



2016

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

Paper copies of this document may be obtained:

In person: Blue Mountain Hospital District, 170 Ford Road, John Day, OR 97845

By mail: Blue Mountain Hospital District, 170 Ford Road, John Day, OR 97845

By phone: 541-575-1311

This document is also available electronically via the hospital website: www.bluemountainhospital.org



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MISSION, VISION, AND VALUES

The mission of Blue Mountain Hospital District (BMHD) is to provide compassionate, comprehensive, community healthcare that meets our customers' expectations. The mission demonstrates BMHD's commitment to ensuring access to healthcare by all citizens and improving the health of the community.

BMHD's vision is to be the primary choice for compassionate, caring, and quality care.

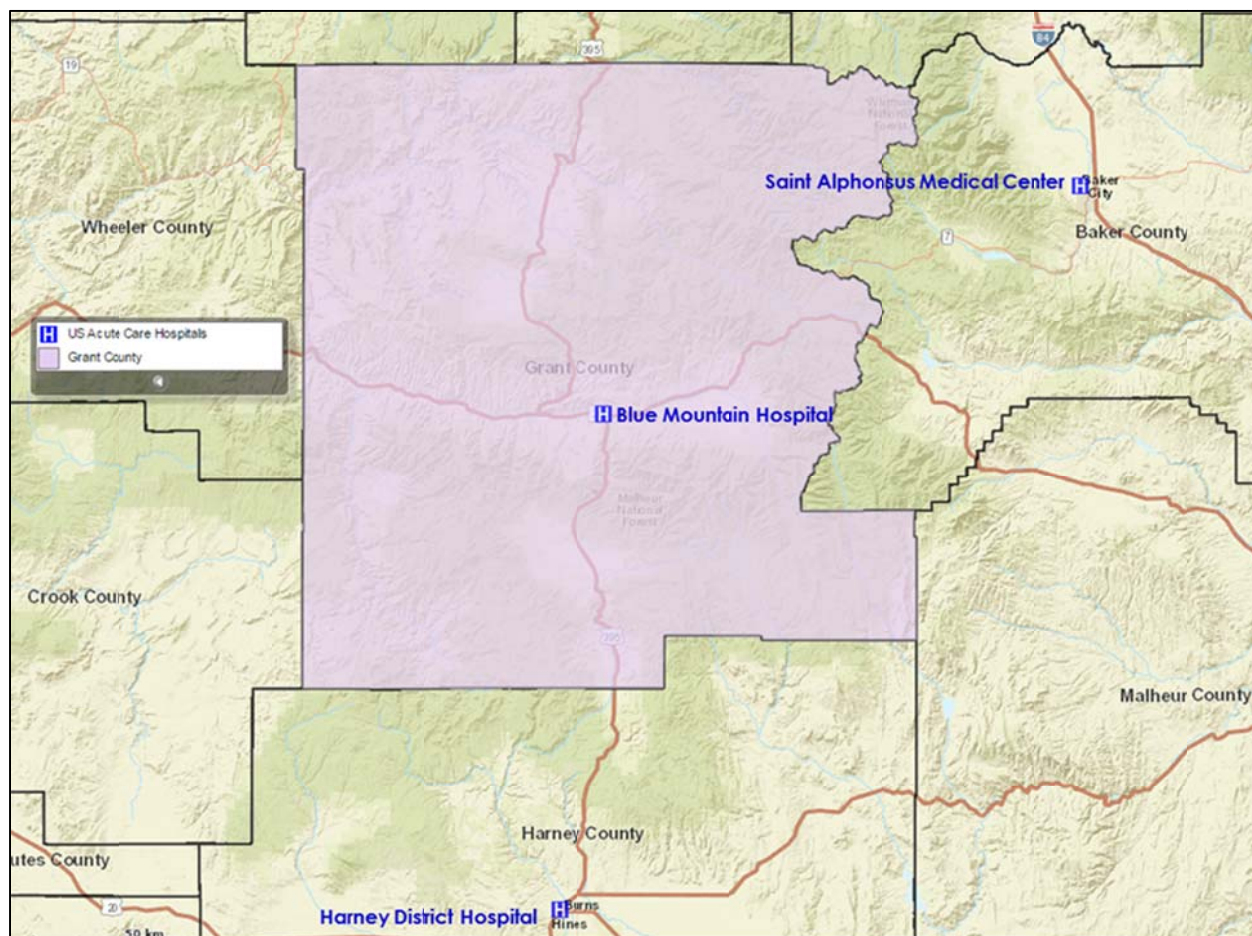
To support the mission and vision, BMHD has adopted the following values:

-  INTEGRITY
-  TRUST
-  HONESTY
-  KINDNESS, AND CONSIDERATION
-  CONCERN FOR THE COMMUNITY
-  DIGNIFIED, COMFORTABLE, COMPETENT PATIENT CARE
-  CUSTOMER SATISFACTION



COMMUNITY SERVED

During the calendar year 2015, 61% of hospital inpatients, outpatients and admissions to the Blue Mountain Care Center were from ZIP codes within Grant County.



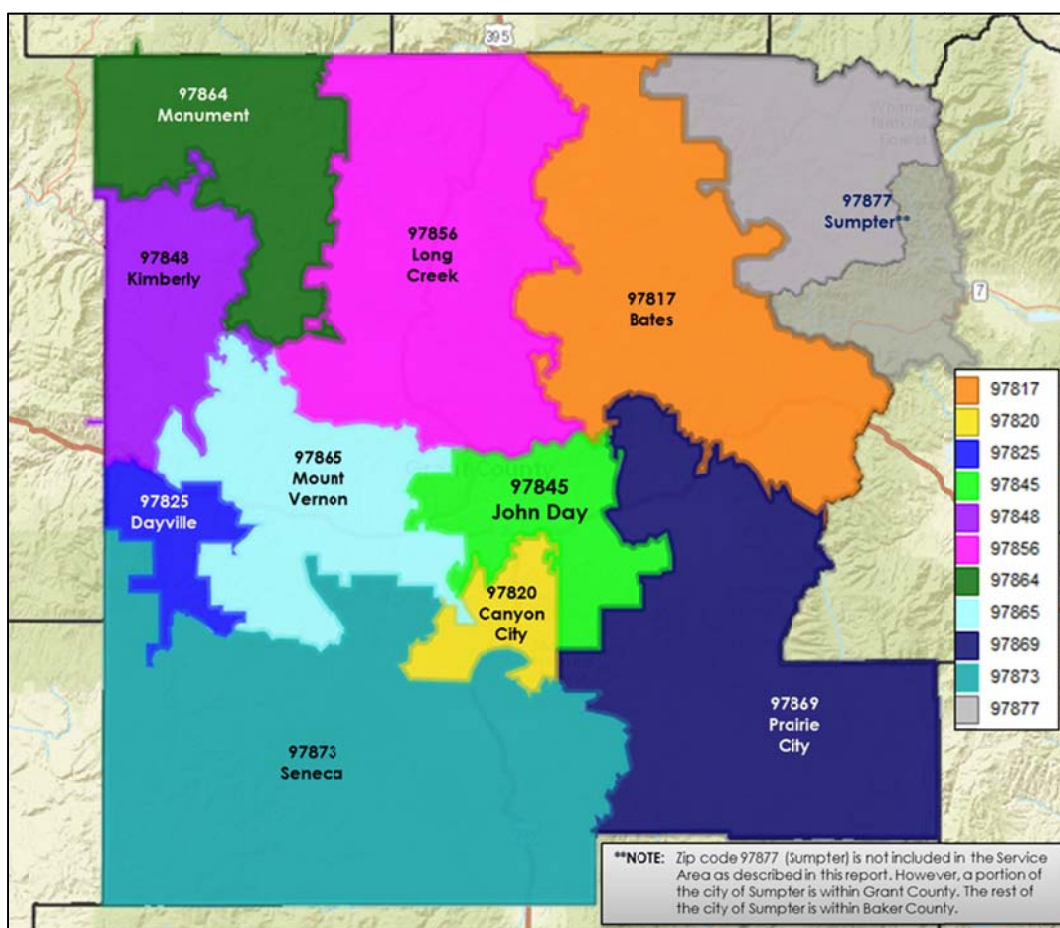
Source: iVantage Health Analytics



COMMUNITY HEALTH NEEDS ASSESSMENT

Available data at the ZIP Code level was gathered for those communities in the BMHD Hospital's primary and secondary service area for the CHNA.

97817 (Bates)	97856 (Long Creek)
97820 (Canyon City)	97864 (Monument)
97825 (Dayville)	97865 (Mount Vernon)
97845 (John Day)	97869 (Prairie City)
97848 (Kimberly)	97873 (Seneca)



Source: iVantage Health Analytics

Based on that information, Grant County was the geographic service area for the Community Health Needs Assessment and will be the focus of the implementation strategies. The area includes populations of medical underserved, low-income, and minorities.



IMPLEMENTATION STRATEGY PROCESS

BMHD contracted with HealthTechS3 to assist in conducting the 2016 Community Health Needs Assessment and to develop implementation strategies. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee.

The HealthTechS3 principal consultant for the implementation strategy was Cheri Benander, MSN, RN, NHA, CHC, NHCE-C.

There were four priorities identified in the CHNA. Those priorities were the focus for the development of an implementation strategy to improve the health of the community. Initial implementation teams consisting of various hospital and community representatives were tasked with identifying goals and strategies based on the priority health needs identified in the CHNA. These teams would then serve as the Steering Committee for the implementation of the strategies.

Initial planning meetings were held with each team on October 3, 2016. The meetings included a root cause analysis of the selected priority, goal setting, identification of interventions, and the selection of a team captain. The BMHD Governing Board subsequently adopted the goals and strategies on October 20, 2016.



COMMUNITY HEALTH NEEDS ASSESSMENT

Below is a list of each team and those members who participated in the initial planning meetings;

Team 1 Substance Abuse and Trust in Medical System Priorities

Linda Ladd - Public Health and BMHD Board Secretary

Lynne Combs - Strawberry Wilderness Community Clinic Manager

Mindy Walker - City of Seneca Assistant and Community Member

Amy Kreger - BMHD Board Chairman

Nick Green - John Day City Manager, TEAM CAPTAIN

Rebekah Rand - BMHD Ambulance Services

Teresa Aasness - Families First Parent Resource Center Executive Director

Karen White - BMHD CNO

Chris Labhart - Grant County Court Commissioner

Dorothy Piazza - BMHD Executive Assistant

Team 2 Access to Care and Preventative Health Priorities

Virginia Miller- BMHD Board Vice Chairman

Kathryn Hedrick- Dayville School District Superintendent

Tilli Bjornberg- Len's Drug Pharmacist- TEAM CAPTAIN

Jessica Winegar- Grant County Health Department, RN Manager

Jack Southworth, BMHD Healthcare Foundation President

Amy Kreger- BMHD Board Chairman

Lynn Combs, Strawberry Wilderness Community Clinic Manager

Dorothy Piazza- BMHD Executive Assistant



PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS

In preparing the CHNA, individuals who represent the interests of the community and/or have specific expertise regarding the health needs of vulnerable and underserved populations joined the initial Steering Committee to identify priority community health needs.

To identify the priorities, the group reviewed the primary and secondary data that had been collected. The data included:

- 🌲 Access to Care
- 🌲 Preventive Care
 - 🌲 Mammography
 - 🌲 Sigmoidoscopy and Colonoscopy
- 🌲 Chronic Disease
 - 🌲 Diabetes
 - 🌲 Stroke
- 🌲 Disabilities >65 Population
- 🌲 Mental Health
 - 🌲 Access to Mental Health Providers
 - 🌲 Suicide Rate
- 🌲 Obesity and Exercise
- 🌲 Drug and Alcohol Abuse
- 🌲 Teen Pregnancy



PRIORITIZATION CRITERIA	
Magnitude / scale of the problem	The health need affects a large number of people within the community.
Severity of the problem	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets	The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage	Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, etc.

Using the criteria above, participants were asked to rank the health needs by placing the health need with the highest need on goldenrod paper, the second highest need on purple paper and the third highest need on yellow paper. A graph was then prepared by placing the papers in order of identified need. Based on discussion of the group, it was decided to include chronic disease management, obesity, and diabetes into the category of preventive health and wellness, leaving four main categories of need.

1. Substance Abuse (legal and illegal substances)
2. Access to Providers
3. Preventive Health and Wellness
4. Trust in the Healthcare System



SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED

The Prioritization Group determined that all four identified needs would be addressed. To do that, two Implementation-planning Teams were selected and each team assigned two prioritized needs to address.

The teams met in October to develop goals and to identify strategies and resources. Below is a list of each need, followed by the goal, strategies, resources, and potential partners that were identified:

ACCESS TO CARE	
GOAL:	Increase awareness of the availability of health care services, financial assistance, and insurance coverage options
Anticipated Impact:	Community members will report an increased ability to access services through a follow-up survey performed in the subsequent CHNA
Strategy 1:	Market the existence of a healthcare navigator
Resources Needed:	Social Media, website Local Community Advisory Council (LCAC) Schools Senior Centers Community Business Leader Partners
Strategy 2:	Work with community partners to develop a Welcome Packet for new residents
Resources Needed:	Community partners Someone to print the packet A way to distribute the packets
Strategy 3:	Make a presentation at the BMHD Annual Healthcare Foundation Dinner/Meeting
Resources Needed:	Someone to develop the presentation Someone to present



COMMUNITY HEALTH NEEDS ASSESSMENT

ACCESS TO CARE CONTINUED	
GOAL:	Provide Family Practice availability within 24 hours for urgent needs and 21 days for non-urgent needs
ANTICIPATED IMPACT:	Community members will report an increased ability to access services through a follow-up survey performed in the subsequent CHNA
STRATEGY 1:	Streamline scheduling using scheduling protocols
RESOURCES NEEDED:	Development of a protocol Buy-in from the providers and their staff Method to gather initial data and subsequent data for comparison Staff time to develop, implement, and measure effectiveness of protocols
STRATEGY 2:	Add two providers and evaluate the impact (this was done following the completion of the CHNA)
RESOURCES NEEDED:	Person to gather data Person to perform data analysis
STRATEGY 3:	Evaluate the possibility of extending the provider schedules
RESOURCES NEEDED:	Development of a schedule Participation of providers and staff Evaluation of the effect on staffing Cost vs. Benefit Analysis
STRATEGY 4:	Work in conjunction with the schools to add mid-levels to the school-based health center
RESOURCES NEEDED:	Coordination of BMHD and the School Districts Providers to participate Financial support for additional provider services



COMMUNITY HEALTH NEEDS ASSESSMENT

PREVENTIVE HEALTH	
GOAL:	Collaborate with community service organizations to increase the use of mammogram and colonoscopy screenings
Anticipated Impact:	Mammograms and colonoscopy screenings in Grant County will meet or exceed state averages
Strategy 1:	Participate with the Local Community Advisory Council (LCAC) and the Grant County Community Health Improvement Plan (CHIP) to provide needed services in the areas of children's health, obesity/overweight, and oral health/dental
Resources Needed:	Collaboration with LCAC
Strategy 2:	Develop a media campaign to educate the public regarding suggested screening timelines
Resources Needed:	Collaborate with appropriate providers to identify the current suggested screening timelines Develop a method to communicate the timelines to the community Depending on the method, identify a budget
Strategy 3:	Work with community partners to develop themed education months, providing a consistent message throughout the community
Resources Needed:	Identify Community Partners Develop a collaborative process with partners Determine theme for each month Identify activities for each month based upon the theme Financial resources for project



COMMUNITY HEALTH NEEDS ASSESSMENT

SUBSTANCE ABUSE	
GOAL:	Increase the awareness of substance abuse and the potential for abuse by educating the community
Anticipated Impact:	Substance abuse (illegal and/or legal) statistics will decline
Strategy 1:	Gather additional data related to substance abuse within Grant County
Resources Needed:	Individuals to research and gather additional data Format to present the data
Strategy 2:	Provide education to the K-12 population
Resources Needed:	Development of an educational presentation including methods of education Community partners Current community programs that could be tagged onto: Family Fun Day Kids Healthy'n Fit Grant County Fair Red Ribbon Week Local Church Programs Community Counseling Group LCAC Resource Guide



COMMUNITY HEALTH NEEDS ASSESSMENT

SUBSTANCE ABUSE CONTINUED	
GOAL:	Provide options for alternative pain management to community members
Anticipated Impact:	Community members will increase utilization of alternative pain management methods/programs
Strategy 1:	Provide community education regarding current options available
Resources Needed:	Identification of alternatives currently available Method to measure the use of current programs to compare with use following educational programs Method to communicate those alternatives such as social media, newspaper, radio, brochures or posters Financial resources to develop and distribute materials
Strategy 2:	Identify additional alternatives that could be developed or expanded
Resources Needed:	Collaboration with community partners Potential Community Partners: Community Counseling Solutions Grant County Public Health Department Schools Families First Blue Mountain Surgical Clinic Strawberry Wilderness Community Clinic Senior centers Local Pharmacies Massage Therapists



COMMUNITY HEALTH NEEDS ASSESSMENT

TRUST IN THE MEDICAL SYSTEM	
GOAL:	Improve trust and confidentiality by educating employees and the public regarding BMHD's commitment to confidentiality
Anticipated Impact:	Employees and community members will report an increase in their trust of the medical system through follow-up surveys
Strategy 1:	Develop a community-wide campaign for positive messaging
Resources Needed:	Identification of methods to communicate message Community partners to assist in carrying the message Develop an employee and community follow-up survey to be implemented after interventions are completed
Strategy 2:	Develop an employee engagement project
Resources Needed:	Development of a budget for the project Identification of team building project Develop and implement surveys for before and after measurements
Strategy 3:	Broaden HIPAA Training to include board members, providers, employees, volunteers, contractors and vendors
Resources Needed:	Add the BMHD Privacy Officer to the Steering Committee Evaluation and revision of current HIPAA Training Program to ensure that BMHD's commitment to privacy and confidentiality is evident Develop guidelines related to participation, frequency and content

GOAL:	Build trust within the community by promoting providers and services
ANTICIPATED IMPACT:	Employees and community members will report an increase in their trust of the medical system through follow-up surveys
STRATEGY 1:	Develop a marketing campaign to promote BMHD providers and services
RESOURCES NEEDED:	Buy-in from providers Development of a budget for the project Identification of methods of communication Individual(s) to develop the identified methods chosen (i.e. flyers, radio ads, newspaper ads, social media posts)



SIGNIFICANT HEALTH NEEDS NOT ADDRESSED

Due to limited resources, only the top four identified priority health needs will be addressed at this time. Other needs such as chronic disease, disabilities in the >65 population, mental health, and teen pregnancy will not be addressed separately. Access to mental health providers will be addressed in the strategy of educating the community regarding the current resources available.



APPENDIX: CHNA REPORT

10/20/2016 Date adopted by authorized governing body of the Blue Mountain Hospital



2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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Blue Mountain Hospital District

170 Ford Road, John Day, OR 97845
BlueMountainHospital.org

July 2016

As the Interim Chief Executive Officer at Blue Mountain Hospital District, I would like to share our Community Health Needs Assessment with you.

In 2016, Blue Mountain Hospital District partnered with HealthTechS3, a national health care consulting firm, to complete our Community Health Needs Assessment (CHNA).

Under the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a CHNA every three years with input from our community, public health experts and key stakeholders.

The CHNA outlines the priority health issues facing our community. Over the next several months, we will be developing a plan, in collaboration with community partners, to address each of the prioritized health needs.

Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships and actively engage in finding solutions. We invite you to review our plan, provide feedback, and join us in creating a healthier community,

Regards,

Steve Erixon
Interim Chief Executive Officer
Blue Mountain Hospital



COMMUNITY HEALTH NEEDS ASSESSMENT

BLUE MOUNTAIN HOSPITAL DISTRICT

Blue Mountain Hospital District (BMHD) is located in John Day, Oregon. The hospital was originally located in Prairie City and rebuilt in John Day in 1960. A new seven million dollar replacement facility began in 2001 opened to the public in August of 2003.

The facility is a 25-bed critical access hospital and includes a Family Practice Rural Health Clinic, a General Surgery Clinic and a Pain Management Clinic. In addition, BMHD operates Blue Mountain Care Center, a 40-bed intermediate care facility in Prairie City, a Home Health and Hospice agency and ambulance services.

The Blue Mountain hospital service area includes communities within Grant County, including John Day, Mount Vernon, Prairie City, Canyon City, Long Creek, Seneca, Monument, Dayville, Kimberly and Bates.

The mission of BMHD is to provide compassionate, comprehensive, community healthcare that meets our customers' expectations with the vision to be the primary choice for compassionate, caring and quality care.

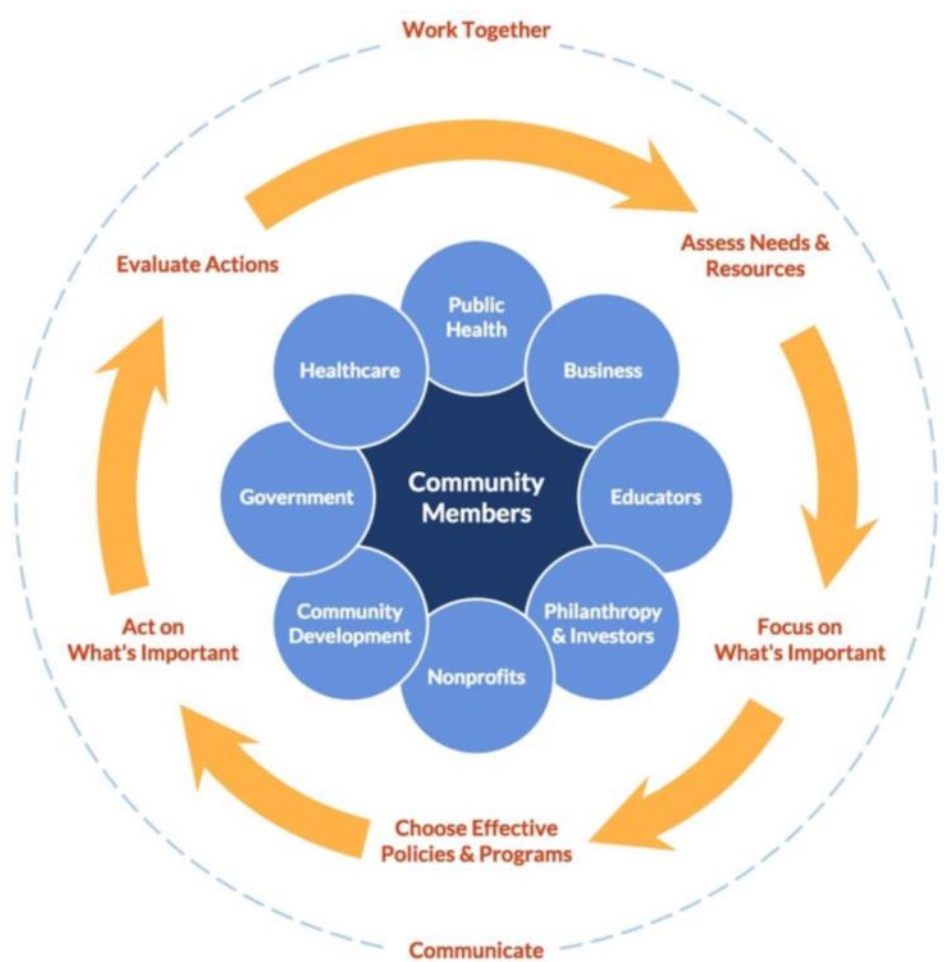
BMHD values include:

- integrity
- trust
- honesty
- kindness, and consideration
- concern for the community
- dignified, comfortable, competent patient care and
- customer satisfaction



COMMUNITY HEALTH NEEDS ASSESSMENT

PERSPECTIVE AND OVERVIEW



Robert Wood Johnson Foundation County Health Rankings:
<http://www.countyhealthrankings.org/roadmap/action-center>

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(c)(3) of the Internal Revenue Code must complete a Community Health Needs Assessment (CHNA) every three years to maintain their tax-exempt status. The process creates a platform to engage community stakeholders in an effort to understand the needs of the community served by Blue Mountain Hospital District. The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial or other barriers.

The 2016 CHNA provides an analysis of the significant health needs that have been identified in the Blue Mountain Hospital District (BMHD) service area and provides a framework upon which future assessments can be based.



COMMUNITY HEALTH NEEDS ASSESSMENT

The report includes:

- Community demographics and populations served
- Methods for obtaining, analyzing and synthesizing data about the health needs of the community
- Significant health needs of the community
- Process for consulting with persons representing the broad interests of the community, including those with special knowledge of or expertise in public health
- Process and criteria used in identifying health needs as significant and prioritizing those needs
- Resources to address priority community health needs

Steering Committee

The Senior Leadership Team served as the Steering Committee for the development of the 2016 CHNA. The members included:

- Steve Erixon, Interim Chief Executive Officer
- David Hall, MD, BMHD Physician
- John Chaddock, Chief Financial Officer
- Victoria Thurber, Chief Human Resources Officer
- Karin White, Chief Clinical Officer
- John Adlesich, Director of Quality and Risk Management/Corporate Compliance Officer
- Dorothy Piazza, Administrative Assistant



COMMUNITY HEALTH NEEDS ASSESSMENT

Consultants

Blue Mountain Hospital District contracted with HealthTechS3 to assist in developing the Community Health Needs Assessment (CHNA). HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee.

HealthTechS3 principal consultants were Cheri Benander, Carolyn St.Charles and Julie Haynes. Jane Brewster assisted with secondary data collection. The bios of each consultant are included in Appendix 1.

Process and Methods

A multi-faceted approach was used to gather information about the health needs of the community and to develop priorities for health improvement. The process focused on abstracting and analyzing data as well as gathering input from key stakeholders and the community to identify and define significant health needs, issues and concerns.

- Interviews with key stakeholders were conducted with individuals and groups that represented the broad interests of the community. These representatives included public health and individuals with knowledge of medically underserved, low-income, and minority populations and populations with chronic disease. There were thirteen interviews conducted by phone between May 18 and May 25, 2016.
- A community internet survey was developed to solicit the community's feedback regarding priorities for health improvement. There were 74 surveys completed.
- Hospital and clinic utilization data to identify at risk populations and opportunities for health improvement was reviewed.
- Secondary data was obtained from a variety of sources to create a comprehensive community profile and to identify health disparities and barriers to accessing care including geographic, language and financial barriers. Every effort was made to obtain the most current and reliable data. Data for Grant County was analyzed for comparison purposes with other counties within the state, Oregon, United States and Healthy People 2020 targets when available.
- A meeting was held on June 7, 2016 with the steering committee, a representative from public health, and other community representatives to review primary and secondary data and to develop priority health goals for the next three years.

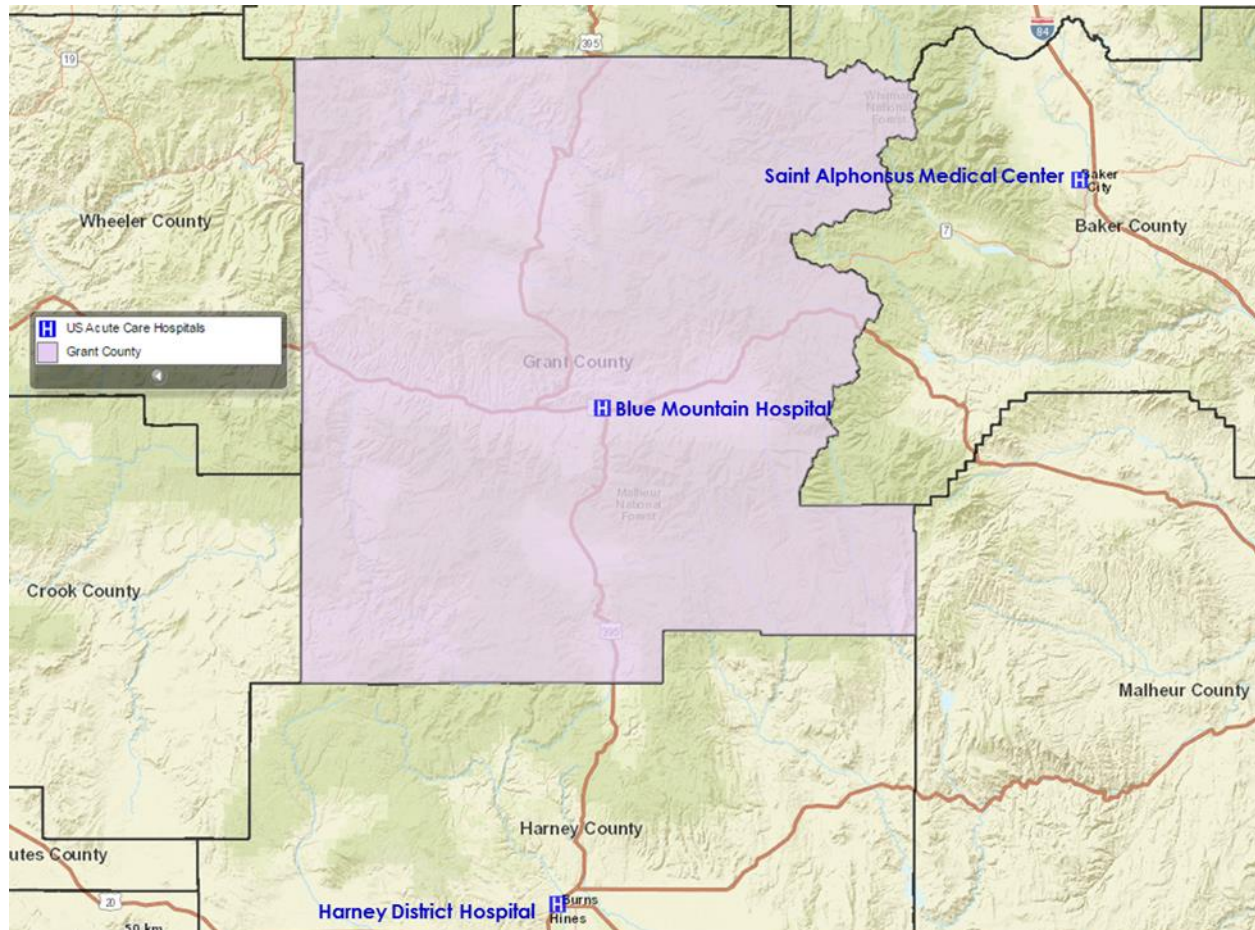


COMMUNITY HEALTH NEEDS ASSESSMENT

GEOGRAPHIC ASSESSMENT AREA

Grant County was used as the geographical focus for the CHNA. 61% of hospital inpatients, outpatients and admissions to the Blue Mountain Care Center were from ZIP codes in Grant County for the calendar year 2015. It is therefore reasonable to utilize Grant County as the CHNA geographic area.

Grant County includes medically underserved, low-income and minority populations. All patients were used to determine the CHNA geographic area.



Source: iVantage Health Analytics



COMMUNITY HEALTH NEEDS ASSESSMENT

Demographic and other data was gathered for those communities in the BMHD Hospital's primary and secondary service area, when available at the ZIP code level.

97817 (Bates)

97856 (Long Creek)

97820 (Canyon City)

97864 (Monument)

97825 (Dayville)

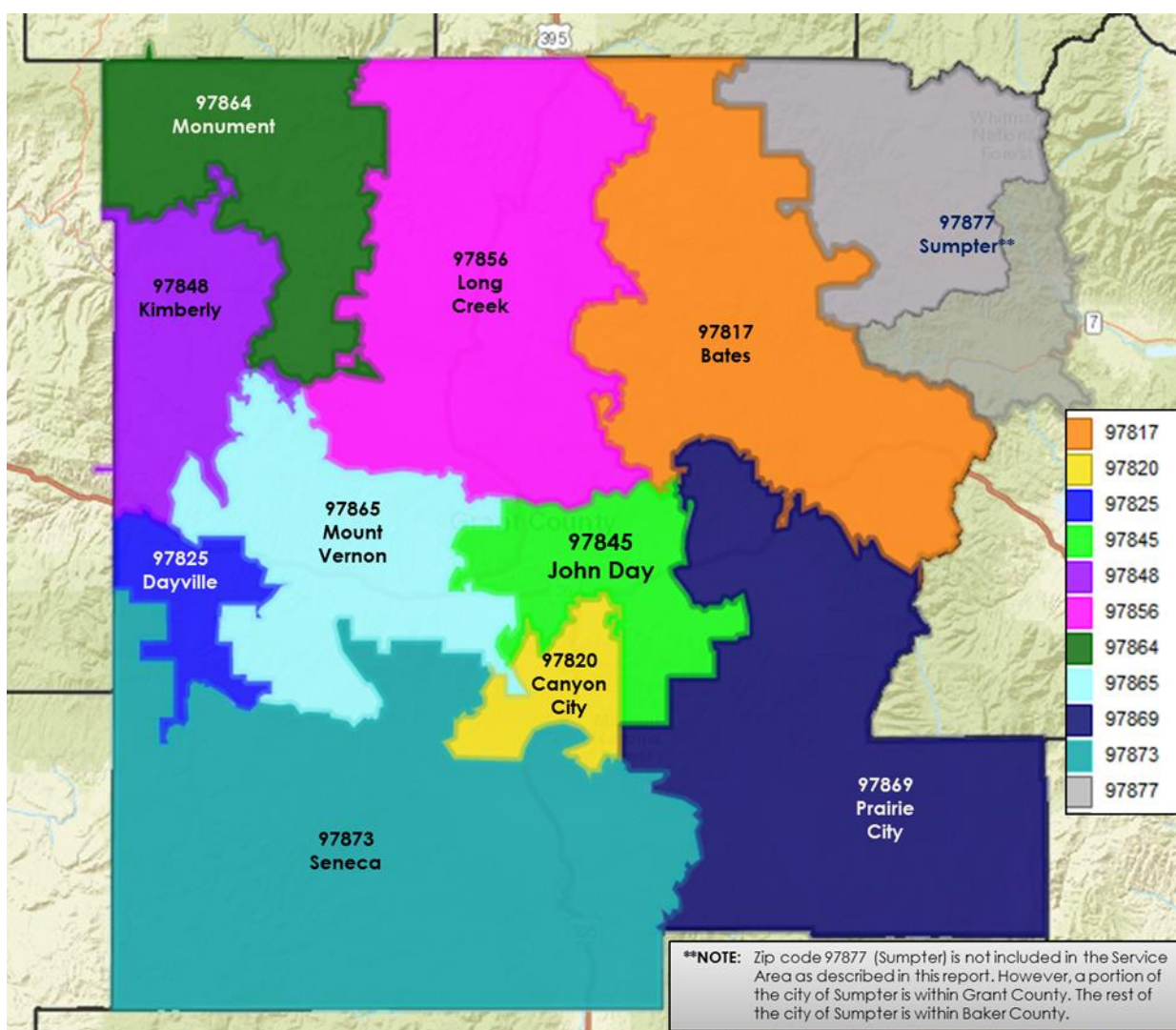
97865 (Mount Vernon)

97845 (John Day)

97869 (Prairie City)

97848 (Kimberly)

97873 (Seneca)



Source: iVantage Health Analytics



KEY FINDINGS

Demographics of the Community

The following is a brief overview of the demographics, economic profile and community health rankings for Grant County. Additional detail is included Appendix 2.

Demographics¹

- The service area of Grant County has an estimated population of 7,484 which is expected to increase to 7,583 by 2020, an increase of 0.7%.
- The majority of residents in the BMHD service area are adults between the ages of 45 - 64.
- The population over the age of 65 is expected to have the largest percentage increase between 2015 and 2020.
- The primary ethnicity in Grant County is Caucasian, 91.2%. The second largest ethnic group is Hispanic, 3.9%.
- The percent of the population with limited English proficiency is lower in Grant County than in either the State of Oregon or the United States.
- The percent of the population with a disability is higher in Grant County, 19.7%, than the State of Oregon or the United States.

Economic Profile

- The unemployment rate in 2015 was 8.9% in Grant County.²
- Children living below 200% of the poverty level is 53.9% in Grant County.³
- Population living below 200% of the poverty level is 42.9% in Grant County.⁴

County Health Rankings⁵

- Grant County is ranked 7th as compared to the 36 counties in Oregon for Health Outcomes which includes length of life and quality of life. (A higher ranking is better.)
- Grant County is ranked 10th as compared to the 36 counties in Oregon for Health Factors which includes health behaviors, clinical care, social and economic factors and physical environment. (A higher ranking is better.)

¹ iVantage Health Analytics

² US Bureau of Labor Statistics

³ www.communitycommons.org

⁴ www.communitycommons.org

⁵ www.countyhealthrankings.org/app/Oregon/2016



COMMUNITY HEALTH NEEDS ASSESSMENT

Community Internet Survey

A community internet survey was developed to solicit input from the community regarding priority health needs and access to healthcare services.

The survey was provided using Survey Monkey®. Flyers were developed that included a description of the CHNA and the link to complete the survey. An employee of BMHD distributed these flyers to customers at a local grocery store. Key stakeholders were asked to complete the survey and to encourage their employees, neighbors and other community members to complete the survey as well. The surveys were also sent out to BMHD employees via email.

Summary

There were 74 surveys completed. Of the respondents, 82.4 % were female and 17.6% were male. The majority, 78.4%, worked at BMHD and 5.4% were other community members. However, although the majority of respondents worked at BMHD, they also represented the communities in which they live. Individuals represented various areas such as social services, government, mental health, business owners, and those who worked in mental health, long-term care and with children.

Information received by zip code included 52.7% John Day, 14.9% Canyon City, 14.9% Mount Vernon, 10.8% Prairie City, 1.4% Monument, 1.4% Seneca and 4.1% from other zip codes. Of the respondents 93.2% were White, 4.1% Asian, 1.4% Hispanic and 1.4% who were of multiple ethnicity.

The most important health issue identified in the survey was the ability to access appointments with doctors at a response rate of 37%, followed by adult obesity, illegal drug use and diabetes.

The majority of respondents, 56.3%, felt the community was somewhat healthy and 67.1% felt there were people in the community who needed care who were not receiving it. The top three reasons for not receiving care included: not enough appointments, not enough money and a lack of trust in the doctors and/or the hospital.

Respondents indicated that making it easier to see a family doctor (59.4%), making it easier to see a specialist (33.3%) and helping to stop illegal drug use (30.4%) were the priority issues to work on over the next three years.

A summary can be found in Appendix 3. Additional result detail is included in Appendix 8.



Key Stakeholder Interviews

The individuals selected for key informant interviews included individuals with expertise and special knowledge of underserved populations and the health needs of the community including social determinants of health.

Thirteen individuals were interviewed, including a representative from Grant County Public Health. Those individuals interviewed included:

- Dan Caldwell, Grant County Senior Center
- Ron Lundbom, Mayor for the City of John Day
- Jessica Winegar, Manager, Grant County Health Department
- Tracy Blood, Director, Court Appointed Special advocates
- Norman DeJong, Dentist and Melanie DeJong, Office Manager/Hygienist Assistant
- Carol Waggoner, Office Manager, Oregon State University Extension Service
- Barb Oliver, Clinic Manager, Strawberry Wilderness Clinic
- Stephanie Rodriguez, Director, Valley View Retirement
- Chris Labhart, Grant County Commissioner
- Teresa Aasness, Executive Director, Families First
- Thad Labhart, Clinic Director, Community Counseling Solutions
- Michelle Gibson, Social Worker, Blue Valley Home Health
- Haley Hueckman, Tobacco, Specialist, Grant County Health Department

Summary Key Stakeholder Interviews

The most frequent responses, identified by most of the individuals interviewed included:

- (1) Substance Abuse
- (2) Access to Services
- (3) Obesity

Substance Abuse

Interviewees identified substance abuse as not only abuse of illegal substances (i.e. Heroin and Methamphetamines) but legal substances as well (i.e. alcohol, tobacco, prescription drugs). There were various factors identified that were



COMMUNITY HEALTH NEEDS ASSESSMENT

contributing to the substance abuse concern. The lack of enough resources (including a 6 month waiting list for treatment centers) to treat the growing problem and cultural norms that drives people to feel as if they can take care of the addiction themselves.

Tracy Blood, Director of the Court Appointed Special Advocate Program, stated that it is difficult to separate out the issues, for example in many cases drug abuse; domestic violence and mental health are intertwined.

There was some agreement that services for addictions have increased, however a majority of those interviewed indicated those services are still not sufficient to address the growing problem.

Alcohol and drug use was identified in the 2013 CHNA, as both the first and second concern in the community survey, a key response in the stakeholders' interviews and a community health improvement recommendation.

Access to Services

Interviewees in general identified access to services as a concern, although most felt the access had improved slightly over the last three years,

Comments included a concern that dialysis and cancer treatment is three and a half to five hours away. This can be a barrier for those who are ill and confined to the community.

The frequency of visiting specialists at Blue Mountain Hospital does not cover the demand and the result is that appointments are being scheduled several months out. The length of time was also a concern expressed as it relates to getting an appointment to see your family physician.

Specialized care is available but is a significant distance and can be very expensive. Due to the distance, many times it requires an overnight stay, especially for Senior Citizens and those who are acutely ill. This leads to additional expenses related to motels and meals. There is a population of individuals who cannot afford the additional costs and are too proud to ask for help.

Some interviewees indicated that the outlying areas are more isolated and those residents have difficulty accessing services, especially those with mental illness and Senior Citizens.

Willingness to access care was another concern expressed. There are students who want to access certain types of services (i.e. mental health services and vaccines) but due to perceived stigmas or other beliefs, parents will not allow these students to receive the services. Perceived stigmas also are a barrier to adults seeking services.

Access to Urgent Care was identified as a concern. The clinic tries to meet this need with same day appointments staffed by a Nurse Practitioner. The concerns



COMMUNITY HEALTH NEEDS ASSESSMENT

voiced included limited hours, (available Monday through Friday during normal business hours) and the limited scope of the Nurse Practitioner who provides the service.

There is a bus service and another transportation service called the "People Mover" but both have limited hours and availability and the cost can be prohibitive for those with limited incomes.

In the 2013 CHNA, access including physical access, financial accesses and the availability of providers was identified in the community survey, stakeholder interviews, and was a community health improvement recommendation.

Obesity

Obesity was identified by 38% of those interviewed as a critical health issues. Comments included the concern that obesity is an underlying cause of many other health issues and that the Local Coordinating Advisory Council (LCAC) has identified obesity as a priority.

One interviewee indicated that they believed that the rate of obesity in Grant County was actually lower than that of the State. However, this person also felt that obesity was a critical issue in the service area.

A Pediatric Obesity Study was highlighted in the 2013 CHNA and was identified in the community survey and the stakeholder interviews by receiving the second highest response when assessing the most important health concern facing the community.

Other

Other issues that were identified included lack of mental health services, lack of health education for children and senior citizens, provider and hospital administrator turnover, quality of care, provider recruitment, lack of funding for the county 911 services, confidentiality both perceived and actual, and the lack of palliative care.

Social Determinants of Health

The following factors or social determinants of health were identified:

- Lack of access to job opportunities
- Low living wages
- Lack of access to healthy food options
- Socioeconomic conditions
- Social norms and attitudes that prevent access to healthcare services



COMMUNITY HEALTH NEEDS ASSESSMENT

People or groups more at risk for poor health outcomes

The population most frequently identified as at risk by those interviewed were Senior Citizens. There were several reasons provided as to why this population is at higher risk, including the presence of physical handicaps, isolation caused by living in remote areas, lack of transportation, limited financial resources and/or poor health.

Those with dementia or Alzheimer's are viewed as being at greater risk due to a lack of services. There was also a concern that those who do not know how to access services, may not be able to afford to pay a caregiver, may be resistant to facility placement and may be resistant to change overall, were also at risk.

Other vulnerable populations identified were those who are underinsured or unemployed and not enrolled in the Oregon Health Plan; families who are living in poverty; individuals with mental health issues; individuals who suffer from addiction and students who are unable to access desired services due to parental barriers.

Resources available in the community to meet the health needs of residents and improve the quality of life

Interview participants complemented the services provided by the Local Coordinating Advisory Council (LCAC). The group was credited with developing and implementing programs related to tobacco cessation, the initiation of a Community Health Worker to assist with navigation of the healthcare system and insurance programs, targeting early childhood education and developing programs to reduce obesity.

A consignment store exists within the community and is a place that provides some income and jobs for disabled individuals.

There are community volunteers who provide transportation for people to and from appointments. Volunteers also work on various coalitions and groups in the community to identify and implement various programs.

The Senior Center provides exercise programs. They also provide meals in a community setting in various towns one to two days per week. Meals are delivered to Senior Citizens who are isolated in their homes. Another service that the Senior Center provides includes educational workshops or presentations related to chronic conditions, wellness promotion and available services.

Outreach education was identified as a method of promoting healthy behaviors and provides opportunities for personal growth. Educational resources include the Oregon State University Extension services, other outreach colleges, the student based health center, Public Health and Blue Mountain Hospital.



COMMUNITY HEALTH NEEDS ASSESSMENT

Court Appointed Special Advocates is a group that trains and supports volunteers to provide abused and neglected children with a voice in juvenile court. They also provide education to the community regarding their responsibility for abused and neglected children.

Community Counseling Services provides a full spectrum of services for mental health and behavioral health issues and provides both residential and acute care. They provide services to anyone regardless of payer source.

Other resources identified include the Safe Communities Coalition, Anti-Drug Coalition that is now in the schools, the Public Health Department, and the local physicians, nurse practitioners, physical therapists, occupational therapists, speech therapists and nurses.

Recommended Strategies to Address Significant Unmet Needs

Substance Abuse

- Provide education to encourage the willingness to engage services.
- Provide community education regarding treatment options available.
- Work towards normalizing mental health issues to decrease stigmas.
- Provide education to young people to encourage them to seek help instead of self-medicating.
- Increase the use of pain contracts.
- Find ways to decrease the stigma of asking for help.

Access to Services

- Educate the community about available healthcare resources and services.
- Educate the community on signs and symptoms of illness and when to seek care.
- Investigate types of cancer treatment that could be provided locally.
- Decrease the time it takes to get an appointment with a local provider.
- Increase the frequency and types of specialists coming to the community
- Increase the hospital administration's involvement in the community, so that people feel comfortable accessing care.
- Increase the hours of operation of the "People Mover" to include evenings and weekends.



COMMUNITY HEALTH NEEDS ASSESSMENT

- Provide additional transportation options.
- Increase Tele-Health services.
- Increase awareness and health promotion.
- Improve the quality of services provided at Blue Mountain Hospital.
- Provide more services in the outlying areas.
- Increase the number of “free health clinic” type services.
- Create jobs for those who are not experienced or jobs that partially disabled individuals can perform.
- Improve the provider recruitment process.
- Promote the nursing home and the services they can provide to disabled individuals and Senior Citizens.
- Provide chronic disease educational programs at the Senior Center.
- Provide support and assistance to those residents receiving hemodialysis.

Obesity

- Make obesity a priority for key stakeholders such as the schoolboard.
- Promote healthy food choices.
- Increase opportunities for physical activity.
- Re-evaluate the need for a recreation center that includes a swimming pool.
- Provide education related to the connection between obesity and chronic diseases.
- Improve access to healthy foods including fresh fruits and vegetables in the community.

Secondary Data - Health Status and Social Determinants of Health

Information from a variety of secondary sources was reviewed and analyzed to develop a comprehensive picture of the health status and social determinants of health of the residents of Grant County.

Data from Grant County was compared to other counties in Oregon, the State, the United States and Healthy People 2020 as available.



The data is included in:

Appendix 4 - Community Needs Index

Appendix 5 - County Health Rankings

Appendix 6 – Community Commons

The secondary data review identified the following areas of opportunity:

Access to Care

Appointments with doctors

Uninsured

Preventative Care

Cancer Screening- Mammogram, Sigmoidoscopy/Colonoscopy

Teen Pregnancy

Chronic Disease and Disability

Diabetes

Mortality Stroke

Disabilities >65 population

Mental Health

Access to mental health providers

Suicide Rate

Nutrition and Exercise

Food Environment

Food Insecurity Rate

Access to Exercise Opportunities

Physical Inactivity

Drug and Alcohol

Excessive Drinking

Tobacco Use



COMMUNITY HEALTH IMPROVEMENTS

2012-2013 Priority Community Health Needs

Priority 1: **Conduct periodic review of local trends in health status, demographics, and access to health resources**

Results/Outcomes

Through collaboration with the Oregon Office of Rural Health, Blue Mountain Hospital District (BMHD) conducts an annual review of health utilization data for Grant County. This normative data is collected by the National Center for Health Statistics (NCHS) and published in *National Health Statistics Reports* (NHSR). The data provided provides a thorough review of inpatient admissions, inpatient procedures, outpatient procedures, diagnostic related groupings, payor classes, and important demographic information. Utilizing this data, BMHD conducts periodic reviews of its services to ensure they align with community needs. Based on this review, BMHD hired a part-time occupational therapist in November 2015 and another casual occupational therapist in April 2016. A casual position for a Speech Therapist was posted in November of 2015 and remains posted.

Priority 2: **Continue to educate the community on the value of personal, community, and system health and encourage the use of local resources.**

Results/Outcomes

BMHD is a leader in community health education and routinely participates in community health initiatives. The organization participates in the annual Grant County Health Fair. In 2016, booths were set up to educate community members regarding the Patient Portal, the Oregon Health Plan, mammography, the pain clinic, home health, hospice and physical therapy.

BMHD has provided resources to external organizations during the past two Eastern Oregon Coordinated Care Organization (EOCCO) Transformation Grants, which included providing staff providers, and other resources to help improve Grant County health.

Strawberry Wilderness Community Clinic (SWCC) has started a proactive program in which a health care professional follows up with patients to ensure recommended preventative testing is performed. The follow-up places a high emphasis upon education and successfully motivates SWCC patients to receive recommended preventative care.



COMMUNITY HEALTH NEEDS ASSESSMENT

Priority 3: **Build relationships to address other issues of importance to the community (for example: transportation, elderly care, affordability, nutrition education, and exercise).**

Results/Outcomes

Over the past three years, BMH has worked closely with Valley View Retirement Community and the Blue Mountain Care Center to ensure Grant County seniors receive the proper care. The organization has made recent changes to its Financial Aid policy, ensuring low income residents receive financial assistance when appropriate, and has two hospital employees who assist patients and residents with signing up for the Oregon Health Plan (Medicaid).

Priority 4: **Pursue the development of community plan FOR HEALTH promotion and development of health education opportunities for all age groups, especially for youth.**

Results/Outcomes

On May 10th, 2016 approximately 160 Grant County elementary students' (Kindergarten through 3rd grade) attended the Healthy 'n Fit Kids Day Camp held at the Grant County Fairgrounds in John Day, Oregon. This was the third semi-annual countywide event. Over 50 adults consisting of volunteers, teachers, and parents attended. This year stations included; bike and scooter safety, physical activity, cooking/nutrition, proper hand washing, gardening, healthy snacks, and making your own hula hoops. Kid's received health education in a fun learning environment and left the day with a camp headband, health promotional "tools" and information to use in their own home. Community partners in this event included: OSU Extension, Grant County Safe Communities Coalition, Grant County Health Department, Grant Union Jr/Sr High School Students, Humboldt Elementary PE Instructor, Blue Mountain Hospital Ambulance, Grant Harney CASA, Community Advisory Council member volunteers, and Blue Mountain Hospital Employees.

BMHD has also provided support for the past two Eastern Oregon Coordinated Care Organization Transformation Grants. For the first grant, the hospital provided staff and providers to assist with educating Grant County residents on preventive health testing and its benefits. For the second grant, BMHD assisted in recruiting Grant County residents to enroll in a Tobacco Cessation program run by Len's Drug of John Day, OR. Both programs were opportunities for the hospital to help improve local health education and expand access to preventative care.

A Local Coordinating Advisory Council (LCAC) is a group that supports the National Prevention Strategy: America's Plan for Better Health and Wellness meets monthly. Both Blue Mountain Hospital District and the Strawberry Wilderness Community clinic are partners in this council. In



COMMUNITY HEALTH NEEDS ASSESSMENT

2014, the group adopted the goal of bringing partners together to provide needed services to ensure healthy families. Their current focus areas include obesity and oral health.

Priority 5: Address the communities' concerns regarding health resources (for example: urgent care, provider turn-over, specialty care, confidentiality, access to health care services financially and physically such as with mobile clinics and collaboration with all healthcare providers).

Results/Outcomes

In response to community needs, BMHD has actively recruited new providers and will soon have seven Primary Care Providers in the SWCC. In addition to these Primary Care Providers, the organization has one General Surgeon, five Physical Therapists, two Certified Registered Nurse Anesthetists, and two Occupational Therapists. BMHD has arranged for providers in the specialties of Podiatry, Cardiology, Pathology, Audiology, Orthopedics, Pain Management, Ophthalmology, and Urology to visit the facility to see patients. Finally, in order to meet the needs of the counties most isolated; the SWCC does monthly visits to Monument and Long Creek.



PRIORITY COMMUNITY HEALTH NEEDS

Individuals that represented the interests of the community and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to join the CHNA Steering Committee to identify priority community health needs. Of the individuals that were invited, sixteen (16) attended the meeting, although one individual had to leave the meeting early.

The following individuals attended the prioritization meeting:

- Wendy Ballou Director of Nursing, Blue Mountain Care Center
- Cindy Hyder Community Member
- Danetta Lewis Community Member
- Chris Lashart Grant County Commissioner
- Jonie Jones Administrator, Blue Mountain Care Center
- Linda Watsson Greater Oregon Behavioral Health
- Jessica Winegar Grant County Health Department
- Kim Jacobs Dietitian, BMHD
- Brenda Mosier Community Member
- Amy Hoppe Community Member
- Sylvia Ross Director of Home Health & Hospice, BMHD
- Kara Kohfield EMS Director, Ambulance, BMHD
- John Adlesich Director of Quality, Risk and Compliance Officer, BMHD
- Steve Erixon CEO, BMHD
- Lori Lane Health Information Director, Privacy Officer, BMHD
- Jason Wright Community Member

Review of Primary and Secondary Data

Cheri Benander provided an overview of primary and secondary data. The community health needs identified thru the community internet survey, key stakeholder interviews and secondary data included:

- Access to Care
- Preventive Care
 - Mammography
 - Sigmoidoscopy and Colonoscopy
- Chronic Disease
 - Diabetes
 - Stroke



COMMUNITY HEALTH NEEDS ASSESSMENT

- Disabilities >65 Population
- Mental Health
 - Access to Mental Health Providers
 - Suicide Rate
- Obesity and Exercise
- Drug and Alcohol Abuse
- Teen Pregnancy

Prioritization Criteria

Prioritization of the community health needs was based on the following criteria:

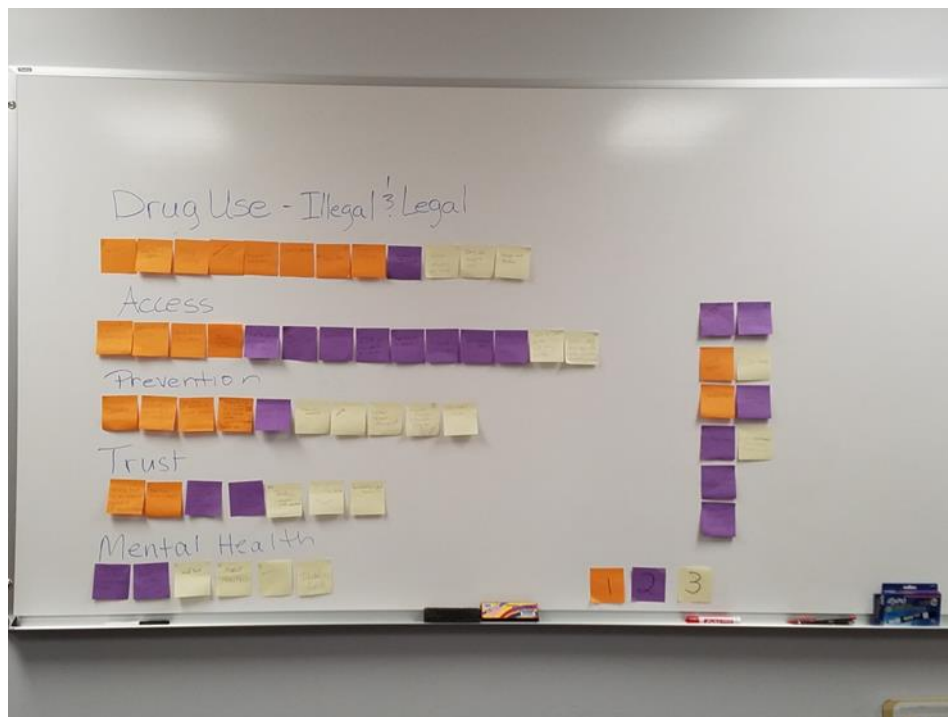
PRIORITIZATION CRITERIA
Magnitude / scale of the problem <ul style="list-style-type: none">• The health need affects a large number of people within the community.
Severity of the problem <ul style="list-style-type: none">• The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities <ul style="list-style-type: none">• The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets <ul style="list-style-type: none">• The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage <ul style="list-style-type: none">• Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, etc.

Prioritization Process

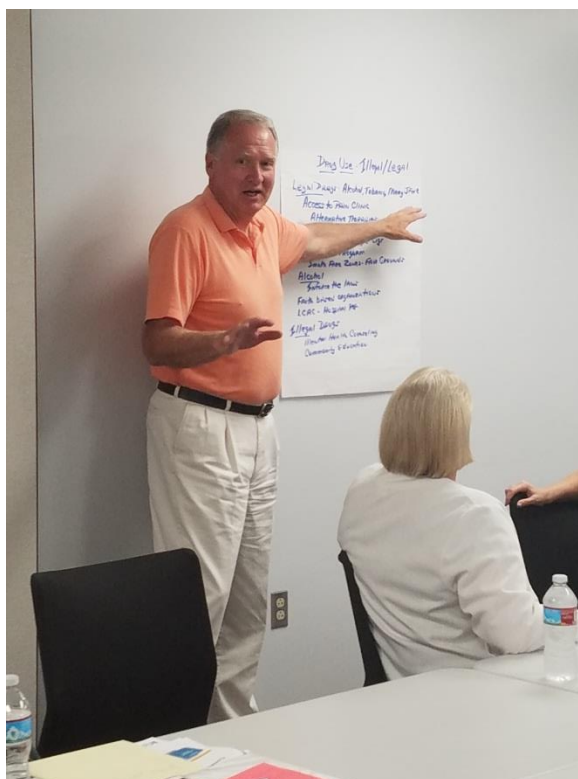
Participants were asked to individually rank the health needs placing the health need with the highest concern on goldenrod paper, the second highest need on purple paper and the third highest need on yellow paper. The papers were placed in order in graph form.



COMMUNITY HEALTH NEEDS ASSESSMENT



Based on discussion, the group chose to move chronic disease management, obesity and diabetes into preventive health and wellness





Priority Health Needs

The health needs were prioritized and strategies for each were discussed:

1. Substance Abuse (legal and illegal substances)
 - Legal Drugs
 - Access to pain clinic
 - Alternative therapies
 - Education
 - Tobacco
 - Kick Butt Program
 - Smoke Free Zones
 - Alcohol
 - Enforce the law
 - Work with faith based organizational programs
 - Hospital representative on the Local Community Advisory Council
 - Illegal Drugs
 - Mental health counseling
 - Community education
2. Access to Providers
 - Set up an urgent care track
 - Provide expanded hours in an urgent care setting
 - Increase usage of telemedicine
 - Evaluate increasing physician panels
3. Preventive Health and wellness
 - Provide and promote screenings
 - Partner with Public Health, Strawberry Wilderness Clinic, Early Learning the schools system and other community partners
 - Provide health literacy information
 - Provide a Community Health Worker/navigator in the clinic, the ER and the hospital.
 - Develop a media focus on health education and prevention
4. Trust in the Healthcare System
 - Provide confidentially education to the public
 - Increase the HIPAA training within the healthcare system
 - Market physicians skills and accomplishments



COMMUNITY HEALTH NEEDS ASSESSMENT

Community Resources

Community Resources currently available to meet the health needs of the community are included in Appendix 7.

Gap Analysis

The majority of respondents to the community survey were employees or providers at Blue Mountain Hospital District. However, they also represent the communities in the geographic service area.

Next Steps

Over the next several months BMHD in collaboration with community partners, will develop an implementation plan for each of the priority health needs. The implementation plan will be published in a separate report.



APPENDIX 1: HEALTHTECHS3 CONSULTANT BIOS



CHERI BENANDER, MSN, RN, NHA, CHC, NHCE-C

DIRECTOR OF COMPLIANCE & LONG TERM CARE CONSULTING

Cheri Benander brings over 30 years of experience in various healthcare settings including hospitals, home health, hospice, assisted living, and long term care. Benander has served in a variety of leadership roles including Vice President of Resident Care Services, Nursing Home Administrator, Interim Chief Nursing Officer, Director of Home Health and Hospice, Privacy Officer and Compliance Officer. Benander received her basic nursing education from Fort Scott Community College and a Bachelor's Degree and Master's Degree in Nursing from the University of Phoenix. Benander is a Certified Healthcare Compliance professional through the HealthCare Compliance Association and received a certification in Nursing and Healthcare Education from the University of Phoenix. She is licensed as a Registered Nurse in Wyoming, Kansas and Missouri and as a Nursing Home Administrator in Wyoming. Benander is also a member of the Healthcare Compliance.



CAROLYN ST. CHARLES, RN, MBA

REGIONAL CHIEF CLINICAL OFFICER

Carolyn St. Charles brings over 30 years experience to her role at HealthTech. As Regional Chief Clinical Officer, St. Charles provides consultation and resources that promote evidence-based care, quality and patient safety, and operating efficiencies. Previously, she held progressively more responsible positions at Overlake Hospital in Bellevue, Washington, including Director of Medical-Surgical Nursing, Senior Vice President of Patient Care and Vice President of Strategic Services. St. Charles earned her Master's degree in Business Administration from the University of Washington and a Bachelor's degree in Nursing from Northern Arizona University. She is also a member of the American Organization of Nurse Executives and The Case Management Society of America.



JULIE LEWIS HAYNES

STRATEGIC PLANNING CONSULTANT

Julie Lewis Haynes provides strategic planning services and consultation in preparing market assessments, physician supply and demand analysis, medical staff development plans, and strategic retreat planning and facilitation. Previously, she served as Regional Marketing Director for Community Health Systems based in Franklin, Tennessee. She also served as Marketing Director for HCA's Skyline Medical Center in Nashville, Tennessee. Lewis earned a Bachelor's degree in Business Administration from Texas A&M University.



COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX 2: DEMOGRAPHIC PROFILE

The demographic information was obtained from Community Commons and iVantage Health Analytics.

Population

The total CHNA service area of Grant County had an estimated population of 7,484 in 2015 which is expected to increase to 7,538 by 2020, an increase of 54 residents. This reflects an estimated population increase of 0.7%.

County	2015	2020	2015-2020	2015-2020
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
Grant County	7,484	7,538	54	0.7%
Total Service Area (Grant County)	7,484	7,538	54	0.7%

Source: iVantage Health Analytics

Zip Code (City)	2015	2020	2015-2020	2015-2020
	Estimated Population	Projected Population	Projected Population Change	Projected % Change
97845 (John Day)	2,578	2,560	-18	-0.7%
97865 (Mount Vernon)	1,152	1,223	71	6.2%
97869 (Prairie City)	1,100	1,110	10	0.9%
97820 (Canyon City)	1,069	1,036	-33	-3.1%
97856 (Long Creek)	402	408	6	1.5%
97873 (Seneca)	376	384	8	2.1%
97864 (Monument)	317	321	4	1.3%
97825 (Dayville)	211	213	2	0.9%
97848 (Kimberly)	157	159	2	1.3%
97817 (Bates)	67	68	1	1.5%
Total Service Area (Zip Codes)	7,429	7,482	53	0.7%

Source: iVantage Health Analytics



COMMUNITY HEALTH NEEDS ASSESSMENT

Population by Age

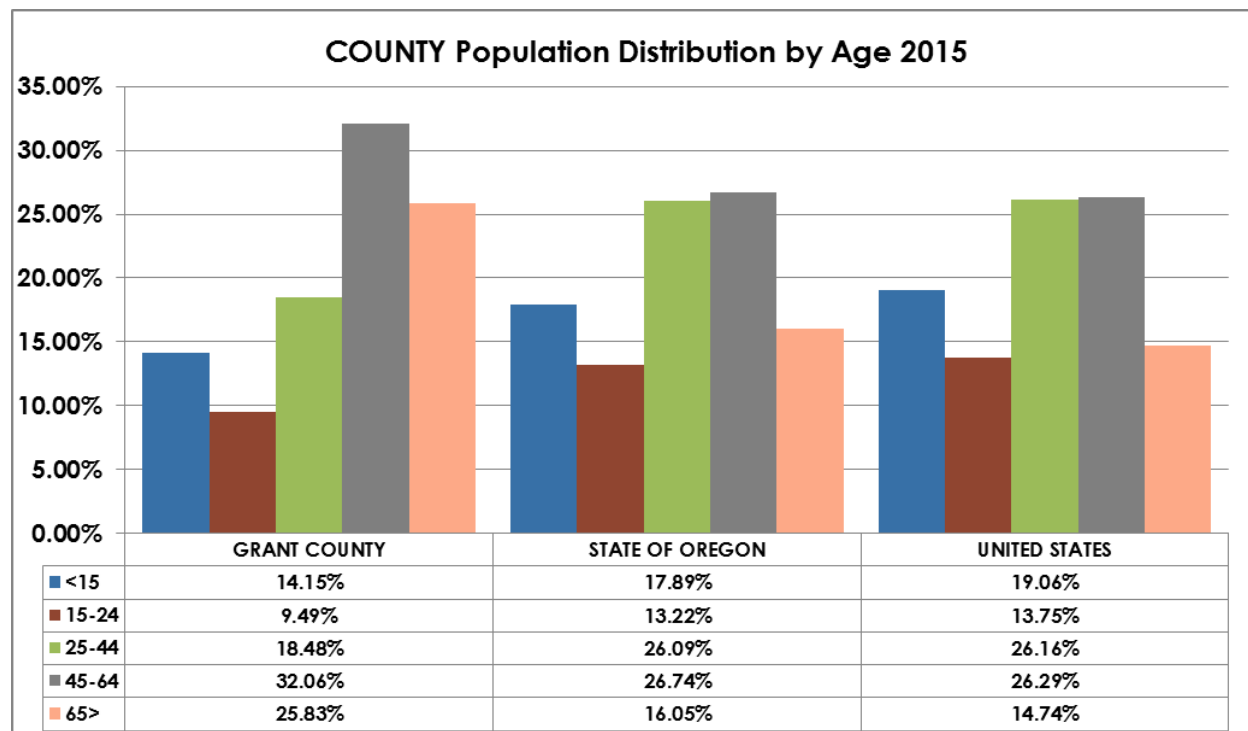
The majority of residents in the BMHD service area are adults between the ages of 45 and 64.

Compared to the State of Oregon and the United States, Grant County has a lower percentage of residents between the age of 15-44 and a higher percentage of residents 45 years of age and older.

The population over the age of 65 is expected to have the largest percent increase between 2015 and 2020.

POPULATION						
Age Group	GRANT COUNTY		STATE OF OREGON		UNITED STATES	
	2015		2015		2015	
<15	1,059	14.2%	707,491	17.9%	60,703,764	19.1%
15-24	710	9.5%	522,669	13.2%	43,805,862	13.8%
25-44	1,383	18.5%	1,031,415	26.1%	83,329,651	26.2%
45-64	2,399	32.1%	1,057,394	26.7%	83,728,979	26.3%
65>	1,933	25.8%	634,685	16.1%	46,968,183	14.7%
TOTAL	7,484	100.0%	3,953,654	100.0%	318,536,439	100.0%

Source: iVantage Health Analytics

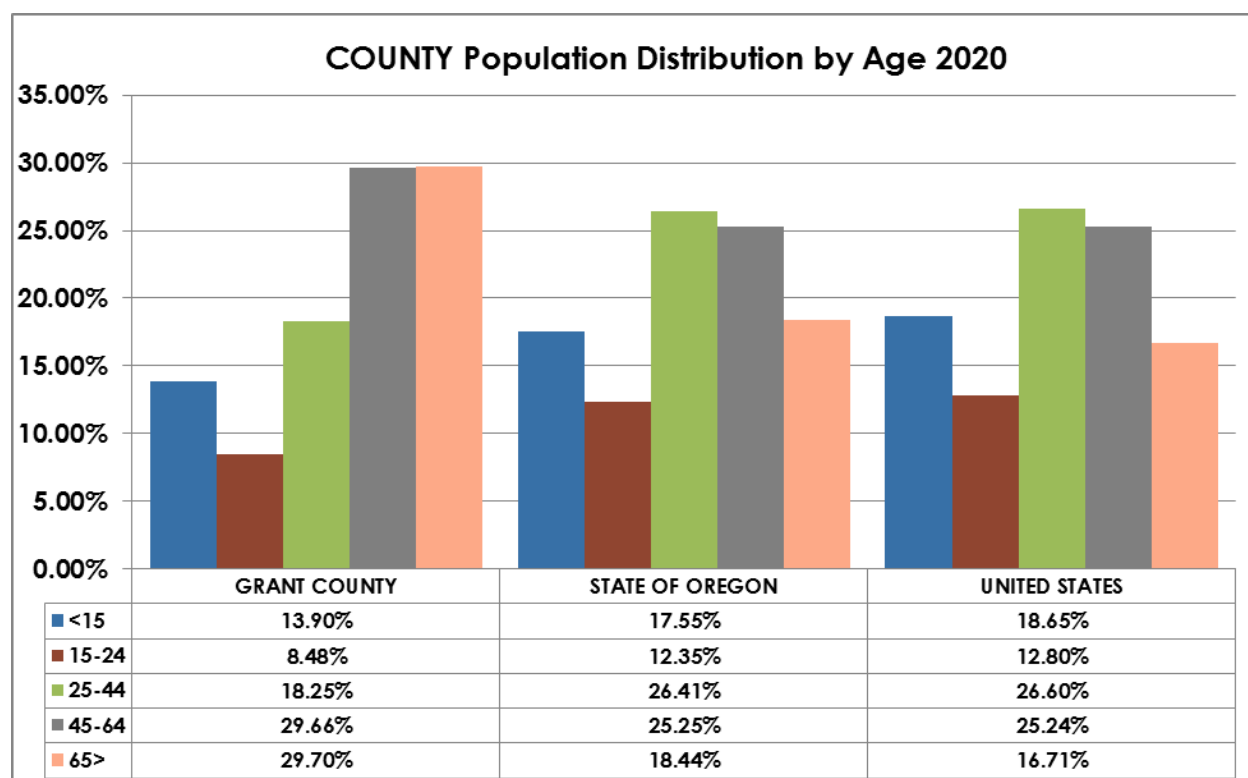




COMMUNITY HEALTH NEEDS ASSESSMENT

POPULATION						
Age Group	GRANT COUNTY		STATE OF OREGON		UNITED STATES	
	2020		2020		2020	
<15	1,048	13.9%	719,811	17.5%	61,676,080	18.7%
15-24	639	8.5%	506,753	12.4%	42,316,726	12.8%
25-44	1,376	18.3%	1,083,303	26.4%	87,933,307	26.6%
45-64	2,236	29.7%	1,035,507	25.2%	83,464,005	25.2%
65>	2,239	29.7%	756,272	18.4%	55,232,457	16.7%
TOTAL	7,538	100.0%	4,101,646	100.0%	330,622,575	100.0%

Source: iVantage Health Analytics

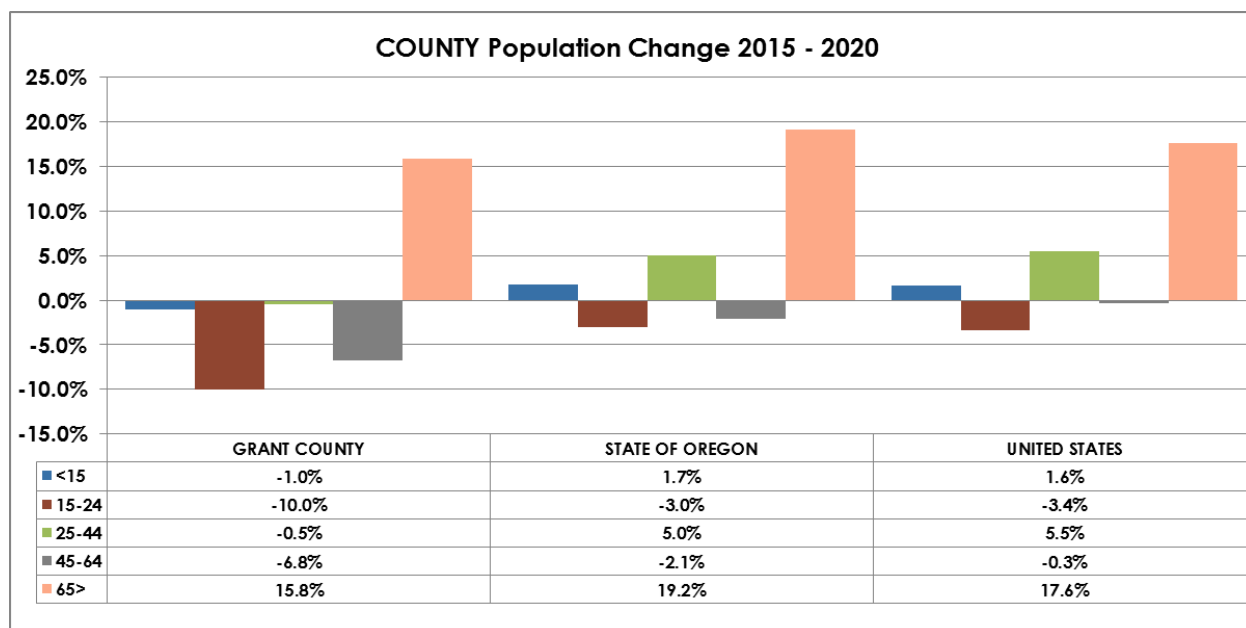


POPULATION CHANGE: 2015 - 2020						
Age Group	GRANT COUNTY		STATE OF OREGON		UNITED STATES	
	#	%	#	%	#	%
<15	(11)	-1.0%	12,320	1.7%	972,316	1.6%
15-24	(71)	-10.0%	(15,916)	-3.0%	(1,489,136)	-3.4%
25-44	(7)	-0.5%	51,888	5.0%	4,603,656	5.5%
45-64	(163)	-6.8%	(21,887)	-2.1%	(264,974)	-0.3%
65>	306	15.8%	121,587	19.2%	8,264,274	17.6%

Source: iVantage Health Analytics



COMMUNITY HEALTH NEEDS ASSESSMENT



Population Distribution by Ethnicity

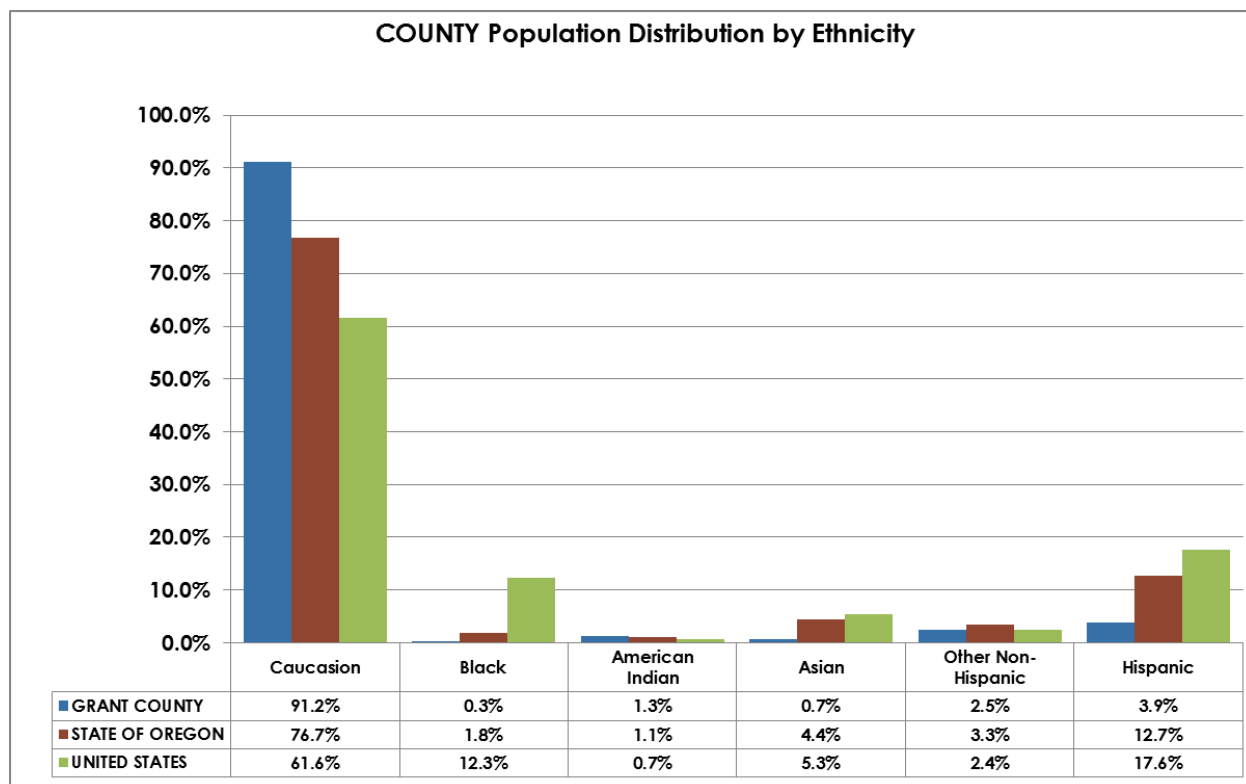
The primary ethnicity in Grant County is Caucasian, 91.2%. The second largest ethnic group is Hispanic, 3.9%. Compared to both the State of Oregon and the United States, the BMHD service area has a higher percentage of Caucasian and American Indian residents and a lower percentage of other ethnic groups.

POPULATION DISTRIBUTION BY ETHNICITY						
Race	GRANT COUNTY		STATE OF OREGON		UNITED STATES	
	#	%	#	%	#	%
Caucasian	6,827	91.2%	3,004,907	76.7%	196,246,439	61.6%
Black	20	0.3%	69,369	1.8%	39,280,020	12.3%
American Indian	98	1.3%	43,768	1.1%	2,337,710	0.7%
Asian	56	0.7%	173,598	4.4%	16,968,476	5.3%
Other Non-Hispanic	190	2.5%	130,504	3.3%	7,547,553	2.4%
Hispanic	293	3.9%	496,477	12.7%	56,156,241	17.6%
TOTAL	7,484	100.0%	3,918,623	100.0%	318,536,439	100.0%

Source: iVantage Health Analytics

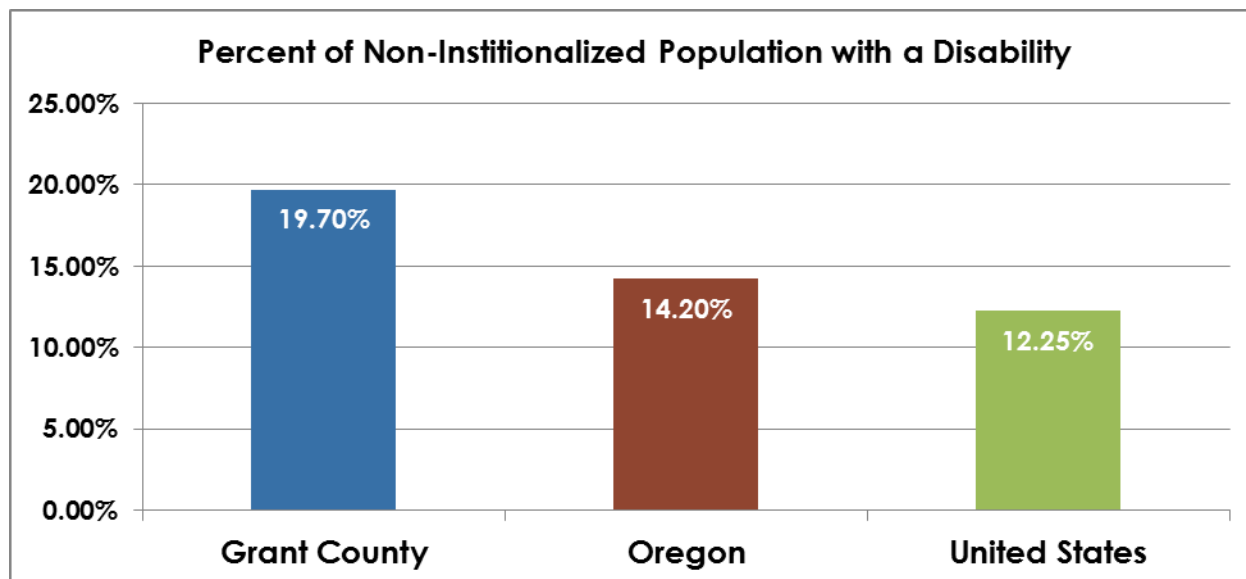


COMMUNITY HEALTH NEEDS ASSESSMENT



Population with a Disability

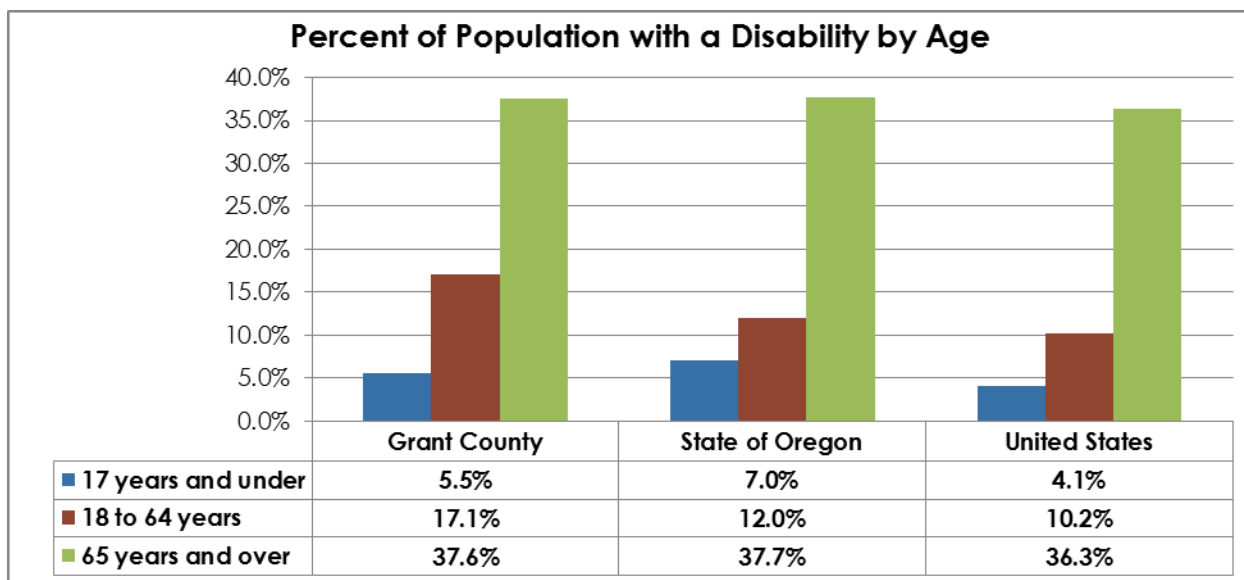
The percent of the population with a disability is higher in Grant County, 19.7%, than the State of Oregon or the United States.



Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



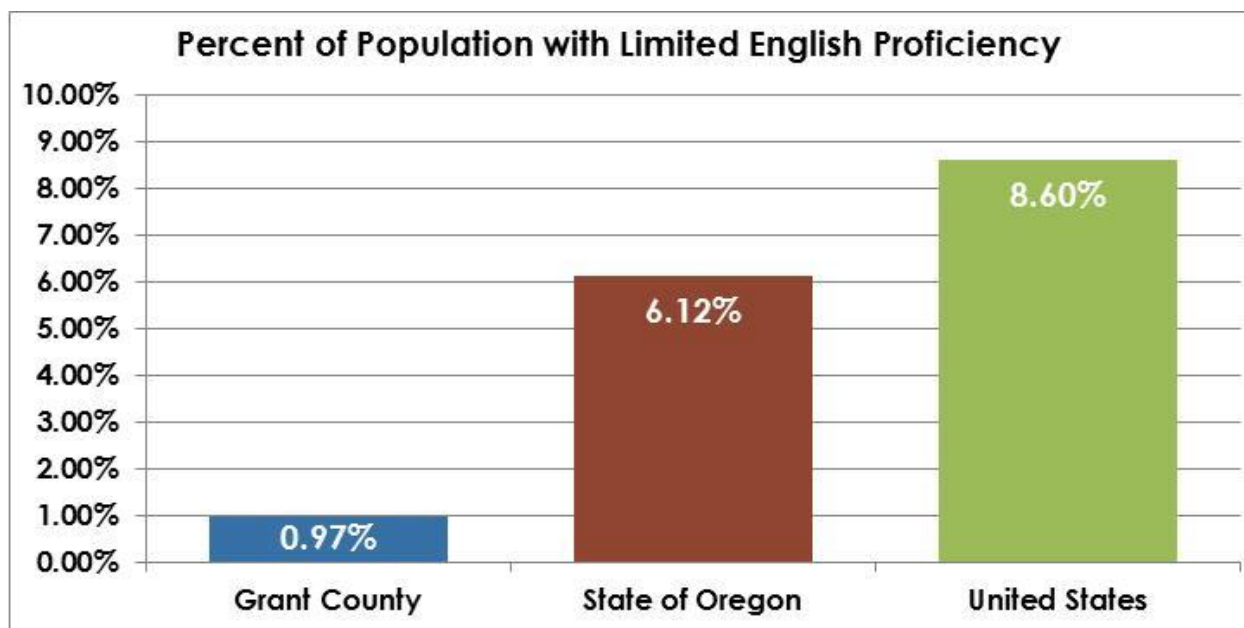
COMMUNITY HEALTH NEEDS ASSESSMENT



Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Population with Limited English Proficiency

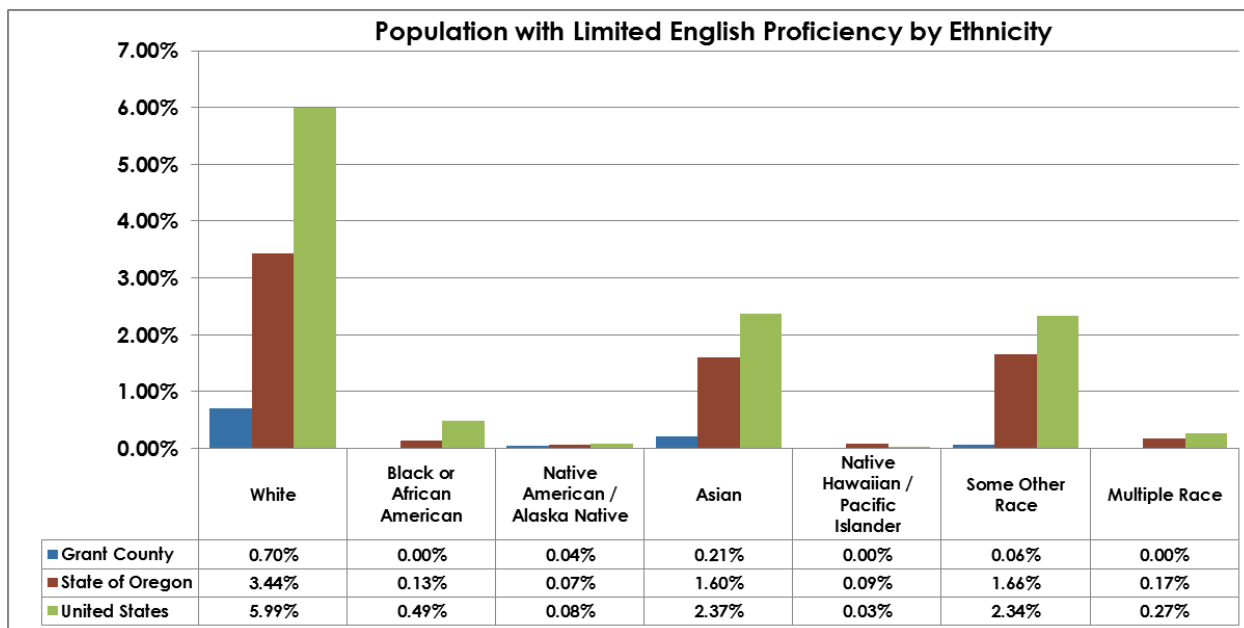
The percent of the population with limited English proficiency is lower in Grant County than in either the State of Oregon or the United States.



Source: Source: iVantage Health Analytics



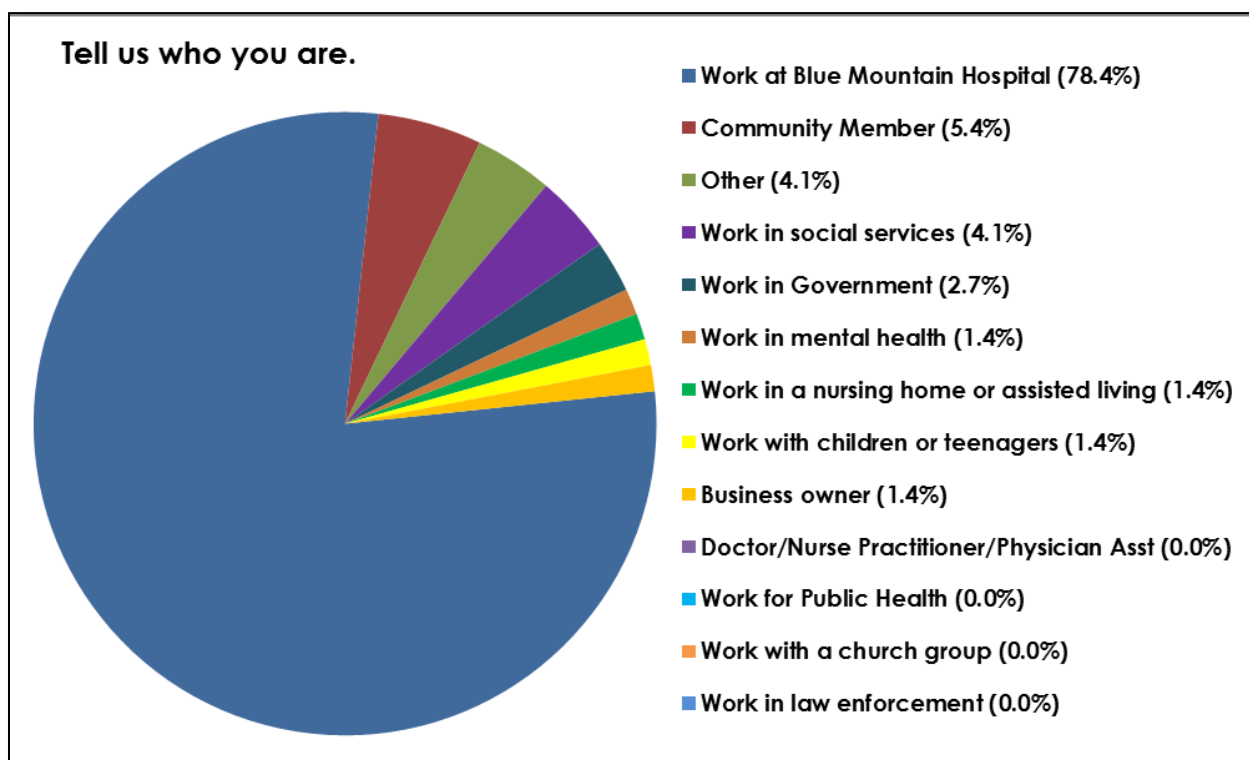
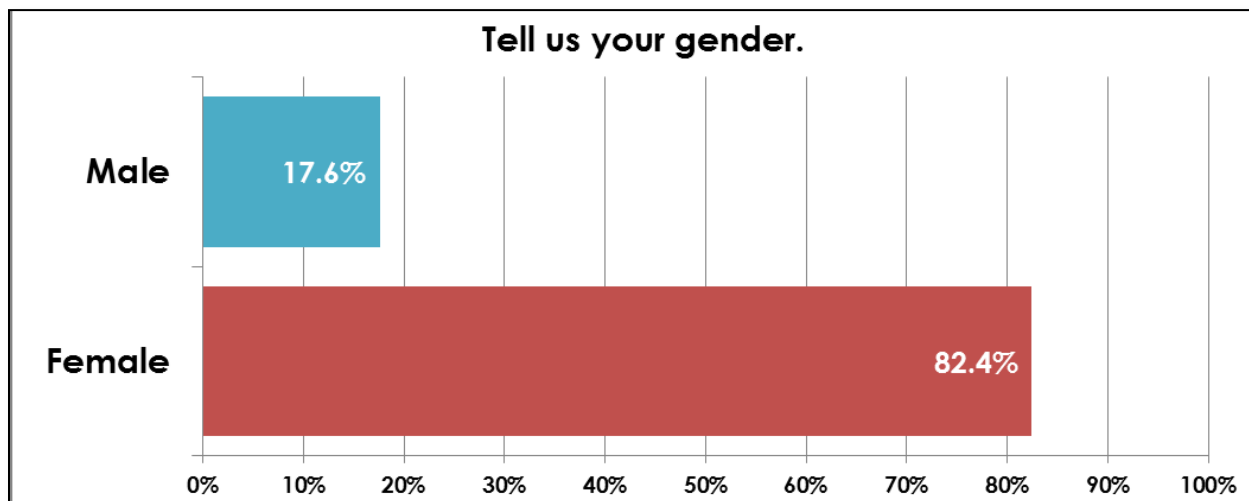
COMMUNITY HEALTH NEEDS ASSESSMENT



Source: Source: iVantage Health Analytics



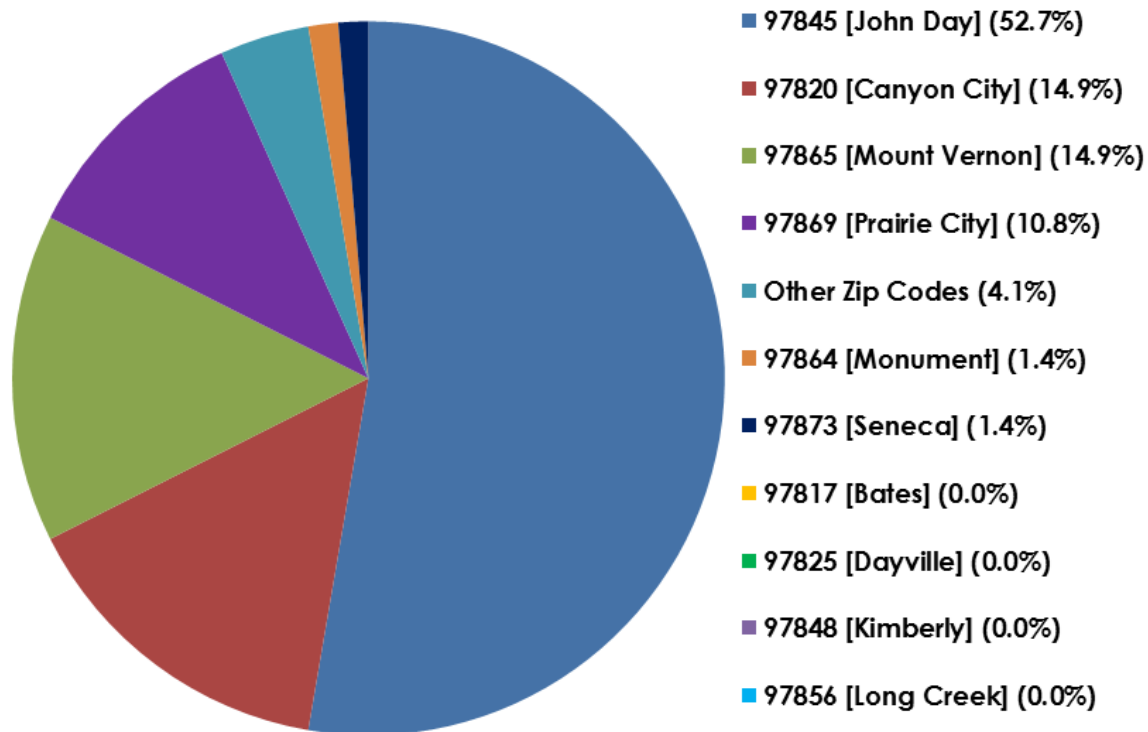
APPENDIX 3: COMMUNITY SURVEY SUMMARY



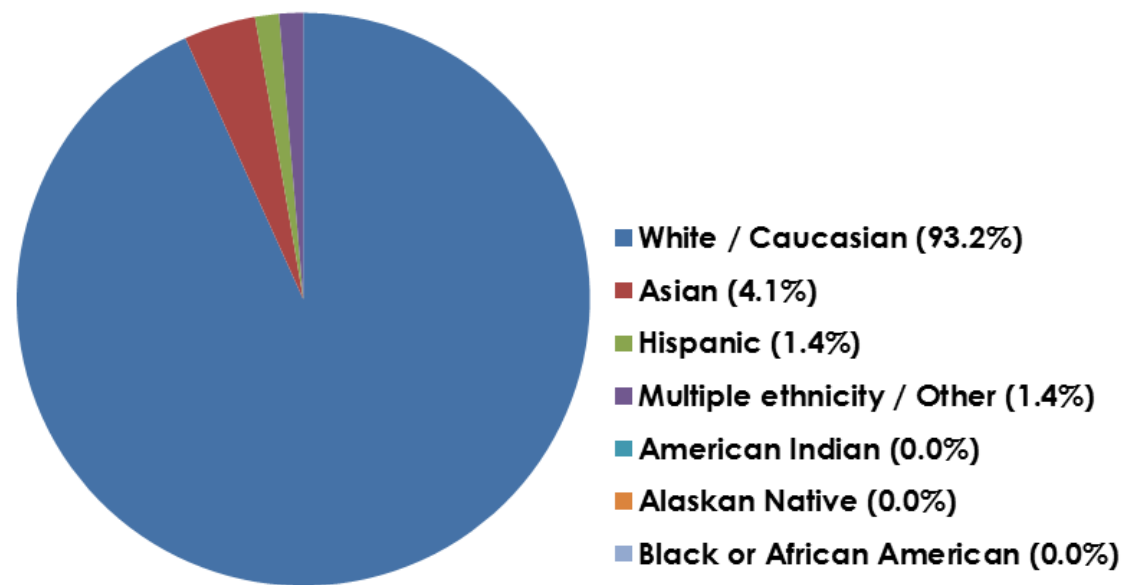


COMMUNITY HEALTH NEEDS ASSESSMENT

Tell us where you live.



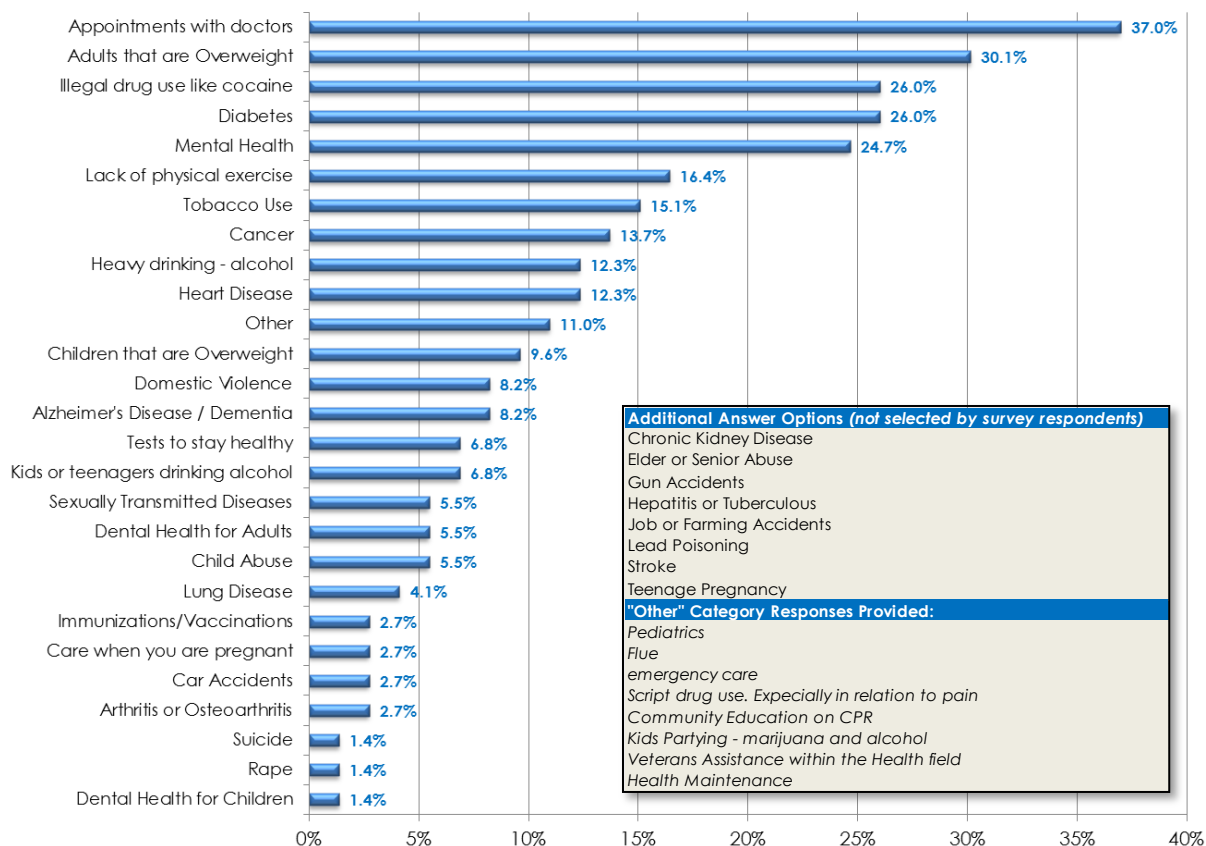
Tell us your race.



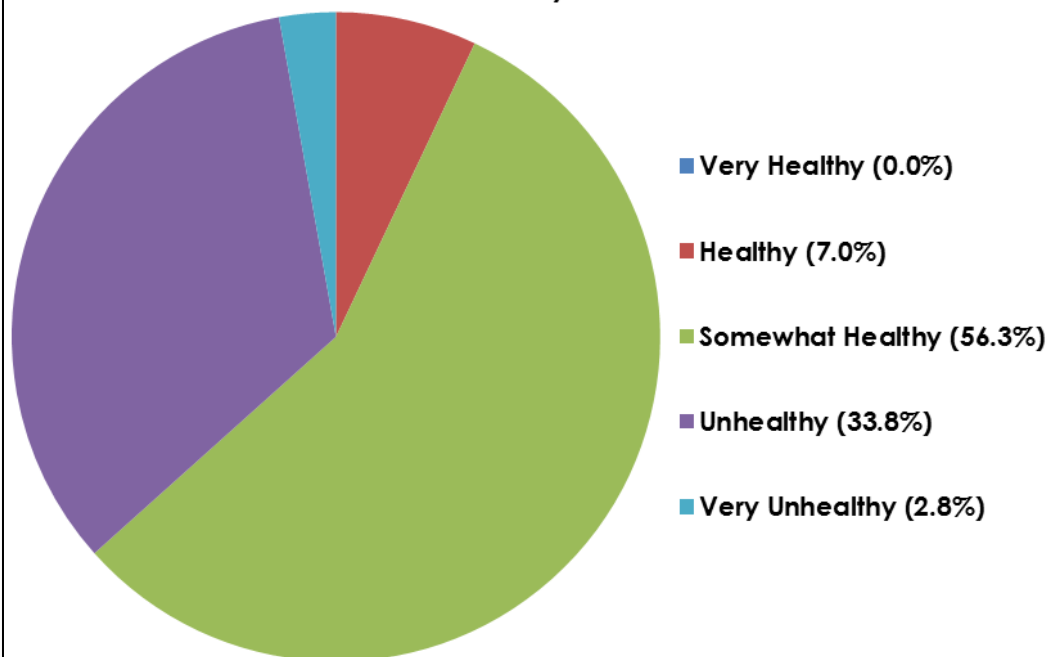


COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think are the three (3) most IMPORTANT HEALTH ISSUES in your community?



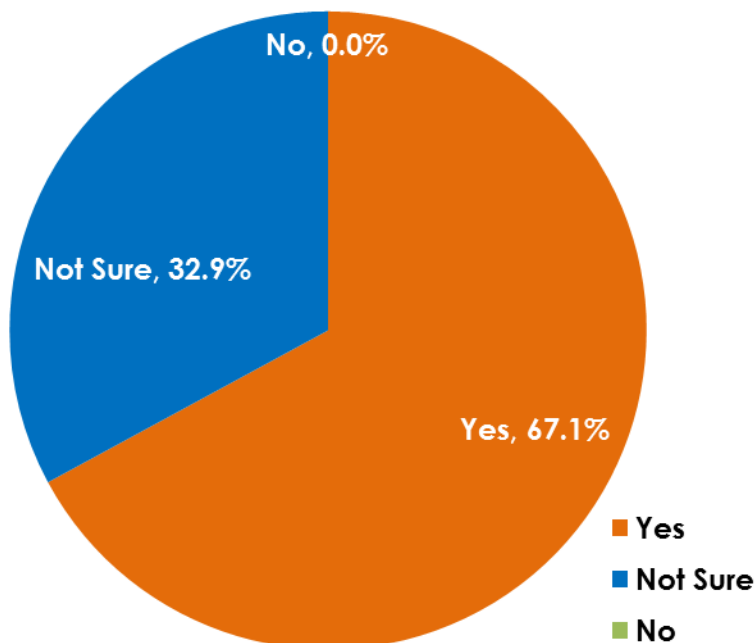
I think the Health of the Community is...



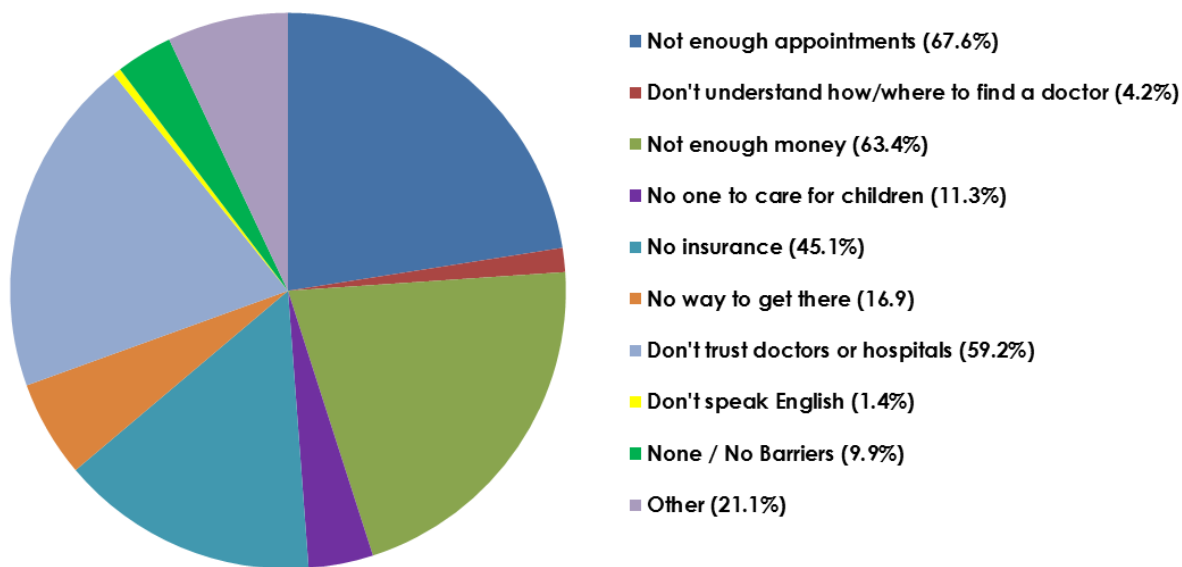


COMMUNITY HEALTH NEEDS ASSESSMENT

Are there people in the community that need care but do not get it?



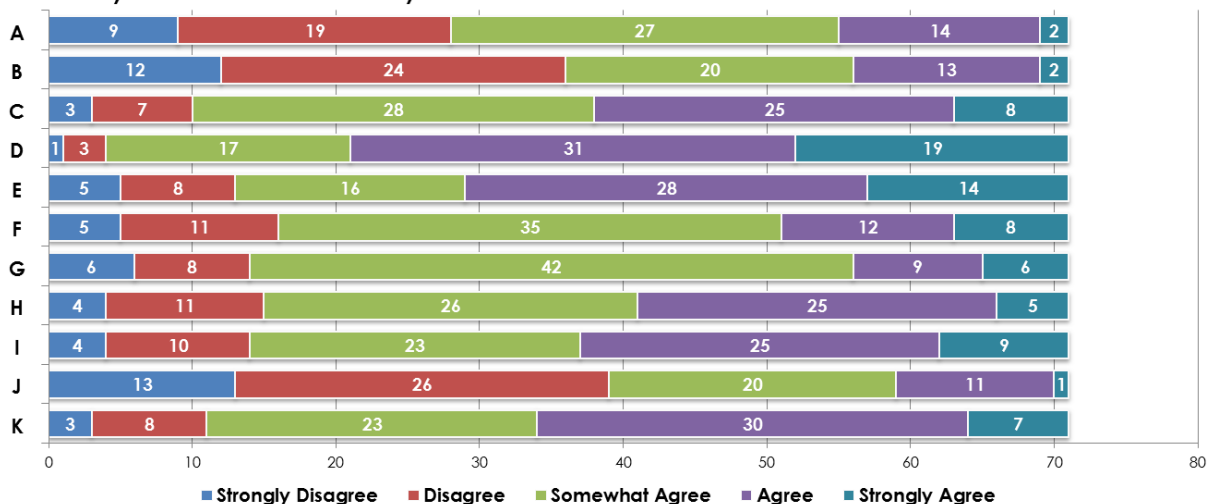
What are the 3 reasons people in the community do not go see a doctor or to the hospital?





COMMUNITY HEALTH NEEDS ASSESSMENT

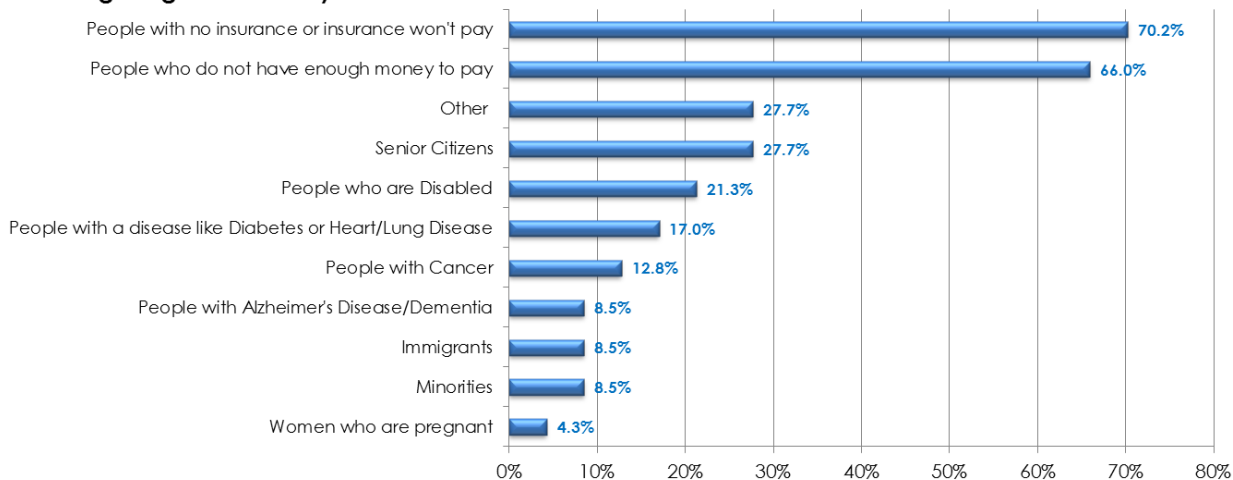
Tell us what you think about community health.



Answer Options:

- A** The community can see a doctor when they need one
- B** The community can see a specialist when they need one (Cardiologist, Surgeon, Pediatrician)
- C** The community can see a doctor when they need immunizations, vaccinations, or tests to stay healthy
- D** There are beds in a nursing home when they need one
- E** The community can see a dentist when they need one
- F** The community can see a counselor for mental health when they need one
- G** The community can see a drug abuse counselor when they need one
- H** The community can get medicines when they are needed
- I** There are enough doctors that take Medicare and Medicaid insurance
- J** There are enough doctors that speak Spanish
- K** The community can find a way to get to a doctors appointment if needed (Transportation)

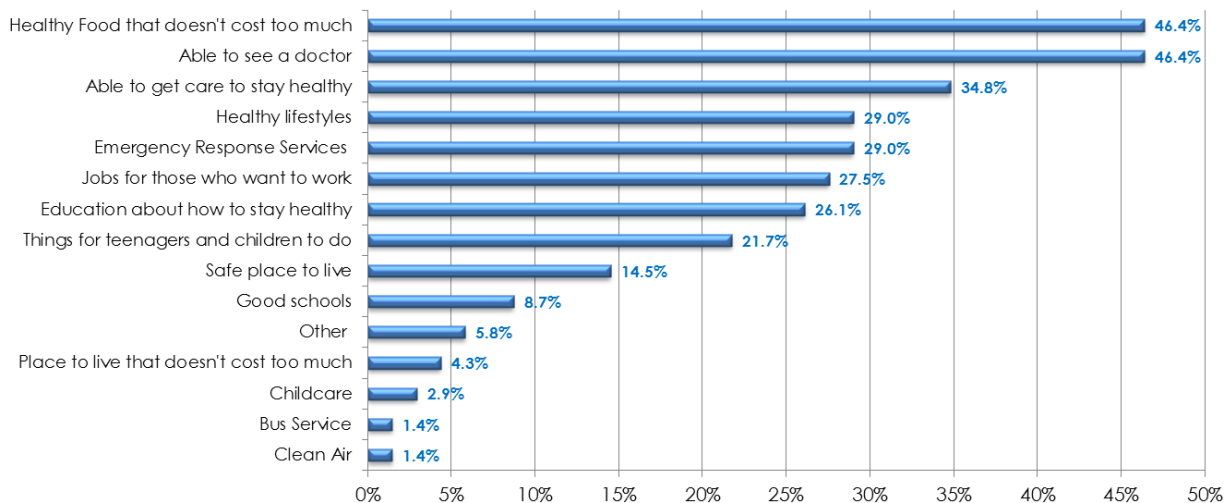
What groups of people do you think are not getting the care they need?





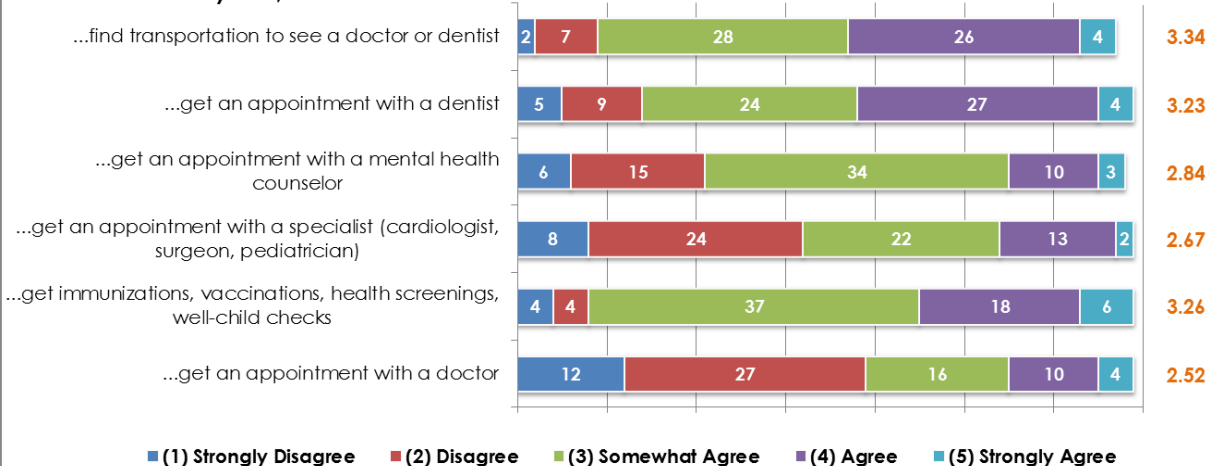
COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think is MOST IMPORTANT for a healthy community?



Tell us about improvements.

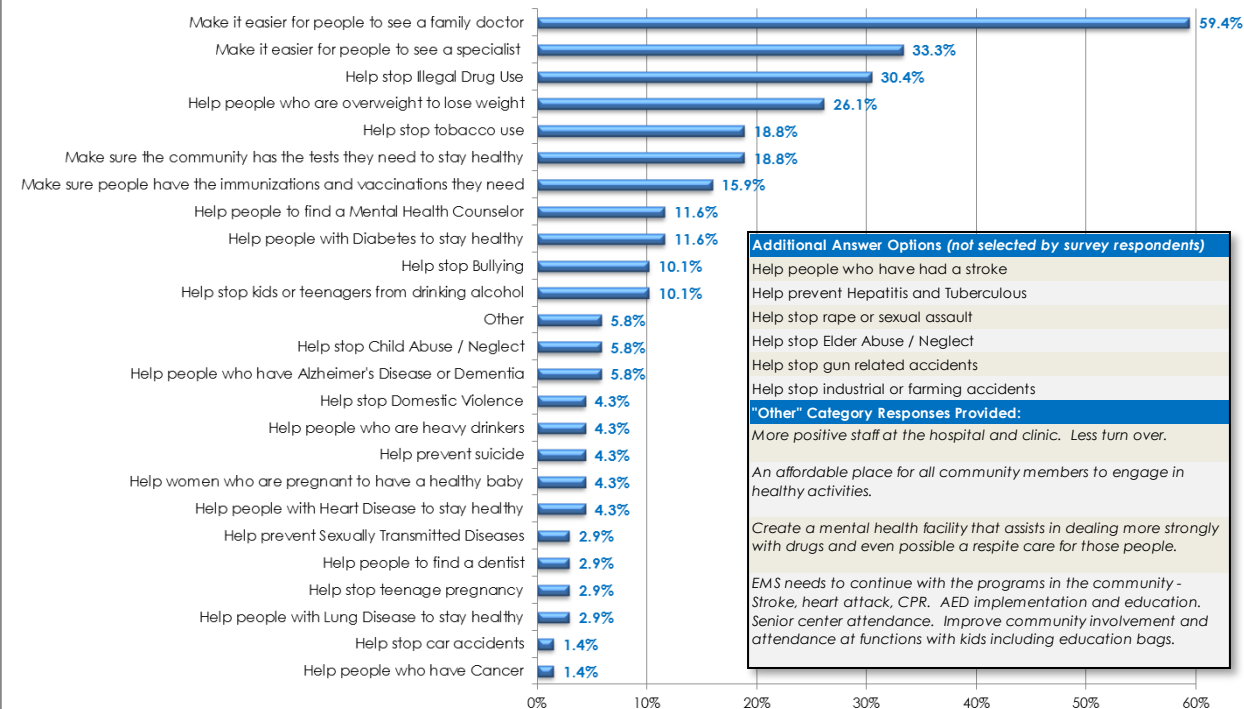
Over the last 3 years, it is easier to...





COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think we should work on to make the community more healthy over the next 3 years?





APPENDIX 4: COMMUNITY NEEDS INDEX

In 2005 Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every ZIP Code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The CNI found a high correlation (95.5%) between hospitalization rates and CNI scores. Admission rates for the most highly needy communities, CNI of 5.0, are more than 60% higher than communities with the lowest need, CNI of 1.0.

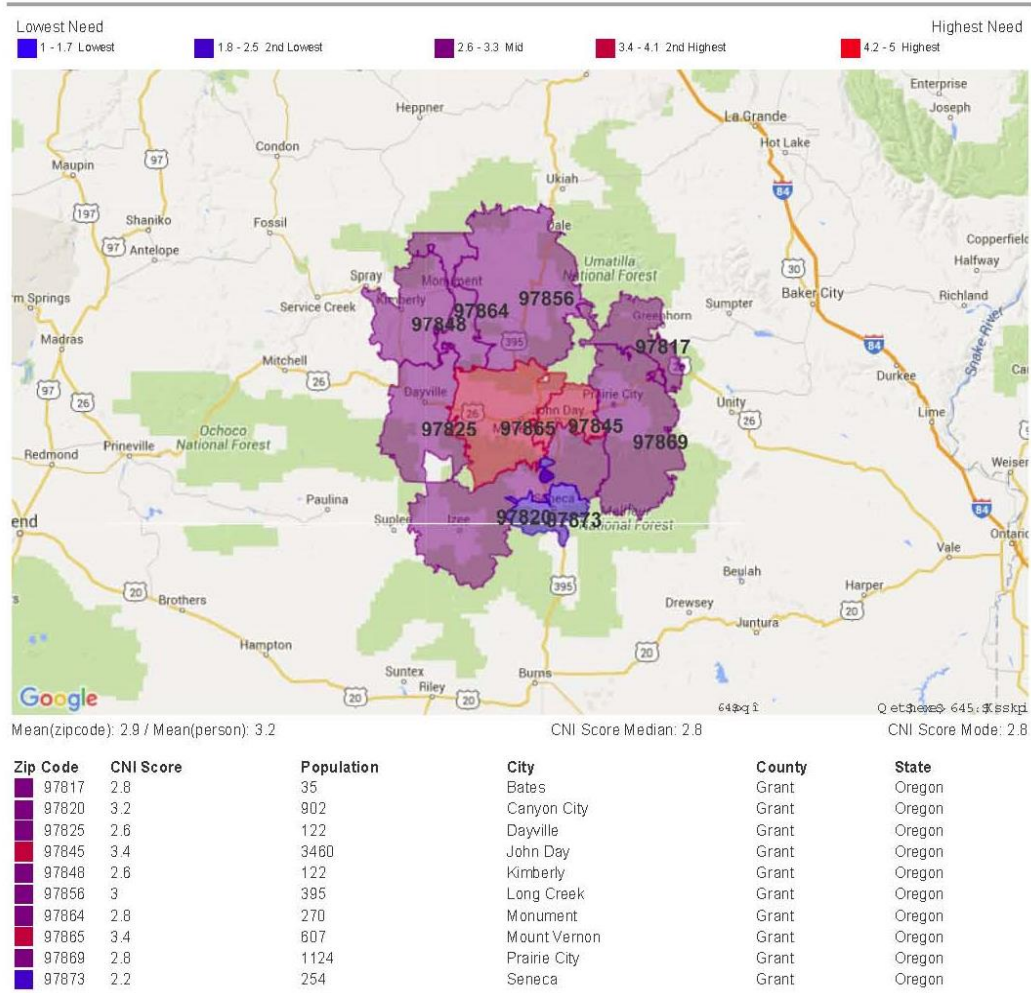
Barriers to healthcare access include income, culture/language, education, insurance and housing. Every populated ZIP code in the United States is assigned a barrier score of 1, 2, 3, 4, or 5 depending upon the ZIP code national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, ZIP codes that score a 1 for the Education Barrier contain highly educated populations; ZIP codes with a score of 5 have a very small percentage of high school graduates.

Barriers to Healthcare Access	Indicator(s): Underlying causes of health disparity
Income	Percentage of households below poverty line, with head of household age 65 or more
	Percentage of families with children under 18 below poverty line
	Percentage of single female-headed families with children under 18 below poverty line
Culture/ Language	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
Education	Percentage of population over 25 without a high school education
Insurance	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
Housing	Percentage of households renting their home

Source: <http://cni.chw-interactive.org>; Community Need Index Methodology and Source Notes 2015



COMMUNITY HEALTH NEEDS ASSESSMENT



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None of the CNI scores for the communities in Grant County are in the highest need range. Of the ZIP codes in the BMHD service area, John Day and Mount Vernon are in the 2nd highest range (3.4 – 4.1). Canyon Creek, Long Creek, Bates, Monument, Prairie City, Dayville and Kimberly are in the medium range (2.6 – 3.3) and Seneca is in the 2nd lowest range (1.8 – 2.5).



APPENDIX 5: COUNTY HEALTH RANKINGS

The *County Health Rankings & Roadmaps*⁶ program is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are determined by the following factors:

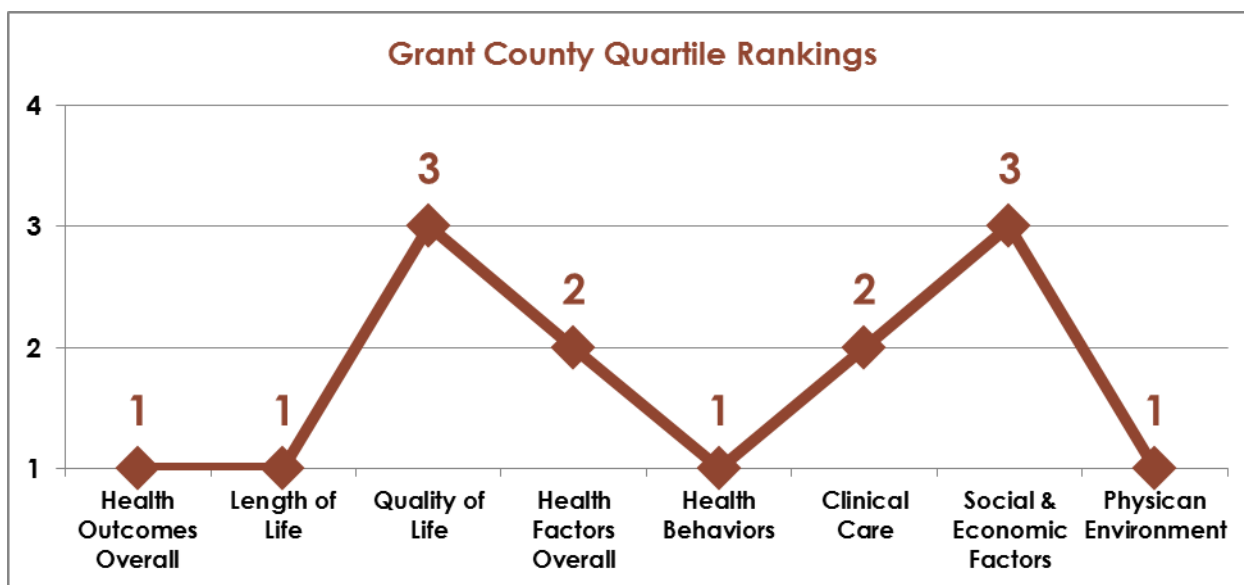
Health Outcomes: "The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive."

Health Factors: "The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors."⁷

The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Rankings for Grant County are from the 2016 County Health Rankings which was recently published. The methodology for ranking was changed for 2016 and comparisons cannot be made with prior years.

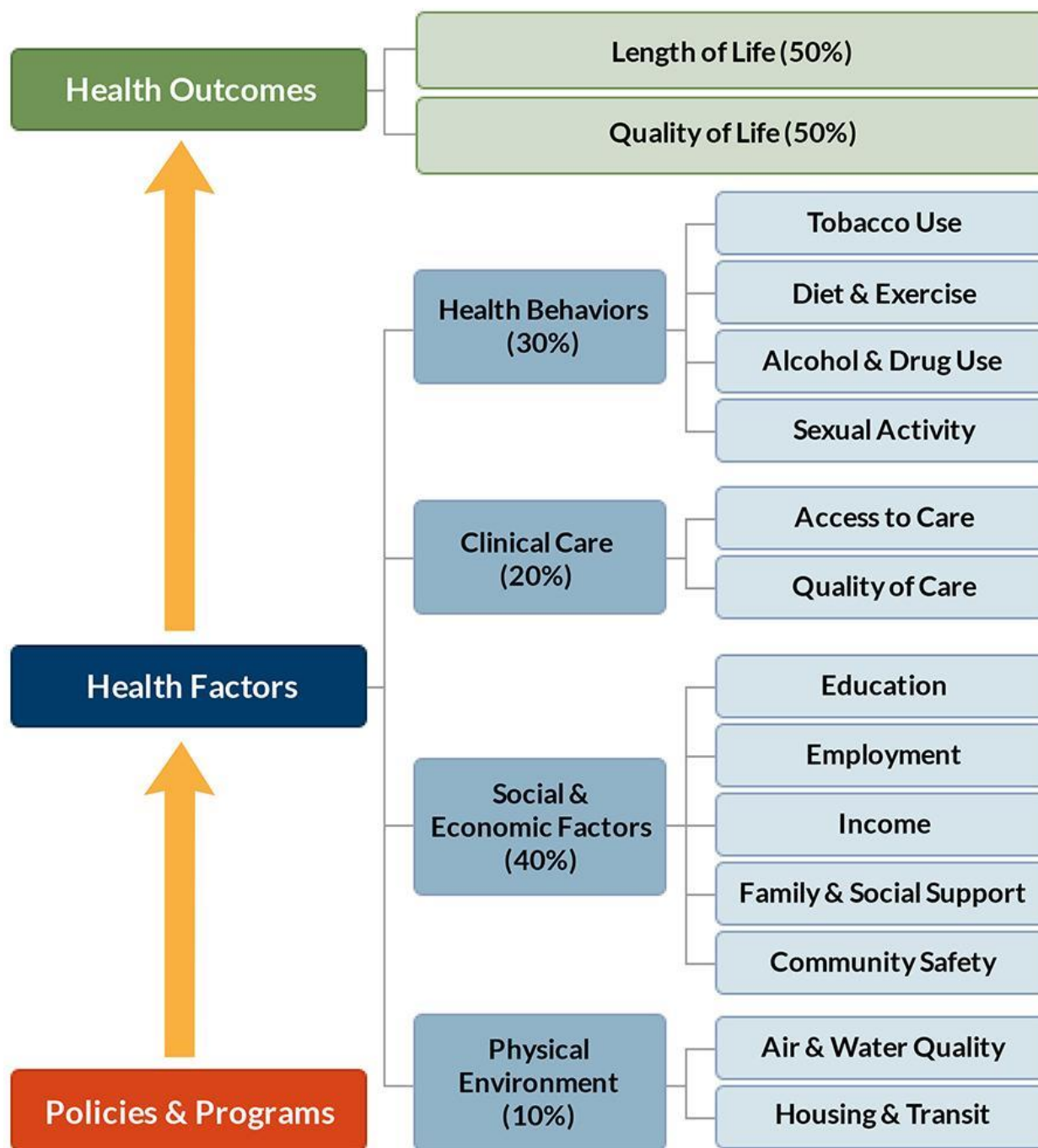
The graph below illustrates the quartile for each of the Health Factor and Health Outcome ratings for Grant County as compared to the 36 other counties in Oregon. A lower rank is better.



Source: www.countyhealthrankings.org: County Health Rankings 2016

⁶ www.countyhealthrankings.org

⁷ www.countyhealthrankings.org



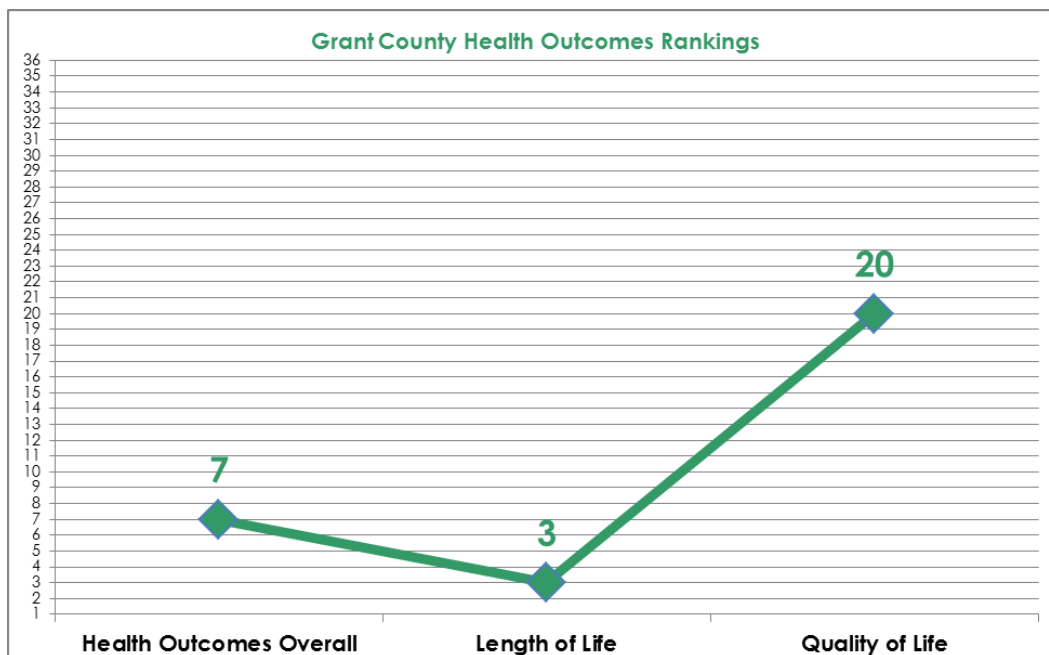
County Health Rankings model © 2014 UWPHI



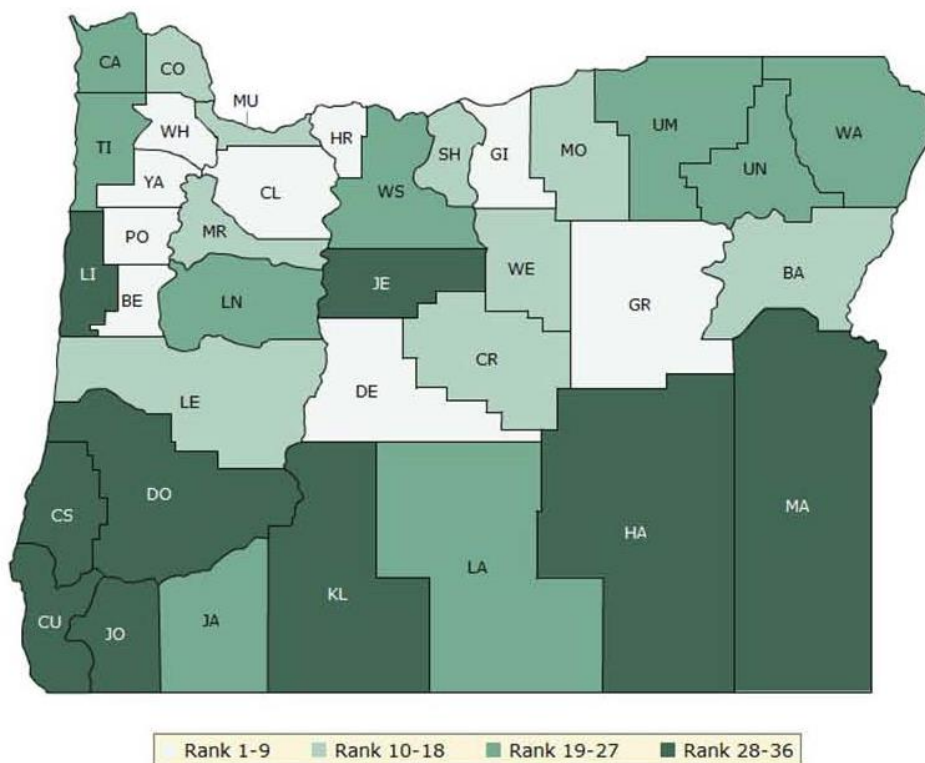
COMMUNITY HEALTH NEEDS ASSESSMENT

Health Outcomes

Grant County ranked 7th for overall Health Outcomes as compared to the 36 counties in Oregon. A lower rank is better.



Source: www.countyhealthrankings.org

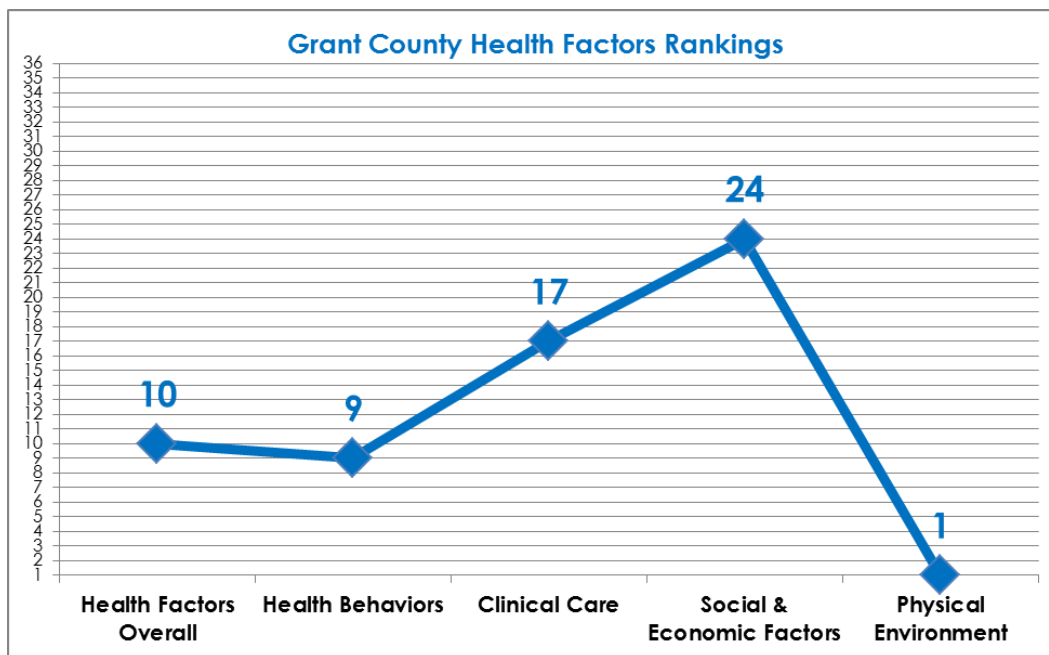




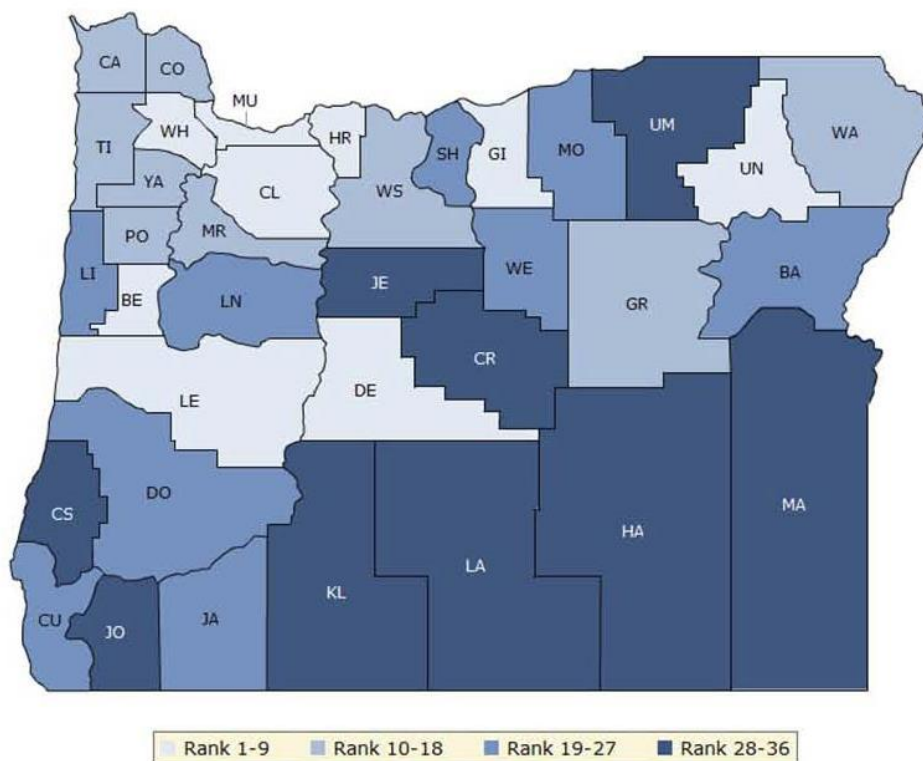
COMMUNITY HEALTH NEEDS ASSESSMENT

Health Factors

Grant County ranked 10th overall Health Factors as compared to the 36 other counties in Oregon. A lower rank is better.



Source: www.countyhealthrankings.org





COMMUNITY HEALTH NEEDS ASSESSMENT

Health Outcomes and Health Factors Summary

The information on the following pages describes each of the measures utilized by County Health Ranking to rank Grant County for 2016 with comparisons to the State of Oregon, United States and Healthy People 2020 targets if available.

Additional measures are included from Community Commons and other sources if either the data was not included in the County Health Ranking or more current data was available.

When reviewing the data and the results, please note that in some instances the data for Grant County may be better or worse than the State of Oregon, United States or Healthy People 2020. This is not identified as worse or better than the comparative data if there was no significant difference based on the margin of error. The margin of error is displayed, if available.

The table below is an overview of those indicators that are "worse" than the State of Oregon and/or Healthy People 2020 targets by county.

HEALTH OUTCOMES			
Length of Life	Grant County	Quality of Life	Grant County
Injury deaths	71	Poor Mental Health Days	4.1
Mortality - Lung Disease	50.0	Poor Physical Health Days	4.0
HEALTH FACTORS			
Social and Economic Environment (40%)	Grant County	Clinical Care (20%)	Grant County
Children Eligible for Free/Reduced Price Lunch	57.69%	Access to Mental Health Providers	27.0
Food Insecurity Rate	17.80%	Cancer Screening - Mammogram	57.40%
Income - Families Earning Over \$75,000	29.41%	Cancer Screening - Sigmoidoscopy or Colonoscopy	47.50%
Income - Median Family Income	\$49,394	Population Living in a Health Professional Shortage Area	100.00%
Income - Per Capita Income	\$22,877	Preventable Hospital Events	46.4
Insurance - Population Receiving Medicaid	23.37%	Physical Environment (10%)	
Insurance - Uninsured Adults	23.13%	Climate Health - Drought Severity	86.38%
Insurance - Uninsured Children	9.08%	Food Access - Low Food Access	39.80%
Per Capita Income by Race/Ethnicity, Disparity Index	41.51	Food Access - Low Income Low Food Access	17.73%
Population Receiving SNAP Benefits (ACS)	19.18%	Food Insecure Children	29.37%
Population with Associate's Level Degree or Higher	29.02%	Households Receiving SNAP Benefits, Disparity Index	64.57
Population with No High School Diploma	12.09%	Housing - Mortgage Lending	135.66
Poverty - Children Below 200% FPL	53.92%	Housing - Vacancy Rate	26.78%
Poverty - Population Below 200% FPL	42.97%	Liquor Store Access	13.43
Unemployment Rate	10.30%	Low Food Access - Food Desert	39.80%
Health Behaviors (30%)	Grant County	Low or no Healthy Food Access, Racial Disparity Index	49.73
Alcohol Consumption	22.90%	Recreation and Fitness Facility Access	0.00
Physical Inactivity	17.10%	Use of Public Transportation	0.86%
Tobacco Usage - Current Smokers	27.30%	DEMOGRAPHIC PROFILE	
Walking or Biking to Work	6.30%	Population with Any Disability	19.69%



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Outcomes - Length of Life (50%)

Focus Area	Measure	Description	Weight	Source	Year(s)	US Top Performers	Oregon	Grant County	Error Margin
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	50%	National Center for Health Statistics - Mortality files	2011-2013	6,600	5,971	5,009	8,000 - 10,000

Source: County Health Rankings 2016

Measure	Description	Source	Year(s)	US Top Performers	Oregon	Grant County	Healthy People 2020
Infant Mortality	Rate of deaths to infants less than one year of age per 1,000 births	CDC, National Vital Statistics System	2006-2010	6.5	5.2	3.3	<= 6.0
Mortality - Cancer	Rate of death due to malignant neoplasm per 100,000 population	CDC, National Vital Statistics System	2009-2013	168.9	170	131.9	<= 160.6
Mortality - Ischaemic Heart Disease	Rate of death due to coronary heart disease per 100,000 population	CDC, National Vital Statistics System	2009-2013	109.5	75.7	67.5	<= 103.4
Mortality - Lung Disease	Rate of death due to chronic lower respiratory disease per 100,000 population	CDC, National Vital Statistics System	2009-2013	42.2	44.1	50	
Mortality - Motor Vehicle Accidents	Rate of death due to motor vehicle crashes per 100,000 population	CDC, National Vital Statistics System	2009-2013	10.8	8.5	no data	
Mortality - Pedestrian Accident	Pedestrians killed by motor vehicles per 100,000 population	US Dept. of Transportation	2011-2013	1.7	1.5	0	<= 1.3
Mortality - Stroke	Rate of death due to stroke per 100,000 population	CDC, National Vital Statistics System	2009-2013	37.9	39.9	no data	<= 33.8
Mortality - Suicide	Rate of death by suicide per 100,000 population	CDC, National Vital Statistics System	2009-2013	12.3	16.9	no data	<= 10.2
Mortality - Unintentional Injury	Rate of death due to unintentional injury per 100,000 population	CDC, National Vital Statistics System	2009-2013	38.6	39.6	no data	<= 36.0

Source: Community Commons



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Outcomes - Quality of Life (50%)

Focus Area	Measure	Description	Weight	Source	Year(s)	US Top Performers	Oregon	Grant County	Error Margin
Quality of life (50%)	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2014	18%	15%	14%	16% - 17%
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2014	3.8	4.2	4.0	4.1 - 4.4
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	10%	Behavioral Risk Factor Surveillance System	2014	3.7	4.1	4.1	4.0 - 4.3
	Low birthweight	Percentage of live births with low birthweight (< 2500 grams)	20%	National Center for Health Statistics - Natality files	2007-2013	8%	6%	6%	7% - 8%

Source: County Health Rankings 2016



COMMUNITY HEALTH NEEDS ASSESSMENT

Measure	Description	Source	Year(s)	US Top Performers	Oregon	Grant County	Healthy People 2020
Asthma Prevalence	Percentage of adults aged 18 and older who self-report that they have ever been told by a doctor that they had asthma	CDC Behavioral Risk Factor Surveillance	2011-2012	13.4%	16.9%	no data	
Cancer Incidence Breast	Age-adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer	National Institute of Health, National Cancer Institute	2008-2012	123	128.4	75.1	
Cancer Incidence Cervical	Age-adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer	National Institute of Health, National Cancer Institute	2008-2012	7.7	6.8	no data	=< 7.1
Cancer Incidence Colon & Rectum	Age-adjusted incidence rate (cases per 100,000 population per year) of colon & rectum cancer	National Institute of Health, National Cancer Institute	2008-2012	41.9	38.3	31.2	=< 38.7
Cancer Incidence Lung	Age-adjusted incidence rate (cases per 100,000 population per year) of lung cancer	National Institute of Health, National Cancer Institute	2008-2012	63.7	61	44	
Cancer Incidence Prostate	Age-adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer	National Institute of Health, National Cancer Institute	2008-2012	131.7	122.8	119.5	
Depression	Percentage of Medicare fee-for-service population with depression	Center for Medicare and Medicaid	2012	15.4%	14.0%	9.9%	
Diabetes	Percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes	CDC, National Center for Chronic Disease Prevention & Health Promotion	2012	9.11%	8.21%	8.3%	
Heart Disease	Percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary artery disease	CDC Behavioral Risk Factor Surveillance	2011-2012	4.4%	4.1%	no data	

Source: Community Commons



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Factors - Health Behaviors (30%)

Focus Area	Measure	Description	Weight	Source	Year(s)	US Top Performers	Oregon	Grant County	Error Margin
Tobacco use (10%)	Adult smoking	Percentage of adults who are current smokers	10%	Behavioral Risk Factor Surveillance System	2014	17%	17%	15%	15% - 16%
	Adult obesity	Percentage of adults that report a BMI of 30 or more	5%	CDC Diabetes Interactive Atlas	2012	27%	26%	26%	18% - 28%
Diet and exercise (10%)	Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	2%	USDA Food Environment Atlas, Map the Meal Gap	2013	7.2	7.3	5.4	
	Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	2%	CDC Diabetes Interactive Atlas	2012	23%	16%	19%	15% - 25%
	Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014	84%	88%	65%	
	Excessive drinking	Percentage of adults reporting binge or heavy drinking	2.5%	Behavioral Risk Factor Surveillance System	2014	17%	19%	18%	16% - 17%
Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	2.5%	Fatality Analysis Reporting System	2010-2014	31%	30%	17%	22% - 36%
Sexual activity (5%)	Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013	446.6	364	260	
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	2.5%	National Center for Health Statistics - Natality files	2007-2013	35	29%	32%	34 - 42

Source: County Health Rankings



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Factors – Clinical Care (20%)

Focus Area	Measure	Description	Weight	Source	Year(s)	US Top Performers	Oregon	Grant County	Error Margin
Access to care (10%)	Uninsured	Percentage of population under age 65 without health insurance	5%	Small Area Health Insurance Estimates	2013	17%	17%	20%	18% - 22%
	Primary care physicians	Ratio of population to primary care physicians	3%	Area Health Resource File/American Medical Association	2013	1320:1	1073:1	910:1	
	Dentists	Ratio of population to dentists	1%	Area Health Resource File/National Provider Identification file	2014	1540:1	1328:1	1197:1	
	Mental health providers	Ratio of population to mental health providers	1%	CMS, National Provider Identification file	2015	490:1	271:1	653:1	
Quality of care (10%)	Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	5%	Dartmouth Atlas of Health Care	2013	54	35	39	36 - 44
	Diabetic monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	2.50%	Dartmouth Atlas of Health Care	2013	85%	86%	86%	75% - 87%
	Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	2.50%	Dartmouth Atlas of Health Care	2013	63%	61%	61%	57% - 68%

Source: County Health Rankings



COMMUNITY HEALTH NEEDS ASSESSMENT

Measure	Description	Source	Year(s)	US Top Performers	Oregon	Grant County
Cancer Screening – Pap Test	Percentage of women aged 18 and older who self-report that that they have had a Pap test in the past three years	CDC, Behavioral Risk Factor Surveillance System	2006-2012	78.5%	73.6%	suppressed
Cancer Screening – Sigmoidoscopy or Colonoscopy	Percentage of adults 50 and older who self-report that that they have ever had a sigmoidoscopy or colonoscopy	CDC, Behavioral Risk Factor Surveillance System	2006-2012	61.3%	63.0%	47.5%
HIV Screening	Percentage of adults age 18-70 who self-report that they have never been screened for HIV	CDC, Behavioral Risk Factor Surveillance System	2006-2012	62.79%	65.61%	no data
Pneumonia Vaccination	Percentage of adults 65 and older who self-report that that they have ever received a pneumonia vaccine	CDC, Behavioral Risk Factor Surveillance System	2006-2012	67.5%	74.2%	suppressed
High Blood Pressure Management	Adults who self-reported that they are not taking medication for their high blood pressure	CDC, Behavioral Risk Factor Surveillance System	2006-2012	21.7%	24.0%	no data
Dental Care Utilization	Percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year	CDC, Behavioral Risk Factor Surveillance System	2006-2012	30.2%	29.8%	0.0%

Source: Community Commons



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Factors - Social and Economic Environment (40%)

Focus Area	Measure	Description	Weight	Source	Year(s)	US Top Performers	Oregon	Grant County	Error Margin
Education (10%)	High school graduation	Percentage of ninth-grade cohort that graduates in four years	5%	EDFacts	2012-2013	84.3%	72.8%	82.4%	
	Some college	Percentage of adults ages 25-44 years with some post-secondary education	5%	American Community Survey	2010-2014	64%	67%	63%	57% - 68%
Employment (10%)	Unemployment	Percentage of population ages 16 and older unemployed but seeking work	10%	Bureau of Labor Statistics	2014	6%	7%	11%	
Income (10%)	Children in poverty	Percentage of children under age 18 in poverty	7.50%	Small Area Income and Poverty Estimates	2014	22%	21%	27%	24% - 37%
	Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	2.50%	American Community Survey	2010-2014	4.7	4.6	4.8	4.3 - 5.0
Family and social support (5%)	Children in single-parent households	Percentage of children that live in a household headed by single parent	2.50%	American Community Survey	2010-2014	34%	31%	27%	30% - 42%
	Social associations	Number of membership associations per 10,000 population	2.50%	County Business Patterns	2013	9	10.4	16.5	
Community safety (5%)	Violent crime	Number of reported violent crime offenses	2.50%	Uniform Crime Reporting -	2010-2012	392	249	13	
	Injury deaths	Number of deaths due to injury per 100,000 population	2.50%	CDC WONDER mortality data	2009-2013	60	66	71	94 - 121

Source: County Health Rankings



COMMUNITY HEALTH NEEDS ASSESSMENT

Focus Area	Measure	Description	Source	Year(s)	US Top Performers	Oregon	Grant County
Social & Economic Factors	Receiving Medicaid	Percentage of population with insurance enrolled in Medicaid.	US Census Bureau, American Community Survey. 2010-14. Source geography: Tract	2010-2014	20.75%	20.51%	23.37%
	Poverty - Children Below 200% FPL	Children living in households with income below 200% of the Federal Poverty Level	US Census Bureau, American Community Survey. 2010-14. Source geography: Tract	2010-2014	44.21%	46.31%	53.92%
	Poverty – Population Below 200% FPL	Individuals living in households with income below 200% of the Federal Poverty Level	US Census Bureau, American Community Survey. 2010-14. Source geography: Tract	2010-2014	34.54%	37.00%	42.97%

Source: Community Commons



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Factors - Physical Environment (10%)

Focus Area	Measure	Description	Weight	Source	Year(s)	US Top Performers	Oregon	Grant County	Error Margin
Air and water quality (5%)	Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	2.50%	CDC WONDER Environmental data	2011	11.4	8.91		
	Drinking water violations	Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation	2.50%	Safe Drinking Water Information System	FY2013-14	NA		No	
Housing and transit (5%)	Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012	19%	20%	13%	22% - 27%
	Driving alone to work	Percentage of the workforce that drives alone to work	2%	American Community Survey	2010-2014	76%	71%	70%	70% - 74%
	Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	1%	American Community Survey	2010-2014	31%	27%	18%	18% - 23%

Source: County Health Rankings and Roadmaps



COMMUNITY HEALTH NEEDS ASSESSMENT

Focus Area	Measure	Description	Source	Year(s)	US Top Performers	Oregon	Grant County
Physical Environment	Low Food Access	Percentage of population living in census tracts designated as food deserts.	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract	2010	23.61%	18.36%	39.80%
	Food Access – Low Income	Low Food Access Percent low income population with low food access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract	2010	6.27%	5.32%	17.73%
	Food insecurity Rate	Percentage of the population that experienced food insecurity in the last year	Feeding America. 2013. Source geography: County	2013	15.21%	15.75%	17.80%
	Racial Disparity Index (A score of over 15 is considered high disparity)	Population with low or no healthy food access, racial disparity	www.communitycommons.org		16.59	16.15%	49.73%
	Use of Public Transportation	Percentage of population using public transportation as their primary means of commute to work	US Census Bureau, American Community Survey. 2010-14. Source geography: Tract	2010-2014	5.06%	4.32%	0.86%

Source: Community Commons



APPENDIX 6: COMMUNITY COMMONS

Health Outcomes - Length of Life

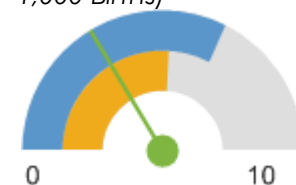
Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Grant County, OR	320	1	3.3
Oregon	240,190	1,249	5.2
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10. Source geography: County

Infant Mortality Rate (Per 1,000 Births)



■ Grant County, OR (3.3)
■ Oregon (5.2)
■ United States (6.5)

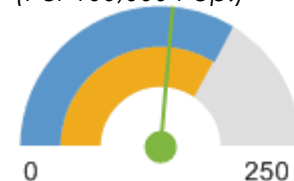
Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Grant County, OR	7,360	17	236.4	131.9
Oregon	3,868,190	7,712	199.4	170
United States	311,430,373	577,313	185.4	168.9
HP 2020 Target				<= 160.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



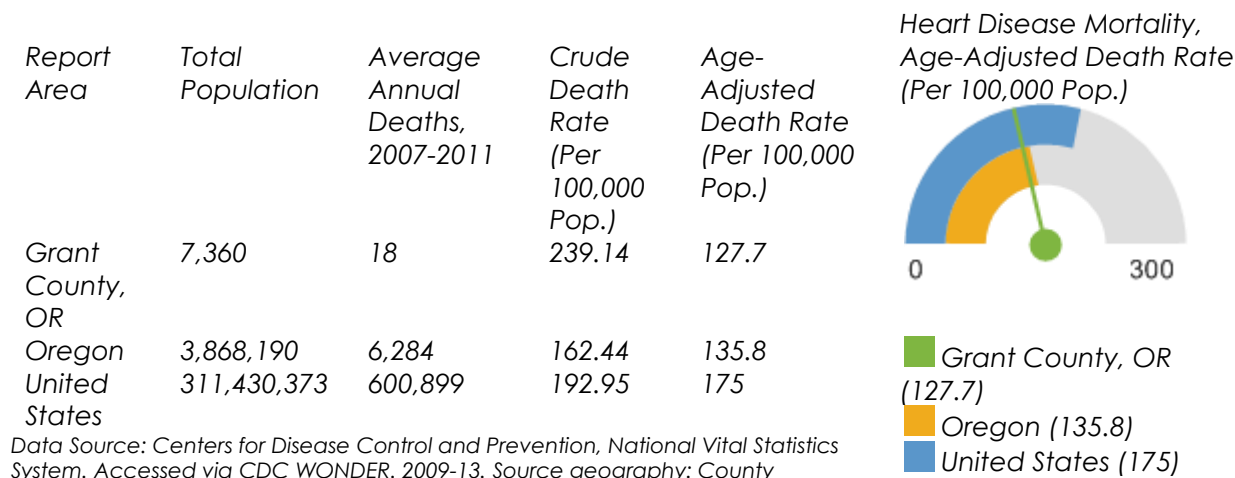
■ Grant County, OR (131.9)
■ Oregon (170)
■ United States (168.9)



COMMUNITY HEALTH NEEDS ASSESSMENT

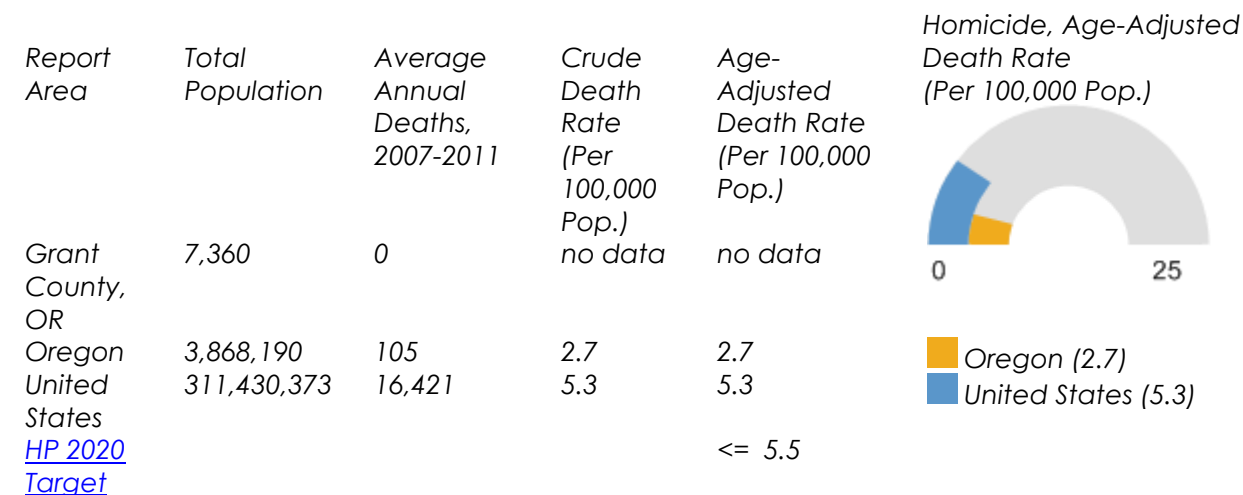
Mortality - Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 127.7. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.



Mortality - Homicide

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.



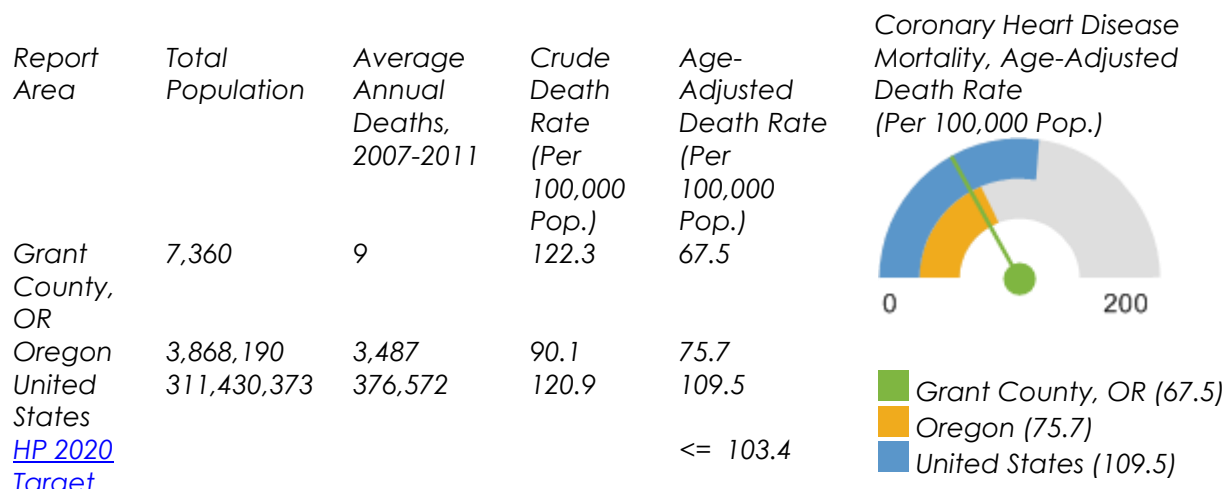
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

Mortality - Ischaemic Heart Disease

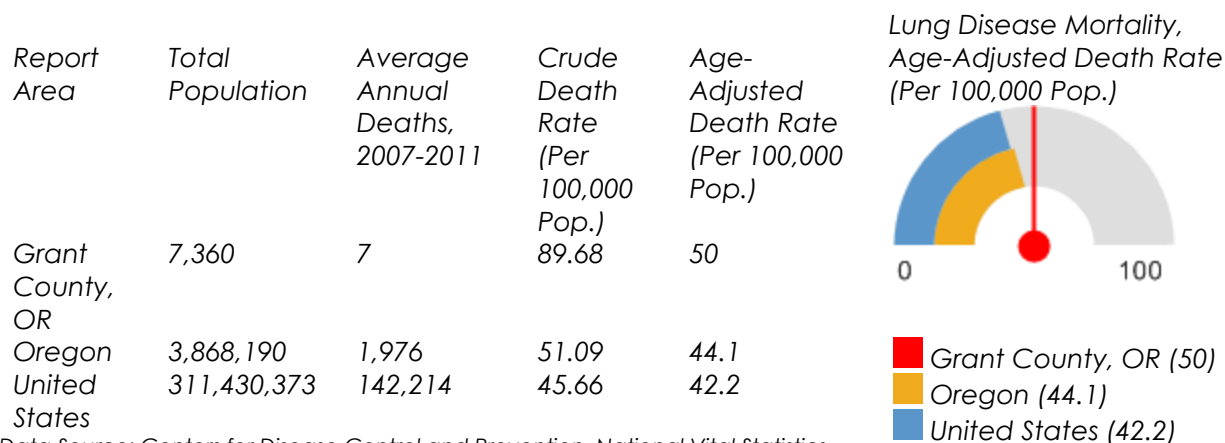
Within the report area the rate of death due to coronary heart disease per 100,000 population is 67.5. This rate is less than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County

Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.



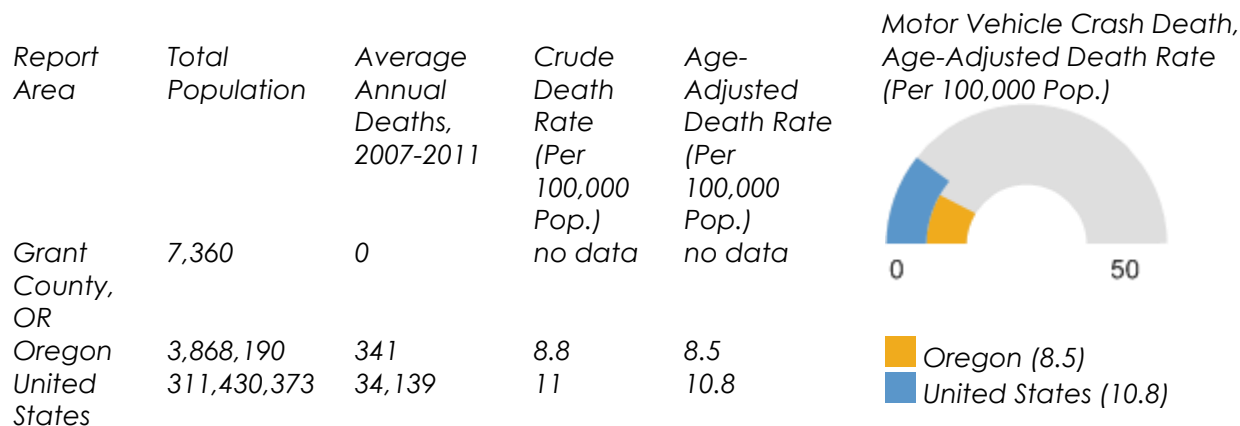
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

Mortality - Motor Vehicle Accident

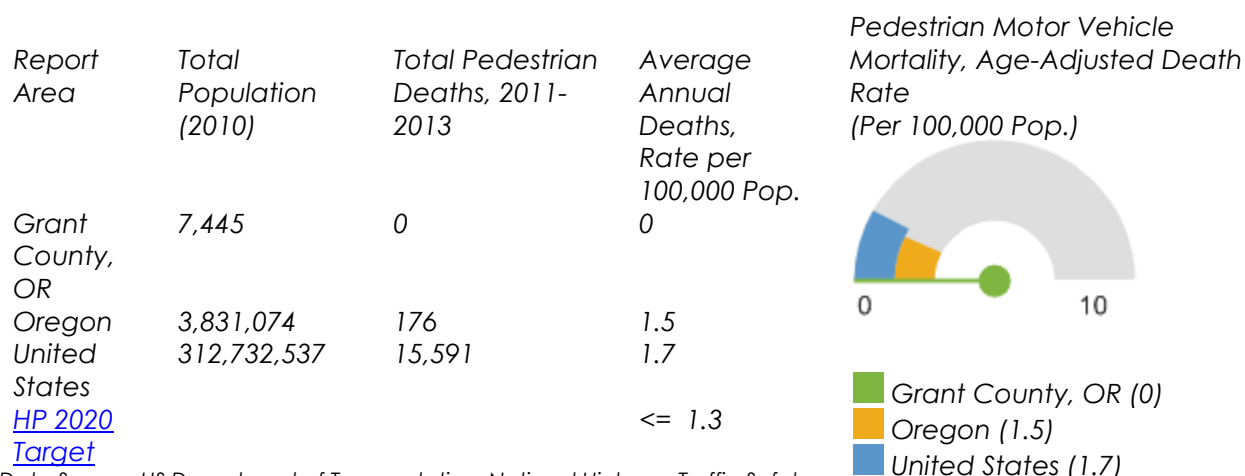
This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County

Mortality - Pedestrian Accident

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.



[HP 2020 Target](#)

<= 1.3

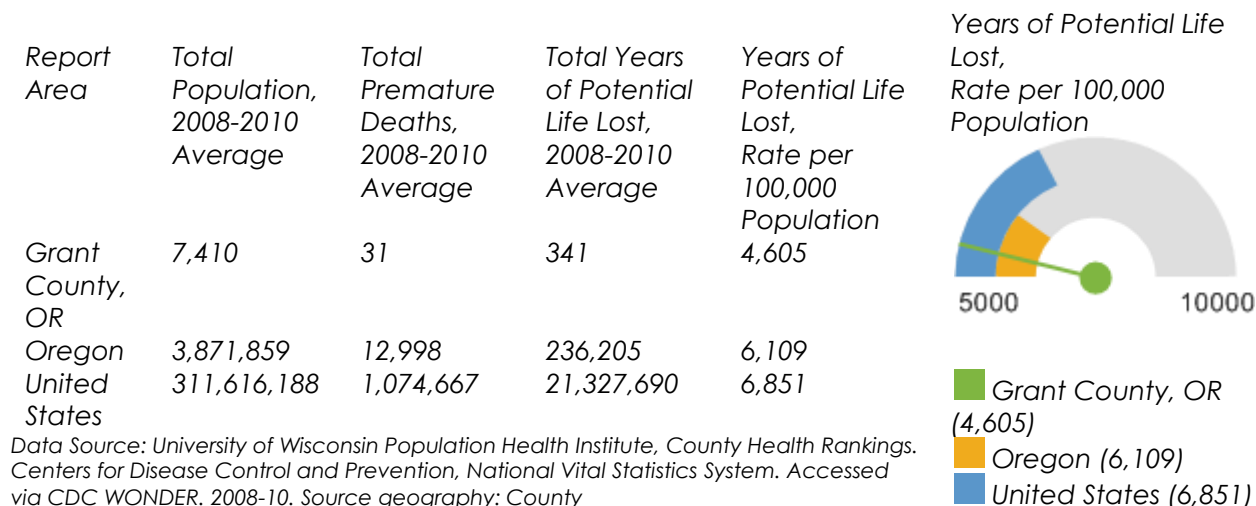
Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-13. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

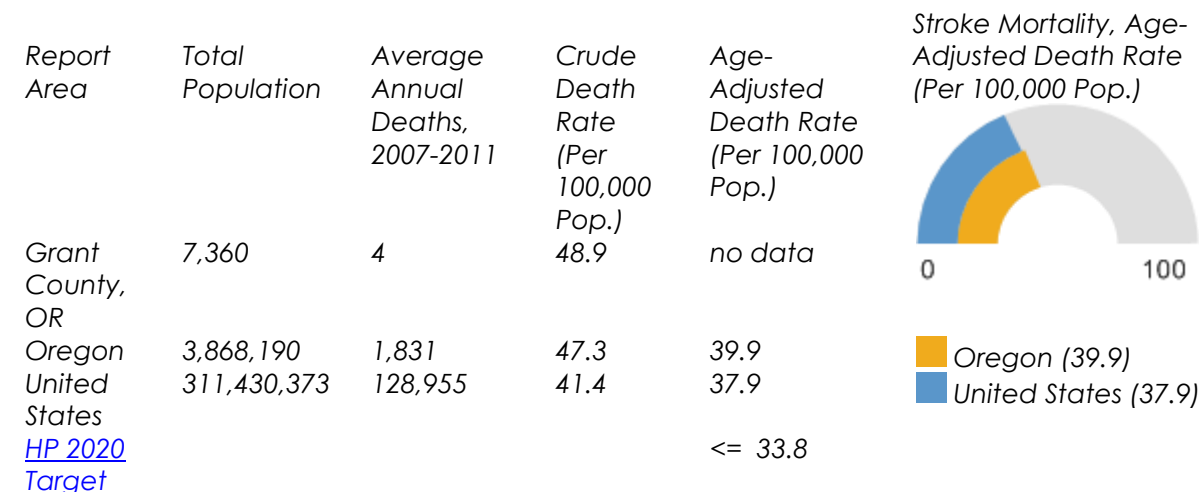
Mortality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.



Mortality - Stroke

Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

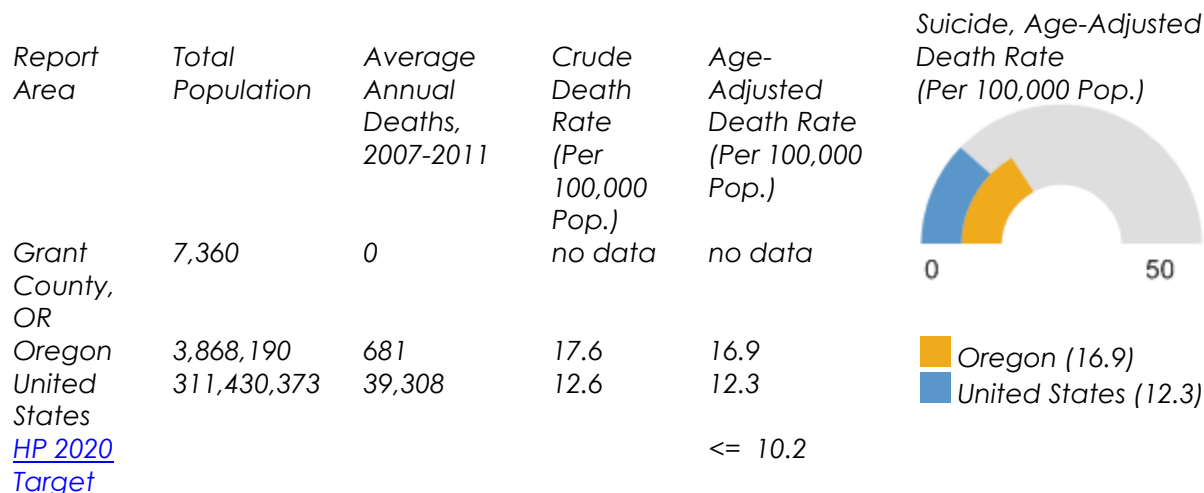




COMMUNITY HEALTH NEEDS ASSESSMENT

Mortality - Suicide

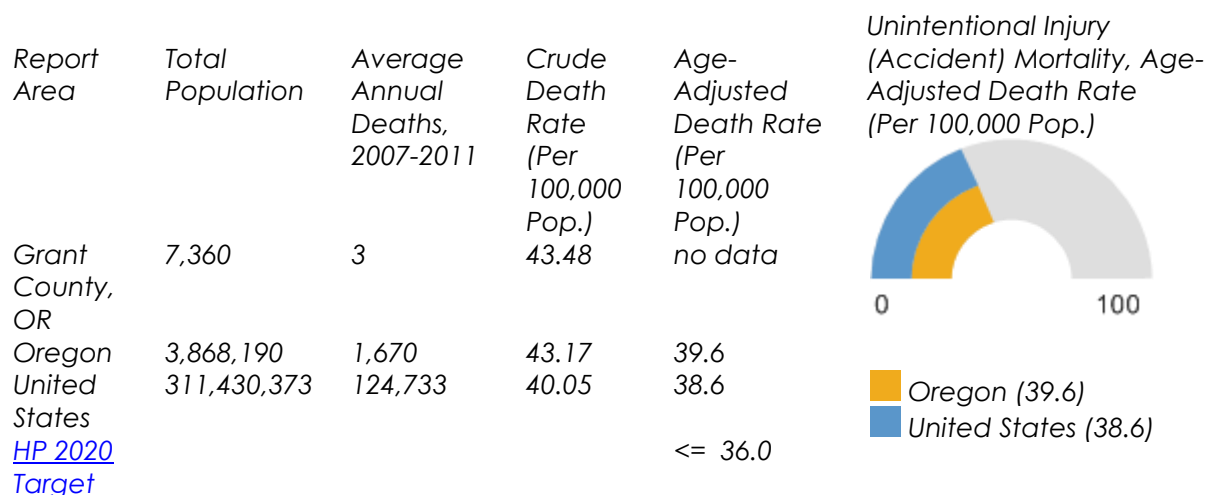
This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County

Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

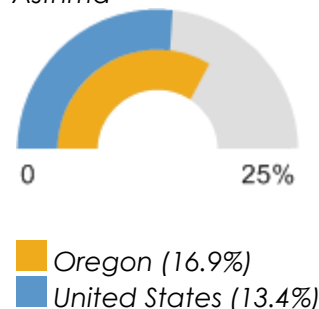
Health Outcomes - Quality Of Life

Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Survey Population (Adults Age 18)	Total Adults with Asthma	Percent Adults with Asthma
Grant County, OR	no data	no data	no data
Oregon	2,962,061	499,307	16.9%
United States	237,197,465	31,697,608	13.4%

Percent Adults with Asthma



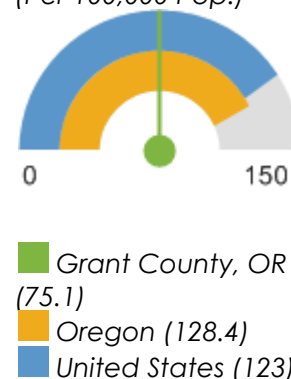
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Sample Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Grant County, OR	665	5	75.1
Oregon	231,775	2,976	128.4
United States	17,902,845	220,205	123

Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)



Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County



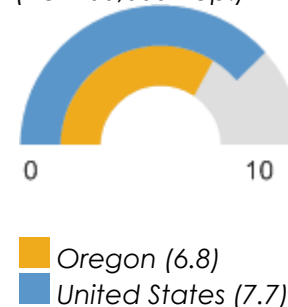
COMMUNITY HEALTH NEEDS ASSESSMENT

Cancer Incidence - Cervical

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

Report Area	Sample Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Grant County, OR	no data	no data	no data
Oregon	197,058	134	6.8
United States	16,202,597	12,476	7.7
HP 2020 Target			<= 7.1

Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)



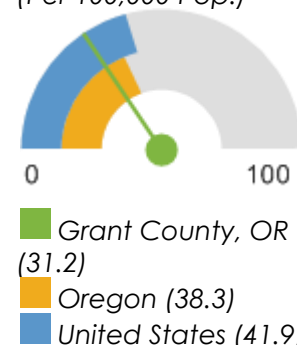
Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

Cancer Incidence - Colon and Rectum

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

Report Area	Sample Population	New Cases (Annual Avg)	Cancer Incidence Rate (Per 100,000 Pop.)
Grant County, OR	1,282	4	31.2
Oregon	438,642	1,680	38.3
United States	33,516,229	140,433	41.9
HP 2020 Target			<= 38.7

Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)



Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County



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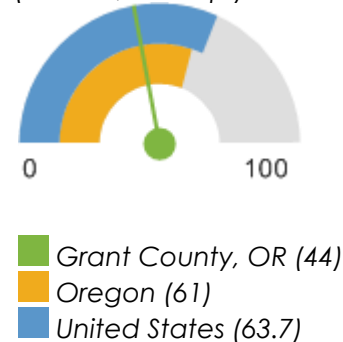
Cancer Incidence - Lung

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

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Grant County, OR	1,363	6	44
Oregon	440,819	2,689	61
United States	33,565,463	213,812	63.7

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)



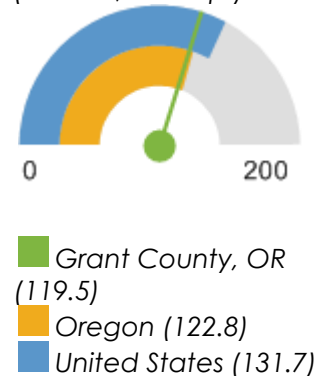
Cancer Incidence - Prostate

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

Report Area	Sample Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Grant County, OR	669	8	119.5
Oregon	217,671	2,673	122.8
United States	15,967,881	210,297	131.7

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)





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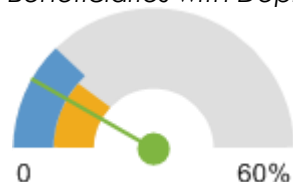
Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Grant County, OR	1,499	149	9.9%
Oregon	360,894	50,513	14%
United States	34,126,305	5,271,176	15.4%

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Percentage of Medicare Beneficiaries with Depression



■ Grant County, OR (9.9%)
■ Oregon (14%)
■ United States (15.4%)

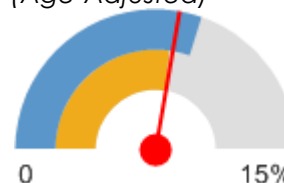
Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Grant County, OR	5,791	666	11.5	8.3%
Oregon	2,938,243	266,076	9.06	8.21%
United States	234,058,710	23,059,940	9.85	9.11%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



■ Grant County, OR (8.3%)
■ Oregon (8.21%)
■ United States (9.11%)



COMMUNITY HEALTH NEEDS ASSESSMENT

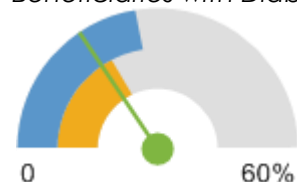
Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Grant County, OR	1,499	282	18.81%
Oregon	360,894	76,258	21.13%
United States	34,126,305	9,224,278	27.03%

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Percentage of Medicare Beneficiaries with Diabetes



■ Grant County, OR (18.81%)
■ Oregon (21.13%)
■ United States (27.03%)

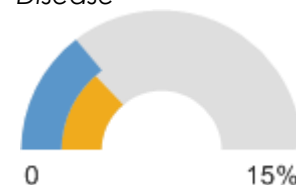
Heart Disease (Adult)

This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Grant County, OR	no data	no data	no data
Oregon	2,955,804	122,426	4.1%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Percent Adults with Heart Disease



■ Oregon (4.1%)
■ United States (4.4%)



COMMUNITY HEALTH NEEDS ASSESSMENT

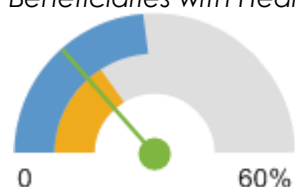
Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with ischaemic heart disease.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Grant County, OR	1,499	242	16.14%
Oregon	360,894	69,888	19.37%
United States	34,126,305	9,744,058	28.55%

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Percentage of Medicare Beneficiaries with Heart Disease



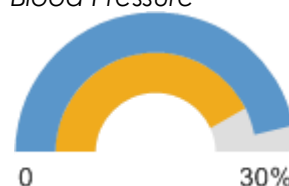
■ Grant County, OR (16.14%)
■ Oregon (19.37%)
■ United States (28.55%)

High Blood Pressure (Adult)

Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Grant County, OR	5,913	no data	suppressed
Oregon	2,937,534	754,946	25.7%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County

Percent Adults with High Blood Pressure



■ Oregon (25.7%)
■ United States (28.16%)



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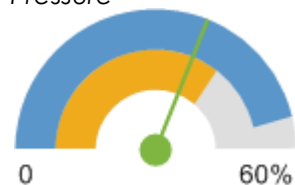
High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Grant County, OR	1,499	558	37.22%
Oregon	360,894	154,650	42.85%
United States	34,126,305	18,936,118	55.49%

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Percentage of Medicare Beneficiaries with High Blood Pressure



■ Grant County, OR (37.22%)
■ Oregon (42.85%)
■ United States (55.49%)

High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.

Report Area	Survey Population (Adults Age 18)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Grant County, OR	no data	no data	no data
Oregon	2,223,699	853,961	38.40%
United States	180,861,326	69,662,357	38.52%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Percent Adults with High Cholesterol



■ Oregon (38.40%)
■ United States (38.52%)



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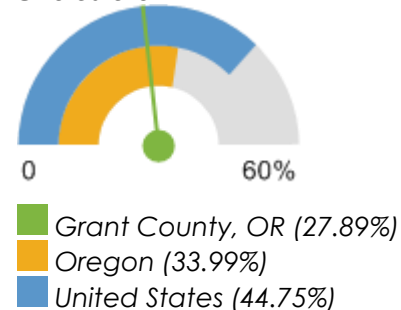
High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Grant County, OR	1,499	418	27.89%
Oregon	360,894	122,651	33.99%
United States	34,126,305	15,273,052	44.75%

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Percentage of Medicare Beneficiaries with High Cholesterol



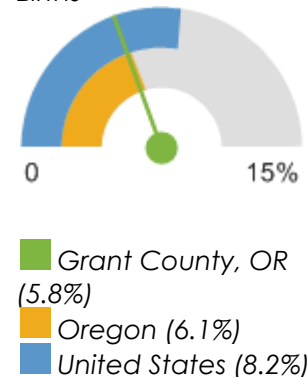
Low Birth Weight

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

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Grant County, OR	434	25	5.8%
Oregon	331,849	20,243	6.1%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

Percent Low Birth Weight Births





COMMUNITY HEALTH NEEDS ASSESSMENT

Health Behaviors

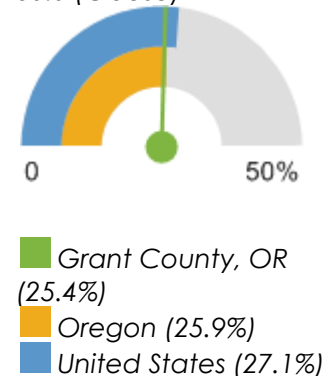
Obesity

25.4% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Grant County, OR	5,807	1,504	25.4%
Oregon	2,938,641	765,227	25.9%
United States	231,417,834	63,336,403	27.1%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Percent Adults with BMI > 30.0 (Obese)



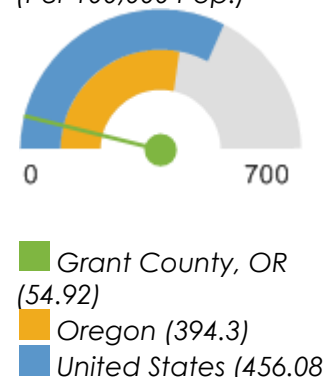
STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Grant County, OR	7,283	4	54.92
Oregon	3,930,510	15,498	394.3
United States	316,128,839	1,441,789	456.08

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

Chlamydia Infection Rate (Per 100,000 Pop.)





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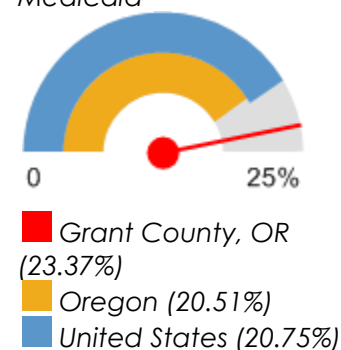
Clinical Care

Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Grant County, OR	7,200	6,163	1,440	23.37%
Oregon	3,861,453	3,305,170	677,923	20.51%
United States	309,082,272	265,204,128	55,035,660	20.75%

Percent of Insured Population Receiving Medicaid



Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

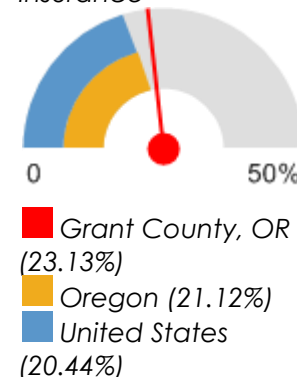
Insurance - Uninsured Adults

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Grant County, OR	4,021	3,091	76.87%	930	23.13%
Oregon	2,418,449	1,907,666	78.88%	510,783	21.12%
United States	192,461,139	153,124,895	79.56%	39,336,247	20.44%

Percent Population Without Medical Insurance



Data Source: US Census Bureau, Small Area Health Insurance Estimates, 2013. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

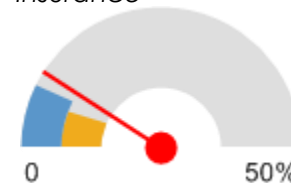
Insurance - Uninsured Children

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Grant County, OR	1,399	1,273	90.99%	127	9.08%
Oregon	884,847	829,578	93.75%	55,269	6.25%
United States	76,195,402	70,470,743	92.49%	5,724,663	7.51%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013. Source geography: County

Percent Population Without Medical Insurance



Grant County, OR (9.08%)
Oregon (6.25%)
United States (7.51%)

Insurance - Uninsured Population

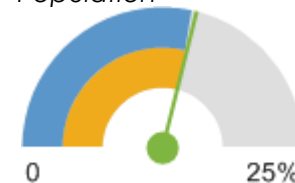
The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Grant County, OR	7,200	1,037	14.4%
Oregon	3,861,453	556,283	14.41%
United States	309,082,272	43,878,140	14.2%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent Uninsured Population



Grant County, OR (14.4%)
Oregon (14.41%)
United States (14.2%)



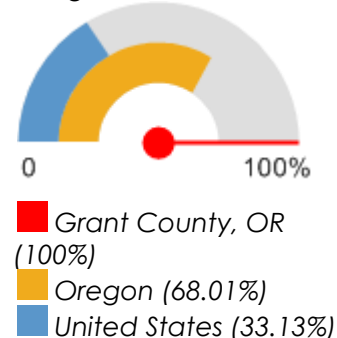
COMMUNITY HEALTH NEEDS ASSESSMENT

Population Living in a Health Professional Shortage Area

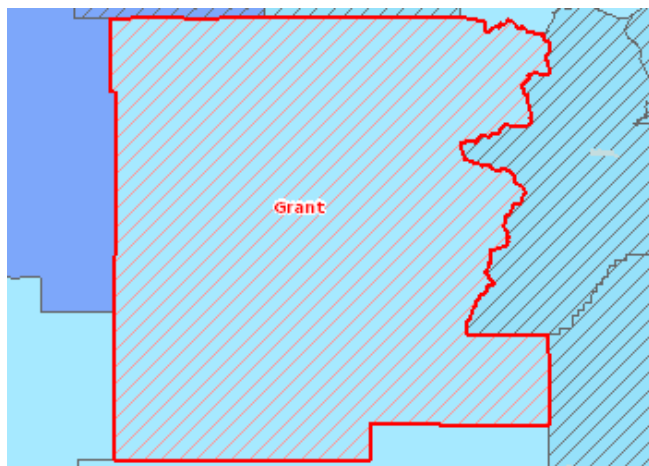
This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Grant County, OR	7,445	7,445	100%
Oregon	3,831,074	2,605,404	68.01%
United States	308,745,538	102,289,607	33.13%

Percentage of Population Living in a HPSA



Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.
Source geography: HPSA



Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database April 2016

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- Report Area



COMMUNITY HEALTH NEEDS ASSESSMENT

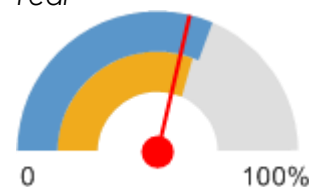
Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Grant County, OR	1,351	136	77	57.4%
Oregon	282,831	24,509	15,198	62%
United States	53,131,712	4,402,782	2,772,990	63%

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Percent Female Medicare Enrollees with Mammogram in Past 2 Year



■ Grant County, OR (57.4%)
■ Oregon (62%)
■ United States (63%)

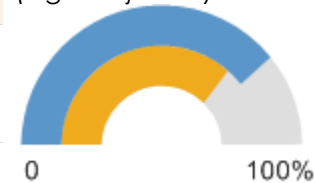
Cancer Screening - Pap Test

This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Female Population Age 18	Estimated Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage
Grant County, OR	5,676	no data	suppressed	suppressed
Oregon	2,566,805	1,858,367	72.4%	73.6%
United States	176,847,182	137,191,142	77.6%	78.5%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Percent Adults Females Age 18 with Regular Pap Test (Age-Adjusted)



■ Oregon (73.6%)
■ United States (78.5%)



COMMUNITY HEALTH NEEDS ASSESSMENT

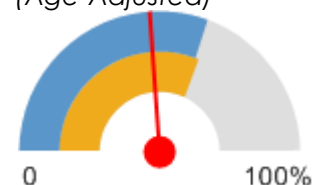
Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 50	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Grant County, OR	2,992	1,655	55.3%	47.5%
Oregon	1,017,340	680,600	66.9%	63%
United States	75,116,406	48,549,269	64.6%	61.3%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Percent Adults Screened for Colon Cancer (Age-Adjusted)



■ Grant County, OR (47.5%)
■ Oregon (63%)
■ United States (61.3%)

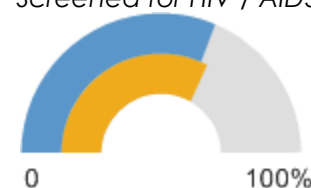
HIV Screenings

This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Survey Population (Smokers Age 18)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Grant County, OR	no data	no data	no data
Oregon	2,673,357	1,753,888	65.61%
United States	214,984,421	134,999,025	62.79%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Percent Adults Never Screened for HIV / AIDS



■ Oregon (65.61%)
■ United States (62.79%)



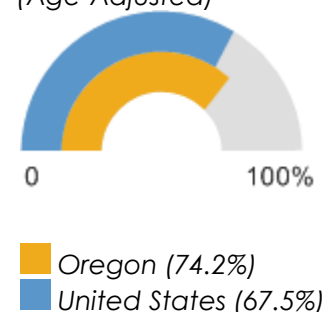
COMMUNITY HEALTH NEEDS ASSESSMENT

Pneumonia Vaccination

This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 65	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Grant County, OR	1,692	no data	suppressed	suppressed
Oregon	522,578	386,708	74%	74.2%
United States	39,608,820	26,680,462	67.4%	67.5%

Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)



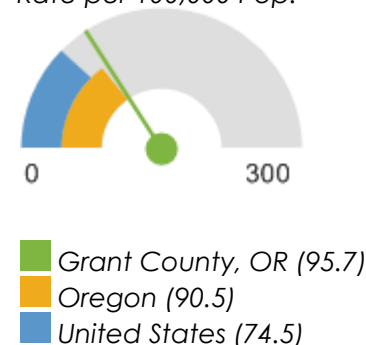
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Grant County, OR	7,317	7	95.7
Oregon	3,899,353	3,528	90.5
United States	313,914,040	233,862	74.5

Primary Care Physicians, Rate per 100,000 Pop.



Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

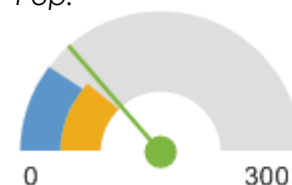
Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Grant County, OR	7,283	6	82.4
Oregon	3,930,065	2,883	73.4
United States	316,128,839	199,743	63.2

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County

Dentists, Rate per 100,000 Pop.



■ Grant County, OR (82.4)
 ■ Oregon (73.4)
 ■ United States (63.2)

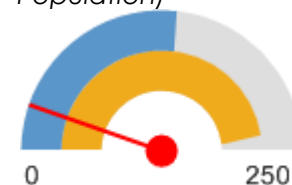
Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Grant County, OR	7,421	2	3,710.6	27
Oregon	3,984,053	9,517	418.6	238.8
United States	318,306,896	426,991	745.5	134.1

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County

Mental Health Care Provider Rate (Per 100,000 Population)



■ Grant County, OR (27)
 ■ Oregon (238.8)
 ■ United States (134.1)



COMMUNITY HEALTH NEEDS ASSESSMENT

Social And Economic Environment

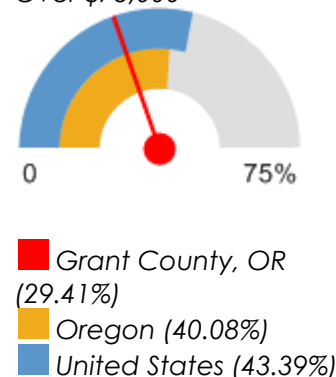
Income - Families Earning Over \$75,000

In the report area, 29.41%, or 597 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Grant County, OR	2,030	597	29.41%
Oregon	966,150	387,247	40.08%
United States	76,958,064	33,389,114	43.39%

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Percent Families with Income Over \$75,000



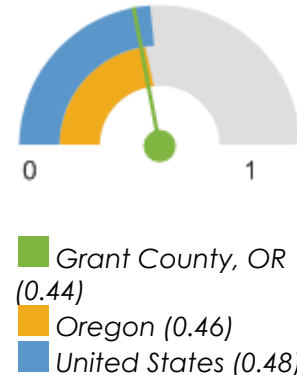
Income - Inequality (GINI Index)

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income. Index values are acquired from the 2010-14 American Community Survey and are not available for custom report areas or multi-county areas.

Report Area	Total Households	Gini Index Value
Grant County, OR	3,164	0.44
Oregon	1,522,988	0.46
United States	116,211,088	0.48

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Gini Index Value





COMMUNITY HEALTH NEEDS ASSESSMENT

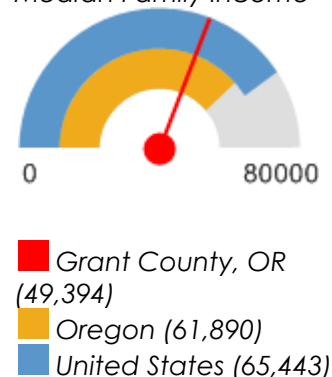
Income - Median Family Income

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
Grant County, OR	2,030	\$60,050	\$49,394
Oregon	966,150	\$79,373	\$61,890
United States	76,958,064	\$86,963	\$65,443

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Median Family Income



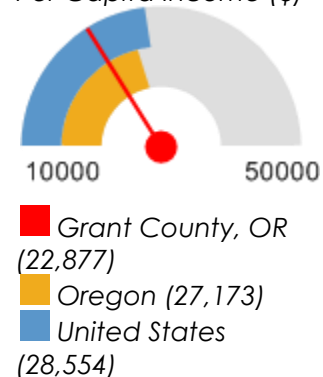
Income - Per Capita Income

The per capita income for the report area is \$22,877. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Grant County, OR	7,325	\$167,577,696	\$22,877
Oregon	3,900,343	\$105,985,695,744	\$27,173
United States	314,107,072	\$8,969,237,037,056	\$28,554

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Per Capita Income (\$)





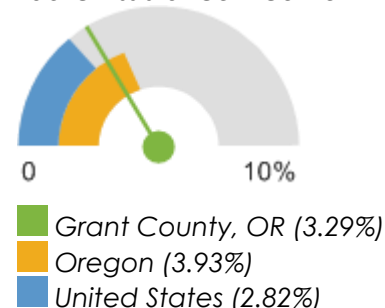
COMMUNITY HEALTH NEEDS ASSESSMENT

Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Grant County, OR	3,164	104	3.29%
Oregon	1,522,988	59,842	3.93%
United States	116,211,088	3,274,407	2.82%

Percent Households with Public Assistance Income



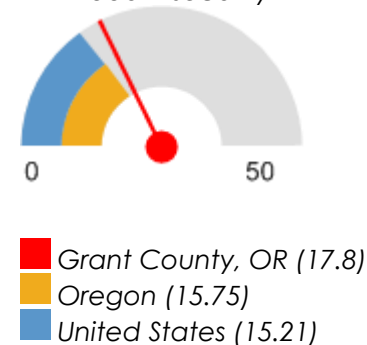
Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Grant County, OR	7,359	1,310	17.8%
Oregon	3,930,065	619,040	15.75%
United States	320,750,757	48,770,990	15.21%

Percentage of the Population with Food Insecurity



Data Source: Feeding America, 2013. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

Educational Background

"Of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education. Research based on decades of experience in the developing world has identified educational status (especially of the mother) as a major predictor of health outcomes, and economic trends in the industrialized world have intensified the relationship between education and health."¹

High School Graduation Rate (EdFacts)

Within the report area 82.4% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg Ruglis, 2007).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Grant County, OR	74	61	82.4
Oregon	44,237	32,220	72.8
United States	3,127,886	2,635,290	84.3

Data Source: US Department of Education, EDfacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2013-14. Source geography: School District

Cohort Graduation Rate



■ Grant County, OR (82.4%)
■ Oregon (72.8%)
■ United States (84.3%)

Homeownership

"This indicator shows the percentage of housing units that are occupied by homeowners. Homeownership has many benefits for both individuals and communities. Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community as a whole. In addition, homeownership provides tax benefits."¹

	Grant County	State of Oregon	United States
Home Ownership	44.9%	39.9%	64.4%

Source: iVantage Health Analytics



COMMUNITY HEALTH NEEDS ASSESSMENT

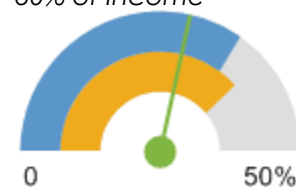
Housing Cost Burden (30%)

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Grant County, OR	3,164	899	28.41%
Oregon	1,522,988	587,415	38.57%
United States	116,211,096	40,509,856	34.86%

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Percentage of Households where Housing Costs Exceed 30% of Income



Grant County, OR (28.41%)
Oregon (38.57%)
United States (34.86%)

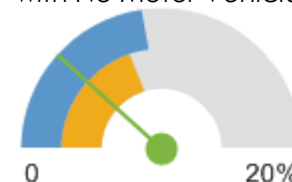
Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Grant County, OR	3,164	147	4.65%
Oregon	1,522,988	121,892	8%
United States	116,211,088	10,594,153	9.12%

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Percentage of Households with No Motor Vehicle



Grant County, OR (4.65%)
Oregon (8%)
United States (9.12%)



COMMUNITY HEALTH NEEDS ASSESSMENT

Poverty

Research shows that people living on limited incomes are more likely to forego visits to the doctor in order to meet their more pressing financial responsibilities. Low-income wage earners are also less likely to be covered by an employer's health insurance program, and if they are covered, they are often less able to pay their share of health expenses.¹

Guidelines for people living in poverty in the U.S. are published annually in the Federal Register by the Department of Health and Human Services.

2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family / Household	Poverty Guidelines
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890
For families / households with more than 8 persons, add \$4,160 for each additional person.	

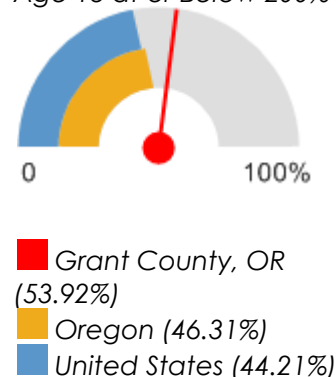
<https://aspe.hhs.gov/2015-poverty-guidelines>

Poverty - Children Below 200% FPL

In the report area 53.92% or 736 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Grant County, OR	1,365	736	53.92%
Oregon	842,753	390,308	46.31%
United States	72,637,888	32,116,426	44.21%

Percent Population Under Age 18 at or Below 200% FPL



Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract



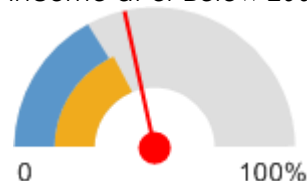
COMMUNITY HEALTH NEEDS ASSESSMENT

Poverty - Population Below 200% FPL

In the report area 42.97% or 3,101 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Grant County, OR	7,217	3,101	42.97%
Oregon	3,823,874	1,414,878	37%
United States	306,226,400	105,773,408	34.54%

Percent Population with Income at or Below 200% FPL



■ Grant County, OR (42.97%)
■ Oregon (37%)
■ United States (34.54%)

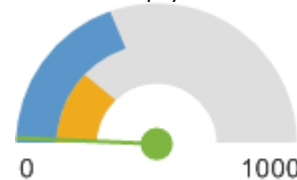
Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Grant County, OR	7,477	1	13.4
Oregon	3,841,089	9,604	250
United States	306,859,354	1,213,859	395.5

Violent Crime Rate (Per 100,000 Pop.)



■ Grant County, OR (13.4)
■ Oregon (250)
■ United States (395.5)

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County



COMMUNITY HEALTH NEEDS ASSESSMENT

Physical Environment

Food Access - Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store). This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Grant County, OR	7,445	2,963	39.8%
Oregon	3,831,074	703,291	18.36%
United States	308,745,538	72,905,540	23.61%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population with Low Food Access



■ Grant County, OR (39.8%)
■ Oregon (18.36%)
■ United States (23.61%)

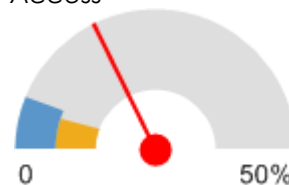
Food Access - Low Income Low Food Access

“Percent Low Income Population with Low Food Access.”

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Grant County, OR	7,445	1,320	17.73%
Oregon	3,831,074	203,770	5.32%
United States	308,745,538	19,347,047	6.27%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Low Income Population with Low Food Access



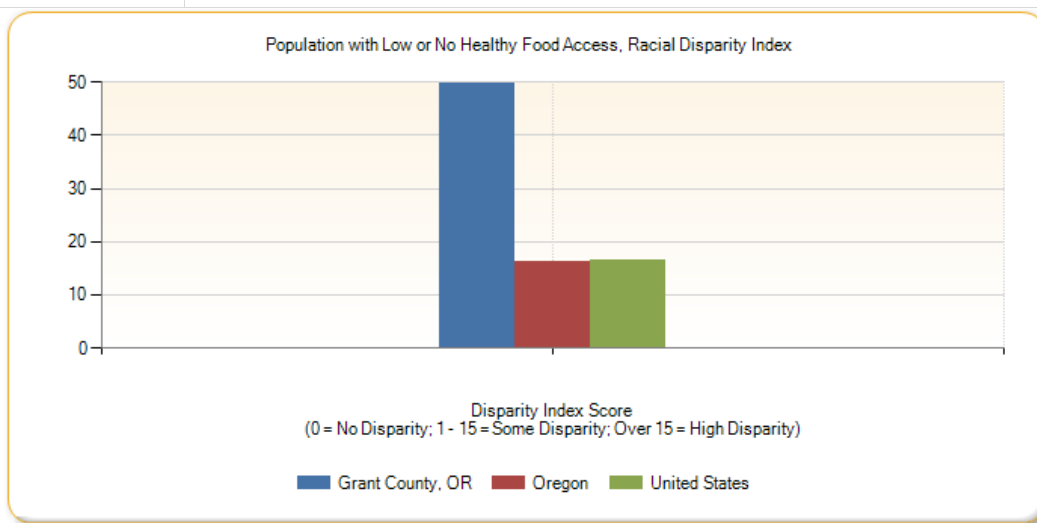
■ Grant County, OR (17.73%)
■ Oregon (5.32%)
■ United States (6.27%)



COMMUNITY HEALTH NEEDS ASSESSMENT

Population with Low or No Healthy Food Access, Racial Disparity Index

Report Area	Disparity Index Score (0 = No Disparity; 1 - 15 = Some Disparity; Over 15 = High Disparity)
Grant County, OR	49.73
Oregon	16.15
United States	16.59

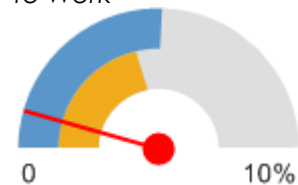


Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Grant County, OR	2,778	24	0.86%
Oregon	1,715,236	74,092	4.32%
United States	141,337,152	7,157,671	5.06%

Percent Population Using Public Transit for Commute to Work



Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract



APPENDIX 7: COMMUNITY RESOURCES

Adult Foster Care

Chesley's Elderberry Adult Foster Home
Mother's Creek Ranch and Adult Foster Care

541-620-4306
Canyon City

American Red Cross

541-382-2142

American Red Cross provides relief to victims of disasters along with Armed Forces emergency services. Classes are provided in first aid, CPR, water safety and disaster preparedness. Other programs include international tracing, and coordination of blood donor programs.

Child Welfare- Department of Human Services (DHS)

541-575-2080

DHS provides support services for child protection, foster-care, abused children, and adoption. Programs also include parents training, family counseling, and family sex abuse treatment. Referrals are available for drug and alcohol treatment.

Clinics

Blue Mountain Surgical Clinic
Strawberry Wilderness Family Clinic

John Day
John Day

Community Connection of Northeast Oregon, INC.

541-575-2949

Provides food services, meals on wheels, and in-home care. They also offer energy assistance, emergency utility shut off prevention, and weatherization programs, food banks, information and referrals to available resources and affordable housing development.

Community Counseling Solutions

541-575-1466

CCS offers a wide variety of behavioral health services to four counties in the state of Oregon, including individual, family, and group therapy, gambling counseling, alcohol and drug treatment, 24/7 crisis intervention services, psychiatric consultation, and medication management, in addition to cooperation with various other organizations including residential and acute psychiatric services and school programs. We also offer case management for developmental disabilities in five counties.

Dentists

Advantage Dental
Virginia McMillan DDS PC
Biosmile
Michael B. Desjardin
Norm DeJong, DDS

John Day
John Day
John Day
John Day
John Day

Families First of Grant County, INC

541-575-1006

Heart of Grant County

541-575-4335

Heart of Grant County 24 Hour Crisis Line

541-620-1342

Families First helps relieve some of the stress of having a new baby. Through a series of home visits, your family support worker will help you connect with any available community resources you may need. Heart of Grant County provides comprehensive



COMMUNITY HEALTH NEEDS ASSESSMENT

family violence and sexual assault services. Crisis counseling and referrals to other available services are available along with support groups for adults and children, prevention and education presentations.

Food Banks and Food Distribution

Grant County Food Bank

541-575-0899

541-575-1671

541-575-1431

Distribution times are 9 am-2 pm, on the 4th Wednesday of each month

Prairie Baptist Food Bank

541-820-3696

Distribution times are on the 3rd Tuesday of each month

Monument Food Bank

541-934-2056

Distributions times are 10am-2pm every 3rd Thursday of each month

Meals on Wheels

541-575-2949

Health Department

541-575-0429

The Grant County Health Department provides immunizations, childhood vaccines, vital records, and certified copies of birth/death certificates available up to 6 months after the event. Exams are conducted for STDs, including HIV testing. Other programs include case management, information on diabetes, family planning, and home visits by a nurse for high risk pregnancies and young children. WIC nutrition program is available for pregnant or nursing mothers, infants, and children up to 5.

Home Health and Hospice

Blue Mountain Hospital Home Health and Hospice

541-575-1648

Hospitals

Blue Mountain Hospital

541-575-1311

Juniper Ridge Acute Care Center

541-575-0237

This 10 bed facility provides acute care services for up to four individuals, short term secure residential care for up to 5 individuals, and 1 crisis/respite bed for individuals primarily from the Grant County area. JRACC works closely with the individual, family, and other identified community resources providing solution focused and recovery driven treatment services that will effectively stabilize the individual and step them down to a lower level of care as soon as is clinically indicated.

Northeast Oregon Housing Authority (HUD)

541-963-5360

HUD provides quality and affordable housing to low income persons. Programs included are voucher housing, low rent public housing, and family self-sufficiency programs. HUD also provides home ownership programs, transitional housing programs and housing for anyone who is diagnosed mentally ill. Rent to own home ownership program and property management are also available.

Nursing Homes and Assisted Living

Blue Mountain Care Center

541-820-3341



COMMUNITY HEALTH NEEDS ASSESSMENT

Valley View Assisted Living

866-304-0797

Optometry

John Day Eye Care

John Day

Pharmacies

Len's Drug

Prairie Hardware

John Day

Prairie City

Transportation

People Mover

541-575-2370

Self Sufficiency & Employment Services (Employment Division)
(Self-sufficiency)

541-575-0744

541-575-0309

The employment division provides local, regional, and national job listings. Help is provided for unemployment insurance claim filing, Veterans placement assistance, career development, resume assistance as well as labor market information and civil service job listings. Self Sufficiency agency provides medical programs, work assistance programs, food stamps, emergency and temporary assistance, child support enforcement, and employment-related daycare.

Senior Centers

John Day Senior Center

541-575-1825

The Senior Center provides food services, energy assistance, and emergency utility shut offs prevention. Weatherization, food banks, legal assistance, information and referrals, and affordable housing development programs are also available.

Prairie City Senior Center

541-820-4100

Seniors & People with Disabilities

541-575-0255

Seniors & People with Disabilities provides medical assistance and food stamps for elderly and/or disabled persons who have limited income. Services are provided for long-term care, such as In-Home Care, Adult Foster Care, Home Assisted living, Residential Care Facility and Nursing Home Care. Investigations for elder abuse are provided along with protective services for elders and people with disabilities, regardless of economic status.

Social Security Administrative Office

541-963-0105

Social Security Administration provides retirement, disability, survivors, and SSI benefits to all qualified individuals.

WorkSource Oregon

541-575-0744

WorkSource Oregon is a program through the state that helps individuals get a job, increase their skills, and explore training options. Grant County residents can contact this office and work with the staff at WorkSource to help them get back to work.

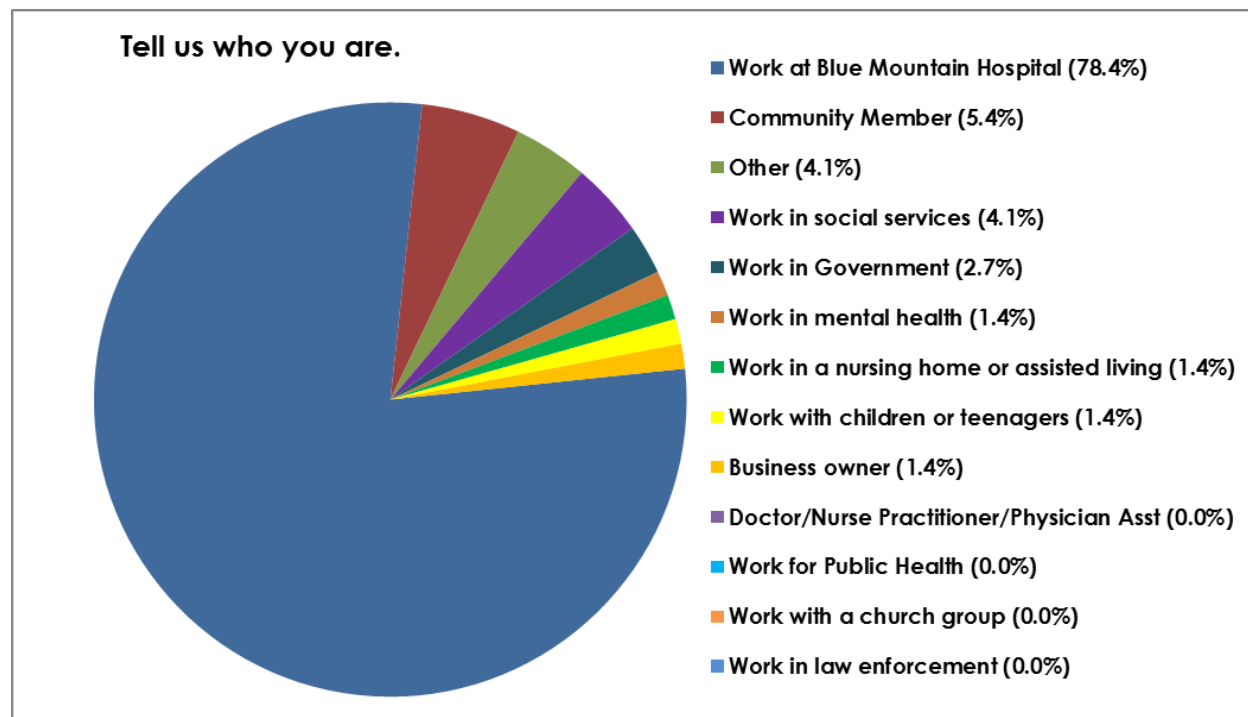


COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX 8: COMMUNITY SURVEY DETAIL

Tell us who you are. (Please choose only 1)

Answer Options	Response Percent	Response Count
Work at Blue Mountain Hospital (78.4%)	78.4%	58
Community Member (5.4%)	5.4%	4
Other (4.1%)	4.1%	3
Work in social services (4.1%)	4.1%	3
Work in Government (2.7%)	2.7%	2
Work in mental health (1.4%)	1.4%	1
Work in a nursing home or assisted living (1.4%)	1.4%	1
Work with children or teenagers (1.4%)	1.4%	1
Business owner (1.4%)	1.4%	1
Doctor/Nurse Practitioner/Physician Asst (0.0%)	0.0%	0
Work for Public Health (0.0%)	0.0%	0
Work with a church group (0.0%)	0.0%	0
Work in law enforcement (0.0%)	0.0%	0
Other (please specify)		
Pharmacy technician		
Retired		
NA		

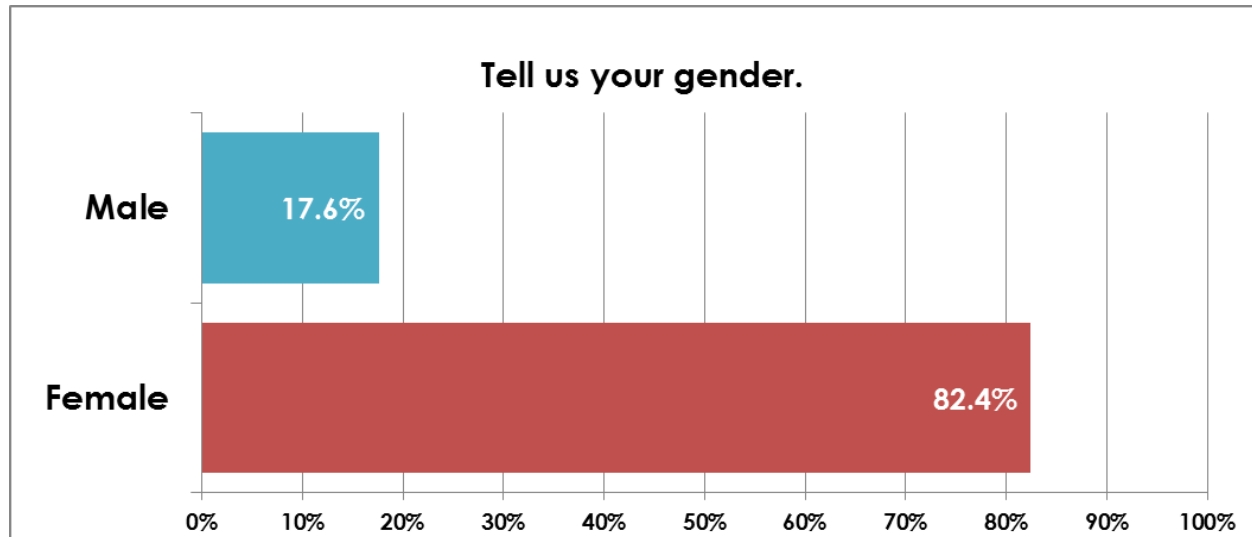




COMMUNITY HEALTH NEEDS ASSESSMENT

Tell us your gender.

Answer Options	Response Percent	Response Count
Female	82.4%	61
Male	17.6%	13
answered question		74
skipped question		0

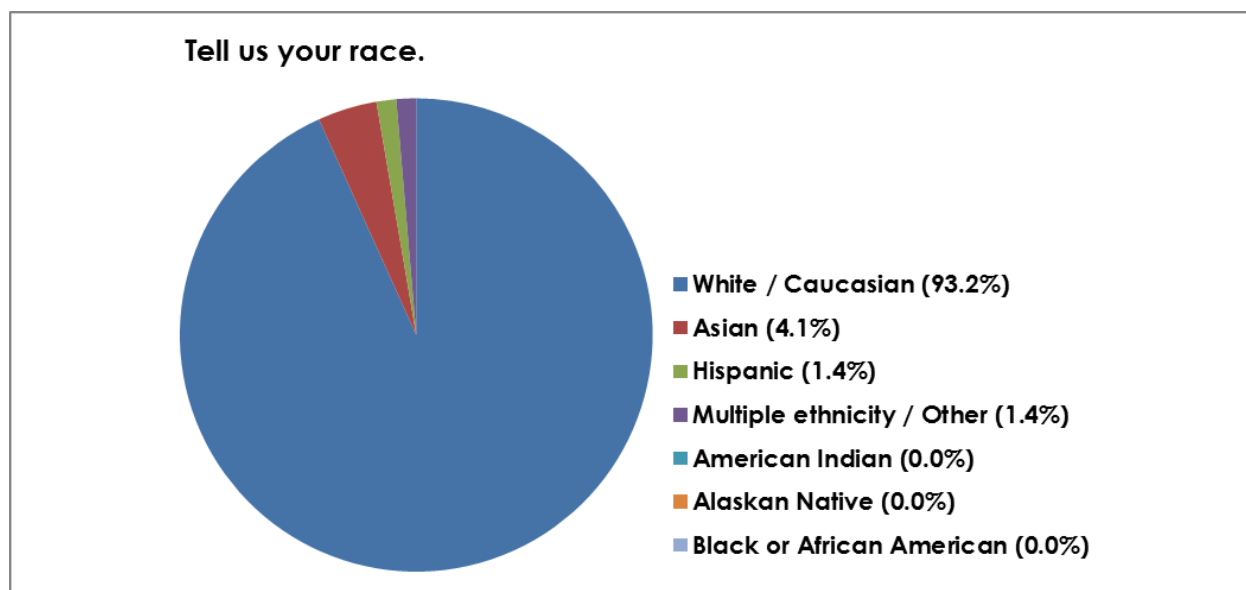




COMMUNITY HEALTH NEEDS ASSESSMENT

Tell us your race.

Answer Options	Response Percent	Response Count
White / Caucasian (93.2%)	93.2%	69
Asian (4.1%)	4.1%	3
Hispanic (1.4%)	1.4%	1
Multiple ethnicity / Other (1.4%)	1.4%	1
American Indian (0.0%)	0.0%	0
Alaskan Native (0.0%)	0.0%	0
Black or African American (0.0%)	0.0%	0
answered question		74
skipped question		0



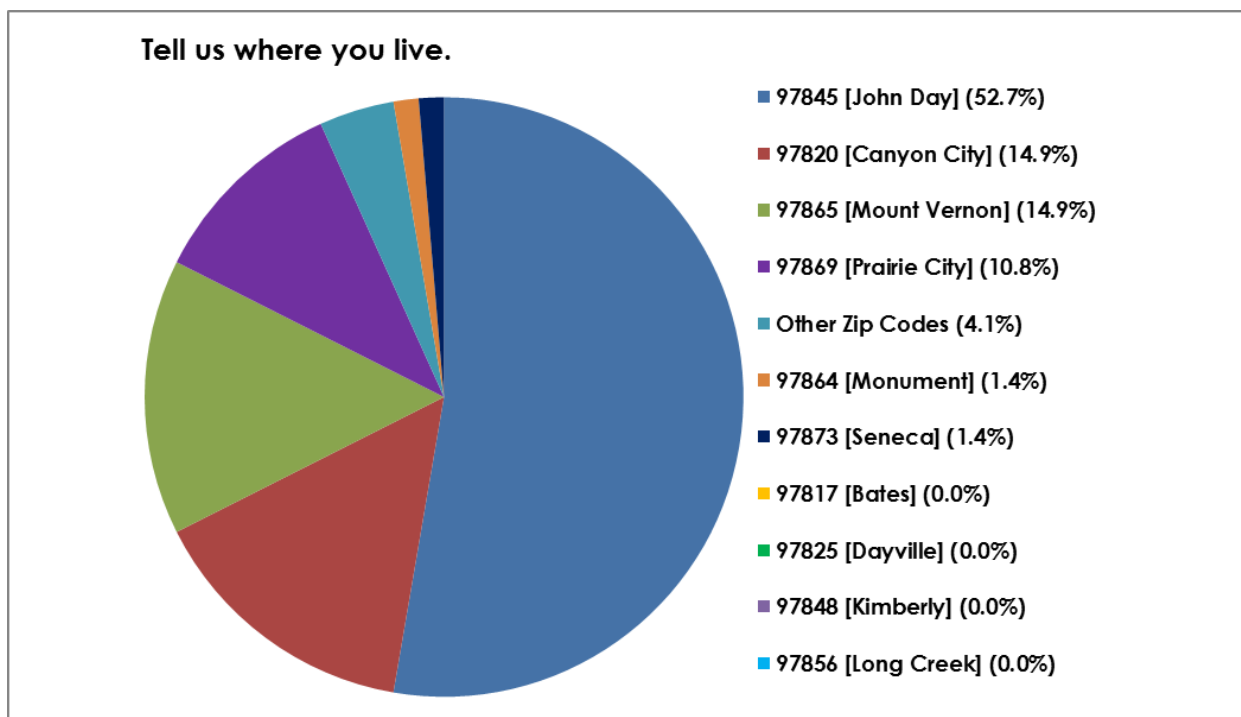


COMMUNITY HEALTH NEEDS ASSESSMENT

Tell us where you live.

Answer Options	Response Percent	Response Count
97845 [John Day] (52.7%)	52.7%	39
97820 [Canyon City] (14.9%)	14.9%	11
97865 [Mount Vernon] (14.9%)	14.9%	11
97869 [Prairie City] (10.8%)	10.8%	8
Other Zip Codes (4.1%)	4.1%	3
97864 [Monument] (1.4%)	1.4%	1
97873 [Seneca] (1.4%)	1.4%	1
97817 [Bates] (0.0%)	0.0%	0
97825 [Dayville] (0.0%)	0.0%	0
97848 [Kimberly] (0.0%)	0.0%	0
97856 [Long Creek] (0.0%)	0.0%	0
answered question		74
skipped question		0
Other (please specify)		

83672
97720
97738





COMMUNITY HEALTH NEEDS ASSESSMENT

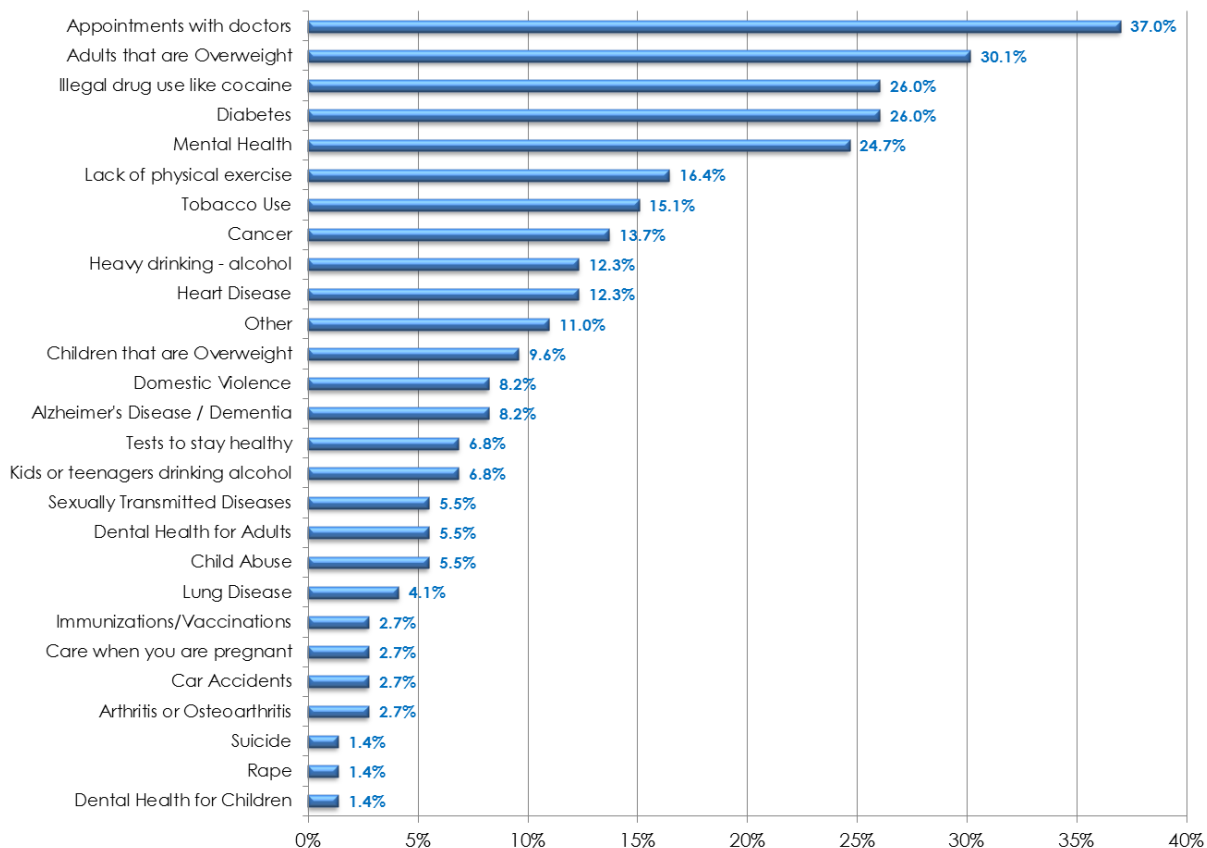
What do you think are the three (3) most IMPORTANT HEALTH ISSUES in your community?

Answer Options	Response Percent	Response Count
Appointments with doctors	37.0%	27
Adults that are Overweight	30.1%	22
Diabetes	26.0%	19
Illegal drug use like cocaine	26.0%	19
Mental Health	24.7%	18
Lack of physical exercise	16.4%	12
Tobacco Use	15.1%	11
Cancer	13.7%	10
Heart Disease	12.3%	9
Heavy drinking - alcohol	12.3%	9
Other	11.0%	8
Children that are Overweight	9.6%	7
Alzheimer's Disease / Dementia	8.2%	6
Domestic Violence	8.2%	6
Kids or teenagers drinking alcohol	6.8%	5
Tests to stay healthy	6.8%	5
Child Abuse	5.5%	4
Dental Health for Adults	5.5%	4
Sexually Transmitted Diseases	5.5%	4
Lung Disease	4.1%	3
Arthritis or Osteoarthritis	2.7%	2
Car Accidents	2.7%	2
Care when you are pregnant	2.7%	2
Immunizations/Vaccinations	2.7%	2
Dental Health for Children	1.4%	1
Rape	1.4%	1
Suicide	1.4%	1
Chronic Kidney Disease	0.0%	0
Elder or Senior Abuse	0.0%	0
Gun Accidents	0.0%	0
Hepatitis or Tuberculosis	0.0%	0
Job or Farming Accidents	0.0%	0
Lead Poisoning	0.0%	0
Stroke	0.0%	0
Teenage Pregnancy	0.0%	0
answered question		73
skipped question		1



COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think are the three (3) most IMPORTANT HEALTH ISSUES in your community?

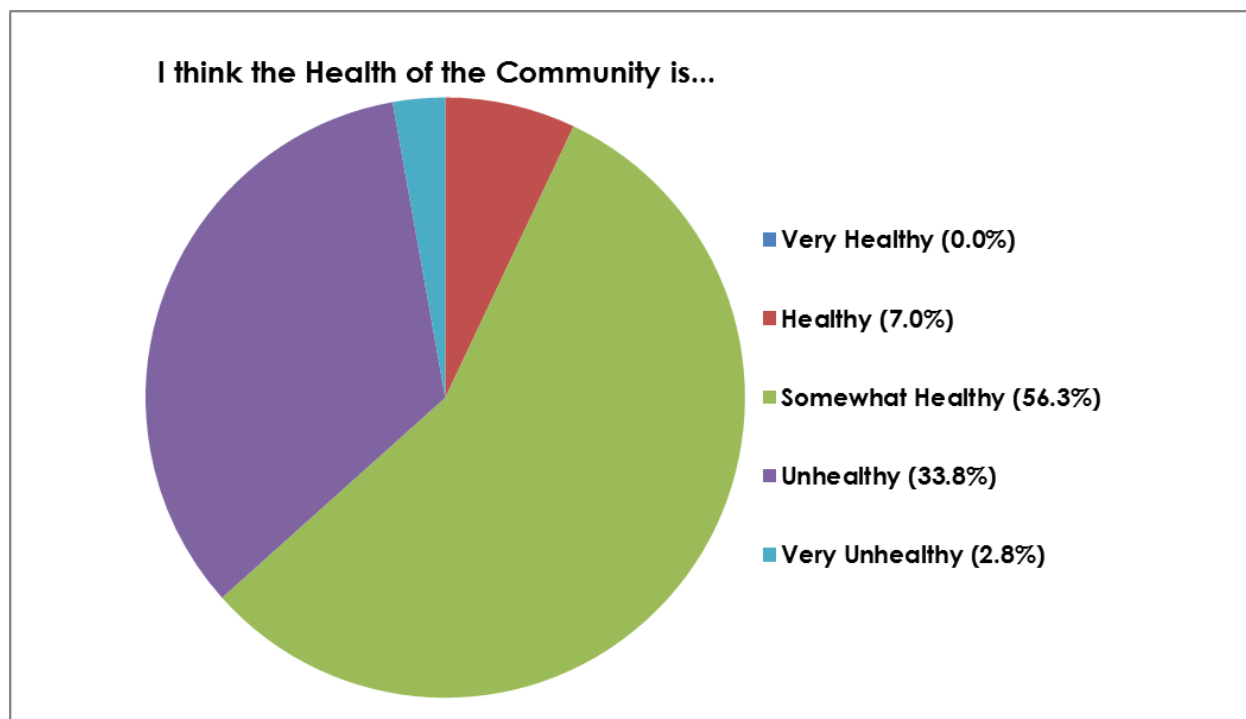




COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think about the Health of the Community?

Answer Options	Response Percent	Response Count
Very Healthy (0.0%)	0.0%	0
Healthy (7.0%)	7.0%	5
Somewhat Healthy (56.3%)	56.3%	40
Unhealthy (33.8%)	33.8%	24
Very Unhealthy (2.8%)	2.8%	2
answered question		71
skipped question		3

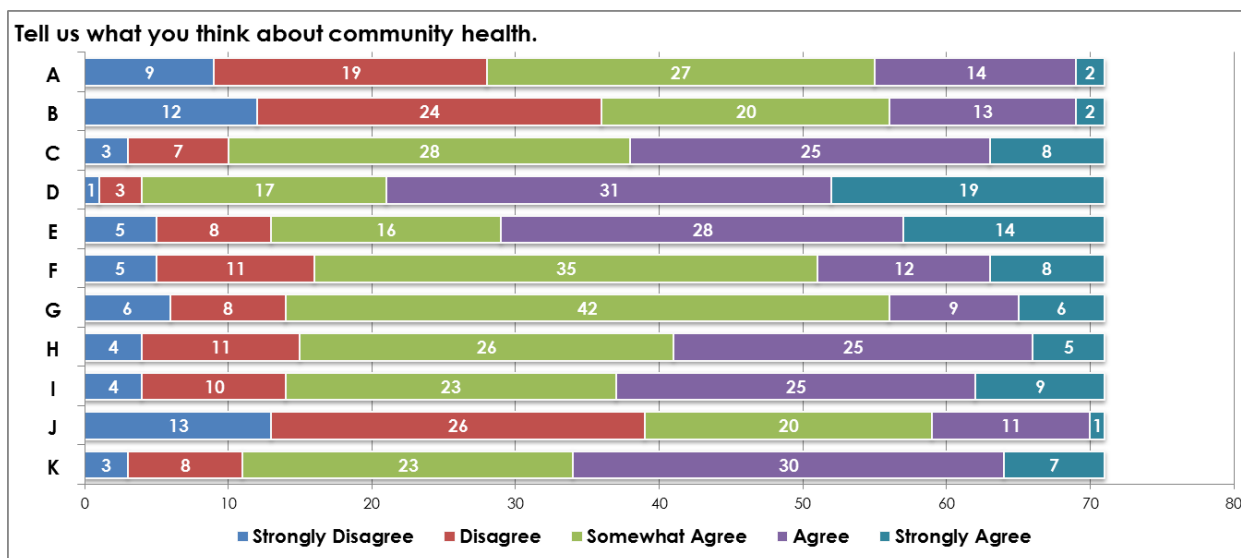




COMMUNITY HEALTH NEEDS ASSESSMENT

Tell us what you think about Community Health.

Answer Options	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Response Count
A The community can see a doctor when they need one	9	19	27	14	2	71
The community can see a specialist when they need one	12	24	20	13	2	71
B (Cardiologist, Surgeon, Pediatrician)						
The community can see a doctor when they need	3	7	28	25	8	71
C immunizations, vaccinations, or tests to stay healthy						
D There are beds in a nursing home when they need one	1	3	17	31	19	71
E The community can see a dentist when they need one	5	8	16	28	14	71
The community can see a counselor for mental health when	5	11	35	12	8	71
F they need one						
The community can see a drug abuse counselor when they	6	8	42	9	6	71
G need one						
H The community can get medicines when they are needed	4	11	26	25	5	71
There are enough doctors that take Medicare and Medicaid	4	10	23	25	9	71
I insurance						
J There are enough doctors that speak Spanish	13	26	20	11	1	71
The community can find a way to get to a doctor's	3	8	23	30	7	71
K appointment if needed (Transportation)						
answered question						71
skipped question						3

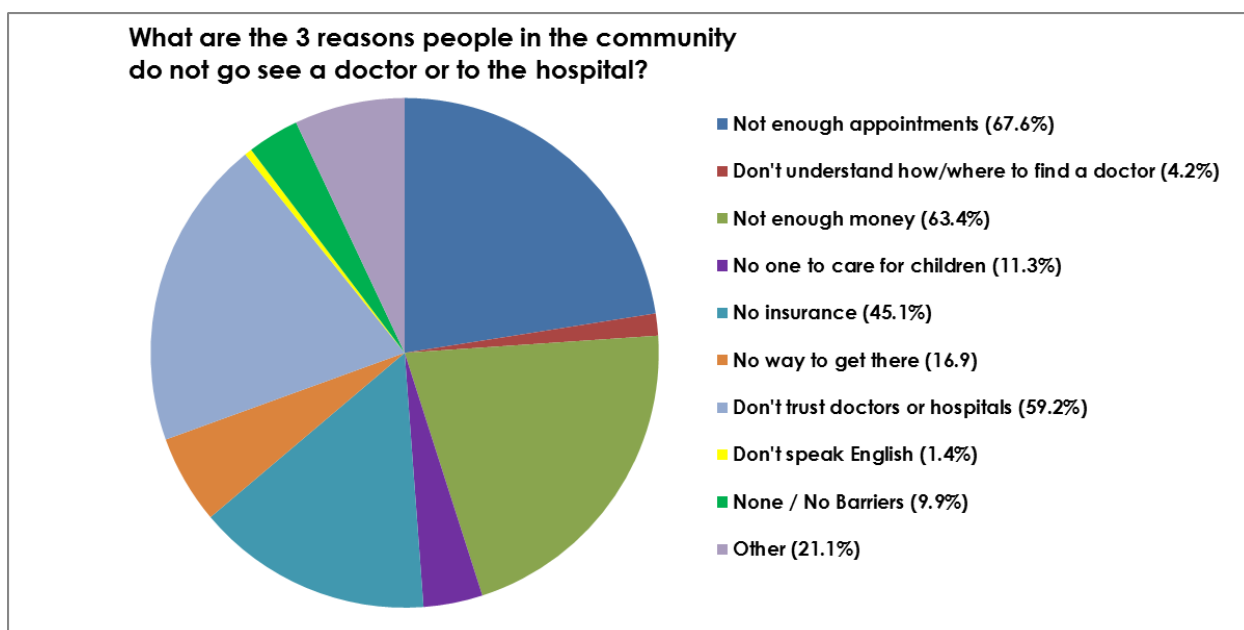




COMMUNITY HEALTH NEEDS ASSESSMENT

What are the three (3) reasons people in the community do not go to see a doctor or to the hospital?

Answer Options	Response Percent	Response Count
Not enough appointments (67.6%)	67.6%	48
Don't understand how/where to find a doctor (4.2%)	4.2%	3
Not enough money (63.4%)	63.4%	45
No one to care for children (11.3%)	11.3%	8
No insurance (45.1%)	45.1%	32
No way to get there (16.9%)	16.9%	12
Don't trust doctors or hospitals (59.2%)	59.2%	42
Don't speak English (1.4%)	1.4%	1
None / No Barriers (9.9%)	9.9%	7
Other (21.1%)	21.1%	15
answered question		71
skipped question		3



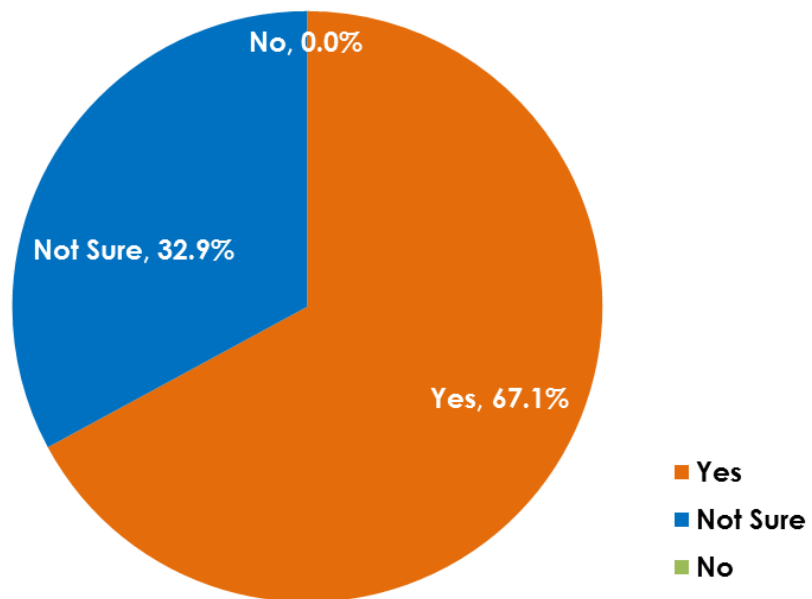


COMMUNITY HEALTH NEEDS ASSESSMENT

Are there people in the community that need care but do not get it?

Answer Options	Response Percent	Response Count
Yes	67.1%	47
Not Sure	32.9%	23
No	0.0%	0
answered question		70
skipped question		4

Are there people in the community that need care but do not get it?

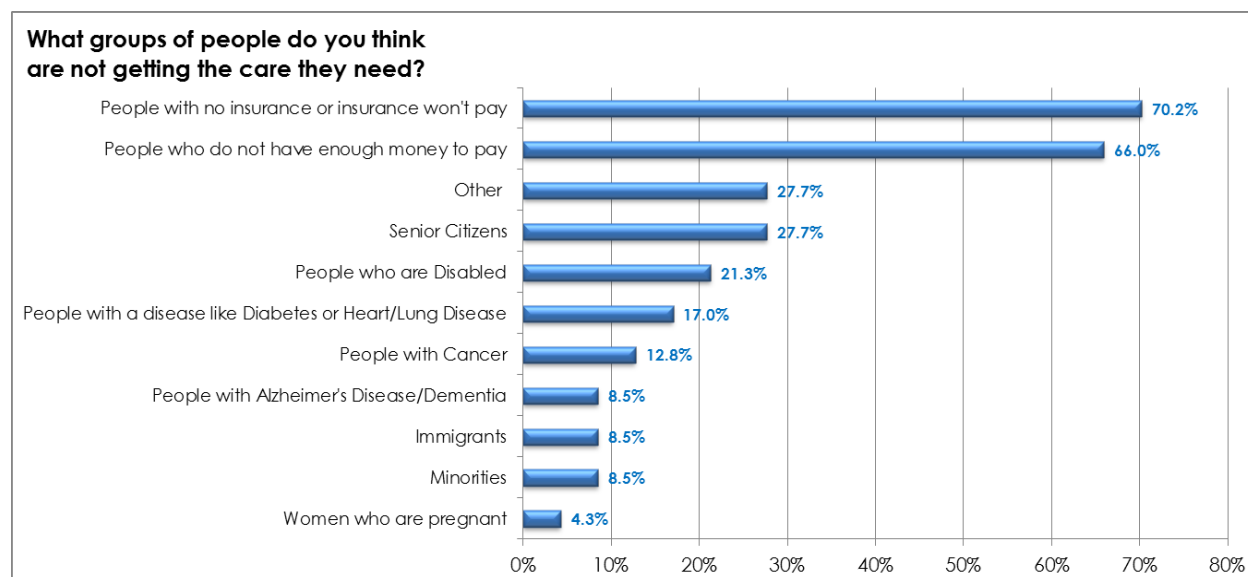




COMMUNITY HEALTH NEEDS ASSESSMENT

What groups of people do you think are not getting the care they need?

Answer Options	Response Percent	Response Count
Women who are pregnant	4.3%	2
Minorities	8.5%	4
Immigrants	8.5%	4
People with Alzheimer's Disease/Dementia	8.5%	4
People with Cancer	12.8%	6
People with a disease like Diabetes or Heart/Lung Disease	17.0%	8
People who are Disabled	21.3%	10
Senior Citizens	27.7%	13
Other	27.7%	13
People who do not have enough money to pay	66.0%	31
People with no insurance or insurance won't pay	70.2%	33
answered question		47
skipped question		27

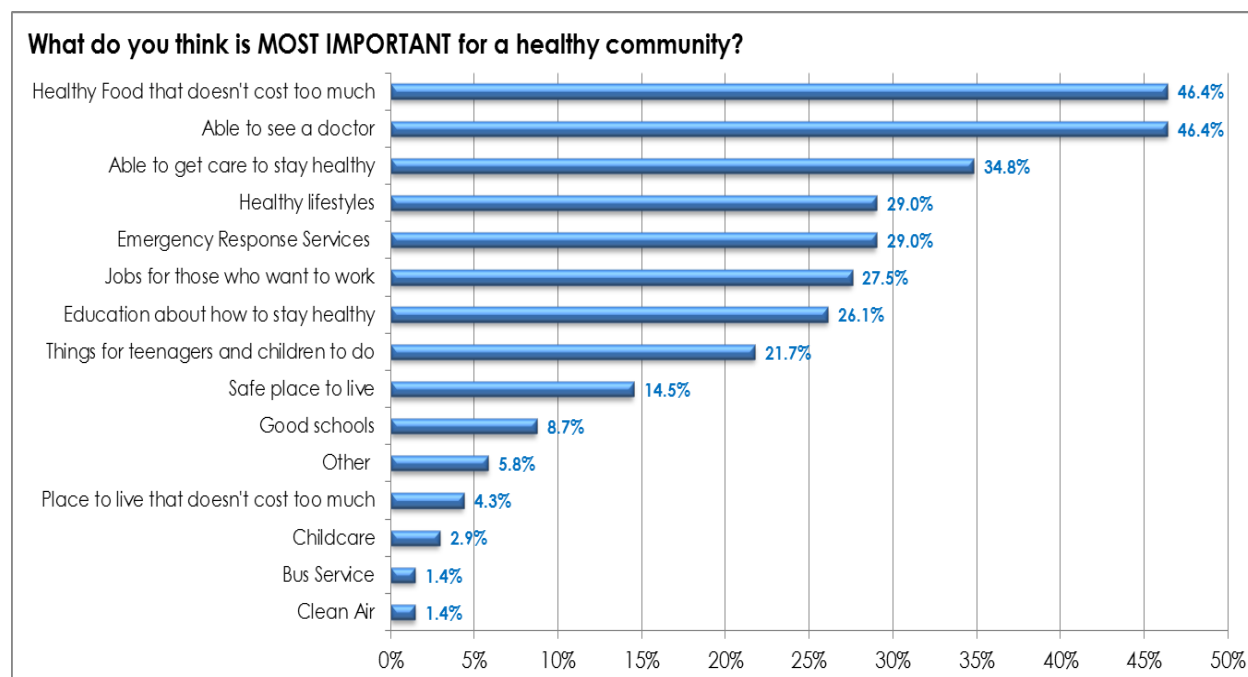




COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think is MOST IMPORTANT for a healthy community?

Answer Options	Response Percent	Response Count
Clean Air	1.4%	1
Bus Service	1.4%	1
Childcare	2.9%	2
Place to live that doesn't cost too much	4.3%	3
Other	5.8%	4
Good schools	8.7%	6
Safe place to live	14.5%	10
Things for teenagers and children to do	21.7%	15
Education about how to stay healthy	26.1%	18
Jobs for those who want to work	27.5%	19
Emergency Response Services	29.0%	20
Healthy lifestyles	29.0%	20
Able to get care to stay healthy	34.8%	24
Able to see a doctor	46.4%	32
Healthy Food that doesn't cost too much	46.4%	32
answered question		69
skipped question		5





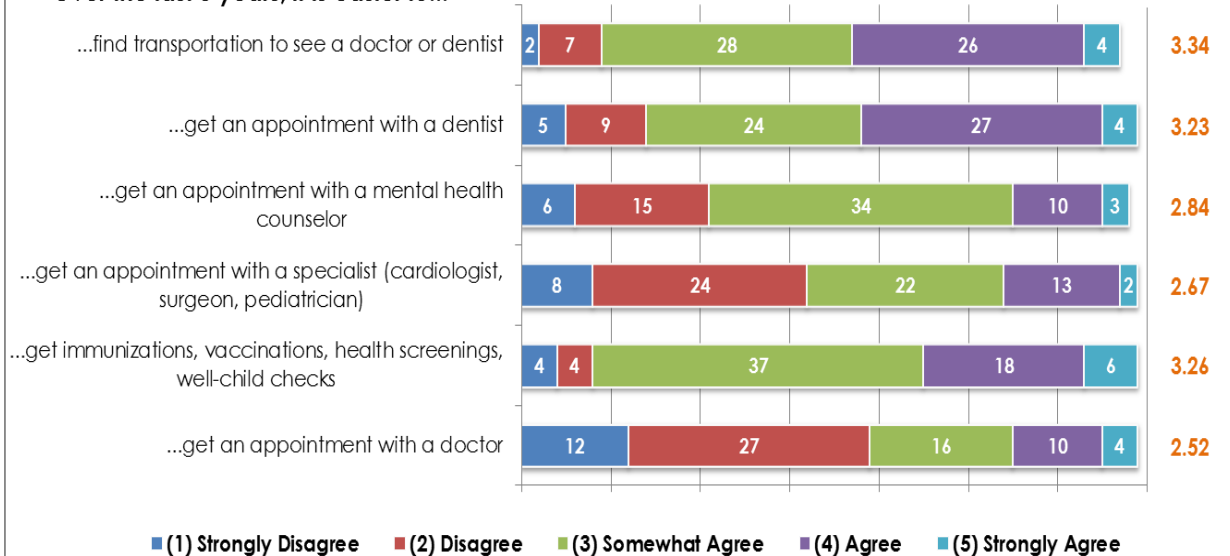
COMMUNITY HEALTH NEEDS ASSESSMENT

On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please tell us about improvements over the last 3 years.

Answer Options	(1) Strongly Disagree	(2) Disagree	(3) Somewhat Agree	(4) Agree	(5) Strongly Agree	Rating Average	Response Count
Over the last 3 years, it is easier to...							
...get an appointment with a doctor	12	27	16	10	4	2.52	69
...get immunizations, vaccinations, health screenings, well-child checks	4	4	37	18	6	3.26	69
...get an appointment with a specialist (cardiologist, surgeon, pediatrician)	8	24	22	13	2	2.67	69
...get an appointment with a mental health counselor	6	15	34	10	3	2.84	68
...get an appointment with a dentist	5	9	24	27	4	3.23	69
...find transportation to see a doctor or dentist	2	7	28	26	4	3.34	67
answered question							69
skipped question							5

Tell us about improvements.

Over the last 3 years, it is easier to...





COMMUNITY HEALTH NEEDS ASSESSMENT

Blue Mountain Hospital and its partners will be working on making the community more healthy over the next 3 years. What do you think we should work on?

Answer Options	Response Percent	Response Count
Make it easier for people to see a family doctor	59.4%	41
Make it easier for people to see a specialist	33.3%	23
Help stop Illegal Drug Use	30.4%	21
Help people who are overweight to lose weight	26.1%	18
Make sure the community has the tests they need to stay healthy	18.8%	13
Help stop tobacco use	18.8%	13
Make sure people have the immunizations and vaccinations they need	15.9%	11
Help people with Diabetes to stay healthy	11.6%	8
Help people to find a Mental Health Counselor	11.6%	8
Help stop kids or teenagers from drinking alcohol	10.1%	7
Help stop Bullying	10.1%	7
Help people who have Alzheimer's Disease or Dementia	5.8%	4
Help stop Child Abuse / Neglect	5.8%	4
Other	5.8%	4
Help people with Heart Disease to stay healthy	4.3%	3
Help women who are pregnant to have a healthy baby	4.3%	3
Help prevent suicide	4.3%	3
Help people who are heavy drinkers	4.3%	3
Help stop Domestic Violence	4.3%	3
Help people with Lung Disease to stay healthy	2.9%	2
Help stop teenage pregnancy	2.9%	2
Help people to find a dentist	2.9%	2
Help prevent Sexually Transmitted Diseases	2.9%	2
Help people who have Cancer	1.4%	1
Help stop car accidents	1.4%	1
Help people who have had a stroke	0.0%	0
Help prevent Hepatitis and Tuberculosis	0.0%	0
Help stop rape or sexual assault	0.0%	0
Help stop Elder Abuse / Neglect	0.0%	0
Help stop gun related accidents	0.0%	0
Help stop industrial or farming accidents	0.0%	0
answered question		69
skipped question		5



COMMUNITY HEALTH NEEDS ASSESSMENT

What do you think we should work on to make the community more healthy over the next 3 years?

