

2019 HARNEY COUNTY Community Health Needs Assessment

for Harney District Hospital/Harney County Health District



Harney District Hospital



May 2019

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Introduction

MAY 2019 – Harney County Health District submits for public review the Harney County Community Health Needs Assessment, the final product of a process involving a community survey, discussion with community and local health representatives, and the collection and analysis of data compiled by the Eastern Oregon Coordinated Care Organization (EOCCO), the Oregon Office of Rural Health (ORH), and other sources.

The intent of this assessment is to gauge the health status, concerns and needs of Harney County residents in order to plan and implement actions that will benefit the overall health of the community. As an organization with the stated mission of “enriching lives through better health”, this assessment is an effort to fulfill those goals by attempting to pinpoint where sometimes limited resources are best directed to make the most difference.

Harney County Health District

Harney County Health District was established in 1990, after 70 years as a county hospital. In 2019, it is comprised of Harney District Hospital (HDH), HDH Family Care, HDH Physical and Sports Therapy, and HDH Emergency Medical Services (EMS). The district currently employs around 200 full-time, part-time, and casual workers.

A nonprofit corporation, Harney County Health District’s mission is “enriching lives through better health.” Our vision is “to be the intersection where hope, healing and progressive care meet.”

From 24/7 surgical coverage provided by our permanent surgical staff, to the visiting specialist schedule made possible by collaboration with partners in Central Oregon, Harney County Health District makes every effort to provide the roughly 7,000 residents in its 10,000-square-mile service area (Harney County) with quality health care that is close to home.

OVERVIEW OF SERVICES

- 24/7 Emergency Care/EMS
- 24/7 Surgical Care
- HDH Family Care Clinic including Primary Care, Internal Medicine, Pediatrics, Gynecology, Dermatology
- Specialty Consultation including Cardiology, Oncology, Orthopedics, Pain Management
- Clinical Laboratory with Patient-Requested Testing
- Diagnostic Imaging including Bone Density, CT, Digital Mammography, MRI, Ultrasound, X-ray, Fluoroscopy
- Infusion Clinic, including treatments for Arthritis, Cancer, Crohn’s Disease and more
- Outreach and Education featuring support groups, classes, community events and more
- Pain Clinic including Radiofrequency Therapy (RF therapy), blocks, epidurals, and injections
- Therapy Services including Nutrition, Physical, Respiratory, and Speech
- Transitional Care

Introduction, cont.

Previous Assessments

Harney County Health District conducted and completed its first Community Health Needs Assessment (CHNA) in 2013. That process was a collaboration with the Healthy Eating Active Living (HEAL) grant project, involving a community survey that was specifically focused on addressing local issues regarding activity, nutrition and health care services.

Our second CHNA was completed in 2016. Harney County Health District collaborated with the Harney County Health Department to conduct a community survey, gathering 237 responses. From these results, input from local health professionals and experts via the Harney County Local Community Advisory Council (LCAC), and other available data, community health needs and concerns were identified, and an implementation was created. (See appendix for a final 2016 progress report.)

Service Area

Harney County, Oregon

Geographic Description and Location

Cities: Burns, Hines

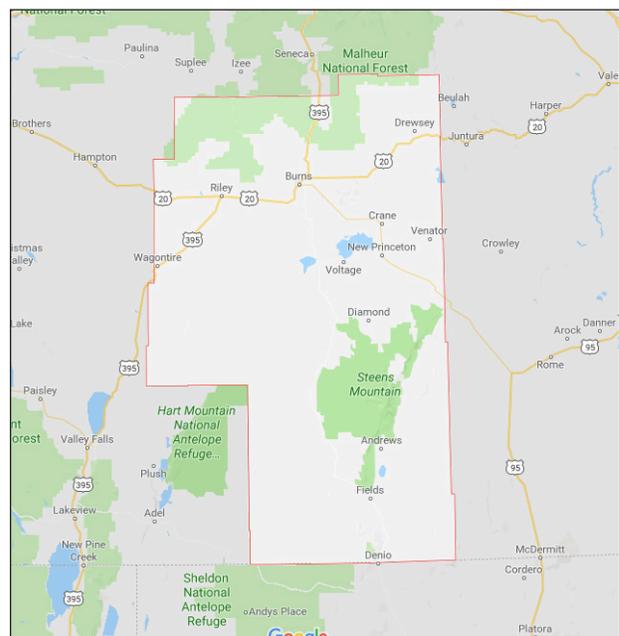
ZIP Codes: 97710, 97720, 97721, 97732, 97738, 97758, 97904, 97917

Major Geographic Features: Mountains – 9,700 feet, two rivers, marshes.

Climate Zone: High Plateau

Average Temperature (Winter): 28 degrees F

Average Temperature (Summer): 69 degrees F



Harney County, Oregon. Image: Google Maps.

Service Area

General Demographics

While there have been slight fluctuations in recent years, the population of Harney County can generally be described as decreasing and aging. The general population has decreased by 0.9 percent since 2010, to 7,385. However, a slight increase is projected by 2023. The largest decrease was in the 45-64 age group, with an 12.8 percent decrease. The largest increase was in the 65 and over age group, with a 24.4 percent increase.

The population is primarily white (86.6 percent). The Hispanic population has increased from 5.1 to 5.6 percent since the same study was conducted in 2016. The Native American population stands at 3.4 percent.

DEMOGRAPHY (Claritas 2018)

	Population	% Change	% Change RURAL	% Change URBAN	% Change OREGON
2000	7,637	n/a	n/a	n/a	n/a
2010	7,451	-2.4%	9.0%	13.7%	12.0%
2018	7,385	-0.9%	5.9%	10.7%	9.0%
2023	7,519	1.8%	4.8%	6.4%	5.8%

CHANGE FROM 2010 TO 2018

Age	2010 Pop	2018 Pop	% Change	% Change RURAL	% Change URBAN	% Change OREGON
0-14	1,314	1,225	-6.8%	-1.2%	3.2%	1.7%
15-44	2,388	2,366	-0.9%	5.7%	6.9%	6.5%
45-64	2,337	2,037	-12.8%	-4.4%	7.7%	3.0%
65+	1,412	1,757	24.4%	30.9%	42.9%	37.5%
Total	7,451	7,385	-0.9%	5.9%	10.7%	9.0%

DEMOGRAPHY (Claritas 2018 - continued)

2018 POPULATION BREAKDOWN BY AGE

Age	Service Area				OREGON			
	Male	Female	Total	Percent	Male	Female	Total	Percent
0-14	642	583	1,225	16.6%	372,981	356,337	729,318	17.5%
15-20	305	215	520	7.0%	160,257	153,431	313,688	7.5%
21-24	188	141	329	4.5%	109,602	104,449	214,051	5.1%
25-34	352	386	738	10.0%	283,394	277,553	560,947	13.4%
35-44	396	383	779	10.5%	273,149	269,346	542,495	13.0%
45-64	1,000	1,037	2,037	27.6%	530,343	549,757	1,080,100	25.9%
65-74	540	525	1,065	14.4%	214,548	234,584	449,132	10.8%
75-84	249	263	512	6.9%	89,232	108,646	197,878	4.7%
85+	68	112	180	2.4%	31,663	54,767	86,430	2.1%
Total	3,740	3,645	7,385	100.0%	2,065,169	2,108,870	4,174,039	100.0%

OTHER POPULATION CHARACTERISTICS (Claritas 2018)

	Service Area	Oregon
Hispanic (all, including other and 2 or more, races)	5.6%	13.2%
Asian/Pacific Islander only (non-Hispanic)	0.4%	4.9%
African-American only (non-Hispanic)	0.7%	1.8%
Native American only (non-Hispanic)	3.4%	1.1%
Other, including 2 or more races (non-Hispanic)	3.3%	3.5%

Oregon Office of Rural Health.

Service Area

Socioeconomics

Harney County has higher levels of those living below the poverty level than Oregon as a whole (16.4 percent versus 15.7 percent), and an even larger disparity when one looks at the population below 200 percent of the poverty level (43.9 percent in Harney County, versus 35.2 percent in Oregon). Unemployment hovers somewhere between 7 and 14.3 percent, significantly higher than the statewide measure of 4.1 to 8.1 percent.

Harney County also comes in slightly above the state population as whole for receipt of food stamps (18.4 percent), and rate of uninsurance (6.6 percent).

SOCIOECONOMICS (2012 - 2016 American Community Survey)

	Service Area	County	Rural	Oregon
Population below Poverty Level (\$19,318 per year for 2 adults/1 child <18 in 2016)	16.6%	16.4%	16.5%	15.7%
Population below 200% of Poverty Level	44.4%	43.9%	39.1%	35.2%
Population <18 below Poverty Level	26.9%	26.7%	23.3%	20.4%
Population 16+ Unemployed	15.0%	14.3%	9.1%	8.1%
Population 18-64 with Disability	15.3%	14.7%	15.5%	12.3%
Population 65+ with Disability	44.1%	43.3%	39.4%	37.6%
Households receiving Cash Public Assistance	3.1%	3.0%	4.1%	4.0%
Population 25+ w/o High School Diploma	10.4%	10.4%	11.7%	10.0%
Population >5 who Speak English Less than "very well"	1.6%	1.7%	3.9%	5.9%
Uninsured Civilian Non-institutionalized Population	8.7%	8.9%	11.1%	10.4%
Total OHP Eligibles (OHA, Apr 2018)	32.4%	32.4%	29.0%	25.2%

SOCIOECONOMICS (various)

	County	Oregon
Receiving Temporary Assistance for Needy Families (7/2017)	1.1%	1.1%
Children Eligible for Free/Reduced Lunch (16-17 School Yr)	41.0%	49.3%
Receiving Food Stamps (7/2017)	18.4%	16.6%
Government Employees as % of Total Employment (2016)	42.4%	15.5%
Uninsurance (2014 CHSE/OHSU)	6.6%	5.6%
Medicare Enrollees (2/2018--CMS)	25.8%	19.2%

UNEMPLOYMENT RATES

	County	Oregon	U.S.
2000	8.4%	5.1%	4%
2010	14.2%	10.6%	9.6%
2016	6.3%	4.9%	4.9%
Percent in Poverty, 2016	16.4	13.4	14
Per Capita Income, 2016	\$37,685	\$45,399	\$49,246
Median Household Income, 2016	\$41,846	\$57,379	\$57,617

Oregon Office of Rural Health.

A full "Service Area Profile", compiled by the Oregon Office of Rural Health, is available in the appendix of this report.

CHNA 2019 Process

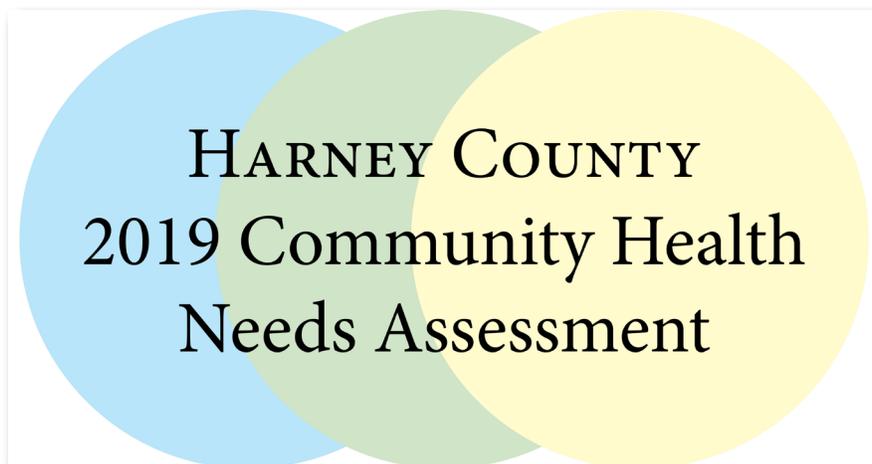
Beginning in fall 2018, representatives of Harney County Health District, Harney County Health Department/High Country Health and Wellness, and Symmetry Care met to begin planning for a community health needs assessment. It was decided that a community survey would be the primary tool in conducting the assessment. Survey questions were developed collaboratively, and asked respondents about their individual health, their opinions about the greatest health needs facing the community, and their awareness and perception of local health services.

The survey was launched on Jan. 1, 2019 and was open for the duration of that month. It was available online and in paper format. A social media campaign targeted Facebook users in Harney County, and on-the-ground community outreach was done through a range of support groups, classes, meetings, and community gatherings. In total, 520 responses were collected.

The results of the survey were presented to the LCAC, the Harney County Health District Board of Directors, administration and leadership, and feedback was collected.

A range of other available data about Harney County has been taken into consideration as well, including information provided by the Eastern Oregon Coordinated Care Organization (EOCCO) and the Oregon Office of Rural Health (ORH). (See appendix for these documents in their entirety.)

An Implementation Plan Task Force was convened to review the data, select priority areas, and develop strategies for Harney County Health District to address the identified needs.



CHNA 2019 Process

Who was involved in the process?

- **CHNA Facilitator for Harney County Health District:** Steve Howe, Marketing and Public Relations Specialist

- **Survey Development Committee:** Jolene Cawlfeld (Director, Harney County Health Department), Savanna Cate (Outreach Coordinator/Community Health Worker, Harney County Health District), Steve Howe, Chris Siegner (Director, Symmetry Care).

- **Survey Outreach/Promotion:** Steve Howe, Harney District Hospital Outreach and Education Department, Harney County Health Department/High Country Health and Wellness staff, Symmetry Care staff

- **Implementation Plan Task Force:** Savanna Cate, Dan Grigg (CEO, Harney County Health District), Mike Haines (Laboratory Manager, Harney District Hospital), Steve Howe, Amanda Jewell (Family Nurse Practitioner, HDH Family Care), Paul McGinnis (Greater Oregon Behavioral Health, Inc.)

- **Feedback was requested and collected from the following groups:** Harney County Local Community Advisory Council (LCAC), Harney County Health District Board of Directors, Harney County Health District Administrative and Leadership Teams

Conclusions

Four priority areas of need were selected:

- *Substance Abuse/Addiction (Drugs, Alcohol and Tobacco)*
- *Mental Health (Mental Illness/Depression and Suicide Prevention)*
- *Child Abuse/Neglect/Trauma (Adverse Childhood Experiences)*
- *Obesity/Diabetes/Chronic Illness*

In the following pages, find supporting data for the selection of these priority areas, as well as an Implementation Plan describing actions Harney County Health District will take over the coming three years to address these community health needs.

Community Needs

NEED / CONCERN IDENTIFIED

Substance Abuse/Addiction (Drugs, Alcohol and Tobacco)

RELEVANT DATA

- 8% of survey respondents feel they need to seek out mental health or addiction services, but have not done it yet. Of that 8%, 18% said they had not sought out mental health or addiction due to “Stigma/shame/embarassment” and 17% did not know where to go to seek care.
- 13% of survey respondents indicated they have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) in 1 day at least once in the past 30 days.
- 11% of survey respondents indicated they smoke cigarettes, 3% indicated they chew tobacco and 2% indicated they vape or use e-cigarettes.
- 74% of survey respondents selected “Substance or drug use/abuse”, 32% selected “Alcohol use” and 10% selected “Tobacco use” as one of the “top three most important health concerns our community is facing today.”
- 76% of survey respondents said “Drug addiction/Substance abuse” is the biggest mental health or addiction issue they see in Harney County.
- 16.7% of Harney County 8th Graders used tobacco, 38.6% used alcohol, and 10.9% used marijuana in the last 12 months
- 22.7% of Harney County 11th Graders used tobacco, 59.6% used alcohol, and 31.8% used marijuana in the last 12 months
- 19.1% of Harney County adults use cigarettes (Oregon: 20.9%) and 25.2% use smokeless tobacco (Oregon: 7.7%)
- Harney County Alcohol-Induced Death Rate per 100,000 43.6 (Oregon:18.5)

Community Needs

NEED / CONCERN IDENTIFIED

Mental Health (Mental Illness/
Depression and Suicide Prevention)

RELEVANT DATA

- 16% of survey respondents said their overall mental health was “Fair” or “Poor”.
- 37% of survey respondents said they had been bothered by little interest or pleasure in doing things over the past two weeks for “Several days” “More than half the days” or “Nearly every day.”
- 34% of survey respondents said they had been bothered by feeling down, depressed or hopeless over the past two weeks for “Several days” “More than half the days” or “Nearly every day.”
- 8% of survey respondents feel they need to seek out mental health or addiction services, but have not done it yet. Of that 8%, 18% said they had not sought out mental health or addiction due to “Stigma/shame/embarassment” and 17% did not know where to go to seek care.
- 27% of survey respondents selected “Depression” and 20% selected “Other mental illness” as one of the “top three most important health concerns our community is facing today.”
- 64.6% of the population reports “Good” or better overall mental health
- 65.1% of Harney County 8th graders reported “Good” or better mental health (Oregon: 75%)
- 21.2% of Harney County 8th graders reported suicidal ideation (Oregon: 16.9%)
- 18.9% of Harney County 11th graders reported suicidal ideation (Oregon: 18.2%)
- Suicide death rate per 100,000: 35.4 (Oregon: 17.9)
- EOCCO rate of maternal depression: 47.6% of women experienced depression during and/or after pregnancy.

Community Needs

NEED / CONCERN IDENTIFIED	RELEVANT DATA
Child Abuse/Neglect/Trauma (Adverse Childhood Experiences)	<ul style="list-style-type: none">• 37% of survey respondents selected “Domestic violence/child abuse or neglect” as one of the “top three most important health concerns our community is facing today.”• The child abuse rate in Harney County is 45.7 per 1,000 (Oregon: 12.8 per 1,000)• The rate of children in foster care in Harney County is 30.7 per 1,000 (Oregon: 9.2 per 1,000).• The child poverty rate in Harney County is 26.7% (State 20.4%)

Community Needs

NEED / CONCERN IDENTIFIED	RELEVANT DATA
Obesity/Diabetes/Chronic Illness	<ul style="list-style-type: none">• 20% of survey respondents said they eat fast food more than once per week.• 29% of survey respondents said they eat at least five servings of fruit and vegetables each day.• 39% of survey respondents said they exercise at least three times per week.• 44% of survey respondents selected "Obesity" and 19% selected "Diabetes or similar chronic illnesses" as one of the "top three most important health concerns our community is facing today."• In the 2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus Group, the importance of health behaviors such as physical activity and healthy eating stood out. Participants used the phrase "lifestyle" to link health behaviors to health and furthermore underscored the need to increase opportunities for healthy behaviors across settings and sub-populations.• 69.3% of EOCCO adults are overweight/obese (2014 Medicaid BRFSS)• 38.7% of the Harney County adult general population is obese and 50.2% has one or more chronic illnesses• 10.5% of EOCCO Medicaid members have diabetes, 35.9% have high cholesterol, and 28.4% have high blood pressure• 32.3% of EOCCO Medicaid members had no physical activity outside of work• 28.2% of the Harney County population met the physical activity recommendation from Centers for Disease Control (CDC) (Oregon: 25.1%)• 33.3% of EOCCO Medicaid members had one or more sugary drinks per day, and 24.7% of EOCCO Medicaid members had five or more servings of fruits and vegetables• Diabetes Death Rate per 100,000: 43.6 (Oregon: 27.3), Heart Disease Death Rate per 100,000: 166.3 (Oregon: 157.9)

Harney County Health District Implementation Plan

Introduction

After identifying four priority areas of need based on all available data, an implementation plan was created. The plan describes what Harney County Health District will do within each area to contribute to the health of the community. Though solutions to these issues are neither simple nor short-term in nature, Harney County Health District's goal is to tackle them on a variety of fronts and to make a positive impact wherever possible.

Needs that will not be addressed

There are needs that simply cannot be directly addressed by Harney County Health District – logistically, financially, and otherwise. In many cases, these needs are social determinants of health – life factors that directly impact physical and mental health, including housing/homelessness, unemployment, poverty, and food insecurity. Many programs exist on local, state and federal levels that do address these issues, and Harney County Health District will continue to do what it can to refer or direct its patients that may face these needs to the appropriate agency or organization for assistance.

Partnerships

Wherever possible, Harney County Health District will seek to partner with local agencies and organizations in its efforts to improve community health.

Harney County Health District Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2019-2022)
<p>Substance Abuse/Addiction (Drugs, Alcohol and Tobacco)</p>	<ul style="list-style-type: none"> • Support tobacco tax increase in Oregon. • Support needle exchange program being enacted by Harney County Health Department by making staff aware of the program and assisting with sharing information in any other way as requested by the Health Department. • Create an awareness campaign (in collaboration with other local organizations as they are willing or able to) that focuses on 1) shedding light on the facts of substance abuse/addiction in Harney County, 2) directs people to local resources, and 3) encourages youth to avoid drugs, alcohol and tobacco. • Connect HDH Family Care patients to counseling/cessation resources (behavioral health integration). • In collaboration with the Harney County Local Community Advisory Council (LCAC) and local organizations, develop and promote a youth mentoring program focused on prevention of drug/alcohol/tobacco use. 	<ul style="list-style-type: none"> • Help to discourage tobacco use. • Support harm reduction efforts to prevent the spread of disease and bring drug users into contact with health care resources. • Build awareness around the issue of substance use and addiction among adults and youth. Increase numbers of those seeking treatment. • Continue to increase referrals to Tobacco Quit Coach and in-person counseling services and treatment programs. • Work to prevent substance abuse/addiction before it starts.

Harney County Health District Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2019-2022)
<p>Mental Health (Mental Illness/ Depression and Suicide Prevention)</p>	<ul style="list-style-type: none"> • Re-initiate behavioral health integration at HDH Family Care: <ul style="list-style-type: none"> --Recruit behavioral health staff --Redevelop/reinforce system for quick referrals from providers to behavioral health staff for interventions in areas of depression, anxiety and other mental illness, as well as substance abuse and addiction. • Offer annual Mental Health First Aid training to all staff. • Support mental health of HDH employees with regular communications regarding awareness of mental health resources (Employee Assistance Program, etc.) and use of paid time off for “mental health days”; continue to organize employee events to combat workplace stress and encourage social connection (TEAM Committee). • Create an awareness campaign (in collaboration with other local organizations as they are willing or able to) with the goals of 1) reducing stigma of mental illness, 2) building awareness around the issue of suicide, 3) directing the community to available resources. • Sponsor a public forum on the topic of suicide awareness and prevention. 	<ul style="list-style-type: none"> • Increase access/options for mental health services in Harney County. Increase referrals to counseling and treatment. • Train participants how to identify, understand, and respond to individuals who may be experiencing signs of a mental illness or other substance use disorder. • Promote good mental health among our caregivers and prevent health care worker burnout. • Reduce stigma around mental illness and seeking mental health care. Increase numbers of people seeking mental health services. • Increase community awareness around the issue of suicide and how we can work to prevent it.

Harney County Health District Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2019-2022)
Child Abuse/Neglect/Trauma (Adverse Childhood Experiences)	<ul style="list-style-type: none">• Recognize that substance abuse/addiction and mental health issues contribute to child abuse/neglect/trauma, and implement the strategies outlined in those categories in support of this need as well.• Explore trauma-informed care practices within the organization, and build upon any previous Adverse Childhood Experiences training caregivers have received. <p><i>Trauma-Informed Care (TIC) integrates knowledge of the widespread impact of trauma into healthcare policies, culture, environment and care processes.</i></p> <p><i>Adverse Childhood Experiences (ACEs) studies have demonstrated that major adversity in childhood can result in up to a 600% increased risk of chronic illnesses and 400% increased risk of addiction.</i></p>	<ul style="list-style-type: none">• Help to decrease the incidence of adverse childhood experiences in Harney County.• Ensure that signs of child abuse/neglect/trauma are being recognized during patient care and appropriate actions are being taken. <p>Raise awareness among our caregivers about the connection between the experience of adversities and overall health, and empower them to identify a history of trauma in patients and provide individualized treatment that seeks to recognize the root cause of health issues and encourage healing.</p>

Harney County Health District Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2019-2022)
<ul style="list-style-type: none"> • Obesity/Diabetes/Chronic Illness 	<ul style="list-style-type: none"> • “Know Your Numbers” campaign – encourage and empower individuals to know their blood sugar levels, blood pressure, blood cholesterol, and BMI, what they indicate and how they can be improved <ul style="list-style-type: none"> --Awareness campaign (publicity) --Offer a health fair-type event • Continue 5-1-1-0 youth obesity prevention program: <ul style="list-style-type: none"> --Continue to expand program to middle and high school levels --Encourage and work with schools to replace “treat”-based incentives in classrooms with healthier alternatives • Continue to provide and promote Weigh-In, Diabetes Self-Management Education and Support Group, Bariatric Surgery Support Group, Living Well With Chronic Conditions, and any other classes and support groups related to obesity/diabetes/chronic illness. Continue to improve methods of connecting patients to HDH classes and support groups (Outreach Prescription process in clinic, targeted marketing communications, etc.) • Continue to offer exercise opportunities through Walk With Ease/Walk With A Doc, expand as possible 	<ul style="list-style-type: none"> • Create awareness about these vital health numbers and connect those with obesity/diabetes/chronic illness to appropriate resources. • Continue to increase awareness of healthy habits among parents and their children • Maintain/increase numbers of participants in classes and support groups. Increase use of nutritional therapy services. • Increase participation and provide exercise opportunities

Moving Forward

Implementation Plan Progress Reports

In order to ensure that progress is being made on the implementation plan, quarterly reports will be presented to the Harney County Health District Board of Directors, as well as the Harney County Local Community Advisory Council (LCAC). Every six months, a detailed progress report will be presented and posted online at www.harneydh.com.

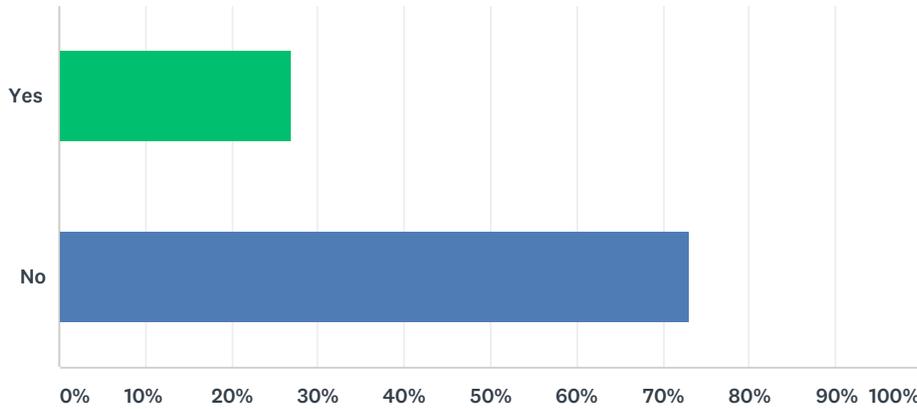
Awareness of Assessment

This report will be made available online at www.harneydh.com, and physical copies will be available at Harney District Hospital. A summary report will be released to local media.

For questions or more information, please contact info@harneydh.com or 541-573-7281.

Q1 Have you gone without needed health care anytime within the last 6 months for any reason?

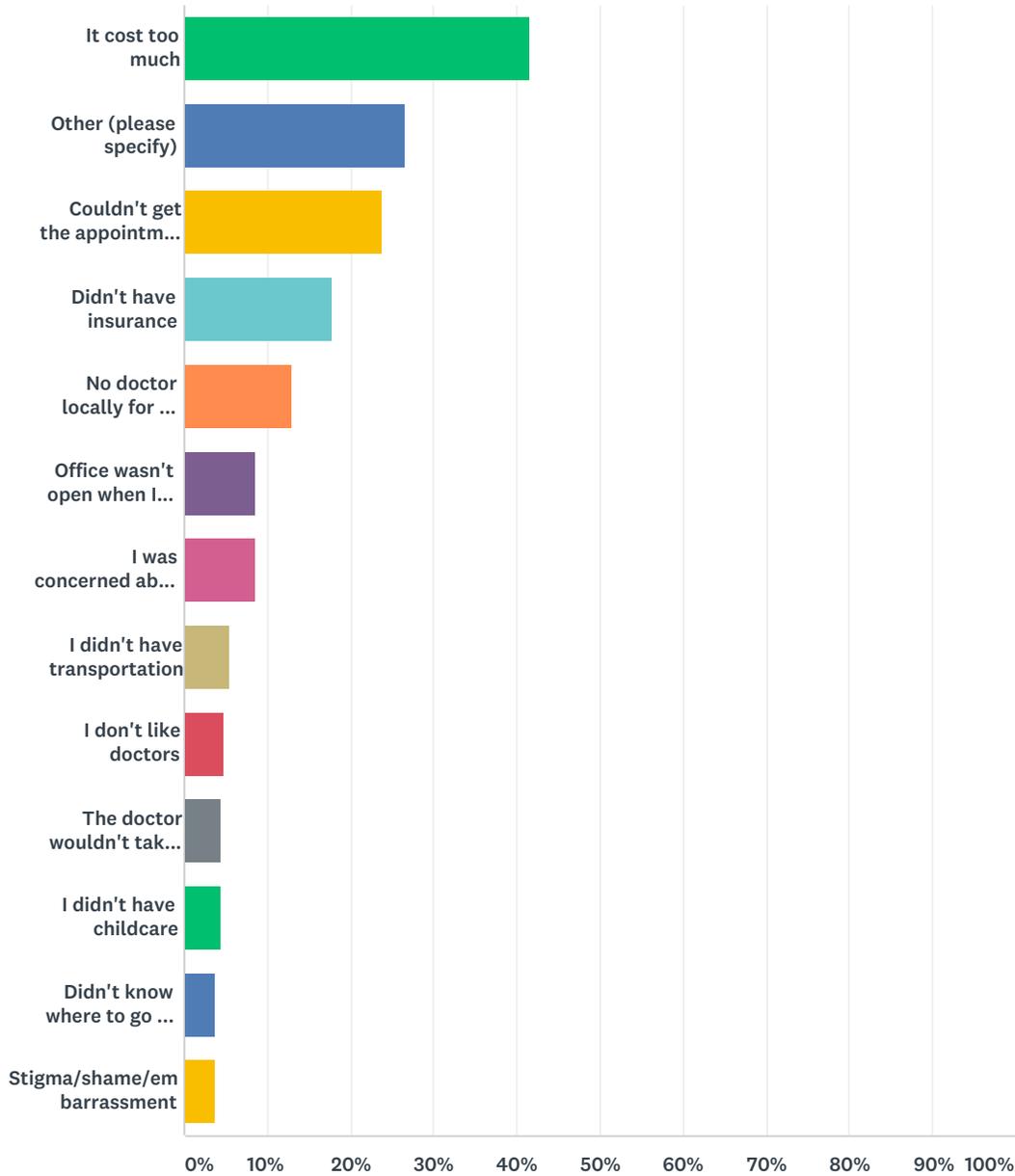
Answered: 515 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	26.99%	139
No	73.01%	376
TOTAL		515

Q2 If yes -- thinking of the most recent time within the last 6 months you went without needed health care, what were the main reasons? Check all that apply.

Answered: 185 Skipped: 336



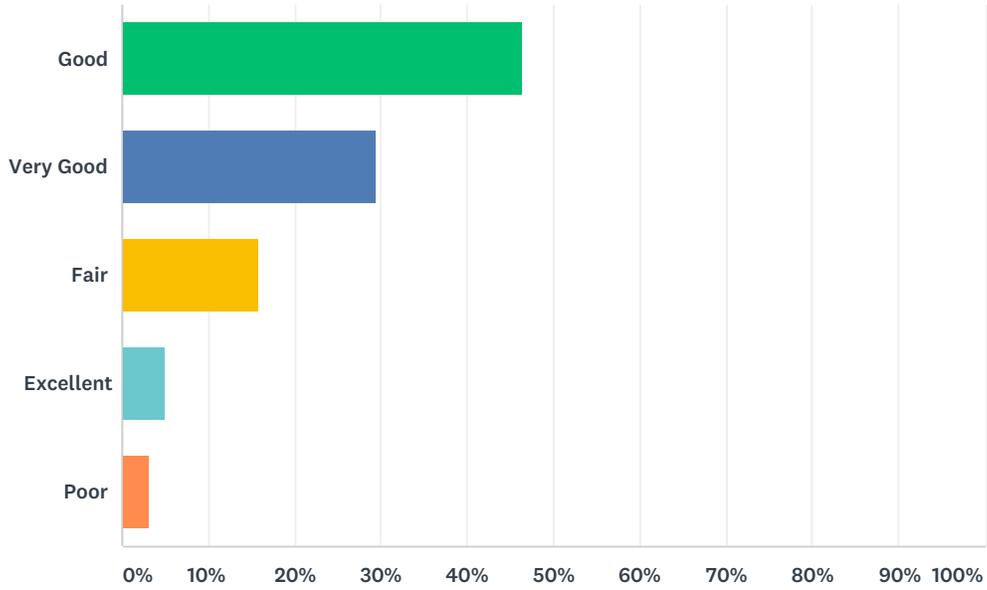
ANSWER CHOICES	RESPONSES	
It cost too much	41.62%	77
Other (please specify)	26.49%	49
Couldn't get the appointment quickly enough	23.78%	44
Didn't have insurance	17.84%	33

Harney County Community Health Needs Assessment 2019

No doctor locally for the care I need	12.97%	24
Office wasn't open when I could go	8.65%	16
I was concerned about privacy/confidentiality	8.65%	16
I didn't have transportation	5.41%	10
I don't like doctors	4.86%	9
The doctor wouldn't take the insurance	4.32%	8
I didn't have childcare	4.32%	8
Didn't know where to go to get the care	3.78%	7
Stigma/shame/embarrassment	3.78%	7
Total Respondents: 185		

Q3 My overall physical health is...

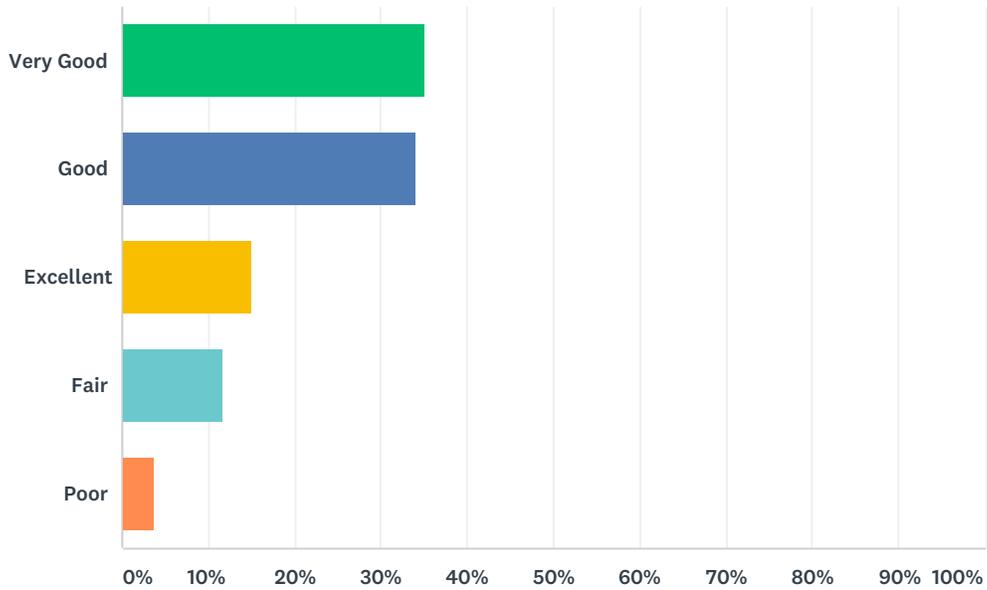
Answered: 515 Skipped: 6



ANSWER CHOICES	RESPONSES	
Good	46.41%	239
Very Good	29.51%	152
Fair	15.92%	82
Excellent	5.05%	26
Poor	3.11%	16
TOTAL		515

Q4 My overall mental/emotional health is...

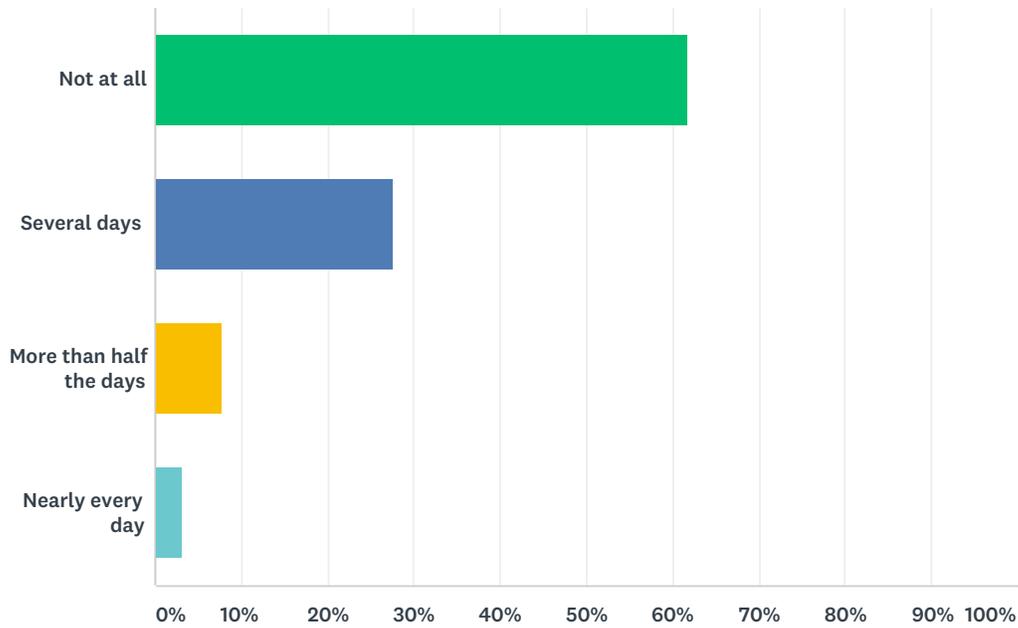
Answered: 517 Skipped: 4



ANSWER CHOICES	RESPONSES	
Very Good	35.20%	182
Good	34.04%	176
Excellent	15.09%	78
Fair	11.80%	61
Poor	3.87%	20
TOTAL		517

Q5 Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?

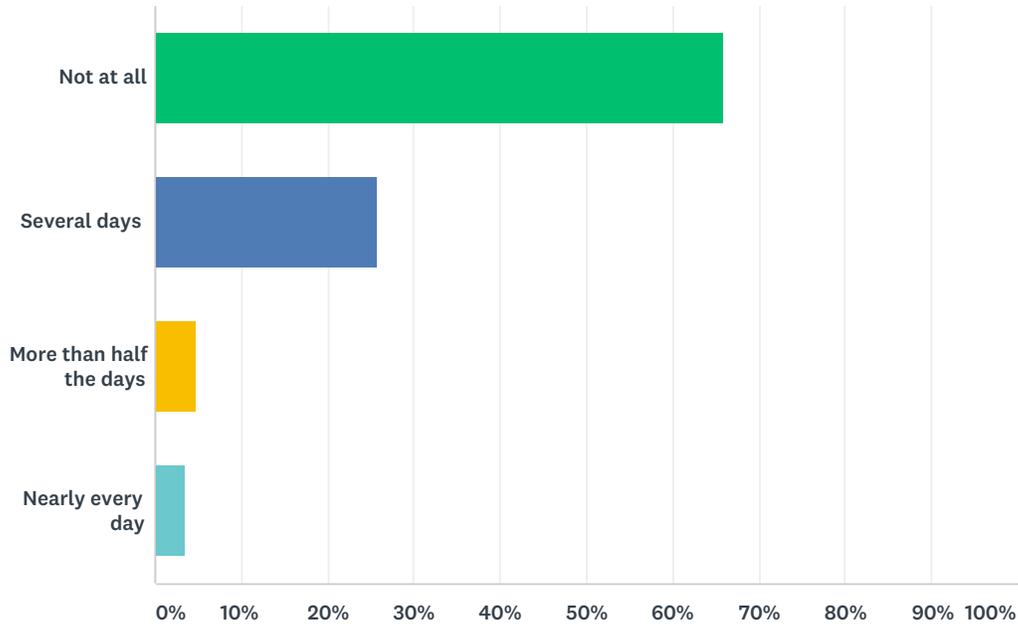
Answered: 516 Skipped: 5



ANSWER CHOICES	RESPONSES	
Not at all	61.63%	318
Several days	27.52%	142
More than half the days	7.75%	40
Nearly every day	3.10%	16
TOTAL		516

Q6 Over the past two weeks, how often have you been bothered by feeling down, depressed or hopeless?

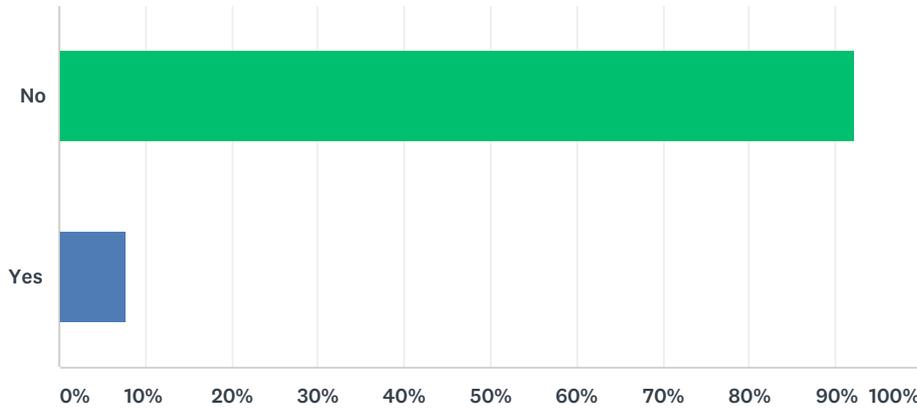
Answered: 515 Skipped: 6



ANSWER CHOICES	RESPONSES	
Not at all	65.83%	339
Several days	25.83%	133
More than half the days	4.85%	25
Nearly every day	3.50%	18
TOTAL		515

Q7 Do you feel you need to seek out mental health or addiction services, but have not done it yet?

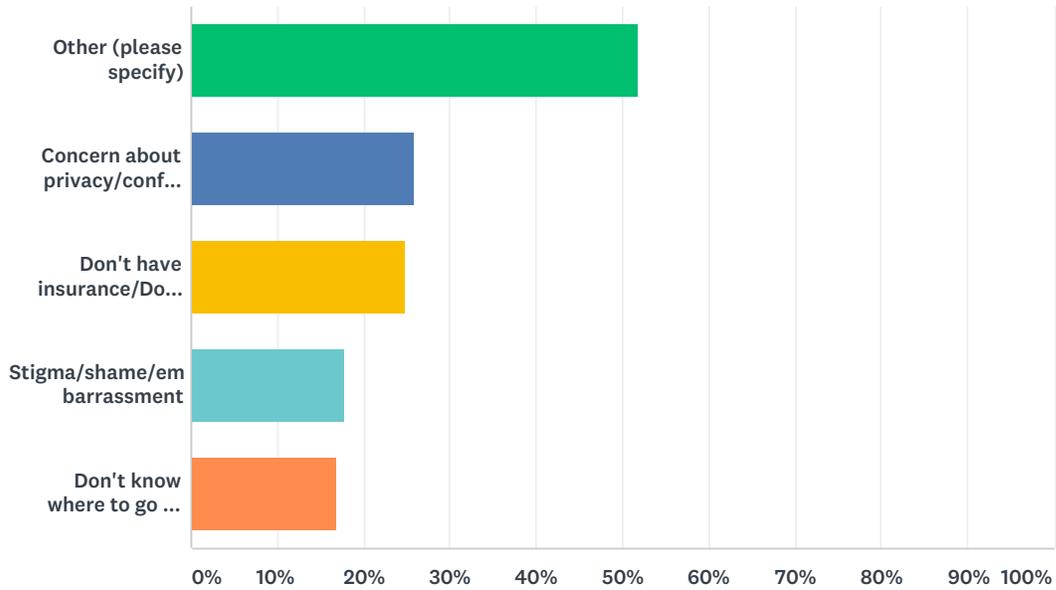
Answered: 519 Skipped: 2



ANSWER CHOICES	RESPONSES	
No	92.29%	479
Yes	7.71%	40
TOTAL		519

Q8 If yes, what is stopping you from seeking care? Check all that apply.

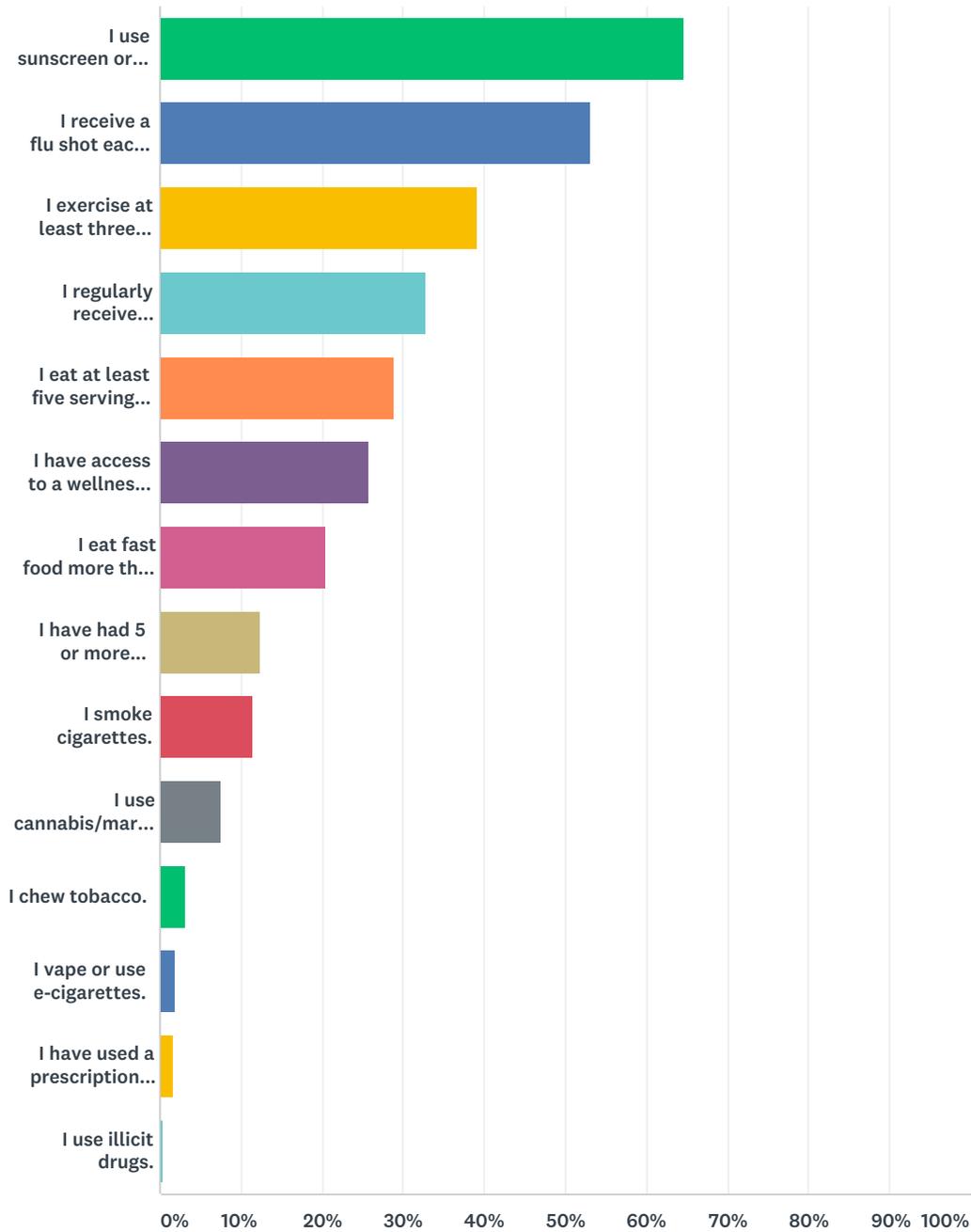
Answered: 112 Skipped: 409



ANSWER CHOICES	RESPONSES	
Other (please specify)	51.79%	58
Concern about privacy/confidentiality	25.89%	29
Don't have insurance/Don't think care will be covered by my insurance	25.00%	28
Stigma/shame/embarrassment	17.86%	20
Don't know where to go for care	16.96%	19
Total Respondents: 112		

Q9 Individual Health Statements. Check all that apply to you.

Answered: 500 Skipped: 21



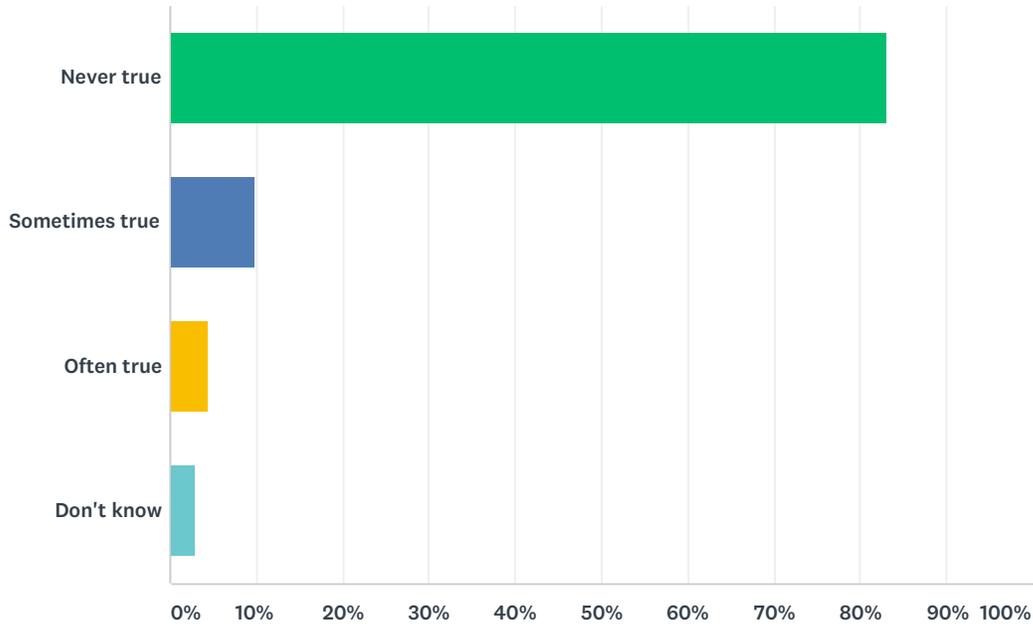
ANSWER CHOICES	RESPONSES
I use sunscreen or protective clothing for planned time in the sun.	64.60% 323
I receive a flu shot each year.	53.20% 266
I exercise at least three times per week.	39.20% 196
I regularly receive recommended cancer screenings.	32.80% 164
I eat at least five servings of fruit and vegetables each day.	28.80% 144

Harney County Community Health Needs Assessment 2019

I have access to a wellness program through my employer.	25.80%	129
I eat fast food more than once per week.	20.40%	102
I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) in 1 day at least once in the past 30 days.	12.40%	62
I smoke cigarettes.	11.60%	58
I use cannabis/marijuana/pot.	7.60%	38
I chew tobacco.	3.20%	16
I vape or use e-cigarettes.	1.80%	9
I have used a prescription medication for non-medical reasons at least once in the past year.	1.60%	8
I use illicit drugs.	0.40%	2
Total Respondents: 500		

Q10 In the last 12 months, did you and the people you live with worry that you would run out of food before you would get more?

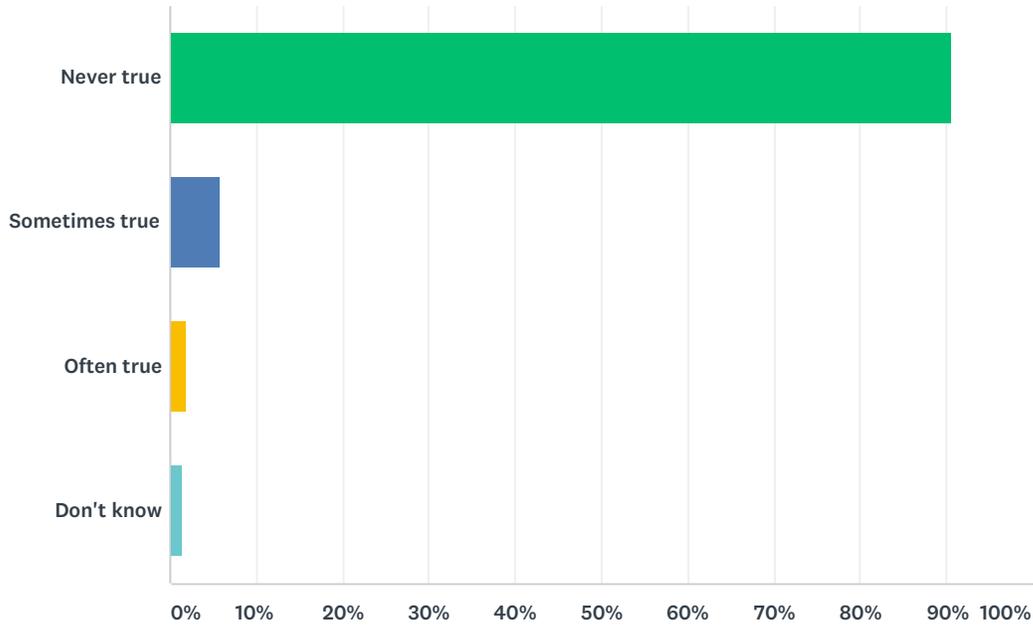
Answered: 512 Skipped: 9



ANSWER CHOICES	RESPONSES	
Never true	83.01%	425
Sometimes true	9.77%	50
Often true	4.30%	22
Don't know	2.93%	15
TOTAL		512

Q11 In the last 12 months, did you and the people you live with run out of food before you were able to get more?

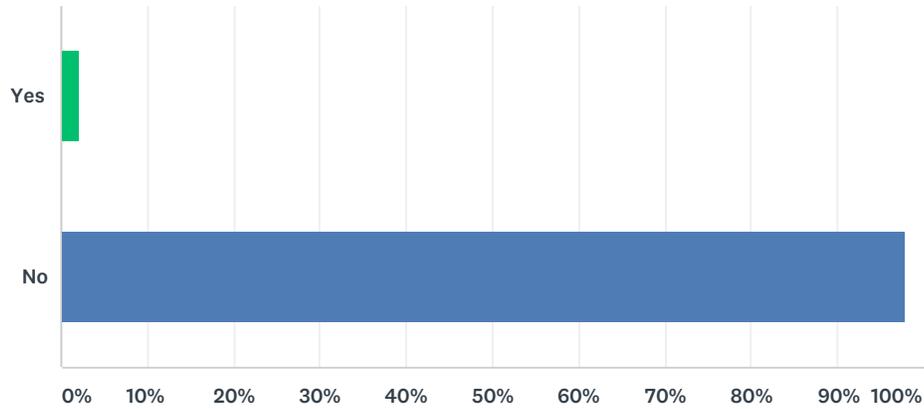
Answered: 514 Skipped: 7



ANSWER CHOICES	RESPONSES	
Never true	90.66%	466
Sometimes true	5.84%	30
Often true	1.95%	10
Don't know	1.56%	8
TOTAL		514

Q12 In the last 6 months, have you experienced homelessness for any amount of time?

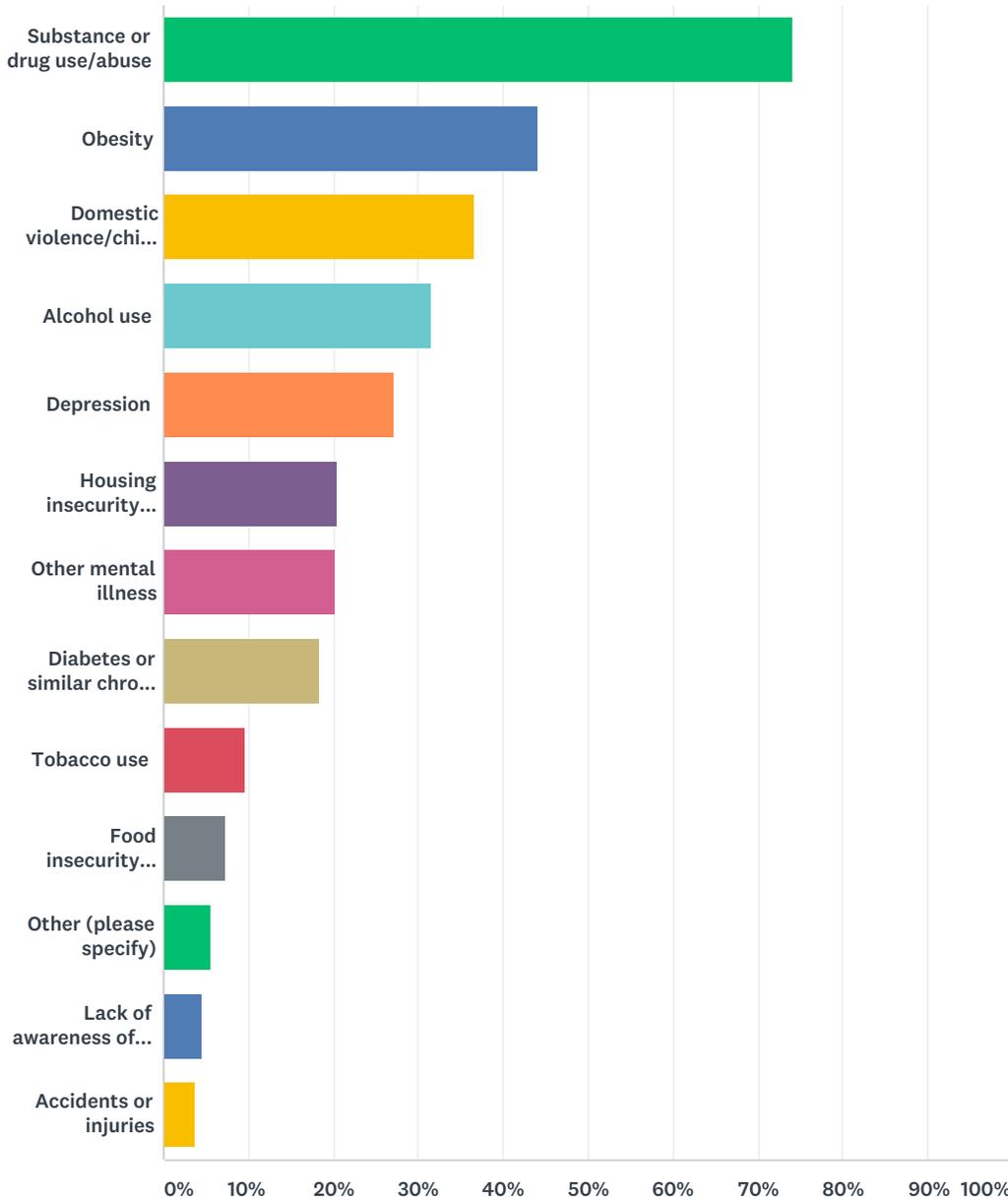
Answered: 512 Skipped: 9



ANSWER CHOICES	RESPONSES	
Yes	2.15%	11
No	97.85%	501
TOTAL		512

Q13 Which of the following would you say are the TOP THREE most important health concerns our community is facing today? Check 3 below.

Answered: 504 Skipped: 17



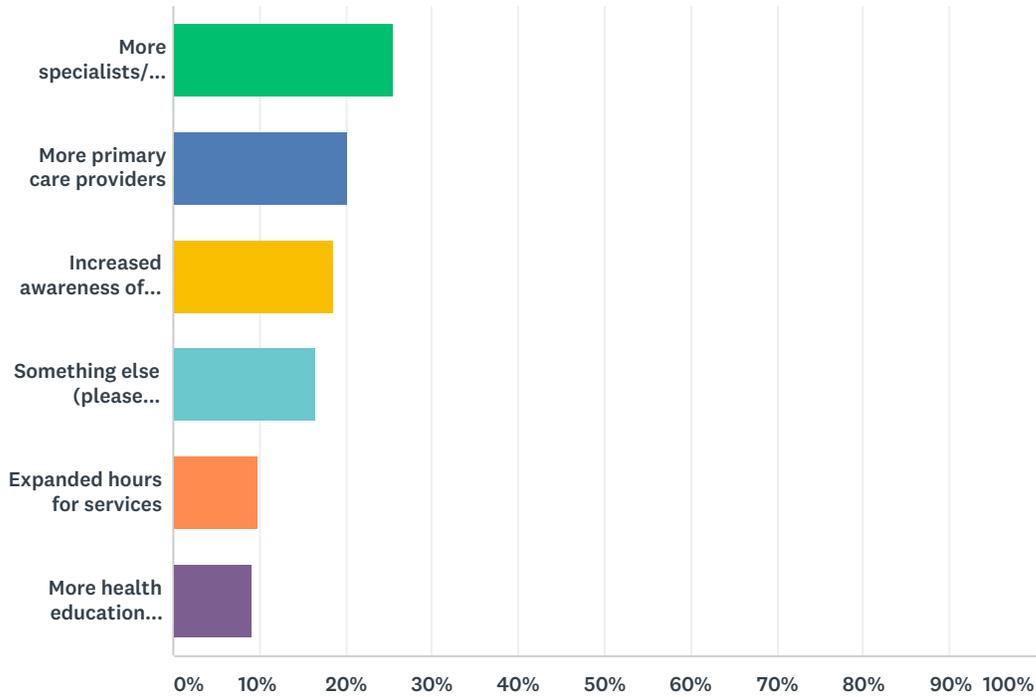
ANSWER CHOICES	RESPONSES	
Substance or drug use/abuse	74.01%	373
Obesity	44.05%	222
Domestic violence/child abuse or neglect	36.71%	185
Alcohol use	31.55%	159

Harney County Community Health Needs Assessment 2019

Depression	27.18%	137
Housing insecurity (risk of homelessness)	20.44%	103
Other mental illness	20.24%	102
Diabetes or similar chronic illnesses	18.45%	93
Tobacco use	9.72%	49
Food insecurity (concern for being hungry)	7.34%	37
Other (please specify)	5.56%	28
Lack of awareness of health services	4.56%	23
Accidents or injuries	3.77%	19
Total Respondents: 504		

Q14 If you could do ONE thing to improve the overall health of the community, what would it be?

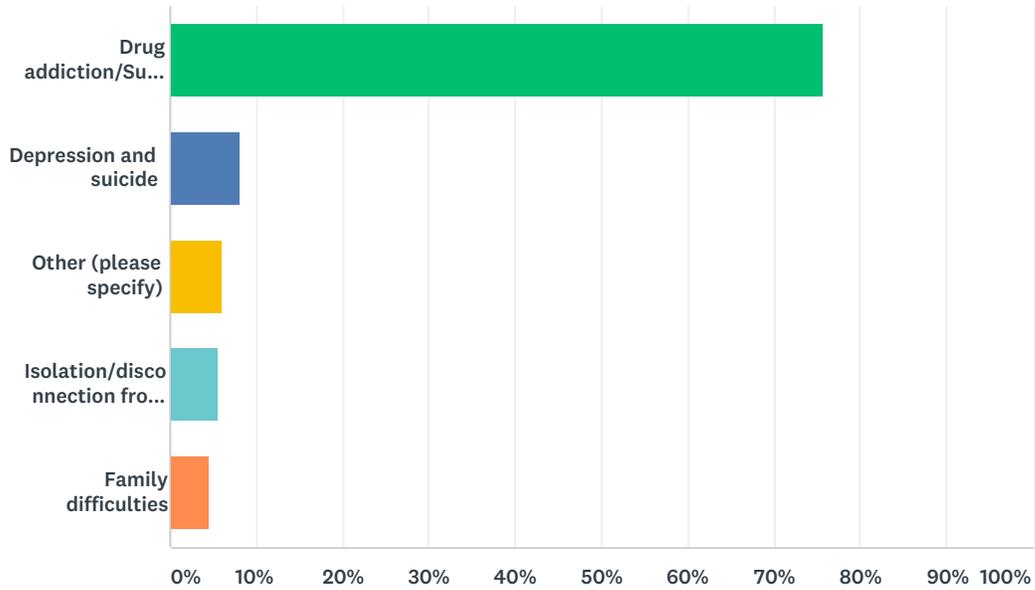
Answered: 489 Skipped: 32



ANSWER CHOICES	RESPONSES	
More specialists/specialty care	25.56%	125
More primary care providers	20.25%	99
Increased awareness of health services	18.61%	91
Something else (please specify)	16.56%	81
Expanded hours for services	9.82%	48
More health education services	9.20%	45
TOTAL		489

Q15 In your opinion, what is the biggest mental health or addiction issue you see in Harney County?

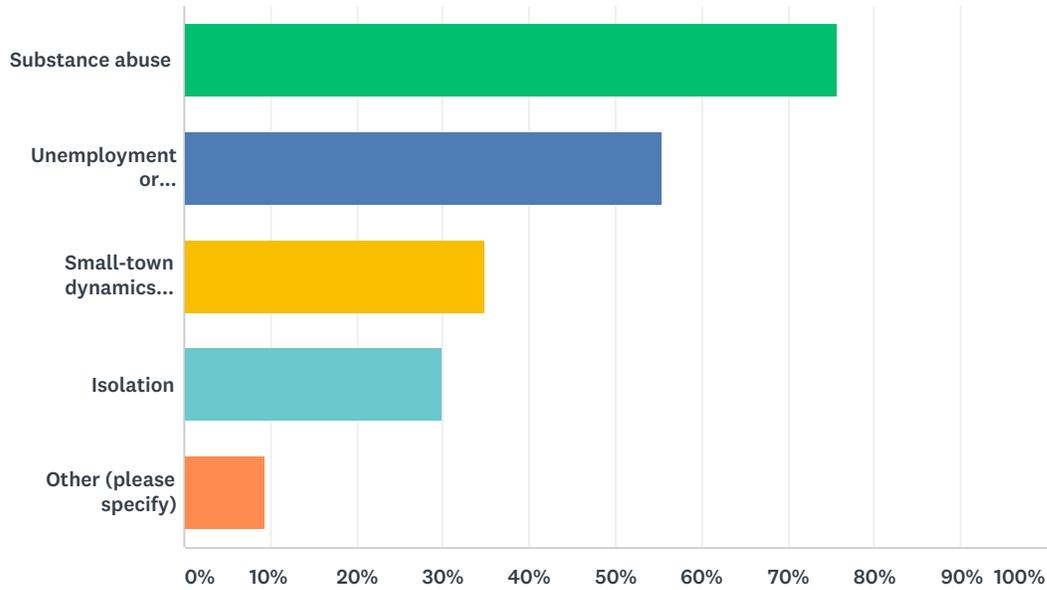
Answered: 505 Skipped: 16



ANSWER CHOICES	RESPONSES	
Drug addiction/Substance abuse	75.64%	382
Depression and suicide	8.12%	41
Other (please specify)	6.14%	31
Isolation/disconnection from social supports	5.54%	28
Family difficulties	4.55%	23
TOTAL		505

Q16 What stressors do you see in this community that contribute to problems with mental health or addiction? Check all that apply.

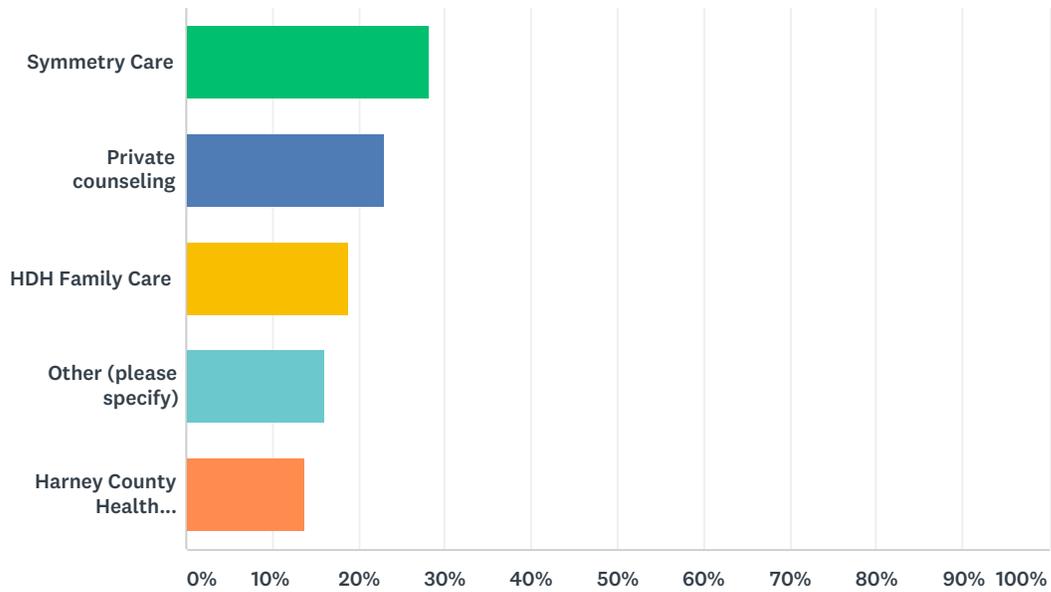
Answered: 503 Skipped: 18



ANSWER CHOICES	RESPONSES	
Substance abuse	75.75%	381
Unemployment or underemployment	55.47%	279
Small-town dynamics (gossip, bias, social conflicts, etc.)	34.99%	176
Isolation	29.82%	150
Other (please specify)	9.34%	47
Total Respondents: 503		

Q17 Where would you seek mental health or addiction services in Harney County, if you needed them?

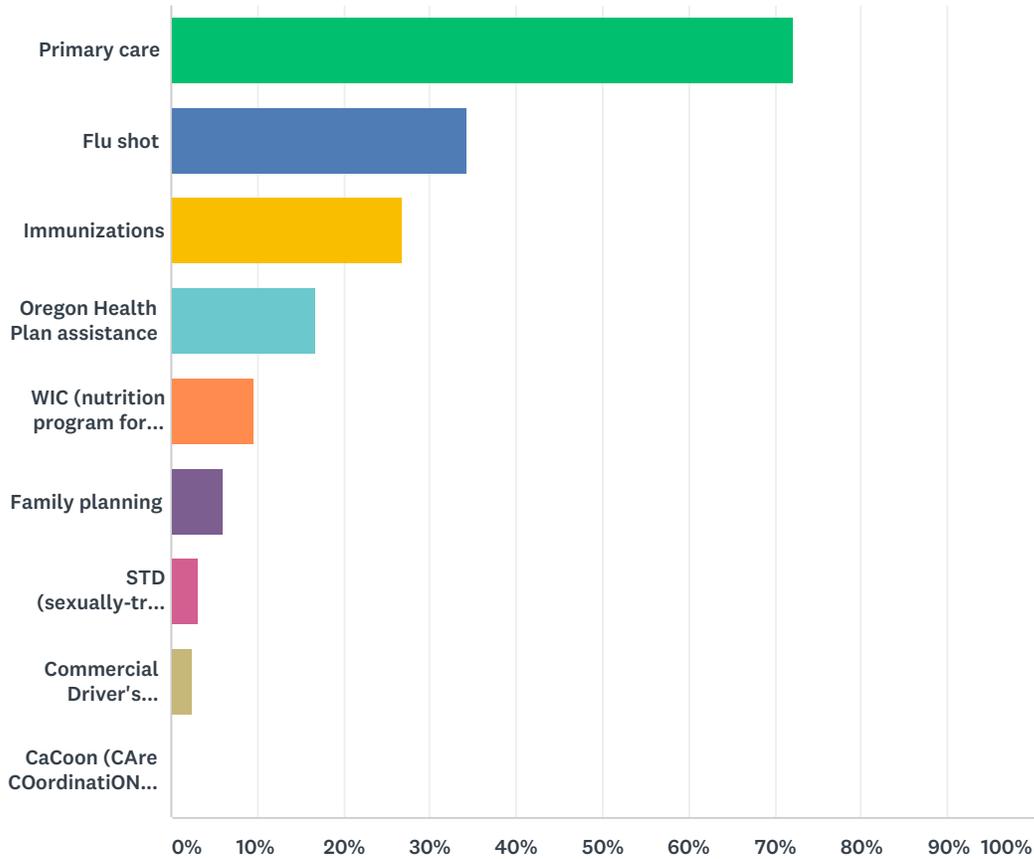
Answered: 509 Skipped: 12



ANSWER CHOICES	RESPONSES	
Symmetry Care	28.29%	144
Private counseling	22.99%	117
HDH Family Care	18.86%	96
Other (please specify)	16.11%	82
Harney County Health Department/High Country Health and Wellness Center	13.75%	70
TOTAL		509

Q18 Which services have you received at Harney County Health Department/High Country Health and Wellness Center within the last 6 months, if any? Check all that apply.

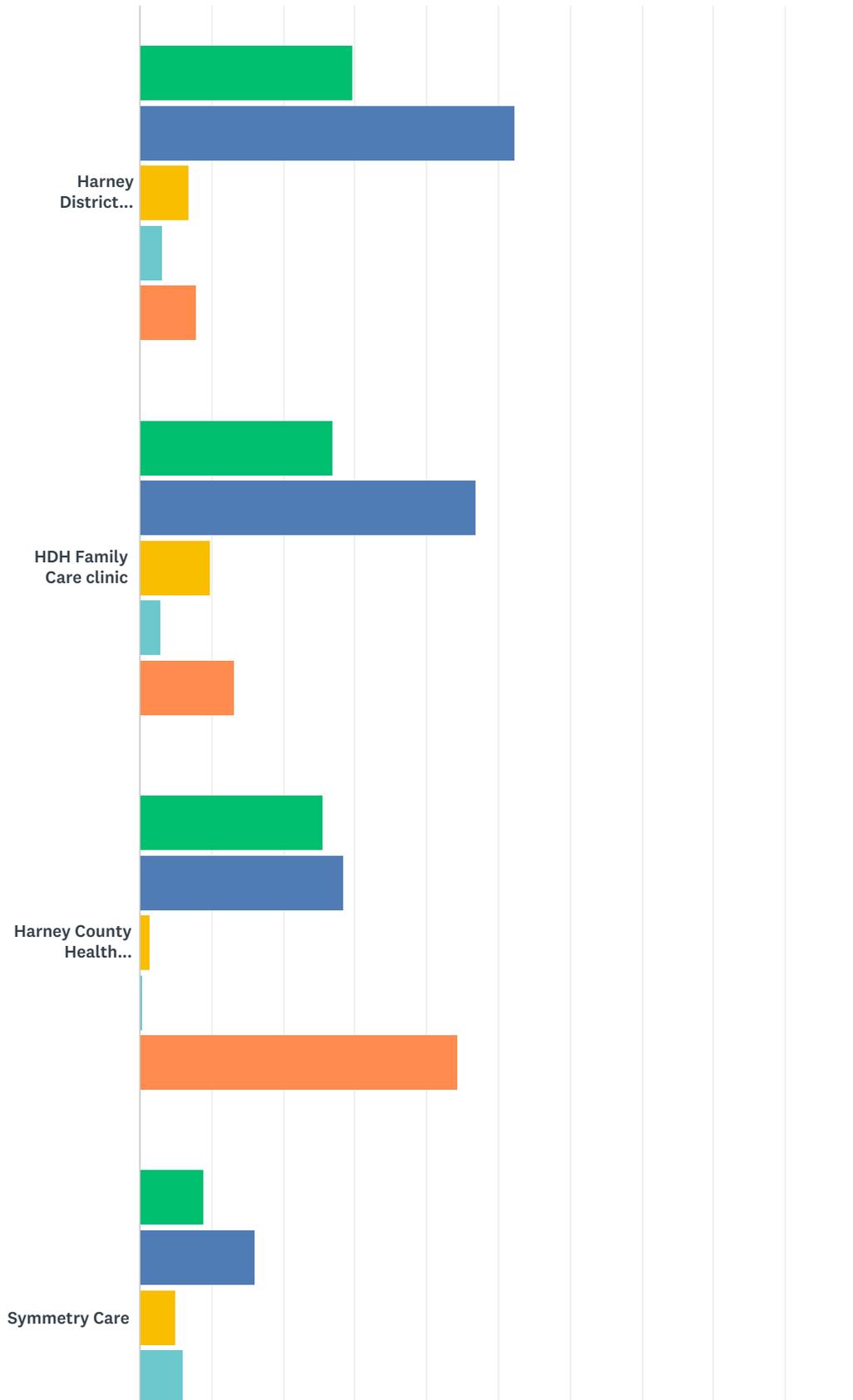
Answered: 309 Skipped: 212



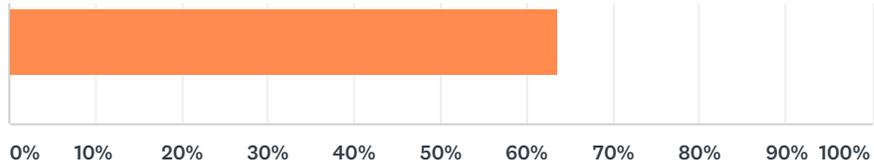
ANSWER CHOICES	RESPONSES	
Primary care	72.17%	223
Flu shot	34.30%	106
Immunizations	26.86%	83
Oregon Health Plan assistance	16.83%	52
WIC (nutrition program for Women, Infants and Children)	9.71%	30
Family planning	6.15%	19
STD (sexually-transmitted disease) testing	3.24%	10
Commercial Driver's License (CDL) physical	2.59%	8
CaCoon (CAre COordinatiON for children with special health needs)	0.00%	0
Total Respondents: 309		

Q19 How satisfied are you with the following services in Harney County?

Answered: 513 Skipped: 8



Harney County Community Health Needs Assessment 2019

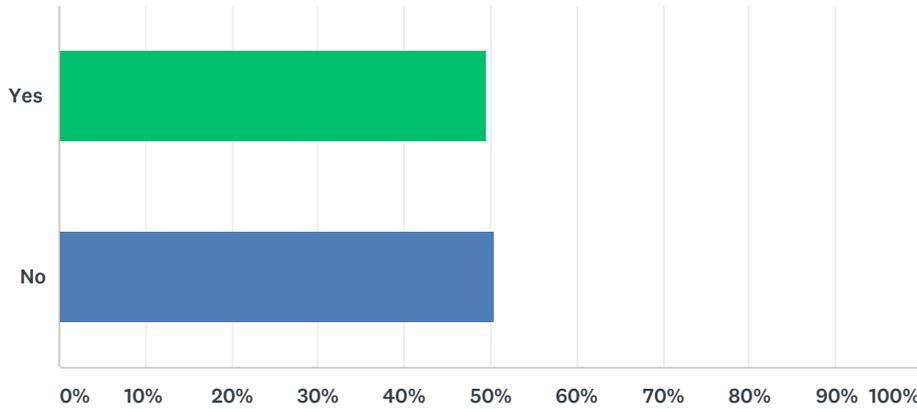


■ Very satisfied
 ■ Satisfied
 ■ Unsatisfied
 ■ Very unsatisfied
■ N/A (have not used)

	VERY SATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	N/A (HAVE NOT USED)	TOTAL
Harney District Hospital	29.72% 151	52.36% 266	6.89% 35	3.15% 16	7.87% 40	508
HDH Family Care clinic	27.08% 137	46.84% 237	9.88% 50	2.96% 15	13.24% 67	506
Harney County Health Department/High Country Health and Wellness Center	25.45% 127	28.46% 142	1.40% 7	0.40% 2	44.29% 221	499
Symmetry Care	9.00% 44	16.16% 79	5.11% 25	6.13% 30	63.60% 311	489

Q20 In the past 6 months, have you received health care services outside of Harney County?

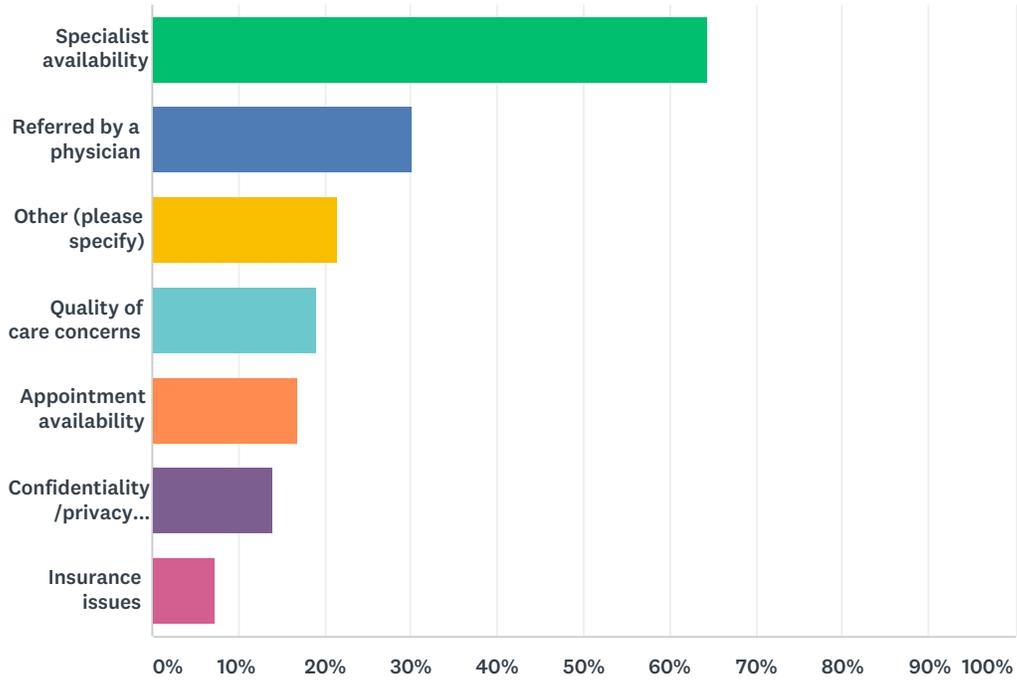
Answered: 518 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	49.61%	257
No	50.39%	261
TOTAL		518

Q21 If yes, why? Check all that apply.

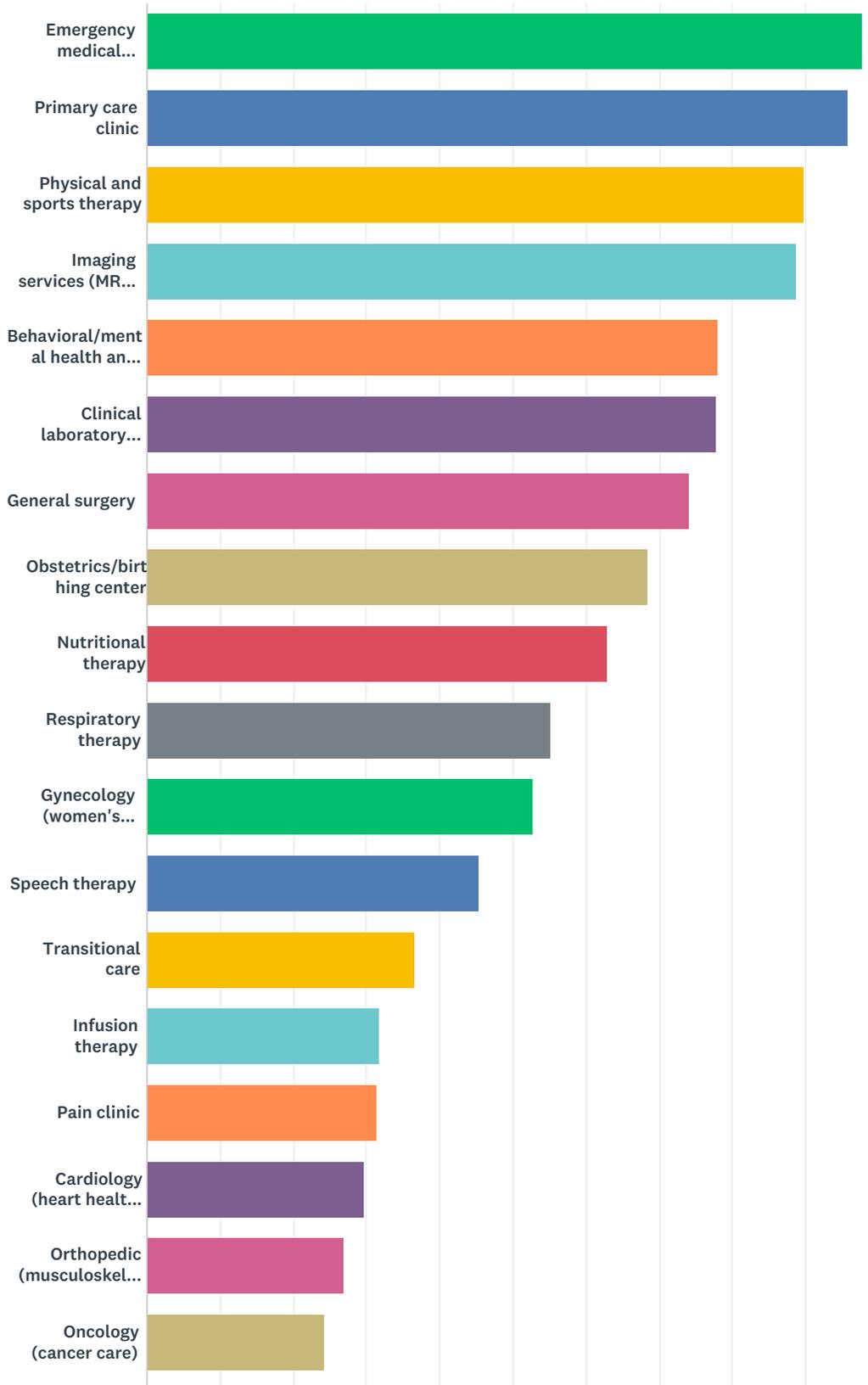
Answered: 273 Skipped: 248



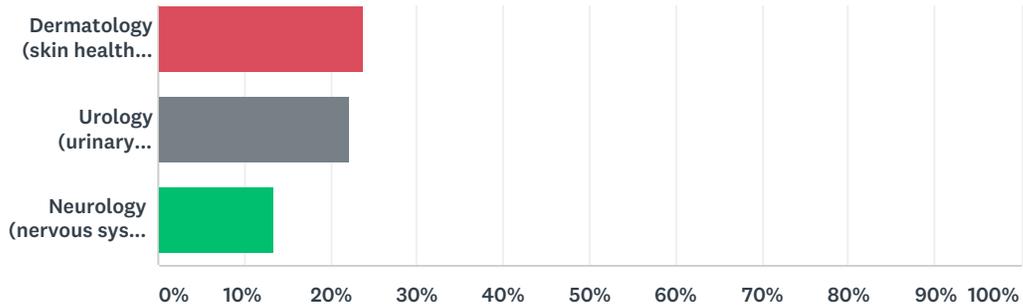
ANSWER CHOICES	RESPONSES	
Specialist availability	64.47%	176
Referred by a physician	30.04%	82
Other (please specify)	21.61%	59
Quality of care concerns	19.05%	52
Appointment availability	16.85%	46
Confidentiality/privacy concerns	13.92%	38
Insurance issues	7.33%	20
Total Respondents: 273		

Q22 To the best of your knowledge, which of the following services are available in Harney County? Check all that apply.

Answered: 502 Skipped: 19



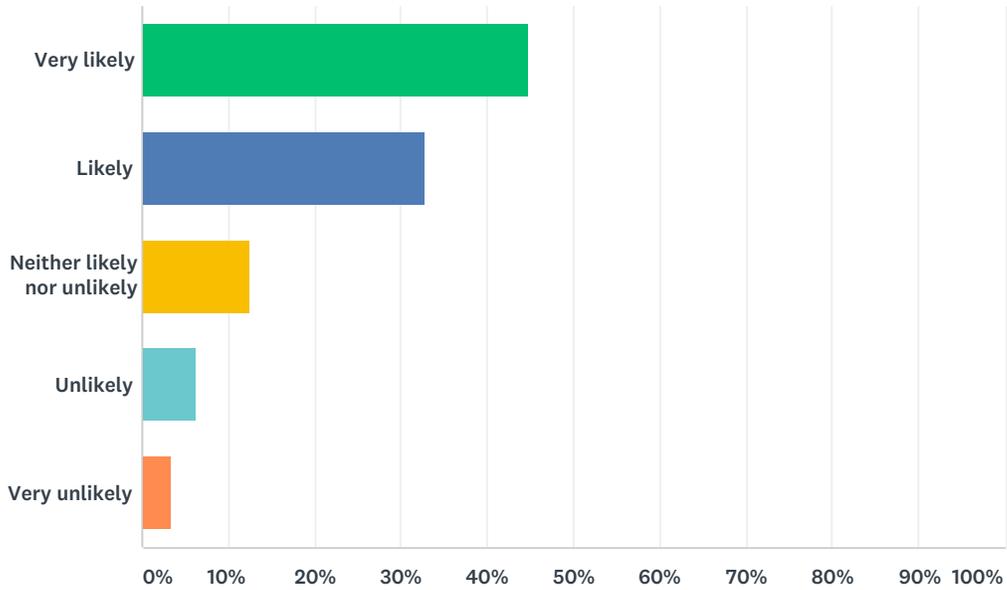
Harney County Community Health Needs Assessment 2019



ANSWER CHOICES	RESPONSES	
Emergency medical services	97.61%	490
Primary care clinic	95.82%	481
Physical and sports therapy	89.84%	451
Imaging services (MRI, ultrasound, mammogram)	88.65%	445
Behavioral/mental health and addiction services	78.09%	392
Clinical laboratory testing	77.89%	391
General surgery	74.10%	372
Obstetrics/birthing center	68.33%	343
Nutritional therapy	62.95%	316
Respiratory therapy	55.18%	277
Gynecology (women's health) services	52.79%	265
Speech therapy	45.42%	228
Transitional care	36.65%	184
Infusion therapy	31.87%	160
Pain clinic	31.47%	158
Cardiology (heart health) services	29.68%	149
Orthopedic (musculoskeletal health) services	26.89%	135
Oncology (cancer care)	24.30%	122
Dermatology (skin health) services	23.90%	120
Urology (urinary health) services	22.11%	111
Neurology (nervous system health) services	13.35%	67
Total Respondents: 502		

Q23 When you are seeking health care, how likely are you to consider Harney District Hospital?

Answered: 507 Skipped: 14



ANSWER CHOICES	RESPONSES	
Very likely	44.77%	227
Likely	32.94%	167
Neither likely nor unlikely	12.62%	64
Unlikely	6.31%	32
Very unlikely	3.35%	17
TOTAL		507

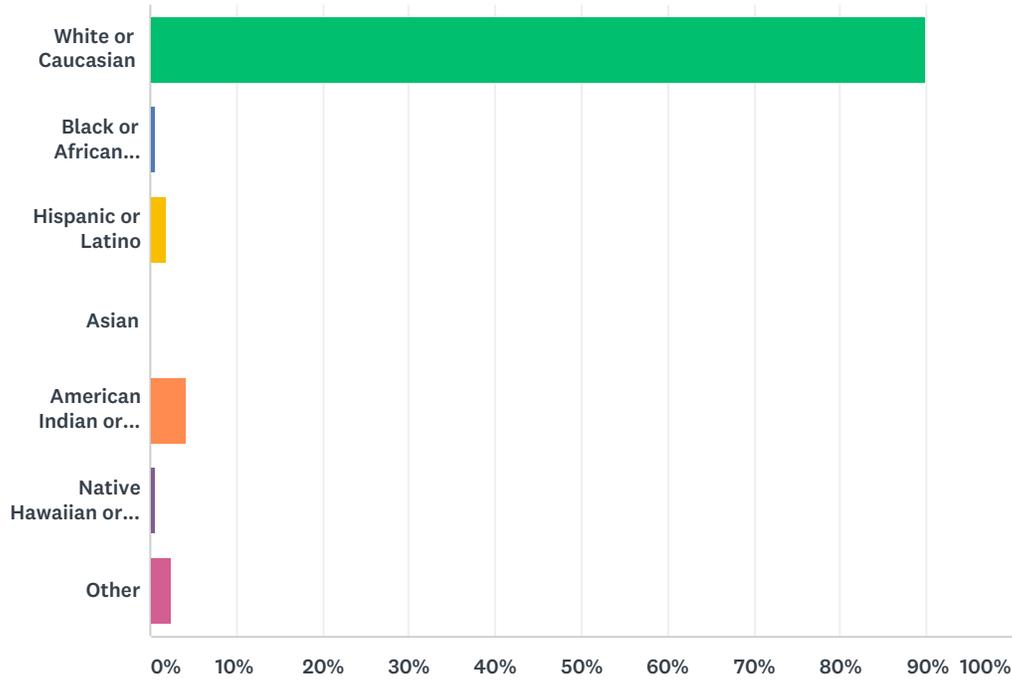
Q25 In what zip code is your home located?

Answered: 498 Skipped: 23

97710	0.20%	(1)
97720	64.99%	(323)
97721	1.41%	(7)
97722	1.01%	(5)
97728	0.20%	(1)
97732	0.40%	(2)
97736	0.40%	(2)
97738	29.18%	(145)
97756	0.20%	(1)
97758	0.80%	(4)
97904	1.01%	(5)

Q26 How would you describe your race?

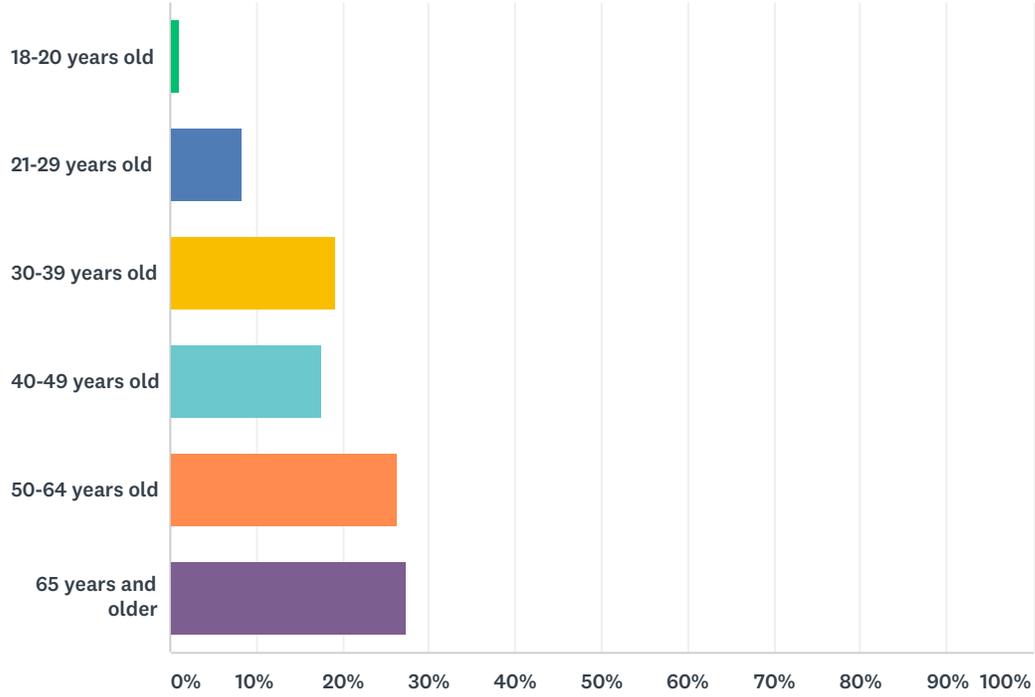
Answered: 506 Skipped: 15



ANSWER CHOICES	RESPONSES	
White or Caucasian	89.92%	455
Black or African American	0.59%	3
Hispanic or Latino	1.98%	10
Asian	0.20%	1
American Indian or Alaska Native	4.15%	21
Native Hawaiian or other Pacific Islander	0.59%	3
Other	2.57%	13
TOTAL		506

Q27 Which age category do you belong to?

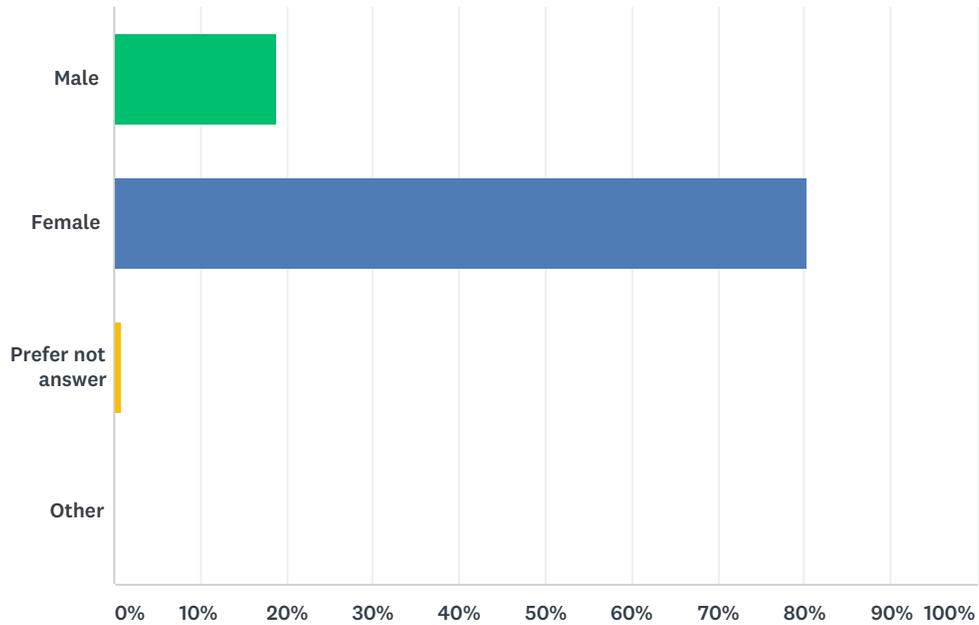
Answered: 513 Skipped: 8



ANSWER CHOICES	RESPONSES	
18-20 years old	0.97%	5
21-29 years old	8.38%	43
30-39 years old	19.30%	99
40-49 years old	17.54%	90
50-64 years old	26.32%	135
65 years and older	27.49%	141
TOTAL		513

Q28 What is your gender identity?

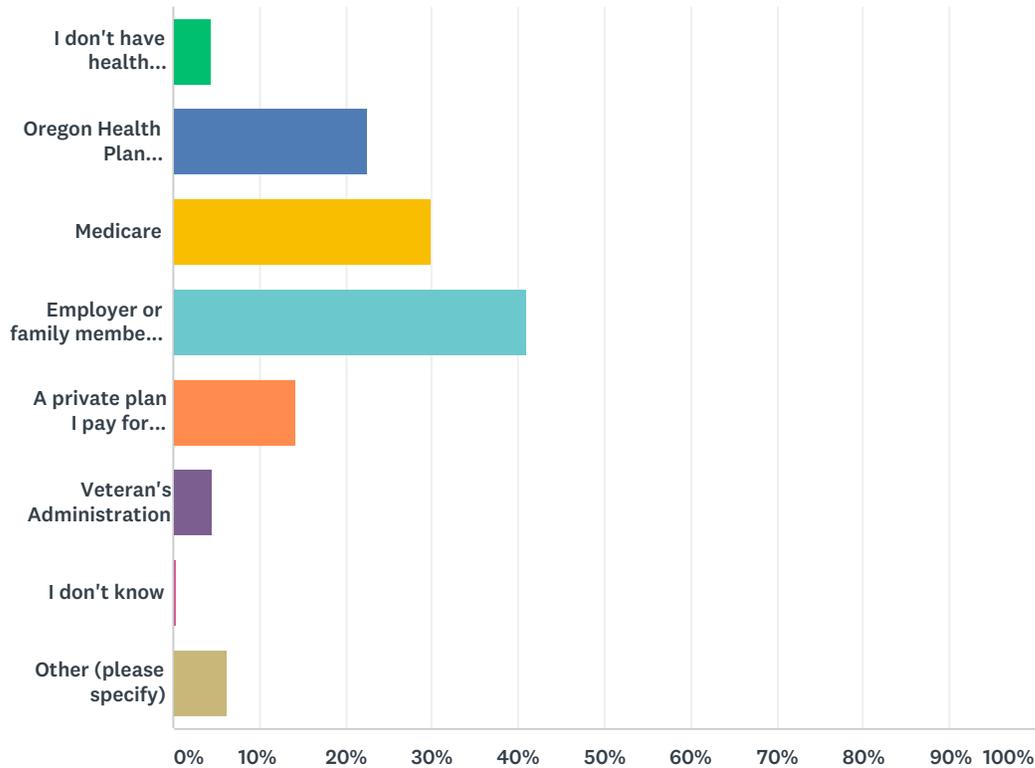
Answered: 510 Skipped: 11



ANSWER CHOICES	RESPONSES	
Male	18.82%	96
Female	80.39%	410
Prefer not answer	0.78%	4
Other	0.00%	0
TOTAL		510

Q29 What is your health insurance status? Check all that apply.

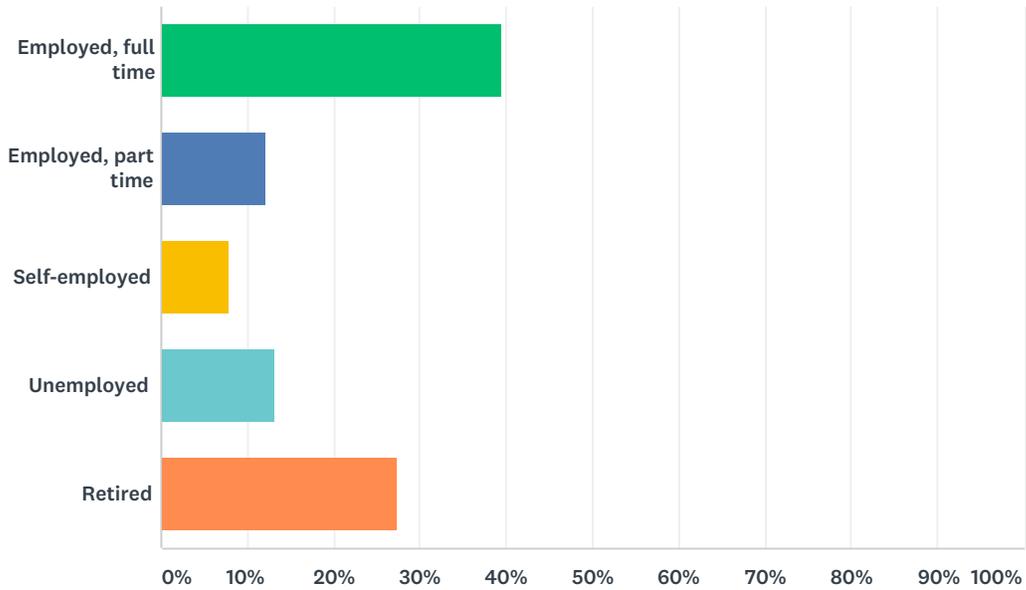
Answered: 514 Skipped: 7



ANSWER CHOICES	RESPONSES	
I don't have health insurance	4.47%	23
Oregon Health Plan (OHP)/Medicaid	22.57%	116
Medicare	29.96%	154
Employer or family member's employer plan	41.05%	211
A private plan I pay for myself	14.20%	73
Veteran's Administration	4.67%	24
I don't know	0.39%	2
Other (please specify)	6.23%	32
Total Respondents: 514		

Q30 What is your current employment status?

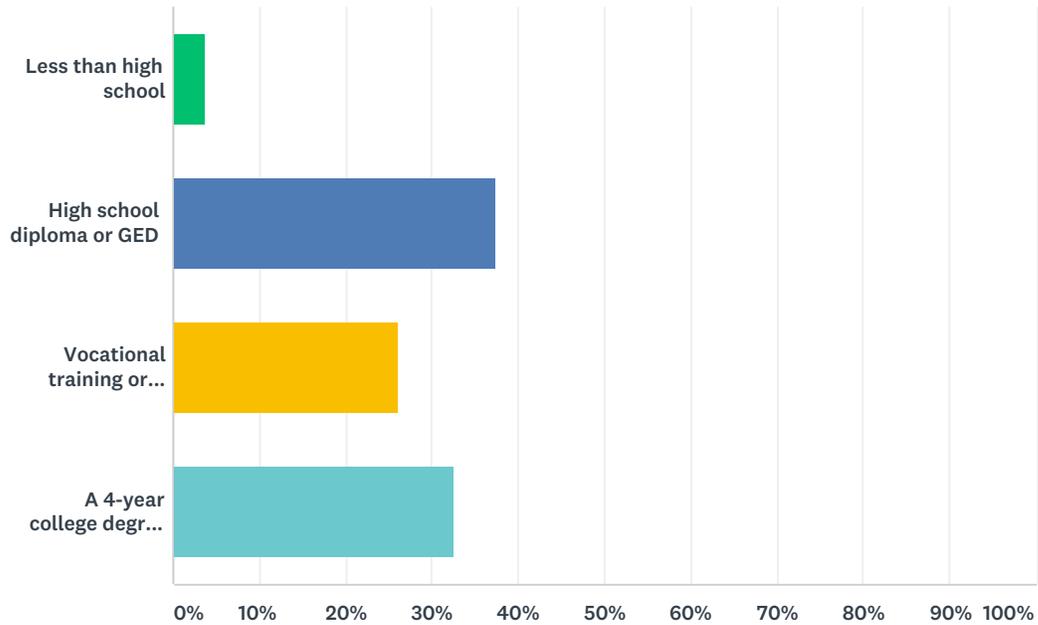
Answered: 509 Skipped: 12



ANSWER CHOICES	RESPONSES	
Employed, full time	39.49%	201
Employed, part time	12.18%	62
Self-employed	7.86%	40
Unemployed	13.16%	67
Retired	27.31%	139
TOTAL		509

Q31 What is the highest level of education you have completed?

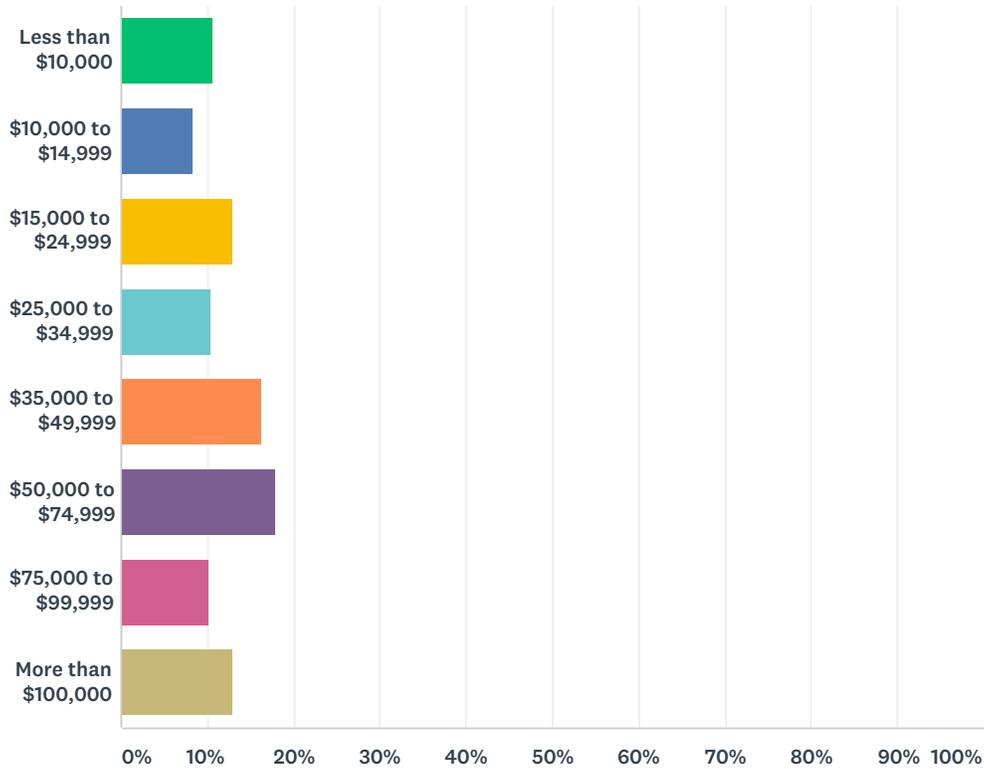
Answered: 511 Skipped: 10



ANSWER CHOICES	RESPONSES
Less than high school	3.72% 19
High school diploma or GED	37.38% 191
Vocational training or 2-year degree	26.22% 134
A 4-year college degree or more	32.68% 167
TOTAL	511

Q32 What was your gross household income (before taxes and deductions) for last year (2018)? Your best guess is fine.

Answered: 492 Skipped: 29



ANSWER CHOICES	RESPONSES	
Less than \$10,000	10.77%	53
\$10,000 to \$14,999	8.33%	41
\$15,000 to \$24,999	13.01%	64
\$25,000 to \$34,999	10.37%	51
\$35,000 to \$49,999	16.26%	80
\$50,000 to \$74,999	18.09%	89
\$75,000 to \$99,999	10.16%	50
More than \$100,000	13.01%	64
TOTAL		492



2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus Group Report: Harney County (Burns), Oregon

Date of Report: December 7, 2018

Date of Focus Group: May 9, 2018

Analysis Completed by: Jorge Ramirez Garcia, PhD and Jill Boyd, MPH, CCRP; Greater Oregon Behavioral Health, Inc.(GOBHI), Eastern Oregon Coordinated Care Organization (EOCCO)

Overview of Data Collection

The EOCCO Community Health Assessment Focus Groups were held on May 9, 2018 at the Chamber of Commerce in Burns, OR. The focus group session was recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. Focus group participants were provided food and offered a \$25 gift card for their participation. In-person, interactive discussions by community members guided by semi-structured interview protocols (Focus Groups) are a valid method of community health assessment data collection. Specifically, we collected and analyzed the narratives of participants’ attitudes, perceptions and beliefs. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health*. (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

Part 1. SUMMARY FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included: social and community context (social cohesion & community norming), (b) health and health care (availability of services, affordable coverage, & health behaviors), economic stability (housing insecurity), and neighborhood and environmental conditions (access to healthy foods).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Social & Community Context – <u>Social Cohesion</u>	<p><i>“I’d say...I noticed...when someone is in need, whether they had an accident or cancer, we as a community lift them up we come and fundraise for them or just...wrap [our] arms around them in this community.”</i></p> <p><i>“Years ago, the schools were facing an economic crisis and the schools were going to do away with all the after school activities the community came together in just a few weeks and raised...\$219,000 dollars to support that budget for that year.”</i></p>
Social & Community Context – <u>Community Norming</u>	<p><i>“I think some...of these things are encompassed in to a general attitude in our rural community: ‘oh just buck up, you’ll get better’... ‘you don’t need to go to the doctor.’ So that plays in to the preventative piece.”</i></p> <p><i>“I think [the] work ethic is at its lowest this year right now...respect, pride, those things are not being built up in our children.”</i></p>

Health & Health Care – <u>Availability of Health Services</u>	<i>“We offer those living with chronic conditions, and several versions of that, powerful tools for caregivers. Both are Stanford based programs [and]...we are working with the hospital, trying to look at ways to draw people in to those and help people with pain management and those that are living with diabetes. I think those programs go a long way, they are powerful tools, something huge, that would benefit...providers and people coming in...[from] foster providers to the kids at DHS and people caring for their aging parents or spouses.”</i>
Health & Health Care – <u>Health Behaviors</u>	<i>“Getting families involved and getting them more active [to] eat... healthier.”</i> <i>“Lifestyle...diabetes is genetic part of it and there is also lifestyle change. Not enough activity, too many carbohydrates.”</i>
Health & Health Care – <u>Affordable Coverage</u>	<i>[In reference to conversation related to small business offering wellness programs to employees] “...the smaller employers can’t do those things...They can’t even afford to offer insurance...[and] the Oregon Health Plan needs to offer incentives.”</i>
Economic stability – <u>Housing Insecurity</u>	<i>“We have a shortage of rental housing available. Many of the houses we have are not able to be HUD approved. Or may not be able to live in, or management type positions or providers coming in, they get to live where they live, or what’s available to buy. Our housing stock, 60% was built before 1970... [we don’t have enough housing for] our work force, our blue collar work force, folks at Safeway... They don’t have the ability to buy. We had... 24 units now that have been notified they had to move in the last two years with no place to go.”</i> <i>“We were notified today that Section 8 housing vouchers will not be issued anymore in Harney or Malheur County. The reason being there has been such a draw on them. Once you get a voucher you have to be in the area for a year, use that voucher and you can take that voucher anywhere. And someone might have got a house in this area for \$500-600 bucks a month but there are communities where they are moving to \$3000 a month.”</i>
Neighborhood & Built Environment – <u>Access to Healthy Foods</u>	<i>“They are existing on food bank donations and the snack program or the Oregon Trail Card. You can get a whole lot of top ramen cheap, grains, that kind of stuff for a whole lot less than fresh meat, fresh fruits, vegetables, and so they really are at a disadvantage. They may be overweight and overfed but they are way under nourished with rich nutrients. I think that there is a real disparity there.”</i>

Social and Community Context: Participants provided examples of **community members coming together to support** specific individuals during crises (such as health condition), as well as to support an entire school during budget woes. Fundraising events, school sport events and additional activities were used as examples of community cohesion that was highly regarded by focus group participants.

Participants’ narratives astutely linked the likely influence of **community norms** on health issues in their community. They underscored that the culture of a community, such as their belief that individuals need to “walk-off” physical pain symptoms before running to the doctor, can work against prevention initiatives. Conversely, they also stated that they see the need to promote healthy behaviors and ethical behavior to children, as well as role modeled between adults.

Health and Healthcare Services: Participants discussed at length health services that were readily available in their community including special programs such as employee wellness programs that are evidenced-based, to community screenings, and the need for health clinics at schools.

The importance of **health behaviors** such as physical activity and healthy eating stood out. Participants used the phrase “lifestyle” to link health behaviors to health and furthermore underscored the need to increase opportunities for healthy behaviors across settings and sub-populations such as work-commuters, students at school, and among older adults. Notably participants also raised concerns about substance use in the community.

Economic Stability-Housing: Shortage of housing and its impact on vulnerable populations in particular was discussed at length. Participants were concerned about the short and long-term outlook of given the trajectory of supply and demand which is not in favor for Harney county in the region.

Neighborhood & Built Environment-Access to Healthy Foods: Participants expressed their concern about the challenges experienced by families to healthy foods. Notably, these concerns regarding healthy foods were by large raised during health disparities and social determinants of health discussions.

Part 2: ADDITIONAL SUMMARY FINDINGS

There were topics did not receive the highest levels of coverage but remain important for community health planning. These include Health and Healthcare Disparities and Social Determinants of Health.

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). By large respondents in this section of the focus groups, participants focused on

- Affordable Coverage
- Access to healthy foods
- Access to health services

The first two topics were covered in the high coverage area above; below is an example of a community a participants' statement concerning challenges in receiving routine health services and its implications for prevention health services.

Table 2. Health and Healthcare Disparity

Health Disparity Topic	Direct Quote Examples
Health and Healthcare -<u>Access</u>	<i>"I know I wouldn't call up there for something that was preventative because I hear people aren't able to get in to the doctor who are sick...and if you're not sick why do you want to go in to a place where everybody is sick so you can get sick too (laughter) so you have to see your doctor. It's seems counterproductive."</i>

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). Participants articulated their awareness of the importance of the social determinants that is highlighted in four major domains for analysis: a) Economic Stability (Economic Development, Transportation), b) Education (Skills Training) and c) Neighborhood and Build Environment (Public Safety). See examples in Table 3 below.

Table 3. Social Determinants of Health

SDoH Topics	Direct Quote Examples
Economic Stability - <u>Economic Development</u>	<i>"Financially viable...Growing businesses...[ability] to provide all the services that are needed"</i>
Economic Stability- <u>Transportation</u>	<p>[Regarding public transportation] ... <i>"[Transportation services are open] seven days a week...the only county in Eastern Oregon that has public transportation available seven days a week... [transportation department is starting] a fixed route. So there is going to be an opportunity to hop-on hop-off a route. So, there is that availability where folks plan and get used to using it."</i></p> <p><i>"There are a lot of cultural things around... [the concept that people in the county] ...need to drive your own truck. That it be a 4x4 and preferably diesel."</i></p>
Education – <u>Skills Training</u>	<i>"You can't get in to an electrical or plumbing apprenticeship. Like they're so hard to get in to, yet there is nobody in those fields. There is a huge need...there are kids wanting to do it"</i>

	<i>but they are on a list...You can look at the other side of that like we have the work load to hire another journeyman...And another apprentice possibly. We can't find anyone to work...you cannot find anyone to work...It's a dying trade...they are already busy. I think it was a push in the past for college."</i>
Neighborhood & Built Environment- <u>Public Safety</u>	<i>"The only person that cares for seniors, it's really changing for them, their safety, in that they have to change their behaviors, they are having to change their lock, their sheds, their cars, and now they have to do those things and it worries them, scares them, it makes them victims, which is an issue, and...[our] seniors...in Harney County is over 25% over 60 which is much higher than the rest of the state in rural parts of the state. And, it's only going to get bigger as time goes by."</i>

- Economic development: Participants skillfully linked the need for economic development with the overall economic well-being of the community and the sustainability of its key institutions.
- Education: Participants expressed the importance of education paths and trajectories as a means to improve individuals' economic well-being and that of the community.
- Public Safety: Concerns for issues regarding safety were discussed, at times, with special attention to vulnerable populations such as older adults.
- Transportation: Participants highlighted the notable inroads made in Harney County to improve the availability of public transportation and at the same time noted the challenges in meeting transportation needs and the cultural shifts needed to change mindsets of community members to use public transportation.

For more information about the EOCCO CHA analysis process, or to request transcripts , please email Jill Boyd at jill.boyd@gobhi.net.

APPENDIX A: Focus Group Protocol

Eastern Oregon Coordinated Care Organization: Community Health Assessment Focus Group (Version 4/4/2018)

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

[Read] Thank you for taking the time to speak with us today! My name is _____ and I work for the Greater Oregon Behavioral Health, Inc. (GOBHI) as part of the Eastern Oregon Coordinated Care Organization (EOCCO) [we are the organizing body that oversee Medicaid or OHP services in the eastern Oregon region] and we are here to talk with you today about the health in your community. The purpose of this focus group is to learn more about your experiences and perspectives about the overall health and well-being in your community, specifically around the healthcare in your area, what is working well, where there are barriers to services/resources for members on the Oregon Health Plan (OHP) and what we can do to work together to make sure everyone in the EOCCO region stays healthy and happy. The information you are sharing with us today will help the EOCCO with a Community Health Plan, a guidance document that will help us develop strategies, strengthen community partnerships and potentially enhance services/resources to improve the overall health and well-being of eastern Oregon.

[GROUND RULES] This focus group will last about one-and-a half hours (90 minutes) and there is a lot of material to cover, so let's set some ground rules for today:

1. We will be covering various topics related to health in your community and we would like to hear from everyone, so please let's respect one another's opinions
2. If I interrupt, I am not trying to be rude, but making sure everyone can participate and that we stay on time
3. Only one person may speak at a time and try not to talk over one another
4. Please silence your phones for the next 90 minutes
5. The questions I will ask provide a semi-structured guide for discussion. I may need to ask follow-up questions for clarification and to make certain we understand your answer

[CONFIDENTIALITY] We really appreciate you participating in our focus group today and value your time, comments and privacy. For the purposes of confidentiality, your names will remain anonymous to audiences who will hear / learn about the results. This means that we will not connect your comments to your name, when we summarize results. This conversation will be recorded and transcribed for accuracy. Do you have any questions about confidentiality that I can answer at this time?

We are going to record this focus group session, but before I do, do you have any other questions?
[pause and wait for verbal and non-verbal responses before moving forward]

First we are going to briefly go around the room and have you introduce yourself and what part of the community you represent.

-----START OF FOCUS GROUP -----

[PART I: COMMUNITY HEALTH] First we are going to talk about your community. A community can be defined in many different ways, for some people a community means having a group of people living in the same location or having particular characteristics in common; for others it means having a sense of fellowship with others, having common attitudes, interests and goals.

1. Give me an example of a time where you felt proud to be part of your community?
 - a. ***Prompt if necessary:*** *In thinking about how you define a "community" tell me what makes you the proudest of your community?*
2. What do you believe are the 2-3 most important characteristics of a healthy community?
 - a. ***Prompt if necessary:*** *What community characteristics help people stay healthy? Be healthy?*
3. Share with me a time when your community came together to improve a specific health issue.

- a. **Prompt if necessary:** Give me some examples of people or groups working together to improve the health and quality of life in your community.
- 4. Tell me about some concerns you have about the health/well-being in your community
 - a. **Prompt if necessary:** What do you believe are the **most important issues** that need to be addressed to improve the health and quality of life in your community?
- 5. Give me an example of a specific challenges in your community that gets on the way of people having healthy lives.
 - a. **Prompt if necessary:** What do you believe **is keeping your community** from doing what needs to be done to improve the health and quality of life?
- 6. Give me an example of a program or policy change that would help make the community healthier (policy example: laws about tobacco and alcohol use).
 - a. **Prompt if necessary:** What actions, policies or funding priorities would you support to build a healthier community?
- 7. Give me an example of a health-related program or model that you are passionate about or that you currently participating in.
 - a. **Prompt if necessary:** What would excite you to become involved (or more involved) in improving your community?

PART II: DISPARITIES] Now we are going to talk a little bit about health disparities, which is often defined as the difference in illness, injury, disability or mortality experienced by one population group relative to another. Healthcare disparities typically refer to differences between groups in health insurance coverage, access to and quality of care.

- 8. In thinking about neighborhoods and groups in your community, do some people in your community have more health issues than others? If yes, why?
 - a. **Prompt if necessary:** What are some of the reasons why some people have more health problems and poorer health than other areas in your community?
- 9. Now think of the reverse, in neighborhood and groups of people in your community, why do some people in your community have **less** health issues than others [better health]?
 - a. **Prompt if necessary:** What are some reasons why some people have fewer health problems and better health than other areas in your community?

[PART IV: SOCIAL DETERMINANTS OF HEALTH] Finally, we are going to talk Social Determinants of Health and how they impact the overall health of an individual or community. We define social determinants of health as the settings/places where people live, learn, work and play that can shape the overall health of an individual or community. Some examples of social determinants include education (or lack of education), food insecurity, housing, employment, social stressors (hostility, sexism, racism), working conditions and transportation (or lack of transportation).

- 10. What are examples of social determinants of health, that may impact the overall health in your community
 - a. **Prompt if necessary: Tell** me how the settings/places where people live, learn, work and play impact the health in your community.
 - b. **Prompt if necessary:** Tell me how social stressors, such as hostility, racism and sexism impact the health in your community.
 - c. **Prompt if necessary:** Tell me how employment, education and skills training opportunities impact the health in your community.
 - d. **Prompt if necessary:** Tell me how social resources (transportation, housing, food) or a lack of social resources impact the health in your community.

[CLOSING REMARKS, FINAL COMMENTS] We are close to wrapping up our focus group but before we do I want to ask a few final questions...

- 11. Is there anything else that we haven't already discussed that you would like to add?
- 12. Do you have any questions for me?

[Provide at least three strengths of the conversation]

Thank you again for your time today, specifically in sharing the challenges in your community. We have come away with several strengths in your community such as:

1. _____
2. _____
3. _____

Our next steps are to summarize the information and share this back with you. Again the purpose of this focus group is to help develop a Community Health Assessment in which we can work with your community to identify areas of improvement. We really appreciate your time in speaking with us today and as a token of our appreciation we have gift cards for each of you.

APPENDIX B: Focus Group Analyses Procedure

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of Analysts largely drew from the Healthy People 2020 SDOH framework that includes Health and Care, four major social domains, and Health Disparities to develop a scheme to classify and summarize the information offered. The scheme’s 56 unique codes organized into four major domains was used to examine and summarize the focus group transcript

Harney (HA)

County Demographics

	County	State
Population	7,289	4,142,776
% below 18 years of age	21.2%	21.1%
% 65 and older	23.4%	17.1%
% Non-Hispanic African American	0.9%	1.9%
% American Indian and Alaskan Native	4.3%	1.8%
% Asian	0.6%	4.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.4%
% Hispanic	5.3%	13.1%
% Non-Hispanic white	86.6%	75.8%
% not proficient in English	1%	3%
% Females	49.5%	50.4%
% Rural	44.3%	19.0%

	Harney County	Error Margin	Top U.S. Performers	Oregon	Rank (of 35)
Health Outcomes					27
Length of Life					35
Premature death	9,300	6,600-12,000	5,400	6,000	
Quality of Life					16
Poor or fair health **	15%	14-15%	12%	16%	
Poor physical health days **	3.9	3.7-4.1	3.0	3.8	
Poor mental health days **	4.3	4.1-4.6	3.1	4.5	
Low birthweight	6%	4-8%	6%	6%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	77.6	75.3-79.9	81.0	79.6	
Premature age-adjusted mortality	420	340-510	280	310	
Child mortality			40	40	
Frequent physical distress	11%	11-12%	9%	11%	
Infant mortality			4	5	
Frequent mental distress	13%	13-13%	10%	14%	
Diabetes prevalence	11%	8-15%	9%	9%	
HIV prevalence			49	194	
Health Factors					19
Health Behaviors					23
Adult smoking **	16%	15-16%	14%	16%	
Adult obesity	34%	27-42%	26%	28%	
Food environment index	6.7		8.7	7.8	
Physical inactivity	19%	13-25%	19%	15%	
Access to exercise opportunities	71%		91%	88%	
Excessive drinking **	17%	17-18%	13%	19%	
Alcohol-impaired driving deaths	33%	21-46%	13%	31%	
Sexually transmitted infections	236.1		152.8	432.5	
Teen births	32	23-43	14	20	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	15%		9%	13%	
Limited access to healthy foods	15%		2%	5%	
Drug overdose deaths			10	13	
Motor vehicle crash deaths	36	21-56	9	10	
Insufficient sleep	29%	28-31%	27%	31%	
Clinical Care					20
Uninsured	8%	7-10%	6%	7%	
Primary care physicians	1,460:1		1,050:1	1,080:1	
Dentists	1,460:1		1,260:1	1,260:1	
Mental health providers	180:1		310:1	210:1	
Preventable hospital stays	2,425		2,765	2,903	
Mammography screening	31%		49%	40%	
Flu vaccinations	32%		52%	40%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	10%	8-11%	6%	9%	
Uninsured children	4%	3-6%	3%	3%	
Other primary care providers	729:1		726:1	1,259:1	
Social & Economic Factors					23
High school graduation	84%		96%	77%	

	Harney County	Error Margin	Top U.S. Performers	Oregon	Rank (of 35)
Some college	69%	56-81%	73%	69%	
Unemployment	6.3%		2.9%	4.1%	
Children in poverty	23%	15-30%	11%	17%	
Income inequality	4.1	3.4-4.8	3.7	4.6	
Children in single-parent households	26%	15-37%	20%	30%	
Social associations	16.5		21.9	10.3	
Violent crime	230		63	249	
Injury deaths	130	96-173	57	72	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth			4%	7%	
Median household income	\$42,900	\$37,600-48,200	\$67,100	\$60,100	
Children eligible for free or reduced price lunch	53%		32%	51%	
Residential segregation - black/white			23	63	
Residential segregation - non-white/white	8		15	33	
Homicides			2	3	
Firearm fatalities	31	15-55	7	12	
Physical Environment					2
Air pollution - particulate matter **	6.6		6.1	7.9	
Drinking water violations	No				
Severe housing problems	13%	9-17%	9%	20%	
Driving alone to work	73%	68-79%	72%	71%	
Long commute - driving alone	13%	9-17%	15%	28%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	70%	67-73%	61%	62%	
Severe housing cost burden	14%	9-19%	7%	17%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data
 ** Data should not be compared with prior years

2019

Progress Report: April 2019

Harney County Health District Implementation Plan 2016-2019

IP = In progress D = Done NS = Not Started

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2016-2019)
Obesity / Diabetes / Chronic Illness	<ul style="list-style-type: none"> • 5-1-1-0 Parent/Child Education Campaign D • Continue to offer nutrition and diabetes classes and support groups D • Hire a full-time registered dietitian, contingent upon resources D • Create a community health resource directory D • Expand "Health Half-Hours" and "Slater Elementary Health Fair" D 	<ul style="list-style-type: none"> • Increase awareness of healthy habits among parents and their children • Increase participation in classes and support groups • Increase use of nutritional therapy services • Increase awareness of health resources related to this issue • Increase awareness of healthy habits among children ages 5-11
Substance or drug use / abuse	<ul style="list-style-type: none"> • Create a community health resource directory D • Investigate feasibility of providing "Narcan" through our pharmacy D • Continued consideration and revision to prescribing policies D 	<ul style="list-style-type: none"> • Increase awareness of health resources related to this issue • Enable quick treatment by bystanders to reverse opiate overdoses • Discourage and decrease prescription drug abuse
Depression / other mental illness	<ul style="list-style-type: none"> • Continue to employ a Behavioral Health Consultant at HDH Family Care D • Create a community health resource directory D • Expand "Health Half-Hours" and "Slater Elementary Health Fair" D • Develop a walking group D 	<ul style="list-style-type: none"> • Increase integration of physical and mental health services • Increase awareness of health resources related to this issue • Increase awareness of and reduce stigma toward mental health issues among children ages 5-11 • Encourage exercise and socialization as an important part of mental health and overall well-being

Harney County Health District Implementation Plan 2016-2019

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2016-2019)
Tobacco use	<ul style="list-style-type: none"> • Create a community health resource directory D • Expand “Health Half-Hours” and “Slater Elementary Health Fair;” restart “Tar Wars” anti-smoking program geared toward 4th/5th graders D • Offer oral health screenings D 	<ul style="list-style-type: none"> • Increase awareness of health resources related to this issue • Discourage tobacco use before it starts • Increase early detection of cancer
Lack of recreational facilities and opportunities	<ul style="list-style-type: none"> • Create a community health resource directory D • “Walk With Ease” / “Walk With A Doc” program D • Revisit partnership opportunities with local hotel pools for possible community use hours D • Look into bringing together community groups to investigate grants or partnerships that would fund the transformation of the current summer-only community pool to a year-round facility D 	<ul style="list-style-type: none"> • Increase awareness of recreational opportunities that already exist in the community • Increase participation and provide indoor exercise opportunities • Create an indoor recreation opportunity for the community • Create an indoor recreation opportunity for the community
Alcohol use	<ul style="list-style-type: none"> • Create a community health resource directory D 	<ul style="list-style-type: none"> • Increase awareness of treatment options and support groups in the community
Domestic violence / child abuse or neglect	<ul style="list-style-type: none"> • Create a community health resource directory D 	<ul style="list-style-type: none"> • Increase awareness of resources available locally to help
Lack of awareness of health services	<ul style="list-style-type: none"> • Create a community health resource directory D • Redesign HCHD website (harneydh.com) D 	<ul style="list-style-type: none"> • Increase awareness of health resources available locally • Make HCHD services and information more accessible to the public

Harney County Health District Implementation Plan 2016-2019

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2016-2019)
Lack of awareness of health services, cont.	<ul style="list-style-type: none"> • Set up a TV system in the hospital and clinic lobbies, contingent upon resources D • Enhance “Guest Services” offerings through volunteer training and printed or digital materials D 	<ul style="list-style-type: none"> • Increase awareness of HCHD services and news among our patient population • Create greater ease of access to HCHD services
Cost / affordability of health care	<ul style="list-style-type: none"> • Create a community health resource directory D • Launch “Health is Primary” (Family Medicine for America’s Health) campaign D • Launch an education campaign on appropriate usage of the emergency room and Emergency Medical Services D 	<ul style="list-style-type: none"> • Increase awareness of financial options and resources related to health care • Encourage regular use of primary care providers as a cost-saving mechanism, among its many benefits • Provide education for the community on what situations call for emergency medicine, and how appropriate usage contributes to lower health care costs
More specialists / specialty care	<ul style="list-style-type: none"> • Continue to work closely with St. Charles Health System, The Center, Bend Memorial Clinic, Bend Urology Associates, Bend Neurological Associates, Northwest Foot Care, and others to maintain and expand specialist provider coverage and specialty care offerings D • Develop and offer skin cancer screening opportunities D 	<ul style="list-style-type: none"> • As financial resources and partnership opportunities allow, continue to work toward making more specialists and specialty care available in Harney County • Increase early detection of skin cancer
Teen pregnancy	<ul style="list-style-type: none"> • Look into restarting a mentorship program for teenagers D 	<ul style="list-style-type: none"> • Reduce rate of births to mothers younger than 18

Progress Report Details

DONE

Continue to offer nutrition and diabetes classes and support groups

Classes are regularly being offered to the community in these subject areas. The classes follow the curriculum of the National Diabetes Prevention Program (NDPP) and the Chronic Disease Self-Management Program (Stanford). A yearlong NDPP class called "Weigh-In 2017" is in its third year of being offered, with high rates of participation.

Hire a full-time registered dietitian, contingent upon resources

Amy Dobson, MS NDTR MCHES, shifted into a full-time role in October 2016.

Expand "Health Half-Hours" and "Slater Elementary Health Fair" (Obesity / Diabetes / Chronic Illness AND Depression / Other mental illness)

"Health Half Hours" have expanded and are now offered at the Burns Paiute Tribe's Tu-Waa-Kii Nobi youth group as well as at the Kids Club of Harney County. The Slater Elementary Health Fair has grown to a twice-a-year event. Topics have focused in large part on nutrition and physical activity, but Symmetry Care has been included in presenting about stress and other mental health topics.

Continue to employ a Behavioral Health Consultant at HDH Family Care

Two behavioral health specialists were employed until May/June of 2018. Recruiting efforts continue as we seek to rehire these positions. Behavioral health integration continues to be a priority for HDH Family Care.

"Walk With Ease" / "Walk With A Doc" program

"Walk With Ease" continues to be offered at regular intervals. Primary care providers from HDH Family Care occasionally attend sessions to "walk and talk" with participants.

Redesign HCHD website (harneydh.com)

The redesigned harneydh.com website was launched in November 2016. The new site offers improved navigability and more information for patients and the community at large.

5-1-1-0 Parent/Child Education Campaign

The 5-1-1-0 campaign was launched in August 2016. Brochures and bookmarks are handed out during well-child checks at HDH Family Care. 5-1-1-0 has been the theme of a number of events, including HDH's booth at the Harney County Fair, Health Half-Hours, Slater Elementary Health Fair, and others. Harney County Health Department and Symmetry Care have taken on the campaign as well.

Set up a TV system in the hospital and clinic lobbies

TVs in the hospital and clinic waiting areas are being used 24/7 to disseminate all variety of messages to keep patients informed.

Progress Report Details

DONE, cont.

Develop a walking group (Depression / other mental illness)

Symmetry Care offers a walking group during the summer, which HDH has helped and will continue to help promote. HDH Family Care's behavioral health specialists are occasionally attending sessions of the "Walk With Ease" program.

Revisit partnership opportunities with local hotel pools for possible community use hours

Local hotels with indoor pools were queried and are not able to open up community use hours.

Launch an education campaign on appropriate usage of the emergency room and Emergency Medical Services

A campaign from August-November 2017 focused on the use of the nurse call line, notifying the public that if they are unsure of whether it's an emergency situation, they can call 24/7 to speak with a nurse.

Look into restarting a mentorship program for teenage pregnancy

Available resources for pregnancy will be promoted as part of the Community Health Resource Directory. A "Baby Shower" education program for new parents was developed by the Harney County Local Community Advisory Council.

Develop and offer skin cancer screening opportunities

Free skin cancer screenings were offered by Harney County Health Department as part of "Harney Health Screening Week" on May 9, 2018. 28 screenings were performed.

Offer oral health screenings (Tobacco use)

Free oral cancer screenings were offered by Burns Dental as part of "Harney Health Screening Week" on May 9, 2018. 11 screenings were performed.

Create a community health resource directory

The Community Resource Directory is available on our website at www.harneydh.com/directory. It has been promoted in the newspaper, our newsletter and on social media, and will continue to be regularly promoted.

Continued consideration and revision to prescribing policies

New policies regarding the prescription of narcotics for back pain are in place. HDH providers continue to discuss prescribing policies in regular meetings.

Enhance "Guest Services" offerings through volunteer training and printed or digital materials

The welcome desk in the hospital lobby that is regularly staffed by a volunteer includes materials to promote all education and support opportunities. A current volunteer already has training in connecting the public with these opportunities, and future volunteers will be trained.

Progress Report Details

DONE, cont.

Continue to work closely with St. Charles Health System, The Center, Bend Memorial Clinic, Bend Urology Associates, Bend Neurological Associates, Northwest Foot Care, and others to maintain and expand specialist provider coverage and specialty care offerings

Communication between HDH and our partners is always ongoing, and our goal is always to continue to expand our community's access to care. Dermatology was added to the list of specialty care offerings.

Expand "Health Half-Hours" and "Slater Elementary Health Fair," restart "Tar Wars" anti-smoking program geared toward 4th/5th graders

Anti-smoking education was part of regularly-offered programs such as the "Slater Elementary Health Fair" and "Health Half-Hours." HDH collaborated with Symmetry Care and the Harney County Health Department on their K-12 tobacco prevention programming and events, and will continue to do so.

Investigate feasibility of providing "Narcan" (naloxone) through our pharmacy

HDH pharmacists reached out to local retail pharmacists to make sure they had stock on hand and were comfortable with the patient counseling portion of dispensing this medication. Narcan is also available through the Harney County Health Department.

Launch "Health is Primary" (Family Medicine for America's Health) campaign

This campaign was launched and will continue into the future as we promote the use of primary care.

Look into bringing together community groups to investigate grants or partnerships that would fund the transformation of the current summer-only community pool to a year-round facility

It was decided that the scale of this project was too large, and that if it were to be attempted, Harney County Health District would not be the appropriate organization to lead it.