since 2014.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 60.2%
- Weekend/After Hours = 27.6%
- Access Problems = 11.3%

Of those using a hospital ER, 60.2% say this was due to an emergency or life-threatening situation, while 27.6% indicated that the visit was during after-hours or on the weekend. A total of 11.3% cited difficulties accessing primary care for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Respondents in low-income households.
- Non-Hispanic Whites.
Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
Advance Directives

A total of 39.8% of Total Service Area adults have completed Advance Directive documents. 

- The prevalence is higher than the US figure.
- Similar findings by county.
- Of those local adults who have completed Advance Directive documents, 88.8% have communicated these decisions to family and/or a physician.

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if/he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

These survey respondents are less likely to have filled out Advance Directive documents:

- Young adults (positive correlation with age).
- Individuals living at the lower income level.
### Have Completed Advance Directive Documents
(Total Service Area, 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>NH White</th>
<th>Other</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.0%</td>
<td>36.9%</td>
<td>13.7%</td>
<td>35.8%</td>
<td>74.5%</td>
<td>29.1%</td>
<td>46.6%</td>
<td>39.8%</td>
<td>38.3%</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]

Notes:
- Asked of all respondents.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions.
- Formal Advance Directives include Living Wills and Health Care Powers of Attorney.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, 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.

Dental Insurance

Over 6 in 10 Total Service Area adults (62.7%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar by county.
- TREND: Denotes a statistically significant increase since 2011.
These adults are less likely to be covered by dental insurance:

- Older adults (negative correlation with age).
- Lower-income residents.
- Non-Hispanic Whites.
Dental Care

Adults

A total of 69.1% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide and US findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by county.
- TREND: Marks a statistically significant increase from previous survey findings.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

These population segments are less likely to report recent dental visits:

- Young adults.
- Those in low-income households.
- Residents without dental insurance coverage.
Have Visited a Dentist or Dental Clinic Within the Past Year
(Total Service Area, 2016)
Healthy People 2020 Target = 49.0% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
- Asked of all respondents.
- Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Children
A total of 78.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged over time.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2 through 17.
Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized Oral Health as a “moderate problem” in the community.

Perceptions of Oral Health 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>30.9%</td>
<td>41.8%</td>
<td>19.1%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

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

Affordable Care/Services

- Patients won't go get dental work if they can't pay for it. – Physician (Jackson County)
- Dental care is unattainable for low and middle income families. Dental insurance offers little support. – Other Health Provider (Jackson County)
- 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 (Jackson County)
- Many of my patients can't afford dental care and especially denture care. Fitting and/or troubleshooting. – Physician (Jackson County)
- 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 (Jackson County)
- Many low income families can’t afford dental care. – Social Services Provider (Jackson County)
- Low income and no dental insurance. – Community Leader (Josephine County)
- Not enough providers willing to offer affordable dental care. – Social Services Provider (Jackson County)
- Expensive. Should be included in the affordable care act for all to have access to. – Social Services Provider (Jackson County)
- 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 (Jackson County)
- Dental care for low income people. – Other Health Provider (Jackson County)

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 (Jackson County)
- Access to dental care is hard to get. Not everyone accepts OHP. You usually have to pay up front and deal with your insurance after the fact. – Public Health Representative (Josephine County)
- Many people lack insurance and cannot afford dental care. – Social Services Provider (Josephine County)
- Many people do not have the insurance needed to afford dental care. – Social Services Provider (Jackson County)
- Lack of coverage, lack of services, cost. – Social Services Provider (Jackson County)
- Actually having dental insurance, knowledge of whether they have dental insurance or not, OHP population, access to care. – Other Health Provider (Jackson County)
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 (Jackson County)

I have observed a lot of children and adults with dental problems, discolored teeth, broken teeth, missing teeth and dentures at a young age. Lack of fluoride in the water and the cost of dental care. – Community Leader (Josephine County)

Report from schools and employers that absences occur because of dental issues. – Social Services Provider (Jackson County)

I imagine it is a problem. – Other Health Provider (Josephine County)

Access to Care/Services

Access, access, access. – Public Health Representative (Jackson County)

Not enough access to services. Children are especially underserved. – Other Health Provider (Jackson County)

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 (Jackson County)

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 (Jackson County)

Provider shortage; reimbursement policy changes. – Other Health Provider (Josephine County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

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 (Jackson County)

Drug/Alcohol Use

Meth, lack of coverage and poor community education. – Physician (Jackson County)

Meth. – Community Leader (Jackson County)
Community Perceptions
Perceptions of Community Health Issues

Alcohol/drug abuse received the largest share of “major problem” responses (54.2% mentioned), with another 28.9% of survey respondents giving “moderate problem” evaluations of the issue.

Around 3 in 4 respondents gave “major/moderate problem” responses regarding the problems of overweight/obesity; residents’ ability to meet their financial responsibilities; the availability of affordable local housing; and the availability of jobs with a living wage.

- Mental health, tobacco use, crime, affordable aging options received 66%-71% “major/moderate problem” responses. Teen pregnancy/STDs received the lowest responses.

TREND: Of the health indicators that were surveyed in 2011, 2014, and 2016, perceptions of tobacco and teen pregnancy/STDs as “major/moderate” problems have decreased significantly since 2014, while the perception of mental health as a “major/moderate” problem has increased significantly since 2014.
Trend in Community Health Concerns
(Combined “Major/Moderate” Responses)

<table>
<thead>
<tr>
<th>Issue</th>
<th>2011</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drug Abuse</td>
<td>83.8%</td>
<td>83.3%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td>81.1%</td>
<td>80.8%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>72.4%</td>
<td>74.9%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>62.0%</td>
<td>69.9%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Teen Pregnancy/STDs</td>
<td>65.3%</td>
<td>65.8%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 301-315]

Notes:
- Asked of all respondents.
Local Resources
Perceptions of Local Healthcare Services

A total of 6 in 10 Total Service Area adults (60.1%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 23.7% gave “good” ratings.

However, 16.2% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to that reported nationally.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.
The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.

**Perceive Local Healthcare Services as “Fair/Poor”**

(Total Service Area, 2016)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Total Service Area as of September 2015.
Health Professional Shortage Areas (HPSAs)

The following map illustrates those areas within the Total Service Area that have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).
Resources Available to Address the Significant Health Needs

Incorporating input from community stakeholders taking part in the Online Key Informant Survey, the following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- ACCESS
- AllCare
- Asante Health System
- Asante Physician Partners
- Asante Three Rivers Medical Center
- Babies First
- CaCoon Nurses
- CCOs (Coordinated Care Organizations)
- Choices Counseling
- Doctor’s Offices
- Family Planning Clinic
- Federal Insurance Exchange
- Federally Qualified Health Centers (FQHCs)
- Grants Pass Clinic
- Health Department
- Hospitals
- Jackson Care Connect
- Jackson County Health Department
- Jackson County Medical Society’s VOLPACT program
- Jackson County Mental Health
- Jefferson Regional Health Alliance (JRHA)
- Josephine County Mental Health
- Kairo
- La Clinica
- Mid-Rogue Independent Physicians Associated
- Nurse Family Partnership Program
- OHRA (Options for Homeless Residents of Ashland)
- Options of Southern Oregon
- Oregon Health Plan
- Oregon MothersCare
- Providence Medford Medical Center
- Public Health
- Rogue Community Health
- Rogue Valley Council of Governments
- Saint Vincent de Paul
- School System
- Siskiyou Community Health Center
- Urgent Care
- Valley Immediate Care
- Women’s Health Center

Arthritis, Osteoporosis & Chronic Back Conditions

- Aging in Place
- Asante Health System
- Baxter Fitness
- Chamberland Rheumatology Group
- Chronic Pain Management
- Doctor’s Offices
- Drug Recovery Center - Medford
- Exercise Programs
- Jackson Care Connect
- Massage Therapists
- Mental Health Services
- OSU Extension Service
- Pain Clinics
- Physical Therapy
- Providence Medford Medical Center
- Providence Spine Institute
- Quave Clinic
- Southern Oregon Neurosurgical
- Southern Oregon Orthopedics
- Southern Oregon Spine Care
- Sportopedics
- Urgent Care
- YMCA
Cancer

ACCESS
AllCare
American Cancer Society
Asante Health System
Asante Rogue Regional Medical Center
Asante Three Rivers Medical Center
Cancer Centers of America
Community-Based Support Programs
Doctor's Offices
Dubs Cancer Center
Hematology Oncology Associates
Hill Crest Committee
Hospice
Hospitals
Jackson Care Connect
Jackson County Public Health
La Clinica
Leila Eisenstein Center for Breast Cancer
Oncology Clinic
Oregon Cancer Foundation
Providence Breast Center
Providence Cancer Center
Providence Medford Medical Center
Spears Cancer Center
Specialty Care
Support Groups
Veterans Affairs Health Services
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

Chronic Kidney Disease

Asante Health System
Doctor's Offices
Methadone Clinic
Renal Care Consultants

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

Diabetes

ACCESS
AllCare
Asante Health System
Asante Three Rivers Medical Center
CCOs (Coordinated Care Organizations)
Diabetes Association
Diabetic Education
Doctor's Offices
Health Education
Hospitals
Jackson Care Connect
Jackson County Health Department
La Clinica
Nutritional Services
OSU Extension Service
Private and Public Health Facilities
Family Planning
- AllCare
- Asante Health System
- CCOs (Coordinated Care Organizations)
- Churches
- Community Health Center
- Doctor's Offices
- Family Planning Clinic
- Federally Qualified Health Centers (FQHCs)
- Grants Pass Clinic
- Health and Human Services
- Home Health Programs
- Hospitals
- Jackson County Health Department
- Jackson County School District
- Josephine County Health Department
- Josephine County Online Family Planning
- La Clinica
- OB/GYN
- One Key Question Initiative
- Oregon MothersCare
- Pediatricians
- Pharmacies
- Planned Parenthood
- Pregnancy Care Center
- Pregnancy Resource Center
- Primary Care Providers (PCPs)
- Public Health
- Rogue Community Health
- School System
- Starting Strong
- White City Community Health Center
- Women's Health Center

Hearing & Vision
- CCOs (Coordinated Care Organizations)
- Commission on Blind
- Doctor's Offices
- Josephine County Foundation
- 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
- Doctor's Offices
- Hospitals
- Jackson and Josephine Counties
- Immunization Clinics
Jackson County
Jackson County Medical Society’s VOLPACT program
La Clinica
Pharmacies
Providence Medford Medical Center
Public Health
Rogue Community Health
Siskiyou Community Health Center

**Infant & Child Health**
ACCESS
Babies First
CaCoon Nurses
CASA
CCOs (Coordinated Care Organizations)
Children’s Advocacy Center
Court Appointed Child Advocates
Doctor’s Offices
Early Head Start
Early Intervention Programs
Family Nurturing Center
Federally Qualified Health Centers (FQHCs)
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
Josephine County Public Health
Kids Unlimited
La Clinica
Nurse Family Partnership Program
OB/GYN
OnTrack
Options of Southern Oregon
Parent Resource Center
Planned Parenthood
Primary Care Providers (PCPs)
Public Health

**Rogue Community Health**
Siskiyou Community Health Center
SORs
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
Jackson County SART
Josephine 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
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
Asante Three Rivers 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
Housing and Homelessness Programs
Hugo Hills
Jackson Care Connect
Jackson County Health and Human Services
Jackson County Health Department
Jackson County Mental Health
Josephine County Mental Health
Josephine County Public 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
Teen Treatment Program - Josephine County
Trinity Counseling Center
United Community Action Network
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
COMMUNITY HEALTH NEEDS ASSESSMENT

**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
- The Den Crossfit
- The Right Plan
- WIC
- YMCA

**Children's Dental Clinic**
- Children's Dental Health Program
- Dental Health Coalition
- Dentist's Offices
- Federally Qualified Health Centers (FQHCs)
- Happy Smiles
- Head Start
- 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**
- Asante Three Rivers Medical Center
- CCOs (Coordinated Care Organizations)
- Doctor's Offices
- Federally Qualified Health Centers (FQHCs)
- Home Health Programs
- Jackson County Health Department
- La Clinica
- Lincare Caring Continuum
- 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

**Oral Health**
- Advantage Dental
- Babies First
- CaCoon Nurses
- Capitol Dental
- CCOs (Coordinated Care Organizations)
**Substance Abuse**

AA/NA
ACCESS
Adapt Medford
Addictions Recovery Center (ARC)
Addressing Adverse Childhood Experiences
Aging and Disability Resource Connection
Allied Health Methadone Clinic
Allied Health Services
Asante Health System
Asante Three Rivers Medical Center
Ashland Police Department
Ashland School District
Behavioral Health Services
Care Facilities
CCOs (Coordinated Care Organizations)
Celebrate Recovery
Choices Counseling
Churches
City Sobering Center
County Substance Abuse Programs
Court Intervention
Criminal Confinement
Detox
Doctor’s Offices
Drug Court
Faith-Based Programs
Family Court
Family Nurturing Center
Federally Qualified Health Centers (FQHCs)
Fresh Start Recovery
Genesis
Grants Pass Treatment Center
Heroine Treatment Center
Housing and Homelessness Programs
Jackson County Health and Human Services
Jackson County Health Department
Jackson County Health Promotion Program
Jackson County Mental Health
Jackson County Syringe Exchange
Jefferson Regional Health Information Exchange
Josephine County Health Department
Justice System
Kairos
Kolpia Counseling
La Clinica
Medford Senior High School
Medically Assisted Treatment Center (MATC)
Mental Health Services
Methadone Clinic
MOMS Program
Naloxone Program
OnTrack
Options of Southern Oregon
Oregon Pain Guidance
Pain Clinics
Phoenix Counseling Center
Physicians
Police Department
Providence
Public Health
Public Safety
Rogue Community Health
Rogue Valley Fresh Start
School System
Self-Healing Community Initiative
Sobering Center
Southern Oregon Rehabilitation Center
Treatment Centers
Veterans Affairs Health Services

**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
Asante Rogue Regional Medical Center

Implementation Strategy - 2017

Community Health Improvement Plan

Modified May, 2019
The Asante Rogue Regional Medical Center 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 Medford to increase the availability of health care providers in the community.
   - Certified application counselors will be hired to help community members complete health care application forms for insurance coverage through the Oregon Health Plan.
   - Our ongoing discounted or free prescription drug program was established to provide medications to patients who are financially unable to secure needed prescriptions upon discharge from the hospital.
   - The hospital’s pediatric hospitalist donates nearly 100 hours of care each year at the Children’s Advocacy Center for at-risk children who are medically underserved.
   - ARRMC is pursuing certification as a Level II trauma center to expand trauma services in the community and allow more people to be treated locally rather than be transferred to an out-of-the-area medical center.
   - Laboratory Outreach is developing an in-home and in-facility lab draw service to ensure vulnerable people, including those with limited mobility and those who are homebound or clinically fragile, are able to receive regularly scheduled essential lab services at no cost to themselves or their providers.
   - Social workers connect patients to resources by working with outside agencies to help patients who have little to no means of support (financial, social and emotional) secure essential needs for healing and stability after hospitalization.
   - The Cheney Family Place provides a low-cost place for patients and families to stay who are from out of the area and are receiving medical treatment at an Asante hospital. More than 1,400 people are served annually.
   - Asante provides ongoing financial support to La Clinica, a federally qualified health clinic, for the provision of school nurses in Medford and Central Point schools through their Kids Health Connection program.
   - Each year, training and hands-on experience is provided for students in doctor and nurse practitioner licensing programs for the next generation of health care providers who require hospital residencies for licensure.
   - Annually, several hospital departments provide no-cost education and training required for licensure for college students, including imaging, nursing, dietary, sleep technology, laboratory, pharmacy, pathology, paramedics, speech, occupational and physical therapies, and other clinical programs.
   - Annually, Nursing Professional Development facilitates essential life support certification courses for health care professionals in the area to attain or maintain licensure.
   - Asante committed a substantial financial contribution to the 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.
   - An urgent care clinic was recently opened in Medford to address the growing demand for non-emergency care in Medford and surrounding communities.
— An urgent care clinic is planned to open in White City to address the growing demand for non-emergency care for Upper Rogue community members with limited access to readily available health care.

2. **Mental health & substance abuse**
   — ARRMC Behavioral Health Unit is partnering with local law enforcement to provide critical incident training on how to care for mentally ill citizens who are in crisis in the community. Training will be given on the full spectrum of mental illness and de-escalation techniques to increase safety and care for this vulnerable population.
   — Plans to remodel the Psychiatric Crisis Unit in the emergency department are being made to add more rooms, including one that will accommodate patients of all ages, including young children and teens.
   — The Sanctuary trauma-informed model of care is being implemented for mental health patients and their health care providers to improve treatment options and patient outcomes.
   — Asante will be renovating the Behavioral Health Unit at the hospital to increase the number of beds from 18 to 24 to accommodate the growing number of patients needing acute mental health care.
   — The number of behavioral health staff members is being increased to help meet the demand for mental health services in the hospital.
   — Licensed clinical social workers are being hired at Asante family practice clinics in Medford to address the need for outpatient mental health needs within a medical home model.
   — Asante has pledged financial support to the Compass House in Medford which provides transitional care, life skills education and support for mental health patients as they reintegrate from the hospital into the community.
   — Asante Behavioral Health Unit staff members hold positions with or participate in these community agencies aimed at addressing mental health issues in the community: Suicide Prevention Coalition; National Alliance for Mental Illness of Southern Oregon; Public Safety Coordinating Council; Kairos Board of Directors; Youth Substance Abuse Prevention; Mental Health Court Advisory Board; Jefferson Regional Health Alliance Mental Health Division; and Self-Healing Communities Initiative. Partnering with these community organizations helps increase services to this population.
   — Asante has partnered with NAMI of Southern Oregon to create a quarterly community mental health lecture series.
   — Asante prints the quarterly NAMI of Southern Oregon and provides meeting space for board and committee meetings at no charge.
   — Funding is being provided to the National Alliance on Mental Illness to bring awareness of mental health issues to the community.
   — Meeting space is provided at low to no cost for community groups who deal with substance abuse, mental health and opioids.

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.

— ARRMC sponsors the American College of Cardiology Oregon Chapter Cardiology Conference annually to facilitate access to state-of-the-art cardiac education for health care professionals throughout the state.

4. Infant health and family planning

— Additional maternal fetal medicine providers are being hired to help meet the growing demand for this medical specialty, the only specialty of its kind in the region.

— An isolette transporter will be purchased for fragile infants who need to be medically transported to or from the medical center.

— A formal pediatric hospitalist program is being developed. Six pediatric hospitalists are being hired to ensure young patients receive age-appropriate care in the hospital and not need to travel out of the area for care.

— A pediatric oncologist is being sought so children can receive cancer care close to home and not need to travel for this medical specialty.

— A partnership has been created with Oregon Health & Science University to provide telemedicine for pediatric inpatients, so they would not need to be transferred out of the area for care.

— An Oregon Health & Science University clinic for pediatric patients was created so young children can receive care close to home.

— Pediatricians are being hired at Asante Physician Partner clinics to address the growing need for this specialty.

— The family birth center at the hospital began accepting breast milk donations from any mother in the community with extra milk. The milk is donated to Northwest Mothers Milk Bank at no cost.

— The Quiet Time program is being planned for the neonatal intensive care unit and special care nursery to promote healing.

— A multi-disciplinary OB response team is being created to assist pregnant women in distress and pregnancy related-emergencies.

5. Diabetes

— A Diabetes Care Center and Nutrition Services program is planned in Medford to offer medical diagnosis and treatment, as well as free support groups and education.

— Inpatient consultations are being made available for people with diabetes to help them prepare for post-discharge care and nutrition.

— An endocrinologist is retained to help increase access to diabetes care in Medford.

6. Nutrition, physical activity and weight

— A partnership with Southern Oregon Bariatric Center and Oregon Surgical Specialists was created to provide healthy-weight services. Meeting rooms are made available at no cost for support groups and education related to healthy weight and nutrition practices.

— 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.
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— Asante intends to commit annual funding of the ACCESS food share program, and leverage matching-dollar donations from the community, to provide free meals to the underserved in the community.

— As presenting sponsor of the annual Pear Blossom Run/Walk, we encourage exercise and fitness in the community.

7. Respiratory diseases
— Pulmonologists and pulmonary nurse practitioners are being hired for our Medford clinic to help meet the growing demand for this medical specialty.

— Discharged patients with pneumonia and respiratory issues are scheduled to see an Asante pulmonologist to ensure a continuum of care and reduce their chance of being readmitted.

— Telemedicine pulmonary intensivist consultations are being implemented for medical providers treating patients in Asante hospitals in Grants Pass and Ashland.

— The Asante Sleep Center staff is developing a mask fitting clinic to provide fittings and troubleshooting for mask PAP therapy equipment, PAP therapy education and sleep hygiene education to community members using these sleeping devices. Improving PAP therapy compliance and PAP therapy adoption has been shown to improve the health outcomes of patients with obstructive sleep apnea.

8. Cancer
— Members of ARRMC’s Cancer Services department participate in a regional cancer committee.

— A gynecologic cancer support group for community members is being created for any community member diagnosed with this form of cancer. It will be the only support group of its kind in Southern Oregon.

— The hospital partners with Oregon Health & Science University to bring a cancer specialist and surgeon to Asante Rogue Regional monthly, so patients do not need to travel for this service.

— An oncology nurse navigator was hired for all cancer types to help patients through diagnosis, treatment and recovery.

— 3-D mammography technology was recently installed at the imaging center for enhanced detection of breast cancer.

— With financial help from the Asante Foundation, free and reduced-cost mammograms are offered to community members who are uninsured or underinsured.

— Breast MRI capability was added for enhanced detection of breast cancer.

— An ear, nose and throat physician was recently hired to do neck and throat cancer surgeries so patients do not need to travel for this medical procedure.

— 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.

— Through the Cancer Committee, Asante will be partnering with Gastroenterology Associates to promote education and screening to community members during National Colon Cancer Awareness Month.
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— Pulmonology is planning an inaugural education event: Shine a Light on Lung Cancer. The event will be offered at no cost to the public to increase awareness of lung cancer symptoms, detection, prevention and treatment.

9. Disability and health
— Endocrinologists and advanced practitioners are being hired for patients with chronic autoimmune diseases (e.g., rheumatoid arthritis and lupus) to help meet the growing demand for this medical specialty.
— Additional neurologists are being sought to care for people with chronic neuromuscular diseases (e.g., multiple sclerosis, muscular dystrophy and ALS) to help meet the growing demand for this medical specialty.

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.
— Licensed clinical social workers are being hired at Asante medical clinics in Medford to help victims of abuse in an outpatient setting.
— Asante provides funding to the Hearts & Vines organization to benefit youth and family programs that help reduce domestic violence through education, prevention and intervention.
— 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 provides funding to the Maslow Project to benefit homeless children through the provision of basic needs, crisis intervention, advocacy, street outreach and essential support services.
— Asante will partner with Kohl’s Cares to provide educational PSAs supporting children’s safety that will be aired on local radio, tv and movie theatre screens.
— With financial support from Asante Foundation, a Pediatric Sexual Assault Nurse Examiner program is being developed with the Children’s Advocacy Center.

11. Tobacco use
— The Asante tobacco use policy was 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.