

COMMUNITY HEALTH NEEDS

ASSESSMENT

St. Charles Madras
Community Benefit Department

2017-19



Message from Leadership

St. Charles Health System has a bold organizational vision: *Creating America's healthiest community, together.*

This vision is our destination. It is the end-goal we are attempting to reach where we can proudly say that to live in Central Oregon is to live in a place where health comes first.

We know that to achieve this vision, we must first look hard at the barriers to health that exist in our communities today and do all that we can to address them through our support of community programs, of wellness initiatives and by looking at ways to improve access to care.

This work goes hand in hand with the efforts we are making inside our health system to build a culture of continuous improvement. We are striving every day to make our processes more efficient and the care we provide safer for those in need. Our strategic goals also include improving the health rankings of Crook, Deschutes and Jefferson counties within the next 10 years.

Of course, we can't achieve these goals on our own. The information presented in the following pages helps us determine which nonprofit organizations we will support through donations of time, dollars and supplies. In turn, we depend on those groups to provide safety net services throughout the region as we all work together toward making our vision a reality.

Sincerely,

Joseph Sluka
President and CEO
St. Charles Health System

Jennifer Welander
Chief Financial Officer
St. Charles Health System

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Executive Summary

St. Charles Health System

Headquartered in Bend, Oregon, St. Charles Health System is an integrated delivery system that provides a full range of quality, evidence-based health care services within a 32,000-square-mile area in Central and Eastern Oregon. The health system owns and operates St. Charles medical centers in Bend, Redmond, Prineville and Madras, family care clinics in Bend, Madras, Prineville, Redmond and Sisters, The Center for Women's Health in Bend and Redmond, an Immediate Care in Bend and Behavioral Health clinics in Bend and Redmond.

St. Charles Madras

St. Charles Madras is a not-for-profit 25-bed critical access hospital located in Madras, Oregon. St. Charles Madras is the only hospital located in Jefferson County and delivers a wide range of quality medical services to the residents throughout the region.

Identifying community significant health needs

Background

As defined by federal regulations of the Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010, each not-for-profit hospital facility must complete a Community Health Needs Assessment (CHNA) and accompanying CHNA implementation strategy once every three years. The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- identify strengths and needs of a community
- enable the community-wide establishment of health priorities
- facilitate collaborative action planning directed at improving community health status and quality of life

In 2014, the above mentioned regulations were updated. The updated final rules were issued on Dec. 31, 2014 and applied only to taxable years beginning after Dec. 29, 2015. One of the major updates to these guidelines relates to what must be included in the CHNA. In short and most notably:

- when data is obtained from an external source, the CHNA report may cite the source material rather than describe the method the data was collected
- in the event the hospital solicits but cannot obtain input from a source, the CHNA report must describe the hospital's efforts to solicit input from such sources
- the report must include an evaluation of the impact of any actions taken since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in that hospital's prior CHNA(s)
- hospitals no longer must include a description of potential measures to address the significant needs that have been identified, but must still include a description of potential resources identified through the CHNA to address the needs

Although this document in full reflects and meets all of the updated regulations, the above is not a full description of those regulations. To see all of the updated requirements, please visit <https://www.irs.gov/pub/irs-drop/n-11-52.pdf>.

Methodology

In order to prioritize the varied health needs of Jefferson County, the defined community served by St. Charles Madras, an extensive review of existing health data, community partner information and a professionally facilitated phone survey were conducted and completed as part of the CHNA research.

The St. Charles Health System Community Benefit department began the CHNA process by first compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population's health. Once the initial analysis of the secondary data was complete, the team continued the process by performing phone surveys of the St. Charles Madras community during the second quarter of 2016 through a contractual partnership with DHM Research. In addition, the Community Benefit department also collected input from key stakeholders throughout the St. Charles Madras defined community regarding their thoughts on the community's key health needs, partnerships and opportunities for improvement as well as community assets and resources to assist with those selected needs.

St. Charles Madras significant health needs

At the end of this process, St. Charles Madras representatives reviewed all of the available information, including:

- Most recent health data
- Input from community members with expertise in their field and this region
- Community survey results
- Community assets available to address needs

After this review, the significant health needs were selected and prioritized as follows:

1. Social determinants of health
 - a. Health and education
 - b. Jobs
 - c. Housing
2. Timely access to health care
3. Behavioral health identification and awareness
 - a. Substance abuse
 - b. Suicide prevention
4. Eating healthy/nutrition/wellness
5. Physical Health
 - a. Diabetes
 - b. Oral health

Communication plan

On Oct. 28, 2016 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Madras CHNA.

The 2017-2019 CHNA will be made widely available to the public via our St. Charles Health System web site, digital platforms and internally via our intranet, along with the immediately preceding CHNA, prior to Dec. 31, 2016, and in hardcopy format when requested. All who participated in the CHNA research along with other community partners will be notified of the finalized document, provided instructions on how to garner a copy of the assessment and will be encouraged to share it with their constituents.

Introduction

Mission, vision and values

Our Vision: Creating America's healthiest community, together.

Our Mission: In the spirit of love and compassion, better health, better care, better value.

Our Values:

- Accountability
- Caring
- Teamwork

Recognizing that St. Charles Health System has grown and changed dramatically over the past decade, the St. Charles Board of Directors adopted a new vision, mission and values in 2013 that outline the organization's path for the future. The bold new vision statement is our ultimate destination. Our values are the tools we will use each day to achieve our vision and our mission is the heart that drives our actions and keeps us committed to caring for our community.

Community Benefit

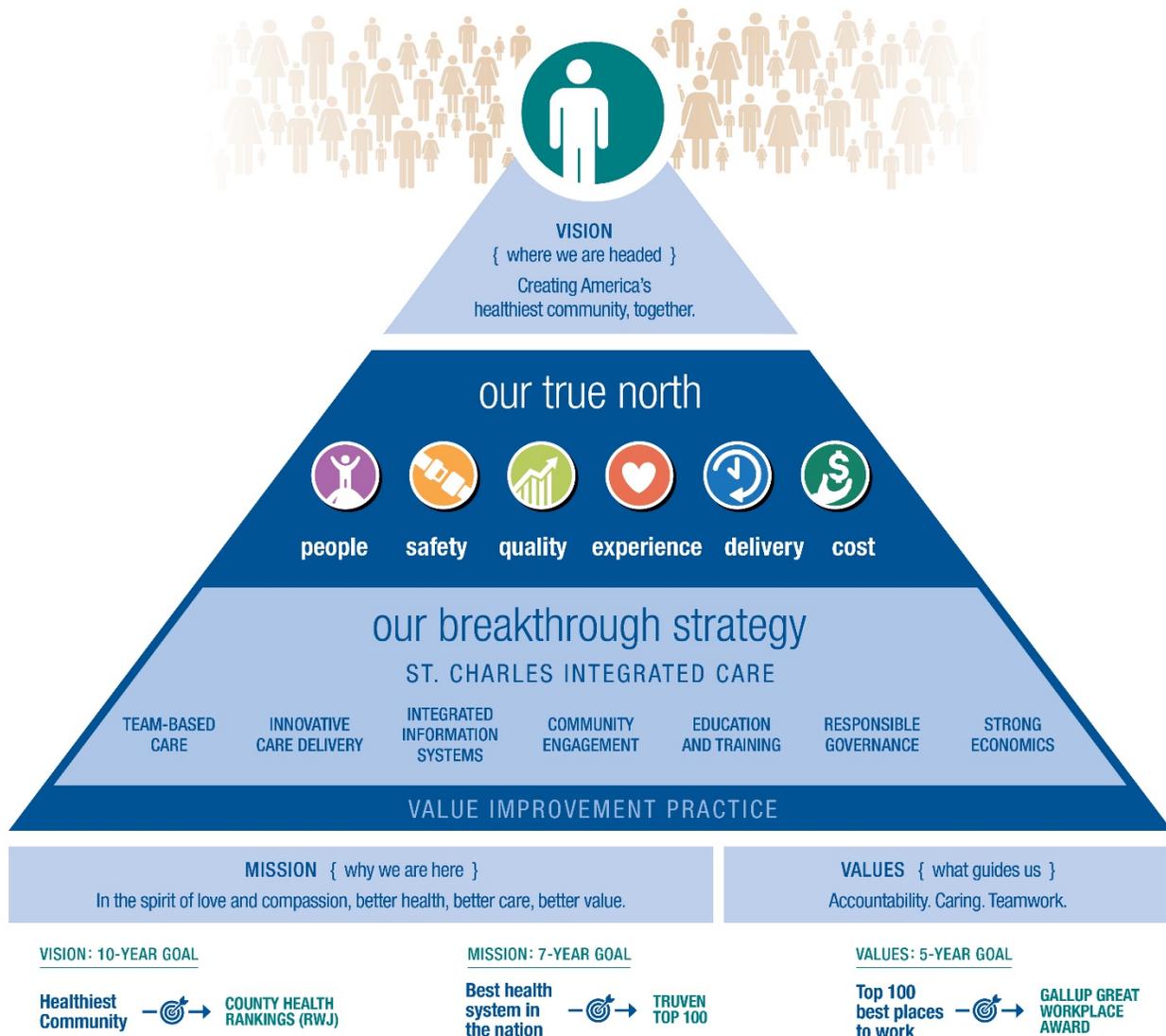
St. Charles Health System officially created the Community Benefit department in early 2012. Each of the facilities in the system has always had programs and services designed to improve health, increase access and provide treatment and promote health and healing for the populations served. The Community Benefit department was created as a way to ensure the system and each of its facilities were tracking and reporting these programs and how they were meeting the other state and federal guidelines for tax-exempt organizations.

This department is dedicated to providing solid research methodology and community involvement to determine the unmet health needs of the communities we serve. The Community Benefit task force, the group that approves the health system's community benefit expenditures, is also chaired from this department. The Community Benefit department tracks each hospital facility's annual community benefit totals and submits these numbers to required government agencies. The St. Charles Madras 2015 Community Benefit expenditures are detailed on page 9.

For any questions related to the Community Benefit department or the Community Benefit task force, please email communitybenefit@stcharleshealthcare.org.

Health System Strategy

In early 2016, St. Charles Health System drafted a new strategic plan that laid out the organization's direction for the next decade. This plan included the organization's *True North, Breakthrough Strategy of Integrated Care*, along with goals related to our mission, vision and values. The diagram depicting this plan can be found on the following page:



As shown in the diagram, the 10-Year Goal for the health system is for the three counties served by our hospital facilities to become the top ranked counties in Oregon by the Robert Wood Johnson Foundation’s County Health Rankings. The health of the community is central to our strategic direction and is something the health system is taking head on. By linking our success to a ranking of our defined communities, St. Charles has made it clear that the community and improving the population’s health is a major priority in all that we do.

St. Charles Madras

For more than four decades, Mountain View Hospital has been a dedicated, dependable health care provider. Founded in Madras in 1967, Mountain View Hospital has been an active partner in the growth and development of surrounding communities. After providing management services to the hospital for many years, St. Charles Health System acquired Mountain View Hospital District in January 2013 through an asset transfer agreement. The decision to become part of St. Charles Health System was made in order for the Madras hospital to share and gain

access to resources necessary to upgrade the facility and implement an electronic health record. At that time, the facility was renamed St. Charles Madras.

In 2015, St. Charles Madras provided more than \$5,987,529 in community benefit to the population it serves. This includes:

St. Charles Madras 2015 Community Benefit Totals	
Community Benefit Type	Amount
Charity Care at Cost	\$459,659
Unreimbursed Cost of Medicaid	\$4,441,828
Unreimbursed Cost of Medicare	\$300,349
Unreimbursed Cost of Other Public Programs	\$493,906
Community Benefit Activity	\$291,787
TOTAL	\$5,987,529

Community health needs assessment overview

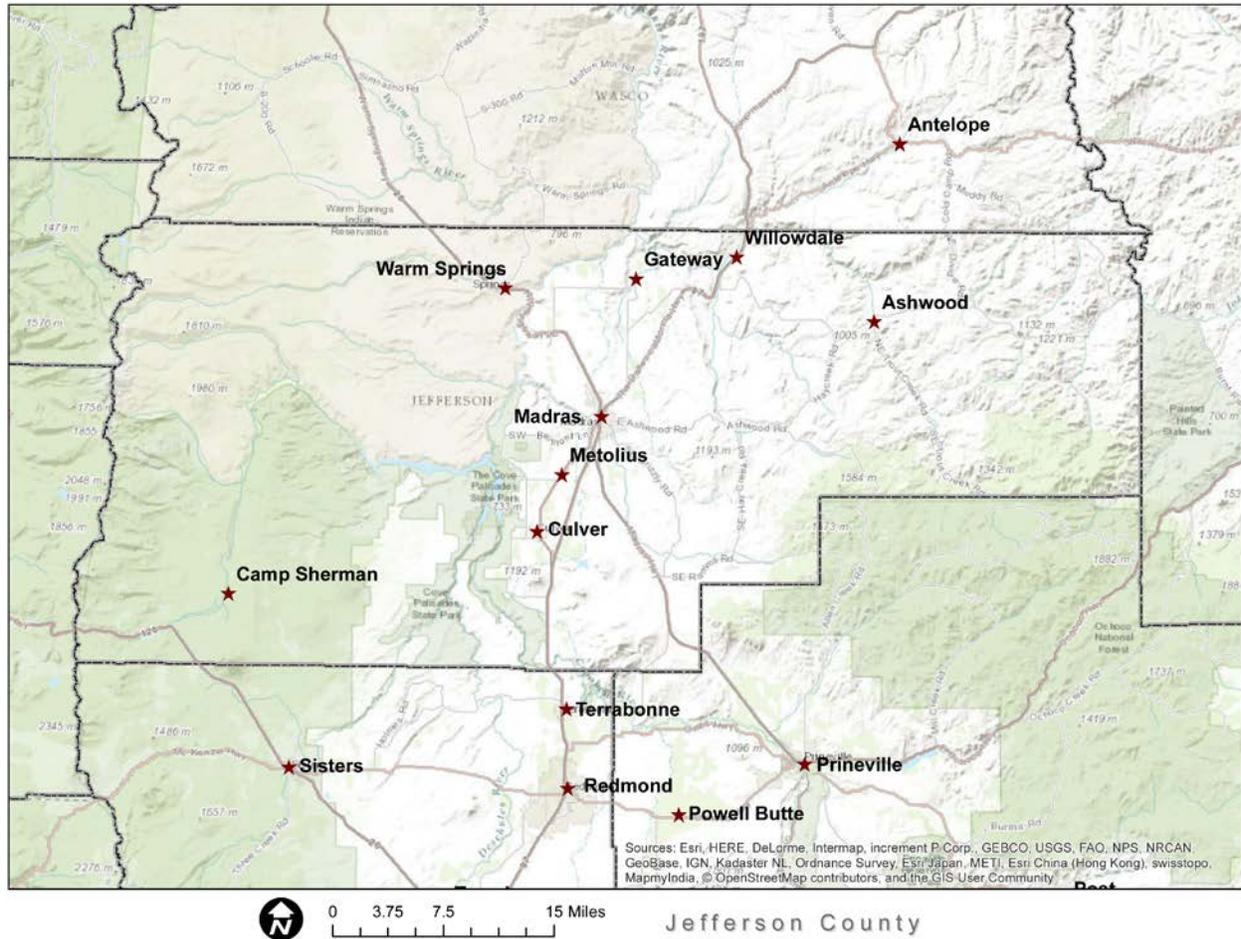
The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- Identify the strengths, the greatest needs and the health care service gaps of the communities served by St. Charles Health System and position St. Charles in a way to best leverage its strengths to respond to these needs
- Enable community-wide establishment of health priorities and seek to identify actions that will lead to measureable health improvements
- Determine which community organizations and non-profits will further the mission of St. Charles through partnerships
- Facilitate collaborative action planning with the community directed at improving community health status and quality of life

The CHNA takes into account the health status of the population throughout a community relying on both primary and secondary data and statistics. After identifying key data, the health needs are then prioritized and the hospital recommends a strategy to address these needs and improve the overall health of the population. This will be the foundation for the St. Charles Madras community benefit efforts for the next three years.

Community Defined

The St. Charles Madras community has been defined as Jefferson County which includes the communities of Ashwood, Camp Sherman, Culver, Madras, Metolius and Warm Springs. Below is a map of Jefferson County, which is neighbored by Crook County to the Southeast and Deschutes County to the Southwest.



When reviewing data points and other documented material, it became clear that in order to pull meaningful information accurately, with the ability to compare our defined community's health status to other communities, defining our facility communities by geographic counties made the most sense. By doing so, information such as *the Robert Wood Johnson Foundation County Health Rankings & Roadmaps*, could be utilized for county health comparison and overall planning and goal setting in relation to the facility CHNA and implementation strategy, as well as linked to our health system's overall strategic goals and direction.

Demographics

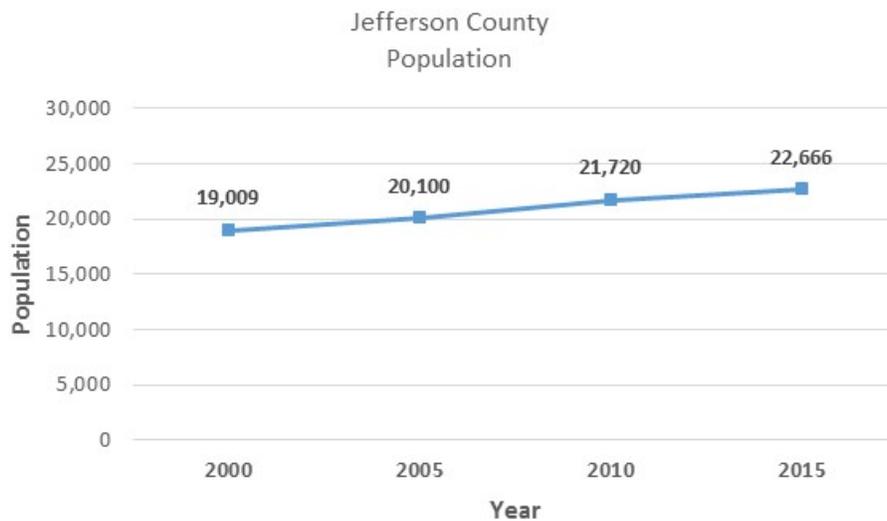
The St. Charles Madras community, as stated previously, is represented by Jefferson County data/information. Although information is available at the county level for most indicators, much of that information is not current—i.e. from the current or immediately preceding year—which

does create an information gap, but we do not feel that this negates the results of the assessment.

Jefferson County facts:

According to the United States Census Bureau, Jefferson County is an area of more than 1,780 square miles¹ located near the center of the state of Oregon. It is one of the counties in the “tri-county” region St. Charles serves along with Crook and Deschutes counties and is the smallest of the three.

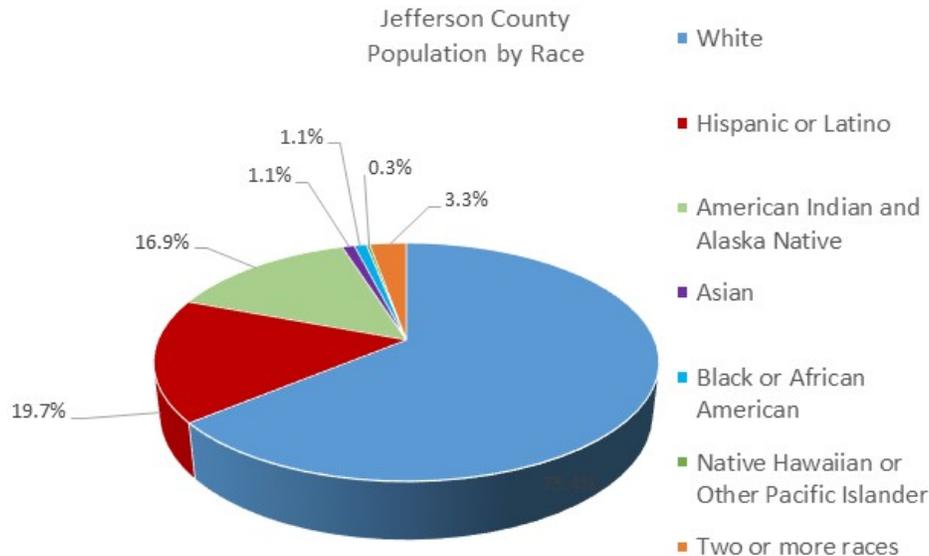
Jefferson County’s population has increased by more than four percent between 2010 and 2015.



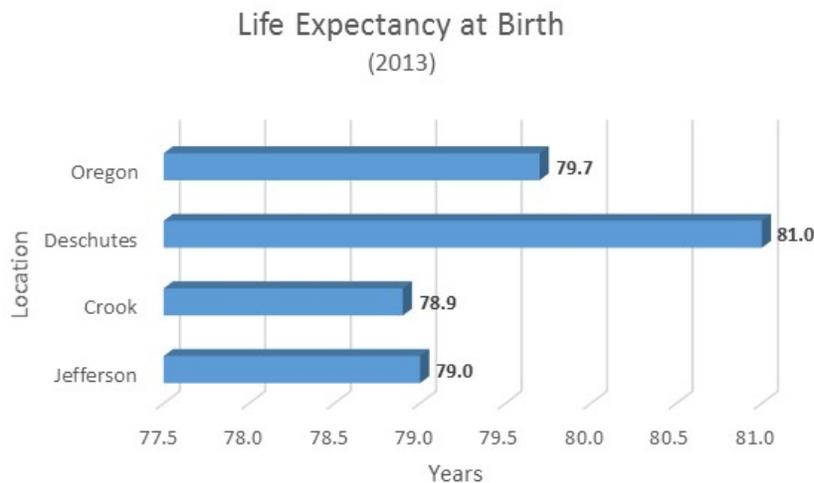
According to the 2015 Central Oregon Regional Health Assessment, one in five people in Jefferson County live in poverty. Nearly one in five students in the Culver School District in Jefferson County were homeless or in unstable housing situations in 2013-2014.

¹ Visit <https://www.census.gov/quickfacts/table/PST045215/41031> for more information.

The majority of the population falls under the *White alone* race category at more than 87 percent, with the second largest group falling under the *Hispanic or Latino* at almost 8 percent.

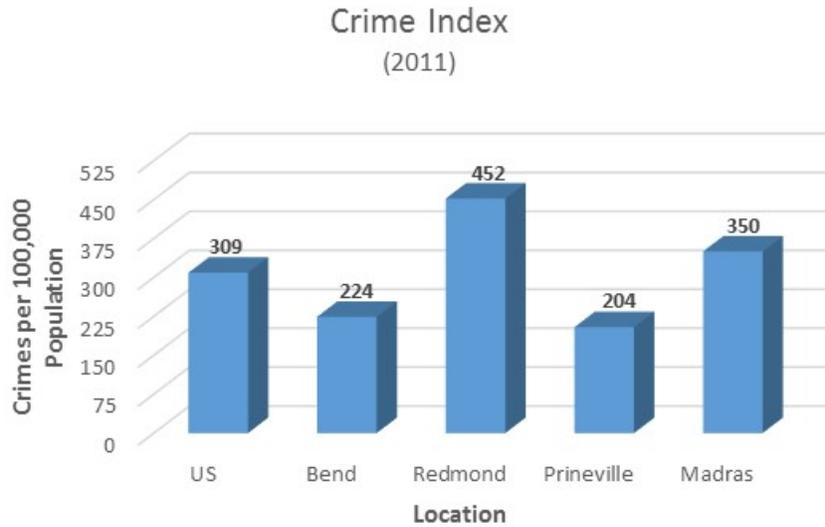


The median household income in 2014 was \$46,588, up from \$35,682 in 2003. In comparison, in the same year, Crook County’s median household income was \$36,158 and Deschutes County’s was \$49,584. Between the years of 2010 and 2014, the high school graduation rate in Jefferson County was just over 84 percent. The life expectancy at birth in Jefferson County was lower than Deschutes and the state of Oregon, but just above that of Crook County².



² Visit <http://cohealthcouncil.org/regional-assessments/> for more information.

The crime index, represented at the city level, indicates a wide variation in crime levels across the tri-county region. The crime index in Madras was 350 per 100,000 population, higher than the U.S. average of 309.



Community health needs assessment background and collaboration

St. Charles conducted this CHNA to analyze the health status of the communities it serves in Central Oregon. Based on research outcomes, programs and services will be aligned to address, identify and prioritize local and regional health concerns.

Data collection and analysis methods

Methodology—secondary research

The process began by compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population's health. All information used in this report was taken from the most recent information available from the listed resources. Secondary information sources included:

- Central Oregon Health Council (COHC) 2015 Central Oregon Regional Health assessment
- COHC 2016-2019 Central Oregon Regional Health Improvement Plan
- The Robert Wood Johnson Foundation's 2016 County Health Rankings
- The Healthy Communities Institute (HCI) Dashboard

A more detailed description of these resources and the information gleaned from them can be found in the *Summary of key findings* section of this document beginning on page 16.

Methodology—primary research

The CHNA was conducted using many forms of data collection and analysis including the following primary research:

Surveys: DHM Research conducted telephone interviews of more than 700 residents throughout the communities (Crook, Deschutes and Jefferson Counties), served by a St. Charles facility to determine the health-related priorities of the population residing in Central Oregon. The survey was designed to establish a baseline of importance, priorities and needs around health and wellness, including access, quality and cost. Respondents were contacted from a list of registered voters, which included cell phones. In gathering responses, a variety of quality control measures were employed, including questionnaire pre-testing and validation. Quotas were set by age and gender to ensure a representative sample. The full DHM Research questionnaire and results can be found in *Appendix VI: St. Charles Health System aggregate DHM results and questionnaire*.

Community stakeholder interviews: The St. Charles Health System Community Benefit department conducted meetings and discussions with local community stakeholders that included, but is not limited to, representatives from each county's public health department. The interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations throughout the Central Oregon region, including the St. Charles defined communities. The majority of these took place at either the interviewee's location, the St. Charles Community Benefit department office or by email/phone, between the months of January and September of 2016. The recommendations

from these organizations were compiled and considered while selecting the significant health needs for the local communities. For a comprehensive list of those organizations that participated specifically related to the St. Charles Madras CHNA, please see *Appendix IV: St. Charles Madras community interview participants*.

Additional Methodology

Previous CHNA reports were made available on the St. Charles Health System website and can be found at <http://www.stcharleshealthcare.org/Healthy-Communities/Community-Health-Department/Community-Health-Needs-Assessment>. Feedback was solicited and readers were encouraged to provide comments and questions regarding the documents by emailing the Community Benefit department at communitybenefit@stcharleshealthcare.org. St. Charles Madras did not receive any comments or questions related to its 2013-2016 CHNA or Implementation Plan.

Information gaps

The most current data available drove the comparison and analysis process for the Community Benefit team. However, the secondary public data available was often not current, with some information gaps and sample sizes so small they may provide statistically unreliable estimates.

Primary data was collected via surveys and interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community. Quantitative information for demographic and health status was available at the county level. Furthermore, as it becomes harder to reach residents by phone, future surveys may consider mixed methodology to better reach residents from small communities.

Summary of key findings

2016 County Health Rankings health indicators

The 2016 County Health Rankings define Jefferson County as the **thirty-sixth healthiest county in the state of Oregon**, out of the 36 ranked³. Two scores were averaged together to get this final outcome:

- Health outcomes: based on how long people live (mortality) and how healthy people feel while alive (morbidity)
- Health factors: includes health behaviors, clinical care, social, economic and physical environment

Jefferson County Rankings		
	2013 Ranking out of 33	2016 Ranking out of 36
Health Outcomes	32	36
Health Factors	33	35
Overall Ranking:	32	36

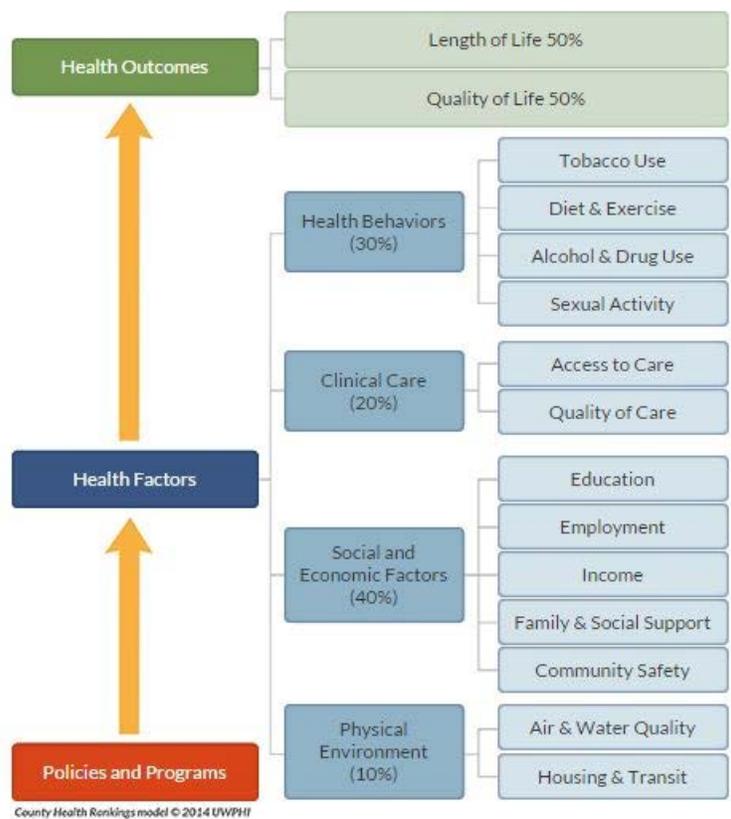
As shown above, Jefferson County dropped in the rankings and is currently ranked the least healthy county in the State of Oregon. The following list shows, in no particular order, which health factors the County Health Rankings suggest should be examined more closely in Jefferson County—a (*) denotes recommended health factors that have remained unchanged since 2013:

- Adult smoking*
- Adult obesity*
- Teen births*
- Uninsured*
- Primary care physician ratio
- High school graduation rate*
- Some college*
- Unemployment*
- Children in poverty
- Children in single-parent households
- Injury death

The *Rankings* are based on the latest data publically available for each county and are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

The following diagram shows the basic methodology used for the County Health Rankings.

³ More information can be found at <http://www.countyhealthrankings.org/app/oregon/2016/rankings/jefferson/county/outcomes/overall/snapshot>.



County Health Rankings, "Our Approach" Model, retrieved at <http://www.countyhealthrankings.org/our-approach>.

2015 Central Oregon Regional Health Assessment

In 2010, public and private health leaders in Central Oregon came together to form a tri-county public/private consortium of providers, payers, public health and safety net interests serving primarily the Medicaid population. The 2011 Legislature passed SB 204 which provided the legal platform for a public/private partnership to exist, and formalized the process for a four-year Regional Health Improvement Plan that would replace all state mandated strategic plans and assessments for public health, mental health, alcohol and drug and children’s services within the three counties. Known now as the Central Oregon Health Council (COHC), this body serves as the governance entity for the region’s Coordinated Care Organization, the payer for the region’s Medicaid population. St. Charles Health System was a founding member of this Council, and still serves as a key board member and strategic driver of its mission.

Under the direction of the COHC, the public health departments of Crook, Deschutes and Jefferson counties collaborated with many other regional partners to create the 2015 Central Oregon Regional Health Assessment (CORHA), the document that precedes the 2016-2019 Central Oregon Health Improvement Plan (COHIP). Participating on this council are each of the three county health department executive directors, as well as leaders from other local organizations, who are acknowledged as experts in their fields for their particular communities. These individuals represent the populations of their communities and bring the needs of these

populations to the forefront of the discussion. Their populations include all socioeconomic levels, minorities and the medically underserved. These organizations are thought of as partners in these documents and in the pursuit of meeting the needs herein. A full listing of organizations participating in the construction of this document can be found in *Appendix III: COHC Central Oregon Regional Health Assessment contributors*.

As stated in the document, the data included in the CORHA comes from a variety of sources including population-level surveys, medical claims, disease registries, birth certificates, death certificates and program records. The CORHA is not a complete look at all health indicators, but rather is meant to be an overview of topics addressed by the regional health delivery system.

After reviewing the data, utilizing their intimate knowledge of the communities and region they serve, the COHC Board of Directors, Community Advisory Council and the Operations Council selected the following priorities, all of which were included as priorities in the prior iteration of the same document:

- Behavioral health (Identification and awareness/Substance use and chronic pain)
- Cardiovascular disease
- Diabetes
- Oral health
- Reproductive and maternal/child health
- Social determinants of health

By having such a diverse list of contributors to the COHRA, the information provided represents input from persons with broad interests throughout the community that each of the St. Charles Health System facilities serves. To see the full report, please visit <http://cohealthcouncil.org/regional-assessments/>.

St. Charles Madras will work with these organizations and others to craft the implementation strategy—the action plan resulting from the CHNA—for the St. Charles Madras community. These partnerships will help to meet these needs through current and enhanced programming, new initiative development and increased prioritization of community health needs.

Healthy Communities Institute health indicators

The Healthy Communities Institute (HCI) developed and maintains a high-quality data and decision support system designed to improve indicator tracking, best practice sharing and community development. The HCI platforms support health organizations in their community and population health strategies. The system measures and tracks changes in quality of life and outcomes for populations in cities and communities around the world.

St. Charles Health System began its partnership with HCI in late 2012 and a unique dashboard for each of the communities served by a St. Charles facility was created. The dashboards are reviewed and discussed intermittently throughout the year by St. Charles Health System Community Benefit department caregivers, with extra time spent during the tri-annual CHNA process cycle. During this process, indicators are analyzed in more detail and potential improvement plans and resources are discussed. In reviewing the available and most up-to-date

information during this CHNA cycle, the following indicators were of highest concern for Jefferson County and the St. Charles Madras defined community:

Adults who Binge Drink: Females MAP	Comparison: OR Counties	
Adults who Binge Drink: Males MAP	Comparison: OR Counties	
Adults who Smoke MAP	Comparison: OR Counties	
Frequent Mental Distress MAP	Comparison: U.S. Counties	
Teens who Use Alcohol	Comparison: OR State Value	
High Blood Pressure Prevalence MAP	Comparison: OR Counties	
Adults who are Overweight MAP	Comparison: OR Counties	
Low-Income Preschool Obesity MAP	Comparison: U.S. Counties	
Teen Pregnancy Rate MAP	Comparison: OR Counties	
Babies with Low Birth Weight MAP	Comparison: OR Counties	
Mothers who Received Early Prenatal Care MAP	Comparison: OR Counties	
Student-to-Teacher Ratio MAP	Comparison: U.S. Counties	
Severe Housing Problems MAP	Comparison: U.S. Counties	

HCI also found the following indicators to be the greatest strengths for Jefferson County and the St. Charles Madras defined community:

Adults with Diabetes MAP	Comparison: OR Counties	
Mothers who Smoked During Pregnancy MAP	Comparison: OR Counties	
Adults with a Usual Source of Health Care MAP	Comparison: OR Counties	

High School Graduation 

Comparison: OR Counties



Renters Spending 30% or More of Household Income on Rent 

Comparison: U.S. Counties



Median Household Income 

Comparison: U.S. Counties



To view these dashboards in full, please visit <http://www.stcharleshealthcare.org/Healthy-Communities/CHNA>.

Surveys

During the second quarter of 2016, St. Charles Health System contracted with Davis, Hibbits and Midghall (DHM) Research to perform a needs assessment to aid in determining the health-related priorities of the population residing in Central Oregon. More than 700 telephone surveys were conducted across the St. Charles Health System service region. These telephone surveys took place between the months of April and June and respondents were contacted from multiple lists including cell phones. The sampling included individuals from all age, employment, ethnicity, income and education segments. A full description of the survey process and a listing of the survey questions can be found in *Appendix VI: DHM Aggregate St. Charles Health System results and questionnaire*.

The DHM report provided valuable information for St. Charles Health System and the CHNA. The summary and recommendations from the report, including observations specific to St. Charles Madras include the following:

Central Oregon residents are highly satisfied with the quality of health care in their community.

- Crook and Jefferson County residents are the least satisfied, but still pleased (75 percent).
 - Throughout the survey, Jefferson and Crook County residents report facing more significant barriers to care than the other communities.
- Women report a higher satisfaction with health care than men (85 percent versus 75 percent).

Affordability of health care is a growing concern for residents.

- Nearly one in five (18 percent) residents say *affordability/access to health insurance* is their biggest concern; up from 9 percent in 2013.
- Concern about affordability increases with income, from 13 percent of residents with incomes of \$45,000 or less to 27 percent of residents with incomes of \$75,000 or more.
 - About one in four residents who spend more than one-third of their take-home pay on housing say *health care affordability* is their number one health issue.
- Residents say that *affordable housing* (20 percent) and *jobs* (20 percent) would have the biggest positive impact on the health of their community.

- *Affordable housing* is a big issue in Bend (31 percent), whereas jobs are more important to residents in Jefferson County (23 percent) and Redmond (21 percent).

Over 90 percent of residents in Central Oregon have insurance, and at least 60 percent are up to date on physical, vision and dental exams.

The biggest barrier to health care is cost, followed by availability of appointment times.

- Cost is far and away the biggest barrier: nearly four in 10 residents say cost *many times* or *almost always* prevents them from getting care (37 percent).
- Long waits for appointment times (30 percent), getting time off work (19 percent) and a lack of insurance (19 percent) are also common barriers.
 - Long waits for appointment times are a bigger burden for residents under 35 (38 percent) and full-time employees (37 percent).
 - It is most difficult to make timely appointments for residents in both Crook and Jefferson County, where 39 percent and 43 percent stated that it prevents them from getting medical care *many times* or *almost always*.

Crook and Jefferson County residents face additional barriers, such as traveling longer distances for primary care.

- Nearly four in 10 Jefferson County residents had to travel outside their community for primary care (38 percent).
- Crook and Jefferson County residents are less likely to have had a physical, vision or dental exam in the last two years than residents from other communities.
- Both counties stated that location is a barrier, and for Jefferson County the percentage of residents who said location is an issue rose by 10 percent since the 2013 survey.
- Each of the four communities saw an increase in the number of residents who said a lack of child care posed a barrier to getting care since 2013 with Jefferson County seeing a 9 percent increase.

Communities of color are disproportionately impacted by the cost of health care and experience more limited access to care.

- While about one-third of white residents (36 percent) say the cost of health care *many times* or *almost always* prevents them from getting care, more than four in 10 of minority residents (44 percent) say cost is a barrier to health care.
- Minority residents are also less likely to have access to child care, and close to one-quarter (22 percent) say that a lack of child care is a barrier to receiving care, compared to 8 percent of white residents who say it is a barrier.
- Getting an appointment in a timely fashion is harder for residents of color, half of whom say it serves as a barrier (50 percent).

Notably, one in ten Jefferson County residents said *substance abuse prevention programs* would make the biggest positive impact on the community. Additionally,

residents of color were more likely to cite *substance abuse prevention programs* than whites.

Jefferson County residents are the least likely to have a personal doctor.

For the St. Charles Madras community, the top-rated health issues included:

1. Affordable/access to health insurance
2. Staying healthy/staying alive
3. Diabetes
4. Old age—general

When asked what would improve the health of the community most, the St. Charles Madras community responded:

1. Jobs
2. Substance abuse program
3. Education

In 2013, the biggest concerns included substance abuse, obesity and heart disease.

In terms of recommendations going forward, the DHM survey states that additional research in the field would give context to the results. Interviewing residents, especially minorities and those under age 35—may provide answers as to *why* certain barriers are so burdensome and how best they can be addressed. It is also suggested that targeted communication about special programs may ease the burden on residents seeking care but unable to get it. DHM suggests communicating about programs that offer free or reduced-price care, locations that offer flexible appointment times and the difference between urgent care and emergency rooms may improve access and limit unnecessary expenses for some residents.

St. Charles Madras identified health needs

After both the secondary and primary research components were complete, all available information was reviewed, including:

- Most recent health data
- Input from community members with expertise in their field and this region specifically
- Community survey results
- Community assets available to address need

After this review, and based on all of the facts and circumstances present, a list of community needs important to the St. Charles Madras community was compiled and prioritized. The following significant health needs were selected and prioritized as such:

1. Social determinants of health
 - a. Health and education
 - b. Jobs
 - c. Housing

2. Timely access to health care
3. Behavioral health identification and awareness
 - a. Substance abuse
 - b. Suicide prevention
4. Eating healthy/nutrition/wellness
5. Physical Health
 - a. Diabetes
 - b. Oral health

Clinical resources available to address significant health

The St. Charles Madras community—Jefferson County—has a number of resources and health care related organizations that address many of the community’s identified needs. Below you will find a listing of those resources and a brief description.

<i>Resource/Facility</i>	<i>Description/Purpose</i>
St. Charles Madras	25 bed Critical Access Hospital (CAH) located in Prineville, Oregon
St. Charles Medical Group	The physician arm of St. Charles Health System, that employs physicians and medical providers in specialties including primary care, neonatology, pulmonology, oncology, general surgery, sleep medicine and more
Mosaic Medical	Federally qualified health center (FQHC) with a sliding scale for patients with limited or no medical insurance, OHP/Healthy Kids, private insurance and Medicare
Jefferson County Health Services	Mental and physical health programs, public health, child and family services and maternal health services
Madras Medical Group	Medical group offering full range of primary care services, women’s health, occupational health and other services
Central Oregon Pediatric Associates	Largest pediatric practice in the Central Oregon region
Warm Springs Indian Health Service	Located in the Warm Springs Health and Wellness Center and dedicated to providing quality health care to all eligible American Indians and Alaska Natives in the Warm Springs Service Unit Area
BestCare Treatment Services	Addiction services and rehabilitation
Advantage Dental	Largest provider of dental care services for Medicaid and indigent adults and children in the tri-county region

The above table is not meant to be all-encompassing, but instead an example of potential resources. In addition to medically based health care facilities, Jefferson County has a number of local organizations that serve the needs and support the populations of the St. Charles Madras defined community. For a more in-depth list of potential community resources and assets, *Appendix V: St. Charles Madras potential community resources*.

Next steps: Implementation strategy

The St. Charles Madras CHNA identified and prioritized needs that will be the basis for the subsequent St. Charles Madras implementation strategy. The implementation strategy is the written action plan resulting from the CHNA that addresses and responds to each of the needs identified for each of the St. Charles hospital facilities. In this plan, a description of how St. Charles intends to meet its prioritized needs will be included, as well as a description of the health needs that St. Charles does *not intend* to meet—and why. The needs that St. Charles Madras intends to work toward improving, become the St. Charles Madras priorities for the 2017-2020 CHNA/RHIS cycle. This plan will showcase plans to improve upon the selected priorities and move the dial toward community health improvement.

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3. **Robert Wood Johnson Foundation**, “2016 County Health Rankings.” Retrieved at <http://www.countyhealthrankings.org/app/oregon/2016/rankings/jefferson/county/outcomes/overall/snapshot>.
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Appendices

Appendix I: Previous CHNA efforts and progress

St. Charles Madras 2013 Implementation plan update

In December 2013, the St. Charles Health System Board of Directors reviewed and adopted the St. Charles Madras 2013-2016 Community Health Needs Assessment and Community Health Needs Assessment Implementation Plan documents. The priorities identified for fiscal years 2013-2016 included:

- Obesity
- Childhood preventive health and education

This section of the report provides an evaluation, including actions that were taken and activities that occurred between January 2013 and September 2016 to address the priorities listed above.

OBESITY

Objectives: St. Charles Madras' overall objectives for improving upon obesity levels within its community were to:

- 01.** Increase the population's awareness of obesity as a health issue
- 02.** Improve access to healthy food options
- 03.** Increase physical activity participation levels by providing opportunities to participate

Strategies: The strategies selected to meet the above objectives included:

- Partnering with local organizations to improve healthy eating options including beverages, snacks and meals for school-aged children
- Targeting community benefit resources to support school and community-based athletic programs
- Developing partnerships to create opportunities for increased activity for adults 18 and older
- Supporting local programs that promote healthy eating, active living and/or stress reduction

Results: Keeping the previously mentioned objectives and strategies in mind, the St. Charles Madras facility, in partnership with local organizations, was able to accomplish the following (each result below is tied back to one or more of the objectives listed above as noted in the parenthesis):

- Partnership program funding:
 - KIDS in the Game, funding to provide transportation to after-school sports activities and passes for sporting camps to children who otherwise would be unable to participate **(03)**
 - 509-J School District activity programming **(01, 02, 03)**
 - Oregon State University (OSU) Extensions, after school education/healthy cooking program **(01, 02, 03)**
 - Central Oregon Council on Aging Obesity Prevention for Seniors **(01, 02)**
 - Comunidad Latina En Accion (CLEA) health screening and activity opportunity funding **(01, 02, 03)**

- Ongoing programs (internal)
 - Community education classes
 - Eat for a Healthy Heart **(01)**
 - Prep to Plate **(01)**
 - Preventing Diabetes **(01)**
 - Bariatric Support Group **(01)**
 - Comprehensive Diabetes Self-Management Training **(01)**
 - Community Health Fair participation by Nutrition and Diabetes department and Nurse Navigation **(01)**
 - Healthy recipe publication on system website **(01)**
 - Health Library resource available on system website **(01)**
 - Healthy Communities Institute health indicators dashboard available on system website **(01)**

- New initiatives
 - CLEA health screening partnership and health education to Latino population **(01, 02, 03)**
 - Community presentations for local organizations/employers regarding caregiver fatigue and stress management education and prevention **(01)**
 - Nurse-led hikes with local Latino youth club including physical activity and health and wellness education component **(01, 03)**

Childhood Preventive Health and Education

Objectives: St. Charles Madras' overall objectives related to childhood preventive health and education within its community were to:

- 01.** Increase the population's awareness of and participation in educational programs related to childhood injuries
- 02.** Increase physical activity participation levels by providing opportunities to participate
- 03.** Increase opportunities for children to participate in positive after-school activities that promote movement and engagement
- 04.** Increase awareness and participation in prenatal and early childhood health through collaboration with local partners
- 05.** Increase the number of health education, health promotion and prevention awareness opportunities for school-aged children with the goal of promoting connectivity with physical, behavioral and dental health education
- 06.** Ensure availability of safe assessment and intervention to prevent and intervene in child abuse and domestic violence situations

Strategies: The strategies selected to meet the objectives included:

- Providing community outreach and education through presentations and health fairs regarding injury and accident prevention
- Partnering with local organizations to improve consumer knowledge base of local resources
- Targeting community benefit resources to increase opportunities for school-aged children to participate in athletic and positive after-school activities

- Developing partnerships to increase the number of opportunities for awareness and participation in prenatal and early childhood health
- Collaborating with local groups to offer hands on preventive health activities or programs for school-aged children
- Supporting local programs that promote and provide education related to safe assessment, prevention of and intervention in child abuse and domestic violence situations

Results: Keeping the previously mentioned objectives and strategies in mind, the St. Charles Madras facility, in partnership with local organizations, was able to accomplish the following (each result below is tied back to one or more of the objectives listed above as noted in the parenthesis):

- Partnership Program Funding:
 - Bethlehem Inn emergency shelter, Families First Program providing safety net services for tenant families **(03, 06)**
 - Grandma’s House emergency and transitional shelter for homeless and/or abused pregnant and parenting young mothers **(04, 05, 06)**
 - Healing Reins, funding for expansion of hippotherapy services **(04, 06)**
 - Healthy Beginnings developmental screenings **(05, 06)**
 - KIDS Center (a child abuse intervention center) funding of their forensic examiner **(05, 06)**
 - Mt. Star Relief Nursery, an organization providing comprehensive services for distressed families of very young children **(03, 04, 05, 06)**
 - Saving Grace—Imagine Life without Violence, funding for therapeutic services for children exposed to domestic violence and post-separation violence support and healing **(06)**
 - Family Resource Center parenting class program funding **(01, 04, 06)**
 - Red Cross babysitting/personal safety course funding **(01)**
 - Big Brothers Big Sisters of Central Oregon, funding for their Graduation is a BIG Deal program which focuses on children who are at high-risk of dropping out of school **(03)**
 - Healthy Families of the High Desert funding of *Period of Purple Crying* videos educating new moms about Shaken Baby Syndrome **(01, 04)**
 - Oregon State University Extensions after-school nutrition education/healthy cooking support **(03, 05)**
 - Ronald McDonald House Charities subsidized rent **(04)**
 - Kemple Memorial Children’s Dental Clinic **(04, 05)**
 - KIDS in the Game, funding to provide transportation to after-school sports activities and passes for sporting camps to children who otherwise would be unable to participate **(02, 03)**
 - Kids Club playground and before-school programming **(02, 03)**
 - Madras Aquatic Center (MAC) youth sports capacity building **(01, 02, 03, 05)**
- Ongoing programs (internal)
 - Family Birthing Center tours
 - Community education classes

- Childbirth Education **(04)**
 - Breastfeeding Education **(04)**
 - Breastfeeding Support Group **(04)**
- Health Library resource available on system website
- Healthy Communities Institute health indicators dashboard available on system website
- New initiatives:
 - Helmet giveaways **(05)**
 - Nurse led stress management classes at local organizations working with kids
 - Nurse led CPR, bee sting care and self-care classes to migrant population **(01)**
 - Partnership with OSU Extensions for nutrition education at schools **(03, 05)**
 - Funding of Maternal/Child health home visiting program with Jefferson County Public Health **(01, 04)**
 - KIDS Club before-school program funding **(02, 03)**

Below you will find some of St. Charles Madras' key accomplishments related to the selected priorities of obesity and childhood preventive health and education:

- Provided the opportunity for children to partake in non-traditional sports (i.e. mixed martial arts and ballet) who would otherwise not have the chance to participate, through a partnership with Kids in the Game
- Strengthened relationships in St. Charles Madras community and began conversations around health improvement opportunities and creating partnerships to work toward common goals
- Partnership with local faith-based network to offer increased health prevention related education to the underserved population of Jefferson County, including the *Community at the Park* event
- Coordinated and staffed health screening in collaboration with local Latino group, CLEA, to provide health prevention related education, health screening results and offer resources and healthy activity opportunities

Appendix II: IRS compliance

The below table indicates each IRS Schedule H (Form 990) regulation and the corresponding page where it can be found.

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Appendix III: COHC Central Oregon Regional Health Assessment contributors

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Appendix IV: St. Charles Madras interview participants⁴

<i>Name</i>	<i>Title and Organization</i>
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⁴ This list includes those individuals met with by St. Charles Community Benefit department representatives and is in addition to conversations that took place with individuals involved in the COHC 2015 Central Oregon Regional Health Assessment process.

Appendix V: St. Charles Madras potential community resources⁵

Significant Need	Community Resource
Social determinants of health: Health and education	Abilitree Big Brothers and Big Sisters of Central Oregon CASA of Central Oregon Central Oregon Food Policy Council Central Oregon Pediatric Associates Homeless Liaisons Jefferson County Public Health Department L.I.N.C. Let's Talk Diversity Faith based network Family Resource Center Grandma's House of Central Oregon Healing Reins Healthy Beginnings Healthy Families of the High Desert Housing Works KIDS Center Kids in the Game Kiwanis Club of Madras Local area school districts Local area medical community Madras Lions Club Madras Medical Group Mosaic Medical Mt. Star Family Relief Nursery NeighborImpact Ronald McDonald House Charities Rotary Club of Jefferson County Saving Grace—Imagine a Life without Violence St. Charles Health System facilities, clinics and providers The Center Foundation United Way Warm Springs Indian Health Service Willing to Help
Social determinants of health: Jobs	Central Oregon Community College Local business community Local employment recruitment agencies Jobs for Life Oregon State University Cascades Campus State of Oregon Employment Department

⁵ This listing is not meant to be all-encompassing but instead serves as a small sampling of potential resources related to each significant health need.

Social determinants of health: Housing

Best Care
Bethlehem Inn
Central Oregon Veteran Outreach
Grandma’s House of Central Oregon
Heart of Oregon
Housing Works
NeighborImpact
Saving Grace—Imagine a Life without Violence
United Way
Willing to Help

Timely access to health care

Local area medical community
St. Charles Health System facilities, clinics and providers
Warm Springs Indian Health Service

Behavioral health identification and awareness: Substance abuse and suicide prevention

BestCare Treatment Center
Local area medical community
St. Charles Health System facilities, clinics and providers

Eating healthy/nutrition/wellness

Central Oregon Food Policy Council
Comunidad Latina en Accion (CLEA)
Family Resource Center
High Desert Food and Farm Alliance
Jefferson County Public Health Department
Kids Club
Local area medical community
NeighborImpact
St. Charles Health System facilities, clinics and providers
United Way

Physical health: Diabetes

Jefferson County Public Health Department
Local area medical community
Madras Medical Group
Mosaic Medical
St. Charles Health System facilities, clinics and providers
Warm Springs Indian Health Service

Physical health: Oral health

Advantage Dental
Kemple Children’s Dental Clinic
Local area dental providers

June 2016

St. Charles Health Needs Assessment



Prepared by DHM Research

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Introduction & Methodology

From April 7 to April 11 and June 22 to June 25, 2016 DHM Research conducted a telephone survey of Central Oregon residents living in Bend, Redmond, Crook County, and Jefferson County. The purpose of the survey was to assess attitudes toward health care services in the region, as well as to determine residents' access to health care.

Research Methodology: The telephone survey consisted of 719 residents across the four regions, with 208 residents from Bend, 203 from Redmond, 159 from Crook County and 149 from Jefferson County. The survey took approximately 11 minutes to complete. This is a sufficient sample size to assess resident opinions generally and to review findings by multiple subgroups, including age and gender, and by city.

Extra effort was made to reach residents in Crook County and Jefferson County. The limited lists and smaller population size will continue to present challenges of conducting random and valid survey research. Future surveys may need to use mixed methodology (telephone, online, mail, etc.) to better reach residents.

Respondents were contacted from multiple lists, which included cell phones. In gathering responses, a variety of quality control measures were employed, including questionnaire pre-testing and validation. Quotas set by age and gender to ensure a representative sample of the community at large.

Statement of Limitations: Any sampling of opinions or attitudes is subject to a margin of error. The margin of error is a standard statistical calculation that represents differences between the sample and total population at a confidence interval, or probability, calculated to be 95%. This means that there is a 95% probability that the sample taken for this study would fall within the stated margin of error if compared with the results achieved from surveying the entire population.

	Sample size	Margin of error
Bend	208	±6.8%
Redmond	203	±6.9%
Crook County	159	±7.7%
Jefferson County	149	±8%

DHM Research: DHM Research has been providing opinion research and consultation throughout the Pacific Northwest and other regions of the United States for over three decades. The firm is nonpartisan and independent and specializes in research projects to support public policy making.

Summary & Recommendations

Central Oregon residents are highly satisfied with the quality of health care in their community.

Eight in ten residents (81%) describe the quality of health care in their area as *good* or *very good*. Bend residents are the most satisfied (91%).

Jefferson and Crook County residents are less satisfied, but still pleased (75%).

- Throughout the survey, Jefferson and Crook County residents report facing more significant barriers to care than other residents.

Women report higher satisfaction with health care than men (85% to 76%).

- Other health care research shows women tend to be the primary health care decision makers in households and are trusted messengers about health care.

Affordability of health care is a growing concern for residents.

Nearly one in five residents (18%) say *affordability/access to health insurance* is their biggest concern.

- This is up from 9% in 2013.

Concern about affordability increases with income, from 13% to residents with incomes of \$45,000 or less to 27% of residents with incomes of \$75,000 or more.

- About one in four residents who spend more than one-third of their take-home pay on housing say *affordability* is their number one health issue (22%).

Residents say that *affordable housing* (20%) and *jobs* (20%) would have the biggest positive impact on the health of their community.

- *Affordable housing* is a big issue in Bend (31%), whereas *jobs* are more important to residents in Jefferson County (23%) and Redmond (21%).

Nearly all residents in Central Oregon have insurance, and at least 60% are up to date on physical, vision, and dental exams.

Health insurance coverage ranges from 94% in Crook County to 98% in Bend. The majority of residents use their insurance.

- 82% have had a physical in the last two years.
- 71% have had dental exams.
- 68% have had vision exams.

The biggest barrier to health care is cost, followed by the availability of appointment times.

Cost is far and away the biggest barrier: nearly four in ten residents say cost *many times* or *almost always* prevents them from getting care (37%).

- Half of residents under age 35 say cost is a barrier to receiving care (50%).

Long waits for appointment times (30%), getting time off work (19%), and a lack of insurance (19%) are also common barriers.

- Long waits for appointment times are a bigger burden for residents under 35 (38%) and full-time employees (37%).

Jefferson and Crook County residents face additional barriers, such as traveling longer distances for primary care.

Nearly four in ten Jefferson County residents have to travel outside their community for primary care (38%), along with 31% of Crook County residents.

- One-quarter of Redmond residents must travel for primary care (25%), and just 13% of Bend residents must do the same.

Jefferson and Crook County residents are less likely to have had a physical, vision, or dental exam in the last two years than residents from other communities.

Communities of color are disproportionately impacted by the cost of health care and experience more limited access to care.

While just over one-third of white residents (36%) say the cost of health care *many times* or *almost always* prevents them from getting care, more than four in ten minority residents (44%) say cost is a barrier to health care.

Minority residents are also less likely to have access to child care, and more than one-fifth (22%) say that a lack of child care is a barrier to receiving care, compared to 8% of white residents who say it is a barrier.

Getting an appointment in a timely fashion is also harder for residents of color, half of whom say it serves as a barrier (50%).

Additional research in the field will give context to the results of this survey.

Interviews with residents – especially minority residents, those living in Jefferson and Crook Counties, and residents under 35 – may provide answers as to *why* certain barriers are so burdensome and how best they can be addressed.

Targeted communication about special programs may ease the burden on residents seeking care but unable to get it.

Communicating about programs that offer free or reduced-price care, locations that offer flexible appointment times, and the difference between urgent care and emergency rooms may improve access and limit unnecessary expenses for some residents.

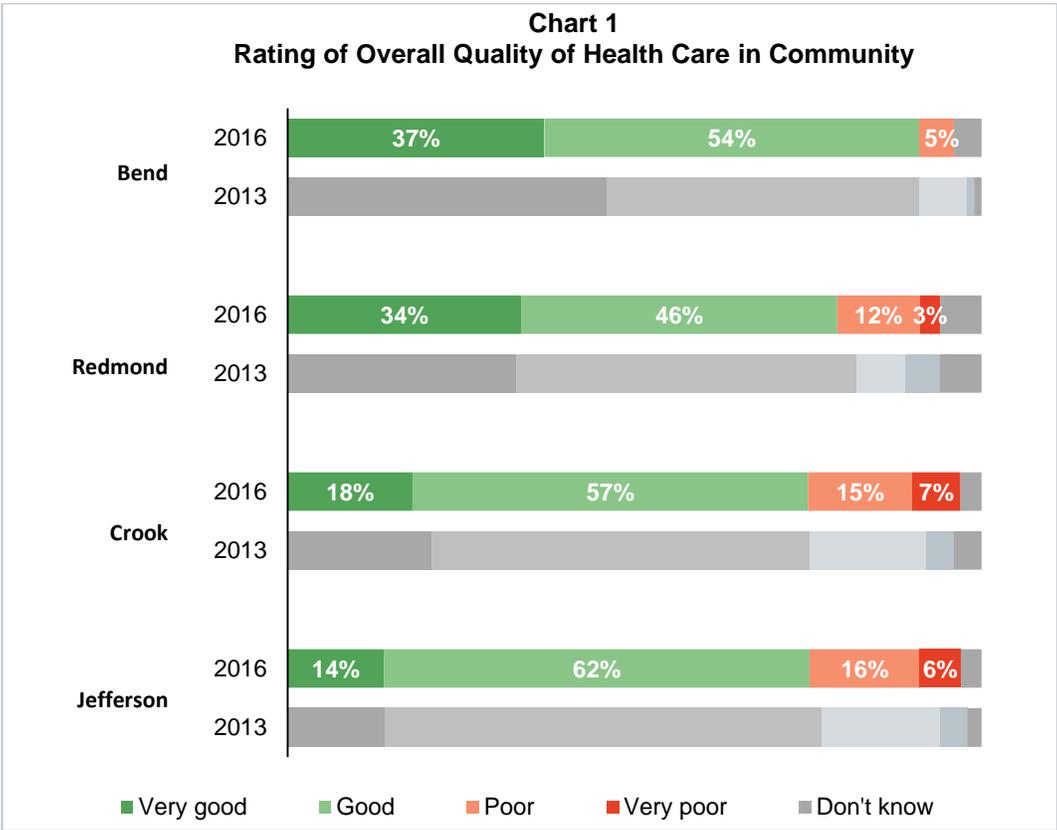
Key Findings

Central Oregon residents were asked about their awareness of and experience with health care.

PRIORITIES FOR HEALTH CARE IN CENTRAL OREGON

Central Oregon residents are satisfied with the health care in their community.

Four in five residents report that the overall quality of health care in their community is *good* or *very good* (81%) (Q1).



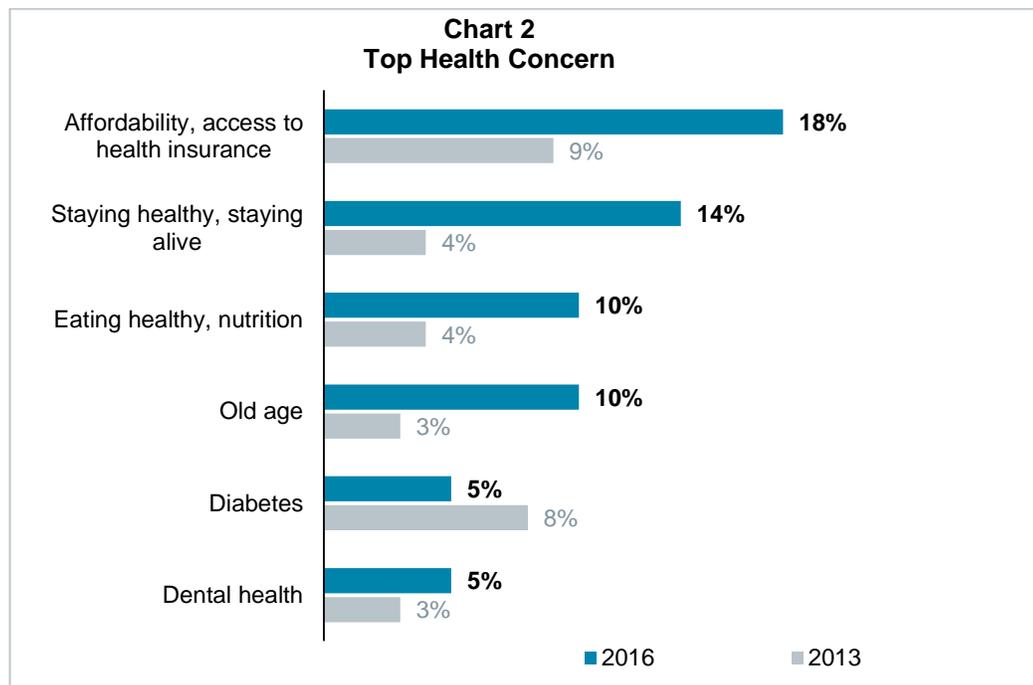
Source: DHM Research, June 2016

Bend residents are the most satisfied, where 91% say their community's health care is *good* or *very good*. However, in Jefferson County, three-quarters of residents report *good* or *very good* health care (75%). As explained throughout this report, Jefferson County residents face greater barriers to health care than do Bend residents, particularly when it comes to the location of care.

Women reported higher satisfaction with health care than men (85% to 76%).

When it comes to health, residents and their families want affordable access to care and simply to stay healthy.

When asked in an open-ended format the number one health issue facing themselves and their families, residents from each community were most likely to mention *affordability/access to health insurance* and *staying healthy* (18%) (Q3).



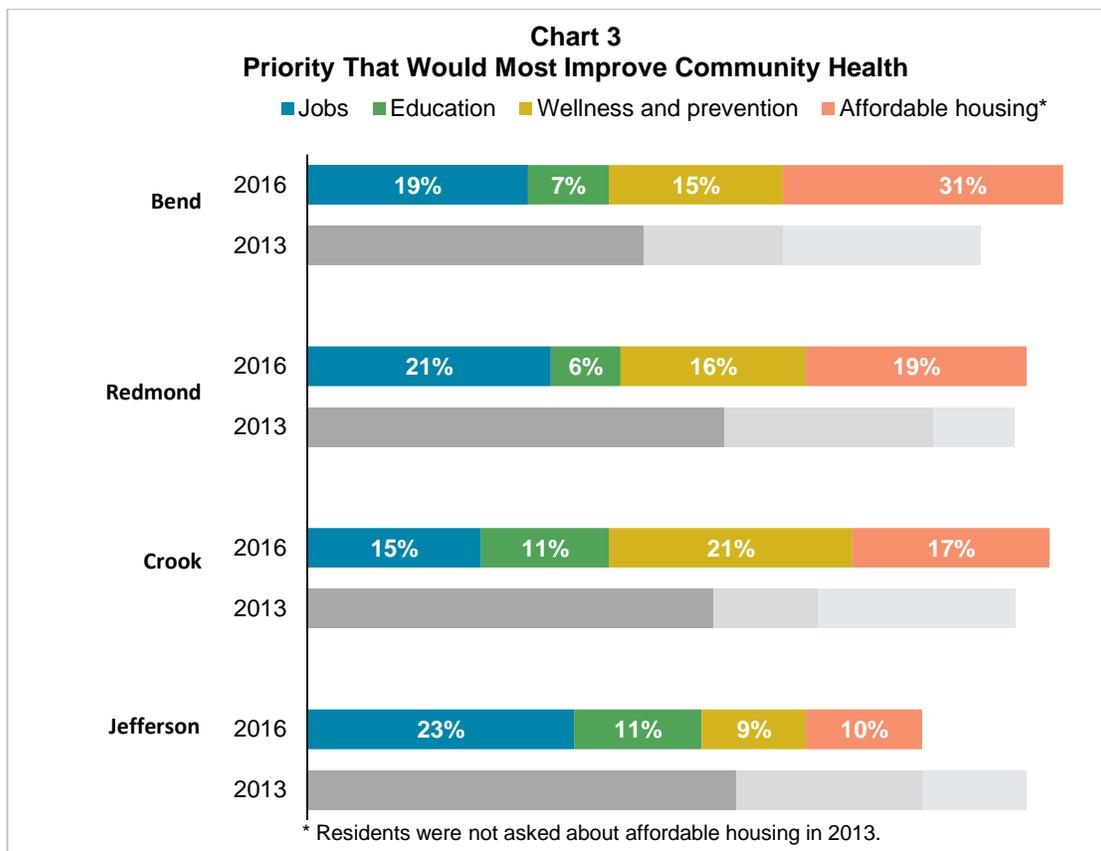
Source: DHM Research, June 2016

Nearly one in four Crook County residents cited *affordability/access to care* (23%), as did 20% of Redmond residents. In Bend, however, *staying healthy* outpaced *affordability/access*, 20% to 17%.

Affordability and access have risen to the top of residents' minds in Central Oregon. In each community, a higher percentage of residents mentioned *affordability/access to care* than in 2013. But priorities differed among age groups. While residents under 55 exhibited a greater concern about affordability (21%), those 55 and older said they were most concerned with old age in general (20%). Concern about affordability was also higher among residents who have children under the age of five in the home (28%).

Residents see major economic issues, like affordable housing and jobs, as critical to the health of residents.

Residents were provided with six different priorities and asked which would most improve the health of their community (Q2).



Source: DHM Research, June 2016

Nearly one-third of Bend residents said affordable housing was the priority that would have the biggest positive impact on health in the community (31%). Residents who said they are housing-burdened, or that they spend more than one-third of their take-home pay on housing (owned or rented), were also likely to cite affordable housing as the thing that would most improve health (28%). Full-time students were especially likely to agree (53%).

In Redmond, residents said both affordable housing (19%) and jobs (21%) were critical to improving the health of the community.

In Jefferson County, residents were also concerned about jobs (23%), while fewer residents cited affordable housing (10%). But notably, one in ten Jefferson County residents said *substance abuse prevention programs* would make the biggest impact (12%). Additionally, residents of color were more likely to cite *substance abuse prevention programs* (13%) than whites (4%).⁶

⁶ These results group together residents who indicated that they were Black/African American, Native American, Asian, Hispanic/Latino, or two or more races rather than reporting on each race or ethnicity separately. This reduces

In Crook County, residents were focused on *wellness and prevention* (21%). Crook County residents were also concerned about *affordable housing* (17%) or *jobs* (15%).

Overall, the communities saw a drop in concern about jobs as they relate to improving health. Some drop should be expected because the 2016 survey included additional categories to choose from. Nonetheless, the drop in residents who said jobs was the thing that would most improve health was sharp, ranging from a 10 to 20 percentage point drop in each community. This decrease was much larger than for any of the other categories.

ACCESS TO CARE

Insurance Coverage

Nearly all residents have health insurance.

More than nine in ten residents in each community have health insurance (Q18). Coverage rates were highest in Bend (98%) and lowest in Crook County (94%).

Each community saw an increase in residents who have health insurance from 2013. Gains in coverage ranged from 11 percentage points in Redmond to 22 percentage points in Bend.

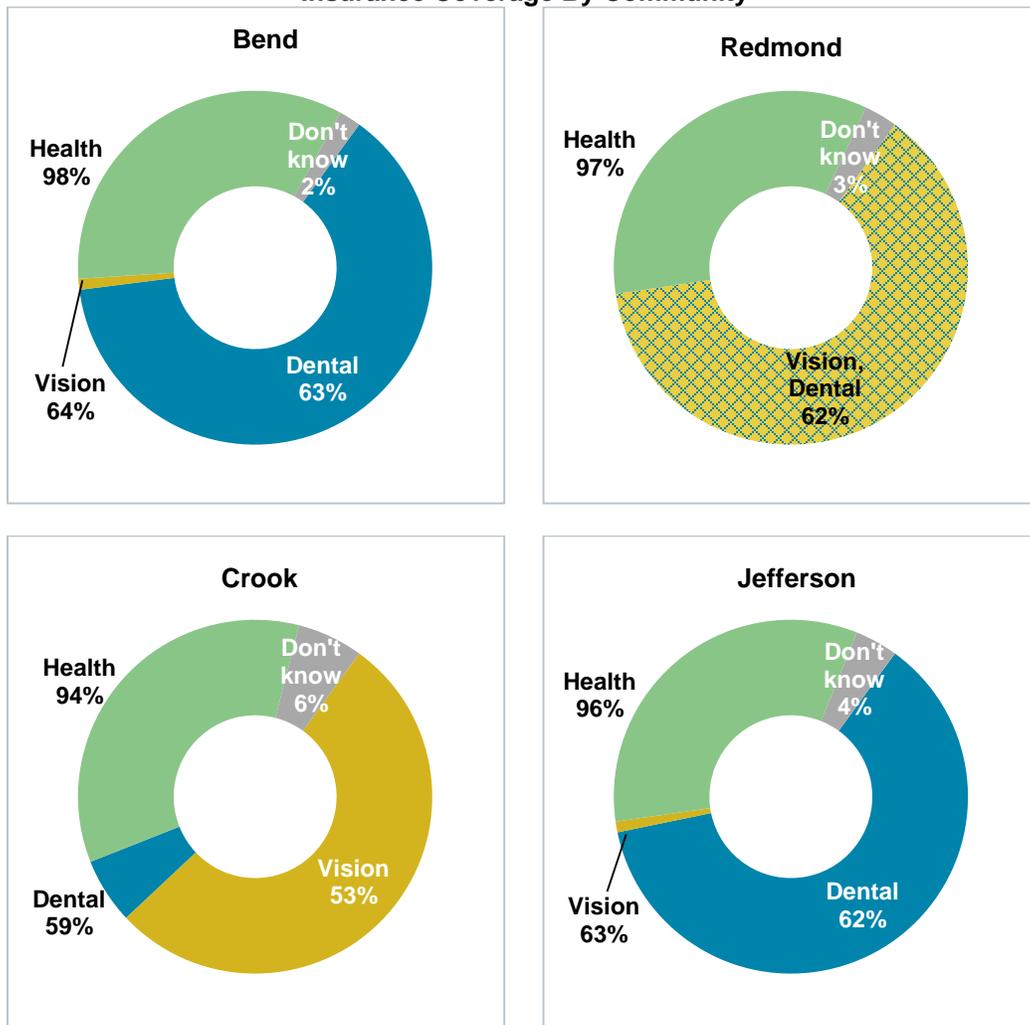
Although most full-time employees and self-employed individuals have health coverage (96%), the figure is lower for part-time employees (87%). All students reported having health insurance (100%).

When it comes to vision and dental insurance, no more than two-thirds of residents in any community have either of these supplemental coverages.

Residents are about as likely to have vision insurance as dental insurance and vice-versa. Residents are more likely to have dental insurance in 2016 than they were in 2013. Each community saw an increase between 7 and 13 percentage points in dental coverage. Residents were not asked about vision insurance in 2013.

the margin of error for the demographic group. For a demographic breakdown of this larger group, please refer to the Annotated Questionnaire.

**Chart 4
Insurance Coverage By Community**



Source: DHM Research, June 2016

More than half of part-time employees have dental insurance (57%) and vision insurance (55%). On the other hand, fewer than half of self-employed individuals have dental (49%) or vision (37%) insurance.

Primary Care Providers

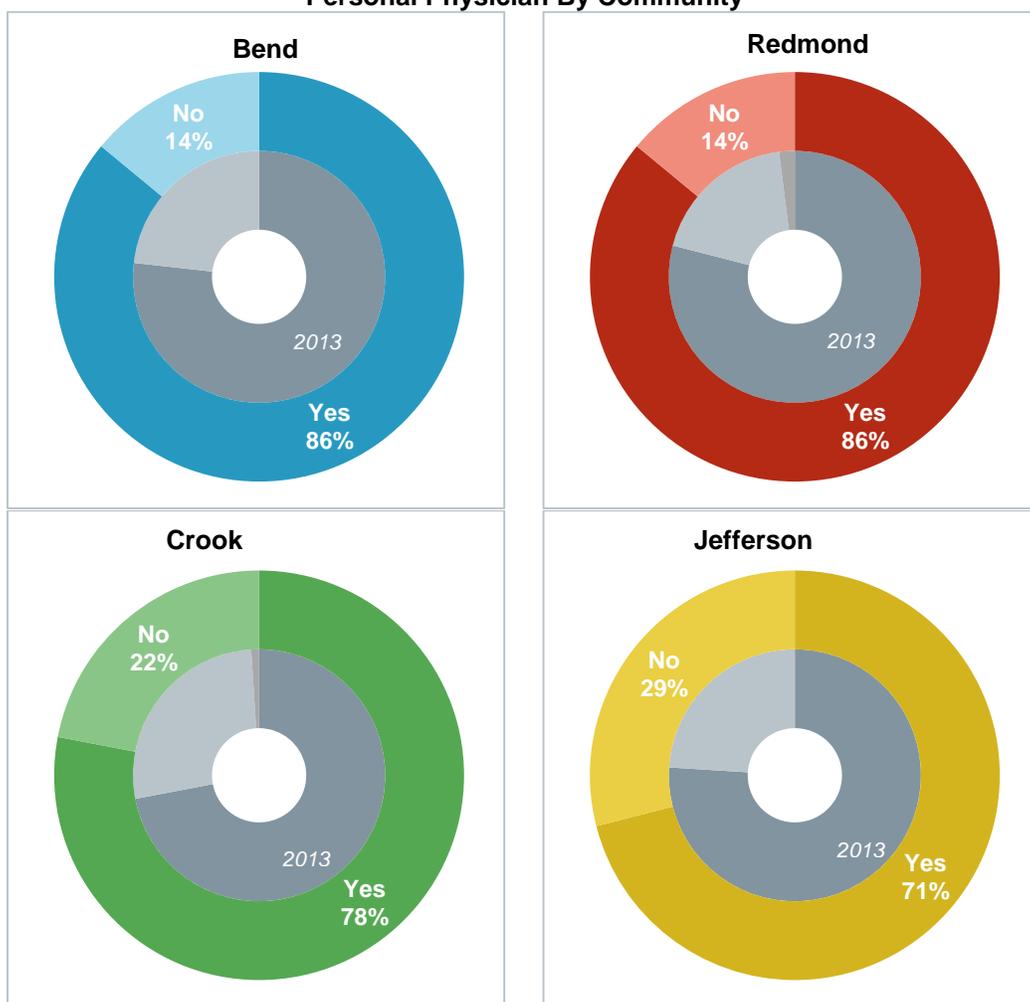
A large majority of residents have primary care providers.

More than eight in ten residents in Central Oregon have a family physician or nurse practitioner (81%) (Q15). Residents of Bend and Redmond are the most likely to have a personal health professional (86%), while residents of Crook County (78%) and aren't too far behind. Jefferson County residents are the least likely to have a personal doctor (71%).

Each community saw an increase since 2013 in the proportion of residents who said they have a physician or nurse practitioner.

There is a significant disparity between the proportion of white residents who have a family physician (83%) and the proportion of residents of color who have one (67%).

**Chart 5
Personal Physician By Community**

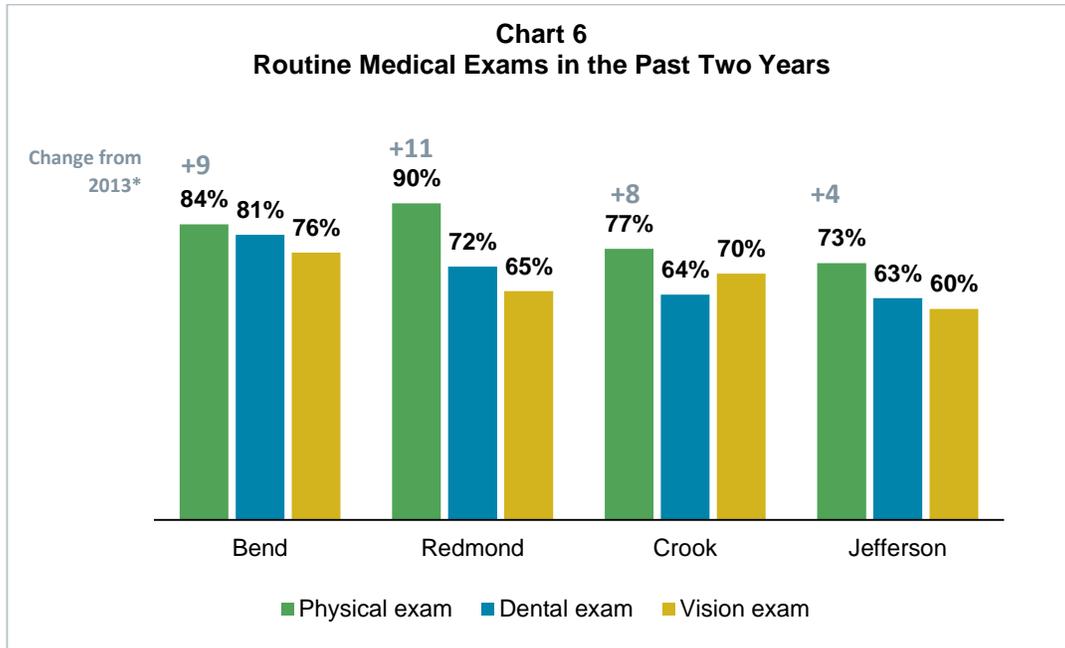


Source: DHM Research, June 2016

Younger residents under the age of 35 were also less likely to have a personal or family doctor (60%). Throughout the survey, residents under 35 indicate that they are more affected by barriers to care. And although all students reported having health insurance, fewer than two-thirds of them have their own doctor (66%).

Routine Exams

At least six in ten residents from each community have had a physical, dental, and vision exam in the last two years (Q19).



Source: DHM Research, June 2016

Between 73% and 90% of residents from each community had physical exams in the last few years. Most communities saw an increase in residents who had recently had a physical.

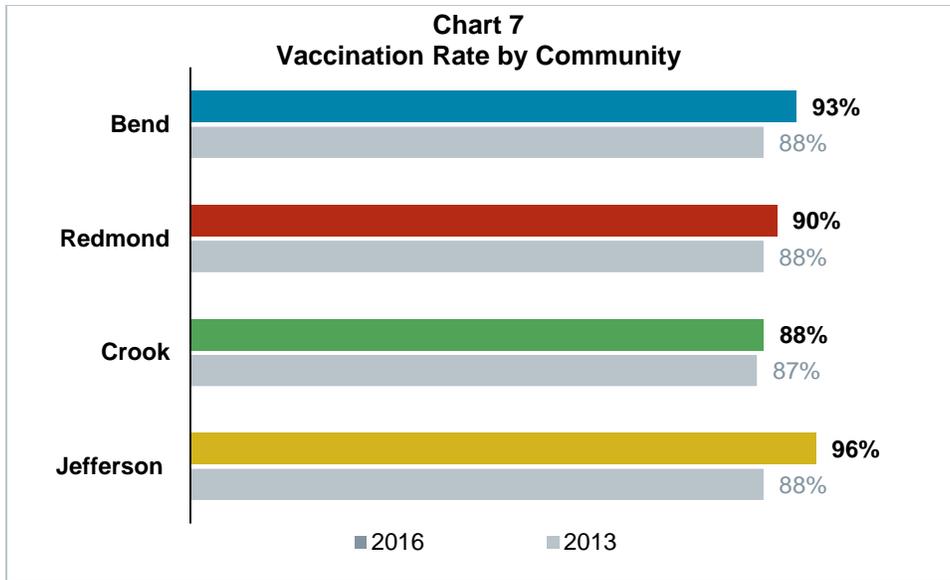
Between 63% and 81% of residents from each community had dental exams in the last two years, while between 60% and 76% of residents from each community had vision exams.

There was notable difference between residents of color and white residents when it came to recent physical, dental, and vision exams.

Vaccinations and Immunizations

About nine in ten residents from each community are up to date on their personal vaccinations and those for their family (92%) (Q20).

All communities reported an increase in residents that are up to date on vaccinations and immunizations. Jefferson County saw the largest increase, from 88% in 2013 to 96% in 2016.



Source: DHM Research, June 2016

Just 8% of residents with children under five years old in their home reported being behind in their vaccinations and immunizations.

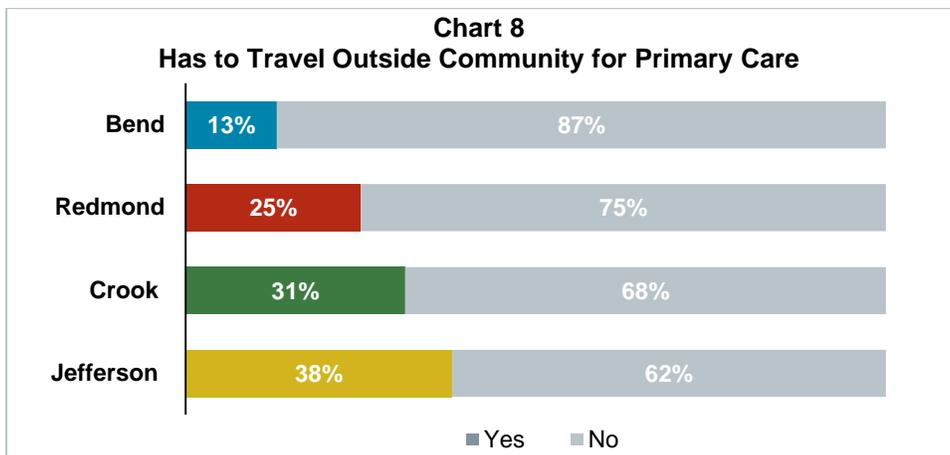
White residents are less likely to be up to date on their vaccinations (91%) than residents of color (96%).

Location of Primary Care

Three in four residents in Central Oregon are able to receive primary care in their own community, while the remaining one in four must travel for care.

Overall, 74% of residents are able to get care in their own community (Q16). Bend residents are the least likely to travel for care; 87% of them said they get primary care locally. Redmond and Crook County are slightly less likely to agree, where 75% and 68% said they receive primary care locally. In Jefferson County, about six in ten residents (62%) said they were able to access primary care within the community, while the remaining 38% did travel elsewhere for this basic service.

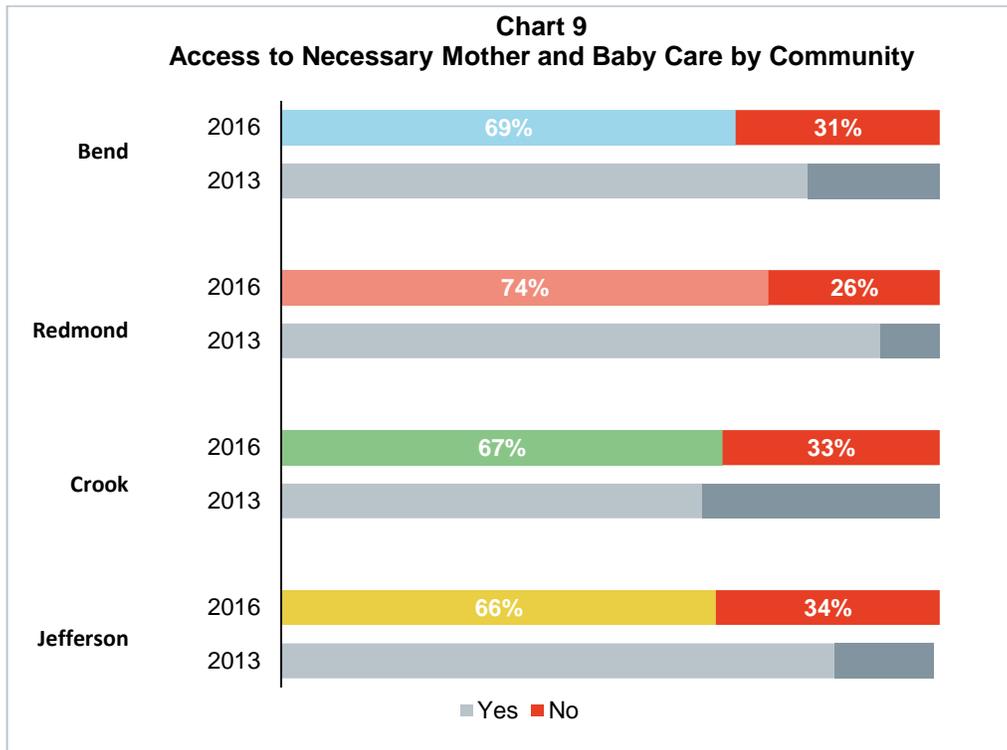
This question was not asked in 2013.



Mother and Baby Care

Most Central Oregon residents don't need access to mother and baby care (60%) (Q17). More than one-third of residents from Redmond (36%) and Crook County (34%) need this type of care; in Jefferson County four in ten residents need this type of care. In Bend, there is a greater number of young families, and 46% of residents need this type of care. The need for mother and baby care grew in each community since 2013.

The need for mother and baby care is fairly equal across communities. Residents who need this type of care are most likely to have access to it in Redmond (74%) and least likely to have such access in Jefferson County (66%).



Source: DHM Research, June 2016

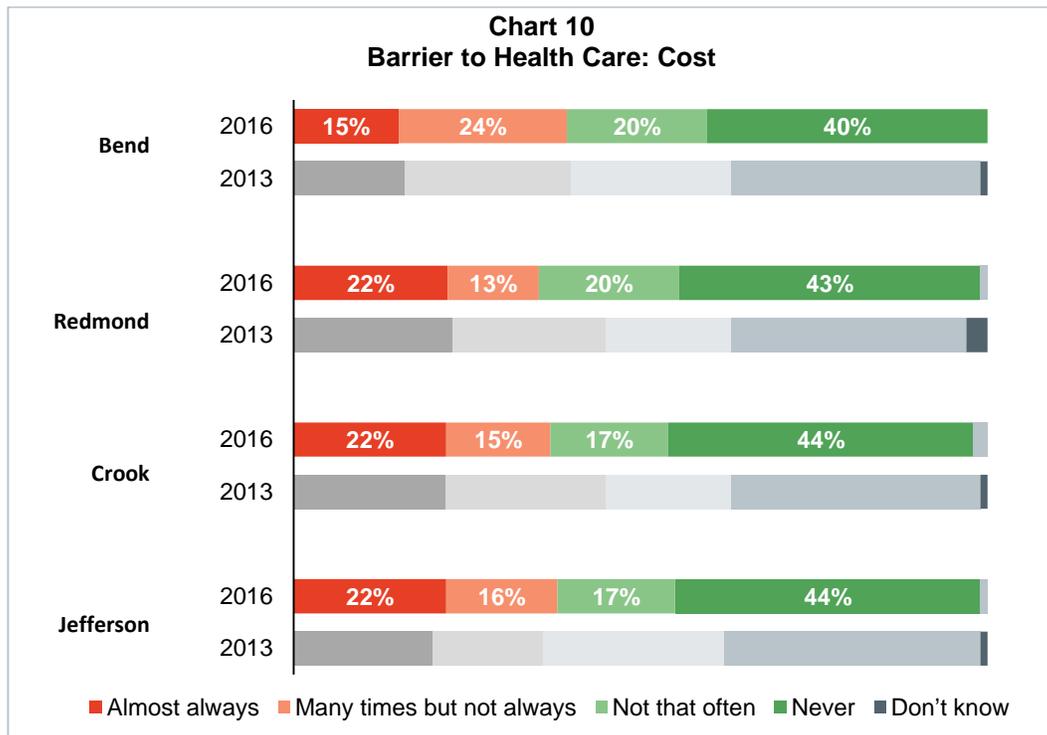
BARRIERS TO CARE

Residents were asked how a series of potential barriers to medical care impact their ability to receive care. Residents chose whether the impediment kept them from getting care *almost always*, *many times but not always*, *not that often*, or *never*. Throughout this section, “barriers” refer to considerations that keep residents from getting care *almost always* and *many times but not always*.

Cost

More than one-third of Central Oregon residents said cost is a barrier to getting medical care.

Across communities, more than one-third residents said that cost *almost always* or *many times but not always* kept them or their family from getting care (37%) (Q4).



There was little difference between communities when it came to cost. Bend residents were the most likely to say that cost is a barrier to getting medical care (39%) and Redmond residents were the least likely to say that cost is a barrier (35%).

These results are very similar to those from 2013. In each community, more residents than before indicated that cost was *never* a barrier. This was most pronounced in Redmond, where 43% of residents said cost *never* keeps them from getting care, compared to 34% in 2013.

Cost disproportionately affects young residents, people of color, and those struggling to make ends meet.

Half of residents under age 35 said that the cost of care prevented them from seeking or receiving medical attention (50%).

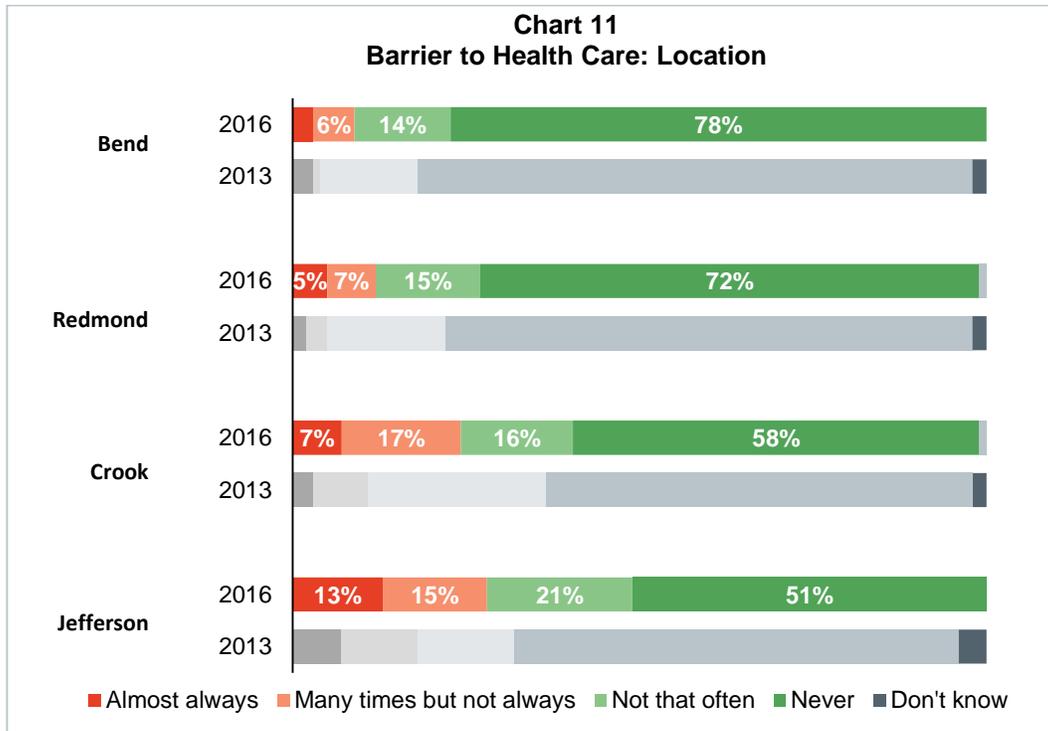
Communities of color are a little bit more likely to say cost is a barrier than whites (44% to 36%).

Nearly half of residents with household incomes below \$45,000 per year said cost was a barrier (48%), and more than half of housing-burdened residents said cost was a barrier (55%).

Location of Care

The location of medical offices poses a barrier to many residents from Crook and Jefferson Counties.

Bend and Redmond residents are not likely to report that the location of where they need to go to receive medical care is a barrier, at 8% and 12% (Q5). However, in both Crook and Jefferson County, location is a barrier for about one in four residents (24% and 28%). In Crook County, the percentage of residents who said location is a barrier rose 13 percentage points since 2013. In Jefferson County, it rose 10 percentage points.



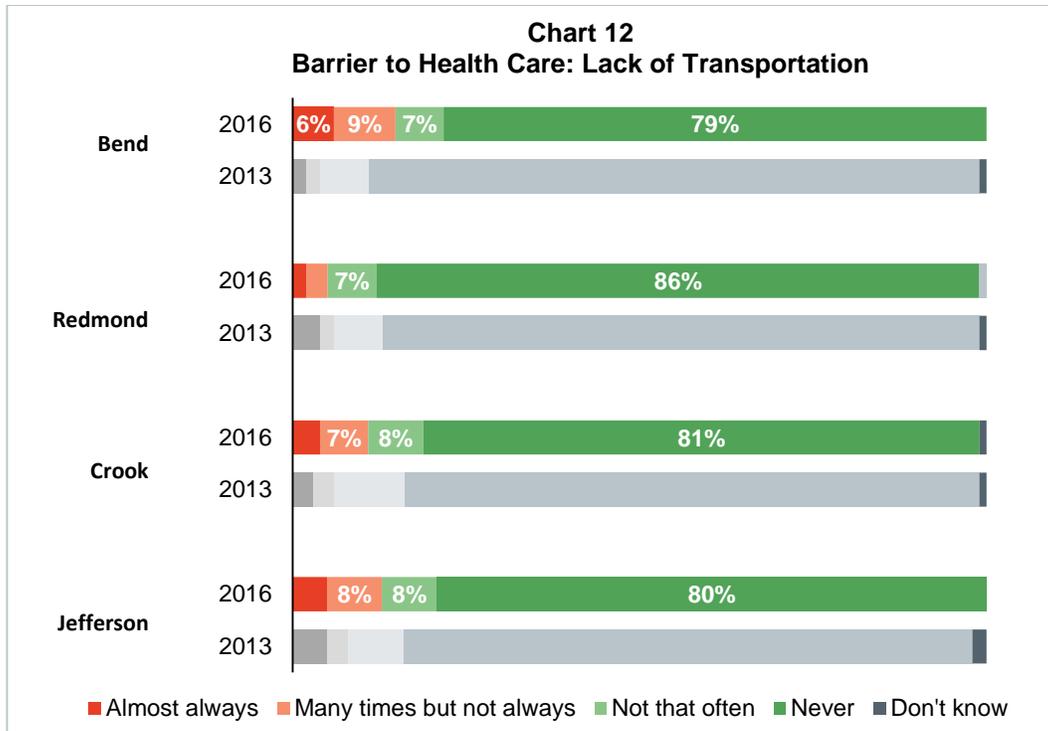
Fear

Few residents reported that *fear or being scared* negatively impacted their ability to get medical care (Q6). In most communities, just a handful of residents said fear kept them from getting care, but in Jefferson County, 10% of residents said they *many times* or *almost always* weren't able to get care because of fear.

The issue of whether fear has an impact on receiving medical treatment could be studied further in a qualitative survey in each of these communities.

Transportation

Across Central Oregon, most residents have the transportation they need to get to medical appointments (Q7).



Bend residents are the most likely to experience difficulty securing transportation to get care, where 15% of residents say transportation serves as a barrier. In both Crook County and Jefferson County, about one in ten say transportation is a barrier (11% and 13%), and in Redmond, just 5% say it's a barrier.

Residents under the age of 35 are more likely to say transportation is a barrier (15%), as are residents making less than \$45,000 per year (15%).

Language Barrier

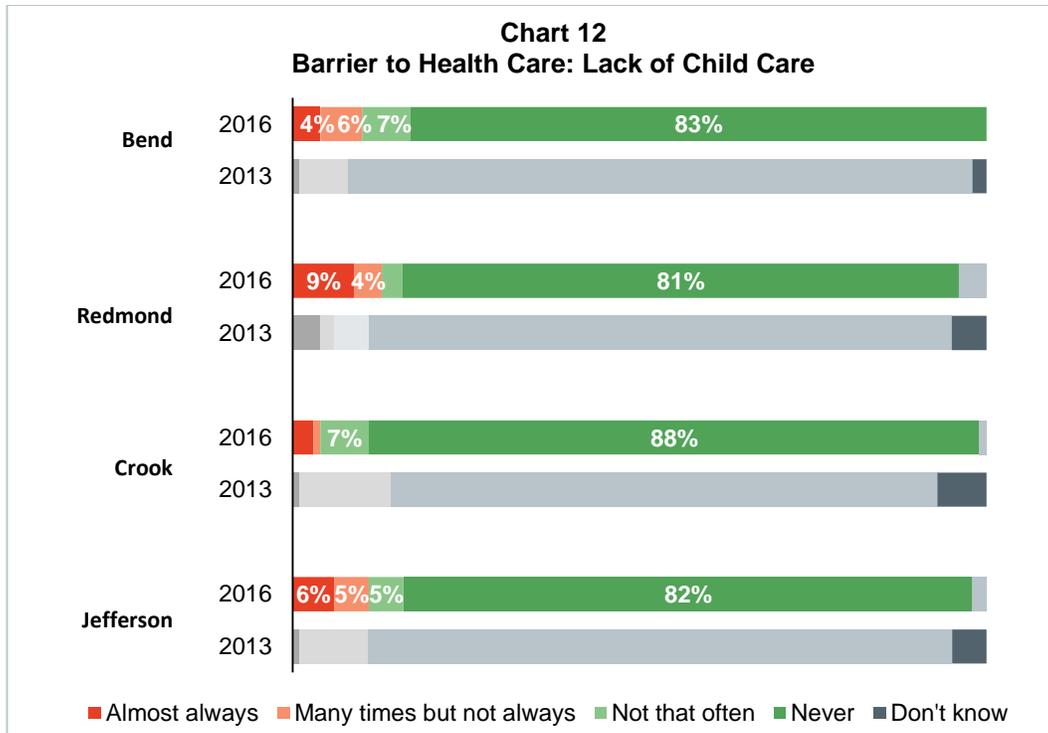
The number of residents in the survey who reported primarily speaking a language other than English in the home was very small, just 11 of 719 respondents. Of these 11 residents, one reported that language posed as a barrier to getting care *almost always* (Q8). Note that one in ten minority residents said a language barrier was *almost always* a barrier (10%).

Additional qualitative research on this subject may help shed light on this issue.

Child Care

A lack of child care disproportionately impacts communities of color.

While just 8% of white residents said child care is a barrier to receiving medical care, more than twice as many residents of color said it was *many times* or *almost always* a barrier (22%) (Q9).



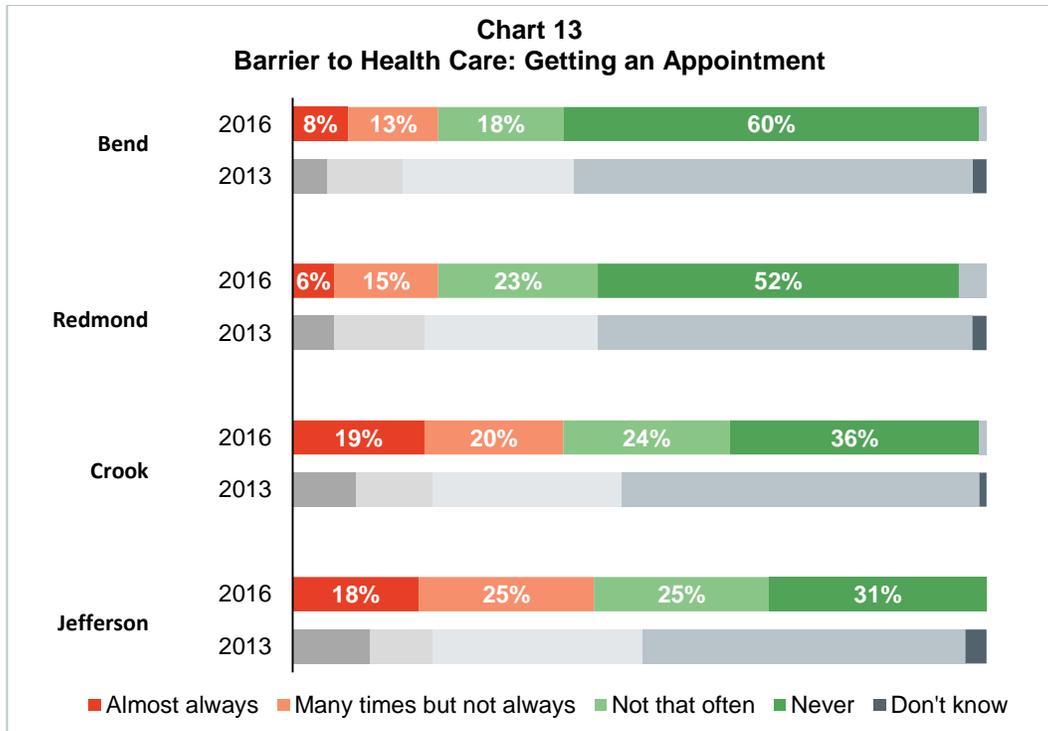
Naturally, residents with children under 5 years old in the home found child care to be a bigger barrier. Of these residents, 30% said a lack of child care was a barrier.

Each of the four communities saw an increase in the number of residents who said a lack of child care posed a barrier to getting care since 2013. Bend and Jefferson County saw the biggest increases, at 9 percentage points each. Redmond residents saw a 7 percentage point increase, and the jump was just 3 percentage points in Crook County.

Timely Appointments

Many residents in Central Oregon find it difficult to make medical appointments in a timely fashion.

It is most difficult to make timely appointments for residents in both Crook and Jefferson County, where 39% and 43% said that it prevents them from getting medical care *many times* or *almost always* (Q10). But even in Bend and Redmond, one in five residents saw an inability to get a timely appointment as a barrier to care (21% and 22%).



Each of the four communities saw an increase in residents who said getting timely appointments posed a barrier, but the largest shifts were in Crook County and Jefferson County. In 2013, 20% of both Crook and Jefferson County residents said it *many times* or *almost always* took too long to get an appointment. In 2016, 39% of Crook County residents said it took too long, as did 43% of Jefferson County residents.

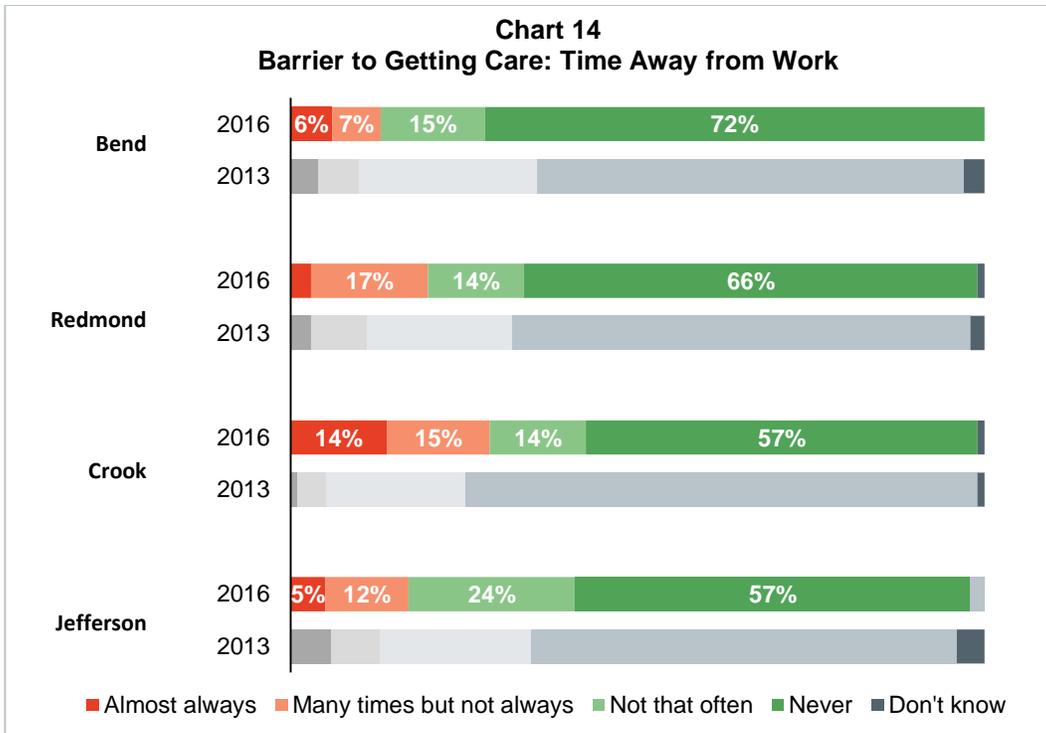
Across all communities, the residents most likely to cite long waits for appointments as a barrier to care were minority residents (50%), residents who must travel outside their community or care (46%), housing-burdened residents (42%), and residents under 35 (38%).

Although the data shows that residents in Crook County and Jefferson County have a harder time getting timely appointments, it is not certain whether this difficulty is primarily due to the fact that these residents are more likely to travel further for care, or whether other factors are in play. Additional qualitative research in the community may help in answering this question.

Time Away from Work

Difficulty taking time off work for appointments has increased for residents of all communities since 2013.

Crook County residents have the hardest time getting away from work for medical appointments, and three in ten say it is a barrier to care (29%). It's less of an issue for residents in Redmond (20%) and Jefferson County (16%), and Bend residents are the least likely to report this barrier (13%).



Each of the four communities saw an increase in residents who reported difficulty getting away from work. The jump was highest in Crook County, where in 2013, just 5% said it was difficult to get away from work for an appointment.

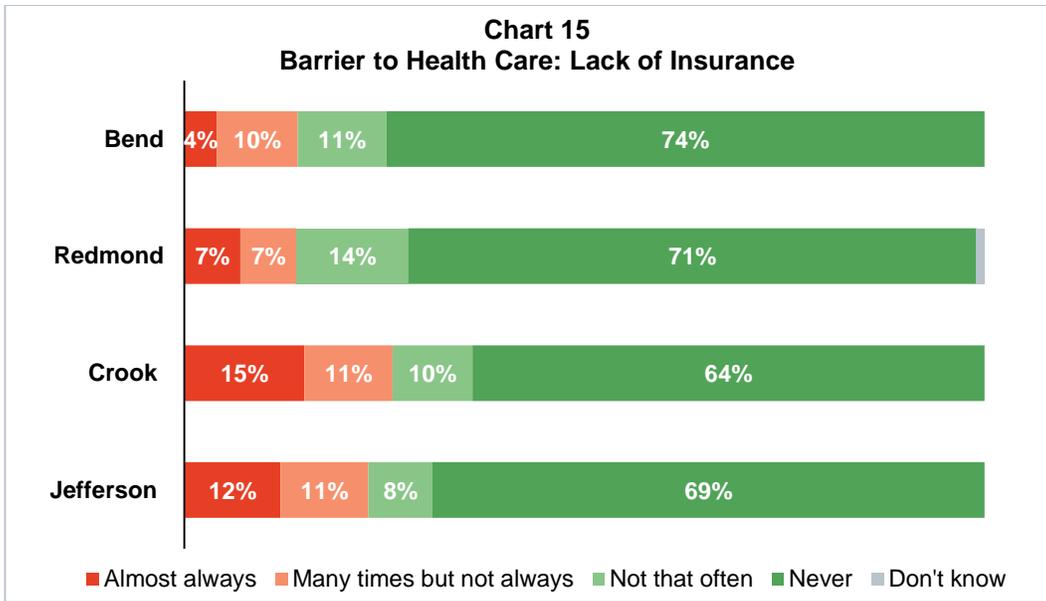
Residents under 35 also reported a tough time; 31% of them said getting away from work was a barrier, as did 33% of full time employees.

Lack of Insurance

Jefferson County and Crook County residents were nearly twice as likely to face barriers related to a lack of insurance than were residents from Bend or Redmond.

In Bend and Redmond, 14% of residents said that a lack of insurance posed a barrier to care (Q12). But in Jefferson County, 23% of residents said it was a barrier, along with 26% of Crook County residents.

Residents of color were more likely to report a lack of insurance as a barrier (24%) than were white residents (18%), but the disparity is not as substantial as it is for some of the other barriers to care.



Again, young residents faced a greater barrier. While 27% of residents under 35 said a lack of insurance *many times* or *almost always* created a barrier, 18% of residents 35 to 54 said lack of insurance was an issue, along with 12% of those 55 and older.

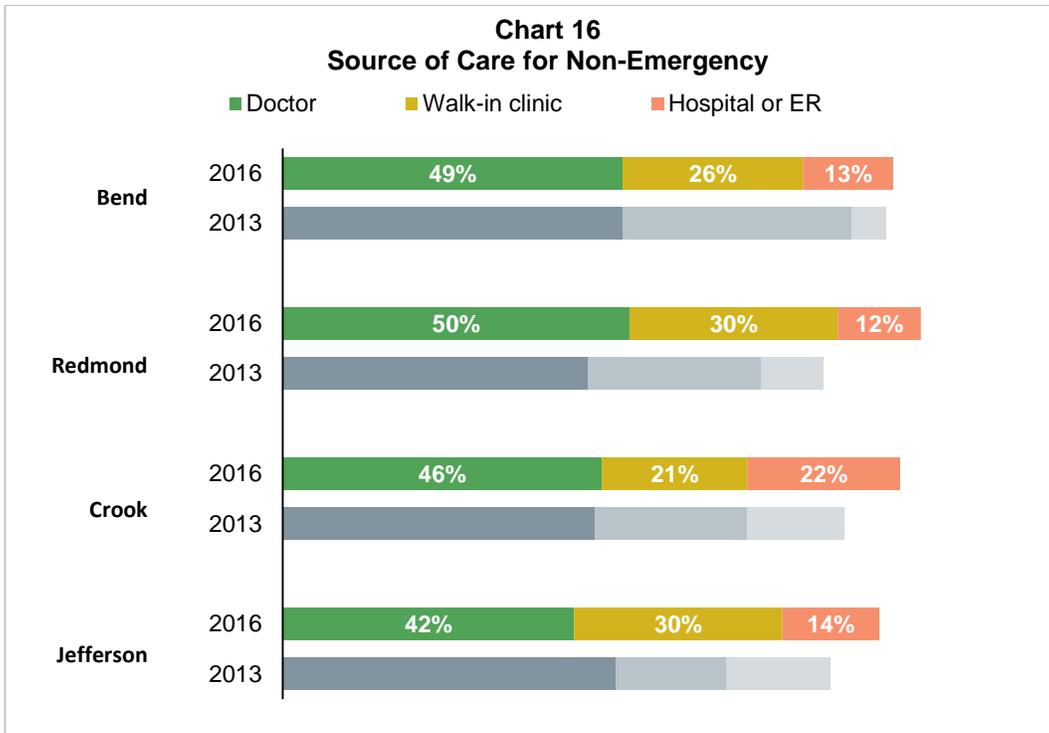
Note that the question did not specify a time period for when a lack of insurance had been a barrier, so some residents could have referred to past experiences. The question did also not specify a type of care, so residents may have referred to dental, vision, or specialty appointments. For the rate at which residents are insured, see “*Insurance Coverage*” above.

This question was not asked in 2013.

PREFERRED PROVIDERS

Most residents across Central Oregon say they would visit their doctor or health professional if they needed care, but walk-in clinics are also a popular choice.

Nearly half of residents across the four communities (47%) said they would visit their *doctor or health provider* if they needed care that was not life-threatening, while more than one-quarter would go to a *walk-in clinic or urgent care* (27%) (Q13). Most residents have traditional health insurance, so it is no surprise that those with health insurance have almost identical preferences: 49% would visit their *doctor or health professional* and 26% would go to a *walk-in clinic or urgent care*. Among residents without insurance, *walk-in clinics* are most popular (45%).



Source: DHM Research, June 2016

Still, between 12% and 22% of residents in each community said they would visit a *hospital or emergency room* for a medical condition that was not life threatening. Crook County residents were the most likely to say they visit a *hospital or emergency room* (22%).

Only a few residents selected one of the other options (*a family member, a retail location such as a pharmacy*) and just 1% of residents said they would *not seek care*.

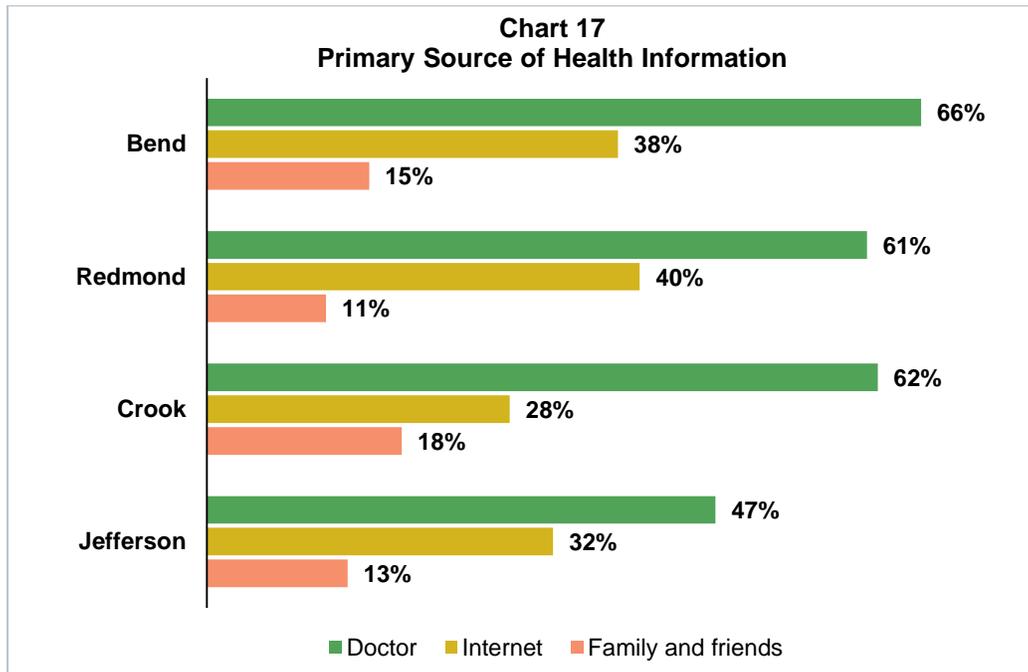
Although personal providers are the top choice overall, many residents don't have a personal physician or nurse practitioner (19%) (Q15). For these residents, *walk-in clinics or urgent care* are the most popular choice (42%), outpacing their own *doctors or health professionals* (23%).

Residents of color, meanwhile, are considerably more likely to visit a *hospital or emergency room* (26%) than are white residents (14%) when they need care for a condition that is not life-threatening.

When it comes to trends, Bend, Crook County, and Redmond residents are now more likely to say they would visit a *hospital or emergency room* than they were in 2013. In Bend and Crook County, residents reported an 8 percentage point increase in the preference for *hospitals*. Redmond residents reported a 3 percentage point increase in preference for *hospitals*.

Although personal physicians and providers are still the top choice for health information, certain residents are more likely to consult the web for information.

Most residents (60%) said they get most of their health information from their *doctor or health professional* (Q14). Unprompted, between about one-half and two-thirds of residents in each community said this was their primary source of health information, and most communities saw an increase in residents who chose their own *doctor or health professional*.



Source: DHM Research, June 2016

Residents were able to provide more than one answer, and many said they consult the *internet or web* for most of their health information (35%). Redmond residents were the most likely to use the internet (40%).

Of the 11 residents who primarily speak a language other than English at home, seven said they used the *internet or web* for most of their health care information, while just one said they get most of the information from their *doctor or health professional*.

Family and friends were also a fairly common choice. Crook County residents were the most likely to consult those close to them (18%). Jefferson County residents were the most likely to say they get their health information from clinics (15%).

With the exception of the increase in reliance on *doctors and health professionals*, primary sources of health care information have stayed fairly stable.

Appendix

St. Charles Health System Community Needs Assessment Study

N=719 total (Bend: N=208, Redmond: N=203, Crook County: N=159, Jefferson County: N=149)

Residents age 18+

11 minutes; April - June 2016

DHM Research

#00374

***Starred questions and response categories are new in 2016 survey*

INTRODUCTION

Hi, my name is _____. I'm with an opinion research firm in Oregon. I'm not selling anything. I have some questions about issues that are important to your community. This shouldn't take too long. And your responses will help improve healthcare in your area. I have some general questions about your community.

S1. Are you 18 or older?

Response Category	Total N=719
Yes	100%
No (Ask to speak with someone 18 or older)	0%

WARM UP & GENERAL MOOD

Would you say the overall quality of health care in your community is very good, good, poor, or very poor?

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
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Very good	27%	37%	18%	14%	34%
2013	29%	46%	21%	14%	33%
Good	54%	54%	57%	62%	46%
2013	52%	45%	55%	63%	49%
Poor	12%	5%	15%	16%	12%
2013	12%	7%	17%	17%	7%
Very poor	4%	0%	7%	6%	3%
2013	3%	1%	4%	4%	5%
(DON'T READ) Don't know	4%	4%	3%	3%	6%
2013	3%	1%	4%	2%	6%

Which of the following would most improve the health of your community? **(Randomize; read list)**

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Jobs	20%	19%	15%	23%	21%
2013	34%	29%	35%	37%	36%
Education	9%	7%	11%	11%	6%
2013	14%	12%	9%	16%	18%
Wellness and prevention	16%	15%	21%	9%	16%
2013	13%	17%	17%	9%	7%
Mental health program	8%	11%	5%	9%	8%
2013	8%	14%	3%	4%	8%

Response Category	Total N=615	Bend N=208	Crook County N=159	Jeff. County N=145	Redmond N=203
Substance abuse program	5%	2%	4%	12%	5%
2013	7%	6%	6%	13%	4%
Dental health	4%	0%	4%	5%	8%
2013	4%	3%	8%	3%	3%
Affordable housing**	20%	31%	17%	10%	19%

Improved transportation access to health care**	9%	5%	11%	10%	9%
(DON'T READ) Don't know	9%	9%	13%	10%	7%
2013	7%	7%	9%	4%	10%

HEALTH CARE PRIORITIES

Now I have some questions about your household.

What is the number one health issue or concern for you and your family? (**Open, probe for specific comments**)

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Affordable/access to health insurance	18%	17%	23%	14%	20%
2013	9%	13%	5%	8%	11%
Staying healthy/staying alive	14%	20%	13%	11%	10%
2013	4%	5%	3%	5%	3%
Eating healthy/nutrition	10%	14%	9%	5%	9%
2013	4%	4%	1%	4%	4%
Old age—general	10%	12%	9%	7%	10%
2013	3%	3%	3%	2%	4%
Dental health	5%	6%	4%	5%	4%
2013	3%	5%	1%	5%	2%
Diabetes	5%	5%	3%	8%	5%
2013	8%	4%	13%	10%	6%
Cancer	4%	4%	5%	4%	5%
2013	4%	3%	7%	3%	2%
Heart disease/heart issues	4%	1%	6%	3%	5%
2013	4%	6%	3%	5%	3%
Obesity/overweight	2%	1%	5%	2%	2%
2013	3%	4%	1%	7%	4%

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Mention of specific disease**	2%	--	1%	7%	--
2013	--	--	--	--	--
Vision health	1%	0%	1%	2%	1%
2013	--	--	--	--	--
All other responses	1% or less	1% or less	1% or less	2% or less	1% or less
2013	2% or less	3% or less	2% or less	3% or less	4% or less
None/nothing	16%	13%	17%	22%	15%
2013	10%	9%	11%	8%	12%
Don't know	1%	0%	1%	3%	1%
2013	4%	6%	6%	3%	2%

When it comes to your own health or your family's health, do the following keep you from getting medical care almost always, many times but not always, not that often, or never? **(Randomize Q4-Q12)**

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
Cost or it's too expensive					
Total, 2016	20%	17%	19%	43%	1%
2013	20%	22%	21%	35%	2%
Bend, 2016	15%	24%	20%	40%	0%
2013	16%	24%	23%	36%	1%
Crook County, 2016	22%	15%	17%	44%	2%
2013	22%	23%	18%	36%	1%
Jefferson County, 2016	22%	16%	17%	44%	1%
2013	20%	16%	26%	37%	1%
Redmond, 2016	22%	13%	20%	43%	1%
2013	23%	22%	18%	34%	3%
Location of where you need to go					
Total, 2016	7%	10%	16%	66%	1%

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
2013	4%	5%	18%	71%	2%
Bend, 2016	3%	6%	14%	78%	0%
2013	3%	1%	14%	80%	2%
Crook County, 2016	7%	17%	16%	58%	1%
2013	3%	8%	26%	62%	2%
Jefferson County, 2016	13%	15%	21%	51%	0%
2013	7%	11%	14%	64%	4%
Redmond, 2016	5%	7%	15%	72%	1%
2013	2%	3%	17%	76%	2%
Fear or being scared					
Total, 2016	1%	6%	16%	76%	1%
2013	2%	6%	13%	77%	2%
Bend, 2016	1%	2%	20%	76%	1%
2013	1%	3%	15%	79%	1%
Crook County, 2016	2%	5%	13%	81%	0%
2013	2%	9%	13%	74%	2%
Jefferson County, 2016	2%	8%	17%	72%	0%
2013	4%	5%	14%	72%	5%
Redmond, 2016	1%	9%	12%	77%	1%
2013	2%	6%	12%	80%	1%
You don't have transportation					
Total, 2016	4%	7%	7%	81%	0%
2013	3%	3%	8%	85%	1%
Bend, 2016	6%	9%	7%	79%	0%
2013	2%	2%	7%	88%	1%
Crook County, 2016	4%	7%	8%	81%	1%
2013	3%	3%	10%	82%	1%
Jefferson County, 2016	5%	8%	8%	80%	0%
2013	5%	3%	8%	82%	2%

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
Redmond, 2016	2%	3%	7%	86%	1%
2013	4%	2%	7%	86%	1%
Language barrier					
Total, 2016	3%	1%	8%	88%	0%
2013	2%	1%	4%	92%	2%
Bend, 2016	5%	1%	4%	90%	0%
2013	0%	0%	4%	95%	1%
Crook County, 2016	4%	1%	14%	81%	0%
2013	0%	0%	5%	93%	1%
Jefferson County, 2016	3%	3%	11%	83%	0%
2013	6%	1%	3%	85%	4%
Redmond, 2016	0%	0%	3%	95%	1%
2013	1%	1%	5%	92%	1%
You don't have childcare					
Total, 2016	5%	4%	5%	83%	2%
2013	2%	1%	9%	84%	5%
Bend, 2016	4%	6%	7%	83%	0%
2013	1%	0%	7%	90%	2%
Crook County, 2016	3%	1%	7%	88%	1%
2013	1%	0%	13%	78%	7%
Jefferson County, 2016	5%	5%	5%	83%	2%
2013	1%	0%	10%	85%	5%
Redmond, 2016	9%	4%	3%	81%	4%
2013	4%	2%	5%	84%	5%
Takes too long to get an appointment					
Total, 2016	12%	18%	22%	47%	1%
2013	8%	11%	26%	52%	2%
Bend, 2016	8%	13%	18%	60%	0%
2013	5%	11%	25%	58%	2%

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
Crook County, 2016	19%	20%	24%	36%	0%
2013	9%	11%	27%	51%	2%
Jefferson County, 2016	18%	25%	25%	31%	0%
2013	11%	9%	30%	46%	3%
Redmond, 2016	6%	15%	23%	52%	4%
2013	6%	13%	25%	54%	2%
Time away from work					
Total, 2016	7%	13%	16%	64%	1%
2013	3%	6%	22%	66%	2%
Bend, 2016	6%	7%	15%	72%	0%
2013	4%	6%	26%	62%	3%
Crook County, 2016	14%	15%	14%	57%	1%
2013	1%	4%	20%	73%	1%
Jefferson County, 2016	5%	12%	24%	57%	2%
2013	6%	7%	22%	62%	4%
Redmond, 2016	3%	17%	14%	66%	1%
2013	3%	8%	21%	66%	2%
Lack of insurance**					
Total, 2016	9%	10%	11%	70%	0%
Bend, 2016	4%	10%	11%	74%	0%
Crook County, 2016	15%	11%	10%	64%	0%
Jefferson County, 2016	12%	11%	8%	69%	0%
Redmond, 2016	7%	7%	14%	71%	1%

INFORMATION ABOUT HEALTH CARE

If you or someone in your household needed medical care that is not life-threatening, would you first go to: **(Randomize; read list)**

Response Category	Total	Bend	Crook County N=159	Jeff. County N=149	Redmond N=203
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	N=719	N=208			
Your doctor or health professional	47%	49%	46%	42%	50%
2013	47%	49%	45%	48%	44%
A walk-in clinic or urgent care	27%	26%	21%	30%	30%
2013	25%	33%	22%	16%	25%
A hospital or emergency room	15%	13%	22%	14%	12%
2013	11%	5%	14%	15%	9%
A retail location, such as a pharmacy**	1%	0%	2%	0%	1%
A health clinic or health department	4%	3%	5%	6%	2%
2013	4%	3%	3%	3%	5%
A family member	3%	4%	1%	4%	1%
2013	6%	6%	2%	9%	7%
Or, you would not seek care	1%	2%	1%	2%	1%
2013	7%	3%	12%	6%	6%
(DON'T READ) Don't know	2%	1%	1%	2%	2%
2013	2%	1%	2%	2%	4%

Where do you and your family get most of your health information? **(Open, probe for specific comments. Accept up to 3 mentions)**

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Doctor/health professional	60%	66%	62%	47%	61%
2013	50%	50%	49%	49%	51%
Internet/web	35%	38%	28%	32%	40%
2013	35%	43%	27%	30%	40%
Family and friends	14%	15%	18%	13%	11%
2013	12%	14%	9%	14%	13%

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Books/magazines/newspaper ^o	7%	8%	6%	5%	10%
Insurance company	7%	7%	9%	7%	5%
2013	3%	3%	4%	1%	4%
Clinic—general	7%	7%	4%	15%	3%
2013	7%	4%	6%	12%	7%
Employment	4%	2%	5%	5%	5%
2013	3%	4%	1%	6%	1%
TV	4%	5%	5%	5%	2%
2013	6%	4%	12%	5%	4%
Hospital	3%	3%	3%	2%	3%
2013	5%	2%	6%	8%	4%
All other responses	1% or less	1% or less	1% or less	1% or less	1% or less
2013	2% or less	1% or less	2% or less	4% or less	3% or less
None/nothing	1%	0%	0%	2%	1%
2013	0%	1%	1%	0%	1%
(DON'T READ) Don't know	1%	1%	1%	2%	1%
2013	2%	1%	5%	1%	1%

^oIn the 2013 data, books, magazines, and newspapers were coded into three separate categories.

Do you have a family physician or nurse practitioner?

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Yes	81%	86%	78%	71%	86%
2013	76%	76%	72%	76%	79%
No	19%	14%	22%	29%	14%
2013	23%	23%	27%	24%	19%
(DON'T READ) Don't know	0%	0%	0%	0%	0%
2013	1%	0%	1%	0%	2%

Do you have to travel outside your community for primary care?*

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Yes	26%	13%	31%	38%	25%
No	74%	87%	68%	62%	75%
(DON'T READ) Don't know	0%	0%	0%	0%	0%

Do you and your family have access to mother and baby care? Let me know if you wouldn't ever need this type of care.

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Yes	27%	32%	23%	25%	27%
2013	16%	12%	5%	29%	20%
No	12%	14%	11%	13%	9%
2013	3%	3%	3%	5%	2%
No need	60%	53%	66%	61%	63%
2013	77%	84%	81%	64%	76%
(DON'T READ) Don't know	0%	0%	0%	0%	1%
2013	4%	1%	11%	1%	2%

Which of the following insurance coverages do you have?*** (Record all that apply)

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Health	96%	98%	94%	96%	97%
2013	81%	85%	79%	84%	77%
Dental	62%	63%	59%	62%	62%
2013	51%	56%	45%	55%	49%
Vision**	61%	64%	53%	63%	62%
(DON'T READ) Don't know	3%	2%	6%	4%	3%

Which of the following routine medical exams have you had in the past 2 years?*** (Record all that apply)

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Physical exam	82%	84%	77%	73%	90%
2013	73%	75%	69%	69%	79%
Dental exam**	71%	81%	64%	63%	72%
Vision exam**	68%	76%	70%	60%	65%
(DON'T READ) Don't know	4%	3%	4%	6%	4%

Are you and your family up to date on your vaccinations and immunizations?^a

Response Category	Total N=719	Bend N=208	Crook County N=159	Jeff. County N=149	Redmond N=203
Yes	92%	93%	88%	96%	90%
2013	88%	88%	87%	88%	88%
No	7%	6%	8%	3%	9%
2013	8%	7%	7%	11%	8%
(DON'T READ) Don't know	2%	1%	4%	1%	1%
2013	4%	5%	6%	1%	4%

^a2013 survey wording: "Are you up to date on your vaccinations and immunizations?"

DEMOGRAPHICS

These final questions are very important to make sure we have a good cross-section of the community. Please remember that your answers are confidential and won't be shared.

In what year were you born?

Response Category	Total N=719
18-24	5%
25-34	22%
35-54	34%
55-64	13%
65+	22%
(DON'T READ) Refused	4%

How many people are in your household? **(Record number)**

Response Category	Total N=719
1	18%
2	34%
3	19%
4	16%
5 OR MORE	12%
(DON'T READ) Refused	1%

Do you have children younger than 5 in the household?*

Response Category	Total N=719
Yes	18%
No	81%
(DON'T READ) Don't know	1%

What is your current employment status?* **(Read list)**

Response Category	Total N=719
I work for someone else full-time	43%
I work for someone else part-time	5%
I am self employed and do not work for anyone else	9%
I am a full-time student	3%
None of the above	38%
(DON'T READ) Refused	1%

Is your total household income before taxes: **(read list)**

Response Category	Total N=719
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Below \$25,000	14%
Between \$25,000 and \$35,000	11%
\$35,000 to \$45,000	8%
\$45,000 to \$55,000	10%
\$55,000 to \$65,000	10%
\$65,000 to \$75,000	7%
\$75,000 to \$85,000	6%
\$85,000 to \$100,000	5%
\$100,000 to \$125,000	4%
Greater than \$125,000	5%
(DON'T READ) Refused	19%

Is your total monthly rent or mortgage payment more than one-third of your take-home income?

Response Category	Total N=719
Yes	22%
No	69%
(DON'T READ) Don't know	9%

What is your highest level of education?

Response Category	Total N=719
Some high school or less	4%
High school graduate	23%
Some college or technical school	34%
College graduate	29%
Post college	9%
(DON'T READ) Refused	1%

What is your racial identity or ethnicity: **(read list)**

Response Category	Total N=719
White / Caucasian	84%
Black / African American	1%
Native American	4%
Asian	1%
Hispanic/Latino	4%
Two or more races	3%
(DON'T READ) Other	1%
(DON'T READ) Refused	2%

What is the primary language spoken in your household?

Response Category	Total N=719
English	98%
Spanish	1%
Other	<1%
(DON'T READ) Don't know	0%

Gender **(From observation)**

Response Category	Total N=719
Male	50%
Female	50%

City/Community (From sample)

Response Category	Total N=719
Bend	29%
Crook County	22%
Jefferson County	21%
Redmond	28%