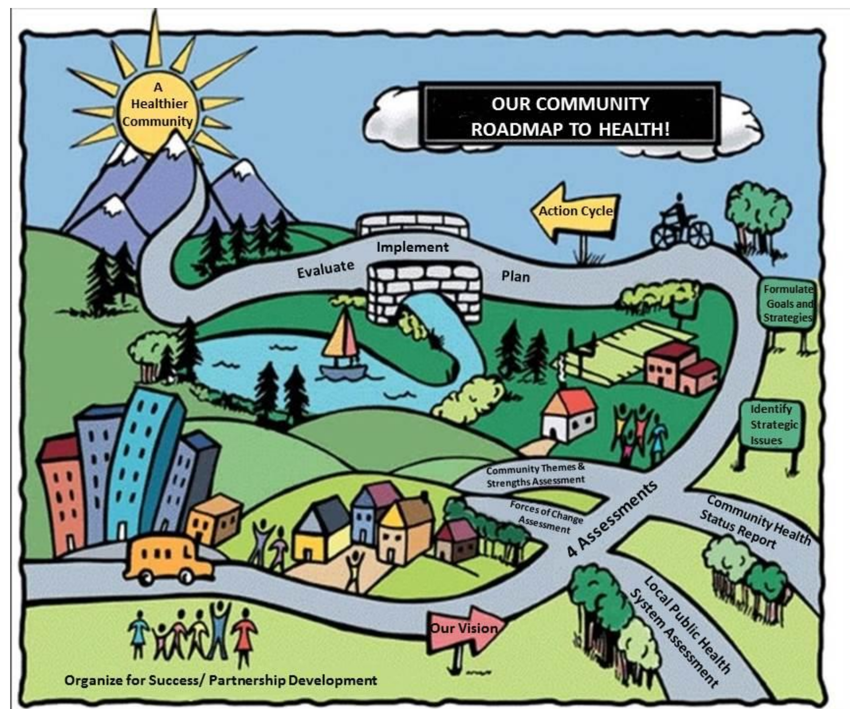
2015-2016 Lane County Regional

Community Health Needs Assessment



Working together to create a caring community where all people can live a healthier life.

Report prepared by Heather Amrhein, United Way of Lane County

Adopted May 11, 2016

HEALTH

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

– World Health Organization

HEALTHY COMMUNITY

"One that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

– World Health Organization

LiveHealthy LANE

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LiveHealthy LANE

Executive Summary

A ***Community Health Needs Assessment*** (CHNA) is an assessment of the significant health needs of the community. In our case, the community is defined as all those who live, learn, work, or play in the Lane County region. The 2015-2016 Lane County Regional Community Health Needs Assessment introduces a new approach to community health, one where decisions about programs and interventions are not based solely on "the numbers," but also on what community members feel is important as they strive to live a healthier life. A major function of local public health agencies is to monitor the health status of their community. In the past, community health assessments were heavily focused on data and lacked the voice of the community. For this assessment, we have been committed to investing our time and resources in order to hear directly from community members and consumers.

To guide the process, we chose to use the Mobilizing for Action through Planning and Partnerships (MAPP) framework because of its strong emphasis on community input. MAPP is a nationally-recognized community-driven process to aid organizations in the development of health needs assessments. Early in our MAPP process, community members developed a vision statement. During the remainder of the process, at every step, this vision was the guiding factor for all decisions: ***Working together to create a caring community where all people can live a healthier life.***

Four interdependent assessments were then conducted, which provide a comprehensive snapshot of the specific health needs and opportunities in the region. This community-driven process would not have been possible with the participation of our local public health system partners and community members, who provided input and used data from the assessments to develop two strategic issues. A special thanks to the nearly 3,000 community members who took the time to share their views, experiences, and priorities thus far.

In the coming months, we will continue to work with our partners, stakeholders, and community members to develop a ***Community Health Improvement Plan*** (CHIP) that identifies goals, strategies, activities, and resources to address the two strategic issues identified in the CHNA. By working together, the CHIP will be implemented over the next three years. Through this collaborative effort, we will evaluate our programs and measure outcomes to improve planning efforts. We are committed to developing data-driven performance measures and adopting evidence-based interventions to ultimately, make a healthier community. Most importantly, we strive to ensure that this work is beneficial to all who live, learn, work and play in the region.

We invite you to use this report and the plan to help inform and enhance the work underway to improve the community's health. We encourage you to get involved and contribute to this effort as we work together to create a caring community where all people can live a healthier life.

Overview of Our Region

For the purposes of this 2015-2016 Community Health Needs Assessment, our community's region includes Lane County and Reedsport, Oregon.

Reedsport, Oregon is located in Douglas County on the central Oregon coast and is 87 miles southwest of Eugene, Oregon and has 4,090 residents (97% urban, 3% rural).

Extending from the Pacific Ocean to the Cascade mountain range, Lane County is a vibrant mix of communities and people. Lane County is the fourth most populous county in Oregon, with a population just over 350,000 residents. The Eugene-Springfield area contains over 60% of the county's population and is the third-largest Metropolitan Statistical Area in Oregon. Outside of the metro area, Lane County is largely rural and unincorporated. The concentrated population, yet large geographic area of the county creates disparities in access to health and human services, as well as resources.

The 2016 County Health Rankings and Roadmaps rank Lane County 12th out of 36 counties in Oregon for overall health outcomes (length of life and quality of life) and 9th for health factors (health behaviors, clinical care, social and economic factors, and physical environment). Our region is a moderately healthy community with well-educated and active residents. The population is increasing, living longer, and becoming more diverse. Although good health outcomes and behaviors are prominent, there are still gaps to be addressed. Disparities exist between racial, geographic, and socioeconomic groups. For some issues, the gap is markedly wide.

LiveHealthy LANE

Vision & Values

Vision Statement

Live Healthy Lane: Working together to create a caring community where all people can live a healthier life.

Community Values

- **Compassion** – We are creating a community where all people are treated with dignity and respect.
- **Equity** – We believe everyone should have the opportunity to live a healthy life.
- **Inclusion** – We strive to embrace our differences and treat the whole person.
- **Collaboration** – We have committed our collective resources to innovation, coordination, and integration of services.

Strategic Issues

Strategic issues are critical challenges to be addressed, as well as significant opportunities to be levered in order for our community to achieve our vision. Data from the community health assessments were used to develop the strategic issues. During a multi-site community event in February 2016, hundreds of community members voted on the final strategic issues. Those two issues are:

1. **How can we promote access to economic and social opportunities necessary to live a healthy life?**

   Social and economic opportunities create a better life: high quality education, secure jobs with good wages, and housing that is both safe and affordable. These support a strong community and healthy people.

2. **How can we promote healthy behaviors and engage the community in healthy living?**

   Healthy actions and choices lead to good health. To create good health, we must make the healthy choice the easy choice. We can support individuals and the community to take positive actions that support a lifetime of healthy living.

Process Overview

The 2015-2016 Community Health Needs Assessment followed the six-phase ***Mobilizing for Action through Planning and Partnerships (MAPP)*** framework, a comprehensive community-driven strategic planning model for improving community health developed by the National Association of County and City Health Officials (NACCHO).

MAPP comprises distinct assessments that are the foundation of the process, and concludes with the prioritization of strategic issues. The strategic issues will then be addressed through a three-year, action-oriented Community Health Improvement Plan (CHIP).

Organize for Success and Partner Development

The assembly of the Live Healthy Lane partnership completed **PHASE ONE** of the process in the spring of 2015. United Way of Lane County, Lane County Public Health, Trillium Community Health Plan, and PeaceHealth collaborated with members of the local public health system to form the organizational structure for the MAPP process. The assessment engaged community members and local public health system partners through the following avenues:

- Steering Committee: provided guidance and direction for CHNA and CHIP. The 100% Health Executive Committee serves as the steering committee for the work in providing the infrastructure, system and support for ongoing management and implementation of the plans.
- Core Team: conducted the CHNA, implement the CHIP, and will provide the overall management of the process. The Core Team is made up of individuals from United Way of Lane County, Lane County Health and Human Services, Trillium Community Health Plan and the Trillium Community Advisory Council, and PeaceHealth Oregon West.
- Additionally, community members and local public health system partners provided input and direction throughout the process.

Visioning

PHASE TWO: The visioning phase was a community-based process where more than 135 people from across the region participated in a multi-site simulcast community brainstorming session on June 25, 2015. The community vision and values that were selected are:

Working together to create a caring community where all people can live a healthier life.
Compassion ⬩ Equity ⬩ Inclusion ⬩ Collaboration

Four MAPP Assessments

PHASE THREE: The four MAPP assessments included for the collection of quantitative and qualitative data. These data offered critical insights into the challenges and opportunities for our community. Phase Three was conducted from May through December 2015.

- ***THE COMMUNITY HEALTH STATUS ASSESSMENT*** provided quantitative information on the community's health. To complete this assessment, a subcommittee was formed to focus on identifying and analyzing key issues from over 200 broad indicators.
- ***THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT*** gathered the thoughts, opinions, and perceptions of thousands of community members and consumers in order to understand which issues are important to the community. Three methods of data collection were utilized: 2,295 surveys were gathered, 50 focus groups conducted (with 500 participants), and 53 key informants were interviewed.
- ***THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT*** evaluated the components, activities, competencies, and capacities of our local public health system and how well the 10 Essential Services of Public Health are being provided. To complete this assessment, members of the local public health system met to assess the system's performance.
- ***THE FORCES OF CHANGE ASSESSMENT*** identified the trends, factors, and events that were likely to influence community health and quality of life, or impact the work of the local public health system. To complete this assessment, the Core Team and Steering Committee worked together to form a comprehensive picture of the region's strengths, weaknesses, opportunities, and threats.

Identify Strategic Issues

PHASE FOUR: Strategic issues are critical challenges to be addressed, as well as significant opportunities to be leveraged, in order for a community to achieve its vision. Phase Four was conducted between December 2015 and February 2016, concluding with a multi-site community event to present the CHNA findings and vote on the strategic issues. While many areas are significant, identifying priority areas creates opportunities for collective impact. Two strategic issues were prioritized by over 260 people in our community to mark the end of the CHNA and form the foundation for the 2016-2019 Community Health Improvement Plan.

Formulate Goals and Strategies

PHASE FIVE: This phase involves the formation of goals related to each strategic issue and identifying strategies for achieving each goal. Phase Five was conducted between February and April 2016, during which time meetings were held with the Core Team, Steering Committee, previous CHIP Workgroups, and stakeholders to evaluate potential strategies on various criteria. The Goals and Strategies report is available at www.LiveHealthyLane.org.

Action Cycle

PHASE SIX: The action cycle is a continuous cycle of planning, implementation, and evaluation that seeks to move the needle on key health priorities over the course of the three year plan. Implementation of Phase Six begins in April 2016 with the identification of objectives and the development of the 2016-2019 Community Health Improvement Plan. The action cycle will continue through 2019.

Visioning

EXECUTIVE SUMMARY

Reducing health disparities, promoting health equity, and improving overall population health is the central purpose of any health assessment and health improvement planning effort. The Community Health Visioning Session served as the public launch for the 2015 Community Health Needs Assessment (CHNA), a collaborative project between PeaceHealth, United Way of Lane County, Lane County Public Health, and Trillium. To guide the community-driven strategic planning process for improving community health, residents from across the county convened to discuss their hopes for the region's health future.

The purpose of the visioning session was to:

- Increase community awareness, enthusiasm, commitment, and engagement
- Establish focus, purpose, and direction to the MAPP process
- Create a shared vision and corresponding value statements

For the purpose of this event, the following definitions were used:

- Vision: a statement of what the ideal future looks like
- Values: fundamental principles and beliefs that guide a community-driven planning process

The input from the community event was used in the development of our community vision and values:

Vision Statement
Live Healthy Lane: Working together to create a caring community where all people can live a healthier life.

Community Values

- Compassion – We are creating a community where all people are treated with dignity and respect.
- Equity – We believe everyone should have the opportunity to live a healthy life.
- Inclusion – We strive to embrace our differences and treat the whole person.
- Collaboration – We have committed our collective resources to innovation, coordination, and integration of services.

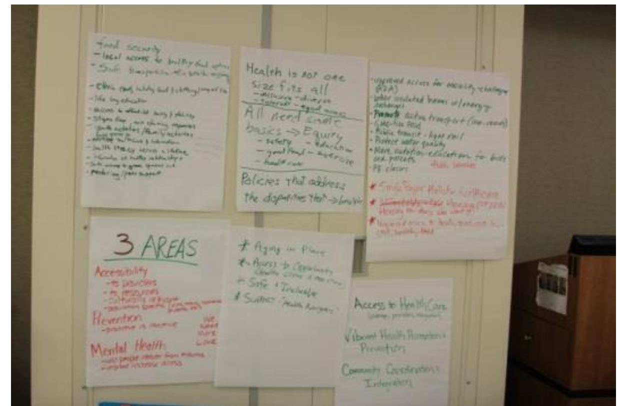
The community health visioning session resulted in enthusiastic engagement and set the tone for future broad participation in the comprehensive health assessment and improvement process. The vision statement and values will ensure that the latter steps of the strategic planning process align with the image of a desired and possible future that our community seeks to achieve. With a shared vision and commitment to improved health, working together will yield better results than working alone.

PROCESS

Due to the large and diverse geographic area of the region, it was decided to have a county-wide simulcast meeting. PeaceHealth Medical Group locations in Springfield, Florence, and Cottage Grove served as the three visioning session sites. Invitations were openly extended to the broad community through email, social media, traditional media, and word of mouth. On June 25, 2015 from 5:30-8:00pm, a broad representation of approximately 130 individuals convened across the three sites to actively participate in the community health visioning session. Mary Minniti served as the lead facilitator for this interactive and inclusive brainstorming process.

Through facilitated small group discussion, the following questions were addressed:

- What would community health look and feel like here in Lane County?
- What values need to be alive and present as we move forward to create this kind of community health?



Participants also completed and submitted individual worksheets and event evaluations, which were then compiled and summarized. One participant commented: "Thank you so much. It doesn't have to be perfect to be deeply meaningful. As a member of this community, I am very grateful that you took leadership with this effort to convene community members in this way. This IS the work. A visioning process is encouraging; it can counter the discouragement that dampens momentum. If we begin with the end in mind, we are more likely to achieve that end. I look forward to the next step. With gratitude."

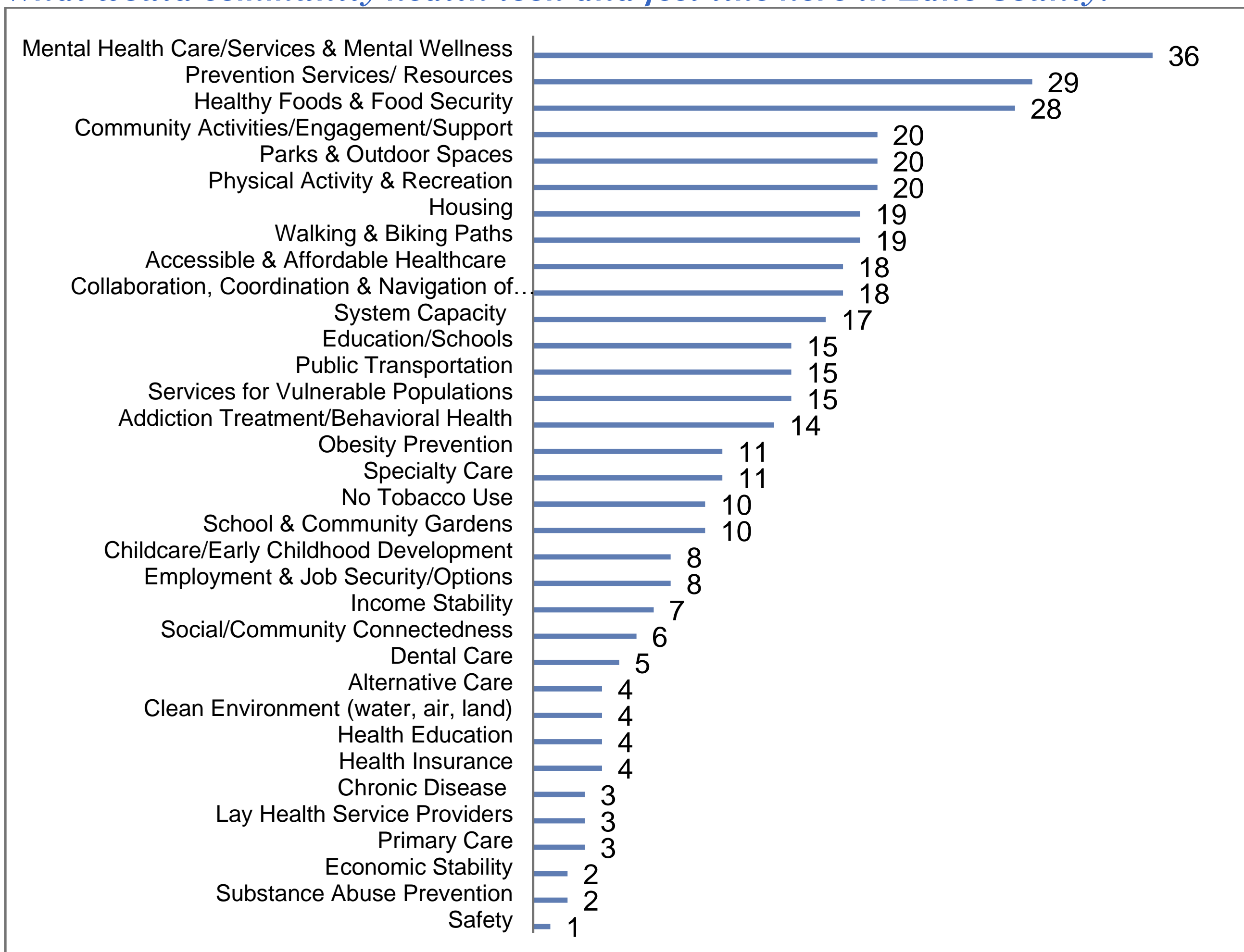
FINDINGS

What values need to be present as we move forward to create community health?

Number of Individual Responses

Compassion (12)
Inclusion (10)
Equity (9)
Collaboration (6)
Equality (5)
Access (4)
Responsibility (4)
Commitment (3)
Engagement (3)
Prevention (3)
Respect (2)
Connectivity (2)
Holistic (2)
Integration (2)
Coordination (2)
Community (1)
Innovation (1)
Dignity (1)
Education (1)
Hope (1)
Humanity (1)
One-ness (1)
Otherness (1)
Understanding (1)
Unity (1)
Vested (1)
Active (1)
Caring (1)
Interdisciplinary (1)
Knowledge (1)
Nourishment (1)
Open-mindedness (1)
Participatory (1)
Resilience (1)
Safety (1)
Tolerance (1)
Trust (1)
Vibrant (1)
Empowerment (1)
Honesty (1)
Integrity (1)
Love (1)
Listening (1)
Peace (1)
Relationships (1)
Transparency (1)

What would community health look and feel like here in Lane County?



Community Themes and Strengths Assessment

Executive Summary

The Community Themes and Strengths Assessment (CTSA) is a component of the Community Health Needs Assessment (CHNA), a community-driven strategic planning process for improving community health. In an effort to gain a better understanding of the health and quality of life perceptions of the people who live, work, or play in the Lane County region, the CTSA was conducted to:

- Identify concerns, opinions, and issues that are important to the community
- Determine how quality of life is perceived in the community
- Encourage community ownership and responsibility of the process

The size and diversity of the population in the region required the use of multiple data collection approaches to gather community and consumer input for the CTSA:

- 2,295 surveys were completed
- 50 focus groups were facilitated with 500 participants
- 53 key informant interviews were conducted

Overall, people feel that the Lane County region is a healthy and safe community with active residents. Our community strengths include our availability of parks and recreational areas, strong collaboration and sense of community, public awareness of the social determinants of health, local healthy food, clean environment, and valued healthy living. Collaborative partnerships and community engagement are strong and should serve as the foundation for planning and implementing initiatives to improve health.

The CTSA identified that populations experiencing social, economic, and/or geographic disadvantages are most affected by critical health issues and have greater obstacles to health. The overarching theme of the data collected reflects a community divided between a high quality of life and limited resources for those in need. While these health and quality of life disparities are well-known, more action is needed to improve and eliminate these inequities. An inclusive community, strong economy, equitable opportunities, and coordinated collaboration are needed to reach our community vision. While most admit to the enormity of the challenges ahead, community members and stakeholders confidently believe that positive change can and will take place with systematic and coordinated action.

Survey responses revealed the region's strengths as our availability of parks and recreation/natural areas, strong sense of community and community engagement, and the clean environment. The biggest health concerns we face were identified as alcohol and drug abuse, lack of affordable housing and homelessness, lack of access to healthcare, poverty, and shortage of health and social services.
Focus group findings highlight the vital importance of housing, access to healthcare, collaborations and resource coordination and navigation, services for vulnerable populations, education, access to healthy food, and mental health care and wellness in order to cultivate a healthy and thriving community.
Key informant interviews exposed the most critical local health and quality of life issues to be the glaring health disparities, services for vulnerable populations, mental health care, drug and alcohol abuse and addiction treatment, housing, poverty and homelessness, and affordable healthcare access.

The responses and feedback will help pinpoint important community health concerns and highlight possible solutions. The information gathered will be used in conjunction with the other assessments to identify our strategic issues and reach our community vision of healthier lives for all.

Community Themes and Strengths Assessment ♦ Survey ♦

Process

Surveys are a commonly used approach to gathering community input and are a useful method for reaching large numbers of people and capturing measureable data. However, the survey methodology has some limitations: they do not allow for in-depth feedback on issues and may not reach the generally underrepresented populations.

The subcommittee crafted the questionnaire based on a review of quality-of-life surveys conducted in other communities through the MAPP process. The survey focused on identifying respondents' perceptions of the community's greatest strengths, important health-related issues and concerns, and areas for potential improvement. The survey was customized for the community and consisted of eight community health questions, eight demographic questions, and an open-ended comments section. The 'Live Healthy Lane Community Health Survey' asked participants to make three top selections from an extensive list of quality-of-life factors and health-related issues for the following questions:

1. *Which of the following do you feel are important for creating a healthy community?*
2. *Which of the following problems do you feel have the biggest impact on health in your community?*
3. *What do you enjoy most about living in the Lane County region?*

The demographic questions included home zip code, age, household language, marital status, gender identity, education level, race/ethnicity, and income. The language (English or Spanish) in which the survey was taken was also recorded for analysis. Finally, there was an opportunity for respondents to convey any additional comments.

The survey was broadly distributed between July 21 and November 20, 2015 and made available in English and Spanish, both electronically via SurveyMonkey and on paper. Community partners shared the electronic survey link with their email contact lists and constituents. Paper copies of the survey and promotional posters were made available to community partners for expanded distribution in an effort to target specific groups that otherwise might have been underrepresented. These data collection approaches allowed the subcommittee to reach a broad spectrum of those who live, work, and play in the Lane County region by utilizing existing networks across the community and local public health system.

Through the collective efforts of the subcommittee, coalition members, partner organizations, and community members, the survey reached thousands. A total of 2,295 surveys were completed – 473 paper surveys were received and 1,822 were submitted online. Although the number of surveys received was substantial, the results can only be considered the views of those who participated and do not necessarily represent the views of all those who are a part of the community. Nevertheless, outreach efforts appear to have been effective as the demographic characteristics of the respondents closely mirrored the general population in most categories.

LiveHealthy LANE

Data Analysis

The Community Themes and Strengths Subcommittee analyzed the survey results by examining both the overall responses to the questions, as well as the specific responses for each demographic group. The overall results are listed below.

Survey Results

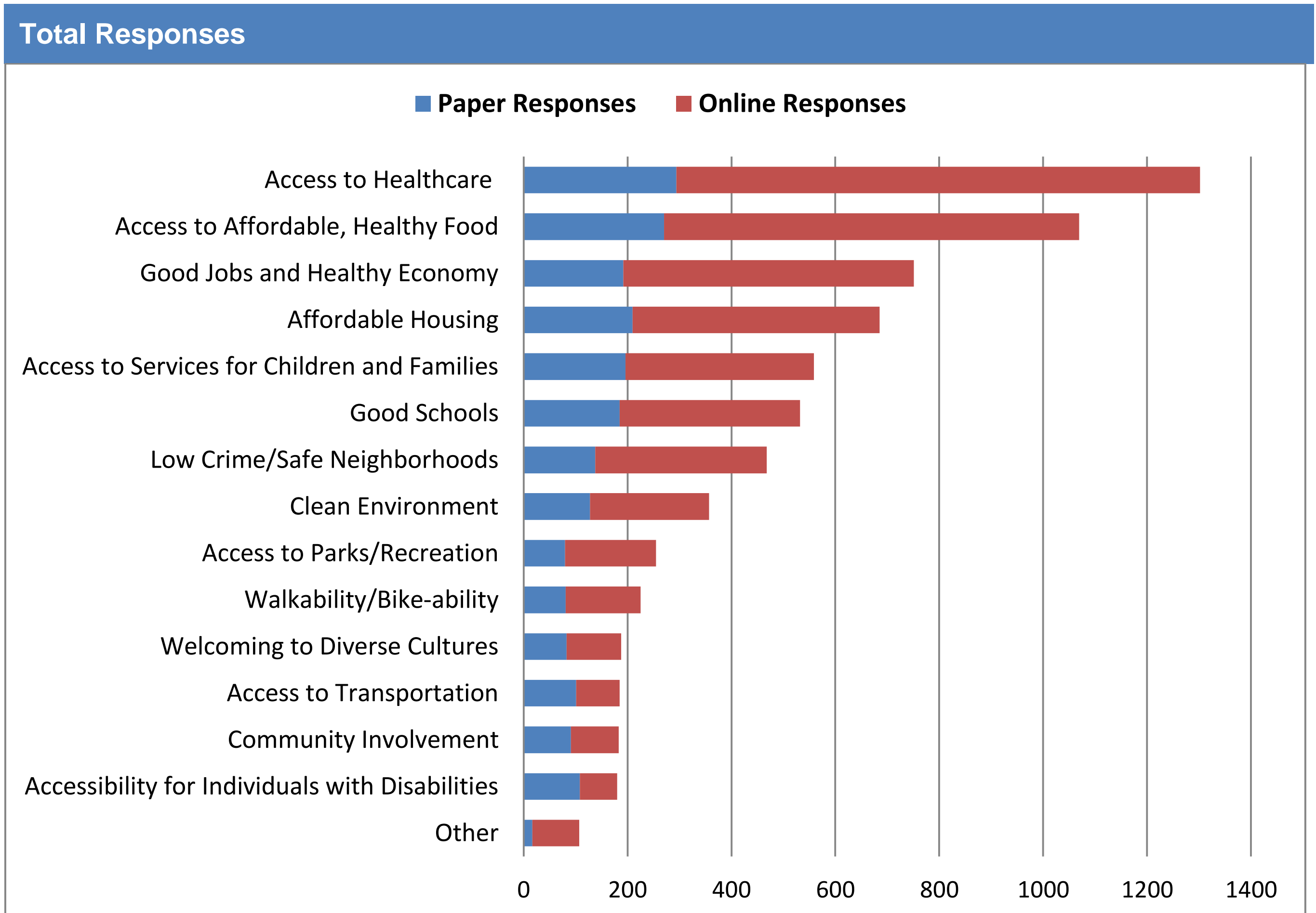
What are most important for creating a healthy community?

The following table and graph illustrates the most important indicators for a healthy community as identified by survey respondents.

Top Responses	
Access to health care (e.g., mental, medical, dental, primary care)	62.3%
Access to affordable, healthy food	51.1%
Good jobs and healthy economy	35.9%
Affordable housing	32.8%
Access to services for children and families	26.7%

The table above depicts the percent of respondents who selected the answer option. Percentages total more than 100% as respondents were asked to select three areas.

Total Responses



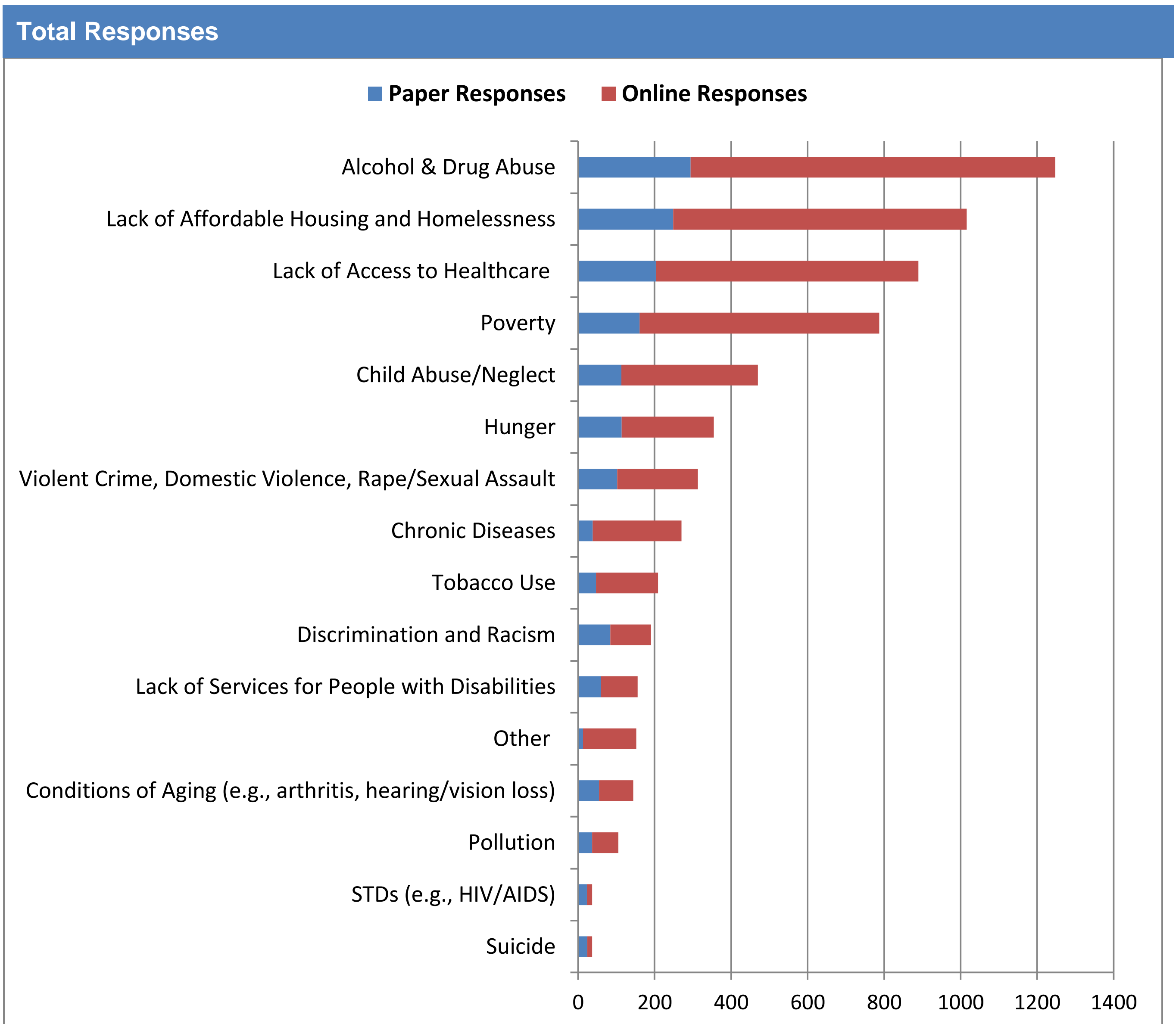
What problems have the biggest impact on health in your community?

The following table and graph illustrates the problems that have the biggest impact on health in the community as identified by survey respondents.

Top Responses	
Drug & alcohol abuse	60.8%
Lack of affordable housing & homelessness	49.5%
Lack of access to healthcare (e.g., mental, medical, dental, primary care)	43.4%
Poverty	38.4%
Child abuse/neglect	22.9%

The table above depicts the percent of respondents who selected the answer option. Percentages total more than 100% as respondents were asked to select three areas.

Total Responses



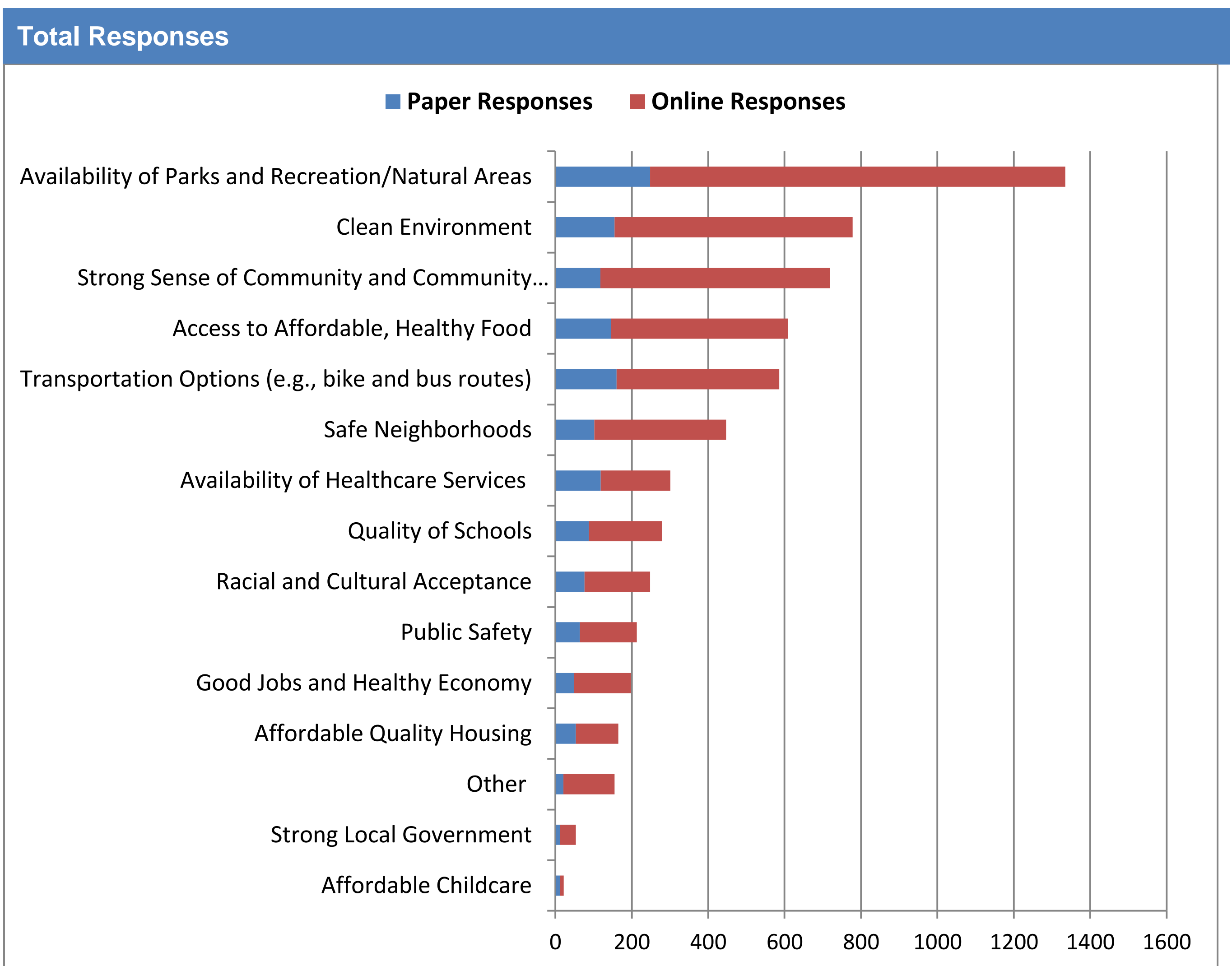
What do you enjoy most about living in the Lane County region?

The following table and graph illustrates what respondents enjoy most about living in the region.

Top Responses	
Availability of parks and recreation/natural areas	66.4%
Clean environment	38.7%
Strong sense of community and community engagement	35.7%
Access to affordable, healthy food	30.3%
Transportation options	29.1%

The table above depicts the percent of respondents who selected the answer option. Percentages total more than 100% as respondents were asked to select three areas.

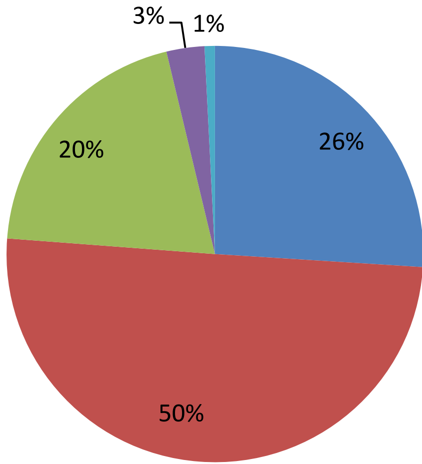
Total Responses



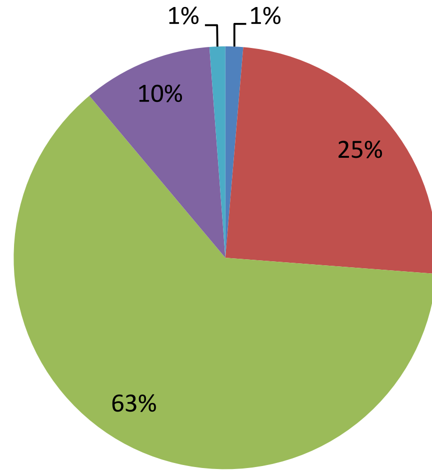
In addition to the choices provided, a number of respondents indicated in the comments that other community assets include the local colleges, nonprofit work, community gardens and school garden education, natural beauty, proximity to ocean and mountains, church options, friendly and welcoming people, and community values.

The following charts illustrate respondents' subjective perceptions of themselves and the community. While the majority (76%) of survey respondents indicated that they are either healthy or very healthy, they perceive the health of the community to only be somewhat healthy (64%). Positively, 90% of respondents indicated that the community is either safe or somewhat safe.

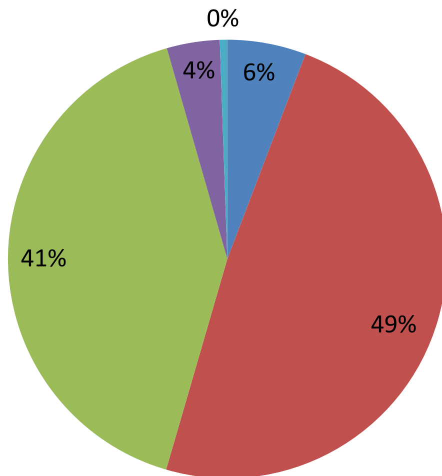
How healthy are you?



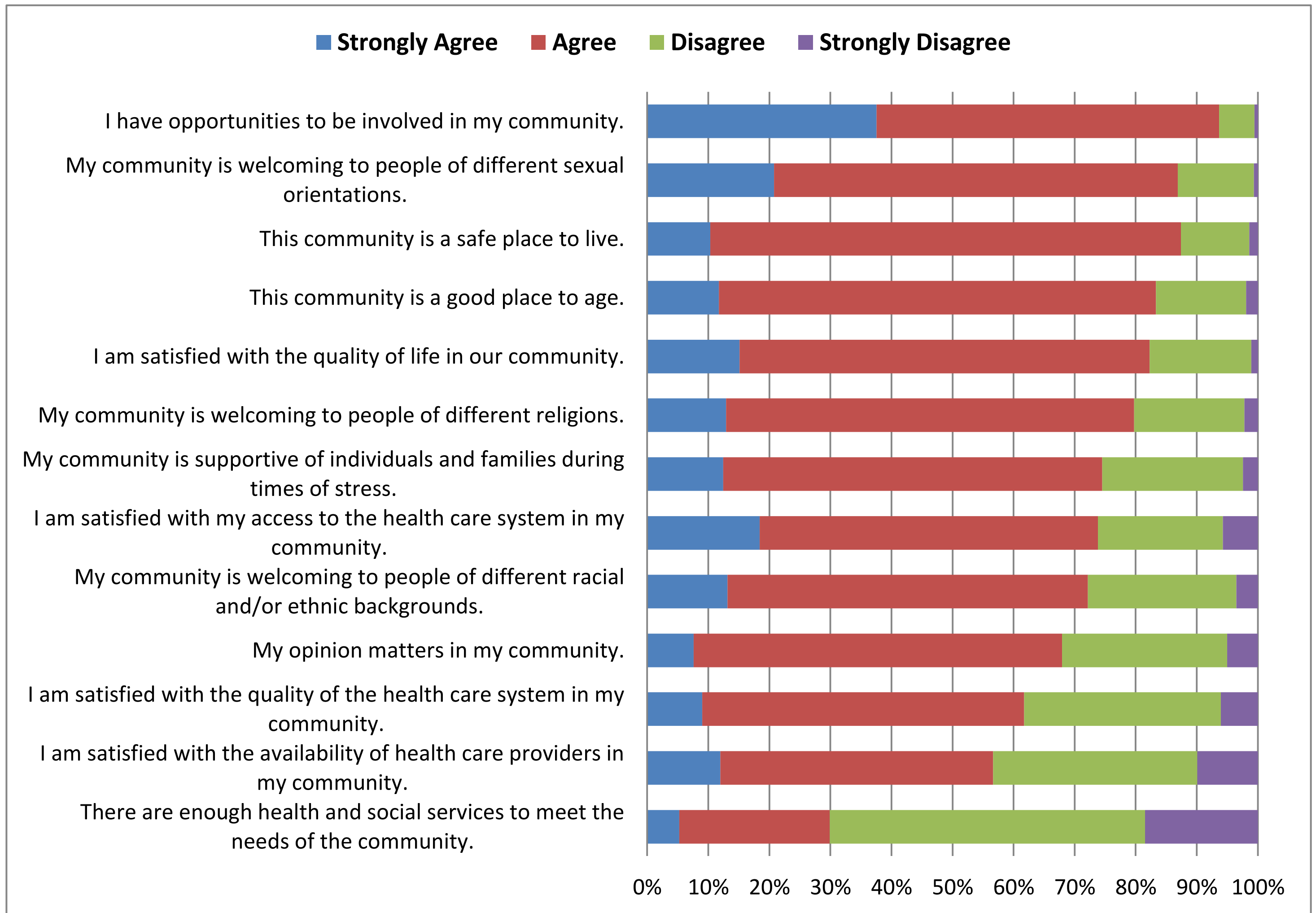
How healthy is your community?



How safe is your community?



Survey respondents were asked to indicate how much they agree or disagree with the following statements. Almost all reported that they have opportunities to be involved, the community is welcoming to people of different sexual orientations, and this is a safe place to live. In contrast, most respondents believe there are not enough health and social services to meet the needs of the community.



	Strongly/ Agree	Strongly/ Disagree
I have opportunities to be involved in my community.	**94%**	**6%**
My community is welcoming to people of different sexual orientations.	87%	13%
This community is a safe place to live.	87%	13%
This community is a good place to age.	83%	17%
I am satisfied with the quality of life in our community.	82%	18%
My community is welcoming to people of different religions.	79%	21%
My community is supportive of individuals and families during times of stress.	75%	25%
I am satisfied with my access to the health care system in my community.	74%	26%
My community is welcoming to people of different racial and/or ethnic backgrounds.	72%	28%
My opinion matters in my community.	68%	32%
I am satisfied with the quality of the health care system in my community.	61%	39%
I am satisfied with the availability of health care providers in my community.	57%	43%
There are enough health and social services to meet the needs of the community.	**30%**	**70%**

Survey Results - Demographic Analysis

The purpose of the demographic analysis was to identify the ranges of priorities in such a diverse community. Each of the survey questions was analyzed across race and ethnic groups, gender, education, income, geography and type of survey (paper vs. online, in Spanish vs. English). The results in this section highlight the choices made by specific demographic subgroups that were different from the overall results. Detailed demographic analysis results can be found in the Appendix. It is important to note that the analyses were conducted only on the group of respondents who chose to answer a particular demographic prompt, as none of those survey fields were required. Demographic groups with less than twenty respondents are not reported due to reliability and potential confidentiality issues. It should also be noted that none of the areas of divergence were tested for statistical significance, unless otherwise noted.

Findings were strikingly consistent with the overall survey results. With a few notable exceptions, there was consistent agreement on the leading issues regardless of race/ethnicity, gender, age, education, or geography.

Top Issues by Question		
Most Important to Create a Healthy Community	***Problem with the Biggest Impact on Community Health***	***Enjoy Most About Living in Lane County***
Access to health care; Access to affordable, healthy food	Drug & alcohol abuse	Availability of parks & recreation/natural areas

Notable Differences: The following tables summarize notable differences across groups.

Top Issues by Question		
Group	***Problem with the Biggest Impact on Community Health***	***Enjoy Most About Living in Lane County***
Income $20,000 or less & 18-25 year olds	Homelessness & lack of affordable housing	Availability of parks & recreation/natural areas
Ages 75 years or older	Drug & alcohol abuse	Access to affordable healthy food

Other Notable Differences in Ranking by Issue	
Question and Issue	**Group** (ranked higher than others)
Most Important to Create a Healthy Community:	
Affordable housing; Services for children	Less than college education
Problem with the Biggest Impact on Community Health:	
Discrimination and racism	Spanish language survey, Persons of color Income less than $20,000
Poverty	College education or higher
Question and Issue	**Group** (ranked lower than others)
Enjoy Most About Living in Lane County:	
Strong sense of community	Spanish language survey
Access to affordable healthy food	West Lane County
Transportation options	East Lane County
Perception of Community Safety	Women

What are most important for creating a healthy community?

'Access to health care' and 'access to affordable, healthy food' ranked in the top two across all demographic groups. 'Good jobs and a healthy economy' also ranked in the top five indicators across groups, with women ranked 'affordable housing' above 'good jobs', while men ranked them in reverse order. Community members living in North Eugene also ranked 'affordable housing' before 'good jobs', while the residents of other areas ranked jobs' before housing.

Also of note, there were statistically significant differences in the ranking of 'affordable housing' and 'access to services for children and families' between respondents with college degrees and those with less than a college education. Those with a college education tended to rank these indicators of a healthy community lower than those without.

Which problems do you feel have the biggest impact on health in your community?

The top five problems that impact community health, with minor differences in priority ranking, remained the same across all demographic categories. While 'poverty' ranked in the top four overall, there was a statistically significant difference in rank between respondents with a college education compared to those without.

Another notable and statistically significant (at 95% confidence) exception is that 39.1% of respondents that took the survey in Spanish reported 'discrimination and racism' as a top three community health problem, ranking it fourth overall. Only 7.9% of respondents who took the survey in English included 'discrimination and racism' as one of the top three problems, and it ranked 11th overall. Other racial and ethnic groups also tended to rank 'discrimination and racism' higher than white or Caucasian-identified respondents. Respondents who identified as Native American also ranked 'discrimination and racism' among the top five biggest problems affecting health in our community. Respondents who earn less than $20,000 in income also ranked 'discrimination and racism' in the top five problems. It should be noted that there is significant overlap between this group and the respondents who completed the survey in Spanish.

The following chart indicates the percent of survey respondent s who ranked 'discrimination and racism' among the top three problems impacting health in their community.

Ranked Higher	*Ranked Lower*
By Race/Ethnicity:	
Asian, 12% Native American, 19% Mixed, 23% Hispanic, 21.8% Unknown, 20%	Caucasian, 7% Non-Hispanic, 7.7%
By Geography:	
Springfield, 12.3% North Eugene, 10.6%	West Lane, 7.8% South Eugene, 7.7% East Lane, 3.9%
By Age:	
18-25, 15.5% 26-39, 11.8%	40-54, 7.3% 55-64, 7.1% 65-74, 4.6% 75-84, 0%
By Type of Survey:	
Spanish Language, 39.1% Paper, 13.2%	English Language, 7.9% Online, 8%

LiveHealthy LANE

What do you enjoy most about living in the Lane County region?

There was widespread agreement across all demographic groups of survey respondents that the 'availability of parks and recreational opportunities' is the top enjoyment about living in the Lane County region. The only exception was that respondents in age group 74-85 reported 'access to affordable, healthy food' as what they enjoy most.

The top five things people enjoy most about living in the region tend to be the same across the demographic groups with minor difference in the order of priority. The most notable exception is among respondents who took the survey in Spanish, "strong sense of community and community engagement" did not rank in the top ten – only 7.8% of respondents included this in their top three.

Also of note, respondents from West Lane did not rank 'access to affordable, healthy food' in their top five and respondents from East Lane did not rank 'transportation options' in their top five. Both of those communities included 'safe neighborhoods' in their top five.

How healthy are you?

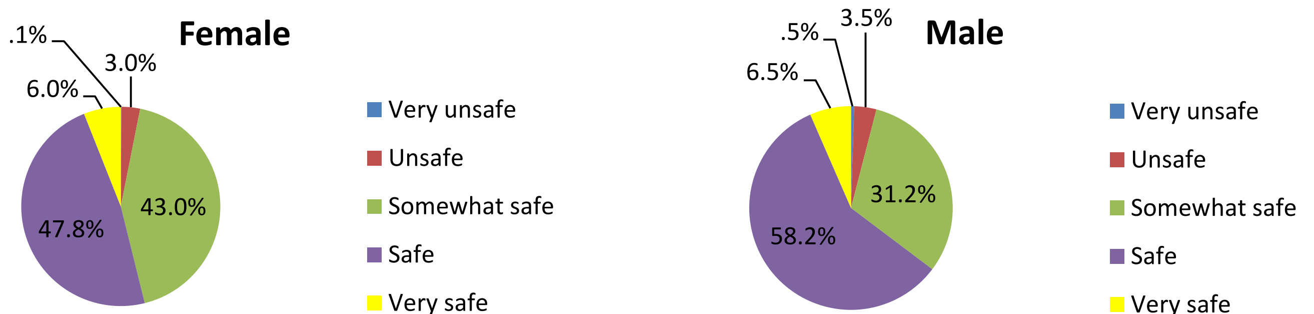
Like the rest of the demographic analysis, there are tremendous similarities in these responses across most demographic groups. A notable difference is that 46% of Native Americans reported they were 'somewhat healthy' and 31% reported they were 'healthy', compared to 30% and 50% respectively in the overall respondent population. Also of note, 40% of South Eugene residents reported that they were 'very healthy' compared to 20-25% of the respondents overall and only 10% of South Eugene residents reported being 'somewhat healthy' compared to 20% overall. Lower income was associated with fewer respondents reporting to be 'very healthy' and greater rates of those reporting to be 'somewhat healthy.'

How healthy is your community?

As with the overall survey, respondents reported their community to be less healthy than they themselves were. There were no exceptions to this when analyzed by demographic groups.

How safe is your community?

West Lane residents had the highest percentage of respondents reporting that they consider their community 'very safe' (10.5%). Also of note, women tended to rate their community as 'somewhat safe' compared to 'safe' at higher rates than men, but overall our community is considered safe by a vast majority of our residents.



Agree/Disagree Statements

Overall, there were only a few differences when conducting a demographic analysis of the agree/disagree statement, which are reported in the following table.

	Overall		Native American		West Lane		Spanish	
	Agree	**Disagree**	Agree	Disagree	Agree	Disagree	Agree	Disagree
My opinion matters in my community.	**68%**	**32%**	46%	54%				
I am satisfied with the quality of the health care system in my community.	**61%**	**39%**	40%	60%	43%	57%		
I am satisfied with the availability of health care providers in my community.	**57%**	**43%**	39%	62%	34%	57%		
There are enough health and social services to meet the needs of the community.	**30%**	**70%**					54%	46%

DEMOGRAPHICS

The eight demographic questions included home zip code, age, household language, marital status, gender identity, education level, race/ethnicity, and income. The language (English or Spanish) in which the survey was taken was also recorded. Some information is incomplete due to respondents choosing not to answer all demographic questions. Demographic totals are reported below.

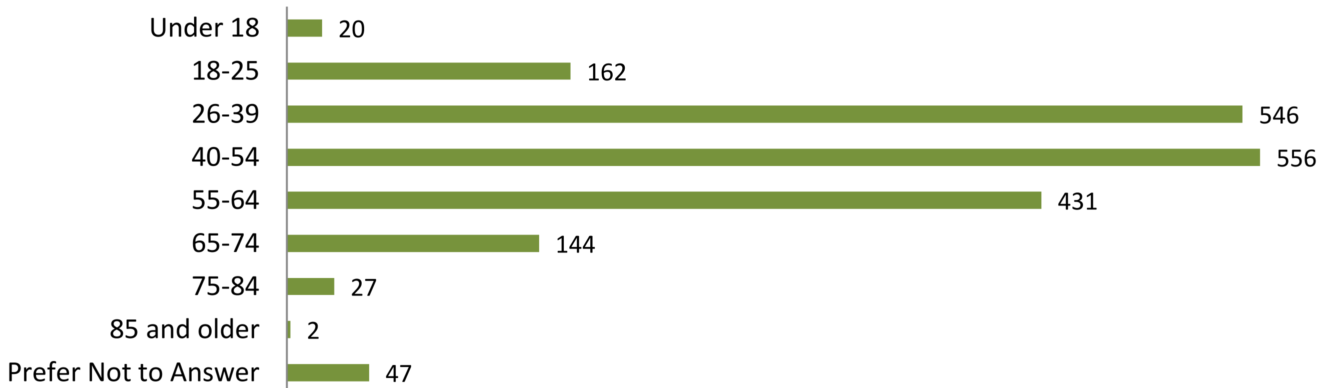
When compared to the Lane County population (U.S. Census 2013 5-Year Estimates), the survey population is generally younger, higher educated, more racially and ethnically diverse, and more likely to be a woman than the general population. All regions of the county are represented, although residents are slightly more likely to be from districts 3 & 4 (North and South Eugene) and West Lane is underrepresented. Survey population and Lane County population comparison charts can be found in the Appendix.

Language Survey Taken

The community health survey was made available in two languages: English and Spanish. The majority of respondents took the survey in English, and about 5% took it in Spanish.

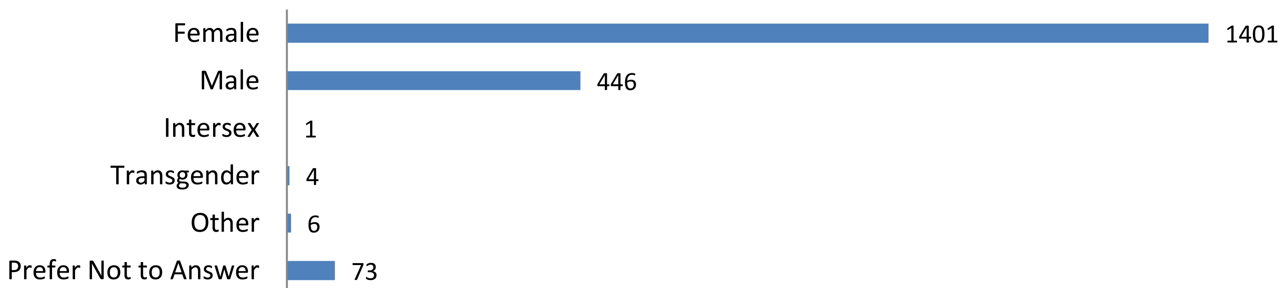
Age

Participants were asked to identify their age by selecting the applicable age range from the options provided. The majority of the respondents who answered this question were between the ages of 26 and 64, and about 10% were 65 or older.



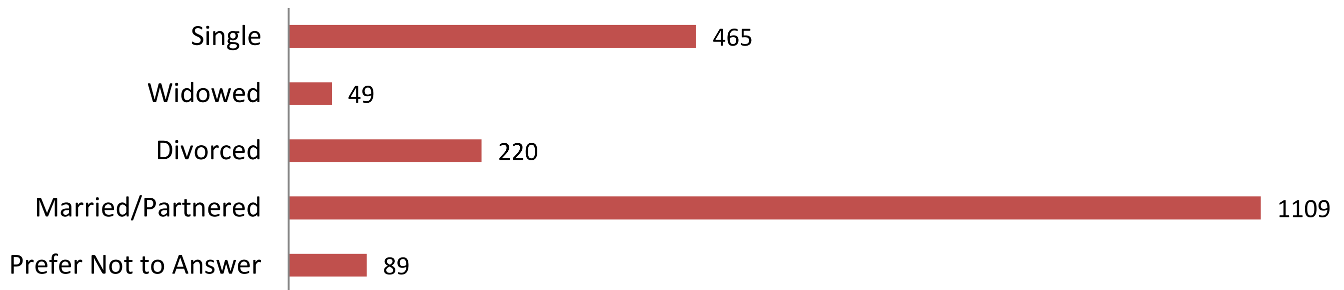
Gender Identity

Nearly 75% of the respondents who selected a gender option identified themselves as female. Males were underrepresented in this survey as they account for approximately half of the general population in Lane County.



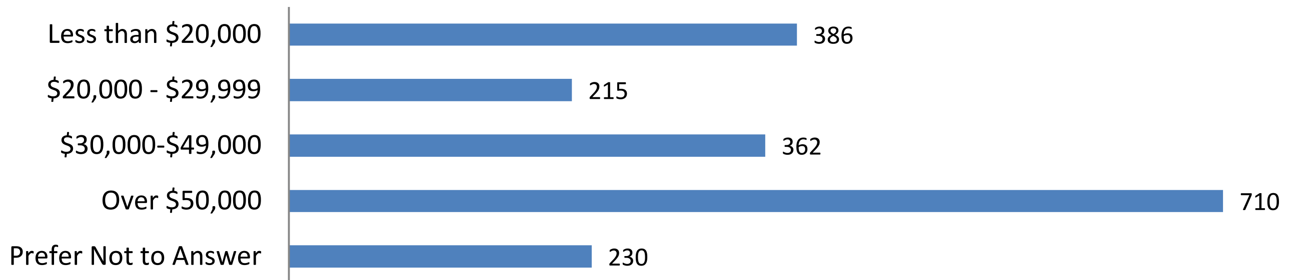
Marital Status

Over half of the respondents indicated they were married or partnered.



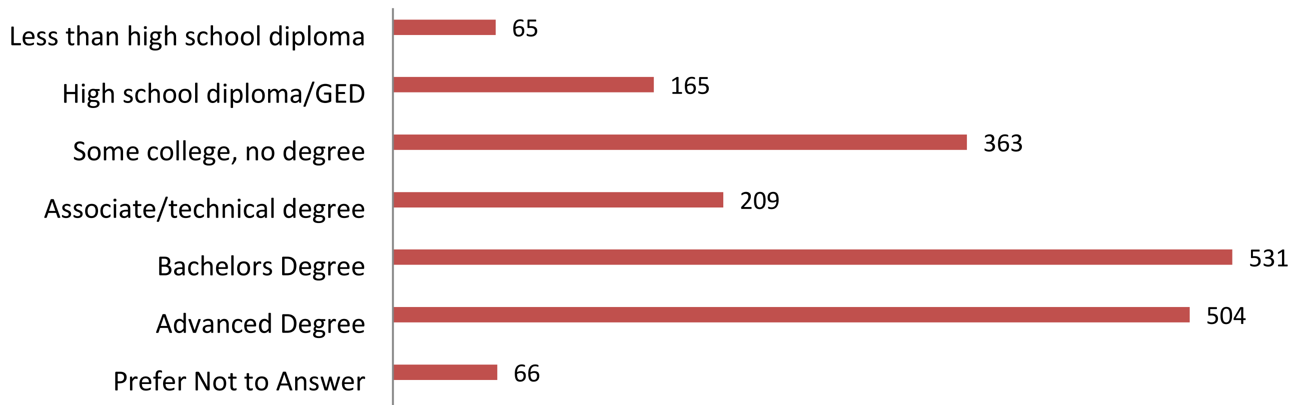
Annual Income

Approximately 60% of the survey respondents earn less than $50,000 per year.



Highest Level of Education Completed

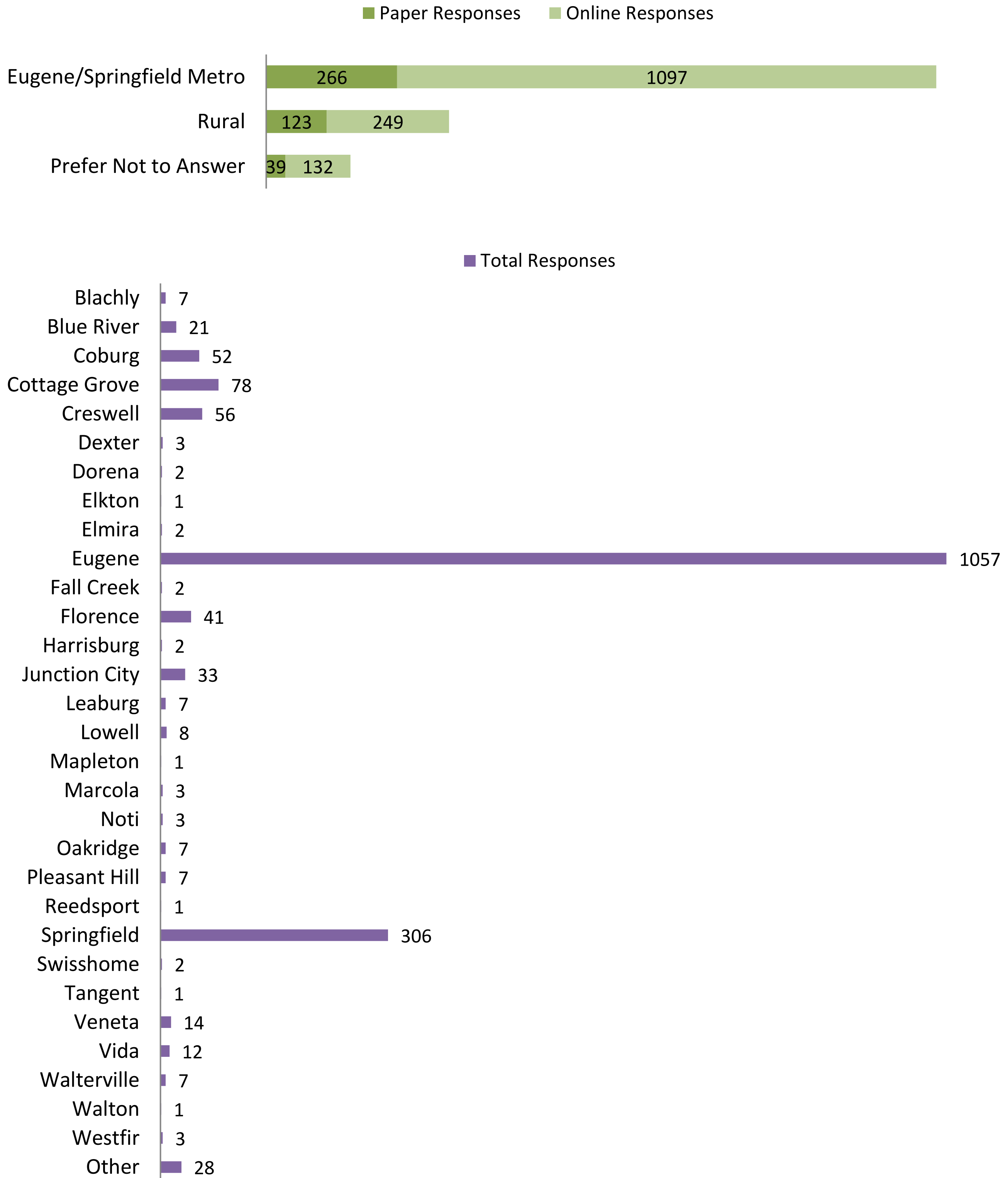
Slightly more than two thirds of the respondents who answered this question held an associate or technical degree or higher.



LiveHealthy LANE

Residence

Analysis of the home zip codes confirmed that the survey reached all corners of the Lane County community and that the perspectives of those who work and play in the region were also captured. These numbers are relatively similar to the Lane County population.



LiveHealthy LANE

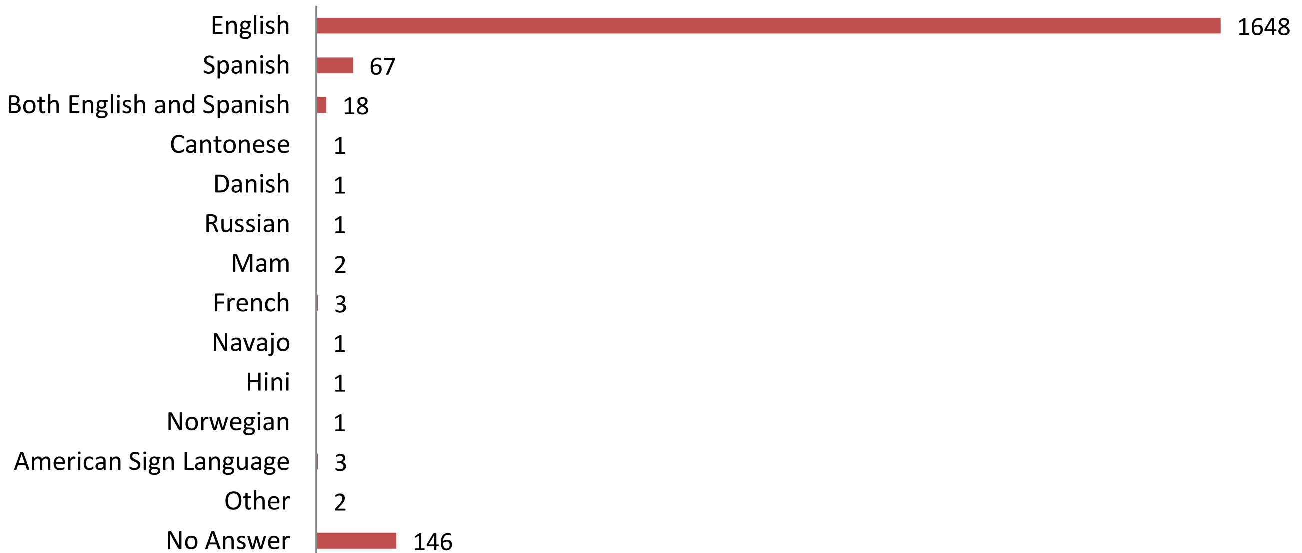
Race/Ethnicity

The majority of respondents identified themselves as White/Caucasian, but there were respondents from all race/ethnic groups listed.

Race/Ethnicity	Count
Other White	100
Eastern European or Slavic	37
Western European	132
Middle Eastern or Northern African	10
White/Caucasian	1430
Other Latino	22
South American	20
Central American	19
Mexican-American	56
Mexican	64
Other Pacific Islander	11
Guamanian or Chamorro	3
Native Hawaiian	11
Native American	121
Other Asian	11
Asian American	33
Laotian	4
Hmong	3
Korean	7
Vietnamese	6
Chinese	13
Other Black	10
Caribbean	10
African-American	44
Other	40
Prefer Not to Answer	111

Preferred Language at Home

Most respondents indicated that they speak either English or Spanish at home.



LiveHealthy LANE

COMMENTS

Included at the end of community health survey was a section for respondents to contribute any additional comments. Nearly 300 of the survey respondents took advantage of this opportunity. Review of the commentary was helpful for the subcommittee to gain a greater understanding of the issues community feel are most important. Below are select comments.

This community feedback and input was categorized according to content. The comments covered a vast array of topic areas, including the role of local government and healthcare, education issues, homelessness and poverty, recreation, human services, community development, mental health, and access to services. A large majority of comments focused on the importance of collective impact to achieve our vision of a healthy community.

The commentary provided a greater level of depth to the survey as the subcommittee members learned more about why the respondents made the selections they did. In the future, this community input will also be useful to the community as Live Healthy Lane begins to address emerging strategic issues.

"Thanks for engaging the community and asking for my opinion!"

"This kind of program is very important to the health of the community. Lane County is a great place but we all can make it better."

"We all need to work together as a local community to insure the health of ALL; regardless of education, income, legal status."

"I believe if all health care providers, (PCP, mental health, specialists, social services) pulled together to meet all of the needs of a consumer that person would be better served and healthier and in the end so would our community!"

"The health care providers in Lane County need to work together to provide a solid connected (wired) frame work to manage the health care needs of the population. There is enough money being spent, it needs to be re-allocated and re-distributed."

"A continued commitment to safety, education, health services, good public transportation and good access to food and affordable housing for those in need is very important."

"Please continue to broaden the definition of preventative health care practices to include all aspects of a healthy lifestyle: walkable neighborhoods, school garden education, community gardens, farmers markets, healthy school meals."

"While access to healthcare continues to be an issue in Lane County, the bigger challenge is being able to pay for it once accessed. Prevention is key to a healthier community. Treating illness and disease after the fact is costlier and prohibitive."

"We recently moved to Lane County and chose this community because we saw a lot of community involvement and a real desire to improve the town."

"I think Lane County is on a great path to becoming a very healthy community; however I think we still need to make access to mental health more assessable."

"Thank you for giving the Hispanic community services and opportunities to participate."

"I appreciate all of the help being provided for the needy, including me, in this community -- And appreciate too, the attitudes and helpfulness of the people providing information and volunteer help at various agencies."

"Safety and access are completely driven by socioeconomic status."

"We must be mindful of sustainability and our impact on our beautiful environment as we move forward in our community."

"I live in a small town in Lane County; realities are different in rural communities than they are in the Eugene/Springfield metro communities. I hope we can strengthen our rural networks in the years to come."

"It is important that large health care organizations take into account that population demographics vary dramatically in each region---and that staffing needs should reflect that diversity. There cannot be a "standard, across the board or region" approach to providing care in each location---it needs to be regionally tailored."

"I appreciate this attempt to look at these complex issues. I have already registered my questioning of these types of break-down issues we face. My higher socioeconomic status, education, professional experiences, and being white skinned obviously bring me more access to resources for my well-being."

"There appear to be many needs in our community that others are simply not aware of. This leaves a big spread between the haves and have nots."

"Supporting people to make informed lifestyle choice to optimize their health seems to be more and more important. Hopefully, the community needs assessment will include a robust plan to address this issue. Thanks for the work that you are doing to improve health in Lane County!"

"It is imperative for social services, health services, and educational organizations to work together to create a plan for the health of our county."

"Thank you for this opportunity and I appreciate all efforts by all of us working together to continue to improve our community on many levels."

"Thank you for working on these issues in our community!"

Community Themes and Strengths Assessment ♦ Focus Groups ♦

PROCESS

The CTS subcommittee recognized the value of focus groups to gain a more in-depth understanding of the issues that were most important to the community. Conducting facilitated focus groups as a data collection tool was considered a good supplement to the data acquired through the community health survey. Utilizing this qualitative data collection method, the subcommittee aimed to engage leadership stakeholder groups and acquire meaningful input from a broad representation of community members.

Fifty focus groups were held across the region between August 24 and December 9, 2015. Of the focus groups, thirty were provider/leadership stakeholder groups representing diverse organizational sectors. Twenty of the focus groups consisted of targeted community members with participation from a number of underrepresented populations, including rural residents, Latinos, youth, LGBTQ+, disabled, homeless, and low income. Forty-seven focus groups were conducted in English, and three were conducted in Spanish. The complete list of focus groups is listed in the Appendix. In total, 500 community members and stakeholders participated in the focus groups. On average, each focus group included ten participants and took approximately one hour to complete.

In order to promote consistency in data collection and reporting, the subcommittee developed a detailed focus group guide (available in English and Spanish) and all facilitators completed a one-hour training. The focus group guide included the facilitator's script, recommendations on how to effectively conduct the focus group (facilitate and record), and a summary table template to document the findings.

After being informed of the purpose of the Community Health Needs Assessment focus group, and reading and signing a consent form agreeing to serve as a participant, four questions were presented to each group:

Community Members Focus Groups:

1. *Thinking about your life right now, what helps you or your family to be healthy and thriving?*
2. *What else would help you to be healthy and thriving?*
3. *Where is our community doing well and where are we not doing well?*
4. *Based on the list created from questions 1 and 2, which three are most important to you?*

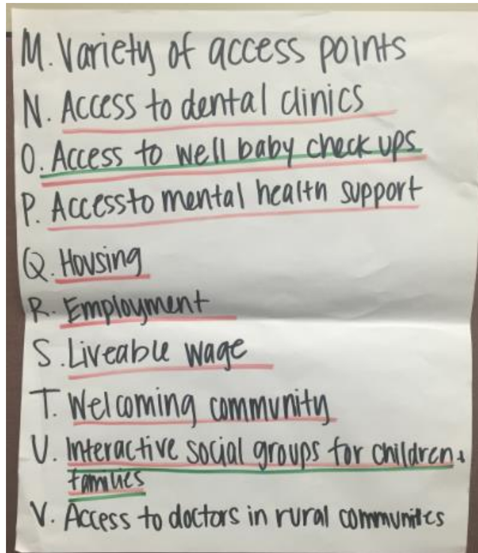
Provider/Leadership Stakeholders Focus Groups:

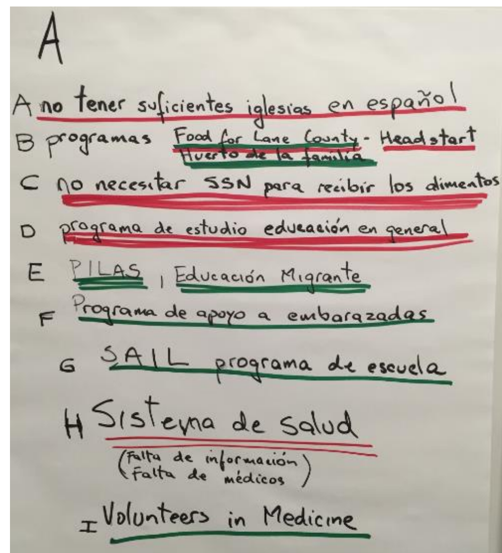
1. *Thinking about the people your organization serves, what do you see as helping them to be healthy and thriving right now?*
2. *What else would help them to be healthy and thriving?*
3. *Where is our community doing well and where are we not doing well?*
4. *Based on the list and from the perspective of your organization, which three would be most important to the people served?*

For the purposes of the focus group discussions:

"Community" refers to all those who live, work or play in the Lane County region.
"Healthy" refers to the broad definition: a state of complete physical, mental, and social well-being and not just the lack of disease or illness.
"Thriving" means more than just surviving, it includes growth and positive development.

Each facilitator focused on encouraging conversation that revealed participants' feelings and thoughts. Responses to Questions #1 and #2 were solicited via round-robin discussion with responses recorded on flipcharts. Question #3 was approached popcorn style. Identified community strengths were highlighted with a green marker on a flipchart, while community weaknesses were highlighted with a red marker. Health disparities were characterized by topics receiving both red and green marks. Finally, participants individually answered Question #4 based off the list of responses created from Questions #1 and #2. Upon completion of the focus group discussion, participants were informed of the next steps and completed a demographics survey and a focus group evaluation form.





DATA ANALYSIS

Focus groups responses captured on the flip charts were entered into a spreadsheet and coded categorically around similar topics. Focus group data was twice coded to ensure inter-rater reliability. After the qualitative data was coded, each topic was assigned a priority score based on the number of participants identifying it as high importance (focus group Question #4). Each topic was also assigned a strength/weakness/disparity score based on the average of responses from focus group Question #3.

Focus group data was analyzed collectively, as well as by sector and target population. While the overall results were strikingly consistent, the CTS Subcommittee members probed further and examined the data within each focus group and target population. The purpose of the detailed analysis was to identify the ranges of priorities in a diverse community. However, the findings illustrated that there was relatively little divergence and a high level of agreement across most sectors and demographic groups on the most significant community strengths, health-related issues, and areas for improvement.

The discussions from each focus group provided a greater level of detail about what is necessary for a healthy and thriving community, and identified where health disparities are perceived to be most prominent. The following sections provide the key themes of the focus group discussions as well as select comments. It is important to note that the responses and findings reflect the perceptions of those participating in the focus groups and may not necessarily represent all community members and providers in the Lane County region.

Focus Group Results – Community Strengths

Parks and Outdoor Spaces

Focus group participants frequently mentioned the quality and quantity of local parks and outdoor spaces. The ease of accessing clean parks and outdoor activities helps our community members to be healthy and enjoy outdoor activities.

- *"There are so many community parks, bike paths, safe and well kept running trails and other outdoor exercise opportunities."*
- *Because of the climate and where we live, there are a lot of options to outdoor recreation for physical activity."*
- *"We are lucky that we have parks and open space here."*
- *"I think Lane County is very beautiful. We have a lot of nature and areas to walk."*

Organizational Collaboration

The ongoing work between agencies throughout the region demonstrates excellent organizational collaboration. The partnering between local non-profits, government agencies, and other organizations were identified as successful collaborations that aim to make collective community impact.

- *"Lane County is really different than a lot of communities. There is a lot of collaboration between organizations and community members to work toward the common good."*
- *"Our community is really trying to support each other in changes and trying to move the impact needle."*
- *"We aren't trying to do good work because it's the right thing to do, we are trying to do good work because we want better outcomes."*

Community Engagement and Involvement

Volunteerism and community support in the county is strong and there are numerous opportunities to be involved. Overall, there is strong engagement, investment, and involvement across the community.

- *"I think we have an amazing community."*
- *"There are so many places to volunteer, and I know many people who volunteer."*
- *"When there is a need people pull together and step up to the plate."*

Public Awareness of the Social Determinants of Health

Knowledge of the social determinants of health puts the community on a progressive track for improved health and addressing issues such as housing, income, and access to education. Focus group participants appreciated the community based organization's recognition of these social determinants of health and the gaining momentum of addressing these root issues.

- *"A few years ago it was all about repair. We are now starting to see incremental changes in investing in prevention."*
- *"Your location can make it very difficult even if you want to live healthy."*
- *"Living on the streets makes it hard for people to be healthy."*
- *"When it comes to healthcare, it isn't just about providers, but also about helping people with the access to living healthy lives."*

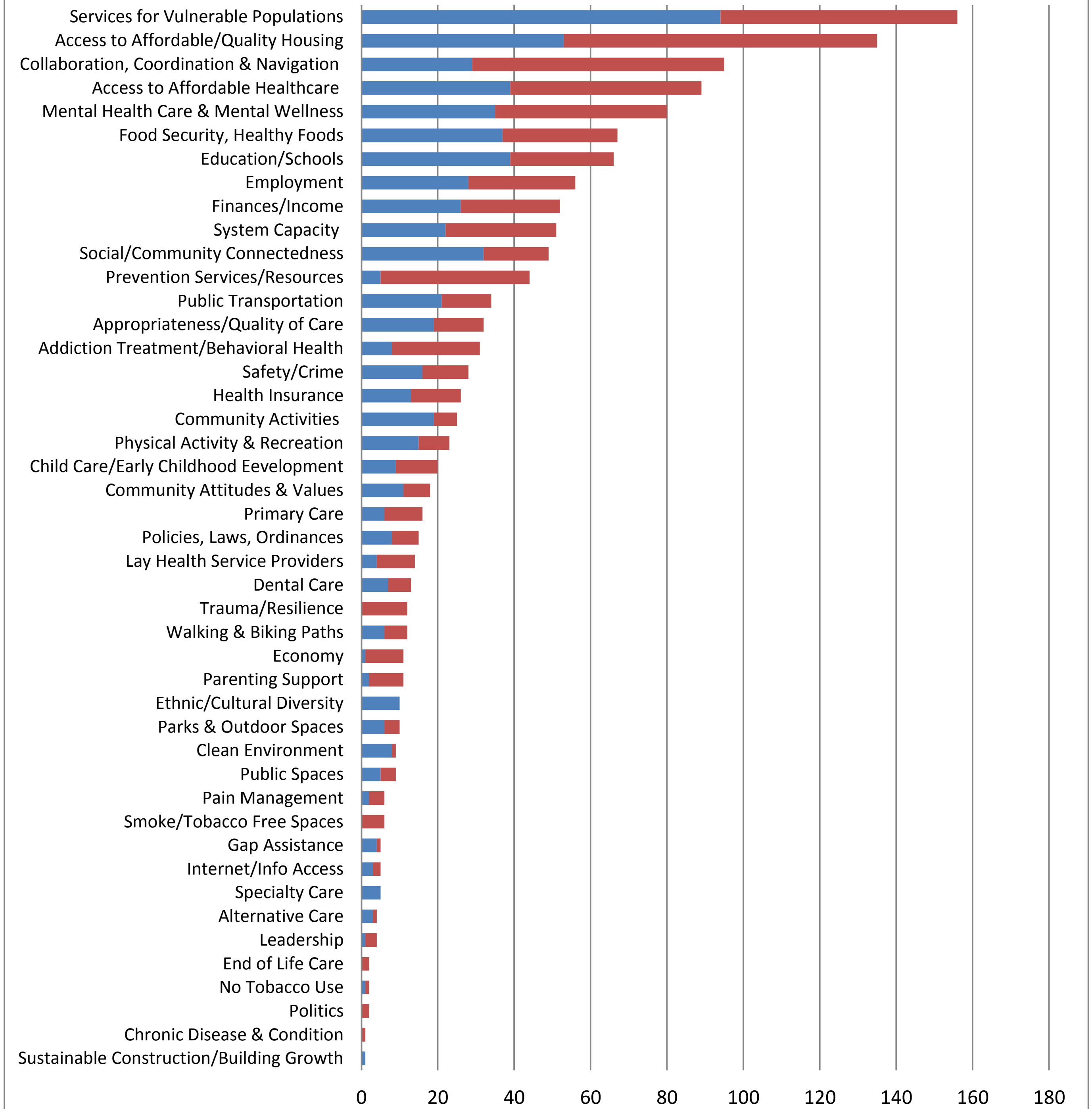
Focus Group Results - Priorities

What are most important for you, your family, and/or the people your organization serves to be healthy and thriving?

Results from the 50 focus groups found the most frequently selected indicators of a healthy and thriving community to be:

- Services for Vulnerable Populations
- Access to Affordable and Quality Housing
- Collaboration, Coordination and Navigation of Resources/ Services
- Access to Affordable Healthcare
- Mental Health Care and Mental Wellness
- Food Security and Access to Healthy Foods
- Education and Schools

MentalHealthCare&Wellness Ethnic/CulturalDiversity Appropriateness&QualityOfCare
ChronicDisease&Condition
TobaccoUse Walking&BikingPaths Employment
PreventionServices/Resources CommunityActivities Safety/Crime
EndOfLifeCare CommunityAttitudes&Values
PainManagement health Housing Children&Families
Collaboration/Coordination&NavigationOfResources/Services
Connectedness LayHealthServiceProviders HealthInsurance
Leadership PublicSpaces DentalCare
PublicTransportation FoodSecurity SpecialtyCare Internet/InfoAccess
Seniors Disabled Trauma/Resilience Rural ParentingSupport
Smoke tobaccoFreeSpaces GapAssistance MentalWellness Economy Food&Nutrition
ChildCare&EarlyChildhoodDevelopment Politics AlternativeCare EthnicMinorities
PrimaryCare SustainableConstruction/BuildingGrowth
Finances/Income LGBTQ PhysicalActivity&Recreation MentalHealthCare
AddictionTreatment&Behavioral Un-/Underemployed
SystemCapacity Undocumented Homeless Low-income Parks&OutdoorSpaces
FoodSecurity&HealthyFoods Social/Community
Policies/Laws&Ordinances CleanEnvironment
ServicesForVulnerablePopulations
Education/Schools AccessToAffordableHealthcare



The table above depicts the number of participants who selected the option. The total is more than the number of focus group participants as each participant was asked to select three priorities for health and quality of life.

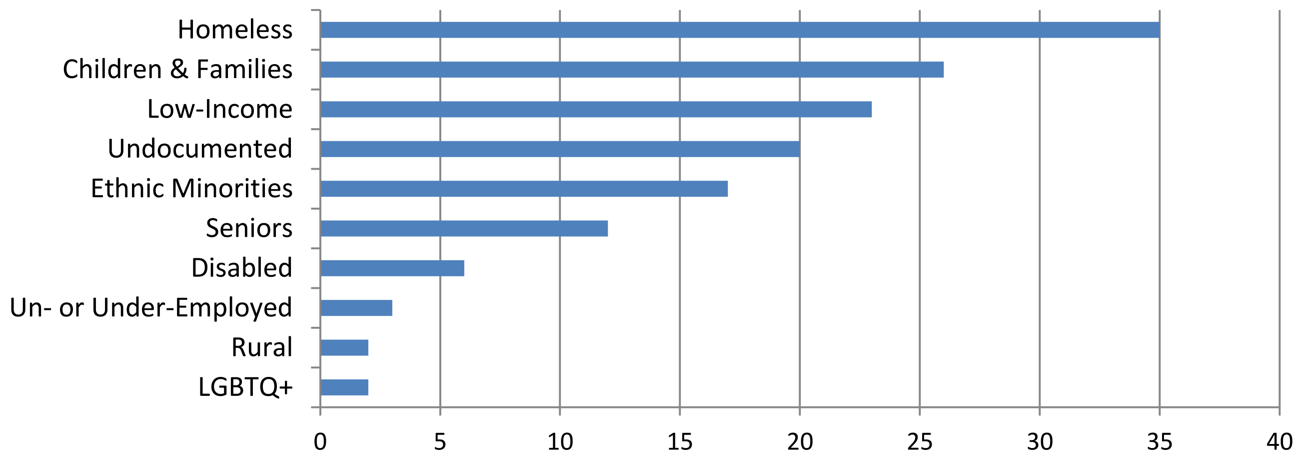
Focus Group Results – Top Priority Discussion

The following section provided a greater level of detail from the focus groups and select quotes from participants regarding the top identified indicators of a healthy and thriving community.

Services for Vulnerable Populations

Focus group results identified services for certain populations as one of the highest priorities for the community and its members to be healthy and thriving. Residents appreciate the organizations that provide critical services and resources in the region. However, there are still not enough health and social services to meet the growing needs of vulnerable populations in the community.

- *"We are a resource rich community, but the resources aren't available to everyone."*
- *"Access is an issue across the board for our community- there are huge disparities depending on the population."*
- *"Some residents - including vulnerable populations - have access to programs and services that encourage healthy living. In many other communities it is only the wealthy that has access."*



The graph above depicts the number of participants who indicated the population as in need of services.

Homeless

There is an increasing need for homeless shelters and other services (e.g. medical) for the homeless population. Occupy Medical, a homeless medical care bus, was recognized as a community asset. In addition to providing services, health and human service organizations should focus on identifying and addressing the root causes of homelessness.

- *"People here are very attentive to trying to find solutions, but it is still so overwhelming."*
- *"As a community we have a willingness to see the problem, we don't hide our homeless and we haven't yet made it illegal to pan handle. I appreciate the fact that our problems are visible, and that is the first step to solving them."*

Children and Families

Access to youth scholarships, summer programs, teen programs and activities, school health and dental clinics, and parenting classes were identified as crucial to the health and quality of life in our community. Often there are cost barriers associated with activities for children and families, but many indicated the availability of free local activities and services.

- *"Services for children and families are fragmented, and we have trouble connecting families to resources."*

Low-Income

Low-income individuals and families often struggle with the stress of the high cost of living (including housing and child care), access to financial resources, and affordable healthcare. They also encounter difficulties in accessing resources and services to improve their health and quality of life.

- *"It's important that the system understands that for the people we work with, there is a culture of poverty and hopelessness."*
- *"People who are lower income can't pay fees so they can't participate in a lot of activities that lead to positive social connections."*

Spanish Speaking Community

Discussions focused on the current challenging issues for the Latino and Hispanic population–specifically the lack of culturally and linguistically appropriate care and limited educational and employment opportunities. Barriers such as language, transportation and citizen status often inhibit this population from accessing and receiving services. Services do exist, but cannot fulfill the needs of the growing Hispanic and Latino population. There is a lack of local bilingual providers and interpretation services. Incorrect interpretation is often an additional issue. It was frequently mentioned that the inability to obtain a driver's license is a barrier to employment and receiving services.

- *"We need more culturally appropriate bilingual health care and human services."*

Seniors

Our community has a rapidly aging population, resulting in a growing need for more appropriate health and human services, activities, and programs for seniors.

- *"There are a lot of elderly people that are isolated in rural areas and they are semi homebound. There are not a lot of activities for them to participate in. There is no transportation for them to go and meet with other people and do activities. We have a large senior population and no senior center."*

Disabled

Participants mentioned the need for more physical activity services for those with disabilities. Additionally, there is a need for more extensive and special education for disabled children.

- *"The things that keep people with disabilities safe when they are out and in the community need to be improved."*

Rural

Rural community members' greatest barrier is that services are located in the metro area. The problem is further exacerbated by the lack of public transportation to the rural communities.

- *"Your location can make it very difficult even if you want to live healthy."*
- *"We have a lot of resources in Lane County, but the access is the questionable part. In the metro we have a lot of resources, but not in rural."*
- *"Rural Lane County struggles with obtaining funding and resources."*

Access to Affordable and Quality Housing

> *"The cost of adequate housing in relation to wages here is very difficult."*

Challenges around access to affordable and quality housing were mentioned in almost every focus group. Residents described the struggle to pay the disproportionally high housing costs compared to income.

Rising housing costs were described as forcing residents to move to more affordable areas which could be further from reliable public transportation and other community resources. Participants also indicated that the lack of affordable housing is resulting in a transient population; this instability was described as creating challenges for the school system to educate frequently mobile children. In addition to affordability, substandard housing was also mentioned as a concern and frustration was expressed with the lack of apartment and facility maintenance.

University of Oregon students also noted the challenges of finding affordable housing close to the University and without substandard conditions. Due to a large student population, housing access is a difficulty for many students.

> *"There is just not enough affordable housing."*

Homelessness was commonly discussed as a concern due to the lack of affordable and supportive housing. Participants indicated that this vulnerable population, including children who are homeless, is growing. Participants also identified increased costs in the housing market, monthly rent, utilities, and other challenges that lead to homelessness.

Collaboration, Coordination, and Navigation of Resources and Services

Collaboration

> *"Lane County is really different than a lot of communities. There is a lot of collaboration between organizations and community members to work toward the common good."*

Throughout the discussions, focus group participants recognized the strong collaborative health work between organizations. There are numerous partnerships, many of which address the health and quality of life issues identified throughout this assessment. These collaborations are considered critical to achieving change in the region. Participants also credited public engagement and leaders who value health for their dedication towards tackling these issues.

Numerous services, resources, and organizations are working to tackle the population's health and social service needs. Residents appreciated the quantity of organizations that provide critical services, especially for vulnerable populations. These organizations were described as community assets, especially for their willingness to collaborate and their committed, innovative leadership.

Coordination

> *"Organizational partners do a great job of collaborating and working together, but everyone isn't talking and there is a lot of work done in silos."*

Despite the strong history of collaboration, it was repeatedly commented that many efforts and services in the area are fragmented, uncoordinated, and under-funded. Also, participants highlighted that access to services and resources should be more integrated and better coordinated. By focusing on integration and coordination needs across sectors and within agencies, system-wide measurable outcomes would increase and a duplication of efforts would decrease. Additionally, limited resources would be efficiently utilized.

Participants also expressed that there are sticking points between moving past the planning phase of collaborative efforts and into the action cycle. There was strong interest for these issues to be addressed via a more strategic, coordinated approach with multiple organizations and agencies working together. Overall, participants were hopeful for the future and saw that the work occurring in the region would increase in momentum to implement innovative, collaborative approaches towards health.

Awareness of Resources and Services

Participants repeatedly stated that people in the community are not always aware of the resources that are available to them. The need to improve communication and awareness about existing resources and services was emphasized. While resources such as 211 are considered helpful, more than just information or a list of resources is necessary to navigate the system. In addition, participants saw the need for more community outreach and health education.

Despite the challenges to accessing services, focus group participants did note the multitude of resources available in the metro area. Residents living in more densely populated areas of Eugene and Springfield described having easier access to health care facilities, supermarkets, and other services and resources. However, there are numerous barriers in accessing these resources and services in the outlying rural areas.

Navigation

"We have to help people navigate through really complex systems."

The importance and challenge of navigating systems, services, and resources was repeatedly mentioned throughout the focus groups. Participants described the health care system as complicated and difficult to navigate. Many highlighted health literacy and lack of knowledge as adding to the challenges of navigating a complex system, which creates a significant barrier to accessing services. Providers indicated that their clients often do not have the knowledge and skills to navigate the system and receive available resources.

Access to Affordable Healthcare

"When it comes to healthcare, it isn't just about providers, but also about helping people with the access to living healthy lives."

While it was recognized that there are large healthcare organizations in the region, many noted that affordable and timely care is lacking. Though the majority of the population now has health insurance, there are still barriers to accessing health care. There are also still individuals without health insurance or who are underinsured.

It is important for the system to create and maintain partnerships and expand access by adding staff, reducing costs, and increasing availability of services. Participants expressed frustration in trying to find providers that accept their insurance. Some indicated that they were fearful of using the health care system due to the unexpected costs, especially if they do not qualify for public assistance. Eligibility requirements, extent of coverage, and cost of prescription drugs were also frequently raised as barriers to care. Those who are not eligible for Oregon Health Plan but cannot afford private insurance or high deductibles were considered a vulnerable population.

"People have health insurance, but not necessarily access to healthcare."

It was also mentioned that the healthcare system capacity cannot meet the new demand since the expansion of Medicaid. Many expressed concern regarding a shortage of primary and specialty care physicians, facilities and clinics, and dental providers, especially in the context of a rapidly growing and aging population.

Focus group participants reported mixed experiences regarding quality of care. A few participants reported having negative experiences relating to stigma and discrimination, while other participants shared positive experiences.

> *"It's not just about access to affordable care, but access to quality care."*

Transportation can also be a barrier in accessing healthcare. There is a local county bus system, and a shuttle transportation service for seniors and people with disabilities, as well as Medicare and Medicaid clients through RideSource. According to many rural participants, the metro locations of facilities often are barriers to due to limited and costly transportation options.

Mental Health Care and Mental Wellness

> *"We are flooding the community with education on mental health and wellness, but then we don't have the resources to back it up."*

Throughout the focus groups it was stated that the current need for mental health care surpasses the availability of services. People with mental health issues often experience stigma around seeking help, do not know where to access care, and find services difficult to navigate. People also experience lengthy wait times to meet with a mental health provider. Many indicated that affordability was an issue due to either coverage of health insurance or lack of health insurance. Concern was also expressed regarding mental health and wellness services available in schools. There is a growing need for early intervention and preventative mental health services.

> *"Our local system needs to expand integration of mental health with primary care."*

Many noted that the issues of substance abuse and mental health are intricately intertwined, which makes addressing these issues even more challenging. Local treatment programs do exist, but the demand exceeds what is currently available. Integrating health care services and providing a continuum of care were seen as viable options for improving the capacity of the behavioral health system.

Many who are struggling with mental health issues are coming into contact with law enforcement, which often results in an arrest and is not an appropriate use of law enforcement services. Same day clinics and local organizations like Cahoots are working to fulfill the need for crisis intervention as an alternative for law enforcement intervention. The community feels that these organizations are doing well, but the services need to be expanded.

Community members and consumers who live in underserved and rural areas have added barriers to accessing mental health services. Additionally, many participants from non-English-speaking communities felt there is a lack of appropriate services. The lack of mental health care providers that are bilingual directly affects the timeliness of mental health services received by community members.

Access to Healthy Foods; Food Security

Having access to healthy foods was identified as necessary for the community to be healthy and thriving. An increasing number of stores across the region now have more of a variety of foods available to shoppers. However, a hindrance for purchasing these fresh foods continues to be affordability and location. Many expressed that some grocery stores are hard to access due to transportation barriers.

"There are a lot of organic and fresh produce here, but affordability is an issue."

"We aren't solving hunger, but we are feeding people."

As a community, we do a good job of providing food for today, but we really need to work on how to provide access to food for tomorrow. Long-term food security and stability is a struggle for low-income and rural families in the county. Local non-profits such as FOOD for Lane County were mentioned as successfully providing food for a large number of individuals and families in need.

The growing school garden projects and local community gardens have helped make fresh foods affordable and available to many residents who would otherwise not have access. Additionally, the region is known for the abundance of Famers Markets which offers local produce.

Education and Schools

Focus group participants expressed deep concern for the low high school graduation rate across the region compared to the state and national rates. Many felt that this could be improved, but also recognized that schools in the county have seen reduced funding leading to stretched resources.

"In the past 20 years, I've seen Lane County go from being at the 'top of our education game' to the bottom at a national level."

"We need better early education so kids have the best possible chance of doing well later in school and in life."

Additionally, concern was expressed with families and children not receiving proper education in schools to support healthy behaviors (i.e. nutrition, exercise, and alcohol/drug prevention). Some were also troubled by the reduction of important school programs like PE, art, and music due to funding cuts. These programs are necessary in the education system to build a healthier community starting with the school age population. There was also noted to be an increasing need for more cultural diversity education in school.

The associated costs were mentioned as barriers to accessing higher education and vocational training. Peer, financial and academic support services are necessary for students to be able to thrive as they transition from the school to the workforce.

"We need more academic support, especially for people of color."

Focus Group Themes by Sector

What are most important for the people your organization serves to be healthy and thriving?

Results from the 30 provider/stakeholder focus groups found the priorities to be:

- Access to Affordable and Quality Housing
- Collaboration, Coordination, & Navigation of Resources/Services
- Services for Vulnerable Populations
- Access to Affordable Healthcare
- Mental Health Care and Mental Wellness

Focus group results were additionally organized by sector. The following section highlights the identified themes and select participant quotes. It is important to note that the each quote reflects an individual's perspective and the themes reflect the perceptions of those participating in the focus groups and may not necessarily represent all providers in the Lane County region.

Mental/Behavioral Health

"We need more rapid access support centers like Whitebird. In terms of outreach, it's hard to access care. Having somewhere where people can call or go with an open door."

"There aren't enough mental health resources in schools."

Education

"Access to a quality education is an issue across the board for our community- there are huge disparities depending on the district."

"In general our schools are safe and our kids have access to receiving a good education, but they are still lacking quite a bit."

Health Systems

"Even in the face of significant disease, we try to treat the whole person and family unit as well."

"Just because you have insurance doesn't mean you have access to care."

"One of the things we find to be extremely helpful is community health workers. That's how we've been able to solve the access issues for many of our folks."

Human/Social Services

"We get told all the time 'you're the first ones who have really listened to me'."

"We aren't where we want to be, but we work hard to be respectful and provide equitable access. But we want to be even better."

"It requires a lot more than food and shelter to support homeless and get people back on their feet."

Food Security Services

"We need to step out of the food box, and we need more focus on jobs, job training, and more long term access to food."

"There needs to be more of a focus on nutritious food in the food box, families can't get fully nutritional meals out of one pantry box."

Housing

"There is a large focus on getting families in safe affordable housing, but individuals are falling through the cracks, and the waiting lists can be years long."

"Affordable housing: what we do, we do well. But we don't have enough."

Public Safety

"There is not enough access to substance abuse treatment for those who need it."

"Clients with serious mental health problems are being held in jail without proper mental health treatment."

"We do a great job at protecting people from physical crime and harm."

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Focus Group Themes by Target Population

What are most important for you and your family to be healthy and thriving?

Results from the 20 community member focus groups found the priorities to be:

- Services for Vulnerable Populations
- Access to Affordable and Quality Housing
- Access to Affordable Healthcare
- Education and Schools
- Food Security and Access to Healthy Foods

Focus group results were additionally analyzed by target population. The following section highlights the identified themes and select participant quotes. It is important to note that the each quote reflects an individual's perspective and the themes reflect the perceptions of those participating in the focus groups and may not necessarily represent all community members in the Lane County region.

Rural

"There is no access to mental health services in the rural area."

"When there is a need in this community people pull together and step up to the plate."

"A big glaring problem here is lack of mental health services and general preventative health services and prescriptions."

Low-Income

"We need local access for those who fall between the cracks: those of us who make too much money to get OH,P but not enough to pay for private insurance."

"I think having a livable wage takes so much stress off people, so then they are able to live a healthy life and make healthy choices."

Homeless

"There aren't enough places for people who want to get clean to go for drug and alcohol treatment."

"Eugene and Springfield are doing really well at feeding the homeless."

"There are still negative stereotypes around how people feel about homelessness."

HomelessServices
MentalHealthCare
HealthInformationNavigation
AffordableDrug&AlcoholTreatment
Housing
FoodStamps SeniorServices
Inpatient Religion
OHP-HealthCareAccess DisabledServices
LiveableWages ResourceAssistance
Tolerance IndigentBeds HealthyFood
Social/CommunitySupport
Compassion/Understanding
JobPrograms
LocalNonprofits
Transportation
SystemNavigation/Support

Latinos

"We need more interpreters to fill out forms."

"Volunteers in Medicine provide medicine and doctors."

"There is a need for more English language programs that are available and affordable to all."

AffordableHealthcare
EnglishClasses
NoPoliceDiscrimination
Scholarships
InterpretersForServices
DentalClinic HealthClinic
VolunteersInMedicine MoreDoctors
AccessToHealthyFood
Communication&Coordination
EmploymentCounselors
GeneralEducation
EmergencyCare
DriversLicenseToWork
Cultural&EducationalCenter

Teens

"Homelessness is a huge problem. Instead of addressing it productively they are creating laws that are prohibiting homelessness"

"There are some teen sexual assault services but there aren't enough."

"We need better resources for homeless kids at school."

HomelessServices&NoStigma
AlliesForPeopleOfColor
AddressingDiscrimination
ConfidentialHealthcareAccess PublicTransportation
MentalHealthCare
SchoolHealthcare
ER-ShorterWaitTimes
AffordableHousing AddressingPoverty
HigherMinimumWage
AffordableHealthyFood
SexualAssaultServices
RemoveE-cig/AlcoholFromSchools

College Students

"The transportation system is very good compared to a lot of places, but we need help navigating the LTD system."

"There is an availability of resources and non-profits in the area, but as students, we need to have more knowledge on resources in the community and how to access them. There feels like a separation between campus and the community."

"Lane County does a great job supporting active lifestyles"

"There are a lot of options for quality education, but none is really affordable because of the budget cuts and our costs are not affordable."

"The UO campus culture is supportive for some, but not inclusive for all. There is a lack of focus on education about cultural diversity, and lack of spaces and groups that promote cultural diversity. We also need more resources for minorities to access and acknowledge that there are not resources for all minorities and all groups of people."

Young Professionals

"We need more financial education for people who are in our age range. Our generation is very different and a lot of us are coming into adulthood with a lot of student loans. So even if we get to the place where we want to own our own home, how do we get there?"

"Time is always the limiting factor in my ability to be healthy and thriving."

Parents

"The social environment in schools is very healthy. Kids are very compassionate and inclusive and tolerant of each other."

"They just made marijuana legal, but don't have anything around educating our youth."

EducationSupportSystems
PreventativeDentalCare
AccessToResources
AccessToQualityJobs
GunControlStress
CommunityValuedHealthyLifestyle
CleanAir&Water
PublicSchoolFunding
ChildcareChoices
EarlyChildhoodSupport
HealthInsurance
FoodSecurity
AccessibleTransportation
AdequateAffordableSafeHousing
MentalHealthServices
ServicesForUnhoused
FamilyLivingWage

Disabled

"We need doctors who are aware that this is a team and not a hierarchy of leader and patient."

"The things that keep people with disabilities safe when they are out and in the community need to be improved."

UnderstandingApplicationOfADA
RecreationalActivitiesForDisabled
AccessibleResources
Education
KnowledgeableDoctors
PublicTransportation
Advocates
MentalHealthResources
PreventionServices
FamilyLivingWage
GapAssistance
FinancialEducation
HealthyFood
NutritionEducation
ResourceNavigation
Housing
PhysicalActivities
HomelessServices
Funding
PersonalGrowth
AccessibleAffordableHealthcare
DurableMedicalEquipmentServices
PrimaryCarePhysician

LGBTQ+

"To feel welcomed in when you arrive is really important."

"It is difficult to find a culturally appropriate mental health therapist for the LGBQT+ community."

"We need to have some very clear way locally to get gay men on prep. Primary care physicians are refusing to treat HIV-related illnesses, which isn't the case in other metro areas."

NoStigma
AffordableQualityHealthcare
WelcomingPeopleandInstitutions
NonProfits
KnowledgeableDoctors
GainfulEmployment
PrimaryCarePhysicianAccess
MentalWellness
AffordableQualityHousing
LGBTQ+FriendlyProviders
LGBTQ+Activities

"There aren't any trans-specific medical healthcare providers in Lane County"

DEMOGRAPHICS

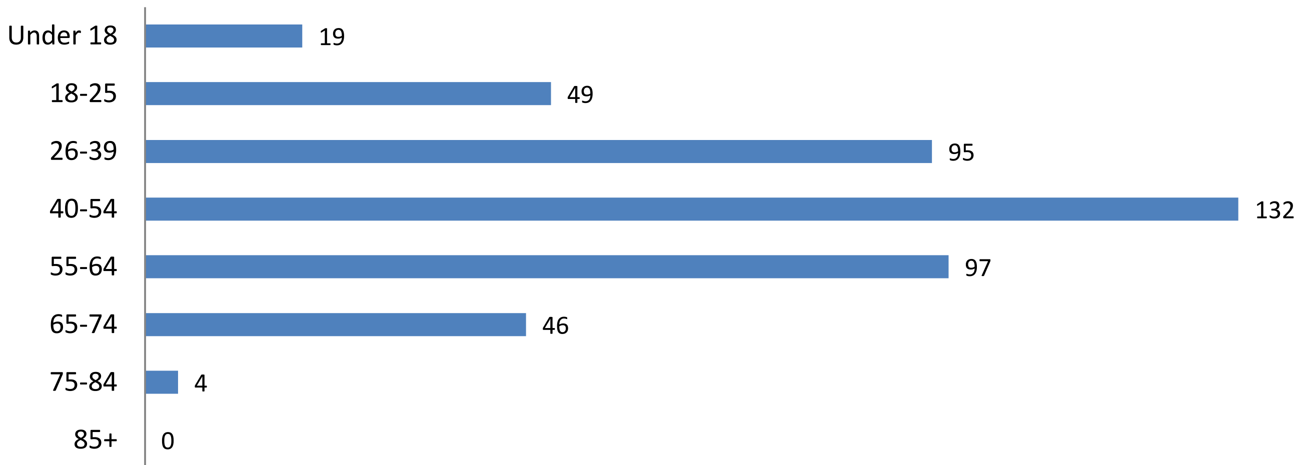
Focus group participants were asked to complete a demographic information sheet. This was a self-reporting form that mirrored the demographics questions included in the community health survey. The eight demographic questions included home zip code, age, household language, marital status, gender identity, education level, race/ethnicity, and income. Some demographic information is incomplete due to participants choosing not to answer all the questions. Compiled demographic results from all focus group participants who answered the demographic questions are listed below.

Focus Group Language

The community health focus groups were conducted in two languages: English and Spanish. 45 individuals participated in Spanish focus groups, and 455 participated in English focus groups.

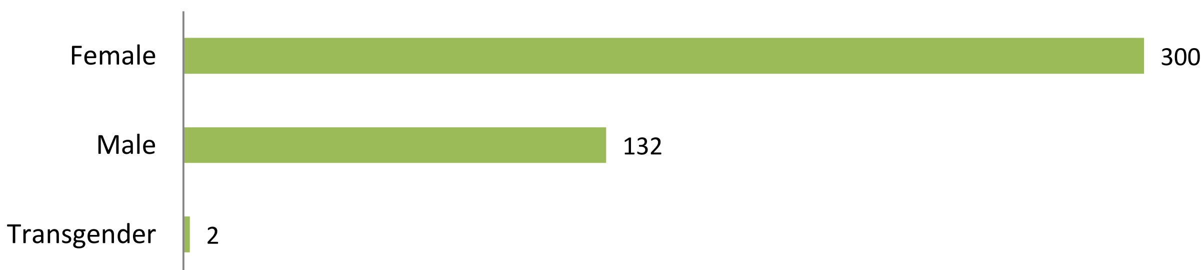
Age

Participants were asked to identify their age by selecting the applicable age range from 8 options. The majority of the respondents who answered this question were between the ages of 26 and 64, 14% were 25 or younger, and about 10% were 65 or older.



Gender Identity

Nearly 70% of the participants who selected a gender option identified themselves as female. Males were underrepresented in this survey as they account for approximately half of the general population in Lane County.



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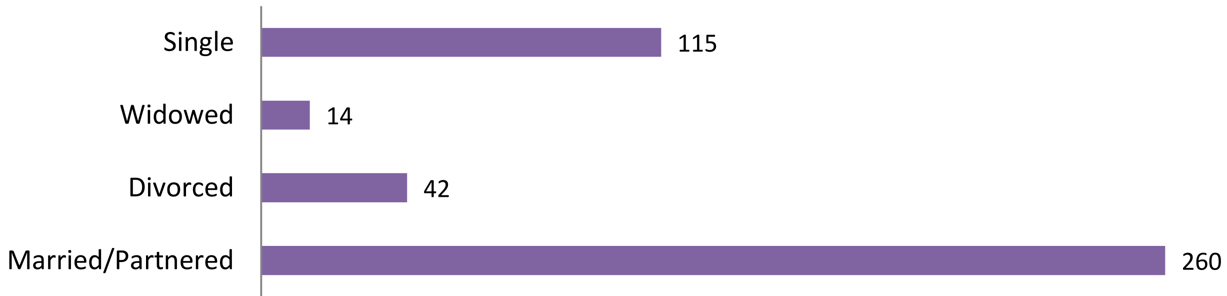
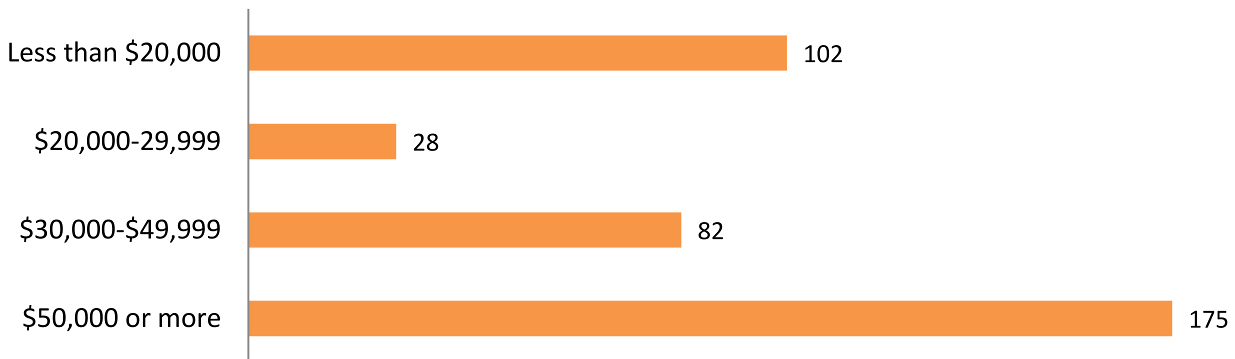
Marital Status

Well over half of the participants indicated they were married or partnered.



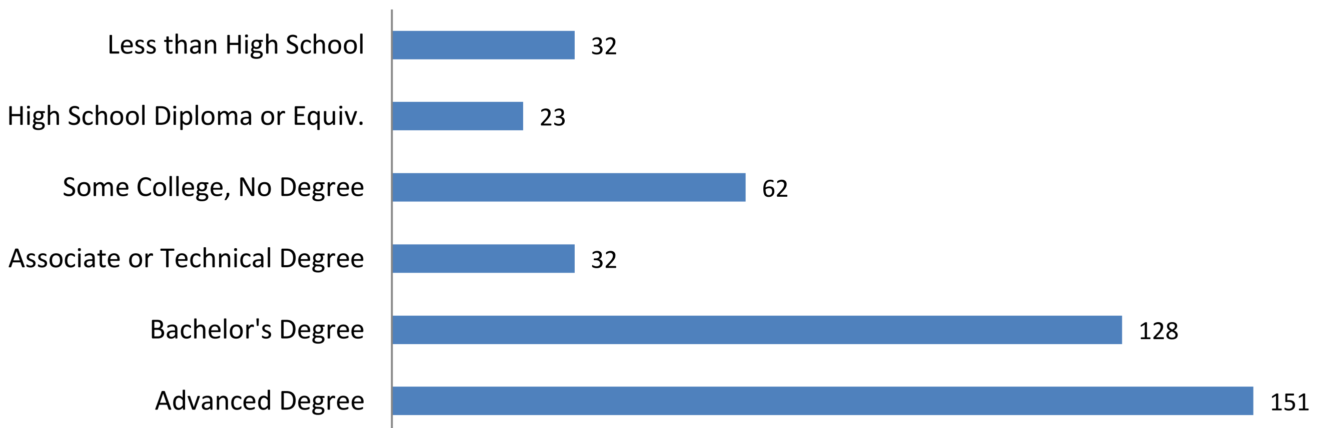
Annual Income

Of the participants who indicated their annual income, 27% earn less than $20,000 while 45% earn $50,000 or more.



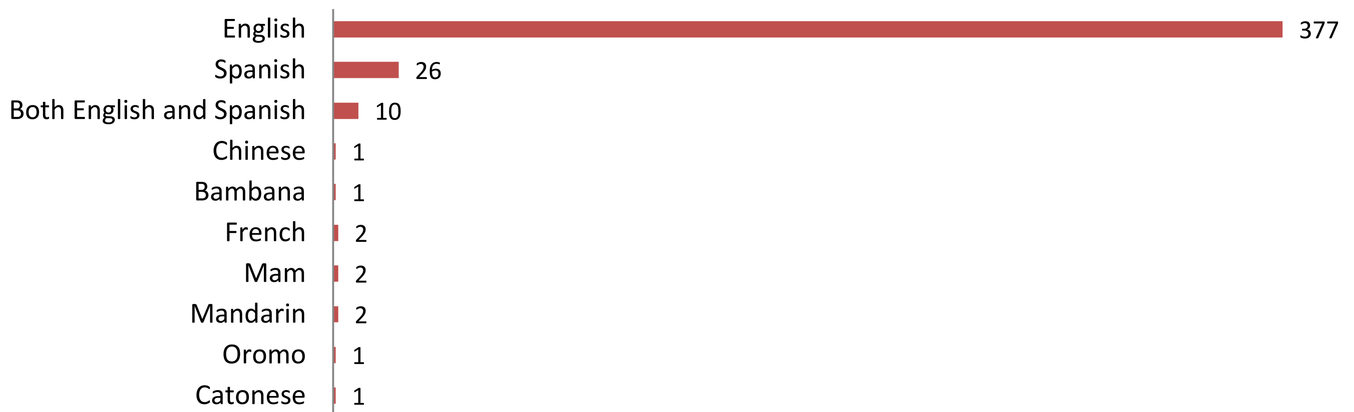
Highest Level of Education Completed

Slightly more than two thirds of the respondents who indicated their highest level of education completed held an associate or technical degree or higher.



Preferred Language at Home

Most participants indicated that they speak either English or Spanish at home, with other languages were also noted.



Race/Ethnicity

The majority of focus group participants indicated themselves to be White/Caucasian, but there were participants from all race/ethnic groups.

Race/Ethnicity	Count
Other White	9
Eastern European or Slavic	8
Western European	23
Middle Eastern or Nothern African	3
White/Caucasian	326
Other Latino	8
South American	4
Central American	14
Mexican American	17
Mexican	26
Other Pacific Islander	5
Guamanian/Chamorro	2
Native Hawaiian	2
Native American	20
Other Asian	3
Asian American	5
Laotian	2
Hmong	2
Korean	2
Vietnamese	2
Chinese	6
Other black	6
Caribbean	3
African-American	17
Other	8

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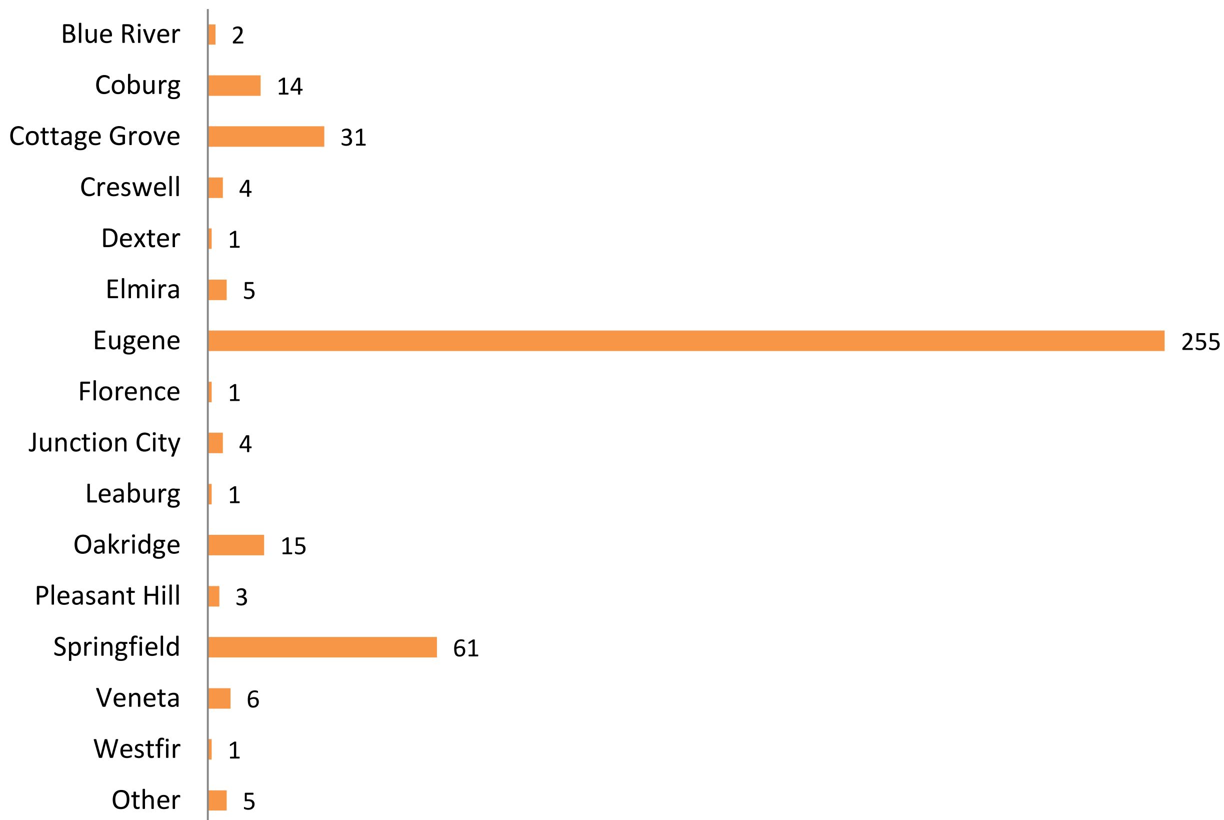
Residence

Analysis of the provided home zip codes confirmed that focus group participants represented most areas of the Lane County community.



FINAL THOUGHTS

The focus group participants were grateful for the opportunity to share their thoughts, concerns, and experiences. Many expressed their support for community-wide efforts to improve health in and look forward to being involved in the future. Below are select comments.

- *"I appreciated people taking their time to come and see us, and listen to our voices. Every voice and idea was heard."*
- *"I like how much community involvement there was."*
- *"I learned some new things about what our community is doing well, and the areas for improvement."*
- *"It was a very though provoking process."*
- *"I am excited to see where the next Community Health Improvement Plan goes."*
- *"I appreciated the willingness to listen to our opinions."*
- *"I liked the level of compassion."*
- *"I liked everyone's ideas of how we can make the community better."*
- *"I felt like this actually may have an impact."*
- *"It is inspiring to know how our voices will be used."*

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Community Themes and Strengths Assessment
♦ Key Informant Interviews ♦

PROCESS

Key informant interviews were selected as a qualitative data collection tool to gather in-depth input feedback from key leaders across the county and build awareness and support of the Community Health Needs Assessment and Community Health Improvement Plan.

Key informants are recognized as experts in their area who have authority or decision making power, access to resources, and can influence change. The CHNA Core Team, CHIP Workgroups, and Steering Committee identified potential key informants, who were contacted via email to request participation in an interview. The final key informants represented the following sectors: business, community and human services, criminal justice, education, emergency services, faith, government, law enforcement, media, medical/health services, mental/behavioral health, philanthropy, and transportation.

A total of 53 key informants from across the region were interviewed between September 25 and November 24, 2015. Each interview was conducted over the telephone by a trained United Way interviewer, and detailed notes were taken during the conversations. On average, the interviews lasted approximately 30 minutes.

In order to promote consistency in data collection and reporting, the CTS subcommittee developed a detailed key informant interview guide and all interviewers completed a one-hour training. The key informant interview guide includes the interviewer's script and questions, recommendations on how to effectively conduct an interview, and a template to document the interview notes.

Key informants were asked to keep in mind the broad definition of health adopted by the World Health Organization: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," while sharing the perspectives they have from their current position as well as experiences living in this community. The following interview questions explored participants' perceptions of the community's critical health issues and suggestions for addressing these issues:

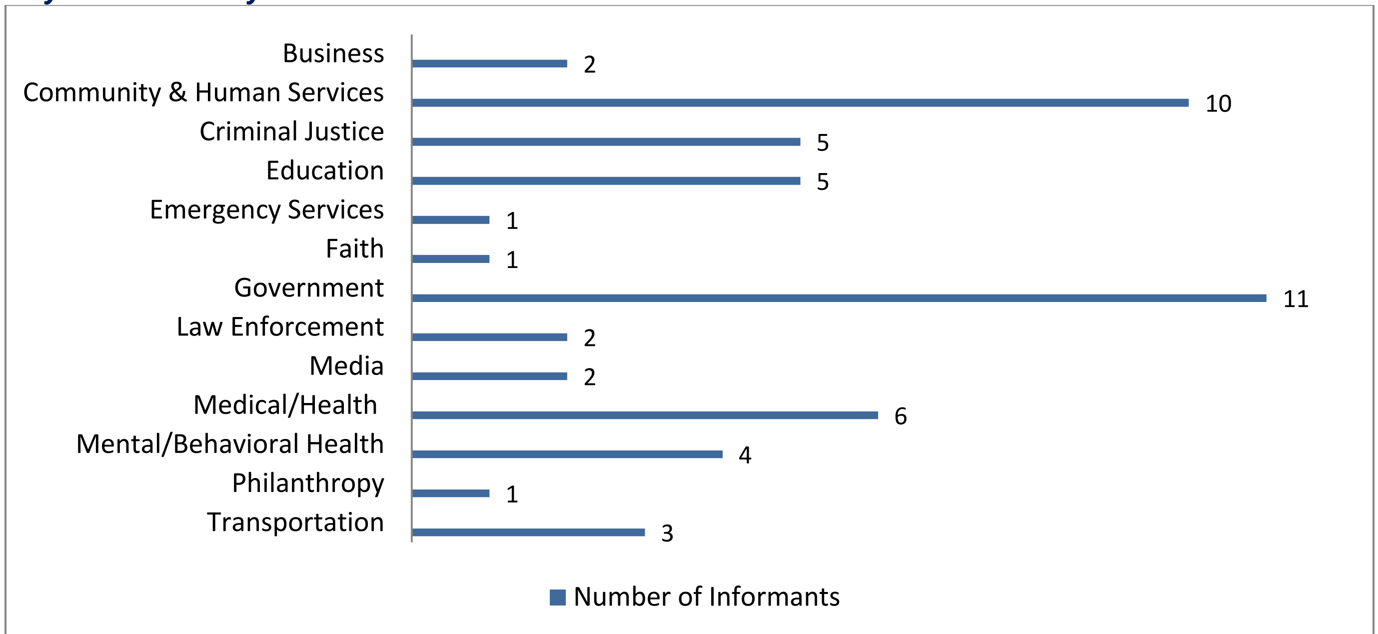
1. *In general, how would you rate health and quality of life in the Lane County region?*
2. *In your opinion, has health and quality of life in the Lane County region improved, stayed the same, or declined over the past few years?*
    a. *Why? What factors have contributed to this?*
3. *Are there people or groups of people in the Lane County region whose health or quality of life may not be as good as others?*
    a. *Who are these people/groups?*
    b. *Why do you think their health/quality of life is not as good as others?*
4. *What barriers, if any, exist to improving health and quality of life in the Lane County region?*
5. *In your opinion, what are the most critical health and quality of life issues in the Lane County region?*
6. *What needs to be done to address these issues?*
7. *In your opinion, what else will improve health and quality of life in the Lane County region?*
8. *Is there someone who you would recommend as another "key informant" for this assessment?*

Upon completion of the interviews, the notes were electronically entered and the key informants were informed of the next steps in the CHNA process and mailed a thank-you card.

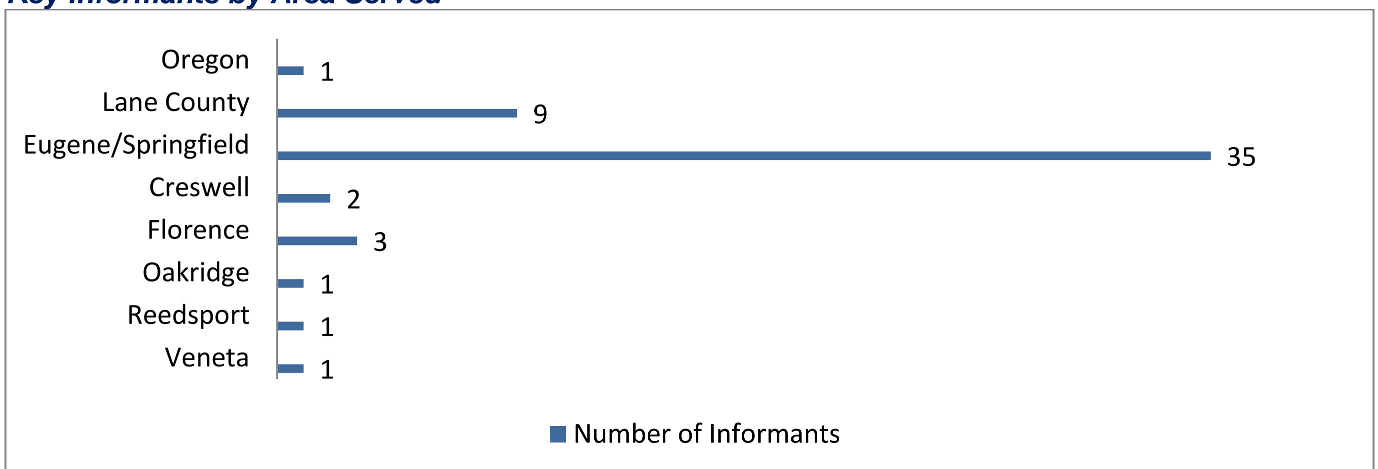
KEY INFORMANT CHARACTERISTICS

The 53 key informants represented the following sectors from across Lane County and Reedsport: business, community and human services, criminal justice, education, emergency services, faith, government, law enforcement, media, medical/health services, mental/behavioral health, philanthropy, and transportation. The average number of years living in the county was 26.6 and the average length in the current job position was 10.7 years.

Key Informants by Sector



Key Informants by Area Served



Data Analysis

Key informant interview responses were entered into a spreadsheet and coded categorically around similar topics. After the qualitative data was coded, each topic was assigned a total score based on the number of key informants who mentioned the topic.

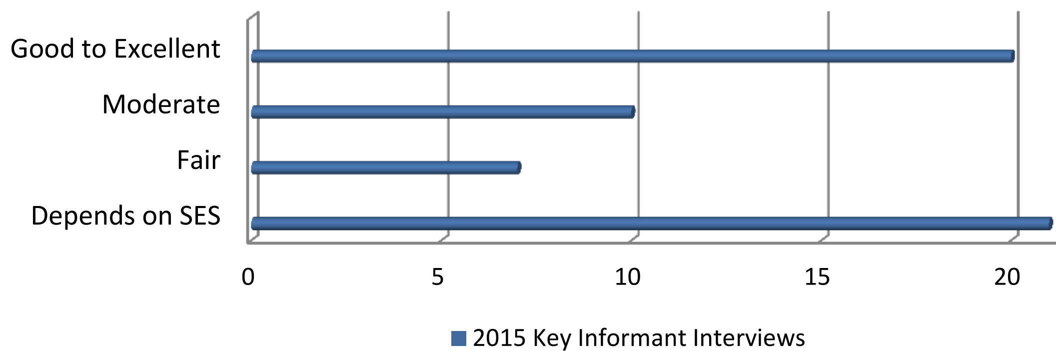
Key informant data was analyzed collectively. When relevant, the findings were compared with the 2012 Community Health Needs Assessment, which consisted of 36 key informant interviews.

The following sections provide the results of the key informant interviews as well as select comments. It is important to note that the responses and findings reflect the perceptions of those participating in the interviews and may not necessarily represent all those who live or work in the Lane County region.

Interview Results

How would you rate health and quality of life in the Lane County region?

The 2012 key informant responses were similar to the 2015 interviews.



"The quality of life isn't the same for everyone."

**Some key informants provided multiple responses*

Has health and quality of life in the Lane County region improved, stayed the same, or declined over the past few years?

In 2012 the majority of key informants indicated that health and quality of life in the Lane County region had declined over the past few years. The 2015 interviews indicate a notable shift: an almost even split between those who view health and quality of life as recently declining versus improving.

Why has the health and quality of life in the Lane County region either improved or declined?

Declined

Health System
- Funding cuts & over capacitated system
- Fewer younger doctors; not enough providers
- For-profit health systems: increased cost of care
- Quality of life depends on insurance coverage
- Less options for affordable & quality healthcare
- Lack of preventative medicine
- ER & urgent care access; Long wait times
- Mental health resources
- Focus on mental health crisis, not prevention

Healthy Behaviors and Health Status
- Increase of teen pregnancy
- Rising obesity rates
- Increasing suicide rate
- High accidental death rate
- Increase in smoking
- Drug and alcohol abuse
- Increased addictions & mental health issues

Environment and Safety
- Increase in crime & violence
- Public safety in communities
- Poor housing quality/safety

Socioeconomics
- Growth of poverty & economic disparity; Recession/economic conditions
- Inadequate amount of living wage jobs
- Continuing unemployment
- Lack of affordable housing
- Increase of homeless population
- Difficult for homeless to be healthy
- Declining quality of life for those without resources
- Lack of cultural diversity

Education
- Declining K-12 education systems

Community and Organizations/Services
- Incoordination between gaps
- Not looking at problems systematically
- Ideas are not progressive or integrative
- Decline of relationship & trust building
- Lack of implementation for good policies
- Difficult to access services & agencies
- Allocation of resources is not equitable
- Few resources/services available for veterans

Improved

Health System
- Affordable Care Act/ OHP/ Insurance Access
- Specialty care
- Disease is being treated
- Increased access to dental and behavioral health
- Integrated behavioral health
- Mental health services available in jail
- Prevention efforts
- More effort from health departments
- Higher density of social services
- More clinics & community health centers opening

Healthy Behaviors and Health Status
- Declining tobacco rates
- Smoking cessation of pregnant women
- More active due to geographic location
- Lifestyle awareness
- Personal accountability for health
- College town that is interested in access to education, mental, & physical health

Environment and Safety
- More farmers markets & healthy food in stores
- Metro area transportation
- Metro area parks & walking/biking trails
- Traffic safety has increased
- Cleaner air than 50 years ago

Socioeconomics
- More available jobs & resources
- Improving economic situation; decrease of financial stress
- Awareness of social determinants of health & emphasis of health as a broad perspective
- Public is educated about privilege

Community and Organizations/Services
- Communication & collaboration around projects between agencies (i.e. LTD and Trillium)
- Involvement of rural communities
- Engaged institutions
- Effort on improvement & addressing problems
- Investments in good population health outcomes
- Conversations about how we grow a sustainable community
- Paying attention to homelessness issue
- More resources available for low-income
- Active churches
- Use of libraries

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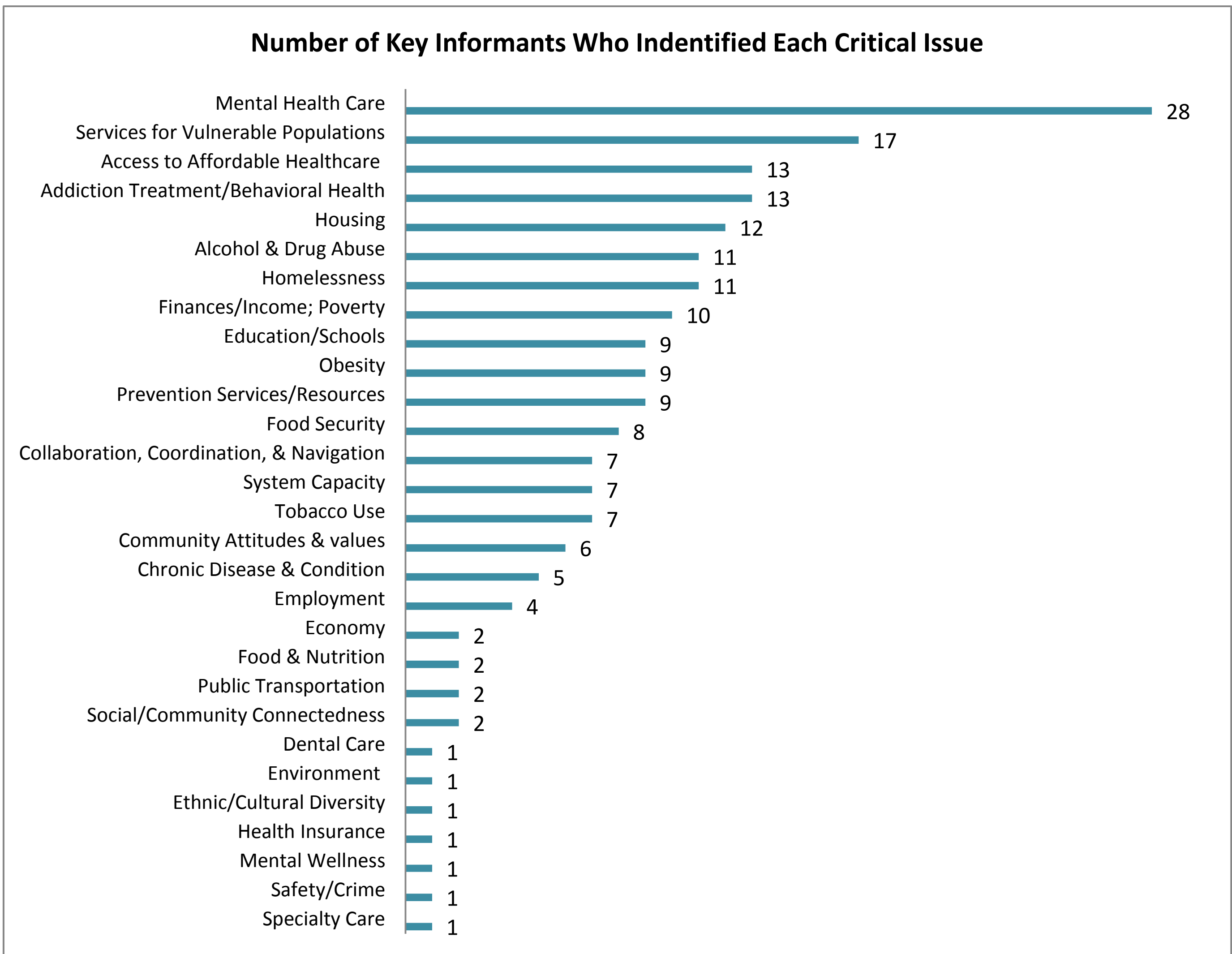
Interview Results – Critical Issues

What are the most critical health and quality of life issues in the Lane County region?

Results from the 2015 key informant interviews found the most frequently mentioned critical health and quality of life issues in the Lane County region are:

- Mental Health Issues and Care
- Health Disparities and Services for Vulnerable Population
- Healthcare Access and Affordability
- Access to Affordable Housing
- Alcohol/Drug Abuse and Addiction Treatment
- Poverty and Homelessness



In comparison, the 2012 key informant interviews revealed the most frequently reported critical health and quality of life issues to be:

- Poverty
- Access to Healthcare
- Obesity
- Substance Abuse and Services

Interview Results – Key Themes

The following section provided a greater level of detail from the key informant interviews regarding the top six critical health and quality of life issues, the barriers that exist to making improvements to the issues, and what needs to be done to address the issues.

What needs to be done to address these critical health and quality of life issues?

In general, the key informants agreed that in order to address the current critical health and quality of life issues in the Lane County region, the local public health system needs to focus on collectively and creatively coordinating their efforts, services, and resources. By working toward a common goal and following a specific action plan, we will be able to efficiently and effectively utilize the resources we *do* have. While we are successfully mobilizing our community to address issues, more focus needs to be placed on the next step: banding together to work on the solutions utilizing a collective impact model.

Mental Health

Mental health was the most frequently mentioned critical health and quality of life issue in the Lane County region by key informants. Interviewees reported rising rates of mental health conditions among residents in the region and the challenges caused by a shortage of mental health care providers and services. This shortage particularly impacts rural areas, ethnic minorities, homeless, and low-income individuals.

"The struggle of the economy has left a lot of people with mental health issues behind."

"There are a lot of organizations that focus on mental health crisis, but not enough focus on prevention."

Due to the difficulty of navigating the mental health care system, there is a large population experiencing mental health issues but waiting until a crisis arises to seek treatment. Because many organizations focus on mental health crisis treatment, early intervention is not as widely available due to the constraint of the lack of resources in the community. The stigma associated with mental illness and experiences of discrimination were identified as additional challenges to seeking early intervention.

Several key informants described the local mental health system as "crisis driven." As a result of the growing number of mental health needs, Eugene/Springfield metro services such as Cahoots cannot manage all the mental health crisis calls and law enforcement is commonly substituted for assistance. This scenario often results in the individual experiencing a mental health crisis being brought to jail. It was mentioned that a high percentage of the incarcerated population is dealing with mental health issues, so there is a growing need of expanding the mental health services in local jails.

Barriers

- System Capacity and Appropriateness of Care
  - Lack of mental health providers & services, and too many patients
  - Increasing caseload of school counselors
  - Shortage of bilingual/bicultural services
  - Timeliness of mental health care
  - Waiting until crisis/law enforcement gets called
  - University campus care allows a limited number of mental health visits
  - Inconsistency of insurance coverage offered for mental health services
- Socioeconomics & Access
  - Isolated rural areas & a lack of access to transportation
  - Low-income and working poor do not have time to make mental health appointments (also have the economic stress of taking time off work)
  - Access to health care insurance for the undocumented and gap population
- Education and Awareness
  - Stigma surrounding seeking treatment/care
  - Failing to deal with health as a broad concept

Potential Solutions

- Expanding System Capacity
  - Increase number of providers
  - More mental health crisis beds in centers
  - More rapid access to mental health (White Bird & Cahoots)
  - Expand Cahoots services in rural areas
  - Increase number of bilingual/bicultural mental health providers that take into account religion & cultural practices
  - Increased psychiatry services
- Coordination
  - Coordinate mental health & primary care
- Treatment
  - Focus on ongoing treatment; services beyond Cahoots
  - Create a system of treating & managing mental health outside of the court/jail
- Education and Awareness
  - Improved understanding of mental health issues and cultural acceptance of mental health services
- Prevention
  - Focus on the prevention of mental illness
  - Increase number of counselors in schools to have early intervention

Healthcare Access and Affordability

There is a collective recognition on the importance of shifting healthcare from a business to a community investment. Key informants indicated that while the Affordable Care Act improved access to health insurance, access to affordable and quality healthcare is still a critical issue in the Lane County region. There still are a substantial number of people that do not have access to basic health services. Despite the healthcare reform, it can be extremely difficult to find providers who accept Medicare/Medicaid, and many informants felt that these individuals were not treated the same as people with private insurance. Additionally, the healthcare system is extremely difficult to navigate, and not everyone can understand insurance plans and medical billing procedures.

"All the burden is on the consumers of the health care system and navigating it can be extremely stressful."

"Trillium is doing a great job, but the funding and projects haven't been in place long enough."

In general, informants indicated that there is a shortage of local healthcare providers. It is not uncommon for residents to be assigned a primary care provider outside of the Lane County region. Positively, local hospitals and nonprofit organizations offer numerous free services to the community and are trying to find solutions to meet the increased need.

Dental care and dental emergency care were also identified as being difficult to access. Low-income children can get dental coverage through school dental clinics, but adults cannot. Some of the local dentistry schools offer reduced cost dental clinics, but not everyone is aware of these services.

Barriers

- System Capacity
    - Lack of providers
    - Some clinics are not accepting new patients; Doctors don't want to take on OHP
    - People go through several Primary Care Physicians because doctors are leaving
- System Complexity
    - Difficulty navigating the health care system; burden/stress is on the consumer
    - Complexity of OHP
    - Understanding of medical rights
- Insurance
    - Quality of care depends on coverage
    - Not everyone has access to insurance
    - Insurance structure is dictating how medical business is run
- Cost
    - Cost of services & copays are increasing
- Appropriateness of Care
    - Language and cultural barriers
- Access for Certain Groups (i.e. undocumented, gap population, homeless, rural)
- Socioeconomics
    - Spiral of issues gets worse with stress
    - Transportation barriers for rural population-less volunteer drivers to pick up rural clients

Potential Solutions

- System Capacity
    - Increase supply of PCPs
    - Create incentives for PCPs to accept more OHP patients
    - Incentivize rural care
    - Create mobile care for rural areas/ extend city services to rural areas/ other vulnerable populations
    - Increase public health workers to improve the health of the community
    - More home-based care
    - Urgent care facility with X-ray in more rural areas
- System Complexity
    - Make it easier to navigate/understand
    - CCOs provide more education about their services
- Affordable Services
- Insurance
    - Lift insurance limitation bans
    - Create an Oregon insurance company
- Transportation Programs
- Coordination
    - Coordinate mental health & primary care
    - Coordinate across the healthcare system

Substance Abuse Issues and Addiction Treatment

Issues around drug and alcohol abuse were commonly mentioned by key informant participants. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse significantly contribute to costly social, physical, mental, and public health problems, including: teenage pregnancy, STDs, domestic violence, child abuse, unintentional injuries, physical fights, crime, homicide, and suicide. In addition to addressing the addiction and other health implications, a major focal point in key informant interviews was the importance of substance abuse prevention, particularly among youth. Substance use is beginning early in adolescence, and informants worry that the age of first use continues to lower due to changing social norms.

> *"We need to have places for people to go when they are ready for treatment."*

Additionally, there is an unmet need for more rehabilitation and transitional services for individuals seeking affordable addiction treatment. Key informants worry about limited treatment facilities and lack of capacity to handle substance abuse referrals. Lane County does have several substance abuse treatment centers; however, these treatment centers cannot meet the overall needs of the community. Increasingly, local law enforcement is responding to substance abuse crises and there are then few alternatives available other than jail.

Key informants acknowledge that there is a lack of community knowledge of treatment services available and that the focus is often on the negative issues of alcohol and drug use, rather than the positive services available in the community. Interviewees centered heavily on the need for community to create the conversation by getting leaders involved, the community excited, and communication started.

Barriers	Potential Solutions

• Restrictions
  ○ Too strict for treatment facilities
• System capacity
  ○ Lack of services for behavioral health
  ○ Lack of qualified addiction services
  ○ Lack of bed space
  ○ Lack of treatment facilities in rural areas
• Prevalence
  ○ Addiction and drug issues are very prevalent in certain areas of Lane County
• Community Awareness
  ○ Lack of concern about drug use
	• System Capacity - Treatment Services
	  ○ Successful rehab process
	  ○ Treatment for substance abuse
	  ○ More addiction recovery services
	• Public Awareness
	  ○ Taking a firm stance on drug problems
	• Education and Policies
	  ○ Comprehensive education and restriction on retail marijuana

Homelessness and Poverty

Poverty and homelessness arose in nearly every interview as a critical factor that permeates the lives of many residents. While the economy has improved since coming out of the recession, there is still much work to be done. Over the past few decades, there has been a widening split between the low and high-income households.

> *"The wealthy have gotten wealthier and that may be at the expense of the lower middle class and poor."*

> *"Poverty affects every part of us."*

Poverty was also discussed as a generational issue that was intensified by the economic recession and was a major contributor to many of the community's problems. Many identified poverty as the root of chronic stress experienced by families: parents needing to work multiple jobs, influencing the time available to provide support for their children, and affecting their mental and physical health.

Homelessness and poverty are inextricably linked. People at or below the poverty line are frequently unable to pay for housing, food, childcare, healthcare, and education. When limited resources are available to cover only some of these necessities, housing is often first priority. If you are low-income, you are essentially an illness, an accident, or a paycheck away from experiencing homelessness.

Key informants continuously noted that the percentage of homeless population steadily rose after the recession. The need for homeless services outweighs the resources available. Homeless people face specific challenges regarding health; interviewees stated that it is challenging for someone to think about health when that person is trying so hard just to survive. Positively, the community and organizations are beginning to focus on addressing these issues. Key informants mentioned community programs to address specific homeless populations such as the homeless youth with the "Fifteenth Night" Initiative.

Barriers	Potential Solutions

• Economy
  ○ Loss of the middle class
• Resources
  ○ There are not many resources to help the homeless population
  ○ Unequal distribution of resources
• Access
  ○ Rural access to services & quality jobs
  ○ Unhoused have no access to healthcare services
• Homeless issues are tied to mental health
• Substance abuse
• Failing to deal with health as a broad concept
	• Policies
	  ○ Make legal campgrounds
	  ○ Poverty & Homelessness Board needs to work on housing
	• Assistance
	  ○ Massive government assistance
	  ○ Every family needs a case manager, individualized financial plan, or outreach coordinator
	• Collective Impact
	  ○ Find creative ways to find shelter for the unhoused
	• Community Outreach
	  ○ Ask for input from the unhoused

Access to Affordable and Quality Housing

Access to housing was repeatedly mentioned as a critical health issue. Key informants focused on two aspects of housing and the links to health:

- *Housing affordability* which shapes home and neighborhood conditions and also affects the overall ability of people to make healthy choices.
- *Housing quality* which can impact physiological health (e.g., lead, asbestos, mold), psychological health (e.g., noise, inadequate light), and safety (e.g., falls, fires).

"It isn't uncommon for people to spend over half their income on housing."

"Because of the lack of affordable housing for the low-income, everything else goes downhill."

Numerous key informants indicated that housing is a basic human right. Where we live is at the very core of our daily lives. Given its importance, it is not surprising that factors related to housing have the potential to help–or harm–our health in major ways.

An overwhelmingly high percentage of households in the region are cost-burdened. With a high cost of living compared to median income, housing ends up absorbing a high proportion of a household's income. Unaffordable housing costs affect health by reducing the income that a household has available for nutritious food and necessary health care expenses. In addition, the burden takes a toll on one's mental health and wellness, which increases susceptibility to physical illness. Frequent moves, eviction, foreclosure, and living in doubled-up housing are also related to elevated stress levels, depression, and hopelessness. In extreme cases, residential instability affects health through the physical and mental deprivations of homelessness.

Barriers	Potential Solutions

• System Capacity
  ○ People on housing waiting lists don't have shelter while they wait
• Cost of Living vs. Income
  ○ People are spending the majority of their income on housing
  ○ Low-income people spend too much of their resources on housing
  ○ The cost of housing is high
• Housing Quality
  ○ There are more people living in marginal housing
	• Integration
	  ○ Trillium should look at housing based services
	  ○ Implement the Housing First model: an approach that centers on providing homeless people with housing quickly and then providing wrap-around services

Health Disparities and Services for Vulnerable Populations

Healthy People 2020 National Stakeholder Strategy for Achieving Health defines health disparity as: "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Key informants recognized that socioeconomic and geographic factors have a significant impact on people's health priorities, their ability to seek services, access to resources, stress level, and opportunities to engage in healthful lives. The constraint of organizational resources creates a challenge for delivering services and care that aim to meet the multitude of needs across the region. While strong health care and human services were reported to exist in the Eugene/Springfield metro area, vulnerable populations– such as the socially isolated elderly, non-English speaking residents, those living with disabilities, geographically isolated, and the low-income – encounter continued difficulties in accessing resources and services. While more services resources are reported to be available for these vulnerable populations than there have been in the past, the need exceeds the current supply.

Barriers

- Transportation
  - Rural areas struggle with access to services due to limited/slow public transportation
- Language and Culture
  - Language & cultural barriers
  - Language barrier to high wage jobs for English as second language population
- System Complexity
  - Complexity of navigating the system
- Access to Healthcare
  - Lack of health insurance coverage for the undocumented & gap population
  - Unhoused have no access to healthcare services
- System Capacity
  - Time or cost constraints (e.g., limited hours of operation of health care & human services)
  - Lack of emergency services for rural population
  - Funding cuts
- Lack of Resources
  - Veterans need help, not enough resources; no facilities in our community, live at the ER for months
  - Information isn't available for those with disabilities and medically disadvantaged
- Socioeconomics
  - Inequities in low-income population
  - Low-income population needs access to financial resources
  - Poverty can be cyclical & generational
  - SES discrepancies growing

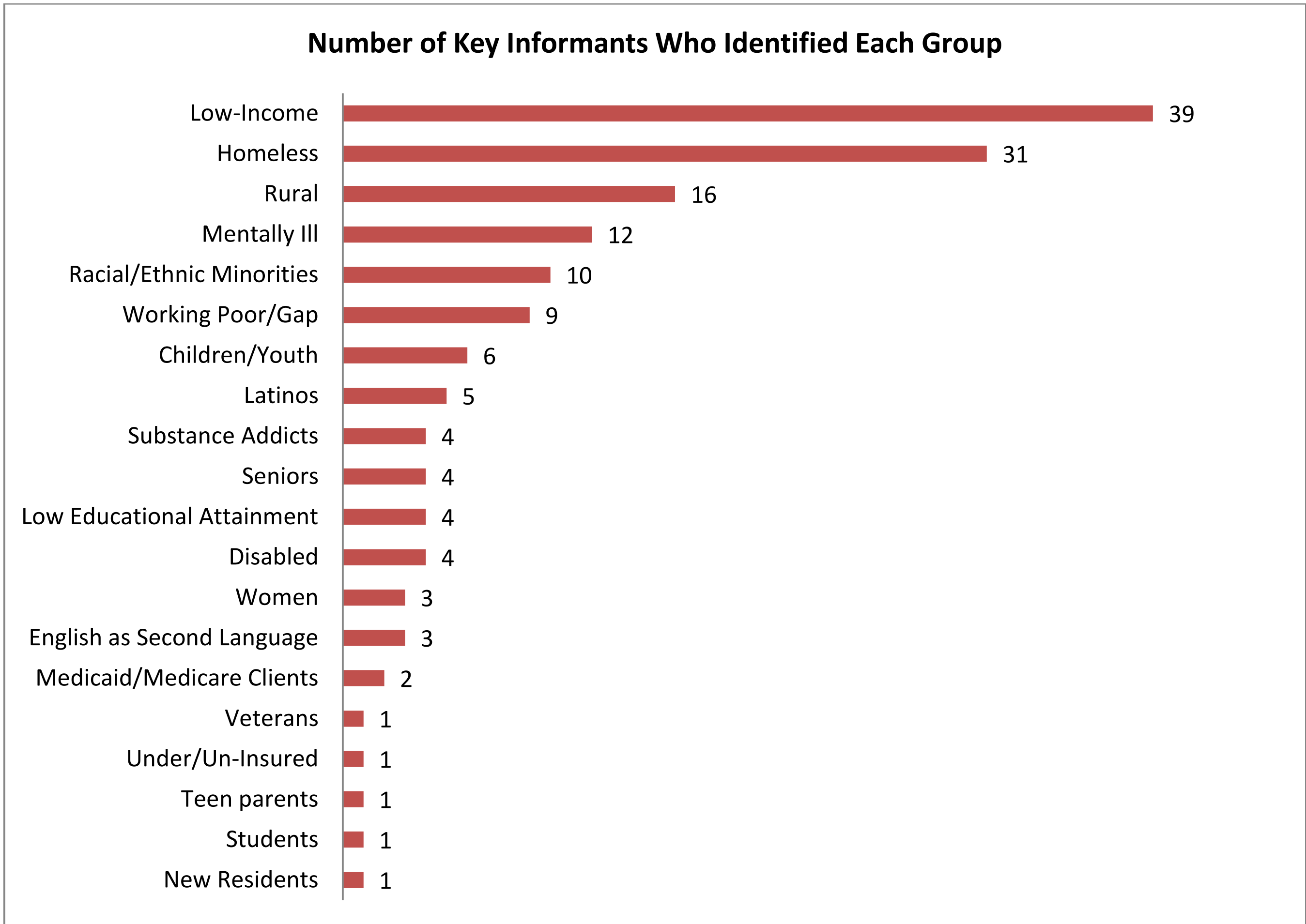
Potential Solutions

- Technology
  - Telemedicine options for rural
- Community Outreach, Education, & Communication
  - Figure out how to convey to the families that we understand the struggle & we are not going to stop & these are the steps we are going to take
  - More outreach for the most vulnerable & support these people
  - Educate the public about disparities
- Equitable Health Insurance
- Collaboration and Coordination
  - Partnering with county
  - Incentives for clinics to open
  - Speed up actions of CCOs
  - Residency program
  - Working with Kaiser & leveraging their resources

"A lot of people are being left behind and we need to find and implement non-traditional solutions."

All 53 key informants indicated that there are people and/or groups of people whose health and quality of life is not as good as others. Key informants stressed that populations experiencing social, economic, and/or geographic disadvantage(s) are most affected by critical health issues and have greater obstacles to health.

What people or groups of people experience worse health and quality of life than others?



Why is their health and quality of life worse than others?

Low-Income

Economically disadvantaged populations in the region have lower median incomes and fewer health-related outlets (e.g., access to healthy foods and recreational facilities). Families often consist of parents working multiple jobs and still not being able to make ends meet. Key informants stated that low-income families experience stress due to multiple factors including: the high cost of living (housing and child care), access to financial resources, and affordability of healthcare.

Homeless

People experiencing homelessness suffer different health outcomes due to the instability of their circumstances. Lack of shelter, access to resources and housing, and the focus on survival were mentioned as barriers to better health outcomes.

Rural

The split between the “haves and the have not’s” is additionally evident when comparing the Eugene/Springfield metro to the outlaying rural areas. Rural residents experience different health outcomes due to their geographic location. There are limited resources as far as health care; for example, there are no x-ray machines or urgent care in Oakridge so they must travel to Eugene in order to see a physician and receive care. There is a lack of employment opportunities for the rural community and a lack of public transportation options.

Ethnic Minorities

The increasing diversity of the region presents a need for significantly more culturally and linguistically appropriate services. Latinos were identified as a vulnerable population whose concerns stand to be exacerbated by the population growth in the region, particularly among youth. Several key informants focused on how current challenging issues in the community– specifically, lack of culturally and linguistically appropriate care and limited educational and employment opportunities– disproportionately affect this population.

Undocumented

People who are undocumented have difficulty accessing social service benefits as well as access to the healthcare system due to their citizenship status. Immigrants and the undocumented experience stress because of language barriers, stigma and discrimination, and the lack of readily available information regarding services.

Seniors

The senior population experiences different health outcomes and has an increased need for specialized services. The burden of chronic disease management as well as economic situation (rely on social security) affects this population’s daily lives.

Disabled

The disabled experience disparities in the form of unequal/insufficient employment opportunities, non-ADA compliant environments, and discrimination.

LiveHealthy LANE

CTSA: Appendix A

Survey Results - Demographic Analysis Top Responses

What are most important for creating a healthy community?

By Survey Language:

English	Spanish
Access to healthcare (63.7%)	Access to healthcare (73.4%)
Access to affordable, healthy food (51.3%)	Access to affordable, healthy food (60.9%)
Good jobs & healthy economy (34.8%)	Access to services for children & families (35.9%)

By Gender:

Female	Male	Not Reported
Access to healthcare (64.4%)	Access to healthcare (62.5%)	Access to affordable, healthy food (69.2%)
Access to affordable, healthy food (53.6%)	Access to affordable, healthy food (46.3%)	Access to healthcare (48.7%)
Affordable housing (33.6%)	Good jobs & healthy economy (38.3%)	Low crime/safe neighborhoods (41%)

By Race/Ethnicity:

Asian	Caucasian	Native American	Mixed Race	Hispanic	Non-Hispanic
Access to healthcare (60%)	Access to healthcare (63.9%)	Access to healthcare (57.7%)	Access to healthcare (65.5%)	Access to healthcare (66%)	Access to healthcare (63.8%)
Access to affordable, healthy food (44%)	Access to affordable, healthy food (50.9%)	Access to affordable, healthy food (53.8%)	Access to affordable, healthy food (58.4%)	Access to affordable, healthy food (53.2%)	Access to affordable, healthy food (51.2%)
Good jobs & healthy economy (44%)	Good jobs & healthy economy (36%)	Access to services for children & families (42.3%)	Affordable housing (36.3%)	Access to services for children & families (32.1%)	Good jobs & healthy economy (35.4%)

By Geography:

West Lane (District 1)	Springfield (District 2)	South Eugene (District 3)	North Eugene (District 4)	East Lane (District 5)
Access to healthcare (65.2%)	Access to healthcare (65.8%)	Access to healthcare (64.8%)	Access to healthcare (63.5%)	Access to healthcare (61.9%)
Access to affordable, healthy food (51.3%)	Access to affordable, healthy food (53.2%)	Access to affordable, healthy food (47.2%)	Access to affordable, healthy food (54.4%)	Access to affordable, healthy food (50%)
Good jobs & healthy economy (38.3%)	Good jobs & healthy economy (36.5%)	Good jobs & healthy economy (33.9%)	Good schools (36.8%)	Good jobs & healthy economy (37.3%)

By Age:

18-25	26-39	40-54	55-64	65-74	75-84
Access to healthcare (62.7%)	Access to healthcare (59.4%)	Access to healthcare (61.4%)	Access to healthcare (69.5%)	Access to healthcare (74.8%)	Access to healthcare (73.1%)
Access to affordable, healthy food (64.1%)	Access to affordable, healthy food (53.6%)	Access to affordable, healthy food (51%)	Access to affordable, healthy food (47.1%)	Access to affordable, healthy food (48.1%)	Access to affordable, healthy food (53.8%)
Affordable housing (42.3%)	Good jobs & healthy economy (34%)	Good jobs & healthy economy (36.4%)	Good jobs & healthy economy (37.7%)	Affordable housing (39.7%)	Affordable housing (53.8%)

By Education:

Less than High School Diploma	High School Diploma/GED	Some College, No Degree	Associate/Technical Degree	Bachelor's Degree	Advanced Degree
Access to healthcare (64.8%)	Access to healthcare (65.3%)	Access to healthcare (67.2%)	Access to healthcare (68.9%)	Access to healthcare (62.1%)	Access to healthcare (66%)
Access to affordable, healthy food (50%)	Access to affordable, healthy food (51.4%)	Access to affordable, healthy food (56.3%)	Access to affordable, healthy food (59.6%)	Access to affordable, healthy food (50.9%)	Access to affordable, healthy food (56.6%)
Good schools (38.9%)	Affordable housing (41.7%)	Good jobs & healthy economy (37.2%)	Good jobs & healthy economy (35%)	Good jobs & healthy economy (33.7%)	Affordable housing (56.6%)

By Income:

Less than $20,000	$20,000-$29,999	$30,000-$49,999	Over $50,000
Access to healthcare (67.8%)	Access to healthcare (57.7%)	Access to healthcare (67.8%)	Access to healthcare (62%)
Access to affordable, healthy food (59.8%)	Access to affordable, healthy food (57.7%)	Access to affordable, healthy food (53.3%)	Access to affordable, healthy food (45.7%)
Affordable housing (46.8%)	Affordable housing (38.8%)	Affordable housing (34%)	Affordable housing (37.8%)

Which problems do you feel have the biggest impact on health in your community?

By Survey Language:

English	Spanish
Alcohol & drug abuse (60.8%)	Alcohol & drug abuse (61.9%)
Lack of affordable housing & homelessness (51%)	Lack of access to healthcare (48.4%)
Lack of access to healthcare (42.7%)	Discrimination & racism (39.1%)

By Gender:

Female	Male
Alcohol & drug abuse (61.9%)	Alcohol & drug abuse (59.4%)
Lack of affordable housing & homelessness (51.6%)	Lack of affordable housing & homelessness (46.1%)
Lack of access to healthcare (42.8%)	Lack of access to healthcare (43.1%)

By Race/Ethnicity:

Asian	Caucasian	Native American	Mixed Race	Hispanic	Non-Hispanic
Alcohol & drug abuse (48%)	Alcohol & drug abuse (61%)	Alcohol & drug abuse (73.1%)	Alcohol & drug abuse (59.8%)	Alcohol & drug abuse (61.5%)	Alcohol & drug abuse (60.9%)
Poverty (48%)	Lack of affordable housing & homelessness (51.4%)	Lack of affordable housing & homelessness (50%)	Lack of affordable housing & homelessness (55.4%)	Lack of access to healthcare (44.2%)	Lack of affordable housing & homelessness (51.2%)
Lack of access to healthcare (44%)	Lack of access to healthcare (42.8%)	Lack of access to healthcare (30.8%)	Poverty (42%)	Lack of affordable housing & homelessness (41.7%)	Lack of access to healthcare (42.5%)

By Geography:

West Lane (District 1)	Springfield (District 2)	South Eugene (District 3)	North Eugene (District 4)	East Lane (District 5)
Alcohol & drug abuse (69.6%)	Alcohol & drug abuse (67.9%)	Lack of affordable housing & homelessness (54.1%)	Alcohol & drug abuse (60.2%)	Alcohol & drug abuse (64.5%)
Lack of affordable housing & homelessness (46.1%)	Lack of affordable housing & homelessness (44.4%)	Alcohol & drug abuse (51.8%)	Lack of affordable housing & homelessness (55.6%)	Lack of access to healthcare (43.2%)
Lack of access to healthcare (39.1%)	Lack of access to healthcare (39.1%)	Poverty (44.4%)	Lack of access to healthcare (44.4%)	Poverty (40.5%)

By Age:

18-25	26-39	40-54	55-64	65-74	75-84
Lack of affordable housing & homelessness (55.6%)	Alcohol & drug abuse (61.4%)	Alcohol & drug abuse (63.6%)	Alcohol & drug abuse (62.1%)	Lack of affordable housing & homelessness (54.2%)	Alcohol & drug abuse (65.4%)
Alcohol & drug abuse (54.2%)	Lack of affordable housing & homelessness (50.8%)	Lack of affordable housing & homelessness (46.3%)	Lack of affordable housing & homelessness (50.1%)	Alcohol & drug abuse (52.7%)	Lack of access to healthcare (50%)
Poverty (36.6%)	Lack of access to healthcare (45%)	Lack of access to healthcare (40.7%)	Lack of access to healthcare (43.3%)	Lack of access to healthcare (49.6%)	Lack of affordable housing & homelessness (46.2%)

By Education:

Less than High School Diploma	High School Diploma/GED	Some College, No Degree	Associate/ Technical Degree	Bachelor's Degree	Advanced Degree
Alcohol & drug abuse (68.5%)	Alcohol & drug abuse (71.5%)	Alcohol & drug abuse (66.3%)	Alcohol & drug abuse (64.5%)	Alcohol & drug abuse (56.5%)	Alcohol & drug abuse (55.2%)
Lack of affordable housing & homelessnes s (46.3%)	Lack of affordable housing & homelessness (52.1%)	Lack of affordable housing & homelessness (51.3%)	Lack of affordable housing & homelessness (46.4%)	Lack of affordable housing & homelessness (51.7%)	Poverty (49.7%)
Lack of access to healthcare (37%)	Lack of access to healthcare (34.7%)	Lack of access to healthcare (39.4%)	Lack of access to healthcare (45.4%)	Lack of affordable housing & homelessness (46.3%)	Lack of affordable housing & homelessness (48%)

By Income:

Less than $20,000	$20,000-$29,999	$30,000-$49,999	Over $50,000
Lack of affordable housing & homelessness (59.9%)	Alcohol & drug abuse (62.9%)	Alcohol & drug abuse (56.5%)	Alcohol & drug abuse (71.3%)
Alcohol & drug abuse (57.9%)	Lack of affordable housing & homelessness (55.2%)	Lack of affordable housing & homelessness (51.8%)	Lack of affordable housing & homelessness (48%)
Lack of access to healthcare (39.5%)	Lack of access to healthcare (47.8%)	Lack of access to healthcare (44.7%)	Lack of access to healthcare (35.7%)

What do you enjoy most about living in the Lane County region?

By Survey Language:

English	Spanish
Availability of parks & recreational/ natural areas (67.2%)	Availability of parks & recreational/ natural areas (71.9%)
Clean environment (38.8%)	Clean environment (34.4%)
Strong sense of community & community engagement (38.3%)	Access to affordable, healthy food (34.4%)

By Gender:

Female	Male
Availability of parks & recreational/ natural areas (69.1%)	Availability of parks & recreational/ natural areas (61.9%)
Strong sense of community & community engagement (38%)	Clean environment (43.9%)
Clean environment (37.4%)	Strong sense of community & community engagement (35.3%)

By Race/Ethnicity:

Asian	Caucasian	Native American	Mixed Race	Hispanic	Non-Hispanic
Availability of parks & recreational/ natural areas (64%)	Availability of parks & recreational/ natural areas (68.8%)	Availability of parks & recreational/ natural areas (69.2%)	Availability of parks & recreational/ natural areas (66.1%)	Availability of parks & recreational/ natural areas (57.7%)	Availability of parks & recreational/ natural areas (68.9%)
Strong sense of community & community engagement (40%)	Strong sense of community & community engagement (40%)	Transportation options (42.3%)	Clean environment (40.2%)	Clean environment (38.5%)	Strong sense of community & community engagement (39.1%)
Clean environment (28%)	Clean environment (38.8%)	Clean environment (38.5%)	Access to affordable, healthy food (32.1%)	Transportation options (33.3%)	Clean environment (39.1%)

By Geography:

West Lane (District 1)	Springfield (District 2)	South Eugene (District 3)	North Eugene (District 4)	East Lane (District 5)
Availability of parks & recreational/ natural areas (59.5%)	Availability of parks & recreational/ natural areas (72.2%)	Availability of parks & recreational/ natural areas (70.9%)	Availability of parks & recreational/ natural areas (65.9%)	Availability of parks & recreational/ natural areas (63.4%)
Clean environment (49.5%)	Clean environment (35.1%)	Strong sense of community & community engagement (42.6%)	Strong sense of community & community engagement (39%)	Clean environment (46.7%)
Strong sense of community & community engagement (40.5%)	Transportation options (31.5%)	Clean environment (38.5%)	Clean environment (35.5%)	Strong sense of community & community engagement (33.9%)

By Age:

18-25	26-39	40-54	55-64	65-74	75-84
Availability of parks & recreational/ natural areas (58.4%)	Availability of parks & recreational/ natural areas (74.5%)	Availability of parks & recreational/ natural areas (70.5%)	Availability of parks & recreational/ natural areas (64.4%)	Availability of parks & recreational/ natural areas (53.8%)	Access to affordable, healthy food (65.2%)
Transportation options (45.8%)	Strong sense of community & community engagement (36.7%)	Clean environment (39.8%)	Clean environment (41.2%)	Strong sense of community & community engagement (48.5%)	Strong sense of community & community engagement (39.1%)
Clean environment (43.7%)	Transportation options (33.9%)	Strong sense of community & community engagement (33.5%)	Strong sense of community & community engagement (41%)	Clean environment (40.8%)	Availability of healthcare services (34.8%)

By Education:

Less than High School Diploma	High School Diploma/GED	Some College, No Degree	Associate/ Technical Degree	Bachelor's Degree	Advanced Degree
Availability of parks & recreational/ natural areas (56.6%)	Availability of parks & recreational/ natural areas (51.8%)	Availability of parks & recreational/ natural areas (62.6%)	Availability of parks & recreational/ natural areas (63.4%)	Availability of parks & recreational/ natural areas (73.3%)	Availability of parks & recreational/ natural areas (58.5%)
Transportation options (37.7%)	Transportation options (37.6%)	Clean environment (39%)	Clean environment (42.6%)	Clean environment (39.4%)	Clean environment (35.8%)
Access to affordable, healthy food (34%)	Clean environment (34%)	Strong sense of community & community engagement (35.2%)	Strong sense of community & community engagement (36.6%)	Strong sense of community & community engagement (38.4%)	Access to affordable, healthy food (35.8%)

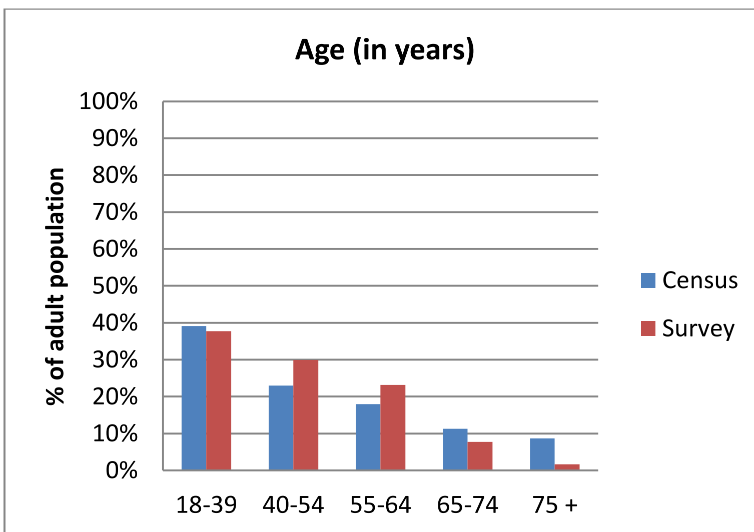
By Income:

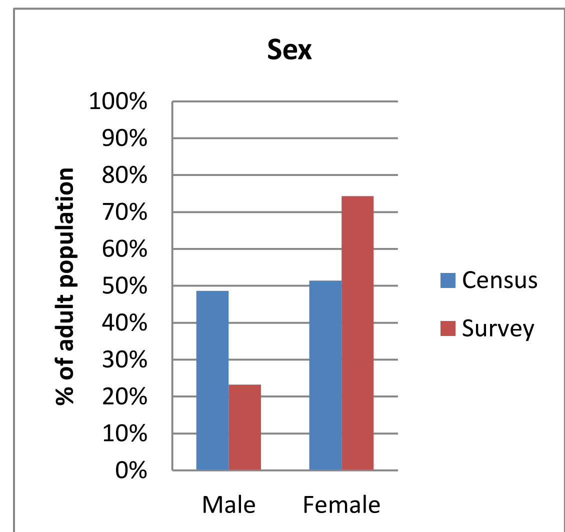
Less than $20,000	$20,000-$29,999	$30,000-$49,999	Over $50,000
Availability of parks & recreational/ natural areas (54.7%)	Availability of parks & recreational/ natural areas (69.7%)	Availability of parks & recreational/ natural areas (72.4%)	Availability of parks & recreational/ natural areas (71.7%)
Transportation options (45.1%)	Strong sense of community & community engagement (37.4%)	Clean environment (39.2%)	Clean environment (41.9%)
Clean environment (34.9%)	Transportation options (32.8%)	Strong sense of community & community engagement (38.9%)	Strong sense of community & community engagement (40.1%)

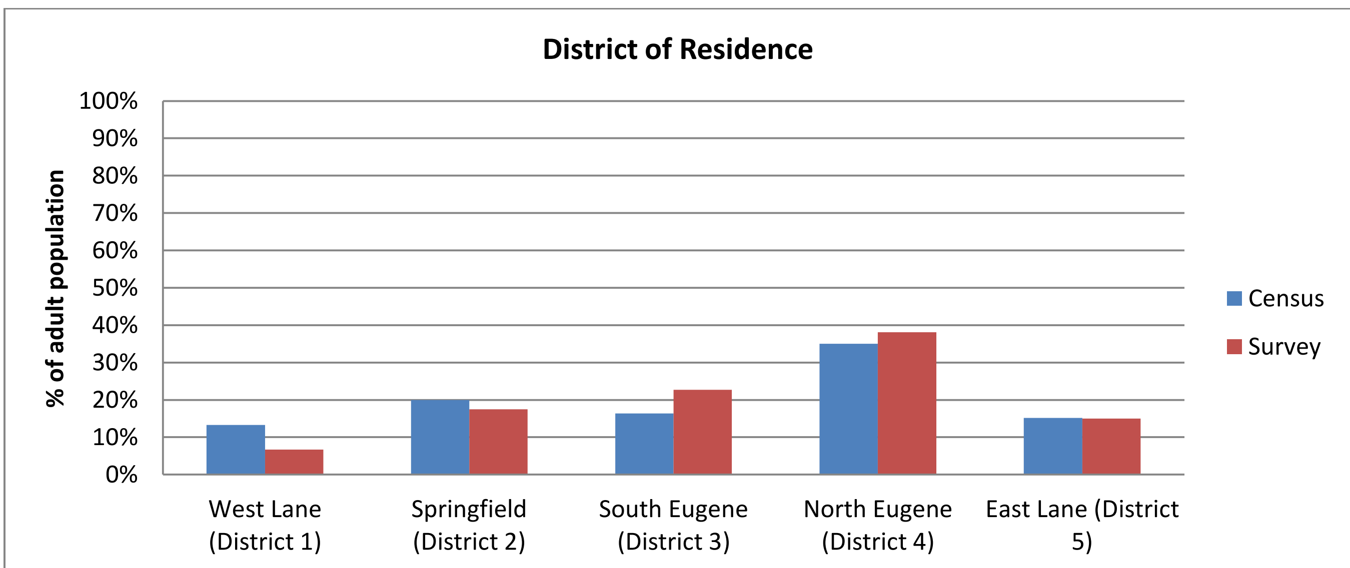
CTSA: APPENDIX B

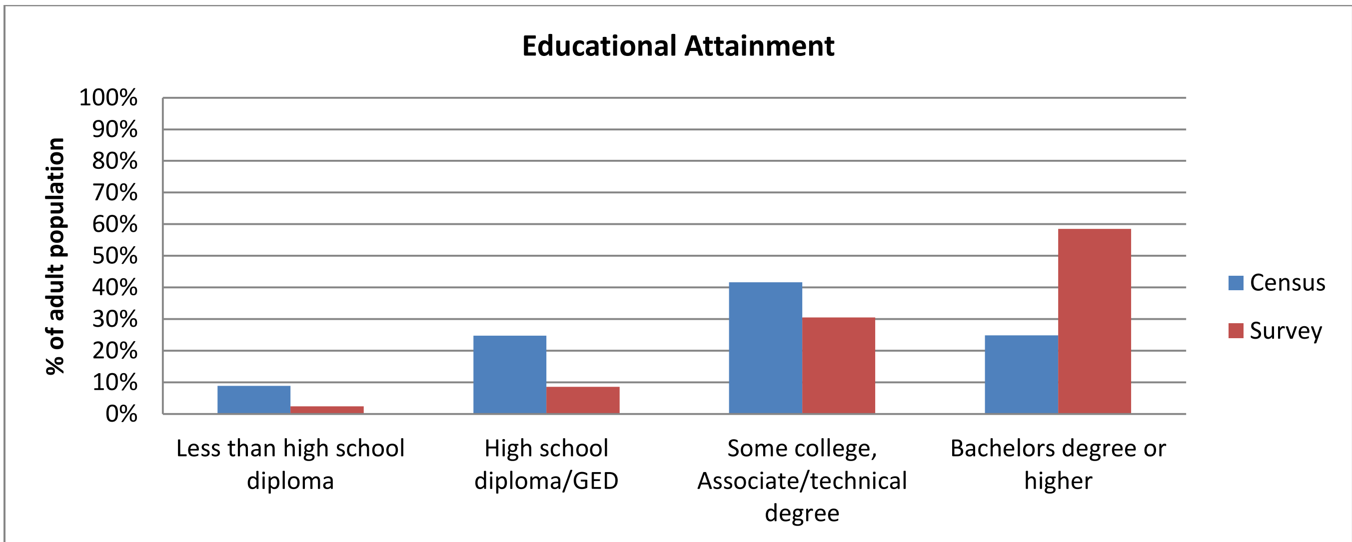
SURVEY POPULATION AND LANE COUNTY POPULATION

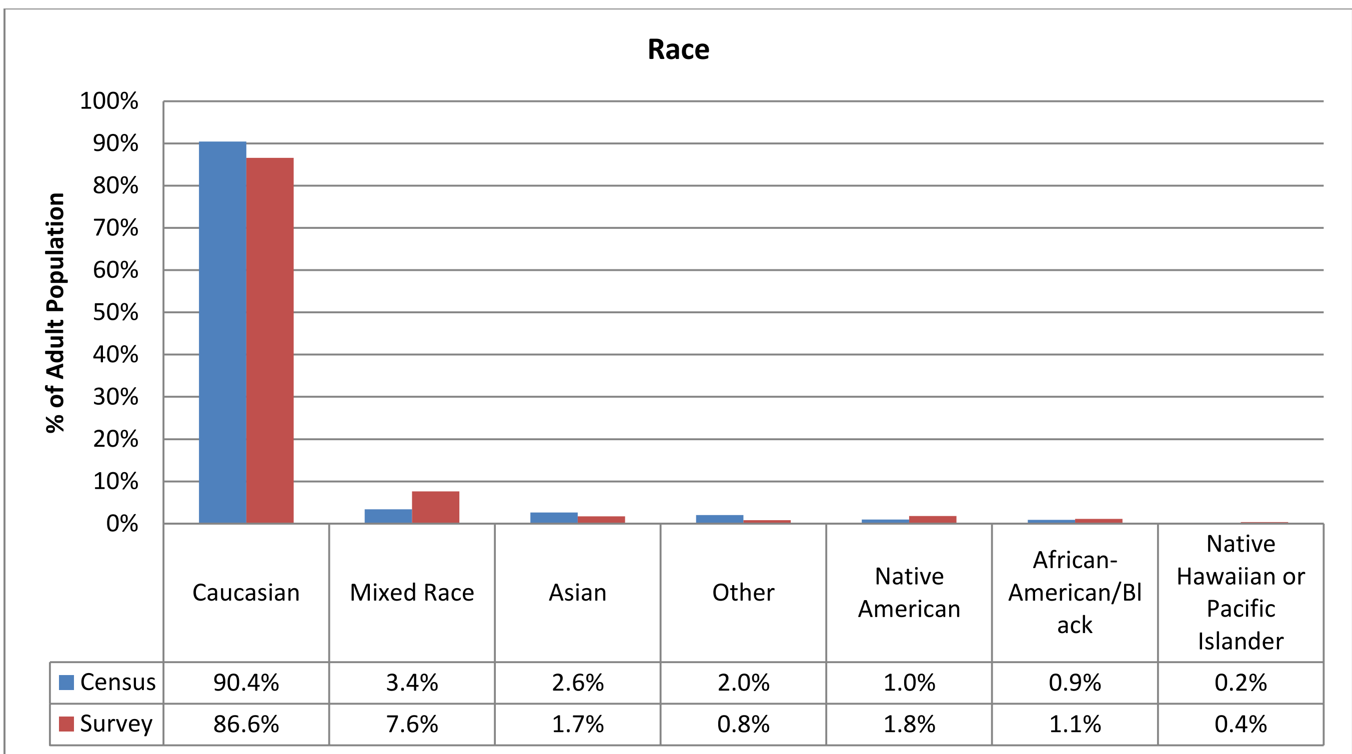
The following charts compare the survey population with the Lane County Population (Census 2013 5-Year Estimates). When compared to the Lane County population (U.S. Census 2013 5-Year Estimates), the survey population is generally younger, higher educated, more racially and ethnically diverse, and more likely to be a woman than the general population. All regions of the county are represented, although residents are slightly more likely to be from districts 3 & 4 (North and South Eugene) and West Lane is underrepresented. It is important to note that a fair comparison of income could not be completed as it was unclear if the respondents were providing information about their own income or their total household income.



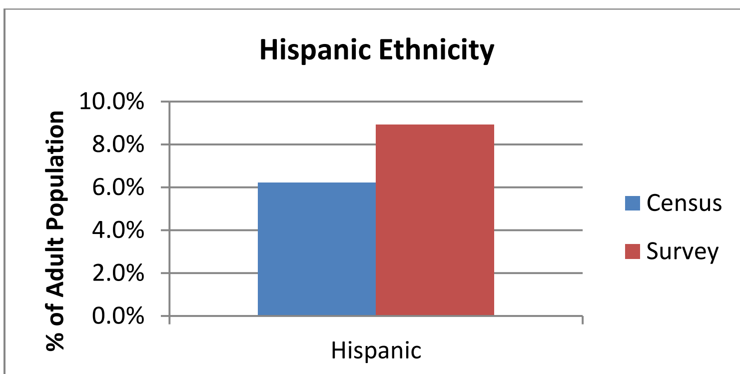








	Caucasian	Mixed Race	Asian	Other	Native American	African-American/Black	Native Hawaiian or Pacific Islander
Census	90.4%	3.4%	2.6%	2.0%	1.0%	0.9%	0.2%
Survey	86.6%	7.6%	1.7%	0.8%	1.8%	1.1%	0.4%



LiveHealthy LANE

CTSA: Appendix C

Participating Focus Groups

- Alliance for Healthy Families
- Be Your Best Cottage Grove
- Centro de fe Community Church
- CHIP Equity Workgroup
- CHIP Mental Health & Addictions Workgroup
- CHIP Obesity Prevention Workgroup
- CHIP Tobacco Prevention Workgroup
- Community Resource Network
- Community Advisory Council
- Cornerstone Community Housing Residents
- Department of Human Services Staff
- Downtown Languages, Centro Latino Americano, Huerto de la Familia Clients
- Early Childhood Mental Health Team
- Early Learning Stakeholders
- Early Learning Alliance Pediatric Advisory Group
- Emerging Leaders
- Eugene Springfield Prevention Council
- FOOD for Lane County Programs & Services Staff
- HIV Alliance Clients
- Housing and Policy Board
- LGBTQ+ Community Members
- Lane Independent Living Alliance Staff and Clients
- Mental Health Advisory Council/Local Drug & Alcohol Committee
- Mental Health Promotion Steering Committee
- Mohawk-McKenzie Grange 747
- NAACP - Back to School Success
- Oakridge Kiwanis
- Upper Willamette Community Development Corporation
- Patient & Family Advisory Council
- PeaceHealth Health & Wellness Committee
- Pearl Buck Center Parents
- Planned Parenthood REV Youth Action Council
- Public Safety Coordinating Council – Adult Committee Work Plan Workgroup
- Public Safety Coordinating Council – Juvenile Committee
- Rural Advisory Council
- Safety Net Committee
- South Lane Family Resource Center
- St. Vinny's Night Shelter Families
- Stand for Children
- Trillium Staff
- United Way of Lane County Staff
- University of Oregon Graduate Students
- University of Oregon Undergraduate Students
- United Way Human Service Providers
- Veneta Community Members
- Walterville Community Members

Community Health Status Assessment

Executive Summary

The Community Health Status Assessment (CHSA) provides quantitative information on community health conditions and answers the following questions:

- How healthy is the community?
- What does the health status of the community look like?

A subcommittee with experience in data collection and analysis worked together and identified data that would best represent the health status of Lane County, Oregon. Each member of the assessment team was assigned to gather data for a section of the core health indicators.
Similar to other areas, the Lane County region has unique issues that contribute to health conditions which are not present in every community in the United States. Therefore, focus was placed on identifying local indicators and health issues. When possible, county level data was used to compare against state and national data and was analyzed by race/ethnicity, sex, and age to offer insight into health disparities that affect specific demographic subgroups in the community.
Overall, Lane County is a moderately healthy community with well-educated and active residents. The 2015 County Health Rankings and Roadmaps rank Lane County 16th out of 34 counties in Oregon for overall health outcomes (length and quality of life) and 9th for health factors (health behaviors, clinical care, social and economic factors, and physical environment). Although good health outcomes and behaviors are prominent in Lane County, there are still gaps to be addressed. In Lane County, as in the rest of the nation, health status and quality of life are intimately tied to a number of social and environmental factors including income, poverty, race/ethnicity, education level, geographic location, and employment status.

KEY FINDINGS

The key findings below summarize data from surveys, birth and death records, and other available sources of data about the health of Lane County.

People (Demographic Characteristics)

Growth:
With a population of 353,382, Lane County is the 4th most populous county in Oregon. The Eugene-Springfield metropolitan area contains over 60% of the county's population, and outside of the metro area, Lane County is largely rural and unincorporated. The county's population is growing (almost 10% from 2000 to 2013) at a slightly slower rate than Oregon as a whole.

Aging:
When compared to the total Oregon population, Lane County has a higher percent of the population falling between the ages of 18-24 due to the number of local colleges and universities. The county's over-65 age group is larger than Oregon, and several rural communities have significantly older populations than the county as a whole. Finally, the under-18 age group is decreasing slightly, while Oregon is seeing a slight increase.

Race/Ethnicity:
While still predominately white, Lane County is becoming increasingly diverse. Hispanics are the largest and fastest growing ethnic group in the county: from 2000 to 2013 there has been an 81% increase.

Language:
The predominant language spoken at home in Lane County is English. In 2013, 8.9% of the Lane County population age 5 and older spoke a language other than English at home, compared with 14.8% of the Oregon population.

Veterans:
Similar to the state, approximately 11% of Lane County's population 18 years or older are veterans

Disabled:
Approximately 15% of the county's population has a disability (hearing, vision, cognitive, ambulatory, self-care), slightly more than the state.

Medicaid Demographics:
The Affordable Care Act greatly expanded eligibility criteria for Medicaid. Lane County's Medicaid population has increased dramatically in recent years, from approximately 49,677 members (December 2013) to 90,606 (February 2015). The majority of this increase was in the adult population; the bulk of the members are now adults.

Social and Economic Characteristics

Employment:
Lane County's unemployment rate is currently similar to the state rate. Lane County in recent years has had an unemployment rate somewhat higher than the national and state level. While unemployment reached a high in 2009 during the recent recession, the rates are currently on the decline. Overall, African-Americans, Latinos, youth and adults with less than a high school diploma are more likely to be unemployed.

Income:
The median income of all households in Lane County consistently lags behind Oregon and the United States. There is also a notable disparity of income between white households and households of other races.

Poverty
Approximately 20% of the population lives below the federal poverty level, compared to 16% of Oregonians. Almost 22% of Lane County's total population is receiving Supplemental Assistance Nutrition Program (SNAP) benefits. The percentage of students eligible for the Free and Reduced Lunch Program in Lane County is 52.2% - higher than in Oregon (50.79%). The percent of eligible students varies greatly across districts, with a low of 38% in Eugene and a high of 78% in Mapleton.

Education:
Oregon has the 4th worst four-year high school graduation rate in the nation, with Lane County continuously falling below the state average. Lane County's 2014 rate was 69.4% with disparities evident in minority populations, disabled, economically disadvantaged, and in certain school districts. In contrast, a high percentage of the population is enrolled in college or graduate school

Early Childhood Development:
Lane County Kindergarten assessment scores are strong and similar to Oregon scores.

Housing:
In Lane County, 41% of households are cost burdened (paying more than 30% of their income for housing), slightly higher than Oregon. Students may make up a large portion of this percentage. Without means of support other than educational and family assistance, students increase the number of households in Lane County living in poverty.

Homelessness:
The Point-In-Time Count is a snapshot of the number of sheltered and unsheltered individuals during a specified 24-hour period and is an estimate of the number of individuals who are homeless on any given day. In 2015, 1,473 were counted, lower than the previous year. After Multnomah County, Lane County has the largest homeless population in the state. Almost 5% of K-12 students in the county are homeless, higher than the state's 3.3%.

Family and Community Structure (Quality of Life and Social Connectedness):
Lane County and Oregon have strong community participation in the forms of voter registration, volunteerism, and involvement in social, civic, sports, and/or religious groups. Most youth are in school and/or working.

Abuse/Neglect and Violent Crime:
The violent crime rate and child abuse/neglect rate in Lane County are both higher than Oregon.

Healthy Environments

Housing Safety and Quality:
About 60% of homes in Lane County were built prior to 1979, the year when lead paint was banned from use in homes.

Air Quality
Air quality in Lane County has improved slightly over the past decade, a trend which is consistent with Oregon overall. While the number of days during the year in which air quality measurements exceeded national standards peaked at 37 days in 2005, it declined to 2 days in 2010, before increasing to around 16 days in 2014

Soil and water quality:
Water and soil quality is generally rated well, however only the City of Florence provides fluoridated water. Overall, the vast majority (99.8%) of residents had access to safe drinking water in 2015, and Lane County fared slightly better than the state average.

Access to goods and services:
Access to parks and open space is relatively high in Lane County, but does vary by neighborhood in the metro area. Public transit is readily available in the metro area, but is limited or lacking in outlying and rural areas. Tobacco, alcohol and firearm retailers are easy to access in most incorporated areas of Lane County. Fast food is similarly accessible, while access to full service grocers and farm stands varies throughout the county and "food deserts" do exist both in the metro area and in outlying communities. In 2010, an estimated 39% of Lane County residents lived within close proximity to a full service grocer or a farm stand. In general, children in Lane County have better access to childcare and preschool opportunities than other children throughout Oregon. Alcohol is readily accessible in Lane County and is more accessible than tobacco, lottery and firearms combined. Retailers of alcohol for off-site use are 3 times more common than tobacco and lottery retailers.

Health System (Public Health, Medical and Human Services)

Insurance Access and Affordability:
The percent of the population without health insurance has declined dramatically since implementation of the Affordable Care Act. Currently about 6% of the population is without health insurance. Prior to implementation of the ACA, cost prevented approximately 15% of adults from seeing a provider when needed.

System capacity:
When compared to Oregon overall, Lane County has fewer physicians relative to the overall population. In 2013 there was approximately 1 provider for every 1,180 people in the county. As of Mid-Year 2015, 69% of Medicaid enrollees in Lane County were assigned to Primary Care Providers practicing out of recognized Patient Centered Primary Care Homes (PCPCH). This is up from just over 60% in 2014, due to Medicaid expansion. Additionally, Lane County has a high ratio of mental health providers to residents compared to Oregon overall, and ranks in the top 90% of all counties nationally. Lane County Public Health is staffed with about half of the FTE of similarly sized health departments nationally and funded at $34 per capita, substantially lower than the national benchmark of $43.

Preventative Health Services
Use of preventative screening and health services is generally lower in Lane County than in Oregon overall. Dental care utilization is comparable to the state overall.

Healthy Living (Health Behaviors)

Alcohol, tobacco and drug use
Tobacco use has declined over the past decade, yet it remains the leading preventable cause of death and tobacco use is higher in Lane County than in Oregon overall. Adult binge drinking is also higher, while binge drinking and alcohol use in general in youth has declined and remains comparable or lower in Lane County. Prescription drug abuse is similar in Lane County and Oregon overall. Illicit drug use and marijuana use is also comparable to the state overall, but higher than national rates.

Physical Activity and Nutrition
More adults meet guidelines for physical activity and fruit and vegetable consumption than the state overall, however only about 1 in 4 do so. Lane County youth are about as likely to meet physical activity guidelines, but are slightly less likely to consume fruits and vegetables than Oregon youth overall.

Sexual Activity in Youth
Rates of sexual activity in youth is higher in Lane County 8th graders than in Oregon, yet youth who had sexual intercourse are more likely to use a condom and contraception, and are slightly less likely to use alcohol or drugs at the time of intercourse.

Birth, death, Illness and Injury

Life expectancy has continued to rise in Lane County and is comparable to the state overall.

Pregnancies and Prenatal Care:
Overall, birth rates have declined over the last decade. Similarly, births to teen aged mothers have also declined. The percent of women who receive prenatal care in the first trimester has declined slightly, but remains around 80%.

Births
Infant mortality rates are generally higher in Lane County than the state average and have increased slowly over the past decade, while preterm births have declined in recent years.

Chronic Diseases:
Chronic diseases and accidents remain the leading causes of death in Lane County, led by cancer and heart disease. Deaths from the most common cancers (lung, prostate, breast cancer) and heart disease have steadily declined, most likely due to decreasing overall tobacco use; however tobacco use remains the leading preventable cause of death. Rates of obesity, asthma, high blood pressure, and high blood cholesterol are higher in Lane County than in Oregon, while heart disease and cancers occur at rates similar to or slightly lower than the state overall.

Injury:
Motor vehicle accident deaths have steadily declined; however suicide rates have slowly increased over the last decade in Lane County and in Oregon and suicides are more common than vehicle accidents between the ages of 15-44 years of age. Alcohol induced deaths have also increased. Drug poisonings have declined in recent years, but are higher than they were a decade ago. Gun related deaths in youth are higher in Lane County than in Oregon overall.

Infectious Diseases
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, Syphilis) have steadily risen over the last decade, and rate has accelerated in the past 5 years.

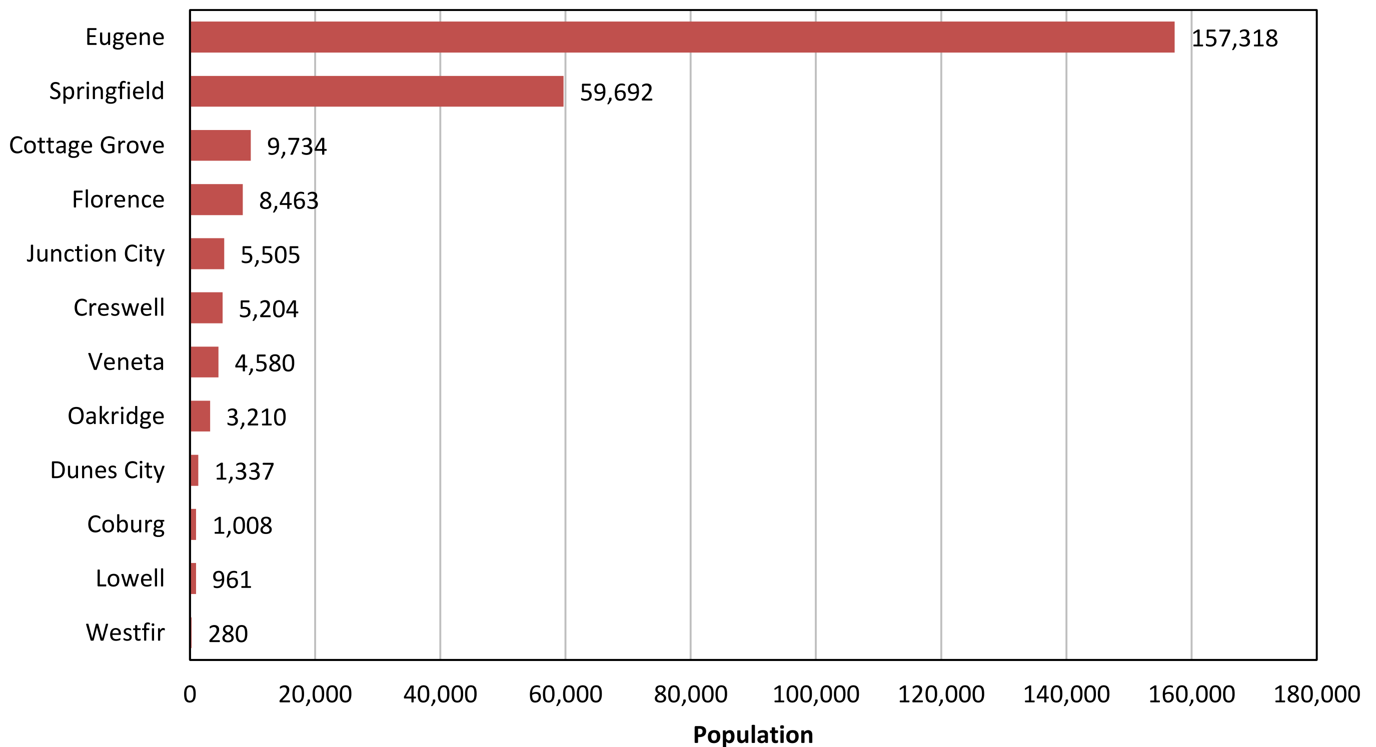
LiveHealthy LANE

Chapter 1 – People (Demographic Characteristics)

Population

Lane County covers 4,722 square miles and extends from the Pacific Ocean in the west to the Cascade mountain range in the east. Lane County is the fourth most populated county in Oregon with a population of 353,382 in 2013 with a population density of 77.6 persons/square mile, according to the American Community Survey. Outside of the Eugene-Springfield metro area, Lane County is largely rural and unincorporated. The large geographic expanse of the county creates disparities in access to health and human services.

There are twelve incorporated cities in Lane County: Coburg, Cottage Grove, Creswell, Dunes City, Eugene, Florence, Junction City, Lowell, Oakridge, Springfield, Veneta, and Westfir. Eugene is the largest city in the county with a 2013 population of about 157,318 residents, nearly 45% of the county's population. The Eugene-Springfield metro area contains over 60% of the county's population and is the third largest Metropolitan Statistical Area in Oregon.

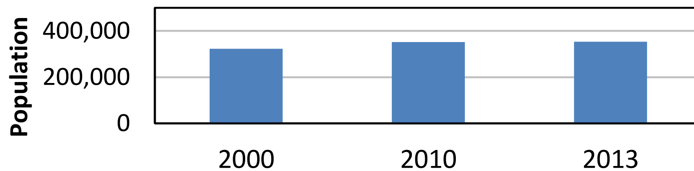


Source: US Census Bureau, American Community Survey.

Reedsport, Oregon is located in Douglas County on the central Oregon coast and is 87 miles southwest of Eugene, OR and had 4,130 residents (97% urban, 3% rural) in 2013.

Growth

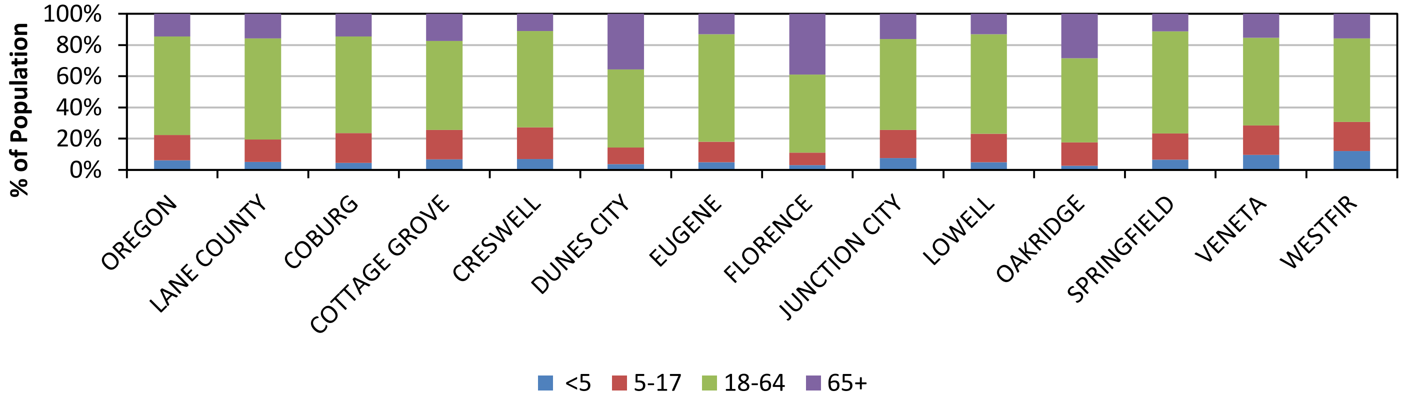
From 2000 to 2013, there was a 9.4% increase in the total population of Lane County, which is a slightly slower growth rate than the state.



Source: US Census Bureau; US Census Bureau, American Community Survey.

Age

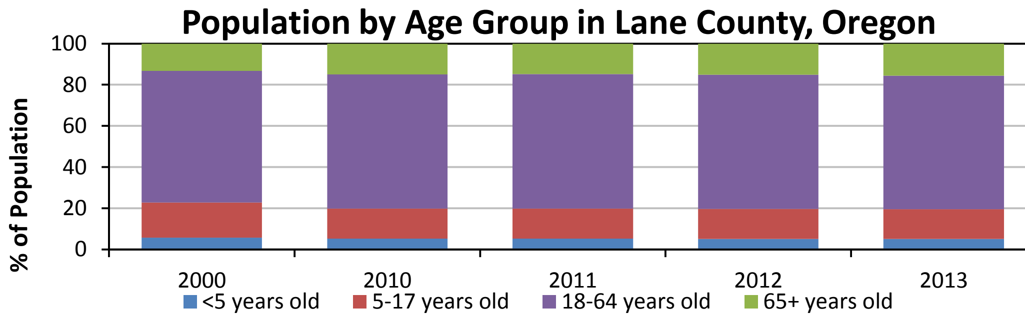
In Lane County in 2013, 13.1% of the population was between the ages of 18-24, as compared to 9.4% of the state's population.



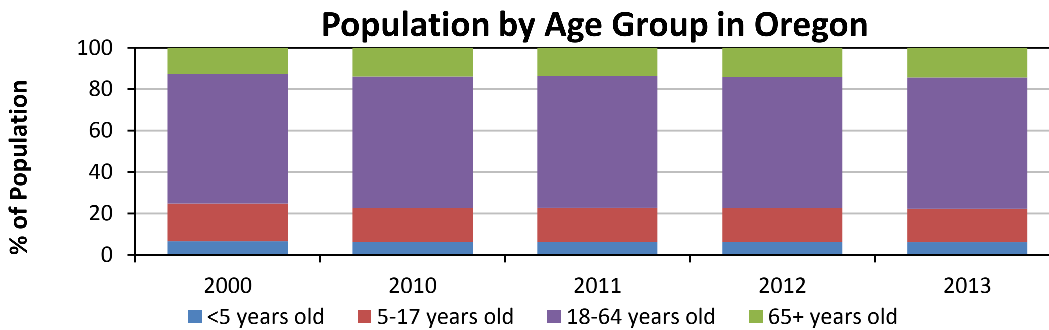
Source: US Census Bureau, American Community Survey.

In Lane County, the under-18 age group decreased slightly (by 6.5%) between 2000 and 2013, while the state of Oregon, as a whole, saw a slight increase

Based on 2013 data, a higher percentage of the Lane County's population is age 65 and older than in Oregon or the nation. Several rural communities have significantly older populations than the metro areas: Florence (38.8%), Dunes City (35.5%) and Oakridge (28.4%). This finding has significant implications for overall health and the need for health care services.



Source: US Census Bureau; US Census Bureau, American Community Survey.



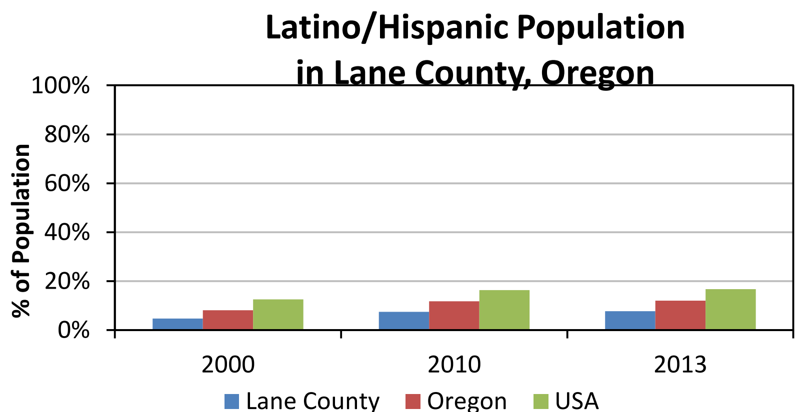
Source: US Census Bureau; US Census Bureau, American Community Survey.

Sex

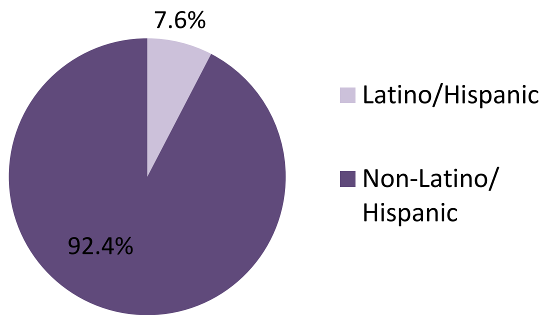
Similar to state and national population rates, approximately half of the Lane County population is male and half is female.

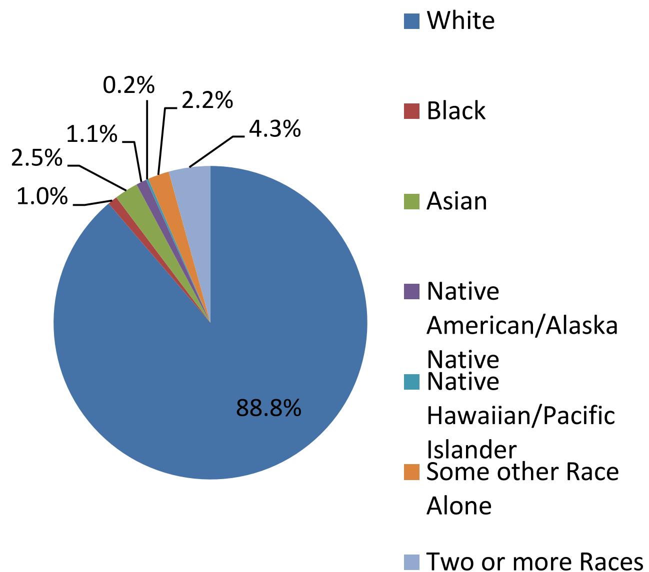
Race and Ethnicity

In 2013, 88.8% of the population in Lane County was white, in contrast to 85.2% in Oregon. While Lane County as a whole is predominantly white, several communities have much larger populations of Latino/Hispanic residents. Junction City (9.1%) and Springfield (12.3%) have the largest Latino/Hispanic populations. The Springfield and Eugene metro area, along with several communities in South Lane County, are projected to continue this trend of an increasing Latino/Hispanic population. Latinos/Hispanics are the largest and fastest growing minority group in the County: from 2000 to 2013, there was an 81.3% increase.



Source: US Census Bureau, American Community Survey



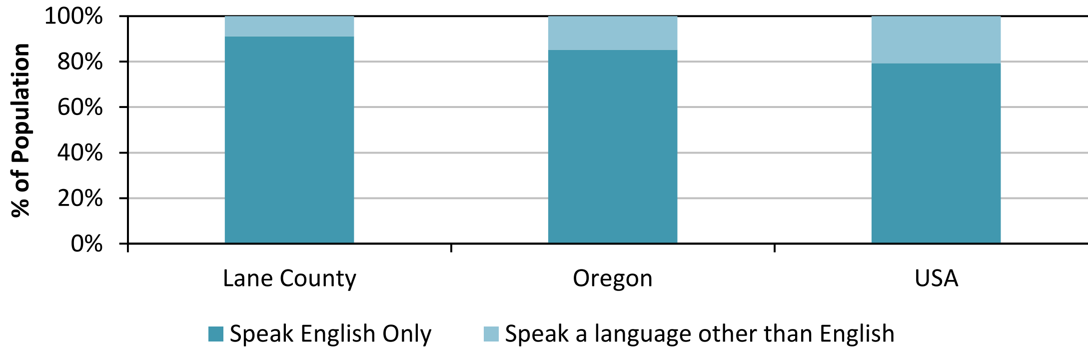


Source: US Census Bureau, American Community Survey.

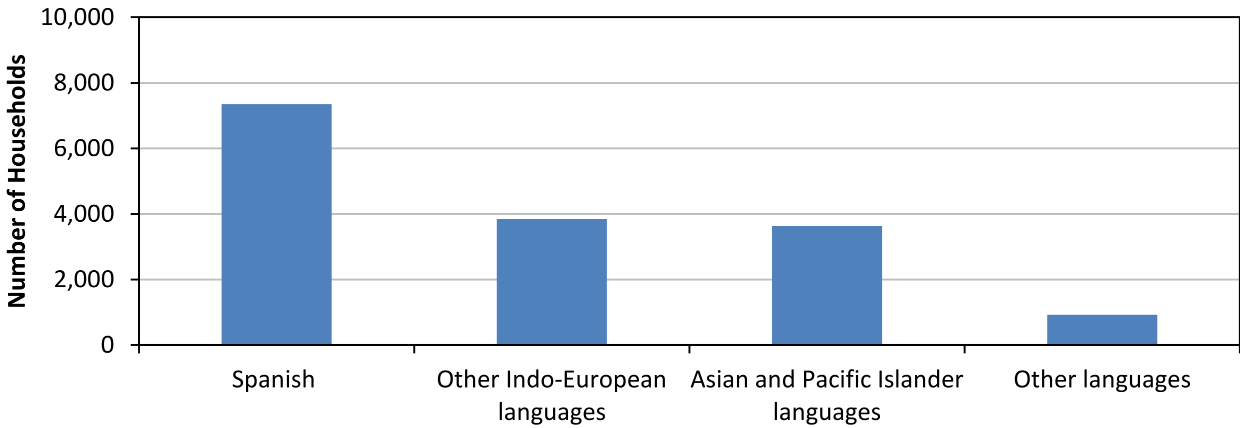
Language Spoken

The predominant language spoken at home in Lane County is English. Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. This language barrier may prevent such households from receiving transportation, medical, and social services, as well as limit employment and schooling opportunities. In cases of national or local emergency, linguistically isolated households may not receive important notifications.

In 2013, 8.9% of the Lane County population age 5 and older spoke a language other than English at home, compared with 14.8% of the Oregon population. In Lane County, of the 29,855 individuals that speak a language other than English at home, 33.9% speak English less than “very well”. An inability to speak English well, in a community where services are often only offered in English, exposes places in the system where there are barriers to healthcare, social service access, provider communications, employment, education, and health literacy/education.



Source: US Census Bureau, American Community Survey.



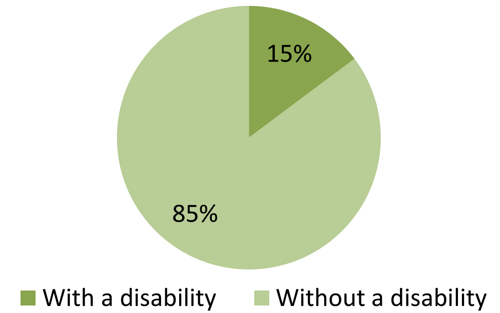
Source: US Census Bureau, American Community Survey.

Disability Status

People with a disability may have difficulties performing activities due to a physical, mental, or emotional condition. The extent to which a person is limited by a disability is heavily dependent on the social and physical environment in which he or she lives. Without sufficient accommodations, people with disabilities may have difficulties living independently or fulfilling work responsibilities. Several federal agencies use information on the size, distribution, and needs of the disabled population in order to develop policies, distribute funds, and develop programs for individuals with disabilities.

In 2013, 14.8% of the county's population had a disability (hearing, vision, cognitive, ambulatory, self-care), compared to 13.8% of the state.

Population by Disability Status in Lane County, Oregon, 2009-2013

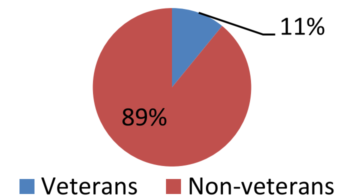


Source: US Census Bureau, American Community Survey.

Veteran Status

In 2013, 11% of the Lane County population was made up of veterans.

Population by Veteran Status in Lane County, Oregon, 2009-2013



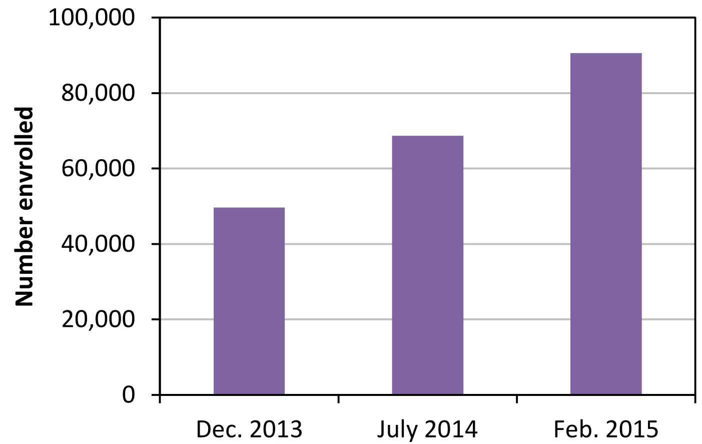
Source: US Census Bureau, American Community Survey.

Medicaid Demographics

Medicaid is a social health care program for families and individuals with low income and limited resources. Free or low-cost health care coverage is available to people who meet requirements for income, residency, and other factors. Oregonians may also qualify based on age and disability status. Adults and children who qualify will be enrolled in the Oregon Health Plan (OHP), Oregon's Medicaid program. The Patient Protection and Affordable Care Act_significantly expanded both eligibility for and federal funding of Medicaid.

Population and Growth

A single Coordinated Care Organization, Trillium Community Health Plan, is responsible for all Medicaid coverage in Lane County. The Medicaid population has seen dramatic increases recently, from approximately 49,677 Medicaid members in December 2013 to 90,606 Medicaid physical health members in 2015. This expansion largely consisted of adults, who now outnumber children enrolled in Medicaid.

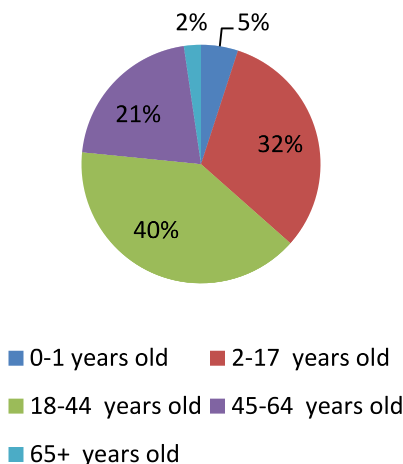


Source: Trillium Demographics Report 2015.

Age

The minor population (≤17) has grown more slowly than other age groups.

Medicaid Population by Age in Lane County, Oregon, 2015

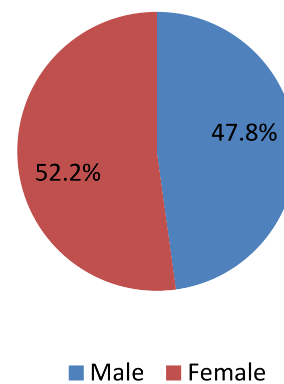


Source: Trillium Demographics Report. 2015.

Sex

Medicaid currently has slightly more female members than male.

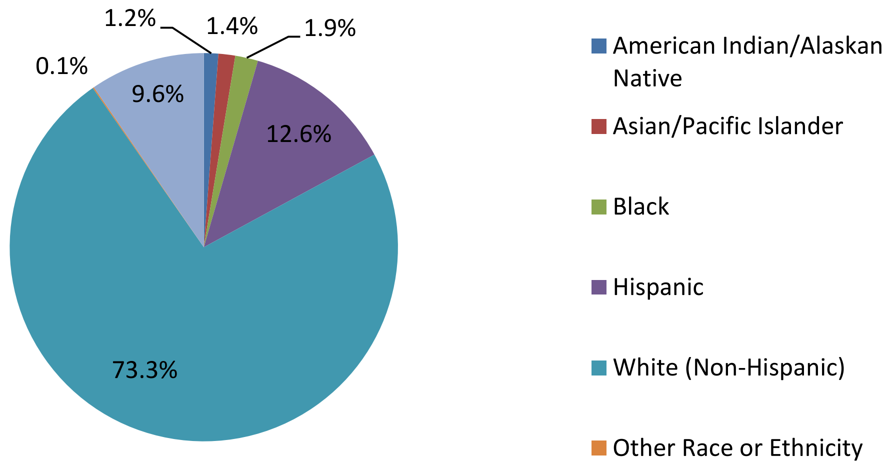
Medicaid Population by Sex in Lane County, Oregon, 2015



Source: Trillium Demographics Report. 2015.

RACE/ETHNICITY

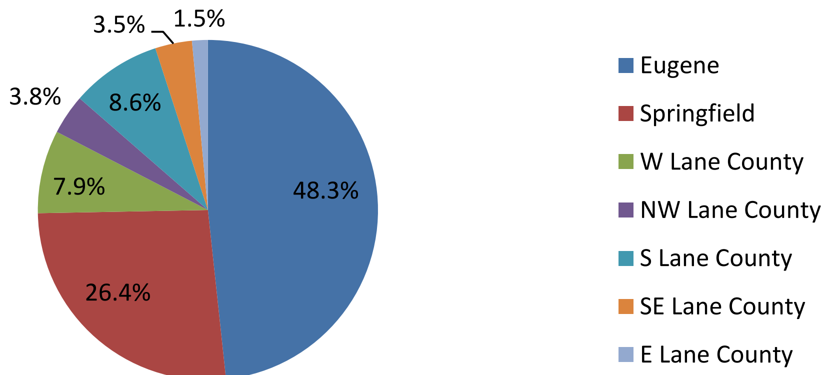
The vast majority of Medicaid members are white (non-Hispanic). Adult Medicaid members, particularly older adults, are disproportionately likely to be white rather than other ethnicities, while child Medicaid members are disproportionately likely to be Latino/Hispanic. American Indians/ Alaskan Natives are slightly younger than the white population, but compare similarly to Medicaid as a whole.



Source: Trillium Demographics Report. 2015.

LOCATION

About 75% of Medicaid members live in metro Eugene or Springfield area.



Source: Trillium Demographics Report. 2015.

LANGUAGE

English (81.8%) is by far the dominant language among Medicaid members.

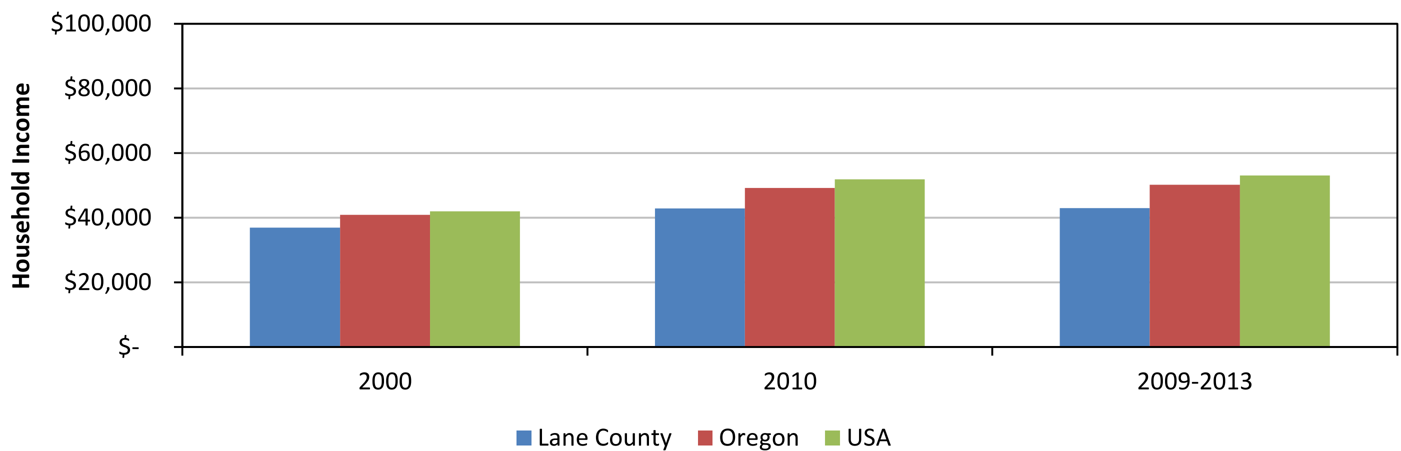
Chapter 2 – Social and Economic Characteristics

The social determinants of health include the conditions in which people are born, grow, live, work and age; and significantly influence the health status of individuals and communities. Socioeconomic factors such as income, poverty, food security, and education are strongly correlated to health outcomes.

Understanding how a community compares to surrounding areas in terms of key social indicators such as educational attainment and crime rates, as well as understanding the comparative economic status of a community, is necessary to determine the types of community health programs needed.

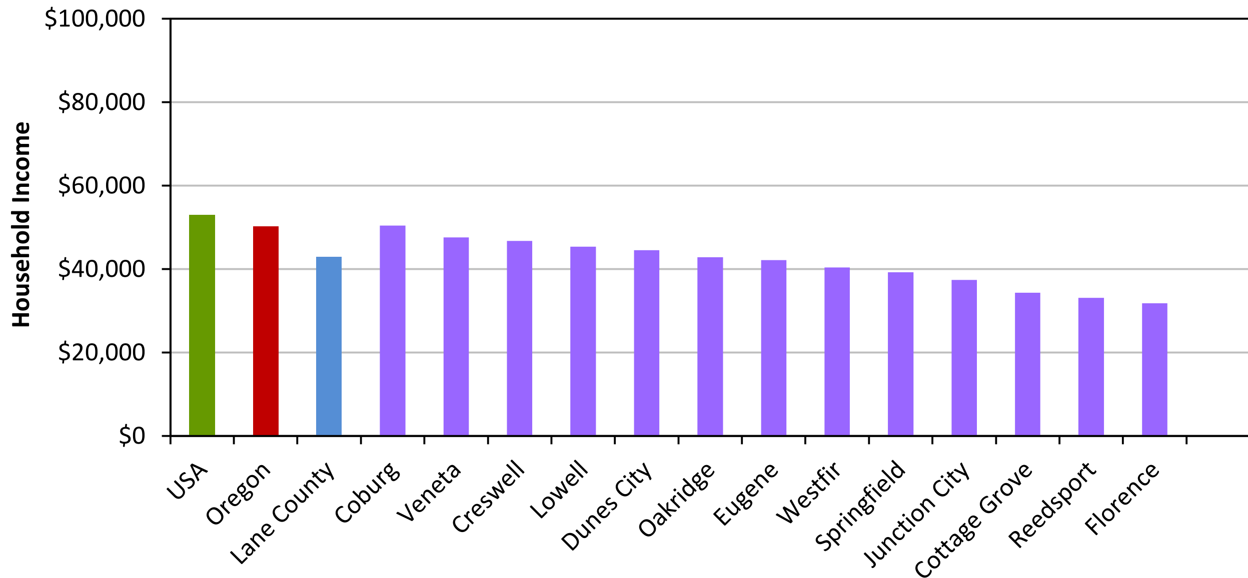
Income

Median household income is the most widely used measure of income and is a good predictor of household income because it is less impacted by the income highs and lows. It divides the income distribution into two equal parts, one-half falling below and one-half above the median (middle). Median income can affect the ability of a household to have access to affordable housing, health care, higher education opportunities, and food. Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, since many families get their health insurance through their employer.
The median income of all Lane County households consistently lags as compared to the state of Oregon as whole and the rest of the United States. In 2013, the median household income of all households in Lane County was $42,931, compared to Oregon ($50,229) and the United States ($53,046).



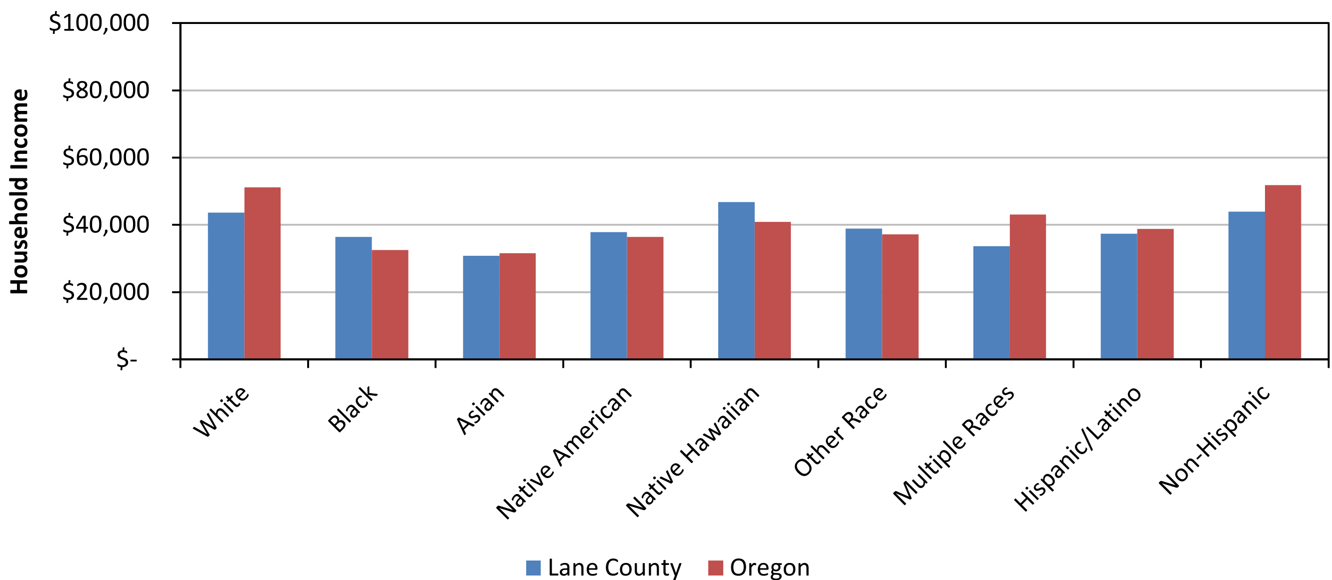
Source: US Census Bureau, American Community Survey & US Census

There are significant income differences across the incorporated cities in Lane County. In 2013, Coburg had the highest median household income and Florence had the lowest median household income.



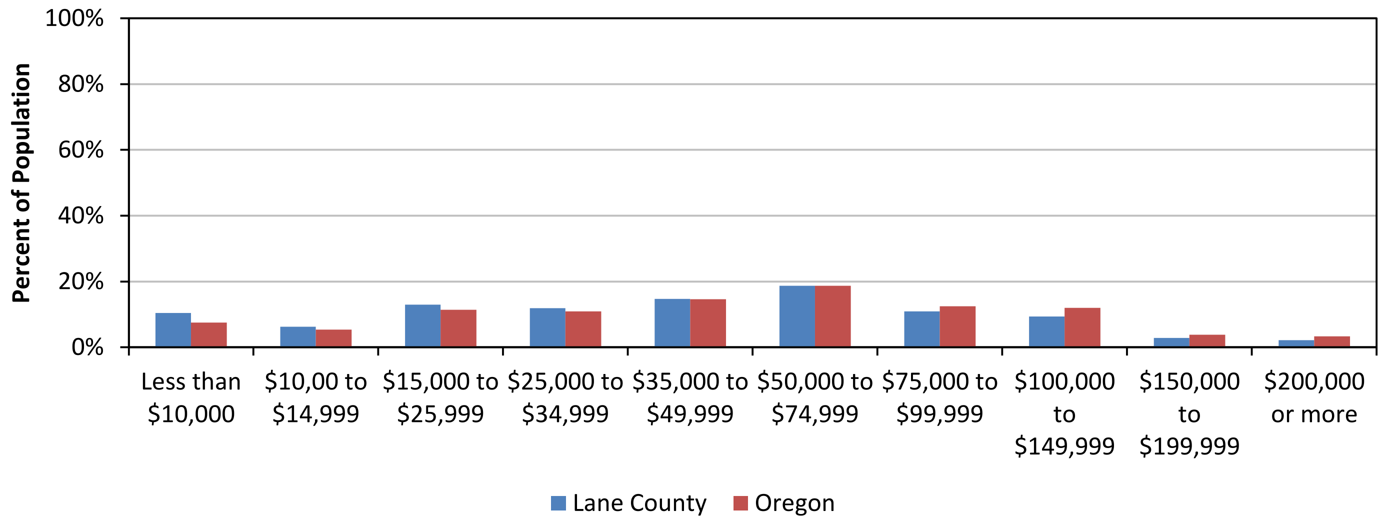
Source: US Census Bureau, American Community Survey.

There are also income disparities between white households and households of other races and ethnicities. This is seen not only in Lane County, but also at the state level. In 2013 in Lane County, Native Hawaiians had the highest median household income and Asians had the lowest median household income.



Source: US Census Bureau, American Community Survey.

Household Income and Benefits Distribution in Lane County, Oregon, 2009-2013



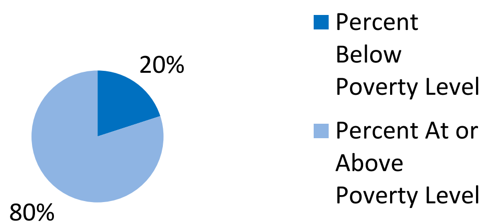
Source: US Census Bureau, American Community Survey.

Poverty

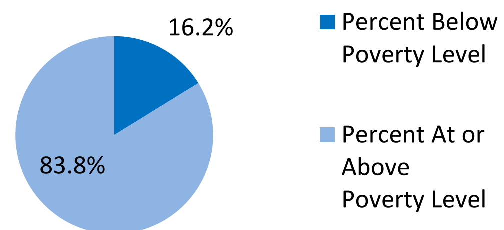
Poverty is associated with poor health. Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. The poverty guidelines are often referred to as the Federal Poverty Level (FPL) and are used to determine financial eligibility for certain programs. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Poverty is associated with lower quality schools and decreased business survival. Without adequate income, individuals living in poverty may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

In Lane County the poverty rate is historically slightly higher than both the state as a whole and the nation, with several communities experiencing significantly higher rates of poverty. In 2013, 20% of Lane County residents were living below the federal poverty level, compared with 16.2% of Oregonians.

Percent of Population Living Below the Federal Poverty Level in Lane County, Oregon 2009-2013

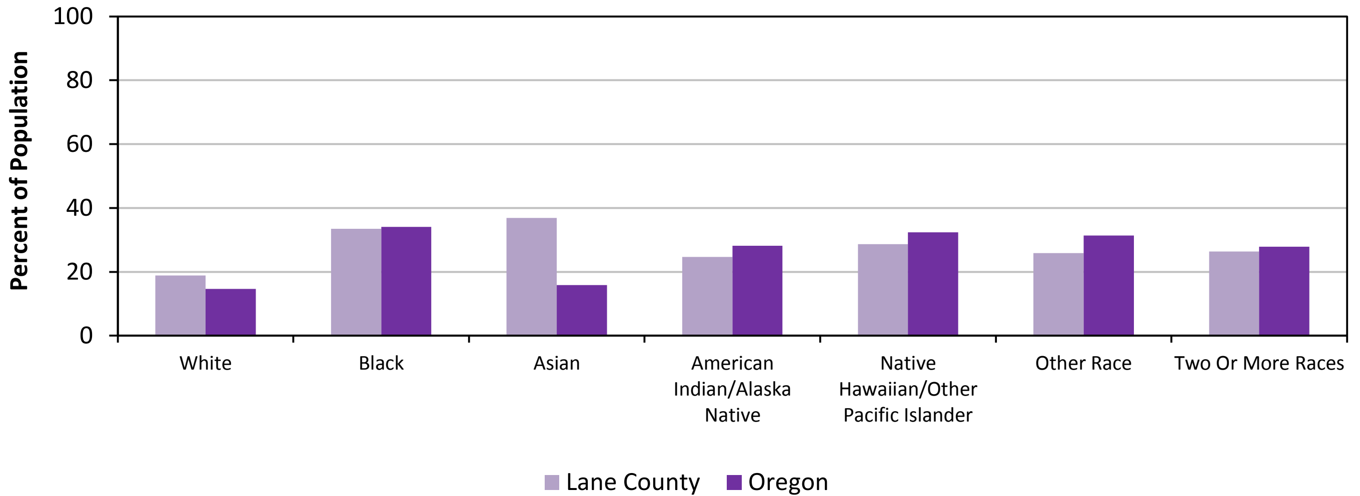


Percent of Population Living Below the Federal Poverty Level in Oregon, 2009-2013

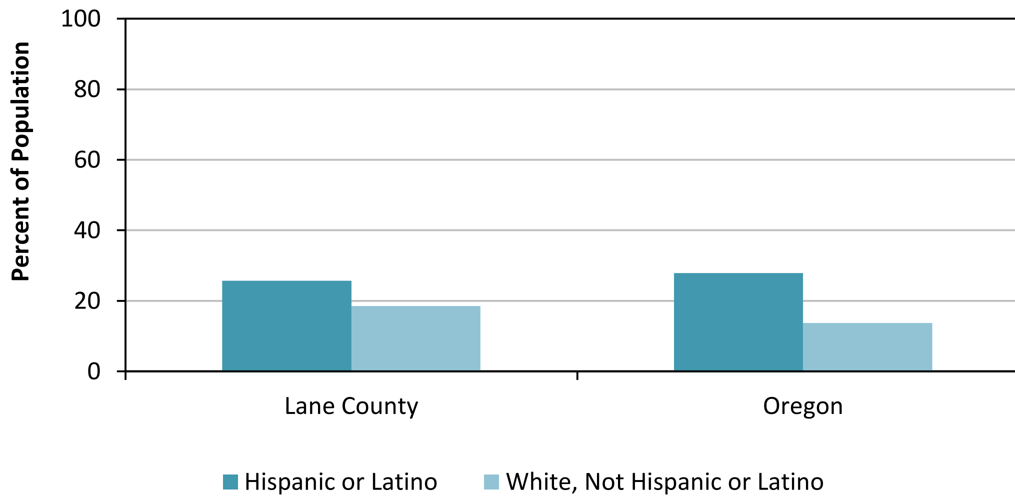


Source: US Census Bureau, American Community Survey.

Racial and ethnic minority groups, rural residents, women, and children are also more likely to live in poverty as compared to the rest of the population.

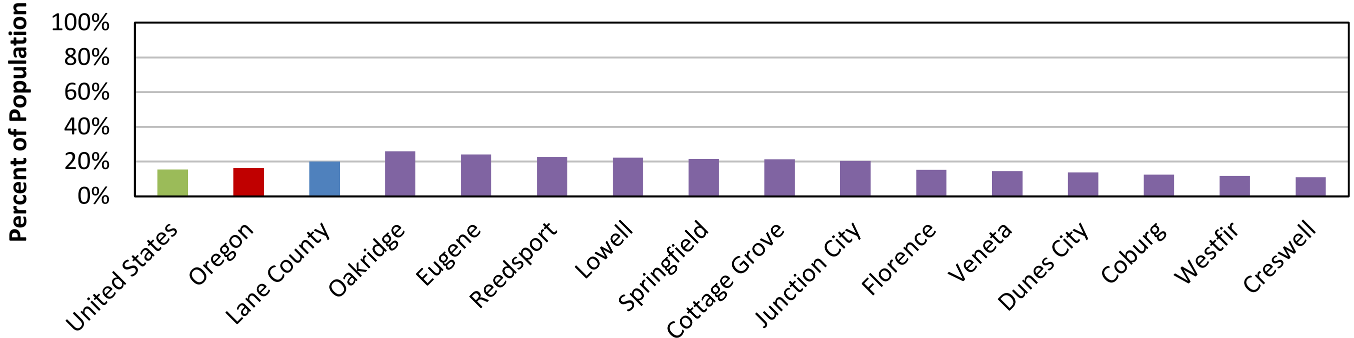


Source: US Census Bureau, American Community Survey.



Source: US Census Bureau, American Community Survey.

In 2013 in Lane County, Oakridge had the largest percent of population living below the Federal Poverty Level, and Creswell had the smallest.



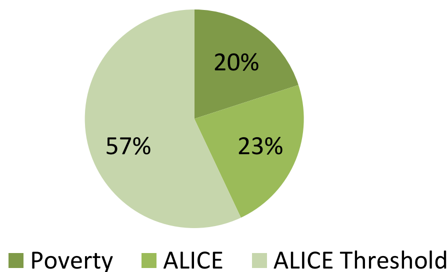
Source: US Census Bureau, American Community Survey.

ALICE (Asset Limited, Income Constrained, Employed)

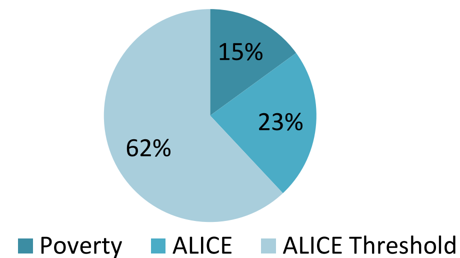
ALICE (an acronym that stands for Asset Limited, Income Constrained, Employed) households are households that earn more than the federal poverty level, but less than the basic cost of living for the county where they are located. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs in a given area. The ALICE threshold is the average level of income that a household needs to afford the basics, defined by the Household Survival Budget. The Household Survival Budget calculates the actual costs of basic necessities (housing, child care, food, health care, and transportation). This bare-minimum Household Survival Budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. In 2013, Lane County's Household Survival Budget was $18,300 for a single adult and $54,516 for a family of four.

In Lane County in 2013, 43% of households fell below the ALICE Threshold, compared with 38% of Oregon households.

Lane County Households Living Below the ALICE Threshold, 2013



Oregon Households Living Below the ALICE Threshold, 2013



Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS) and state Treasury, and ChildCare Aware, 2013; American Community Survey, 1 year estimate.

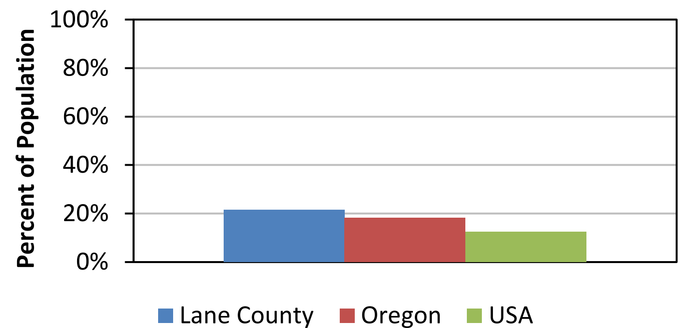
Food Insecurity

The U.S. Department of Agriculture (USDA) defines food security as "access by all people at all times to enough food for an active, healthy life." Food insecurity is an economic and social indicator of the health of a community. Food insecurity is associated with numerous chronic health problems and mental health issues in adults. Food insecurity is usually related to insufficient resources for food purchases, with the majority of food insecure households relying on a more narrow range of foods or acquiring food through private and public assistance programs. Poverty and unemployment are predictors of food insecurity.

In 2013, Lane County's food insecurity rate of 16.5% was higher than Oregon's 15.8%.

The Supplemental Nutrition Assistance Program (SNAP), previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets. The number of individuals enrolled in SNAP, has increased in recent years. It is estimated that 21.6% of Lane County's total population were receiving SNAP benefits in 2013.

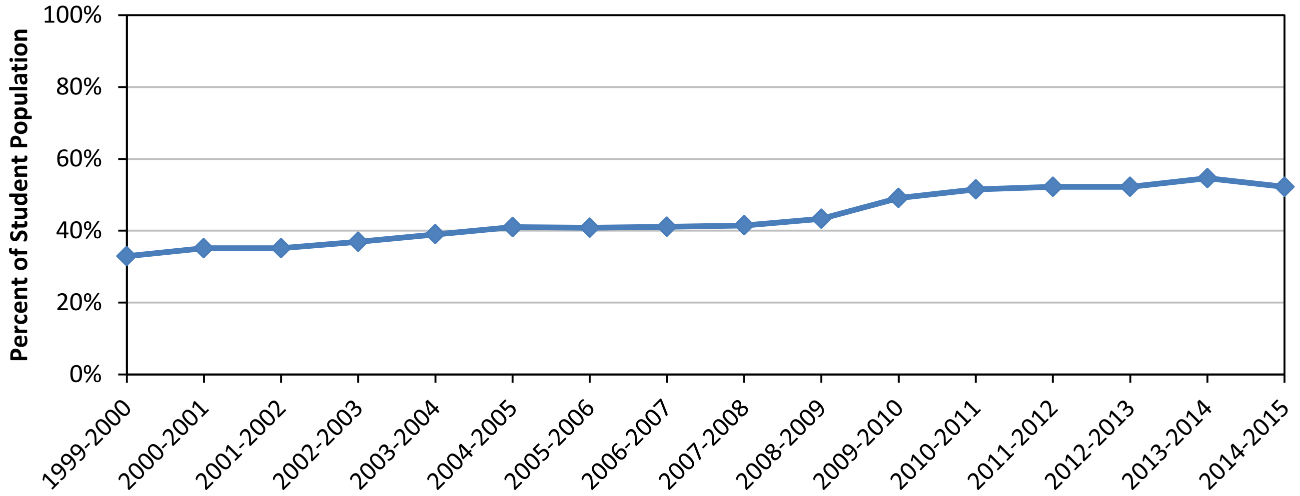
Food Stamp Participation in Lane County, Oregon, 2009-2013



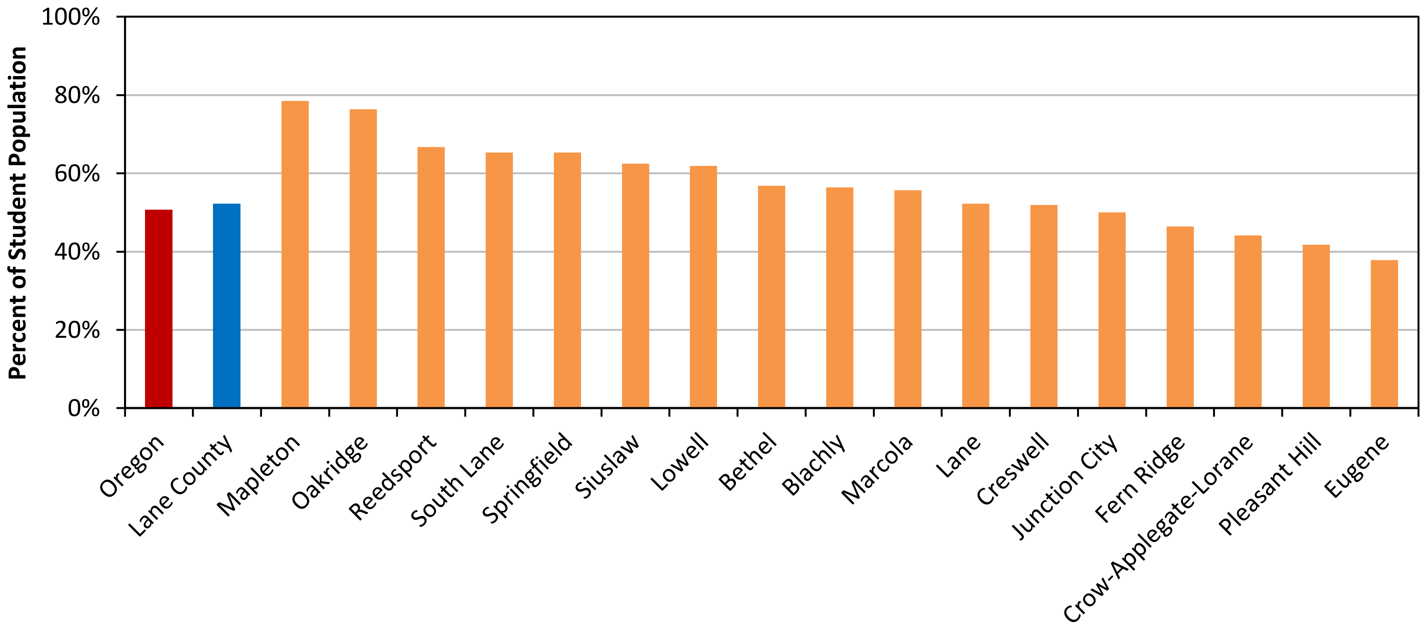
Source: US Census Bureau, American Community Survey. 2009-2013.

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The Free Lunch Program (FLP) under the NSLP provides nutritionally balanced lunches to children at no cost. Families who meet the income eligibility requirements or who receive SNAP benefits can apply through their children's schools to receive free meals. The Free Lunch Program ensures that students who may not otherwise have access to a nutritious meal are fed during the school day.

The number of school children eligible for the Free or Reduced Lunch Program is a strong indicator of childhood and family poverty within a community. During the 2014-2015 school year, more than half of children (52.2%) in Lane County were eligible for free or reduced price school lunches, slightly higher than Oregon's 50.8%. In addition, districts vary significantly across the county: ranging from 37.8% (Eugene) to 78.5% (Mapleton).



Source: Department of Education.



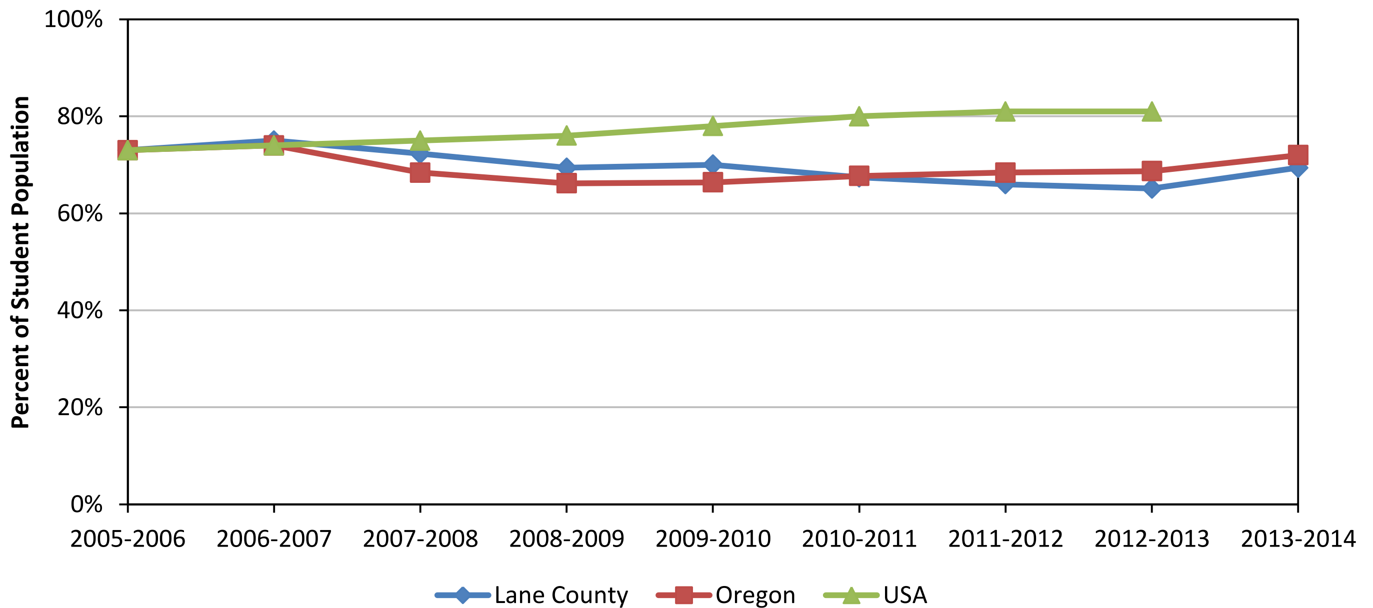
Source: Department of Education.

Education

Education is strongly tied to health outcomes and quality of life. High school graduates are more likely to possess the basic skills required to function in an increasingly complicated job market and society. Graduation rates are also an important indicator of the performance of the educational system.

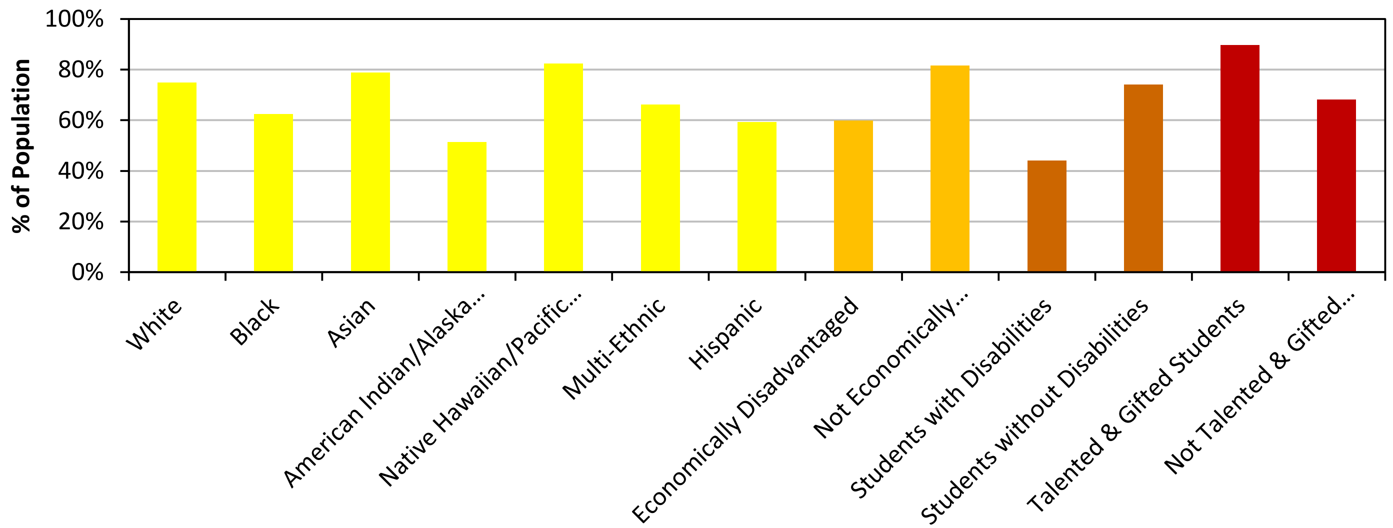
In previous years, Oregon used a measurement called Average Freshman Graduation Rate for on-time high school graduation, which reported a higher high school graduation rate than the newer Adjusted Cohort Graduation Rate measurement. Over the past few years, there has been a shift from the Average Freshman Graduation Rate by states towards the Adjusted Cohort Graduation Rate. The Department of Education has not updated the Average Freshman Graduation Rate since 2012, so it is impossible to continue to use this indicator. While both indicators are concerned with the percentage of freshmen who graduate high school in four years, the Adjusted Cohort Graduation Rate is thought to be a more precise indicator because it accounts for the transfer of high school students into and out of the school during the year. The difference and discrepancy between the two measurements can explain much of Oregon's recent decline in the education rankings.

Oregon has the 4th worst four-year high school graduation rate in the nation, with Lane County currently falling below the state average. With a high school four-year cohort graduation of 69.4% for the 2013-2014 school year, Lane County has consistently lower rates than Oregon (72%) and the nation (81%).



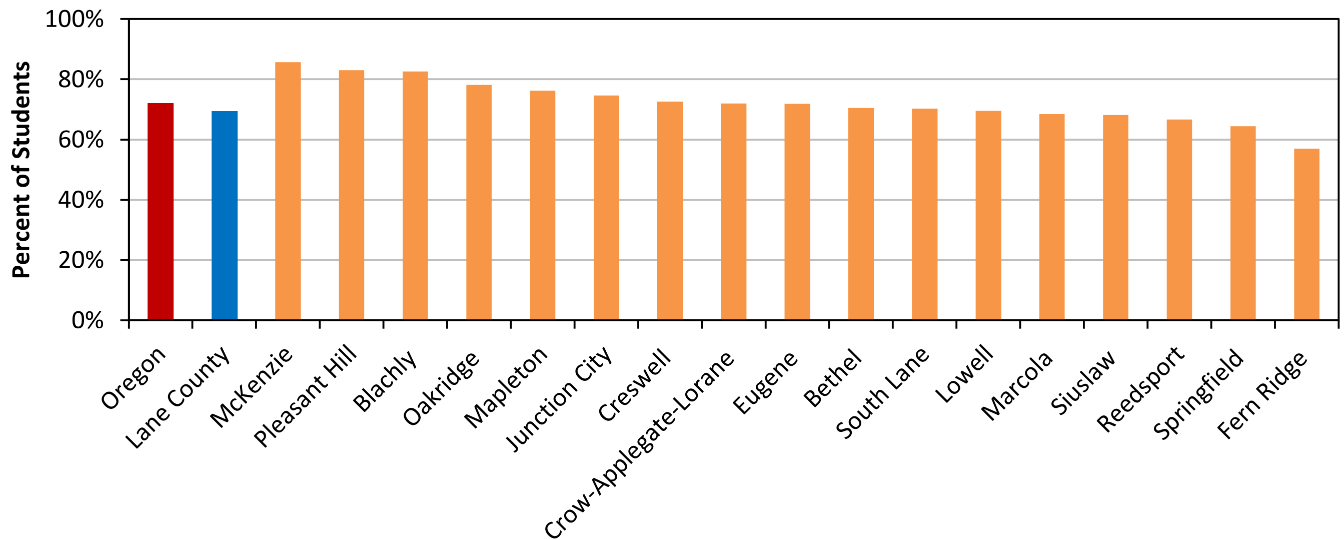
Source: Department of Education.

Racial and ethnic minority groups, disabled, economically disadvantaged, males, and rural students have disproportionately lower high school graduation rates.



Source: Department of Education.

Districts vary significantly across the region in high school graduation rates.

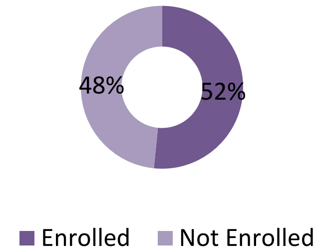


Source: Department of Education.

For many, having a bachelor's degree is the ticket to a better life. The college experience develops cognitive skills and allows learning about a wide range of subjects, people, cultures, and communities. Adults with a college degree are less likely to live in poverty and having a degree is often the prerequisite for a higher-paying job.

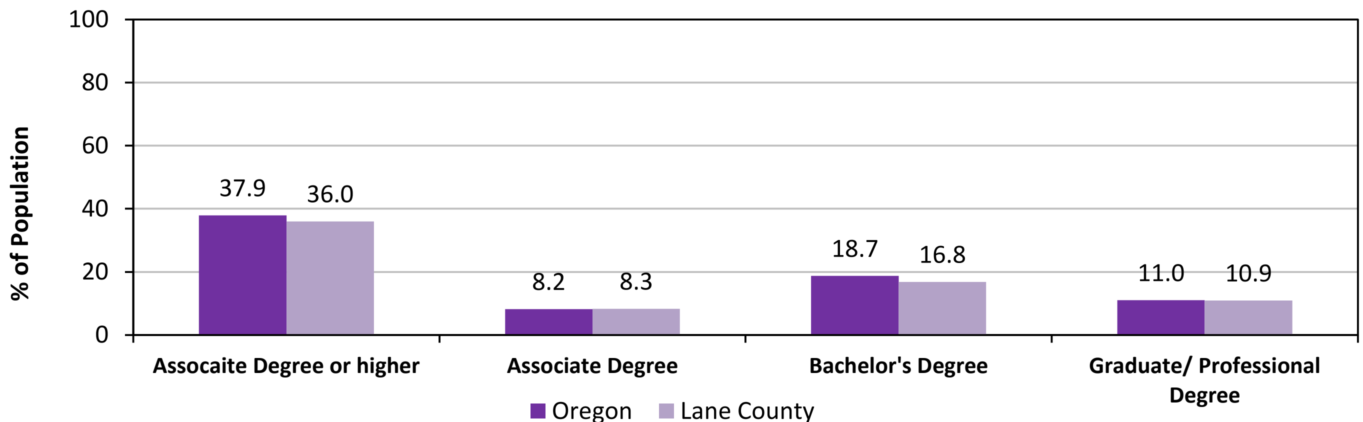
A high percentage of Lane County's population is enrolled in college or graduate school. In 2013, 36% of those living in Lane County ages 25 and older had an Associate Degrees or higher. 52% of adults in Lane County ages 18-25 were enrolled in college or graduate school. In 2013 for the population age 25 and older with earnings, median individual income ranged from $19,917 (less than high school graduate) to $47,350 (graduate or professional degree).

Adults Ages 18-25 Enrolled in College or Graduate School in Lane County, Oregon 2009-2013



Source: US Census Bureau, American Community Survey. 2009-2013.

Adult Educational Attainment in Lane County, Oregon, 2009-2013

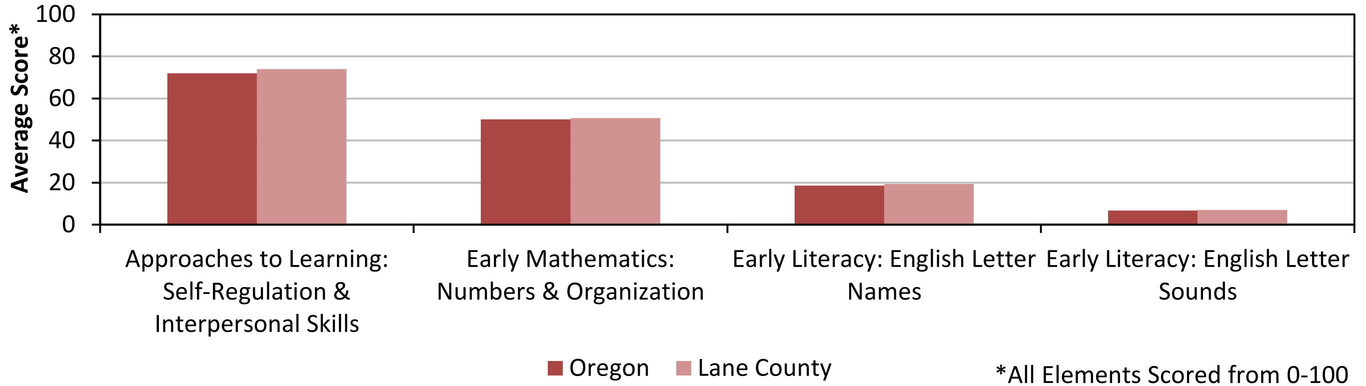


Source: US Census Bureau, American Community Survey.

Early Childhood Development

In 2013, Oregon launched a new annual statewide Kindergarten Assessment, replacing the kindergarten survey that was suspended in 2009. The Oregon Kindergarten Assessment was created to get a clearer picture of early learning experiences across the state, and to provide a snapshot for educators of the skills children are coming to kindergarten with: the early literacy and early math skills, as well as interpersonal and self-regulation skills. There remains a great deal of inequity in the types of experiences children have before entering school. The Oregon Kindergarten Assessment is essential to understanding, and ultimately closing, the divide for the most underserved early learners. The Kindergarten Assessment is used to figure out what sort of preschool and Pre-K programs students attend – and which communities need more preschools that will teach the skills that are necessary to be successful in the kindergarten classroom – both academic and social.

The 2013-2014 Kindergarten Assessment average scores in Lane County were similar to Oregon scores.

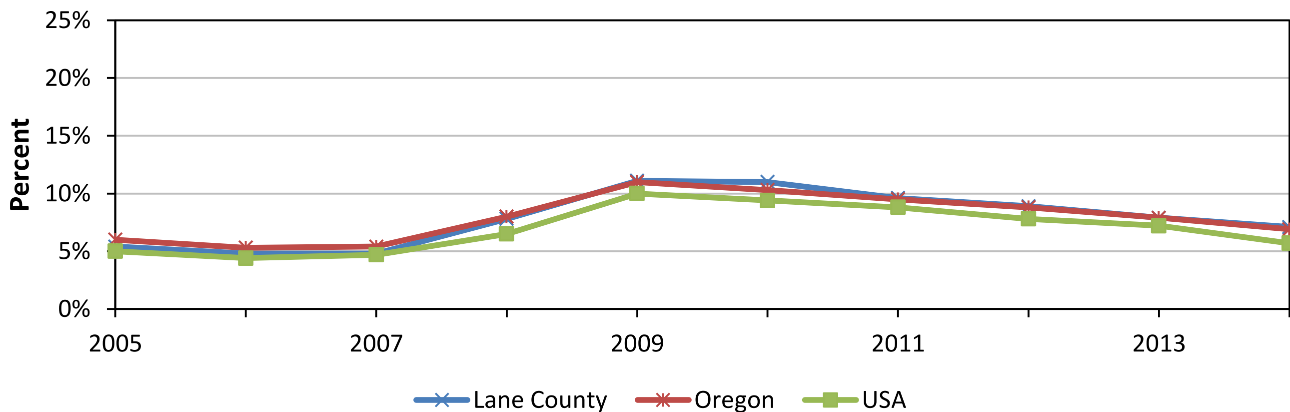


Source: Oregon Department of Education

Employment

The unemployment rate is a key indicator of the local economy. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer.

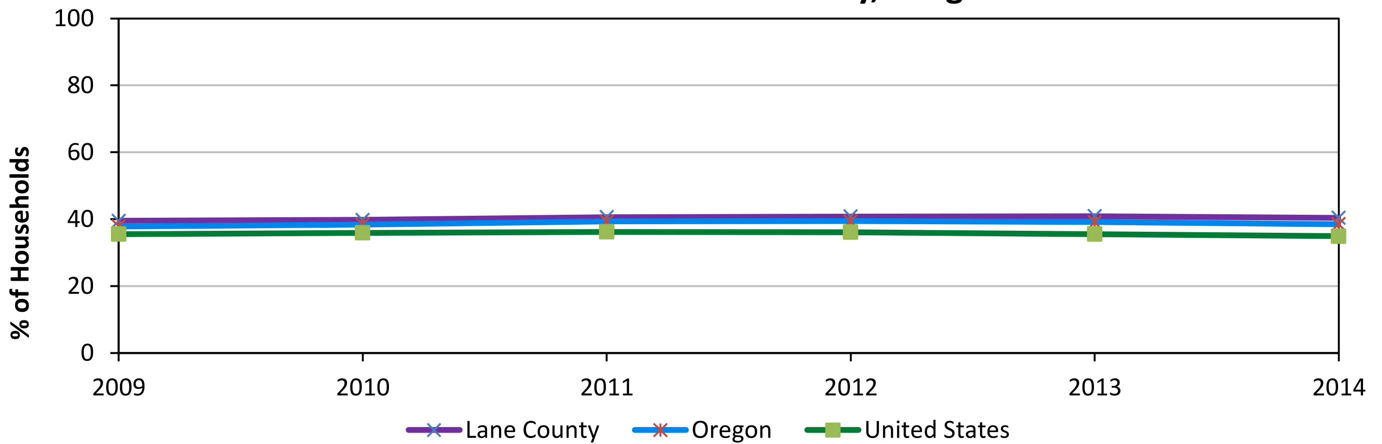
The economic recession of the mid/late-2000s caused significant unemployment in Lane County and contributed to the decline in services provided by municipalities, government agencies, and non-profit organizations. Lane County traditionally has an unemployment rate somewhat higher than the national and state level. In 2014, Lane County's unemployment rate of 7.1% was similar to the state rate. While unemployment is slowly improving, many families in Lane County continue to experience economic distress. Overall, black/African-Americans, Hispanics, youth and adults with less than a high school diploma are more likely to be unemployed in Lane County.



Source: U.S. Bureau of Labor Statistics

The availability of safe and affordable housing can serve as an indicator of the overall social, economic, health, and demographic picture of the community. Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

It is important to look at the amount of income spent on housing for Lane County residents. The U.S. Department of Housing and Urban Development (HUD) considers families who spend more than 30% of their income on housing as "cost burdened." In 2013, 40.4% of households in Lane County (38.5% in Oregon) were cost-burdened.



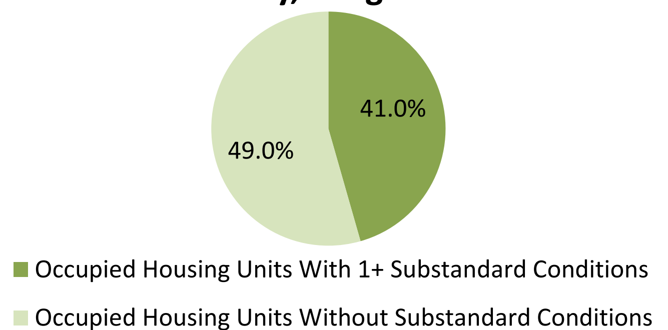
Source: US Census Bureau, 2010; US Census Bureau, American Community Survey. 2006-2009, 2007-11, 2008-12, 2009-13.

In 2013, the median gross rent in Lane County was $841 (Oregon's was $875). Lane County is home to multiple colleges which impact the community in many ways, one of which is housing. Eugene has seen many large new "luxury" apartment complexes, mostly catering to the student population, built in the last several years. Students add to the demand for housing. This often leaves those lacking additional financial support without affordable and sometimes safe housing.

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards.

In 2013, 41% of occupied housing units in Lane County had at least one substandard condition.

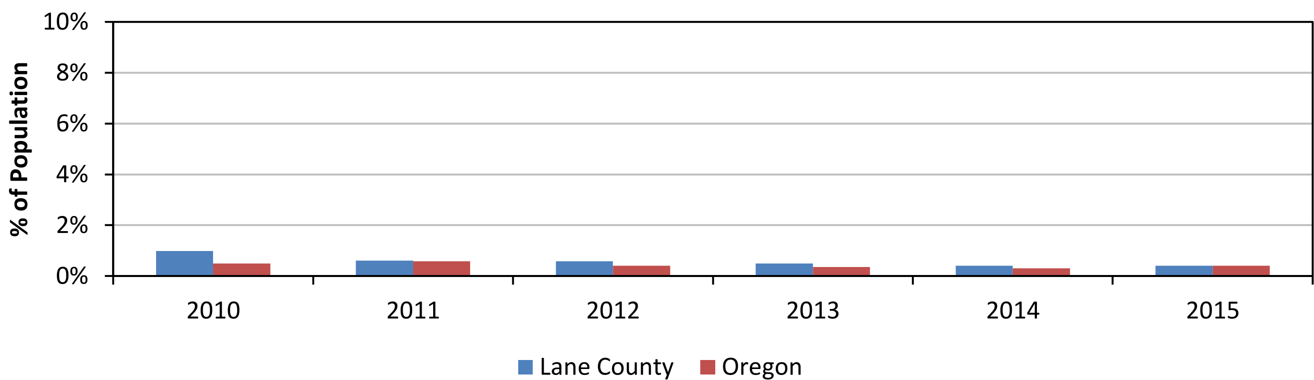
Condition of Occupied Housing in Lane County, Oregon 2009-2013



Source: US Census Bureau, American Community Survey.

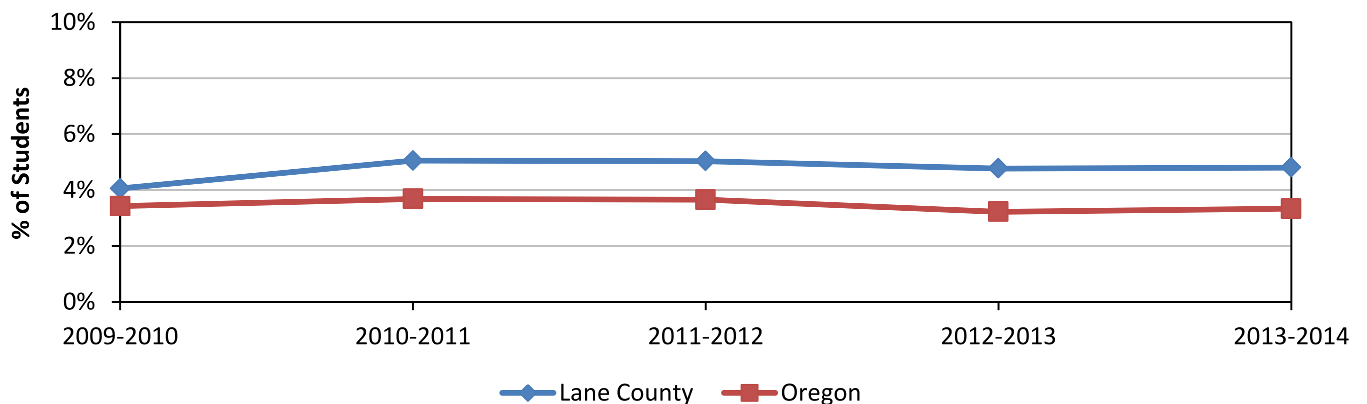
Homelessness

Homelessness is a significant issue in several Lane County communities. An annual count of homeless individuals (both sheltered and unsheltered) enumerates thousands of unhoused individuals in Lane County. The primary community level indicator of homelessness in Lane County is the number of homeless individuals represented during the Point-In-Time Count. The Point-In-Time Count is a snapshot of the number of sheltered and unsheltered individuals during a specified 24-hour period and offers a baseline to quantify the number of individuals who are homeless on any given day. However, the transient nature of homeless individuals brings about challenges in obtaining an accurate count of the population and in assessing individual needs. The 2015 Lane County one-night homeless count was 1,473 individuals.



Source: Lane County Human Services Commission; Oregon Housing and Community Services

In the 2013-2014 school year, 4.8% of Lane County K-12 students were homeless, compared to 3.3% of Oregon students. Oregon data also indicate disparities in student homelessness based on race/ethnicity.



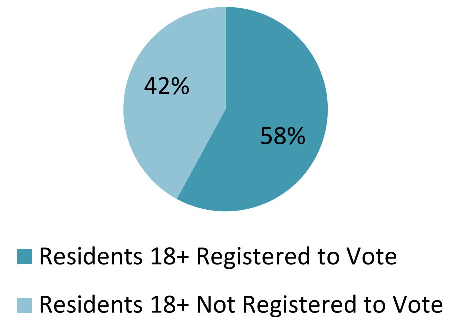
Source: U.S. Department of Education.

Family and Community Structure

When people feel safe within their communities, their children do better in the classroom and adults are better able to establish the links and connections for a cohesive social network. Social capital is the networks of relationships among people who live and work in a particular community. It plays an important role in expanding people's opportunities and improving their health. Community participation and social capital is often measured by voter registration, volunteerism, and involvement in social, civic, sports, and/or religious groups

In 2013, a low number of county youth (11.9%) were not in school and not working, lower than the state as a whole's 14.8%. 40.3% of Oregonians are involved in social, civic, sports and/or religious groups. Oregon has a high volunteer rate of 31.7%. A high level of voter turnout indicates that citizens are involved in and interested in who represents them in the political system. In 2013, 57.9% of residents in Lane County were registered to vote, higher than the Oregon's rate of 55.5%.

Percent of Population Age 18 or Older Registerd to Vote in Lane County, Oregon 2013

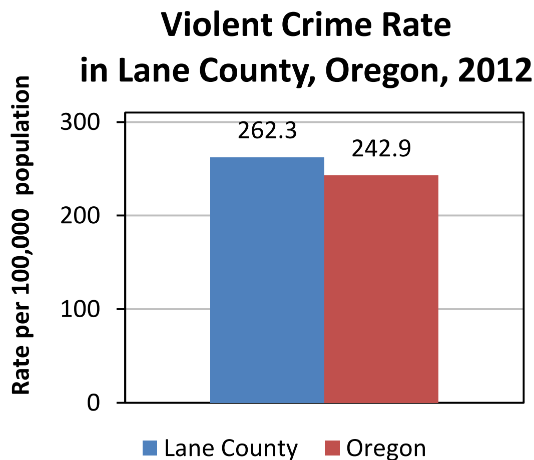


Source: Oregon Secretary of State

Abuse/Neglect and Violent Crime

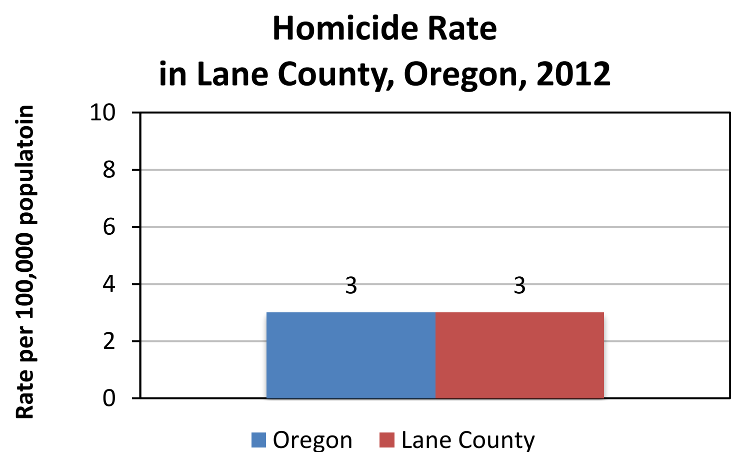
A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes can include homicide, rape, robbery, and assault. In 2012, Lane County had a higher violent crime rate (262.3 out of 100,000) than Oregon (242.9). Both the state of Oregon and Lane County had a homicide rate of 3 out of 100,000 people.

Violent Crime Rate in Lane County, Oregon, 2012



Source: U.S. Department of Justice, Federal Bureau of Investigation Uniform Crime Reporting Statistics. County Health Rankings analysis of data from the U.S. Department of Justice, Federal Bureau of Investigation Criminal Justice Information Services

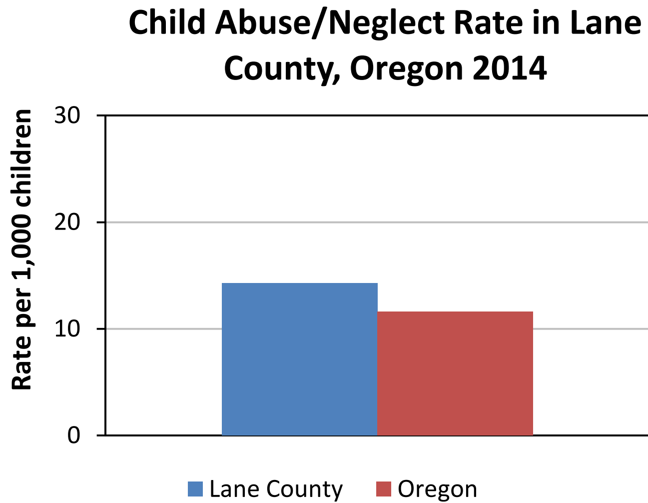
Homicide Rate in Lane County, Oregon, 2012



Source: National Center for Health Statistics.

Intimate partner violence (IPV) can affect health in many ways. The longer the violence goes on, the more serious the effects. Many victims suffer physical injuries; some are minor, others are more serious and can cause death or disability. Not all injuries are physical. IPV can also cause emotional harm. IPV is linked to harmful health behaviors as well.

The extent of sexual and intimate partner violence is often difficult to grasp in a community because of the lack of reporting by the abused partner for a variety of reasons. In 2014 there were 7,744 Lane County calls made to Oregon Sexual and Domestic Violence Program, compared to the 6,038 reported in 2013. In 2014, the child abuse/neglect rate in Lane County was 14.3 per 1,000 children, higher than Oregon's rate of 11.6 per 1,000 children.



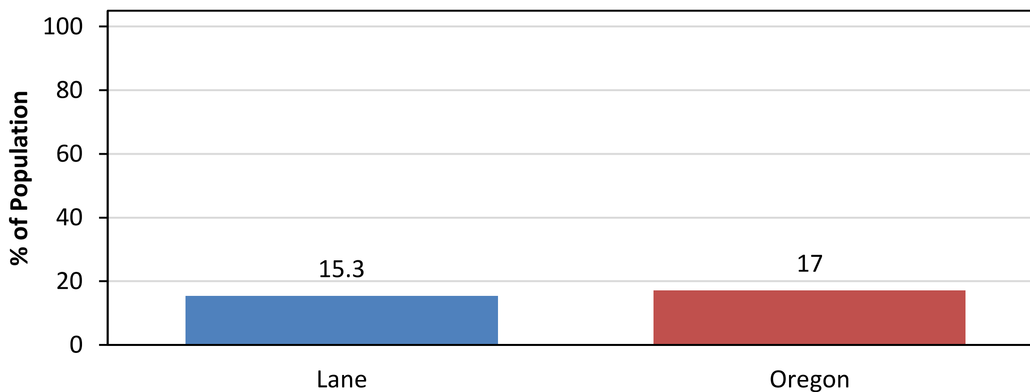
Source: Department of Human Services.

Access to Goods and Services

ACCESS TO FULL SERVICE GROCERS, FARMERS MARKETS, AND FARM STANDS

There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. Farmers markets often emphasize good nutrition and support consumers to cook healthier meals and maintain good eating habits. Low-income and underserved areas often have limited numbers of stores that sell healthy foods, especially high-quality fruits and vegetables. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets. Moreover, rural communities often have a high number of convenience stores, where healthy and fresh foods are less available than in larger, retail food markets. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity.

Residents of Lane County have slightly better access to Supermarkets or Grocery Stores when compared to the state of Oregon as a whole. In 2010, an estimated 39% of Lane County residents lived within close proximity to a full service grocer or a farm stand.

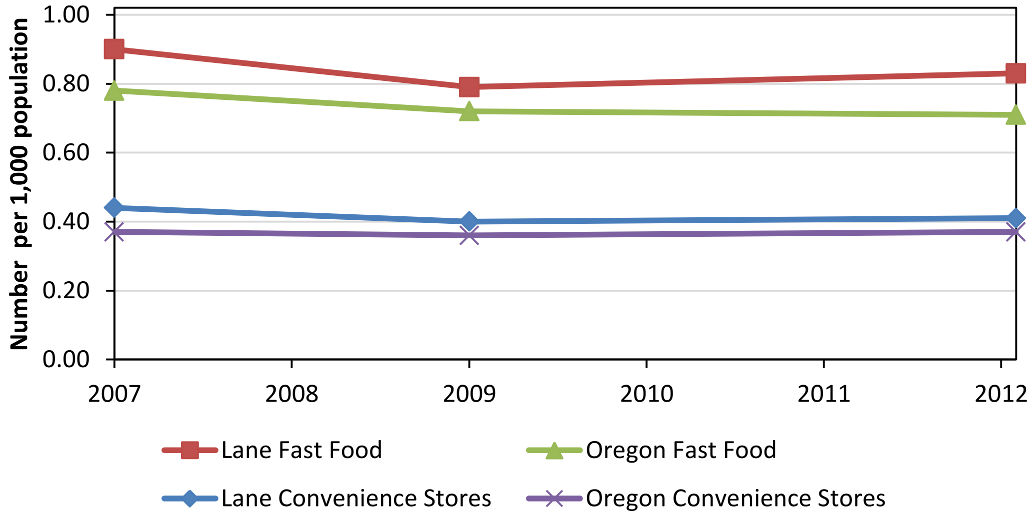


Source: USDA Food Environments Atlas (Data released July 2015)

FAST FOOD AND CONVENIENCE STORE DENSITY

A lack of access to healthy foods is often a significant barrier to healthy eating habits. Fast food outlets are more common in low-income neighborhoods and studies suggest that they strongly contribute to the high incidence of obesity and obesity-related health problems in these communities. Fast food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of these foods and an insufficient consumption of fresh fruits and vegetables increase the risks being overweight and/or obese. Individuals who are overweight or obese are at increased risk for serious health conditions, including coronary heart disease, type-2 diabetes, multiple cancers, hypertension, stroke, premature death and other chronic conditions.

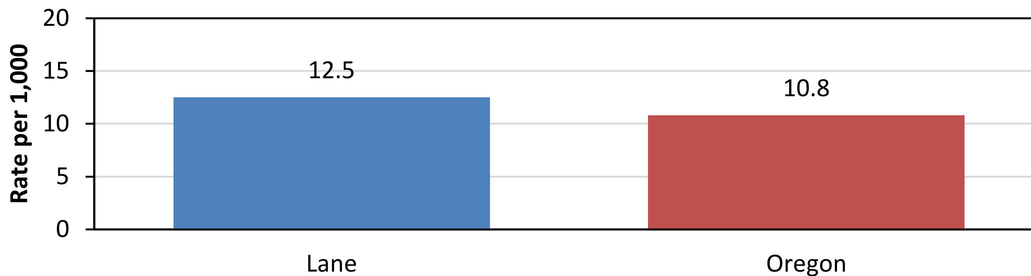
In Lane County, access to convenience stores and fast-food restaurants is slightly higher than the state average. In 2012, there was slightly less than 1 fast food restaurant per 1,000 people and 1 convenience store for every 2,500 residents. More than half of residents (57%) live in close proximity to a fast food restaurants or convenience stores.



Source: USDA Food Environments Atlas (Data released July 2015)

Childcare and Preschool Access

Quality, affordable child care increases the income opportunity for working parents and early learning opportunities for children; these opportunities can promote optimal early childhood development and school readiness for children, thus setting the stage for success throughout a child's school years.
In general, children in Lane County have better access to childcare and preschool opportunities than other children throughout Oregon. There are roughly 13 licensed childcare facilities for every 1,000 children under the age of 5 in Lane County.



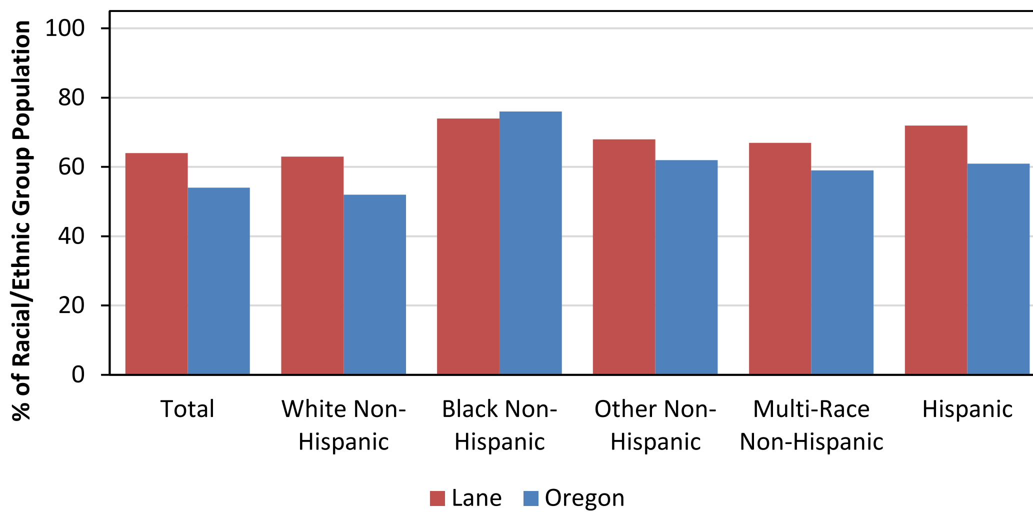
Source: Oregon Department of Human Services; Oregon Health Authority Office of Forecasting, Research and Analysis

Access to Parks and Open Space

Proximity to safe exercise opportunities, such as parks and recreations facilities, tends to increase the likelihood of physical activity. Parks create physical spaces for people to socialize and connect. Trees and green spaces also remove air pollution, and make neighborhoods more livable. Regular physical activity has a wide array of health benefits.

Overall, Lane County offers excellent access to parks, opens spaces, and outdoor recreational opportunities. Residents tend to have good access regardless of race or ethnicity. Nearly 2 out of 3 residents live close to a park or outdoor recreation site. There are 57 acres of parks and open space available per 1,000 residents, or roughly an area the size of a tennis court for every resident.

Percent of Population Living Within Half a Mile of a Park by Race/Ethnicity in Lane County, OR, 2010

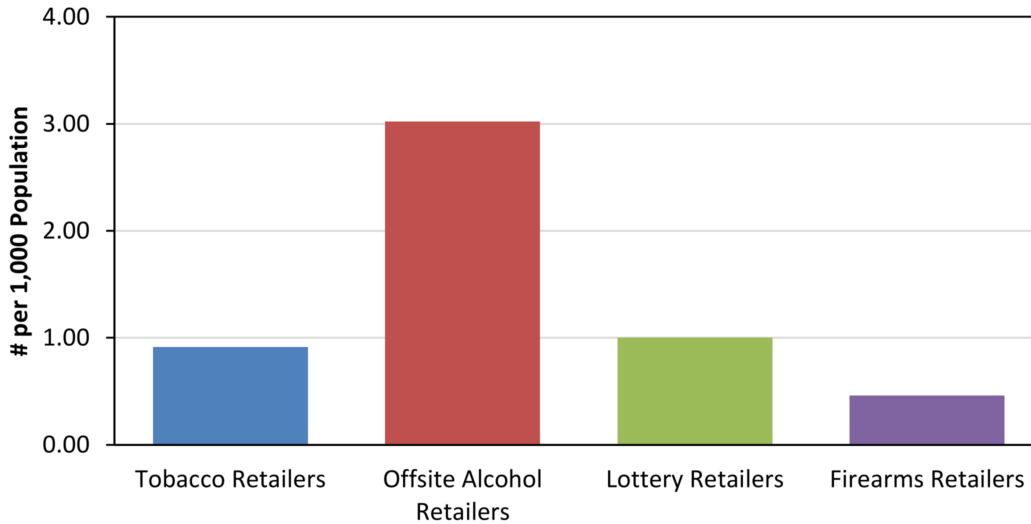


Source: Centers for Disease Control and Prevention Environmental Public Health Tracking, 2016

Tobacco, Alcohol, Lottery, and Firearms Retail Density

Access to alcohol, tobacco, other drugs and lottery, due to retail/social access and decreased price, increases the likelihood of both youth and adult use. This adds to the risk of addiction related health outcomes and behavioral health concerns.

Alcohol is readily accessible in Lane County and is more accessible than tobacco, lottery and firearms combined. Retailers of alcohol for off-site use are 3 times more common than tobacco and lottery retailers. Still tobacco, lottery and firearms are accessible in the Eugene/Springfield metro region. For every 1,000 residents, there is one lottery and one tobacco outlet. For every 2,000 residents there is one firearm dealer. Youth who have increased access to firearms are more likely to develop behavioral health issues such as delinquency and violence and reducing access to lethal means is an important strategy for suicide prevention.



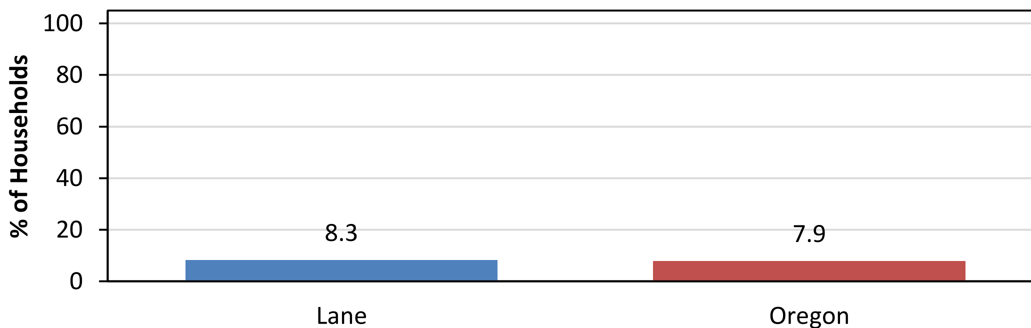
Sources: Lane County Public Health 2014; Oregon Liquor Control Commission, 2013; Oregon Lottery, 2014, U.S. Bureau of Alcohol, Tobacco and Firearms, 2013.

Transportation

VEHICLE AVAILABILITY

Vehicle ownership is directly related to the ability to get to where a person needs to go. In general, people living in a household without a car make fewer than journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices and hospitals.

In Lane County, 8.3% of households have no vehicle available, which is slightly higher than the state average.



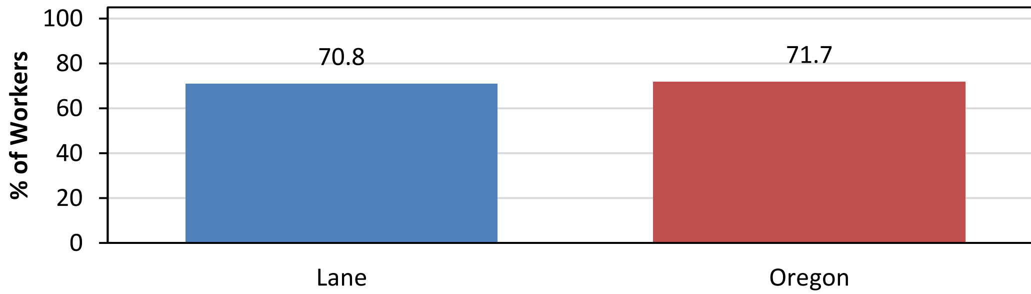
Source: American Community Survey 2009-2013

Workers Who Drive Alone to Work

Driving alone to work consumes more fuel and resources than other modes of transportation, such as carpooling, public transportation, biking and walking. Driving alone also increases traffic congestion, especially in areas of greater population density.

71% of Workers in Lane County drive alone to work which is slightly lower than the state as a whole's average.

Percent of Workers 16 Years and Over Driving Alone to Work in Lane County, OR, 2009-2013



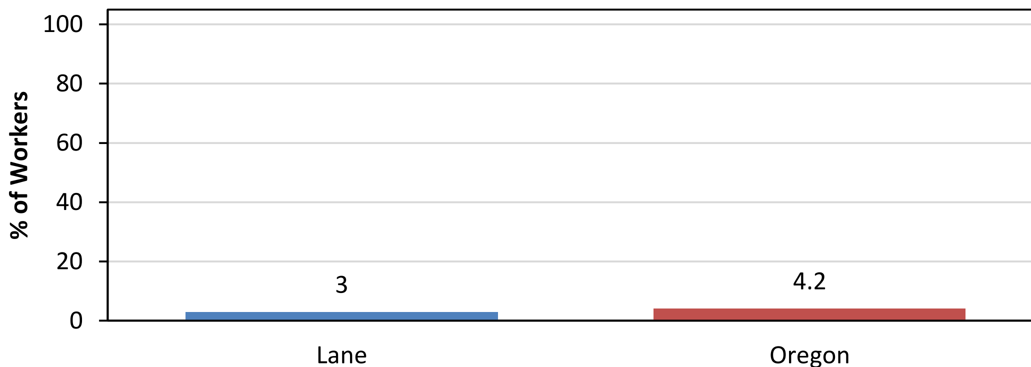
Source: American Community Survey 2009-2013.

Workers Commuting by Public Transportation

Public transportation offers mobility to U.S. residents, particularly people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation is also beneficial because it reduces fuel consumption, minimizes air pollution, and relieves traffic congestion.

Commuting by public transit is relatively low in Lane County, with only 3 out of every 100 workers doing so. On average, workers throughout the state of Oregon are slightly more likely to commute by Public Transit than in Lane County alone.

Percent of Workers 16 Years and Over Commuting to Work by Public Transportation in Lane County, OR, 2009-2013



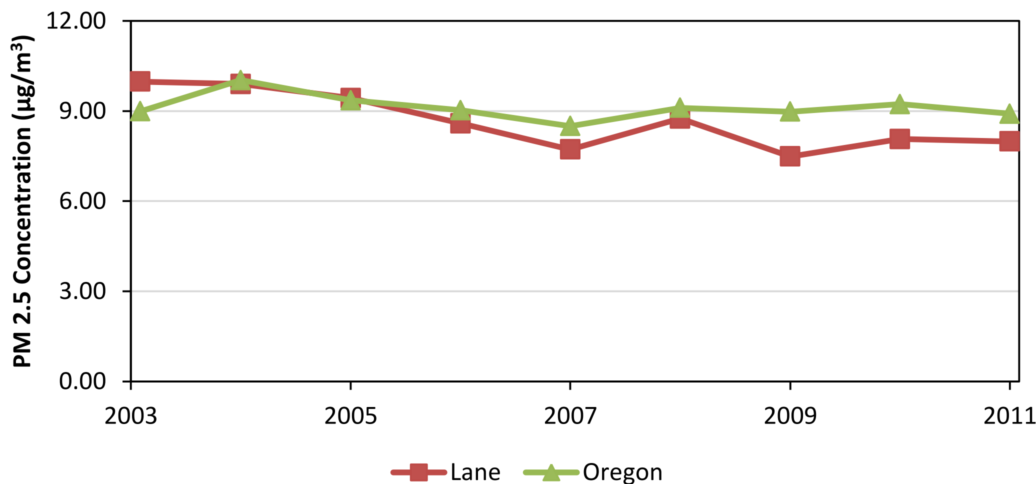
Source: American Community Survey 2009-2013.

Air Quality

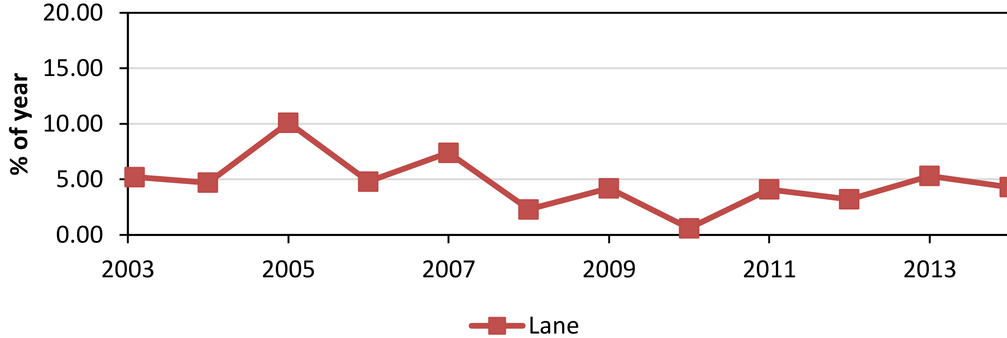
Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. Air pollution is a leading environmental threat to human health. Particles in the air like dust, dirt, soot, and smoke are one kind of air pollution called particulate matter. Fine particulate matter that is less than 2.5 micrometers in diameter, or PM2.5, is so small that it cannot be seen in the air. Breathing in PM2.5 may cause breathing problems, make asthma symptoms or some heart conditions worse, and lead to low birth weight.

The national standard for annual PM2.5 levels is 15.0µg/m^3. When PM2.5 levels are above 15, this means that air quality is more likely to affect your health.

Air quality in Lane County has improved slightly over the past decade, a trend which is consistent with Oregon overall. Measures of small particles in the air declined slightly and then stabilized in recent years. Similarly, while the percent of the year (number of days during the year) in which air quality measurements exceeded national standards peaked at 10.1% (37 days) in 2005, it declined to 0.6% (2 days) in 2010, before increasing to around 5% (16 days) in 2014. This recent upward trend is due, in large part, to increasing temperature and draught related to climate change, which is resulting in more and larger forest fires.



Source: CDC WONDER, 2013.

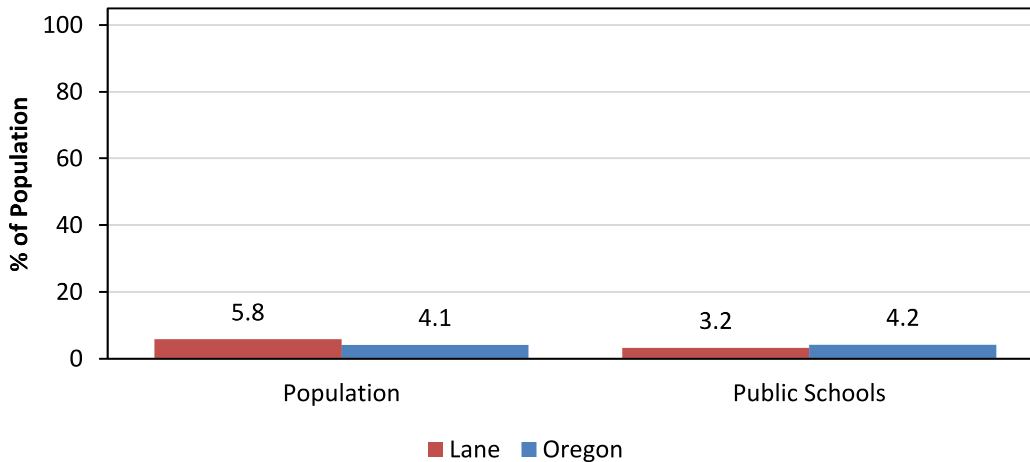


Source: Environmental Protection Agency. Air Quality System Monitoring Data, 2016.

Percent of Population Living Near a Highway & Schools Located Near a Highway

Traffic-related air pollution is a major cause of unhealthy air quality, especially in urban areas, and many health problems have been linked to traffic-related air pollution exposure. The closer your home or school is to a major highway, the more likely you and your family are to be exposed to traffic-related air pollution.

Residents in Lane County are 42% more likely to live near a highway than residents in other parts of Oregon; on average. 5.8% of houses in Lane County are located near a highway compared to 4.1% of houses throughout Oregon. On the other hand, public elementary schools are 31% less likely to be located near a highway in Lane County than in other parts of Oregon.



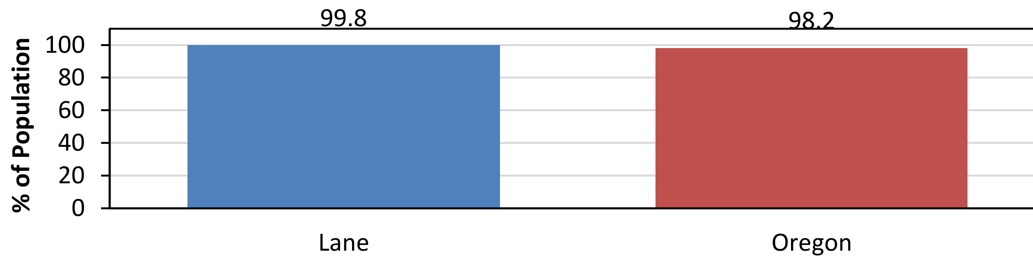
Source: Centers for Disease Control and Prevention. Environmental Public Health Tracking Network

ACCESS TO SAFE DRINKING WATER

Access to safe drinking water is essential to human health. Public drinking water systems are required to monitor approximately 90 contaminants and indicators regulated by the Environmental Protection Agency. A health-based violation occurs when a contaminant exceeds its Maximum Contamination Limit (MCL)—the highest amount allowed in drinking water—or when water is not treated properly. Limiting the levels of microorganisms, chemicals, and other contaminants in a community's public water supply reduces residents' risk of waterborne diseases, cancer, and other adverse outcomes.

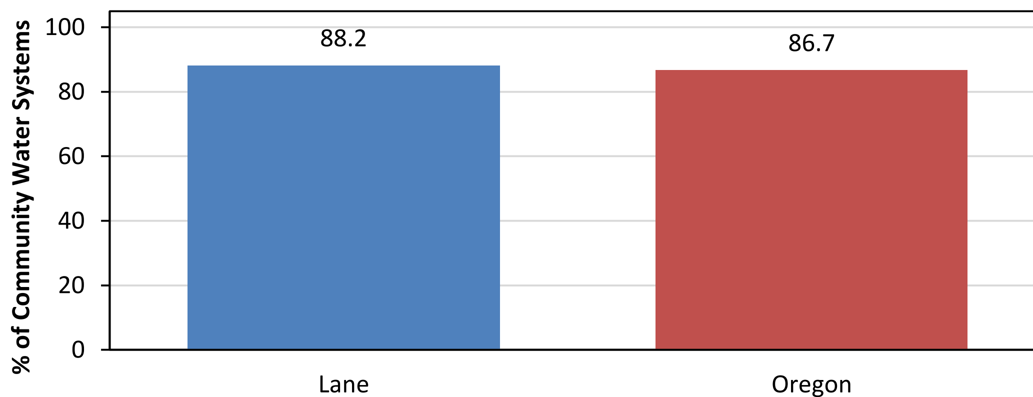
During 2015, approximately 600 Lane County residents were served by 8 community water systems which failed to meet one or more health based standards. Overall, the vast majority (99.8%) of residents had access to safe drinking water, and Lane County fared slightly better than the state average. The larger water systems that serve the majority of the state population generally meet safe, clean drinking water standards.

Percent of Population Served by Community Water Systems Meeting All Health Based Standards in Lane County, OR, 2015



Source: Oregon Health Authority, Drinking Water Data Online

Percent of Community Water Systems Meeting All Health Based Standards in Lane County, OR, 2015

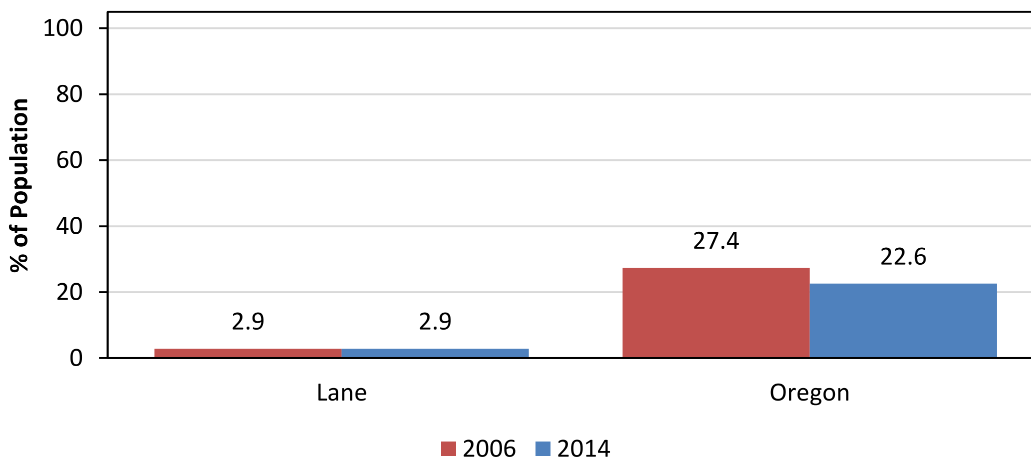


Source: Oregon Health Authority, Drinking Water Data Online

FLUORIDATION

Fluoridation of water is an important intervention to ensure optimal dental health in the community, particularly of children. Oregon has the third lowest amount of fluoridation in community water systems, a fact that continues to negatively impact the dental health of all Oregonians. Despite evidence that water fluoridation is safe and prevents tooth decay, Oregon ranks 48th among U.S. states by proportion of public water systems that are fluoridated. This diminishes the dental health of all Oregonians.

Florence remains the only community water system in Lane County which provides fluoridated water to its residents. As a result only 3 out of every 100 residents have access to fluoridated water. This is substantially lower than the rest of Oregon, where about 1 in 5 people receive fluoridated water.



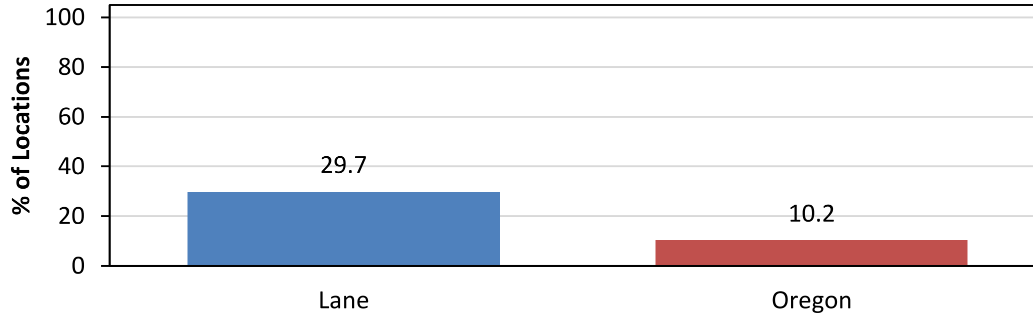
Source: Centers for Disease Control and Prevention, Water Fluoridation Statistics 2014; Oregon Health Authority, Drinking Water Data Online, 2016.

RADON

Radon is a radioactive gas formed from the natural decay of uranium, which is found in varying concentrations in most rock and soil. Humans can be exposed to radon gas as it migrates through soil into the air and concentrates in enclosed spaces. It is the second leading cause of lung cancer after smoking, and the primary cause of lung cancer in non-smokers. When smokers are exposed to radon, their risks are magnified. Northwest Oregon, including the Columbia Gorge and Willamette River Valley, tends to be the area of greatest known concern for radon exposure in Oregon.

Positive tests for Radon are about 3 times higher in Lane County than the average for the state of Oregon. Thirty percent of households tested in Lane County are positive for radon, with most of the positive tests being concentrated in the Willamette Valley.

Percent of Locations with a Radon Test Result Greater than or Equal to 4piCI/L in Lane County, OR, 2015



Source: Oregon Health Authority, Oregon Radon Program Indoor Radon Test Results Summary, 2015

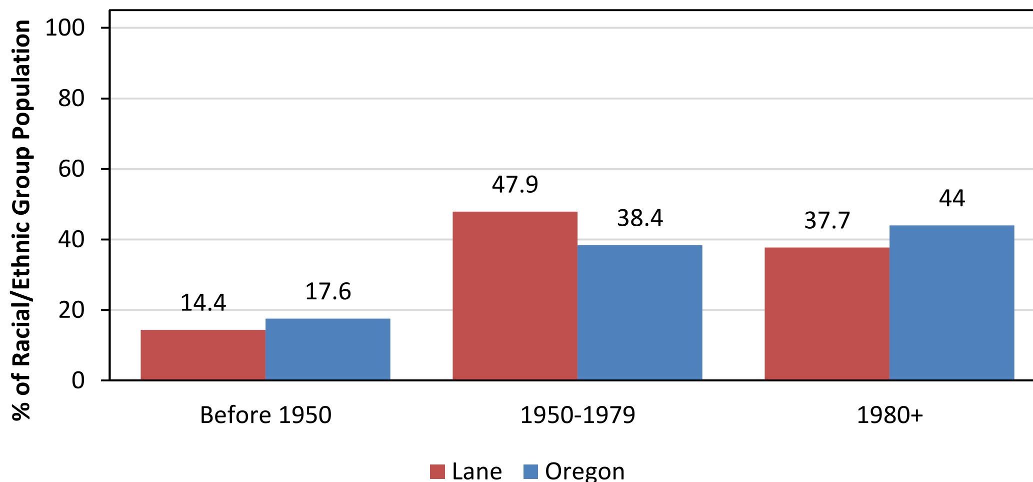
Housing Conditions

Age of Homes

Living environments, including housing and institutional settings, can support health. Quality housing is associated with positive physical and mental well-being. How homes are designed, constructed, and maintained, their physical characteristics, and the presence or absence of safety devices (like fire extinguishers) have many effects on injury, illness, and mental health. Children living in housing built before 1950 are at elevated risk for lead poisoning due to the use of lead paint in older housing.

Risks due to aging homes tend to be lower in Oregon than the rest of the nation. Most homes in Lane County and in Oregon were built after 1950. Only about 15% of homes in Lane County were built before 1950, and roughly half of the local housing stock was built between 1950 and 1979.

Percent of Homes Built by Time Period in Lane County, OR, 2009-2013

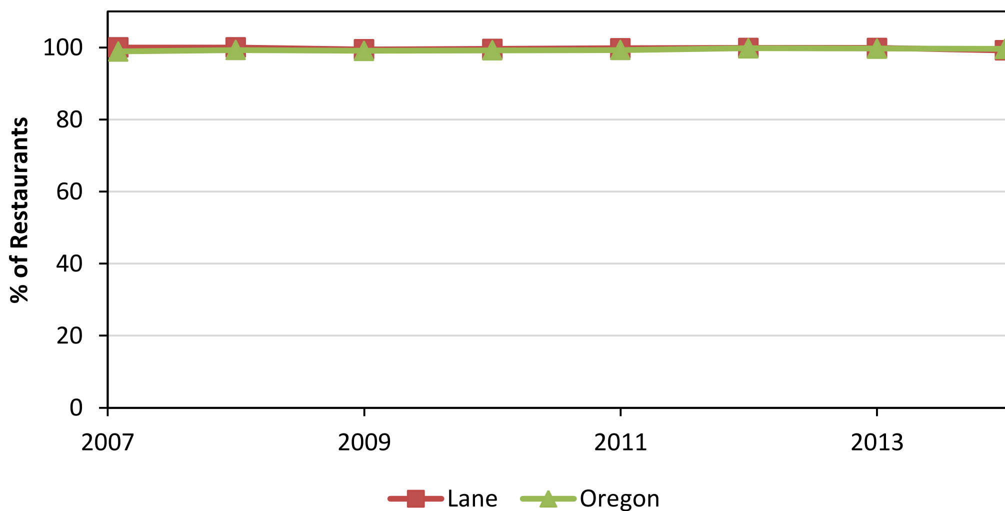


Source: American Community Survey, 2009-2013

Restaurant and Pool Inspections

Restaurant Inspections

Foodborne illnesses are a preventable and underreported public health problem. These illnesses are a burden on public health and contribute significantly to the cost of health care. Safer food is linked to healthier and longer lives and less costly health care, as well as a more resilient food industry. Prevention activities and collaborative efforts by the food industry, regulatory and public health agencies, and consumers are needed to reduce foodborne illness in the United States. To keep Oregonians healthy while dining out, the Oregon Public Health Division Foodborne Illness Prevention Program has adopted the 2009 FDA Food Code, which is based on the latest science regarding food safety practices. The Foodborne Illness Prevention Program works in partnership with local health departments, the food service industry, and the public to reduce or eliminate the known causes of foodborne illness. The program provides technical assistance, training, and education, coordinates rulemaking, and oversees the field inspection system and the Food Handler Card program.
Restaurants in Lane County and in Oregon tend to comply well with food handling safety standards. More than 99% of all restaurants consistently receive passing grades upon inspection.

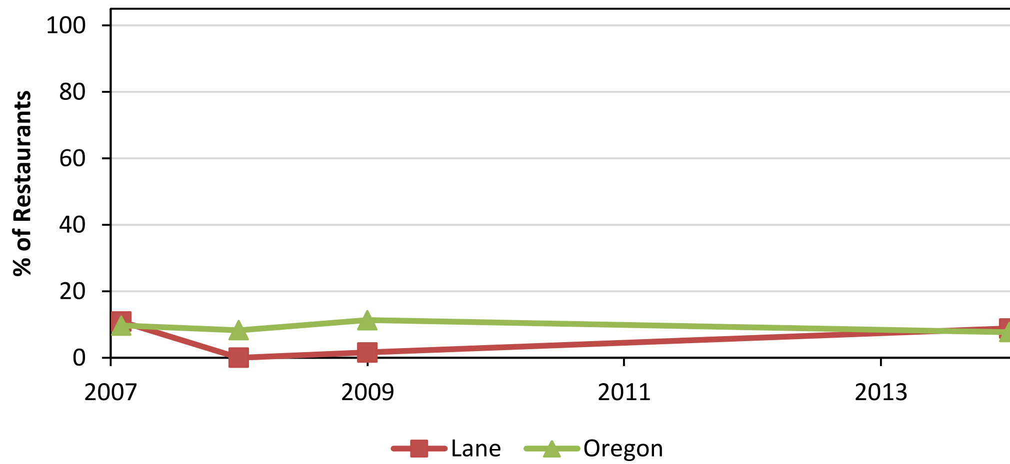


Source: Oregon Health Authority, Oregon Licensed Facility Statistics Report

Pool Inspections

A vital step in assuring the safety of a residential pool or spa is to have it inspected by a trained and qualified inspector. Properly maintained facilities reduce the risk of drownings, submersion injuries and entrapments. Trained pool and spa professionals evaluate water quality, safety equipment and the physical conditions of facilities. Ensuring that pools and spas are adequately maintained and well-designed also reduces the chances of germs being spread and of injury or drowning.
The number of pools and spas closed due to poor water quality or other issues varies dramatically by year. Since 2007, less than 10% of pools or spas have been closed. Lane County pools have performed slightly better than the state average, yet were closed at a rate comparable to the state average in 2014.

Percent of Pools or Spas Closed in Lane County, OR



Source: Oregon Health Authority, Oregon Licensed Facility Statistics Report

Chapter 4 – Health System (Public Health, Medical [and Human Services])

The Affordable Care Act and subsequent health care reform changed the landscape of healthcare and health insurance in Lane County. The Patient Protection and Affordable Care Act significantly expanded both eligibility for and federal funding of Medicaid and the impact of Medicaid expansion has been significant. Because the number of uninsured individuals was cut in half, it is *likely* that much of the following data will change in the upcoming years; however updated estimates are not yet available, so we are reporting on the most recently available data.

Health Insurance Status

UNINSURED

Lack of health insurance coverage is a significant barrier to accessing needed health care. People with health insurance and access to needed healthcare are more likely to have better health throughout their life.

Based on 2012 data, an estimated 21% of adults and 7% of children were reported to be uninsured in Lane County, mirroring state averages. Comparable data from 2014 shows significant reduction in uninsured rates in Lane County, largely due to Medicaid expansion the same year. In 2014, 12% of adults and 4% of children in Oregon were reported to be uninsured. A study conducted by the Oregon Health Authority and Oregon Health & Science University estimated that only 6% of all residents remained without health insurance in Lane County; the statewide average declined to 5.6% in the same time frame.

Uninsured By Age in Lane County, Oregon:

Report Area	# Uninsured Adults *(18-64yrs)*	% Uninsured Adults *(18-64yrs)*	# Uninsured Children *(0-18yrs)*	% Uninsured Children *(0-18yrs)*
Lane County (2012)*	47,484	21%	4,754	7%
Oregon (2012)*	NA	21%	NA	7%
Oregon (2014)^	NA	12%	NA	4%

**County Health Rankings Data; ^Kaiser Family Foundation Data*

MEDICAID

Medicaid is a social health care program for families and individuals with low income and limited resources. Free or low-cost health care coverage is available to people who meet requirements for income, residency, age, disability, and other factors. Oregonians may also qualify based on age and disability status. Adults and children who qualify may be enrolled in the Oregon Health Plan (OHP), Oregon's Medicaid program.

The Patient Protection and Affordable Care Act significantly expanded both eligibility for and federal funding of Medicaid. The impact of Medicaid expansion has been significant. As of 2015, an estimated 25% of adults and nearly 50% of children in Lane County have Medicaid coverage. With Medicaid coverage, cost is removed as a barrier to health care services.

Medicaid Coverage By Age in Lane County, Oregon:

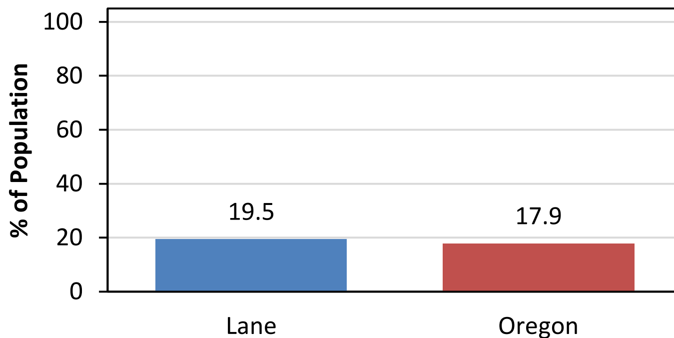
Report Area	# Adults 18-64	# Medicaid Adults *(18-64yrs)*	% Total County Population *(18-64yrs)*	# Children 0-17	# Medicaid Children *(0-18yrs)*	% Total County Population *(0-18yrs)*
Lane County (2015)	229,064	57,631	25%	69,054	33,592	49%

Source: Trillium Demographics Report, 2015

MEDICARE

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease.

In 2014, 19.5% of the population in Lane County and 17.9% in Oregon had Medicare coverage.



Source: American Community Survey (ACS), 2014.

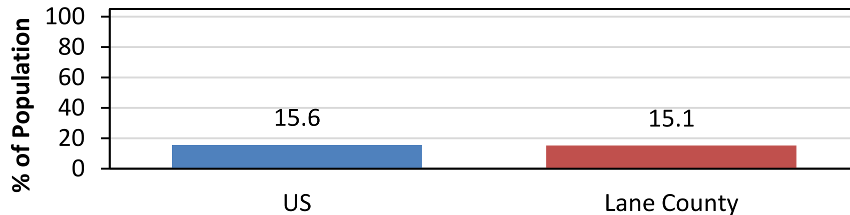
Health Care Costs and Affordability

ADULTS WHO COULD NOT AFFORD A DOCTOR

Barriers to comprehensive clinical care, such as high costs and delays in appointment scheduling can result in unmet health needs and increased system costs from avoidable emergency room visits and hospitalizations. Out-of-pocket medical expenses in the United States can be extremely high and people without health insurance are more likely to forego care, including preventative checkups and screenings. When they do seek care, the uninsured are more likely to be sicker and require treatment that is more complex and costly.

In 2012, 15.1% of Lane County adults (18+ years old) say they were unable to see a doctor when needed in the past 12 months because they could not afford it. This is similar to the 15.6% of U.S. adults who did not see a doctor because of cost. Because the number of uninsured was cut in half, it is *likely* that those who were unable to see a doctor due to cost has declined significantly; however updated estimates are not yet available.

Percent of Adults Who Did Not See a Doctor Because of Cost (age-adjusted) in Lane County, OR, 2012



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012

HEALTHCARE COSTS

Compared to other states, Oregon Medicare spending rates rank in the lowest ten nationally. Within Oregon, Lane County ranks 16th in terms of average reimbursements per Medicare enrollee. After being adjusted for demographic and regional factors, the key driver for this indicator is the volume of services delivered.

Medicare Spending per Enrollee in Lane County, Oregon:

Report Area	**Health Care Costs** (Price-adjusted* Medicare reimbursements per enrollee)
Lane County	$7,082
Oregon	$7,204

Source: Based on 2012 data sourced from Dartmouth Atlas of Health Care, County Health Rankings
** Adjusted for demographic and regional factors.*

Preventable Hospitalizations

Preventable Hospital Stays refers to hospital care for medical conditions that can be treated in an outpatient setting. This index includes conditions such as chronic obstructive pulmonary disease, asthma, congestive heart failure, hypertension, diabetes, and dehydration. The measure represents the rate of hospitalization for these conditions per 1,000 fee-for-service Medicare enrollees and is age-adjusted. Lane County has a much better rate than Oregon overall and ranks in the top 10th percentile nationally. This is a strong indicator of quality primary care and outpatient services.

The following table indicates the number of hospital stays for outpatient-care sensitive conditions per 1,000 Medicare enrollees in 2012. Lane County had a lower rate of preventable hospital stays than Oregon.

Number of Hospital Stays for Ambulatory-Care Sensitive Conditions per 1,000 Medicare Enrollees in Lane County, Oregon:

Indicator	Lane County	Oregon	Top Performers Nationally
Preventable Hospital Stays	30	35	38

Data retrieved from County Health Rankings, 2015. Data Source: Dartmouth Atlas of Health Care, 2012

Preventative Health Care

Breast Cancer Screening

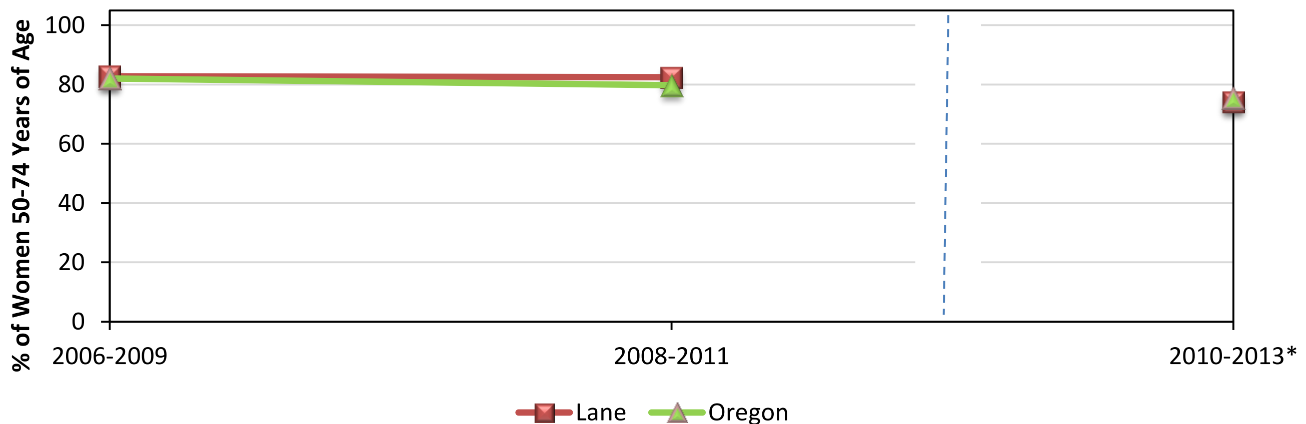
Breast cancer is the second most common type of cancer among women in the United States. Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women.

One indicator of Mammography Screening levels is the percentage of female fee-for-service Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. 63% of Lane County and 61% of Oregon female Medicare enrollees ages 67-69 received mammography screening in 2012. Data based upon national survey data suggests that mammogram screening may be slightly higher. According to the Behavioral Risk Factor Surveillance System Survey, about three out of every four women age 50-74 had a mammogram within the past two years.

Percentage of Female Medicare Enrollees Age 67-69 that had at least one Mammogram over a two-year period in Lane County, Oregon:

Indicator	Lane County	Oregon	Top Performers Nationally
Mammography Screening	63%	61%	71%

Data retrieved from County Health Rankings, 2015. Data Source: Dartmouth Atlas of Health Care, 2012



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2006-2009, 2008-2011, 2010-2013

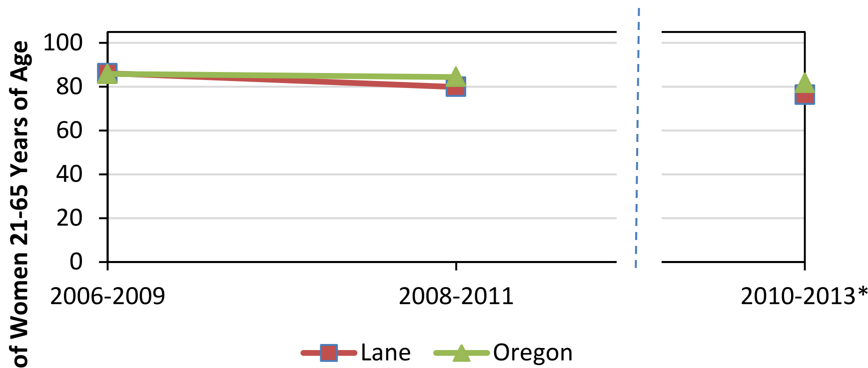
(*Note: A new statistical method was used to produce estimates of adult health in Oregon counties starting in the 2010-2013 period. Because of this change, 2010-2013 data should not be compared with previous years; previous trends may not necessarily be consistent with 2010-2013 data).

Cervical Cancer Screening

Cervical cancer is a common cancer that has a very high cure rate when detected and treated early. The Pap test, also known as a Pap smear, checks for changes in the cells of the cervix that can be early signs of cervical cancer.

In Lane County, the percent of women 21-65 years old with an intact cervix who had a pap smear within the past three years decreased between 2006 and 2011. Based on 2010-2013 data, 76.3% of Lane County women 21-65 years old with an intact cervix had a pap smear within the past three years.

Percent of Women 21-65 Years Old with an Intact Cervix Who had a Pap Smear within the Past 3 Years in Lane County, OR
(age-adjusted)



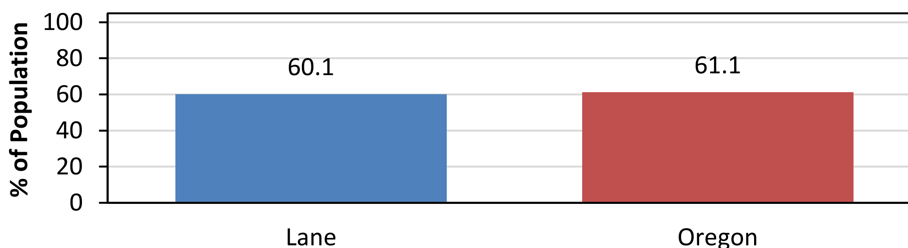
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2006-2009, 2008-2011, 2010-2013
(Note: A new statistical method was used to produce estimates of adult health in Oregon counties starting in the 2010-2013 period. Because of this change, 2010-2013 data should not be compared with previous years; previous trends may not necessarily be consistent with 2010-2013 data).

Colorectal Cancer Screening

Colorectal cancer is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the U.S. Colorectal cancer screening helps prevent deaths from colorectal cancer.

In 2014, 60% of the Lane County population 50-75 years old was current on colorectal cancer screening, similar to the 61% of all Oregonians.

Percent of Population 50-75 Years Old Who Are Current on Colorectal Cancer Screening in Lane County, OR, 2014



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2014

Alcohol and Drug Misuse Screening

Excessive alcohol use is a leading cause of preventable death. These deaths are due to health effects from drinking too much over time such as breast cancer, liver disease, and heart disease; and health effects from consuming a large amount of alcohol in a short period of time such as violence, alcohol poisoning, and motor vehicle crashes. Drug overdose deaths are the leading cause of injury death. Drug-induced deaths include all deaths for which drugs are the underlying cause, including deaths attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use.

Because of the consequences of alcohol and drug misuse, screening for alcohol and/or drug misuse is critical to the prevention of or early intervention in addiction. For those at risk of developing a serious problem with drinking or drugs, the identification of early warning signs can be enough to change negative drinking or drug use habits. For others, these assessments are important first steps toward treatment of and recovery from addiction.

Among Trillium Medicaid members, 8.8% of members ages 12 and older received screening by mid-year 2015 (the most recent estimate available), a figure that has nearly tripled since 2013.

Percentage of Trillium Members (ages 12 and older) Provided Appropriate Screening and Intervention for Alcohol or Other Substance Abuse

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Alcohol and drug misuse screening (SBIRT)	3%	7.8%	8.8%

Source: Trillium, 2013-2015

Developmental Screening

Well-child visits allow doctors and nurses to have regular contact with children; this helps to monitor the child's health and development through periodic developmental screening. Developmental screening assesses basic skills progression or delays.

Among Trillium members, developmental screening in the first 3 years of life has increase from 28.3% in 2013 to 57.1% by mid-year 2015 (the most recent estimates available).

Percentage of Children Served by Trillium Who Received Developmental Screening in the First 36 Months of Life

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Developmental screening	28.3%	45%	57.1%

Source: Trillium, 2013-2015

Adolescent Well Care Visits

Adolescence is a time of dramatic physical, cognitive, social, and emotional change. Because of the rapid development occurring during this period, many physical and mental health conditions, substance use disorders, and health risk behaviors first emerge during adolescence. Yet well-care visit rates decline as children enter adolescence. Regular preventive care visits for adolescents provide opportunities for early identification and appropriate management and intervention for conditions and behaviors that, if not addressed, can become serious and persist into adulthood.

This measure is used to assess the percentage of adolescents 12 to 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year. Nearly 30% of adolescents served by Trillium had well-child visits in 2015 (mid-year), an improvement of approximately 10% over 2013.

Percentage of Adolescents (ages 12-21) Served by Trillium Who Had at Least One Well-Care Visit in the Past Year.

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Adolescent well care visits	26.80%	28.7%	29.5%

Source: Trillium, 2013-2015

Diabetes Monitoring

Diabetic control monitoring is the percentage of diabetic fee-for-service Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their glycated hemoglobin (HbA1c) levels. Regular HbA1c monitoring among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented.

Diabetes Control Monitoring is the percentage of diabetic fee-for-service Medicare patients ages 65-75 that received HbA1c monitoring in 2012. Diabetic monitoring rates for Lane County are below both state and national rates.

Percentage of Diabetic Medicare Enrollees Ages 65-75 that Received HbA1c Monitoring in Lane County, Oregon, 2012

Indicator	Lane County	Oregon	Top Performers Nationally
Diabetic monitoring	85%	86%	90%

Data retrieved from County Health Rankings, 2015. Data Source: Dartmouth Atlas of Health Care, 2012

Oral Health Promotion

Oral health has been shown to impact overall health and well-being. Dental sealants act as a barrier to prevent cavities and are usually applied to the chewing surfaces of the back teeth (premolars and molars) where decay occurs most often.

Among Trillium members, the percentage of children ages 6-14 who received dental sealants has increased and was 14.2% by mid-year 2015.

Percentage of Children Ages 6-14 Who Received Dental Sealants among Trillium Members

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Dental sealants on permanent molars for children	N/A	10.8%	14.2%

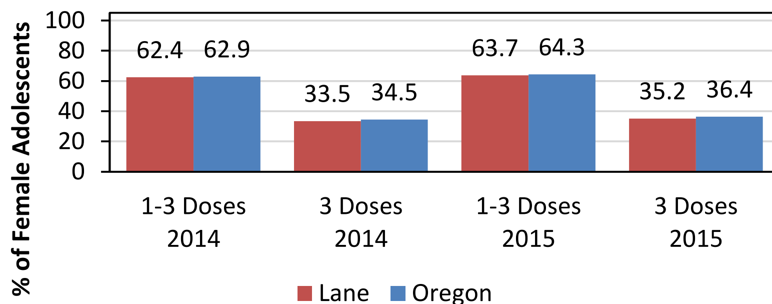
Source: Trillium, 2013-2015

Cervical Cancer Prevention

HPV vaccines can prevent HPV. Human Papilloma Virus (HPV) is the most common sexually transmitted infection in the U.S. There are many different types of HPV and some types can cause health problems such as genital warts and cancers. Most of the time HPV has no symptoms so people do not know they have it.

Similar to the overall rate in Oregon, in 2015 in Lane County 63.7% of female adolescents had one to three doses of HPV vaccine and 35.2% had three doses. The rates increased slightly from 2014 to 2015.

Percent of Female Adolescents Who Had One or More Doses of HPV Vaccine in Lane County, OR



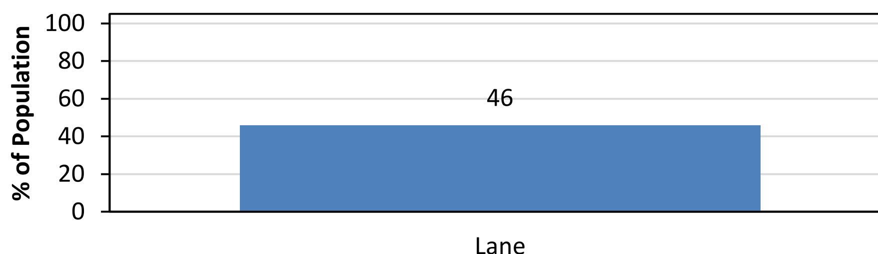
Source: Oregon ALERT Immunization Information System (ALERT IIS), 2014-2015

Family Planning

The availability of family planning services allows individuals to plan for desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families.

For individuals who are sexually active and do not want to become pregnant or cause a pregnancy, correct and consistent contraceptive use is highly effective at preventing unintended pregnancy.
In 2012, 46% of women in need of publically funded contraceptive services obtained family planning services in Lane County.

Percent of Women in Need of Publicly Funded Contraceptive Services Served by Family Planning Services in Lane County, OR, 2012



Source: Oregon Health Authority Public Health Division, Reproductive Health Program

Prenatal Care

Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.

Four out of every five pregnant women served by Trillium received timely prenatal care in 2014.

Percentage of Pregnant Women who are Trillium Members Who Received a Prenatal Care Visit Within the First Trimester or within 42 Days of Enrollment in Medicaid

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Timeliness of prenatal care	56%	79.7%	N/A

Source: Trillium, 2013-2015

Medical Care System Capacity

The following sections illustrate several key indicators for gauging the effectiveness of the health care system in Lane County.

Access to Care

People without a regular source of health care are less likely to get routine checkups and screenings. Maintaining regular contact with a health care provider may be especially difficult for low-income people, who are less likely to have health insurance.

Among Trillium members, perceptions of access to care worsened slightly from 2013 to 2014, from 84.2% to 82.2%; however overall satisfaction with care improved slightly from 84.2% in 2013 to 86.2% in 2014.

Perceptions of Access to Care and Satisfaction with Care among Trillium Members.

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
CAHPS composite: Access to care	84.7%	82.2%	N/A
CAHPS composite: Satisfaction with care	84.2%	86.2%	N/A

Source: Trillium, 2013-2015

Availability of Primary Care

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations.

When compared to Oregon overall, Lane County has fewer physicians relative to the overall population. In 2013 there was approximately 1 provider for every 1,180 people in the county.

LiveHealthy LANE

Ratio of Population to Primary Care Physicians in Lane County, Oregon, 2013

Indicator	Lane County	Oregon	Top Performers Nationally
Primary Care Physicians	1,180:1	1,070:1	1,040:1

Data retrieved from County Health Rankings, 2016. Data Source: Area Health Resource File, 2013.

ENROLLMENT IN PRIMARY CARE PATIENT CENTERED HOME

A Patient-Centered Primary Care Home is a health care clinic that has been recognized for their commitment to patient-centered care. Key initiatives throughout the county focus on ensuring access to high quality health, wellness, and preventive services.

As of Mid-Year 2015, 69% of Medicaid enrollees in Lane County were assigned to Primary Care Providers practicing out of recognized Patient Centered Primary Care Homes (PCPCH). This is up from just over 60% in 2014, due to Medicaid expansion. Since that time, there have been multiple new access points created, including two new Lane County Community Health Center locations.

Percentage of Trillium Members Who Were Enrolled in a Recognized Patient-Centered Primary care Home (PCPH)

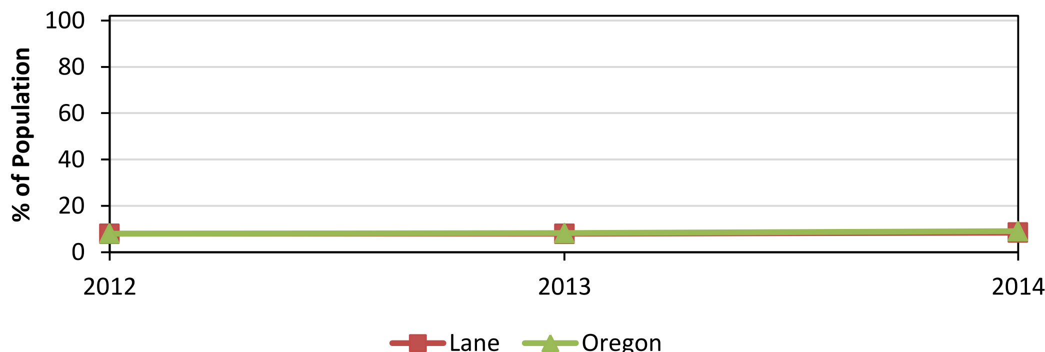
Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Patient Centered Primary Care Home enrollment	85.3%	60.7%	69%

Source: Trillium, 2013-2015

PRIMARY CARE BY COMMUNITY HEALTH CENTERS

Community health centers are *community*-based and patient-directed organizations that serve populations with limited access to *health* care. Community Health Centers provide high quality preventive and primary health care to patients regardless of their ability to pay. Overall, Community Health Centers emphasize coordinated primary and preventive services or a “medical home” that promotes reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities and other underserved populations.

In 2014, 8.4% of the Lane County population was provided primary care by Community Health Centers, similar to Oregon’s 9%. The population served has increased about 6% since 2012.

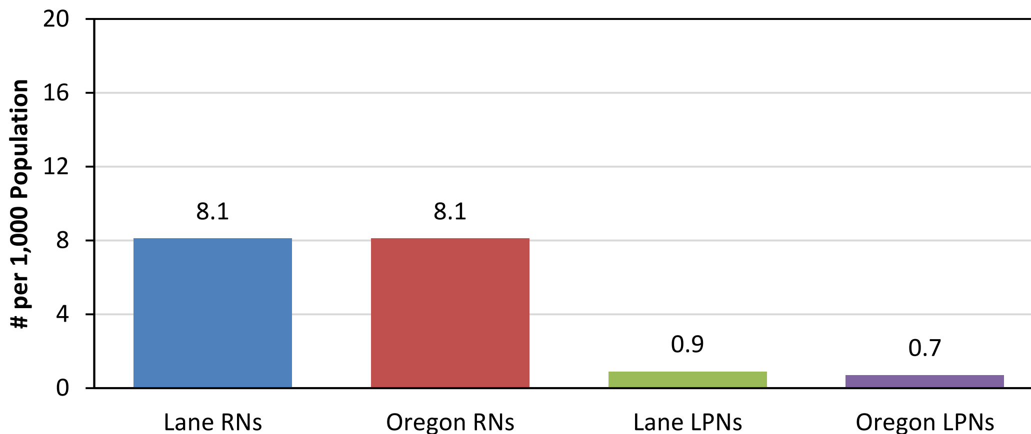


Source: HRSA Health Center Program, Health Center Profiles, 2012-2014

NURSING WORKFORCE

A registered nurse (RN) is a nurse who has graduated from a nursing program and has met the requirements outlined by a country, state, province or similar licensing body in order to obtain a nursing license. A licensed practical nurse (LPN) is a nurse who cares for people who are sick, injured, convalescent, or disabled. LPNs work under the direction of registered nurses or physicians.

In 2015, there were 8.1 Lane County RNs and 0.9 LPNs per 1,000 people, similar to Oregon's overall rates.



Source: U.S. Department of Labor Bureau of Labor Statistics, Occupational Employment and Wage Estimates, 2015

MENTAL HEALTH PROVIDER WORKFORCE

As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, increased workforce shortages have been anticipated.

The chart below provides the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. Lane County has a high ratio of mental health providers to residents compared to Oregon overall, and ranks in the top 90% of all counties nationally. There is one mental health provider for every 160 people living in Lane County. Among Trillium members, timely follow-up care after hospitalization for mental illness declined slightly in 2015. Seven out of every ten members who had been hospitalized received follow-up care in 2015.

Ratio of Population to Mental Health Providers in Lane County, Oregon, 2014

Indicator	Lane County	Oregon	Top Performers Nationally
Mental Health Providers	160:1	270:1	370:1

Data retrieved from County Health Rankings, 2015. Data Source: Area Health Resource File, 2014.

Percent of Trillium Members who Received Follow-up Care After Hospitalization for Mental Illness

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Follow up after hospitalization for mental illness	69.9%	77%	71.1%

Source: Trillium, 2013-2015

Dental Care Workforce

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages. People living in areas with low rates of dentists may have difficulty accessing the dental care they need.

In 2014, Lane County had fewer dentists relative to the population than the state of Oregon overall, one dentist per 1,480 residents.

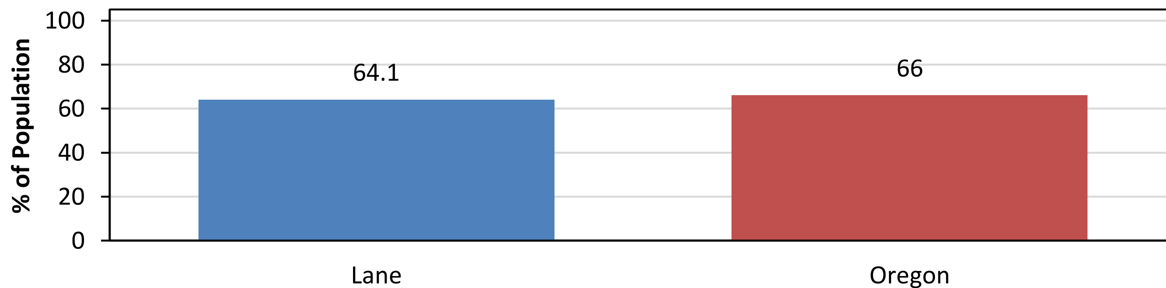
Ratio of Population to Dentists in Lane County, Oregon, 2014

Indicator	Lane County	Oregon	Top Performers Nationally
Dentists	1,480:1	1,330:1	1,340:1

Data retrieved from County Health Rankings, 2015. Data Source: Area Health Resource

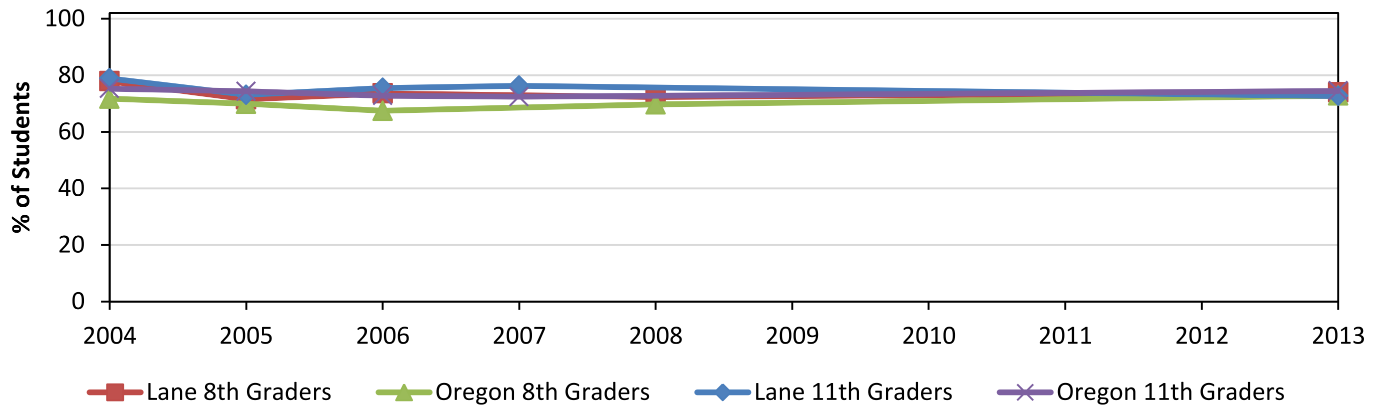
In Lane County, 64.1% of adults had a dental care visit in the past year, based on 2010-2013 data. This was slightly lower than Oregon's 66%. About 75% of Lane County 8th and 11th graders had seen a dentist in the past year.

Percent of Adults Who Had a Dental Care Visit in the Past Year in Lane County, OR, 2010-2013 (age-adjusted)



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

Percent of 8th and 11th Graders Who had a Dental Visit in the Last 12 Months in Lane County, OR



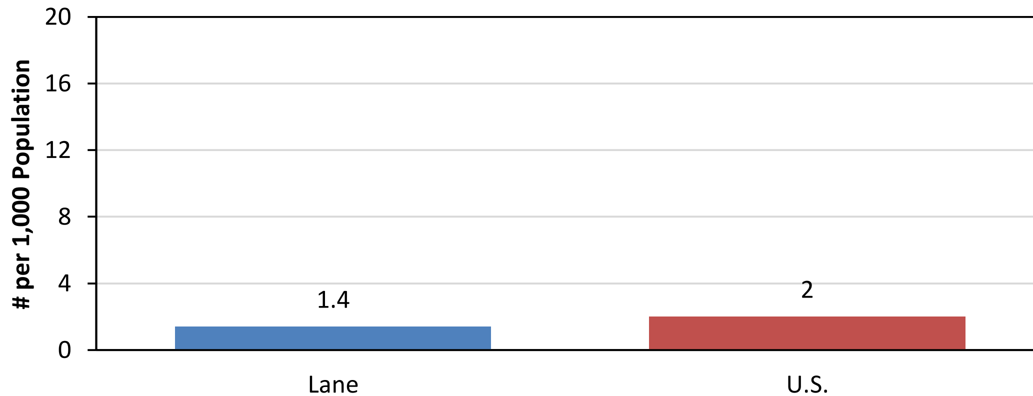
Source: Oregon Healthy Teens Survey, 2004-2013

HOSPITAL CAPACITY

Hospital beds include inpatient beds available in public, private, general, and specialized hospitals and rehabilitation centers. The following are statistics on the number of acute care hospital beds available per 1,000 residents.

In 2012 in Lane County, there were 1.4 acute care hospital beds per 1,000 population, less than Oregon's overall average of 2 beds per 1,000 population.

Number of Acute Care Hospital Beds per 1,000 Population in Lane County, OR, 2012



Source: Dartmouth Atlas of Health Care, 2012

EMERGENCY CARE USE

Emergency departments are sometimes used for problems that could have been treated at a doctor's office or urgent care clinic. Reducing inappropriate emergency department use can help to lower costs and improve the health care experience for patients.

Rate of Patient Visits among Trillium Members to an Emergency Department per 1,000 Member Months

Metric	2013 Trillium Performance	2014 Trillium Performance	Trillium Mid- Year 2015
Ambulatory care: Emergency department utilization	51.3/1000 member months	50.6/1000 member months	51.4/1000 member months

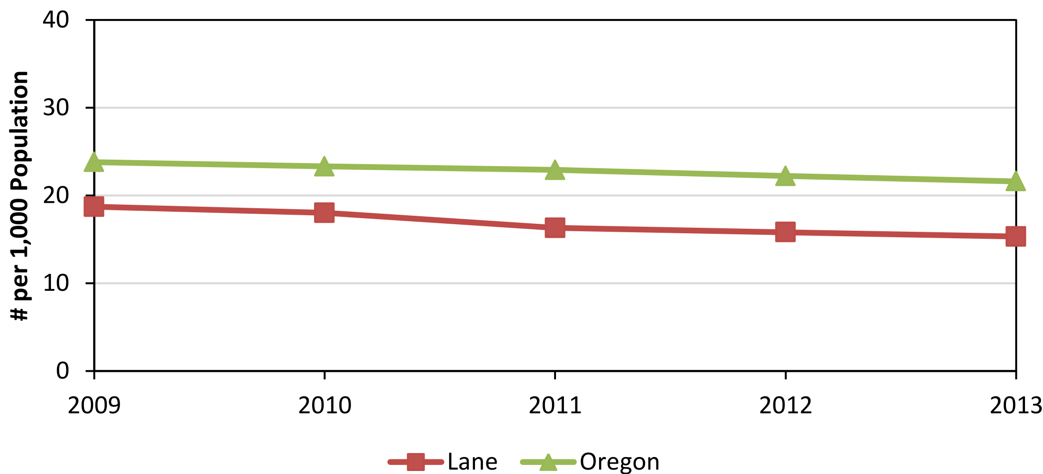
Source: Trillium, 2013-2015

NURSING HOME AND LONG TERM CARE CAPACITY

Long-term care services include a broad range of services that meet the needs of frail, older people and other adults with functional limitations. Assisted living and other residential settings represent a critical component of the long-term services and supports system for older adults who cannot live alone, but do not require the skilled care provided by nursing homes.

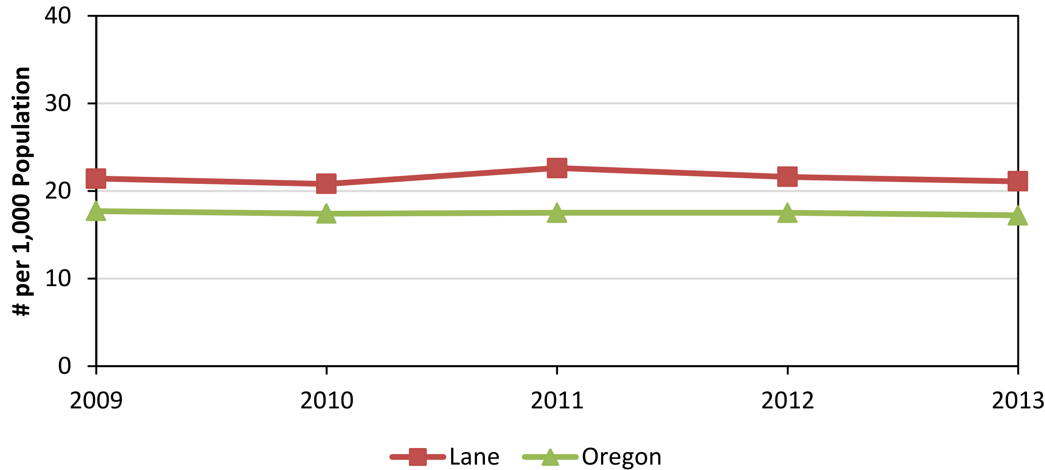
In 2013, there were 15.3 licensed assisted living facility units per 1,000 people 65 years and older in Lane County, significantly lower than the 21.6 available on average in Oregon.

Number of Licensed Assisted Living Facility Units per 1,000 Population 65 Years and Older in Lane County, OR



Source: Oregon Department of Human Services - Seniors and People with Disabilities Home and Community-Based Capacity Report, 2009-2013

In 2013, there were 21.1 licensed residential care facility beds per 1,000 people 65 years and older in Lane County, higher than the 17.2 on average in Oregon.



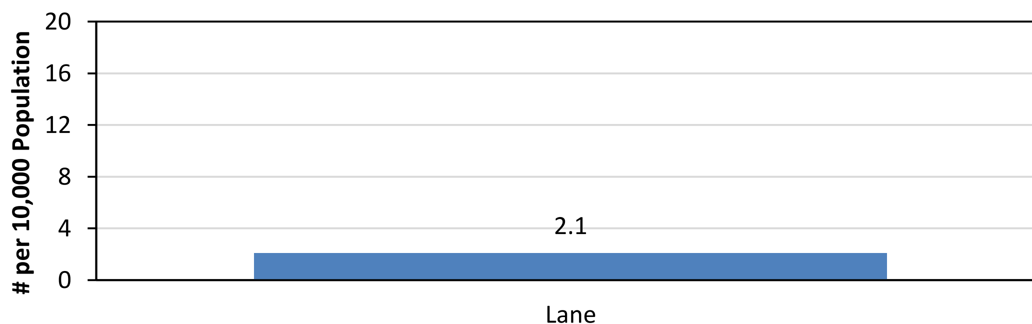
Source: Oregon Department of Human Services - Seniors and People with Disabilities Home and Community-Based Capacity Report, 2009-2013

Public Health System Capacity

Public Health

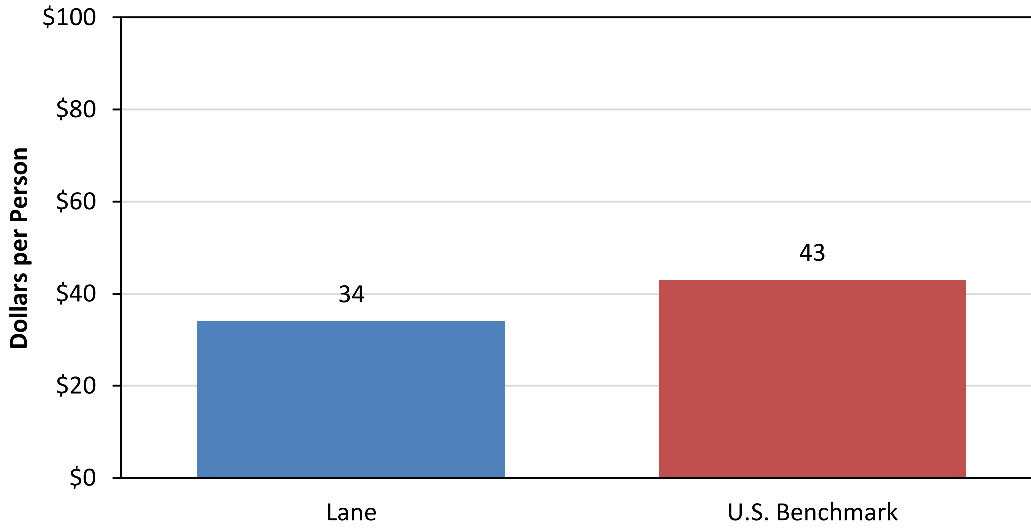
For the purposes of this measure, the public health system refers to "activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals" (IOM, 1988).

In Lane County, the local health department FTE per 10,000 people was 2.1 in 2015.



Source: Lane County Public Health

In Lane County, the local health department expenditures per person was 34 dollars in 2015, significantly lower than the U.S. benchmark of 43 dollars.



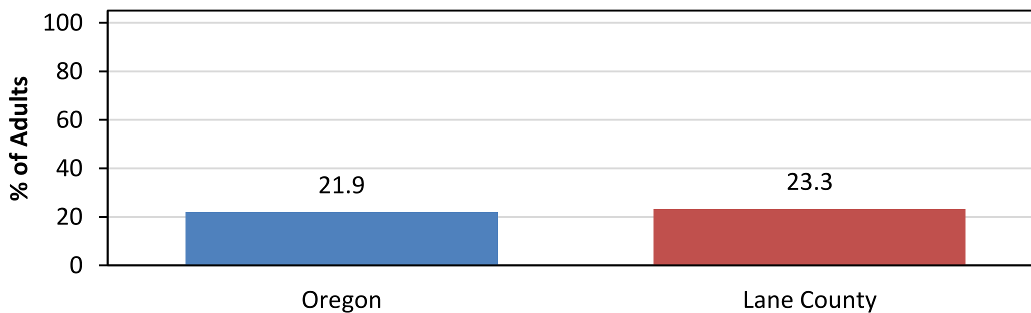
Source: Lane County Public Health & National Association of County & City Health Officials (NACCHO) National Profile of Local Health Departments, 2015

Food and Nutrition

It is essential to eat a fresh, healthy and balanced diet in order to maintain a healthy weight and prevent chronic disease. Consuming healthy foods and beverages is associated with lower risk of overweight and obesity and lower rates of numerous chronic diseases. There are risk factors for many chronic diseases. Despite the benefits, many people still do not eat the recommended levels of fruits and vegetables.

In 2013, only one in four Lane County adults consumed five or more servings of fruits and vegetables per day, a proportion that has not changed significantly over time.

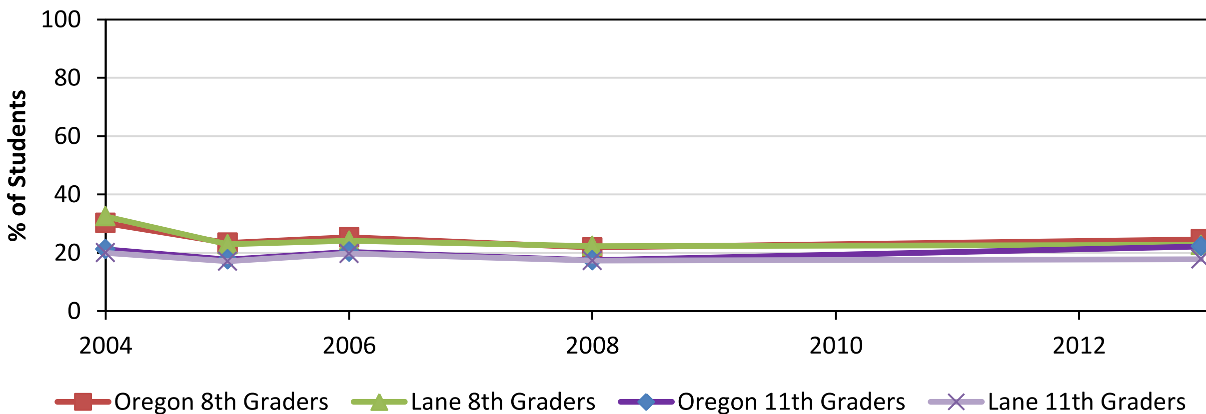
Consumption of 5 or More Fruits or Vegetables Per Day by Adults in Lane County, Oregon, 2010-2013



Source: Behavioral Risk Factor Surveillance System

Produce consumption for adolescents is much the same as for adults. One in four Lane County 8th graders and one in five 11th graders consumed five or more servings a day of fruits and vegetables in 2013, slightly below the statewide rates.

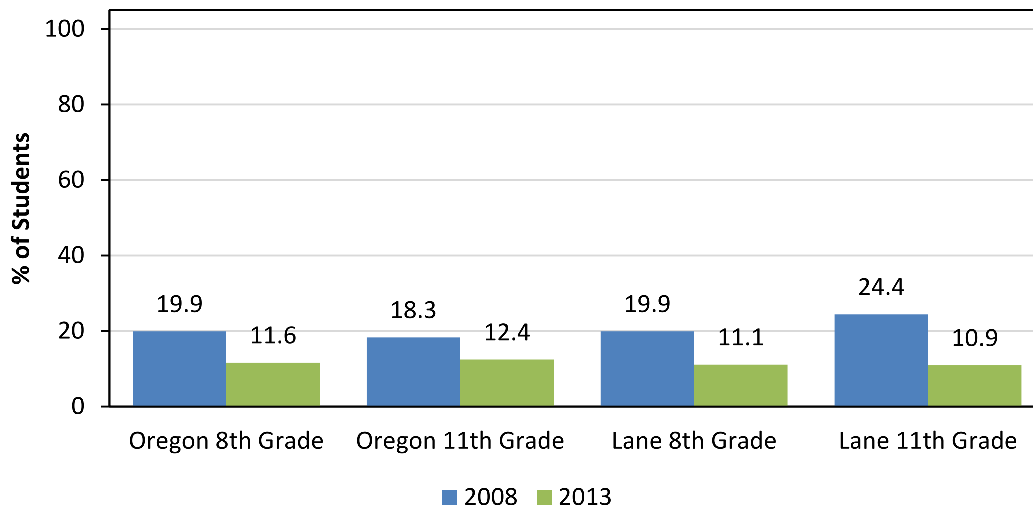
Youth Consumption of 5or More Servings of Fruits or Vegetables Per Day in Lane County, Oregon



Source: Oregon Healthy Teens Survey

Sugar-sweetened beverages are the largest source of added sugar in the American diet. Sugar-sweetened beverage consumption is associated with overweight and obesity in adults and children.

Fortunately, Lane County has experienced a decrease in soda consumption among adolescents over time, mirroring a trend seen on the statewide level. In 2006, more than one out of every four 8th graders and 11th graders in Lane County consumed at least one soda per day. In 2013 those rates were down to just over one in every ten.



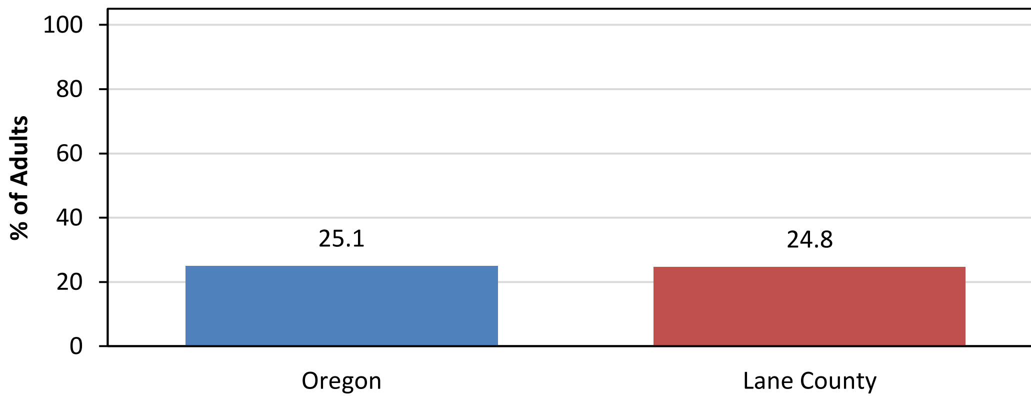
Source: Oregon Healthy Teens Survey

Physical Activity

Regular physical activity can improve health and quality of life in people of all ages. Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat.

In 2013, fewer than 25% of adults in Lane County met the CDC guidelines for physical activity, which include both strengthening activities as well as aerobic exercise.

Percent of Adults that Met CDC Guidelines for Physical Activity in Lane County, Oregon, 2010-2013

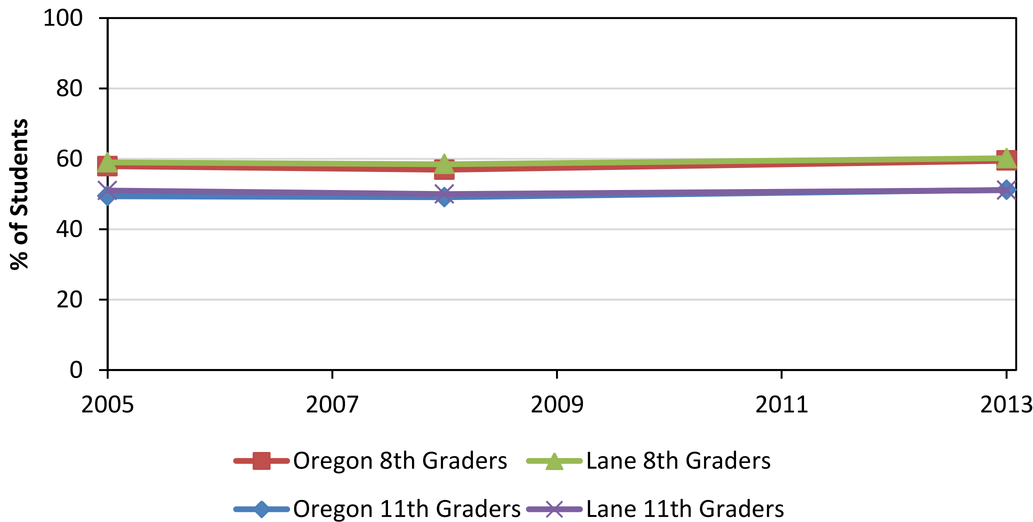


Source: Behavioral Risk Factor Surveillance System

Inactivity during childhood and adolescence increases the likelihood of being inactive as an adult. Participation in all types of physical activity declines drastically with both age and grade in school.

In 2013, just over half of Lane County 11th graders and roughly 60% of 8th graders met physical activity guidelines.

Percent of Students Meeting Physical Activity Recommendations in Lane County, Oregon



Source: Oregon Healthy Teens Survey

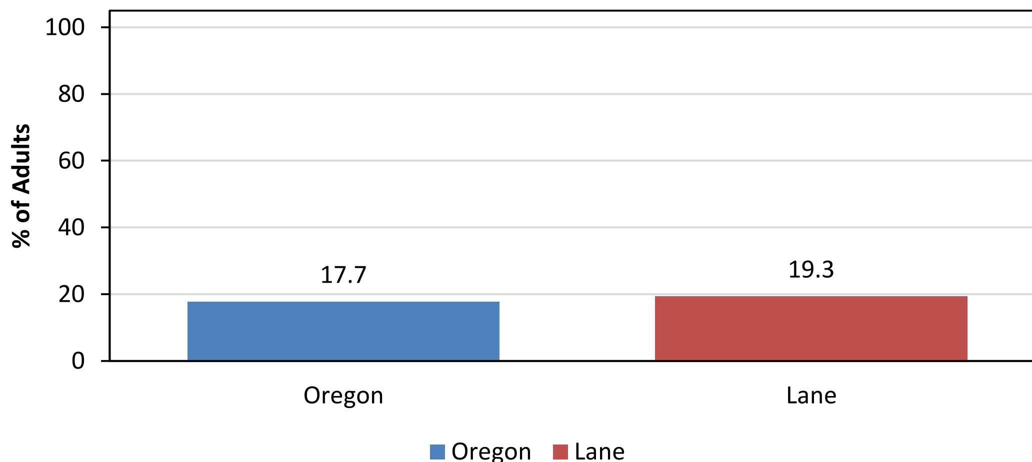
Alcohol, Tobacco, and Drug Use

Alcohol Use

Binge drinking alcohol is a significant risk factor for injury, violence, substance abuse and alcoholism. Binge drinking is defined as five or more drinks for men and four or more drinks for women, on one occasion. Binge drinking is associated with:

- Unintentional injuries (car crashes, falls, burns, drowning).
- Intentional injuries (sexual assault, domestic violence, firearm injuries).
- Sexually transmitted diseases.
- Unintended pregnancies.
- Alcohol poisoning.
- Children born with Fetal Alcohol Spectrum Disorders.

In 2013 adult binge drinking in Lane County was slightly higher than the state average with 19.3% of Lane County adults reporting binge drinking (in the past month) compared to 17.7% statewide.

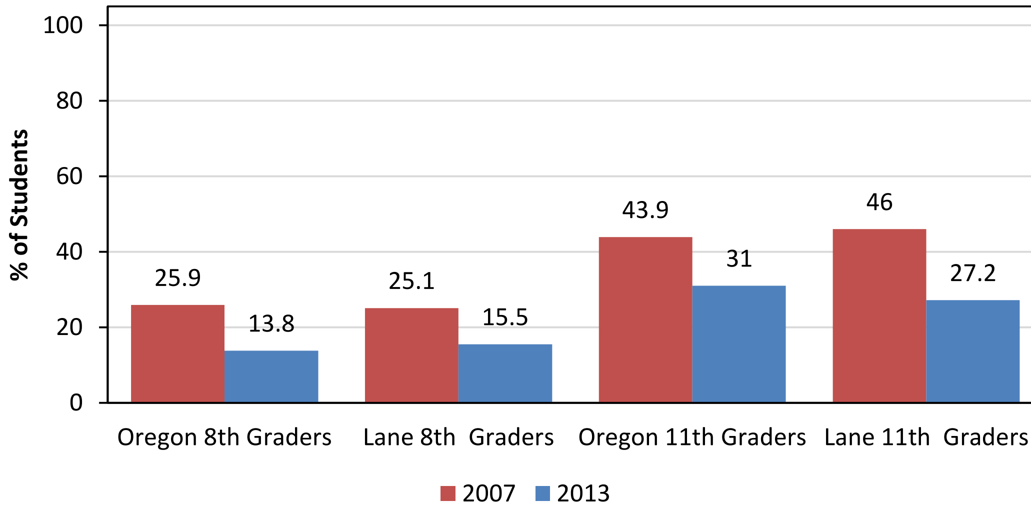


Source: Behavioral Risk Factor Surveillance System

Underage drinking is: alcohol consumption by anyone under the age of 21. Teens that have their first drink before age 15 are four times more likely to become alcohol dependent at some point in their lives than those that wait until they are 21 to drink (the rate of alcohol dependence drops the closer they get to 21).

In 2013 in Lane County, 27.2% of 11th graders and 15.5% of 8th graders used alcohol in the last 30 days, both lower than the state as a whole.

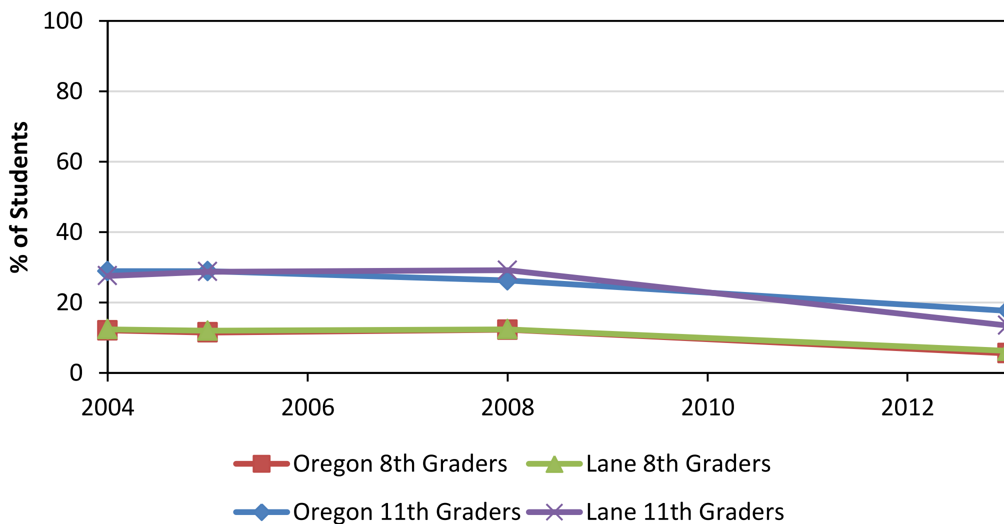
Percent of Students who Used Alcohol in the Last 30 Days in Lane County, Oregon



Source: Oregon Healthy Teens Survey

The most recent data (2013) indicates a 5% decrease in the percent of state and county 8th graders who participated in binge drinking (past 30 days) since 2004. The rate for binge drinking for 11th graders in Lane County has remained relatively steady at approximately 27%, but recent data suggest a decrease for this adolescent age group as well. As of 2013, the binge drinking rate for 11th graders was 17.7% statewide and 13.5% in Lane County.

Percent of Youth Who Participated in Binge Drinking in the Past 30 Days in Lane County, Oregon



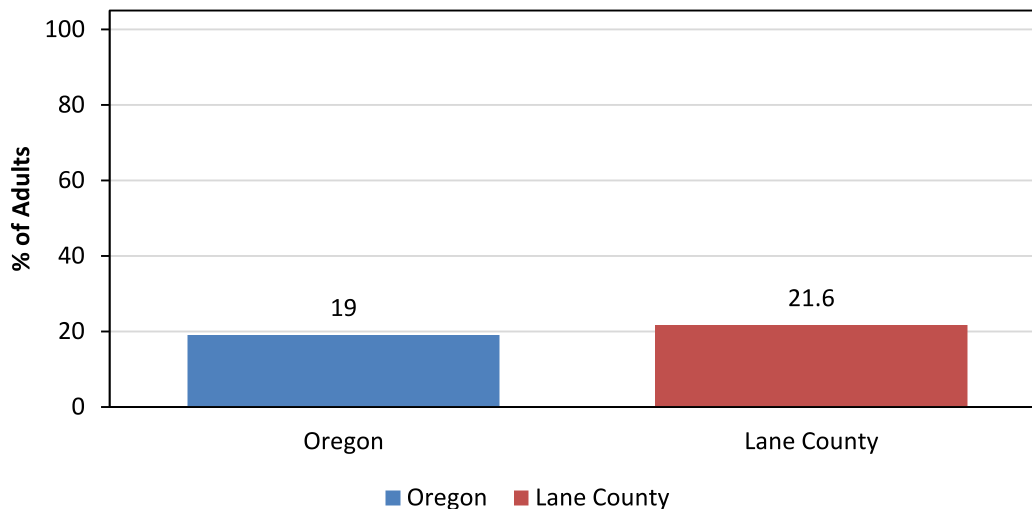
Source: Oregon Healthy Teens Survey

TOBACCO USE

Tobacco use is another major health concern for Lane County. Tobacco use is the single most preventable cause of death and disease in the United States and Oregon. It kills more than 7,000 Oregonians annually, and costs the state $2.5 billion in health care costs and lost productivity due to premature death.

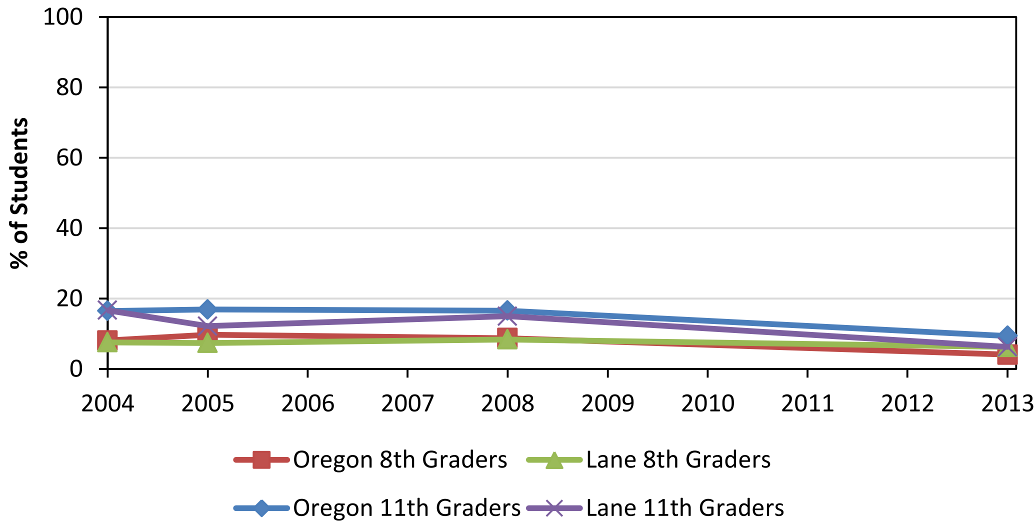
Adult smoking in Lane County has followed a similar trend to that seen statewide with a slight, gradual, decrease between 2005 and 2010. This was followed by a sharper increase starting in 2011 and continuing up to the most recent available data. As of 2013, 21.6% of adults in Lane County currently smoke compared to 19% statewide.

Percent of Adults who Currently Smoke in Lane County, Oregon, 2010-2013



Source: Behavioral Risk Factor Surveillance System

Youth cigarette usage rates are much lower than adult usage rates both state and county wide. The rates also follow a noticeably different trend. Rates for 8th grade smokers remained relatively stable between 2004 and 2008; however, the most recent data suggests a noticeable decrease. Just 6.3% of Lane County 8th graders smoked (in the past 30 days) in 2013, and only 4.1% statewide. The rates also remained relatively stable for 11th graders statewide, while Lane County 11th grade rates experienced a decline following 2004, before beginning a steady increase from 2005 to 2008. Fortunately, the most recent data suggests that both statewide and countywide smoking rates for 11th graders have decreased noticeably to 9.4% statewide and just 6.3% in Lane County. While the most recent data suggests that statewide smoking remains a greater concern for 11th graders than for 8th graders, within Lane County the rates for 8th and 11th graders are now identical.

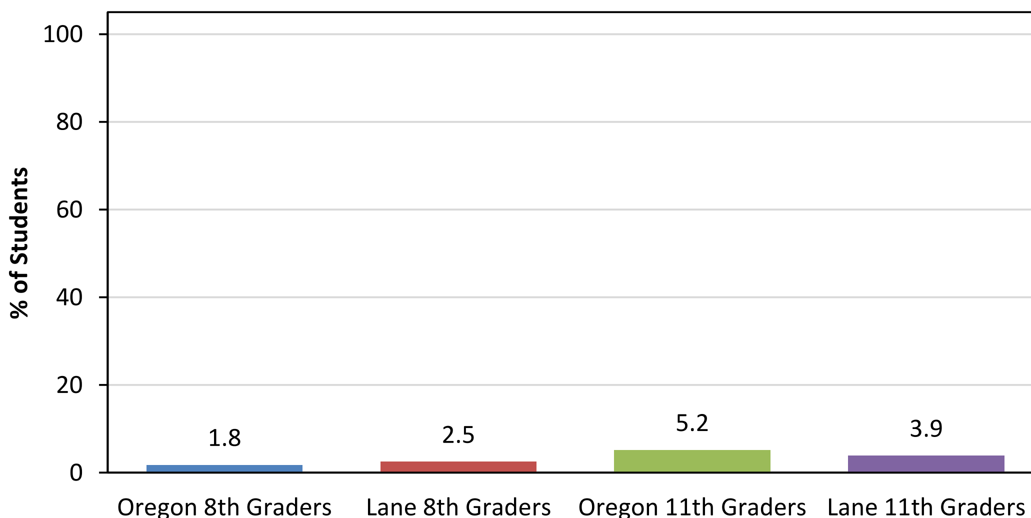


Source: Oregon Healthy Teens Survey

E-CIGARETTES

Electronic cigarettes (also called e-cigarettes or electronic nicotine delivery systems) are battery-operated devices designed to deliver nicotine, with flavorings and other chemicals, to users in vapor instead of smoke. E-Cigarettes are increasingly popular among adolescents.

In 2013, 3.9% of Lane County 11th graders used e-cigarettes in the past 30 days, less than the 5.2% of Oregon 11th graders. 2.5% of Lane County 8th graders used e-cigarettes, more than the 1.8% of Oregon 8th graders.



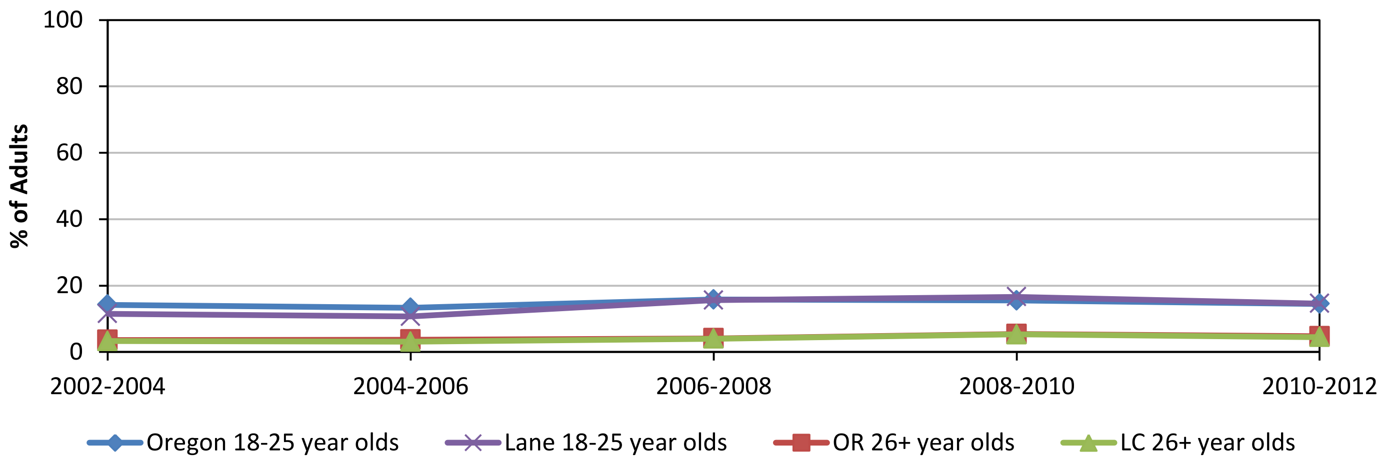
Source: Oregon Healthy Teens Survey

Drug Use

In addition to alcohol and tobacco use, other substance abuse also has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Drug use is also a concern for the youth population.

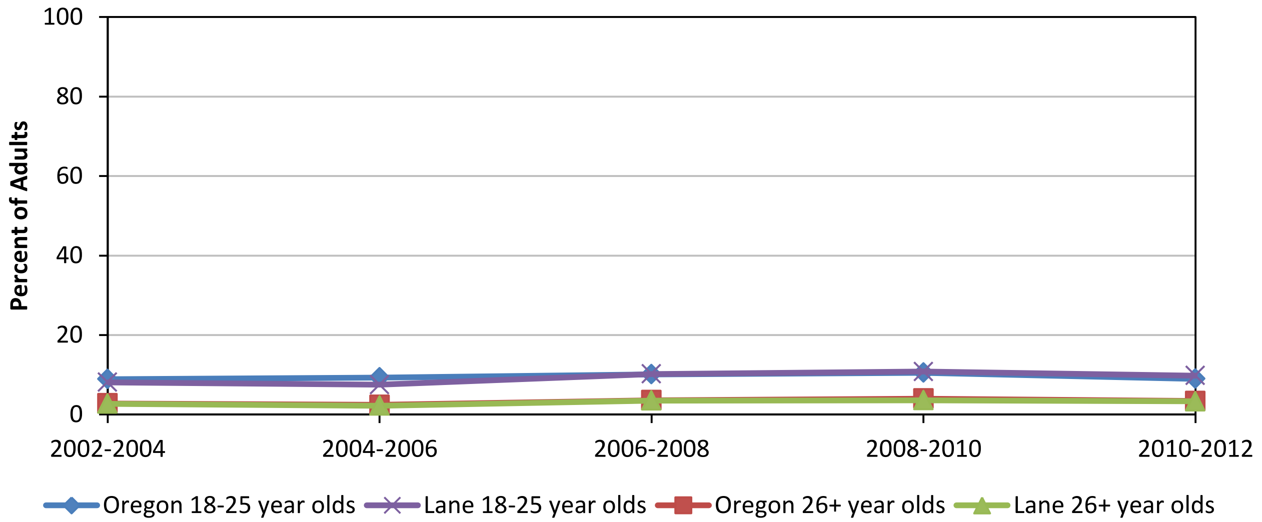
Non-medical prescription pain reliever use for adults at least 26 years old in Lane County have remained relatively stable since 2004 and close to the statewide average. Rates for adults 18-25 year olds have been noticeably higher and less stable over time, with relatively similar state and countywide trends. However, a sharp increase starting in 2006 resulted in identical rates of 15.6% for both Lane County and the state as a whole. In 2012 the rate of non-medical prescription pain reliever use for adults 18-25 years old remained similar for both the state- and county: approximately 14.5%, significantly higher than the 4.5% rate for those 26 and older.

Percent of Adults Who Used Prescription Pain Relievers Nonmedically in the Past Year in Lane County, Oregon



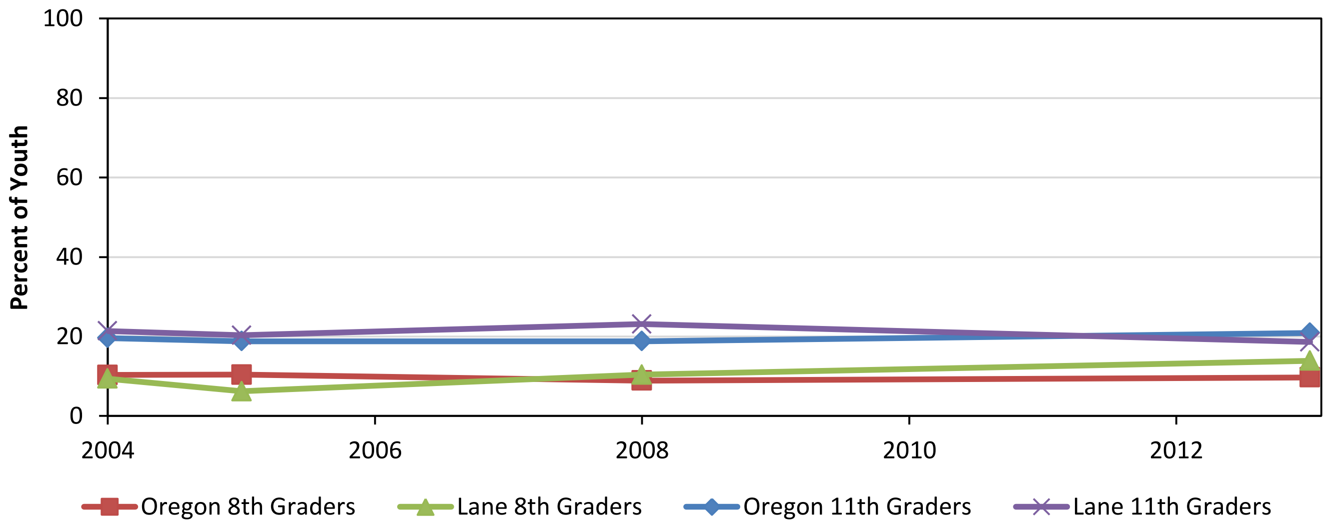
Source: National Survey on Drug Use and Health

Illicit drug usage in adults has followed a similar trend to non-medical prescription pain reliever usage over time, with the rates for 18-25 year olds both noticeably higher and less stable than the corresponding rates for adults aged 26 and older. As of 2012, 9% of adults 18-25 in Lane County and 9.8% of adults 18-25 statewide reported illicit drug usage (in past 30 days) compared to only 3.3% of adults aged 26 and older both state and county-wide.



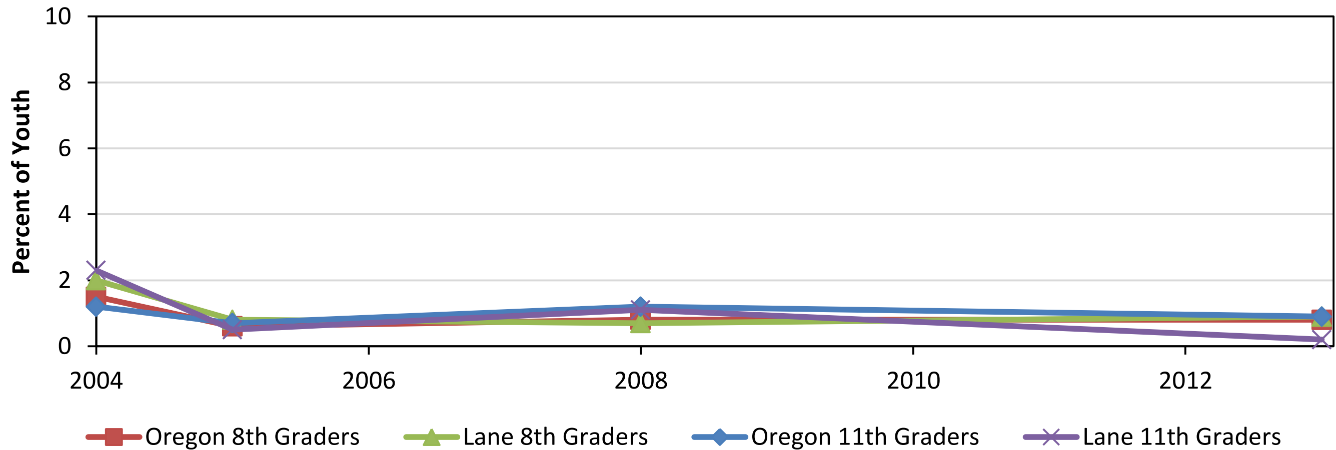
Source: National Survey on Drug Use and Health

In general, at both the state and county level, marijuana usage is higher for 11th graders than for 8th graders. From 2004 through 2008, marijuana usage in Lane County for 11th graders was higher than the statewide rate. However, the most recent data indicates that while the statewide rate has increased slightly to 20.9%, there has been a decrease for Lane County to 18.6% in 11th grade use.



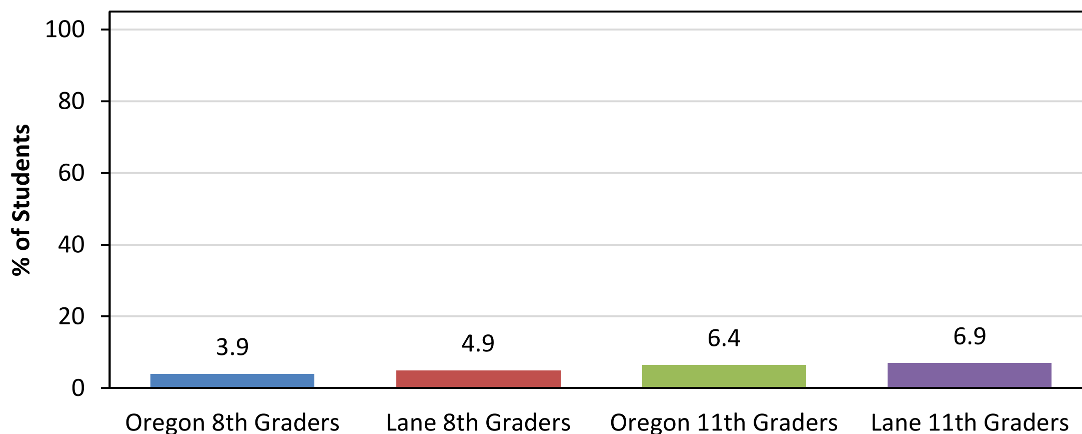
Source: Oregon Healthy Teens Survey

Deaths associated with both prescription and non-prescription opioids (e.g. heroin) are among the leading causes of injury death in Oregon. Adolescent opiate usage, unlike marijuana usage, has remained relatively similar between both 8th and 11th graders over time. The most recent data suggest rates have decreased with most notable difference for Lane County 11th graders. Rates for Oregon 8th graders, Lane County 8th graders, and Oregon eleventh graders clustered around 0.9%; rates for Lane County eleventh graders were lower, at 0.2%.



Source: Oregon Healthy Teens Survey

As of 2013, youth prescription drug use without doctor's orders was higher for 11th graders than 8th graders both statewide and within Lane County. Additionally, Lane County's rates were slightly higher than the statewide rates for both groups with 4.9% of 8th graders and 6.9% of 11th graders reporting usage in the past 30 days compared to the statewide rates of 3.9% and 6.4% respectively.

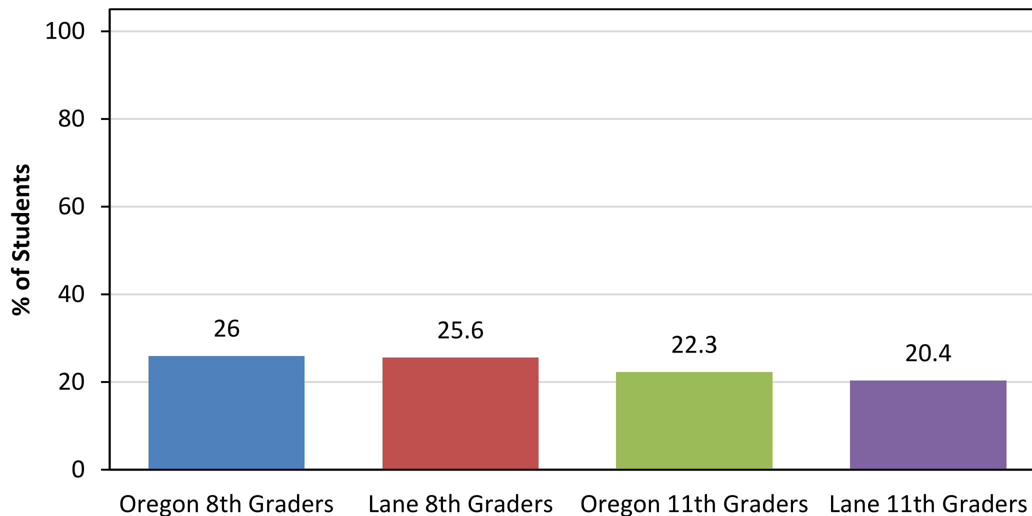


Source: Oregon Healthy Teens Survey

Problem Gambling

Problem gambling in adolescents is associated with many of the same mental and behavioral health outcomes associated with problem gambling in adults. Problem gambling can have negative health consequences not only for the adolescent, but also for his/her loved ones and society as a whole.

The rate of problem gambling in Lane County is similar to statewide rates with 8th graders having a higher prevalence than 11th graders. In 2013 25.6% of 8th graders and 20.4% of 11th graders reported gambling in the past 30 days compared to the statewide rates 26% and 22.3% for 8th and 11th graders respectively.

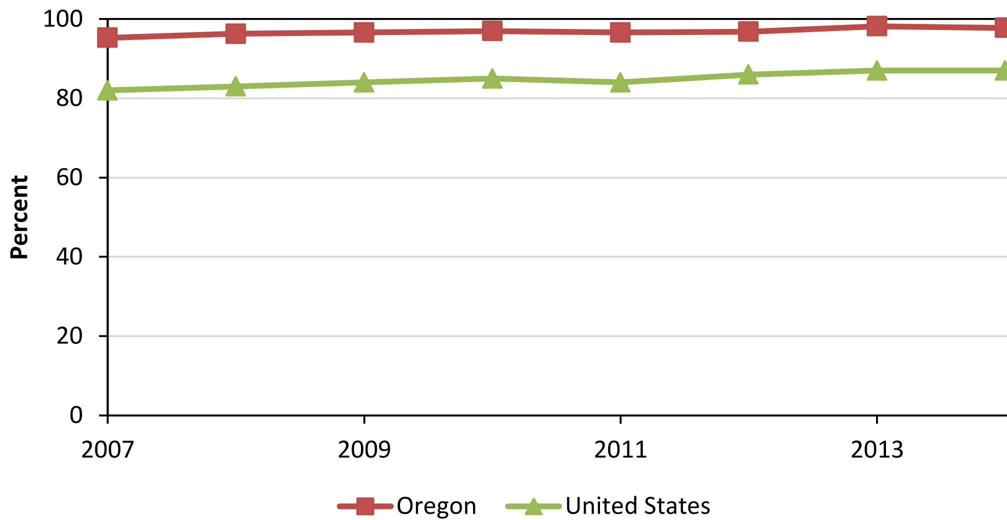


Source: Oregon Healthy Teens Survey

Injury Prevention

Motor vehicle crash deaths are a leading cause of injury mortality in Oregon. Crashes also cause millions of serious injuries in the U.S. every year. Seat belts reduce the risk of being killed or seriously injured in a crash.

Statewide, in 2014 97.8% of drivers and front seat passengers wore seatbelts. This rate has remained consistent overtime, increasing just 2.5% since 2007. While, ideally, this rate should be 100%, it is still better than the national rate of 87% (up 5% since 2007.)

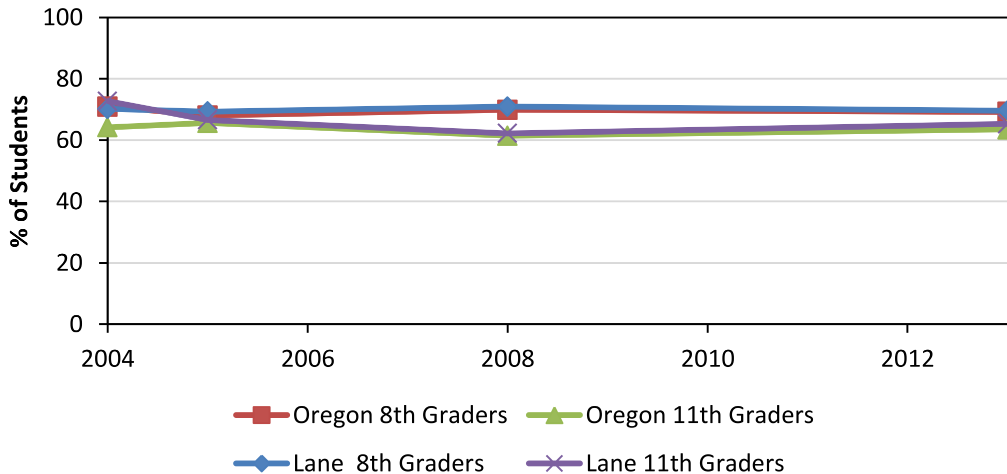


Source: U.S. Department of Transportation

Sexual Behavior

Responsible sexual behavior reduces unintended pregnancies and sexually transmitted diseases.

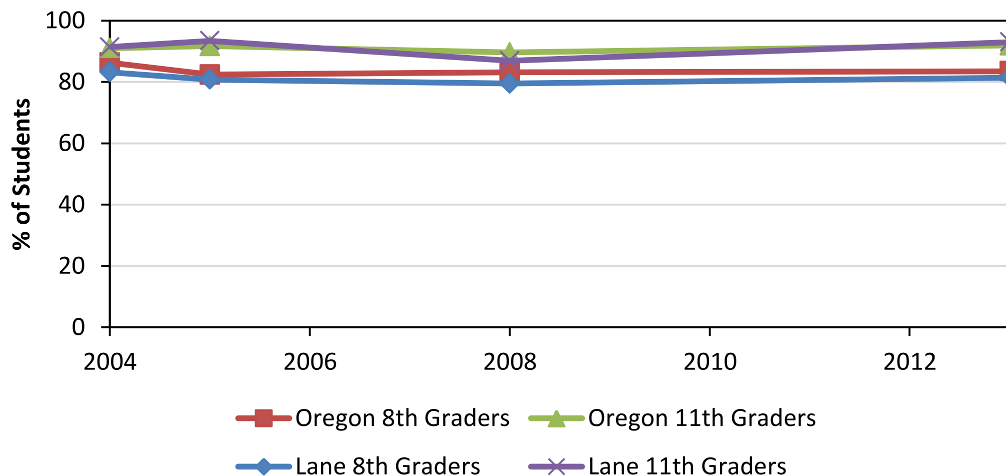
In 2013 approximately 70% of 8th graders statewide and in Lane County reported condom use the last time they had sexual intercourse. Of 11th graders, around 65% in Lane County reported using condoms the last time they had sexual intercourse, slightly higher than the statewide rate of approximately 64%.



Source: Oregon Healthy Teens Survey

While condoms are one of the most commonly known methods of pregnancy prevention, they certainly are not the only method. Other contraceptive methods include male and female sterilization, intrauterine devices (IUD) and contraceptive implants, hormonal pills, patches, rings, and shots, sponges/diaphragms, spermicide and withdrawal.

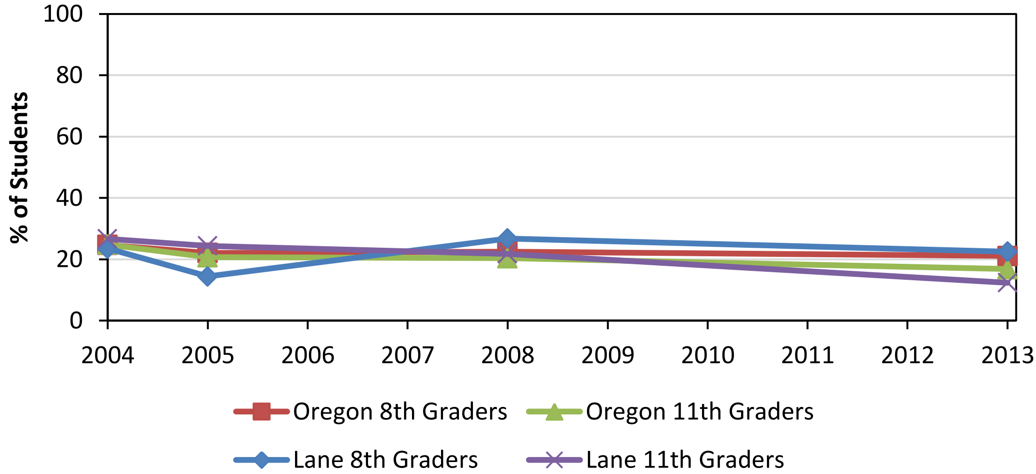
In 2013, 93% of Lane County 8th graders and 91.9% of 11th graders used a condom the last time they had sexual intercourse. This is higher than Oregon's 81.4% of 8th graders and 83.5% of 11th graders.



Source: Oregon Healthy Teens Survey

Alcohol and drug use both impair judgement and can lead to poor decision making or even an inability to knowingly consent to sex. The most recent data (2013) suggest that rates of 8th and 11th graders reporting use of alcohol/drugs the last time they had sexual intercourse are decreasing. Oregon's rates are at their lowest with reported usage rates for 8th graders at 21.1% and 11th graders at 16.8%. The rate for Lane County11th graders is also at its lowest at just 12.4%. However, while the rate for Lane County 8th graders decreased to 22.3%, it was 10 percentage points higher than the 2005 rate.

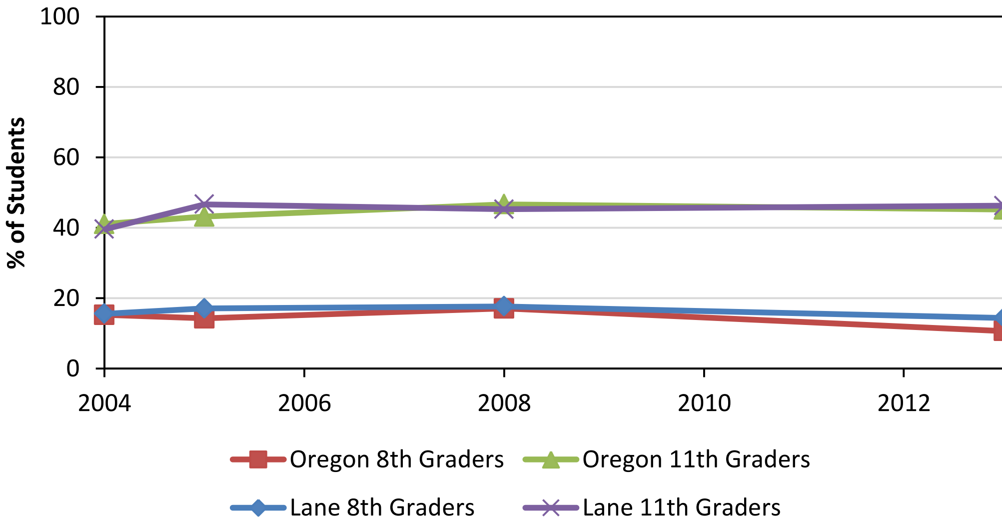
Percent of Youth that Used Alcohol or Drugs the Last Time They Had Sexual Intercourse in Lane County, Oregon



Source: Oregon Healthy Teens Survey

The only 100% effective way to prevent unintended pregnancies and sexually transmitted infections is to abstain from sex completely. In 2013, 11th grade rates of adolescents reporting they had intercourse were relatively unchanged (approximately 45% for Oregon and 46% for Lane County compared to 2007-2008 data; however, the 8th grade rates decreased to their lowest rates yet at approximately 11% for Oregon and 14% Lane County.

Percent of Youth That Have Ever Had Sexual Intercourse in Lane County, Oregon



Source: Oregon Healthy Teens Survey

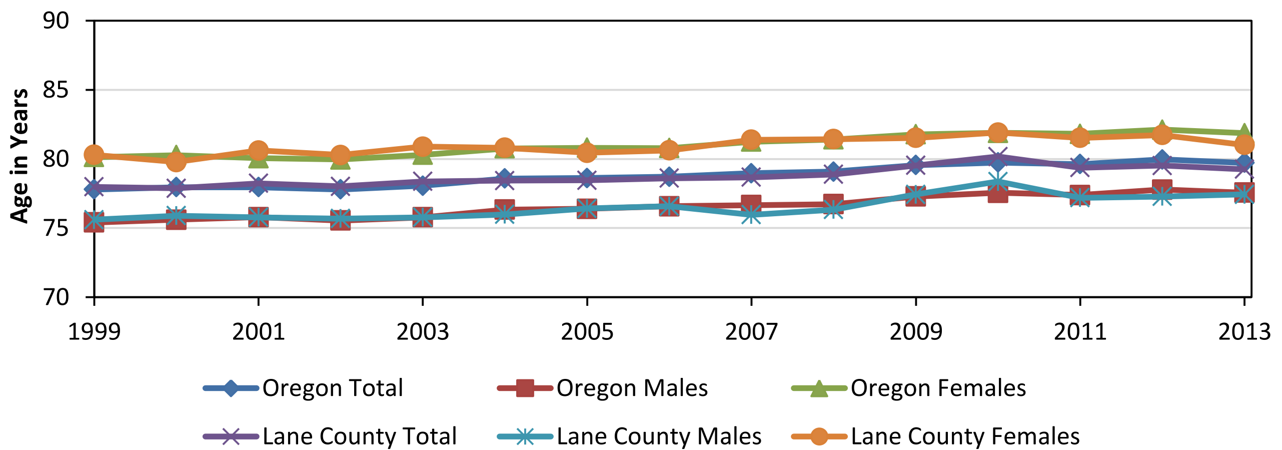
Chapter 6 – Birth, Death, Illness and Injury (Morbidity & Mortality/Health Outcome)

Overall Health Status

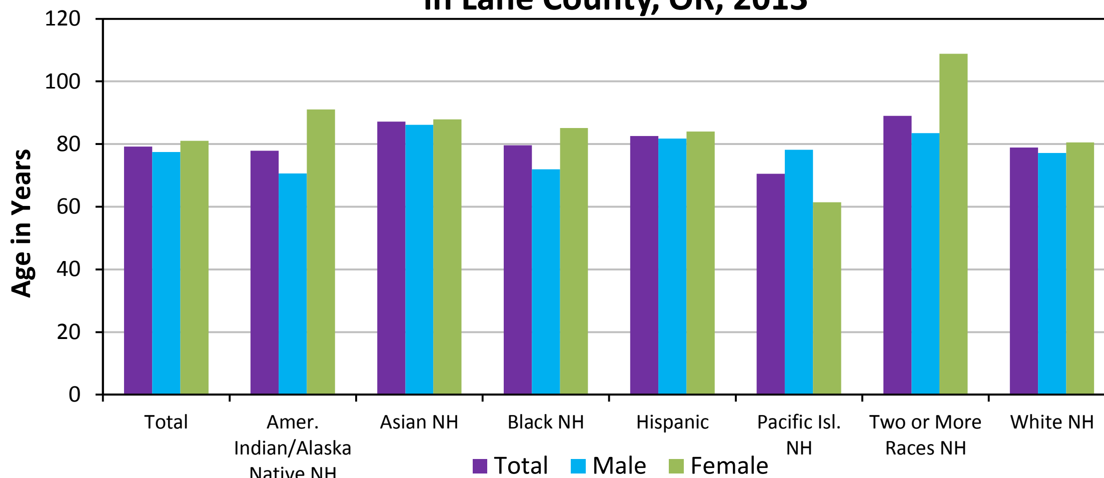
Life Expectancy

Life expectancy is a good measure of a population's longevity and general health. It is highly dependent on infant mortality rates and all-cause death rates. Although the overall average life expectancy at birth has been steadily increasing in the U.S., there are great variations in life expectancy between racial and ethnic groups.

Comparable to the state overall, the life expectancy for Lane County males was approximately 77 years in 2013. The life expectancy for Lane County females in 2013 was approximately 81 years.



Source: Oregon Center for Health Statistics

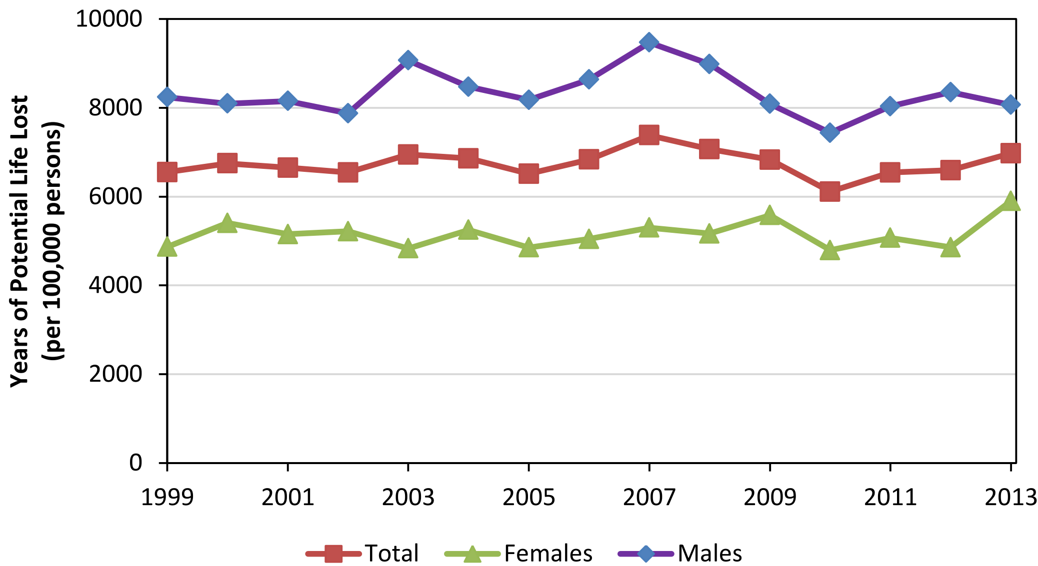


Source: Oregon Center for Health Statistics

PREMATURE DEATH

Premature death is made up of the number of years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's years of potential life lost (YPLL).

In 2013, the Lane County YPLL was higher among males (8,066 per 100,000 years) than females (5,904 per 100,000).

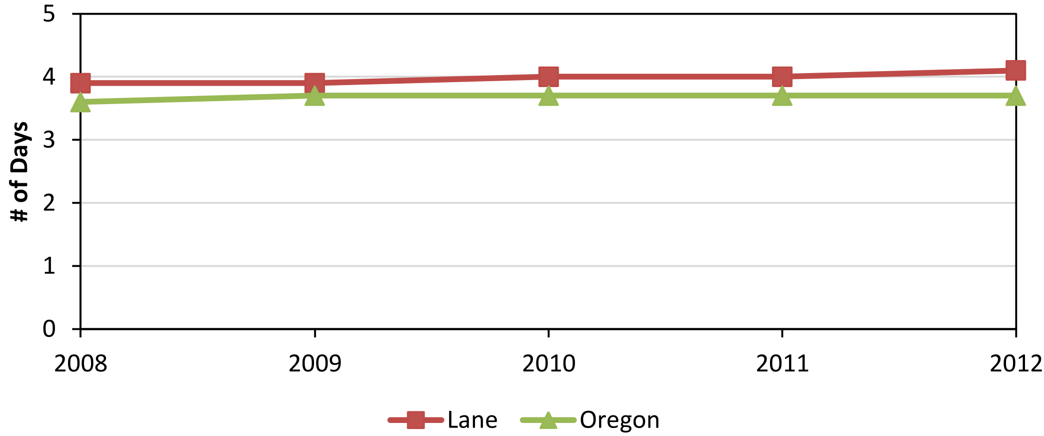


Source: Oregon Center for Health Statistics

POOR PHYSICAL HEALTH DAYS

Overall health depends on both physical and mental well-being. In addition to measuring how long people live, it is also important to include data that maps the quality of people's health. Measuring health-related quality of life helps characterize the burden of disabilities and chronic diseases within a population. Reported days of poor physical health is a reliable estimate of recent quality of health.

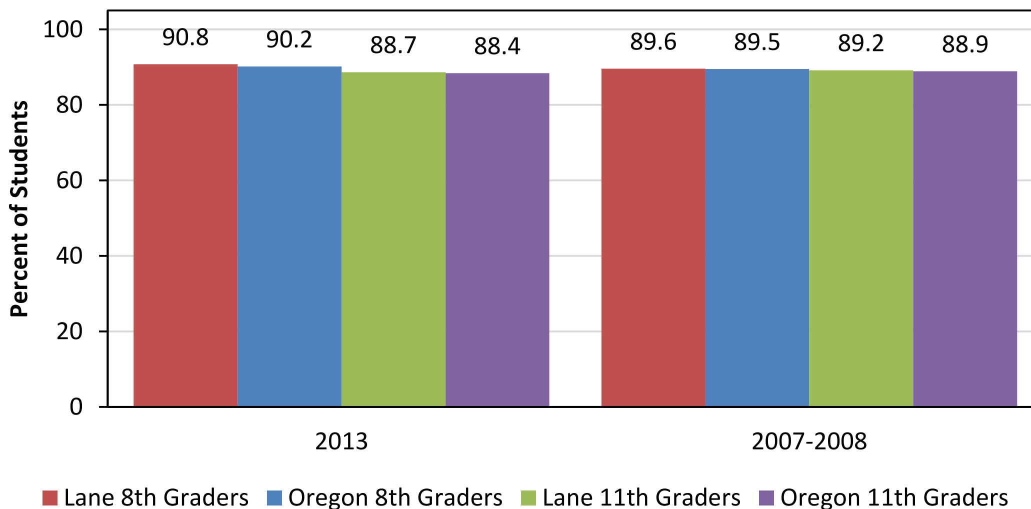
The graph below is based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" In 2012 Lane County adults reported that their physical health was not good for an average of 4.1 days compared to Oregon adults at 3.7 days, both of which have increased slightly over five years.



Source: Behavioral Risk Factor Surveillance System

The Oregon Healthy Teens Survey includes questions relating to students' physical, mental and emotional health, including connections to the school and community, as well as unmet needs. Higher academic test scores are strongly associated with students' reporting of caring relationships at school and meaningful participation in the community. Students who report receiving higher school grades also report better physical and emotional health. Students reporting mostly A and B grades were less likely to report various health risk factors than students with grades of C or lower. Students with D and F grades were the most likely to report health risk factors.

In 2013, 90.8% of Lane County 8th graders and 88.7% of 11th graders reported their physical health as being good, very good, or excellent— similar to Oregon's respective 90.2% and 88.4%.



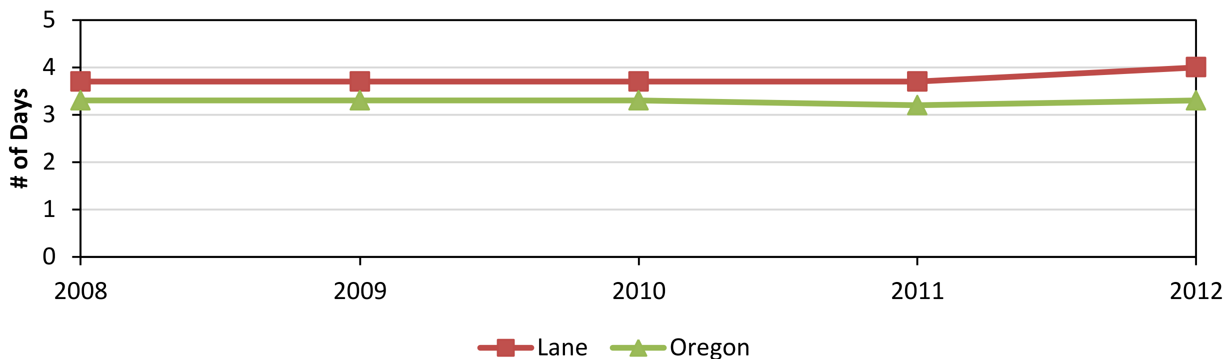
Source: Oregon Healthy Teens Survey

Poor Mental Health Days

Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good represents an important facet of health-related quality of life.

The graph below is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" In 2012, Lane County adults reported having an average of 4 poor mental health days compared to 3.3 for Oregon adults, both of which have increased slightly over five years.

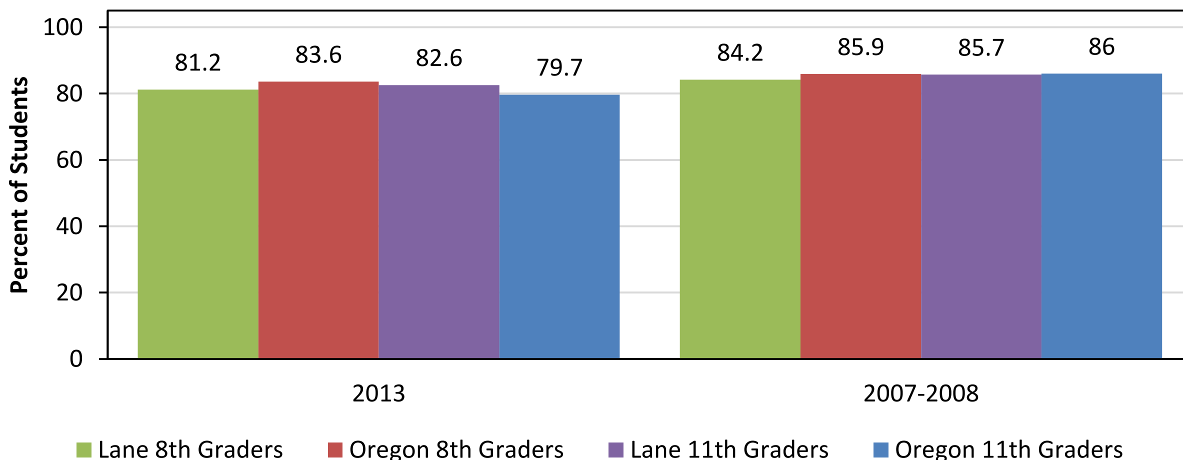
Average # of Days Adults Report that Their Mental Health Was Not Good, in Lane County, OR
(age adjusted)



Source: Behavioral Risk Factor Surveillance System

In 2013, 81.2% of Lane County 8th graders and 82.6% of 11th graders reported their mental health as being good, very good, or excellent, similar to Oregon's respective 83.6% and 79.7%.

Percent of Youth Experiencing Good Mental Health, in Lane County, OR



Source: Oregon Healthy Teens Survey

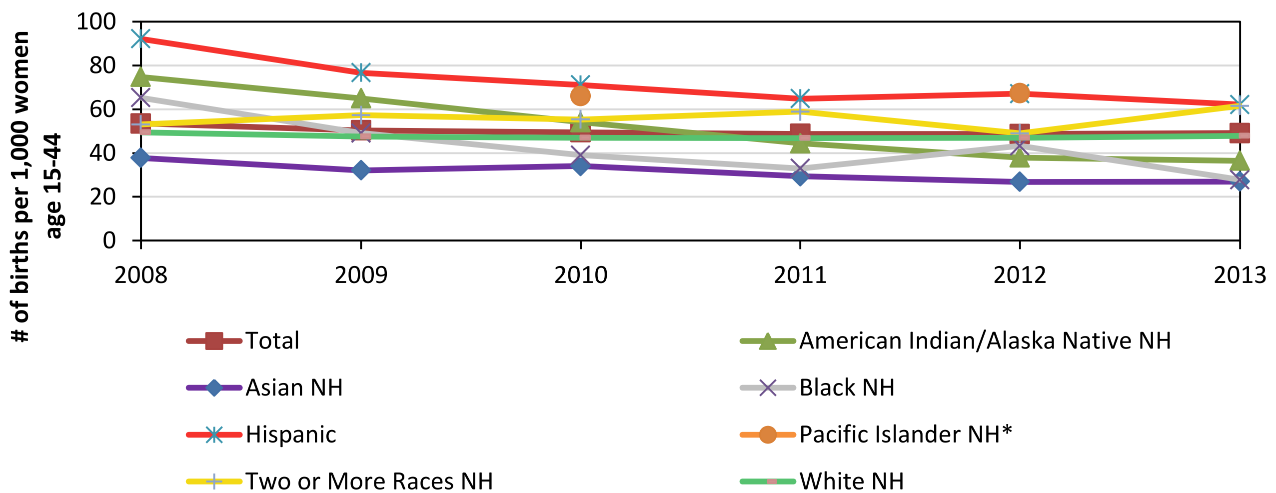
Births and Birth Outcomes

A healthy pregnancy and healthy status at birth set the stage for subsequent child development and well-being.

Fertility

Tracking trends in fertility rates is essential in planning for the current and future needs of multiple generations. The fertility rate measures the number of live births occurring per 1,000 women between the ages of 15 and 44 in a particular calendar year.

In 2013, Lane County's total fertility rate for women age 15 to 44 was 49.1 per 1,000. The total fertility rate in Lane County has declined 2008. Fertility rates are the highest for Latino/Hispanic women in Lane County.



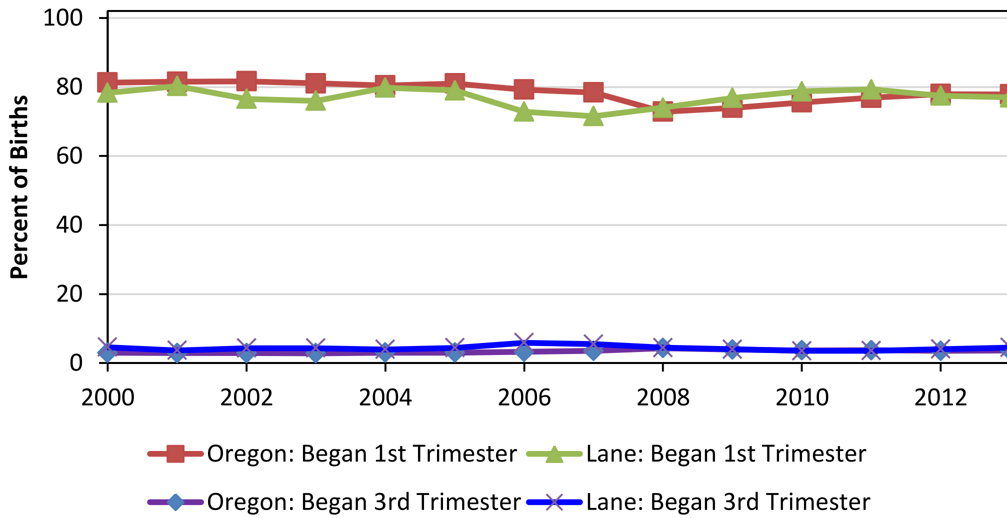
Source: Oregon Center for Health Statistics

Prenatal Care

Looking at the maternal and child health of a community is one of the most important ways to monitor the health of infants and children, one of the most vulnerable populations. Prenatal visits are important for the health of both infant and mother. Health care providers can educate mothers on important health issues such as their diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol. Health care professionals also have an opportunity to instruct expecting parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention, as well as monitoring for health-compromising conditions, and helping them prepare for the new emotional challenges of caring for an infant.

In 2013, 77% of mothers in Lane County began prenatal care in the 1st trimester, and 4.5% waited until the 3rd trimester. In Oregon, 77.8% of mothers in Lane County began prenatal care in the 1st trimester, and 3.6% waited until the 3rd trimester.

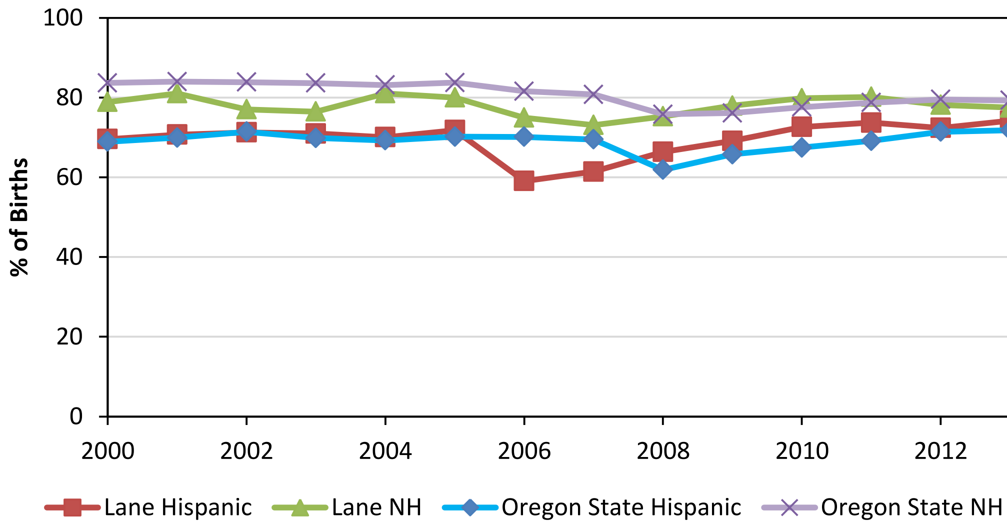
Percent of Births Where the Mother Recieved Prenatal Care by Trimester, in Lane County, OR



Source: Oregon Center for Health Statistics

Hispanic mothers are more likely than white mothers to receive either late or no prenatal care.

Percent of Births Where Prenatal Care Was Initiated the First Trimester by Hispanic Ethnicity, Lane County, Oregon

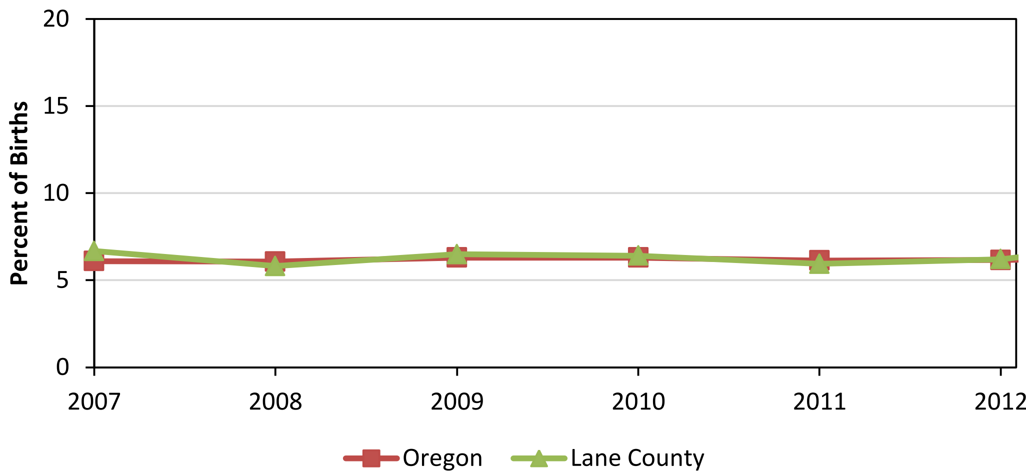


Source: Oregon Center for Health Statistics

Low Birth Weights

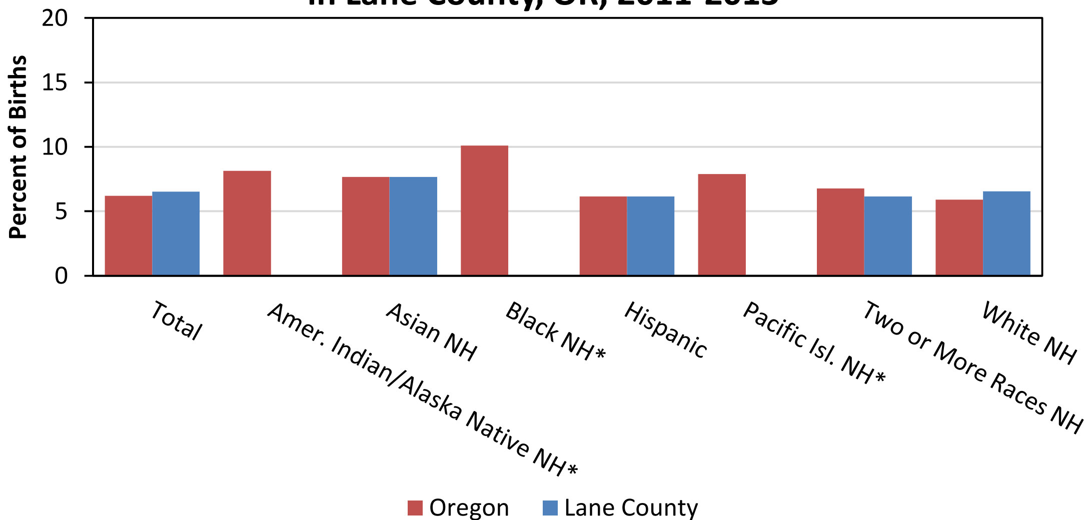
Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth.

In Lane County and the state as a whole, low birth weight rates have increased since 1999. In 2013, Lane County's low birth weight rate was 7.4%, compared to the state as a whole's rate of 6.3%.



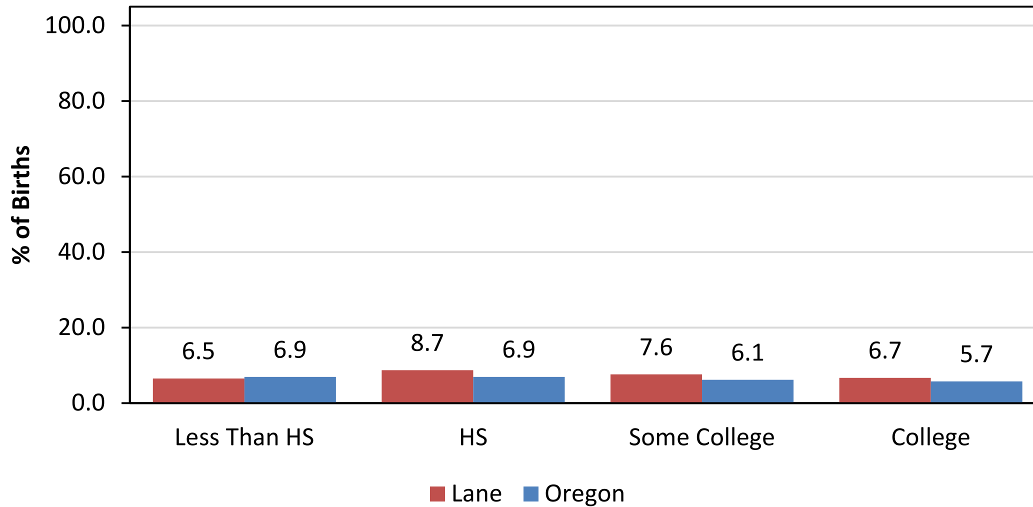
Source: Oregon Center for Health Statistics

Birth weight rates vary by race/ethnicity. In Lane County in 2013, Asian Non-Hispanic women had the highest low birth rate, and Hispanic women had the lowest rate.



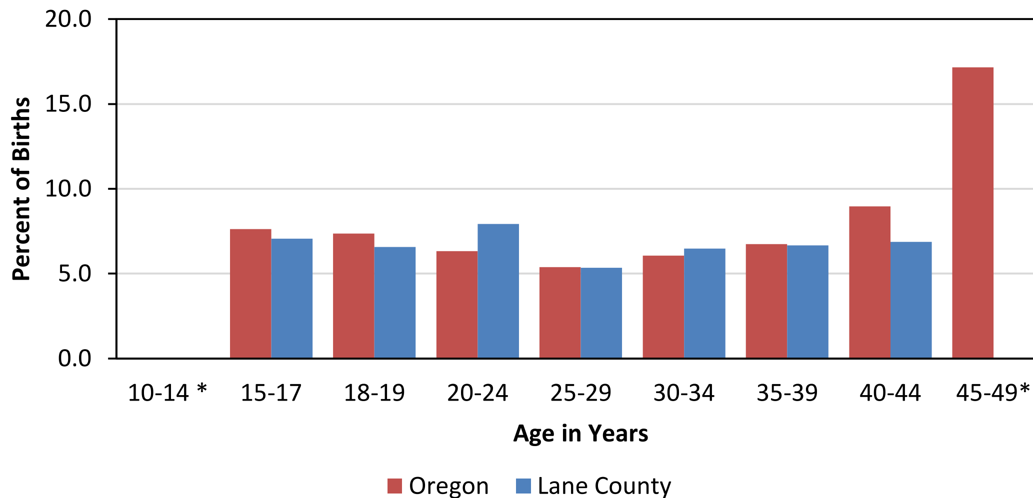
Source: Oregon Center for Health Statistics

Birth weight rates also vary by the educational attainment level of the mother. In Lane County in 2013, women with high school or less than high school education had the highest low birth rate, and women with a college education had the lowest rate.



Source: Oregon Center for Health Statistics

Birth weight rates also vary by the age of the mother. In Lane County in 2013, women aged 20-24 had the highest low birth rate, and women aged 25-29 had the lowest rate.

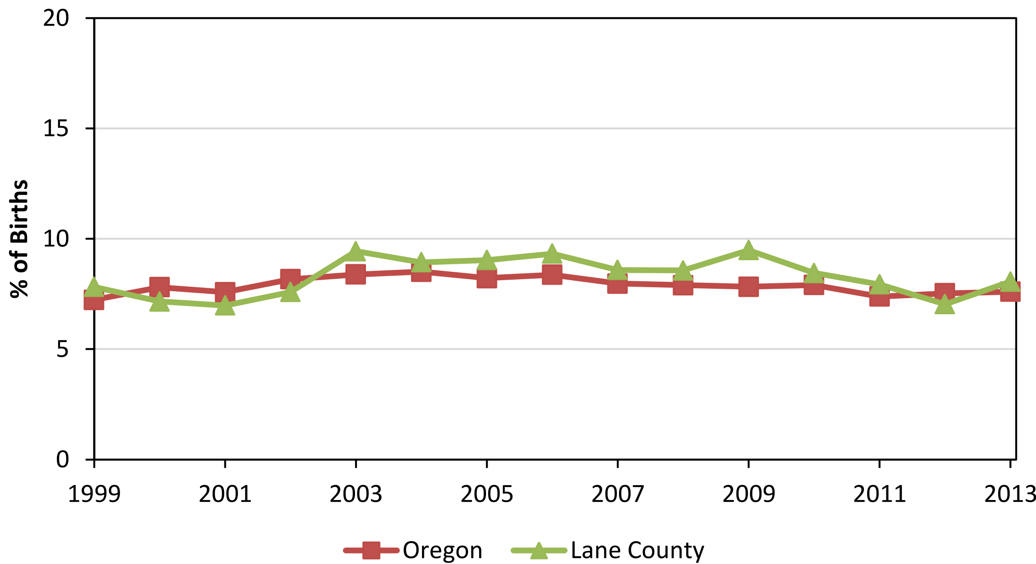


*The data for Oregon and Lane County 10-14 years old and Lane County 45-49 years old is suppressed because it is statistically unreliable.
Source: Oregon Center for Health Statistics

PRETERM BIRTHS

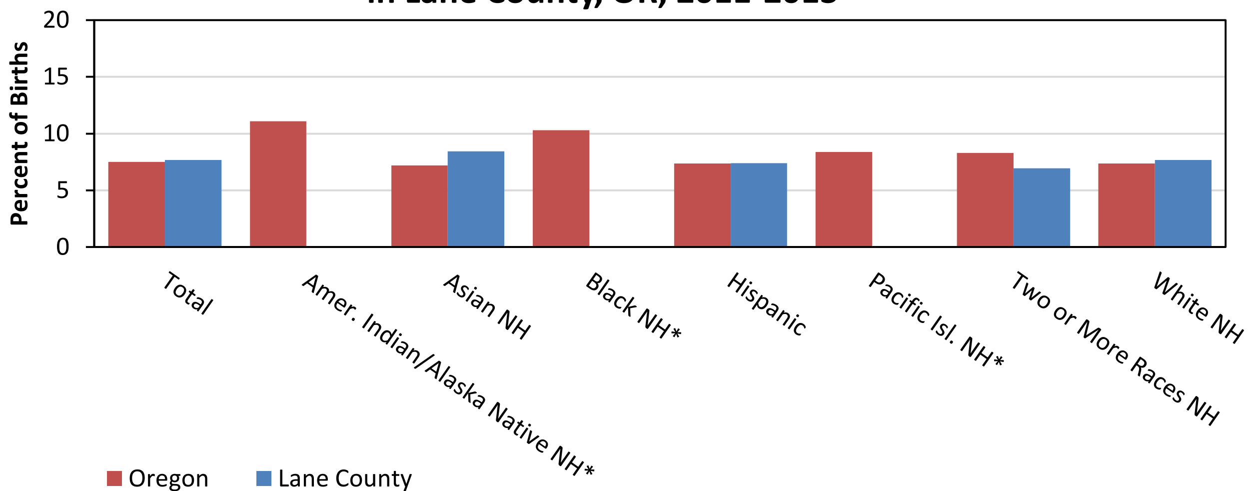
Preterm birth is the birth of an infant before 37 weeks of pregnancy. Infants born preterm are at increased risk for a number of health problems and are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability.

Generally, Lane County's preterm birth rate is higher (8.1% in 2013) than the state as a whole's (7.6%).



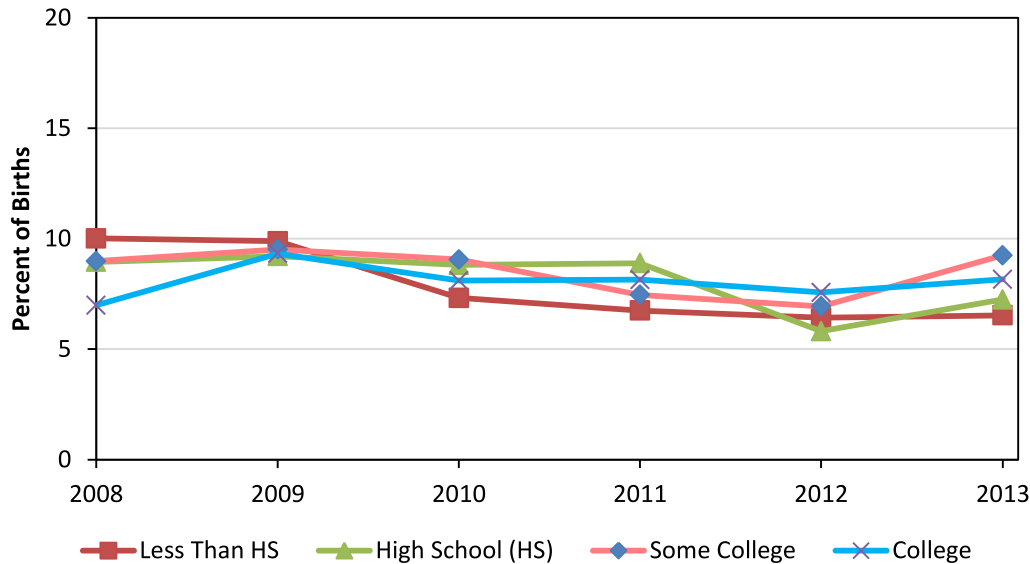
Source: Oregon Center for Health Statistics

Preterm birth rates vary by race/ethnicity. In Lane County in 2013, American Indian/Alaska Native Non-Hispanic women had the highest preterm birth rate, and Pacific Islander Non-Hispanic women had the lowest rate.



Source: Oregon Center for Health Statistics

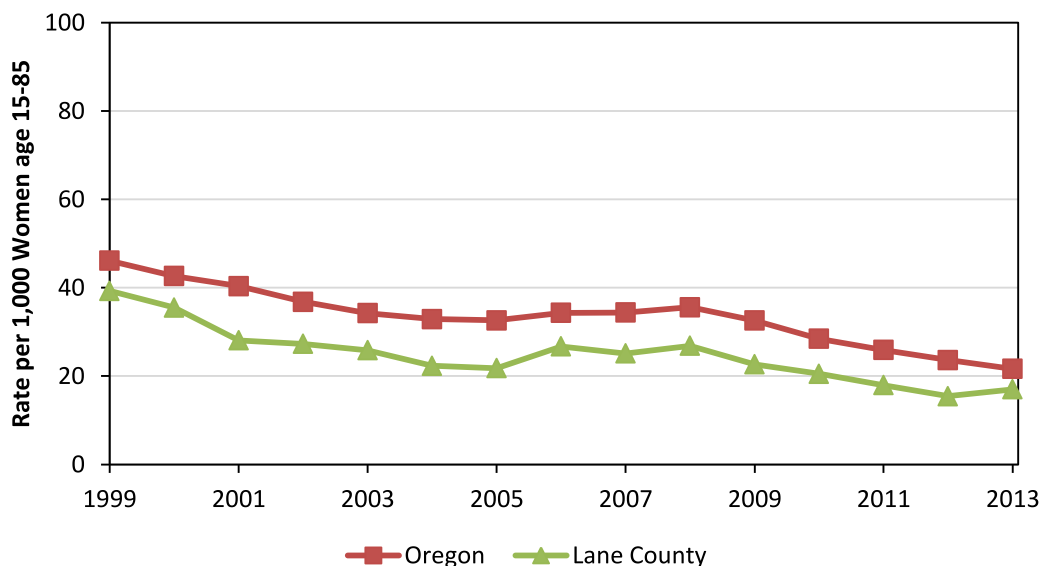
Preterm birth rates also vary by the educational attainment level of the mother. In Lane County in 2013, women with some college had the highest preterm birth rate, and women with less than high school had the lowest rate.



Source: Oregon Center for Health Statistics, 2008-2013

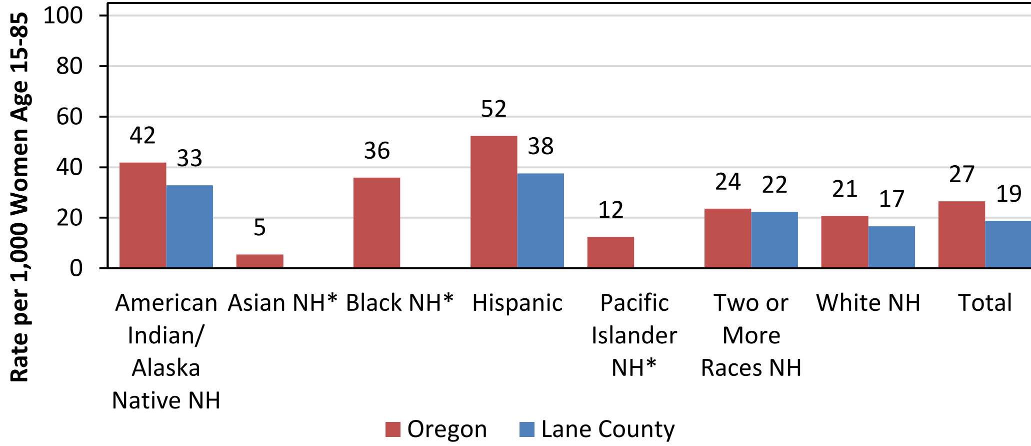
Teen Births

In Oregon the teen (age 15-19) birth rate has been on the decline and Lane County has had a consistently lower rate than the state as a whole. In 2013, Lane County's teen birth rate was 17 per 1,000, Compared to the state rate of 21.6.



Source: Oregon Center for Health Statistics, 1999-2013

Teen birth rates vary by the race/ethnicity of the mother. In Lane County in 2013, White Non-Hispanic women had the lowest teen birth rate, and Hispanic women had the highest rate.

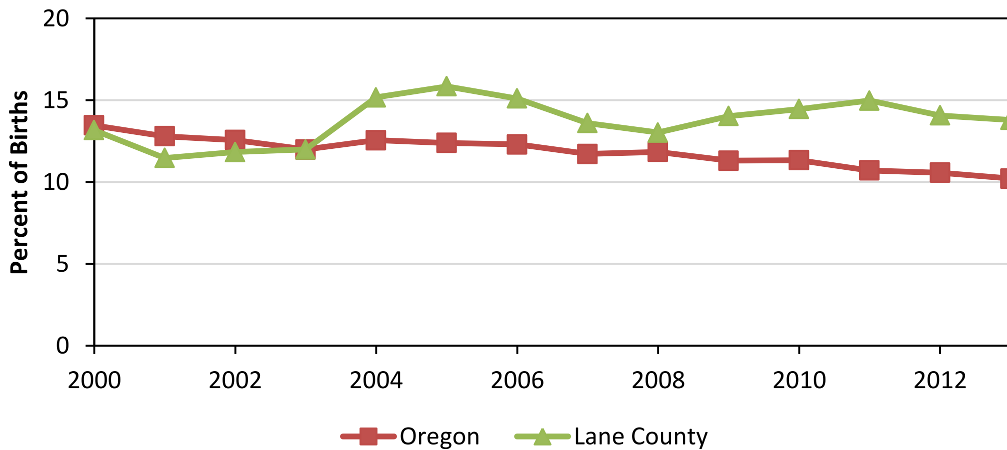


Source: Oregon Center for Health Statistics

Smoking During Pregnancy

Women who smoke during pregnancy increase their risk of complications, including low infant birth weight. Infants and children exposed to secondhand smoke are at increased risk of sudden infant death syndrome, acute lower respiratory infections, ear infections, and asthma attacks.

Lane County has a higher percentage of pregnant women who smoke (13.8% in 2013) compared to than the state the state rate (10.2% in 2013).



Source: Oregon Center for Health Statistics

Chronic Diseases and Conditions

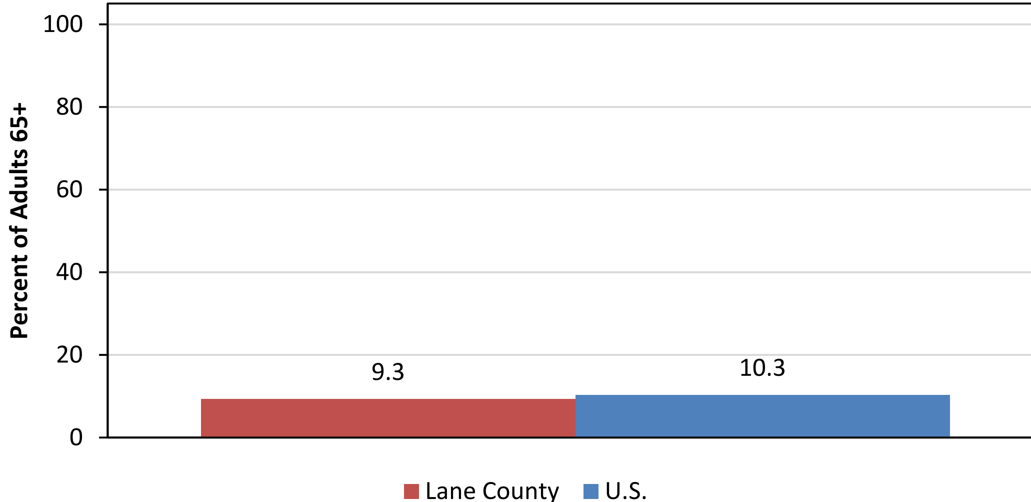
Chronic diseases and accidents remain the leading causes of death in Lane County, led by cancer and heart disease. Deaths from the most common cancers (lung, prostate, breast cancer) and heart disease have steadily declined. However, tobacco use remains the leading preventable cause of death.

Rates of obesity, asthma, high blood pressure, and high blood cholesterol are higher in Lane County than in the state as a whole, while heart disease and cancers occur at rates similar to or slightly lower than the state overall.

ALZHEIMER'S

Alzheimer's disease is the most common form of dementia among the population over 65 years old, accounting for 50 to 80 percent of dementia cases. It is a progressive and irreversible disease where memory and cognitive abilities are slowly destroyed, making it impossible to carry out even simple, daily tasks.

In 2012 9.3% of the 65 and older population in Lane County had Alzheimer's which is lower than the national average of 10.3%.

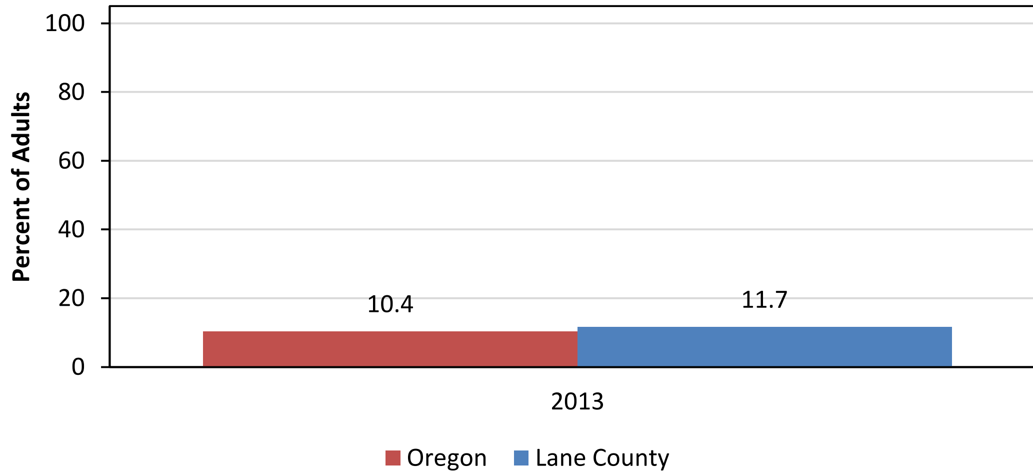


Source: Community Health Status Indicators referencing Medicare Chronic Conditions Report, Center of Medicare and Medicaid Services

ASTHMA

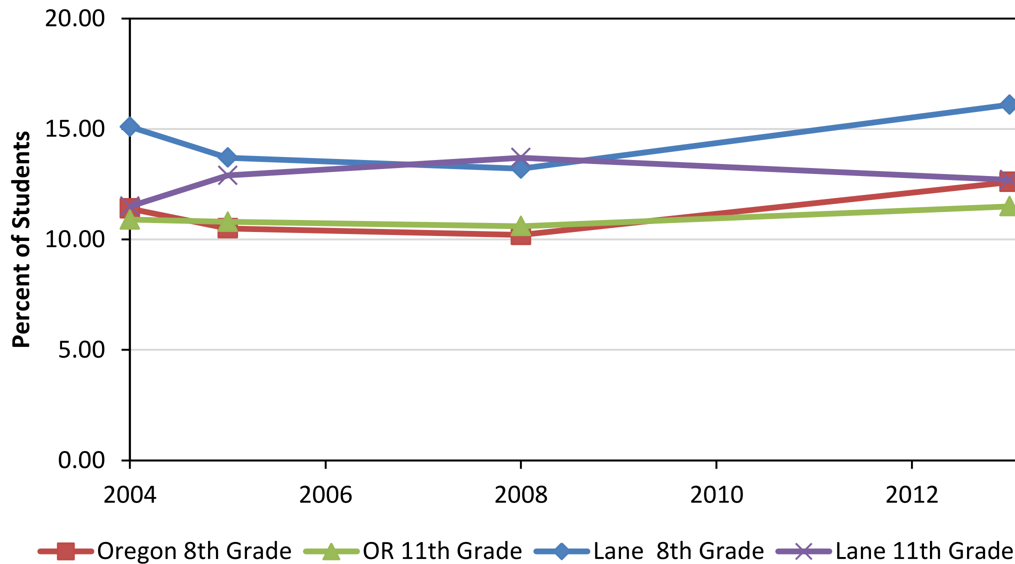
Asthma is a chronic inflammatory disorder of the airways, characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath.

In 2013, 11.7% of adults in Lane County had asthma, compared to 10.4% in the state.



Source: Behavioral Risk Factor Surveillance System

In 2013, 16.1% of 8th graders and 12.7% of 11th graders in Lane County had asthma, compared to the state rates of 12.6% and 11.5% respectively.



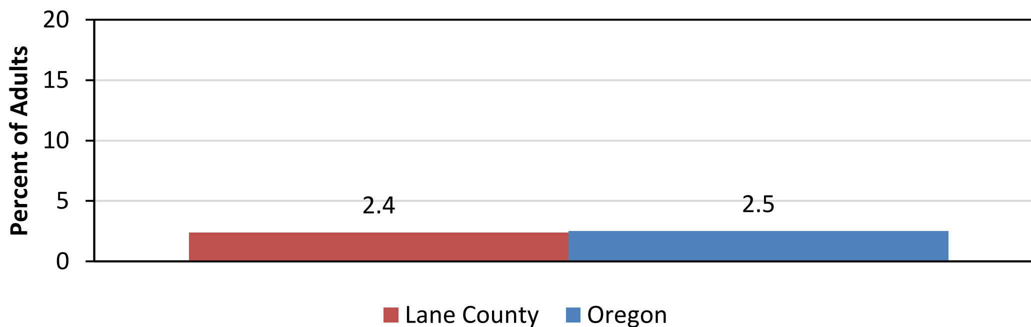
Source: Oregon Healthy Teens Survey

STROKE

A stroke occurs when a clot severely blocks the blood supply to the brain or when a blood vessel bursts, resulting in bleeding into or around the brain. When either happens, brain cells begin to die and brain damage can occur. Abilities controlled by the affected area of the brain cannot function, which may result in an inability to control limbs on one side of the body, inability to understand or formulate speech, or the inability to see out of one eye.

In Lane County and across Oregon, prevalence of stroke has stayed consistent over time. In 2013 the prevalence of stroke in adults was 2.4% compared to 2.5% of the entire state's adults.

Prevalence of Stroke in Adults in Lane County, OR, 2010-2013 (age-adjusted)



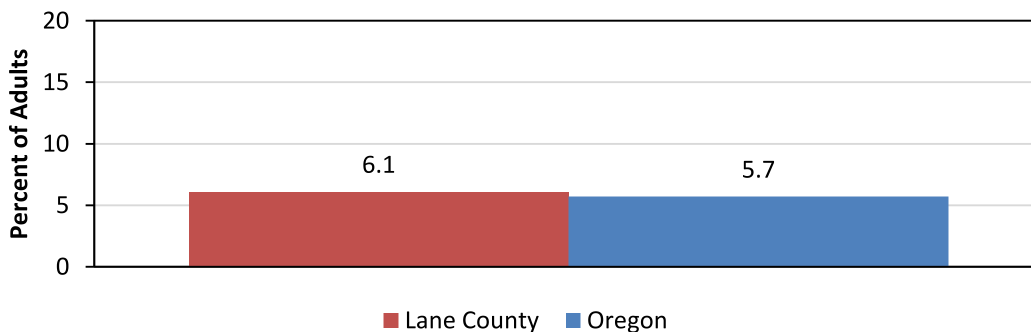
Source: Behavioral Risk Factor Surveillance System

RESPIRATORY DISEASES

Chronic Obstructive Pulmonary Disease, or COPD, is a condition that restricts airflow into the lungs, making it difficult to breathe. COPD is most commonly a mix of chronic bronchitis and emphysema, and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections.

In 2013 the prevalence of adults with chronic obstructive pulmonary disease was 6.1% in Lane County, which is slightly higher than the state rate of 5.7%.

Prevalence of Chronic Obstructive Pulmonary Disease in Adults in Lane County, OR 2010-2013 (age-adjusted)



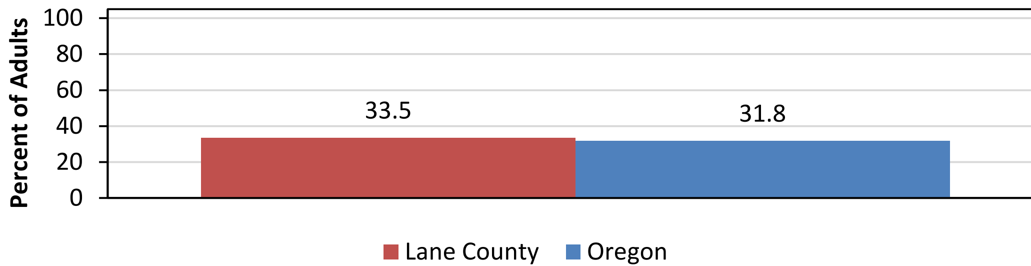
Source: Behavioral Risk Factor Surveillance System

HIGH BLOOD PRESSURE

Hypertension, also known as high blood pressure, is a significant increase in the blood pressure in the arteries. Hypertension is the leading cause of stroke and a major cause of heart attacks.

Lane County has a higher prevalence over time of adults with high blood pressure when compared to the state of Oregon as a whole. In 2013, 33.5% of the Lane County adult population had high blood pressure, while the state as a whole's adult population was 31.8%.

Prevalence of High Blood Pressure in Adults in Lane County, OR, 2010-2013
(age-adjusted)



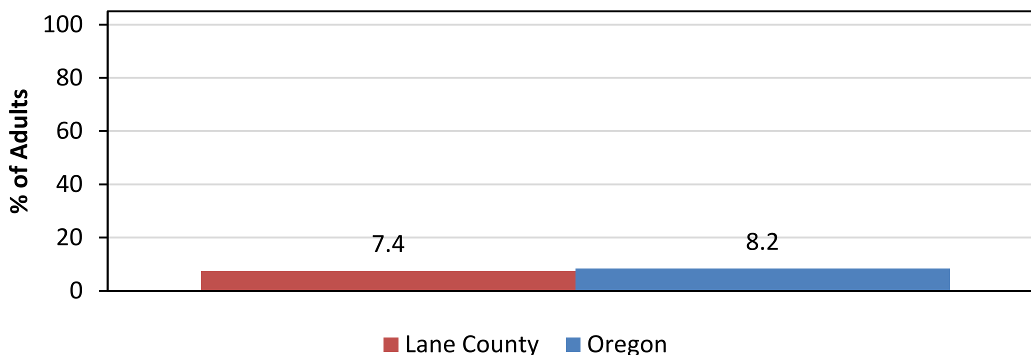
Source: Behavioral Risk Factor Surveillance System

DIABETES

Diabetes mellitus is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. Diabetes lowers life expectancy, increases the risk of heart disease, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The prevalence of adults with diabetes in Lane County has increased over time, but has remained slightly lower than that of the state as a whole. In 2013 the prevalence of diabetes in adults was 7.4%, lower than the state as a whole at 8.2%.

Prevalence of Diabetes in Adults in Lane County, OR 2010-2013
(age-adjusted)

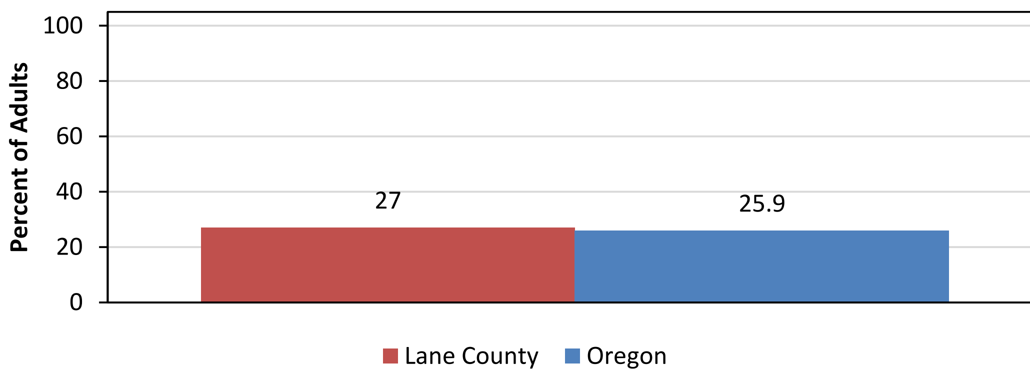


Source: Behavioral Risk Factor Surveillance System

OBESITY

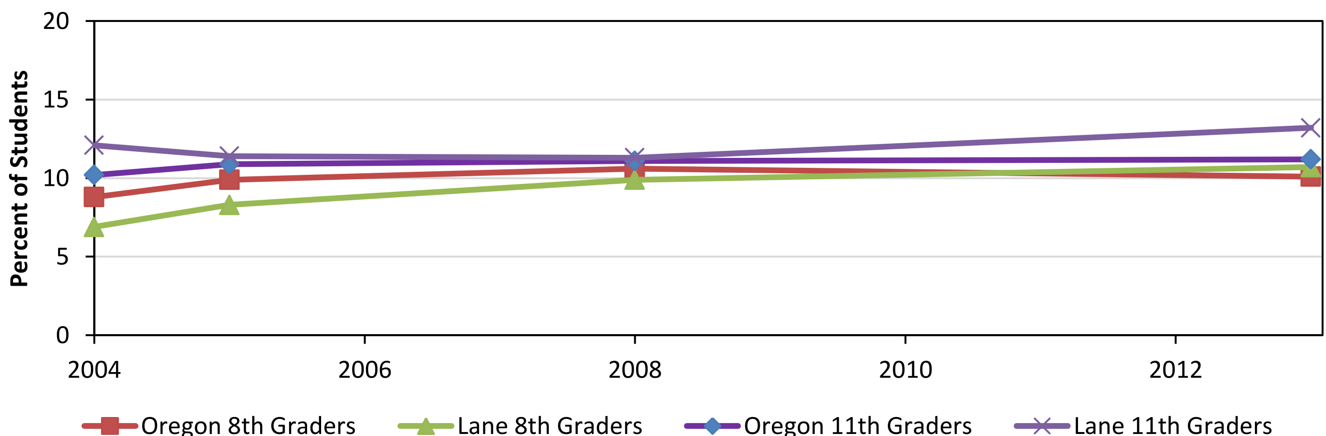
The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases such as heart disease, stroke, diabetes, and cancer.

The prevalence of adults with obesity in Lane County has increased over time, and is higher than the rate of obesity in all Oregon adults. In 2013, the percent of obese Lane County adults was 27%, higher than the state as a whole at 25.9%.



Source: Behavioral Risk Factor Surveillance System

The prevalence of obesity in youth has increased over time in Lane County. In 2013, the prevalence of obesity for Lane County 11th graders was 13.2%, and 10.1% for 8th graders.

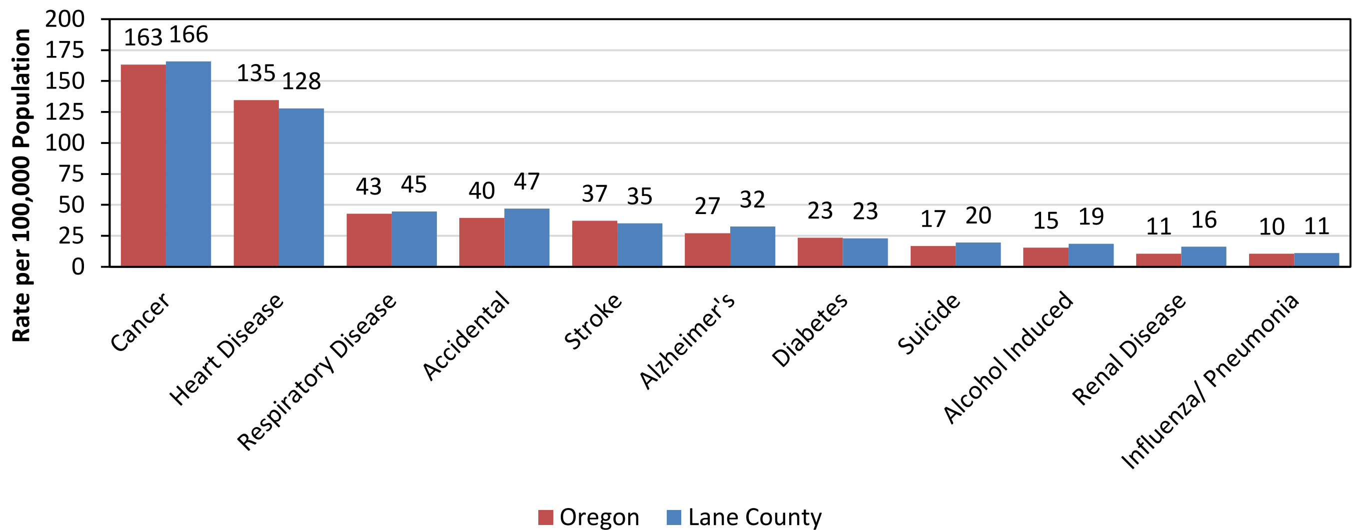


Source: Oregon Healthy Teens

Deaths

Oregon Center for Health Statistics provides county level information on all deaths of Lane County residents, including leading causes by age group. Comparable to the state as a whole, Lane County's leading causes of death are: cancer, heart disease, respiratory disease, accidental, and stroke. Chronic disease and accidents remain among the leading causes of death in Lane County, while tobacco use, obesity, physical inactivity and alcohol use remain the leading preventable causes.

Leading Causes of Death in Lane County, OR 2013
(age adjusted)



Source: Oregon Center for Health Statistics, 2013

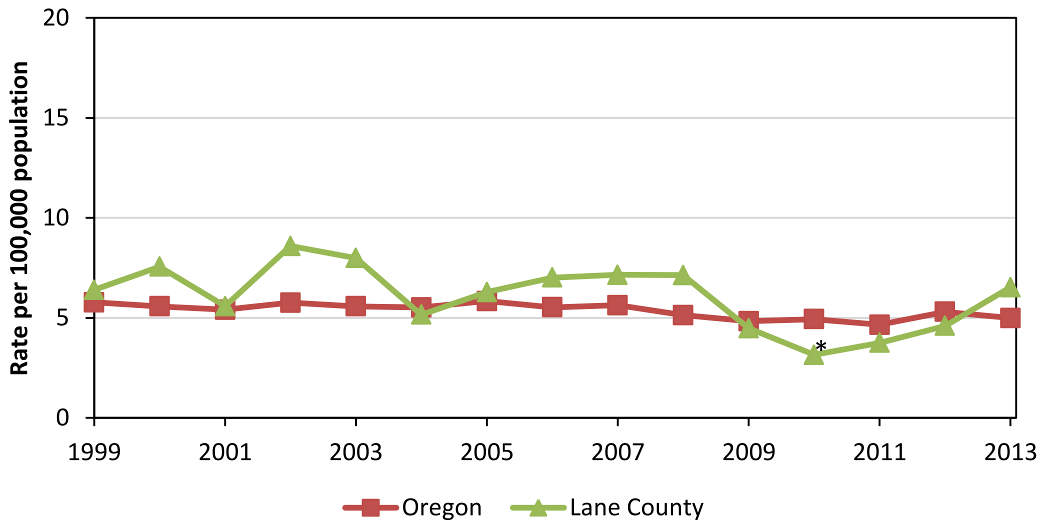
Leading Causes of Death by Age Group, Lane County 2013

	All Ages	<1	1 to 14	15 to 24	25 to 44	45 to 64	65+
#1	Cancer	Congenital malformations, deformations, chromosomal abnormalities	*	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Cancer	Cancer
#2	Heart Disease	*	*	Intentional Self-Harm (suicide)	Intentional Self-Harm (suicide)	Heart Disease	Heart Disease
#3	Respiratory Diseases	*	*	*	Cancer	Accidents (unintentional injuries)	Respiratory Diseases
#4	Accidents (unintentional injuries)	*	*	*	Alcohol-Induced Deaths	Alcohol-Induced Deaths	Alzheimer's Disease
#5	Stroke	*	*	*	Heart Disease	Intentional Self-Harm (suicide)	Stroke

*Suppressed; statistically unreliable.
Source: Oregon Center for Health Statistics

Infant Mortality

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.
In 2013 the infant death rate of Lane County was notably higher at 6.52 per 100,000 compared to the state's infant death rate of 4.99 per 100,000.



*May be statistically unreliable; interpret with caution.

Source: Oregon Center for Health Statistics, 1999-2013

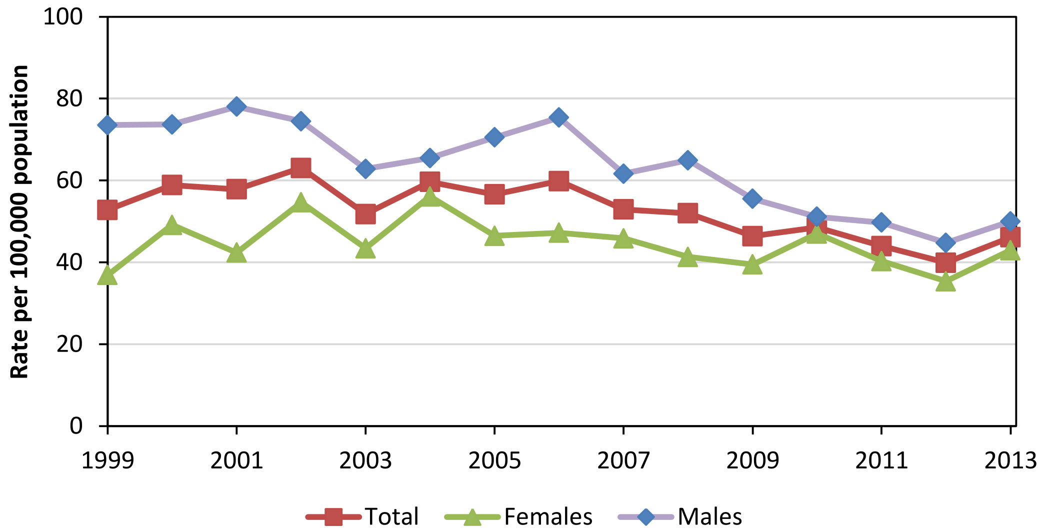
Cancer

Cancer is a leading cause of death in the United States, the state of Oregon, and Lane County. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancers lead to the greatest number of annual deaths.

Lung Cancer

According to the American Lung Association, more people die from lung cancer annually than any other type of cancer; exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking.

Lung cancer mortality rates have decreased in Lane County over the past decade. In 2013, the total lung cancer mortality rate in Lane County was 46.1 per 100,000, slightly higher than the state as a whole's rate of 42.

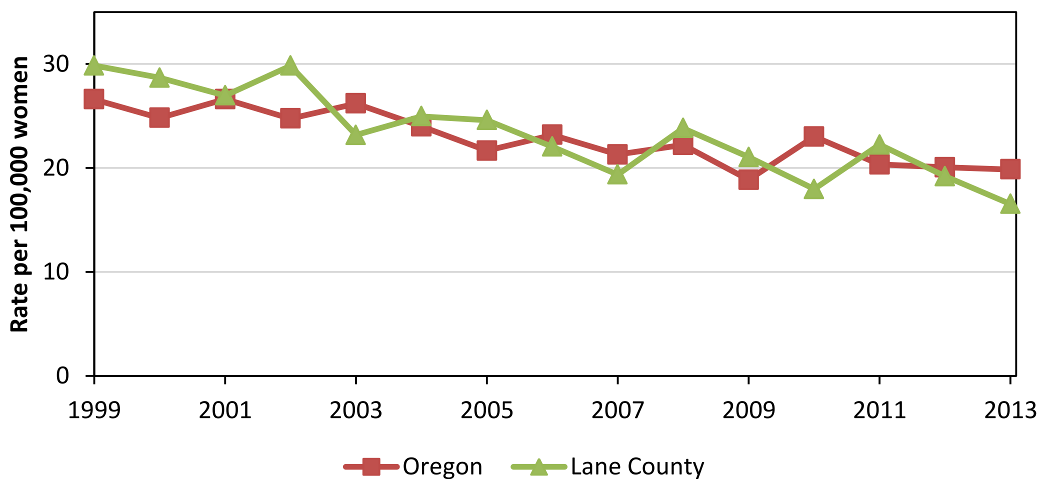


Source: Oregon Center for Health Statistics

Breast Cancer

Breast cancer is the most common type of cancer among women other than skin cancer. Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). According to American Cancer Society, 1 out of 8 women in the United States will be diagnosed in her lifetime.

The breast cancer mortality rates for the state and Lane County have decreased over time. In 2013 the breast cancer mortality rate for Lane County was 16.5 per 100,000 compared to the state rate of 19.9 per 100,000.

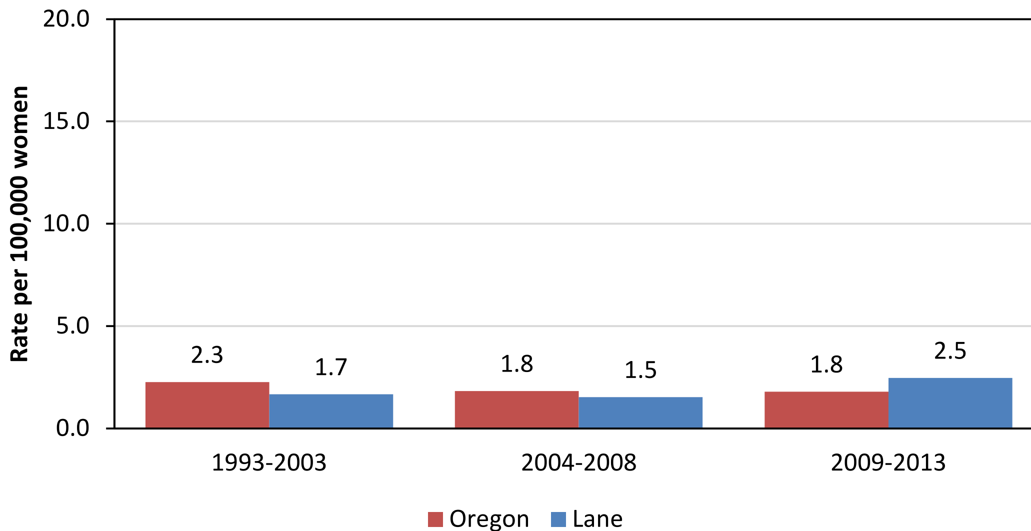


Source: Oregon Center for Health Statistics

CERVICAL CANCER

Cervical cancer forms in tissues of the cervix and is slow-growing. Cervical cancer is almost always caused by the human papillomavirus (HPV), which is transmitted through sexual contact. According to American Cancer Society, 1 out of 147 women in the United States will be diagnosed in her lifetime. Early cervical cancer can be cured by removing or destroying the pre-cancerous or cancerous tissue. Thus, early detection is very important and the Centers for Disease Control and Prevention highly recommend screenings with regular Pap tests.

In 2013, Lane County's cervical cancer mortality rate was 2.5 per 100,000 women, higher than the state rate of 1.8.

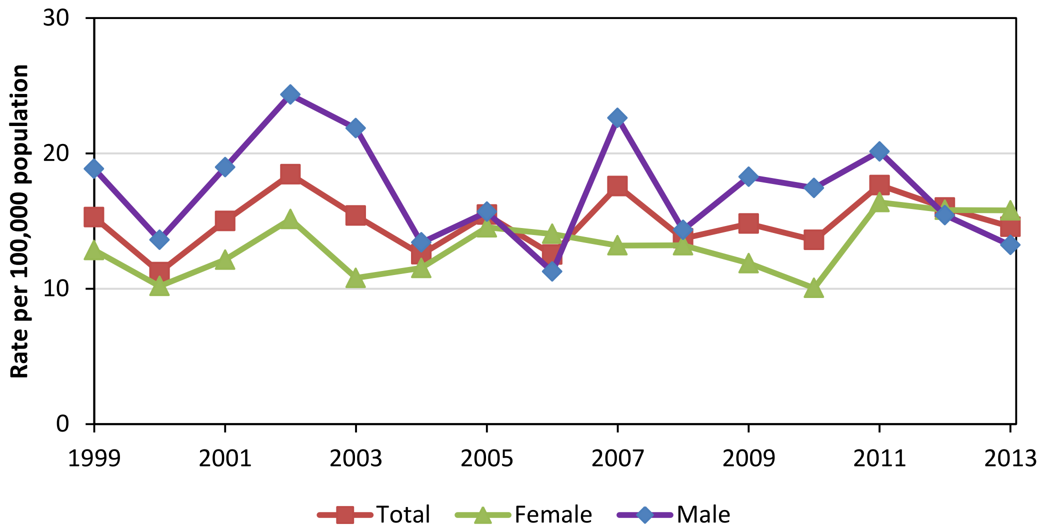


Source: Oregon Center for Health Statistics

COLORECTAL CANCER

Colorectal cancer—cancer of the colon or rectum—is a leading cause of cancer-related deaths in the United States. The Centers for Disease Control and Prevention estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. While 90% of colorectal cancer cases occur in adults aged 50 or older, it is essential for individuals with risk factors (those with a family history of colorectal cancer, inflammatory bowel disease, or heavy alcohol use) to seek regular screening earlier.

In 2013, Lane County's total colorectal cancer mortality rate was 14.6 per 100,000, similar to the state rate of 14.4.

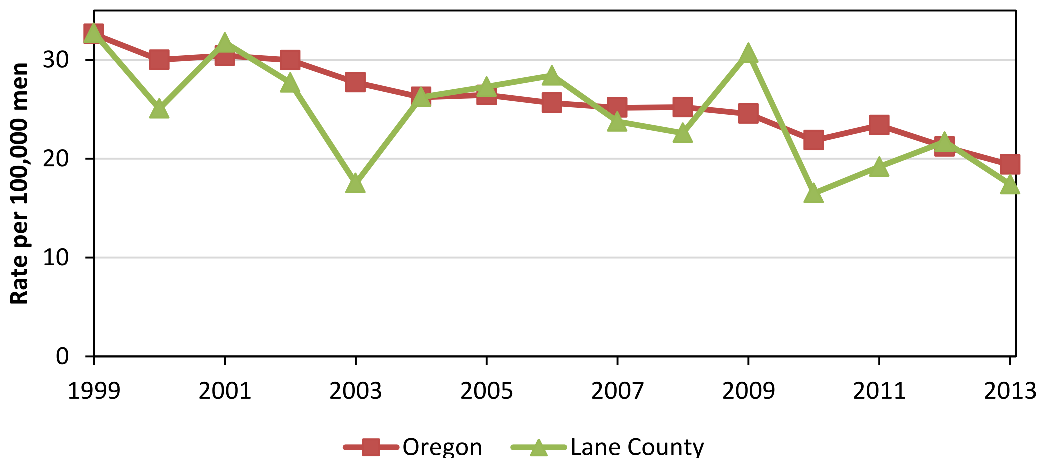


Source: Oregon Center for Health Statistics

Prostate Cancer

The prostate is a gland found only in males, and is located below the bladder and in front of the rectum. Prostate cancer is a leading cause of cancer death among men. According to the American Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer, and about 1 in 36 will die from it. The two greatest risk factors for prostate cancer are age and race; with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

Prostate cancer deaths have been decreasing over the past decade in Lane County and the state. In 2013 the mortality rate for prostate cancer in Lane County was 14.4 per 100,000 men, lower than the state rate at 19.4 per 100,000.

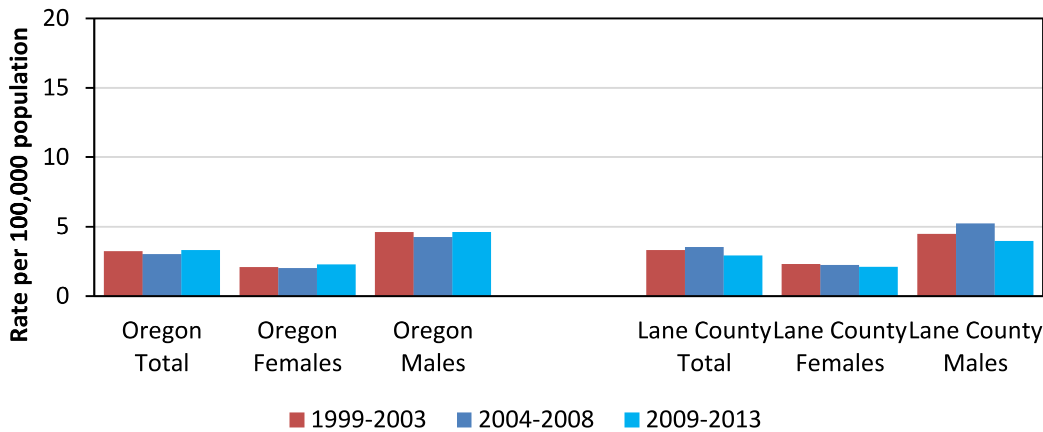


Source: Oregon Center for Health Statistics

MELANOMA

Skin cancer is the most common form of cancer in the United States. Melanoma, the third most common skin cancer, is most dangerous and causes the most deaths. The majority of skin cancer are caused by exposure to ultraviolet (UV) light.

The melanoma mortality rate is consistently higher for males than females in Lane County and the state. In 2013 Lane County's total melanoma mortality rate was 2.9 per 100,000, compared to the state's 3.3.

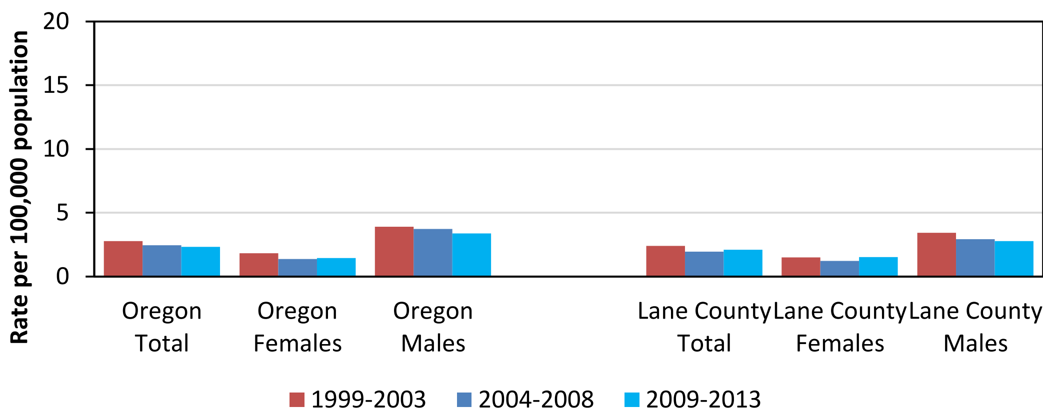


Source: Oregon Center for Health Statistics

ORAL CANCER

Oral cancer is a largely preventable type of cancer that affects the mouth and/or part of the throat. Most oral cancers are related to tobacco use, alcohol use, or both.

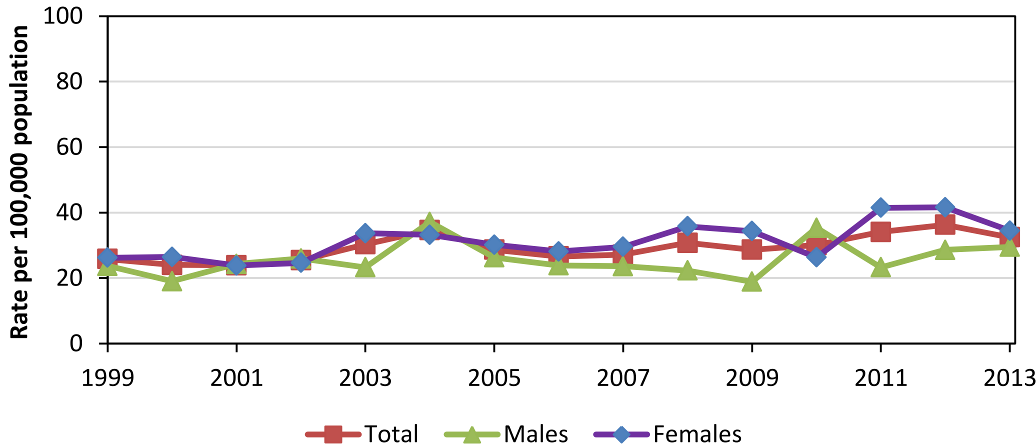
Oral cancer mortality is higher among males than females across Lane County and Oregon as a whole. In 2013 the total oral cancer mortality rate for the state was 3.31 per 100,000, compared to 3.98 for Lane County.



Source: Oregon Center for Health Statistics

Alzheimer's Disease Mortality

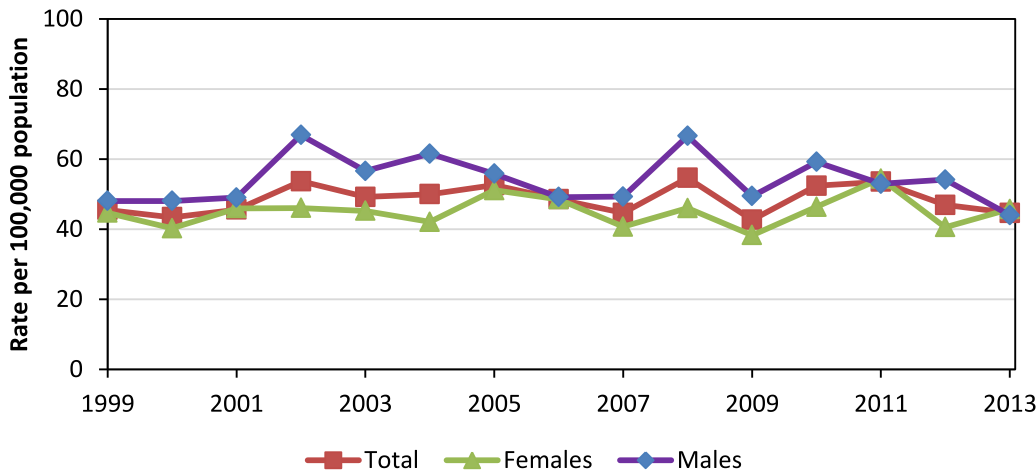
In Lane County the Alzheimer's mortality rate is consistently higher among females than males. In 2013 the Alzheimer's mortality rate for Lane County females was 34.5 per 100,000 compared to Lane County males at 29.6.



Source: Oregon Center for Health Statistics, 1999-2013

Respiratory Disease

In Lane County the rate of respiratory disease mortality remains consistent over time. In 2013 the rate of mortality for females was 45.7 per 100,000 compared with males at 43.9.



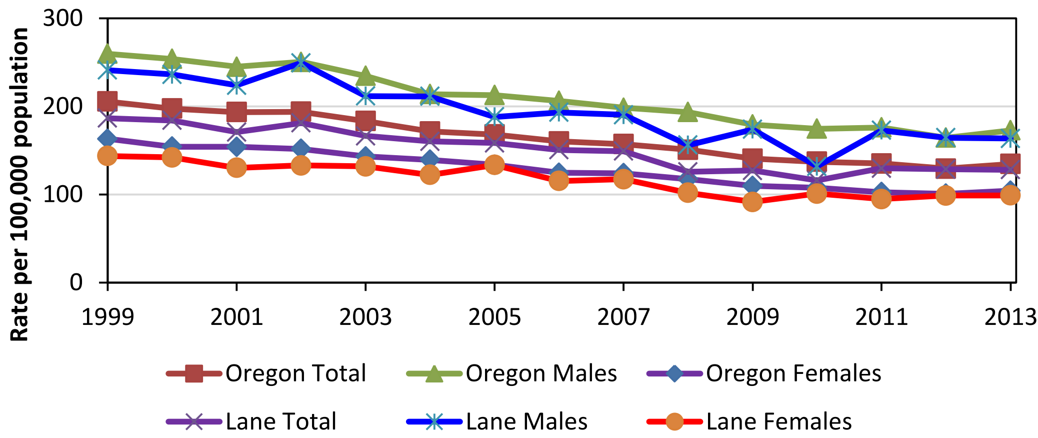
Source: Oregon Center for Health Statistics

Heart Disease Mortality

Heart disease is a term that encompasses a variety of different diseases affecting the heart. The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias. There are many modifiable risk factors for atherosclerosis including tobacco smoking, obesity, sedentary lifestyle, and high levels of low-density lipoprotein in blood serum.

Over time heart disease mortality has decreased in Lane County, but still remains the second leading cause of death in the state and Lane County. In 2013, Lane County male heart disease mortality rate was 163.4 per 100,000 compared with, Lane County females at 98.9.

Deaths from Heart Disease in Lane County, OR
(age-adjusted)

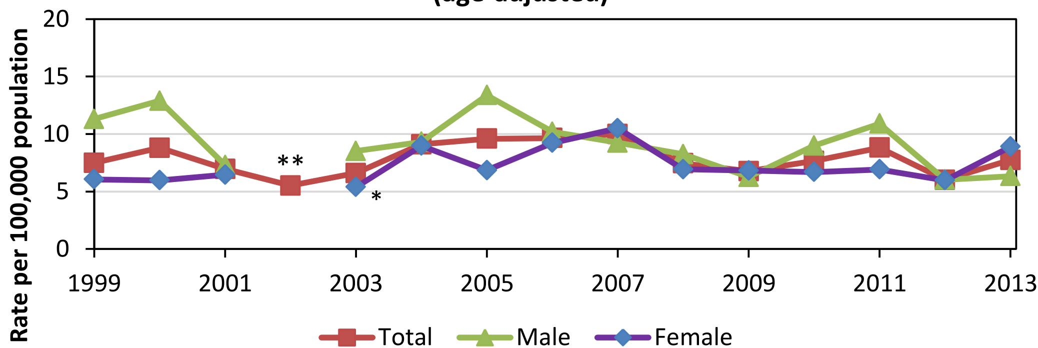


Source: Oregon Center for Health Statistics

Renal Disease Mortality

The primary function of the kidneys is to remove waste and excess water from the body. Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss of this function over time. The primary causes of CKD are diabetes and high blood pressure. As kidney disease progresses it can lead to kidney failure, which requires dialysis or a kidney transplant. Renal disease mortality rates have decreased slightly over time and were 7.7 per 100,000 people in 2013.

Chronic Kidney Disease Deaths in Lane County, OR
(age-adjusted)

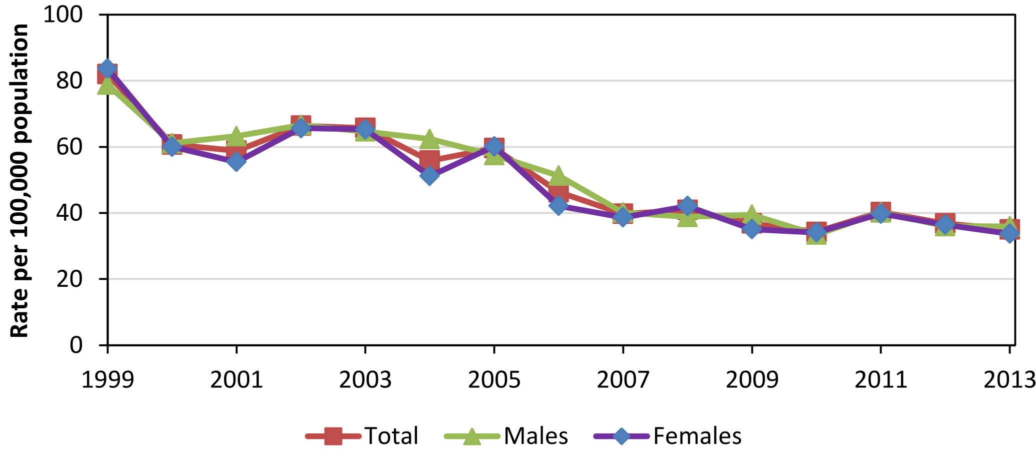


* 2003 Female rate may be statistically unreliable; interpret with caution

Source: Oregon Center for Health Statistics

STROKE MORTALITY

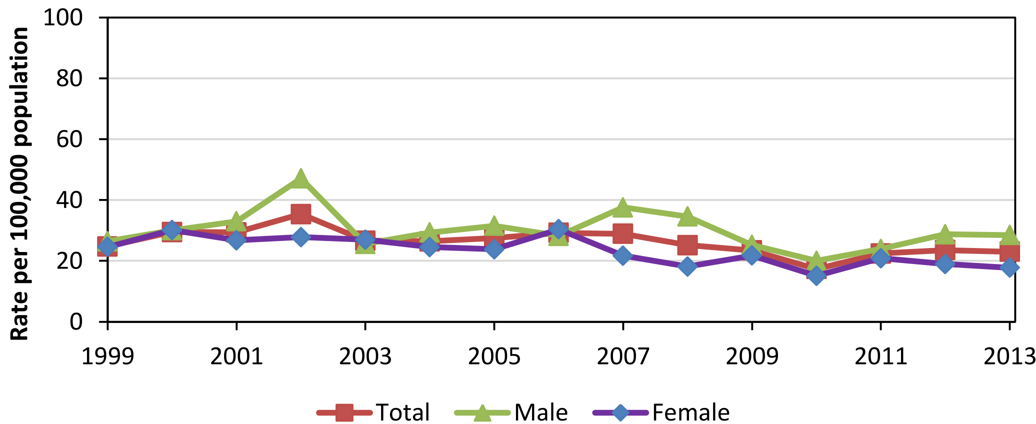
Stroke mortality is the fifth leading cause of death in Lane County and is a leading cause of long-term disability. Stroke mortality has been declining since the early 20th century. In 2013, Lane County the stroke rate death rate was 35 per 100,000.



Source: Oregon Center for Health Statistics

DIABETES MORTALITY

In Lane County in 2013, the diabetes mortality rate was notably higher for males at 28.5 per 100,000 than for females at 17.7.

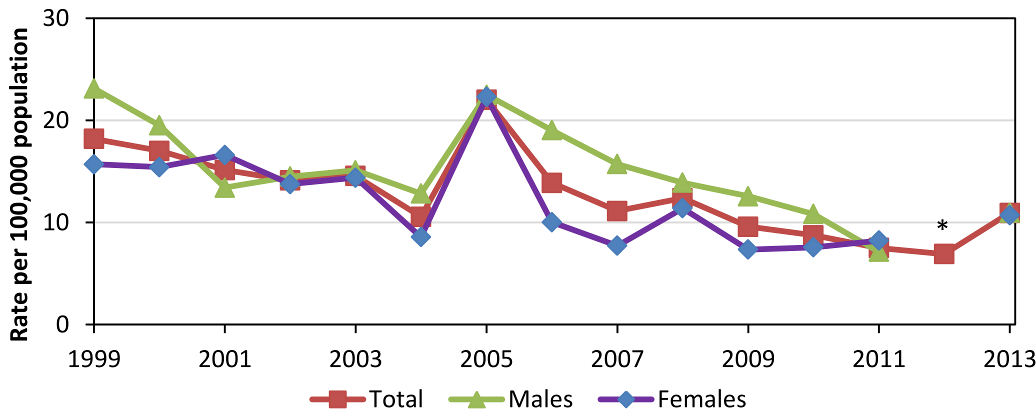


Source: Oregon Center for Health Statistics

Influenza/Pneumonia Mortality

Influenza and pneumonia are a leading cause of death. The two diseases are traditionally reported together because pneumonia is frequently a complication of influenza. The number of influenza deaths can fluctuate considerably from one year to the next as influenza can be caused by more virulent virus strains in some years than others as the viruses constantly mutate. Influenza vaccination is suggested for all individuals six months and older, but influenza and pneumonia vaccinations are especially recommended for persons most at risk, including the elderly, the very young, and the immunocompromised.

In 2013 the influenza/pneumonia mortality rate per 100,000 was similar for both sexes: 10.7 for females and 11 for males in Lane County.

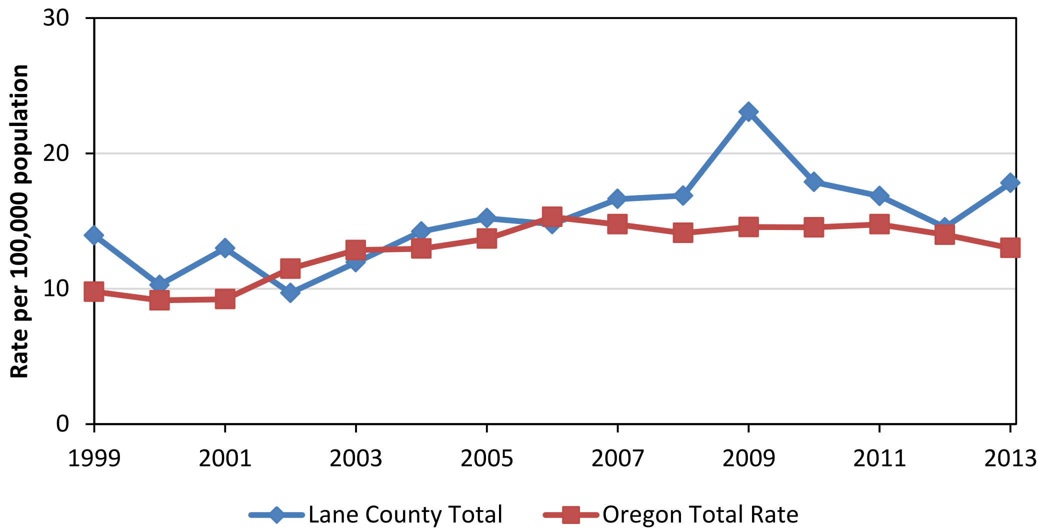


Source: Oregon Center for Health Statistics, 1999-2013

Drug Overdose Deaths

Drug overdose deaths are the leading cause of injury death. The death rate due to drug overdose across the state of Oregon has increased over the last two decades. Drug overdose deaths may be accidental, intentional, or of undetermined intent. Drug-induced deaths include all deaths for which drugs are the underlying cause, including deaths attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use. A drug includes illicit or street drugs (e.g., heroin or cocaine), as well as legal prescription drugs and over-the-counter drugs. Alcohol is not included in this definition.

In Lane County, drug induced deaths have declined since 2009, but are higher than they were a decade ago, and increased from 2012 to 2013. In 2013, the rate of drug induced deaths in Lane County was 17.81 per 100,000, higher than the rate of the state at 13 per 100,000.

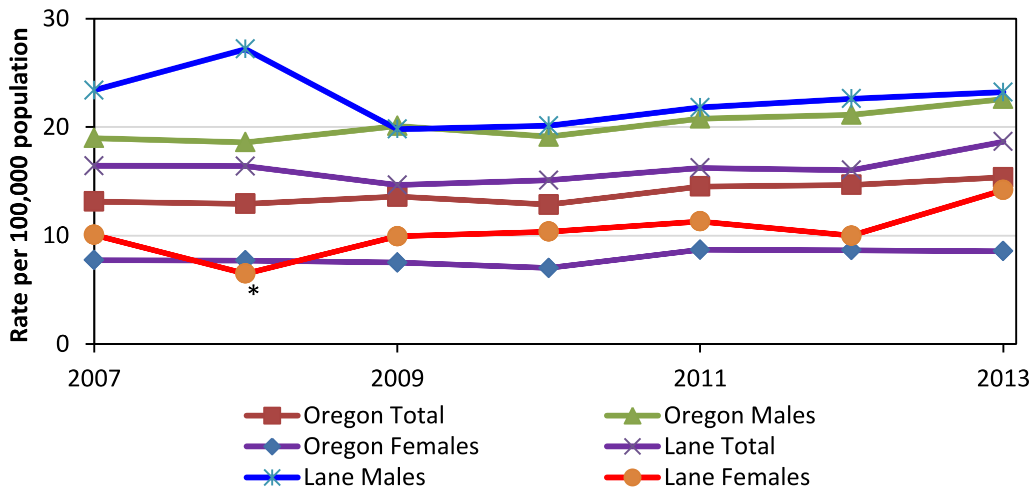


Source: Oregon Center for Health Statistics

Alcohol Linked Mortality

Excessive alcohol use is a leading cause of preventable death. Deaths can occur from drinking too much over time; breast cancer, liver disease, and heart disease; and from consuming a large amount of alcohol in a short period of time; violence, alcohol poisoning, and motor vehicle crashes.

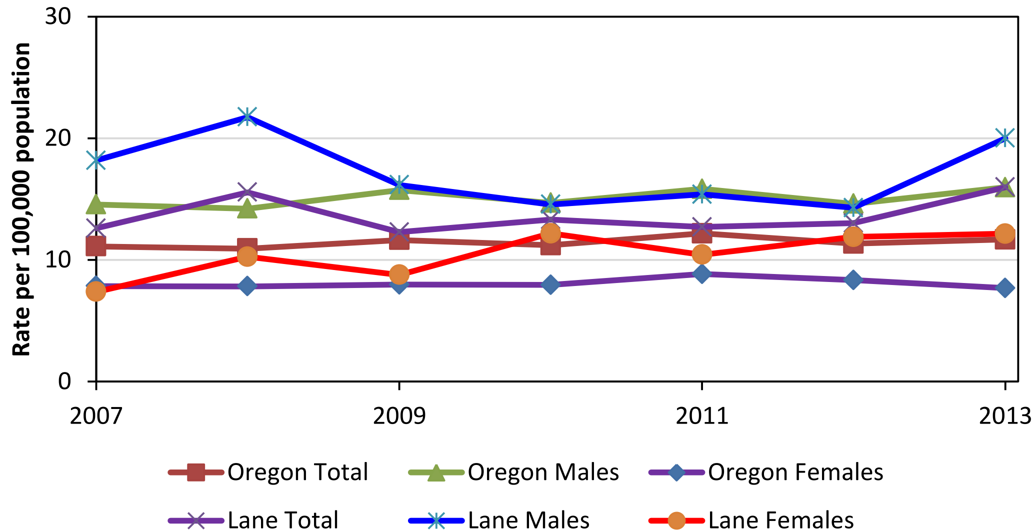
Alcohol-induced deaths have increased in Lane County over the past decade. Lane County has higher rates of alcohol-induced mortality than the state. Lane County males have higher rates of alcohol-induced mortality than females with male rates of 23.2 per 100,000, and females rates of 14.2.



* 2008 Lane County Female rate may be statistically unreliable; interpret with caution.

Source: Oregon Center for Health Statistics

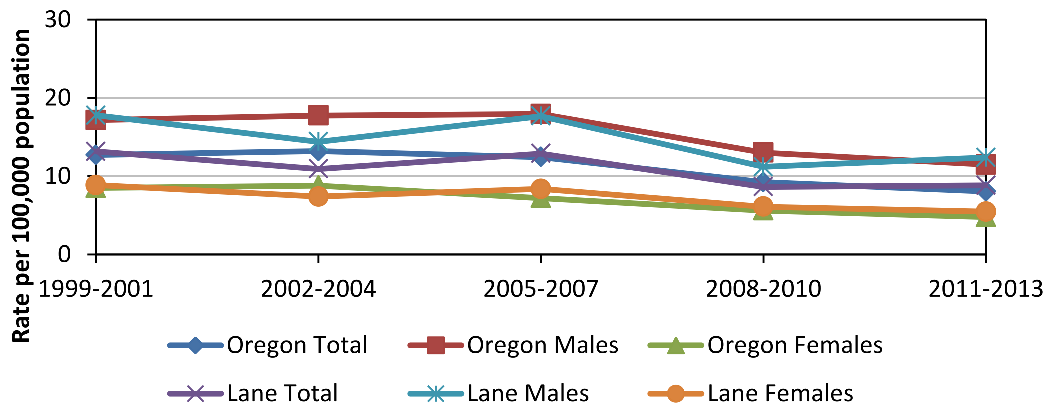
Lane County has chronic liver disease mortality rates that are notably higher than the state, and rising. In 2013 in Lane County, the rate of chronic liver disease in females was 12.2 per 100,000 and males had a rate of 20 compared to the state with female rates at 7.7 per 100,000 and male rates at 16.



Source: Oregon Center for Health Statistics

Nearly one-third of all traffic-related deaths in the United States are caused by alcohol-impaired crashes.

Over time the motor vehicle mortality rate for both, the state, and Lane County, has decreased. In 2013 the total motor vehicle mortality rate is Lane County was slightly higher at 8.8 per 100,000 compared to 8 at the state level.



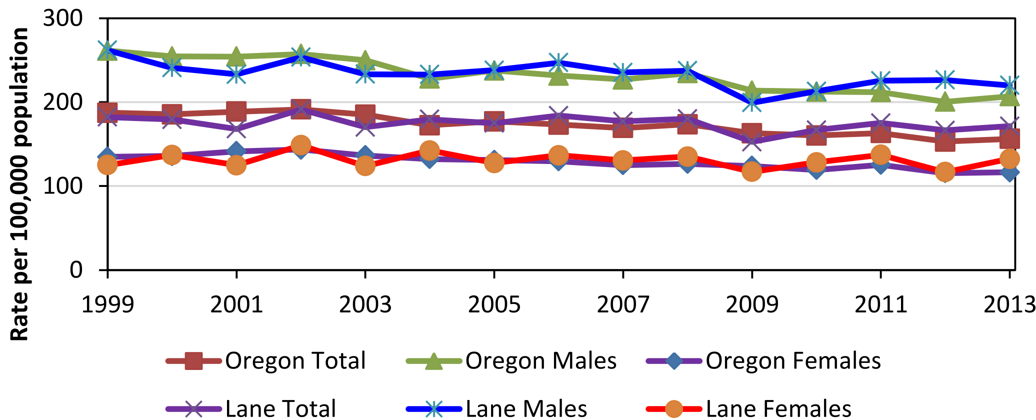
Source: Oregon Center for Health Statistics

Tobacco Linked Mortality

Tobacco is the leading cause of preventable death in the United States, Oregon, and Lane County. Smoking causes many diseases and negatively affecting the health of smokers in general. The major causes of excess mortality among smokers are diseases related to smoking, including cancer and respiratory and vascular disease.

Although tobacco linked mortality rates have been on the decline in Oregon, including Lane County, in 2013 Lane County females had a tobacco linked mortality rate of 132.4 per 100,000 compared with Lane County males at 219.9.

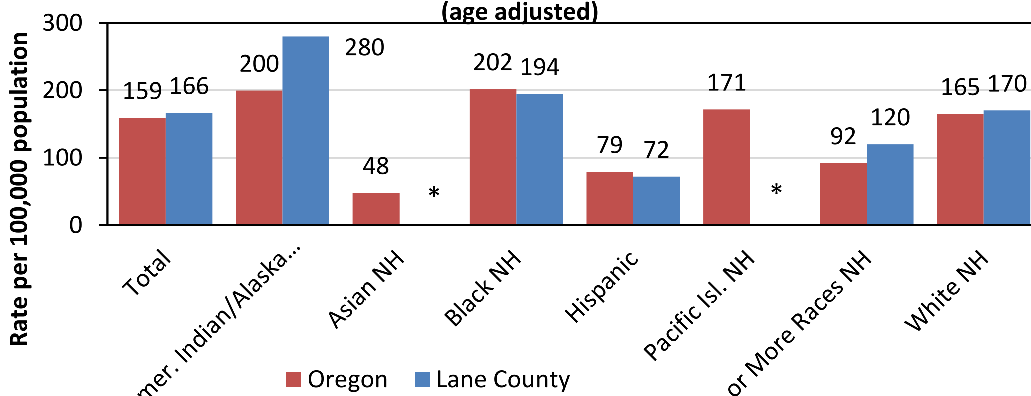
Tobacco Linked Deaths in lane County, Oregon
(age adjusted)



Source: Oregon Center for Health Statistics

Notably, tobacco linked mortality rates vary significantly by race/ethnicity. In Lane County in 2013, American Indian/Alaska Native Non-Hispanics had the highest tobacco linked death rate, and Hispanics had the lowest rate.

Tobacco Linked Deaths by Race Ethnicity in Lane County, Oregon, 2009-2013
(age adjusted)



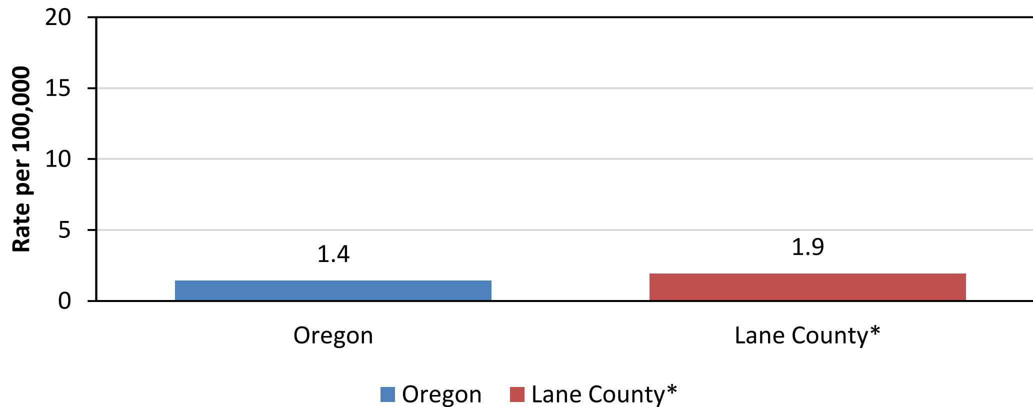
* Lane Asian NH & Pacific Islander NH suppressed; statistically unreliable.

Source: Oregon Center for Health Statistics

Gun Related Deaths

The United States has the highest rate of gun-related injuries among developed countries. Youth are disproportionately affected by firearm violence.

Gun-related deaths in youth are higher in Lane County than in the state overall.



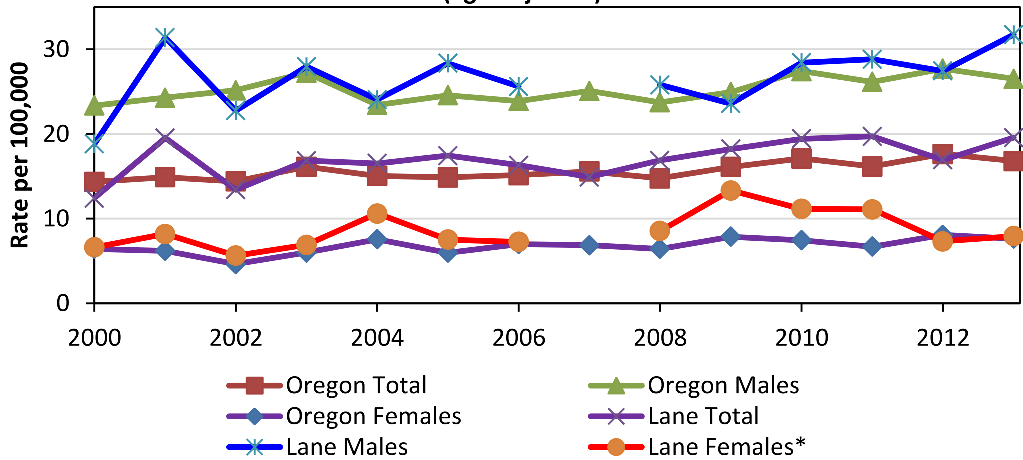
* May be statistically unreliable; interpret with caution.

Source: Oregon Center for Health Statistics, 2013

Suicide Mortality

Suicide, a death resulting from the intentional use of force against oneself, is one of Lane County's most persistent yet largely preventable public health problems. Suicide rates in Lane County have been consistently higher than the U.S. for the past 30 years. Suicide affects survivors and entire communities, and the effects are devastating and long lasting. It is one of the most persistent public health concerns for our state and county.

Suicide rates have slowly increased over the last decade in both Lane County and in the state as a whole and are one of the five leading causes of death for people in Lane County aged 10-54 years. More people between the ages of 15-44 die from suicide than motor vehicle accidents. Compared to Oregon, in 2013 the deaths from suicide rate in Lane County was slightly higher at 19.6 per 100,000 compared to 16.8 at the state level. This translates into more than one person dying from suicide in Lane County every week. In 2013 Lane County females had a deaths from suicide rate of 7.9 per 100,000 compared with Lane County males at 31.7.



* 2000, 2002, 2003 data for Lane females may be statistically unreliable; interpret with caution.

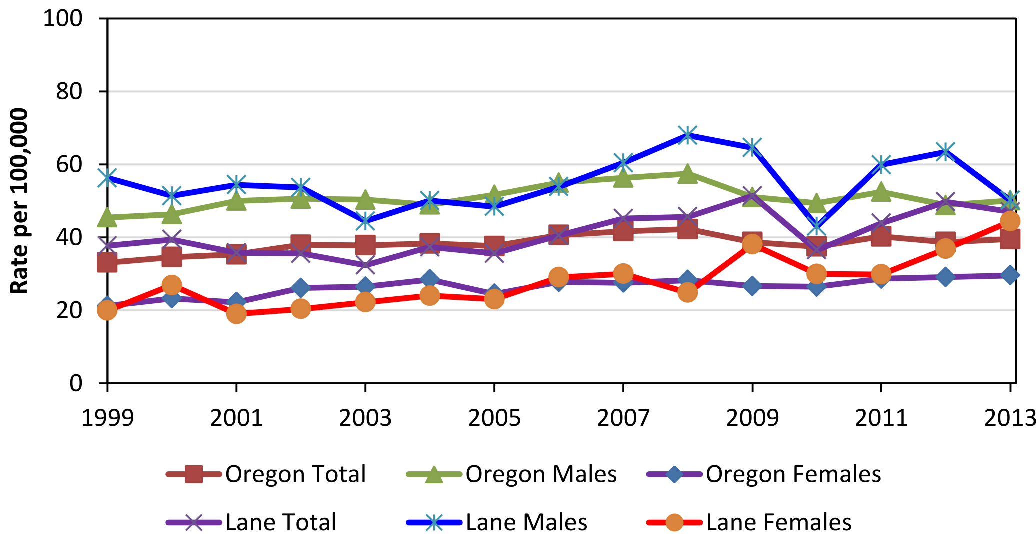
** 2007 Lane sex-specific data suppressed; statistically unreliable

Source: Oregon Center for Health Statistics

Accident Mortality

Accidents (unintentional injuries) are a leading cause of death for people in Lane County of all ages, regardless of gender, race, or economic status. Major categories of unintentional injuries include motor-vehicle collisions, poisonings, and falls.

Accident mortality in Lane County has increased over time. Most notably in 2013 the accident mortality for Lane County females was 44.4 per 100,000 compared to 29.6 for the state. Lane County males have seen a decrease in accident mortality over time: the 2013 rate was 50.1 for both Lane County and the state.

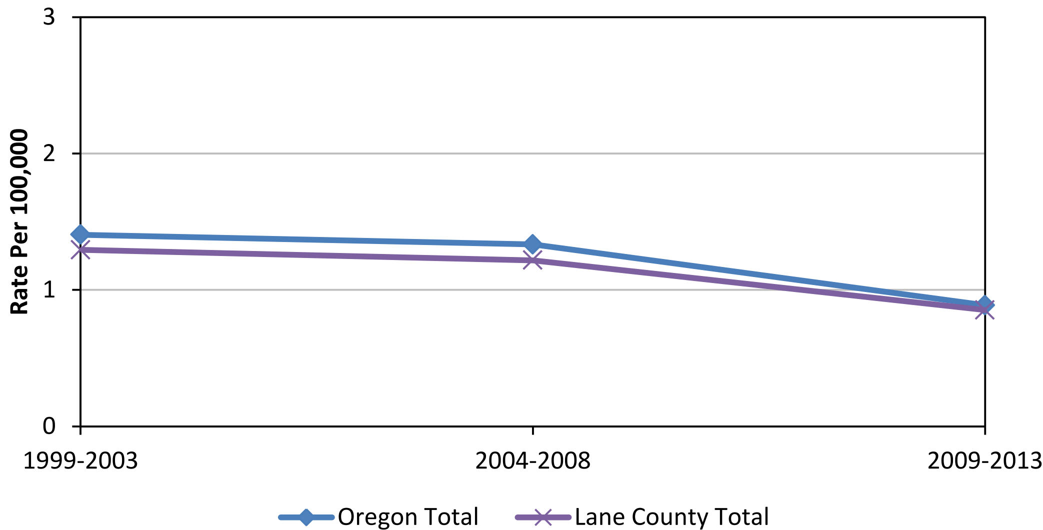


Source: Oregon Center for Health Statistics

Work-Related Injury Mortality

Although employment can contribute positively to a worker's physical and psychological health, each year many workers are fatally injured at work.

Work-related injury mortality has decreased over time in Oregon as a whole, and in Lane County. In 2013 Lane County's total rate for work related injury mortality was 0.85 per 100,000 compared to 0.89 in the state.



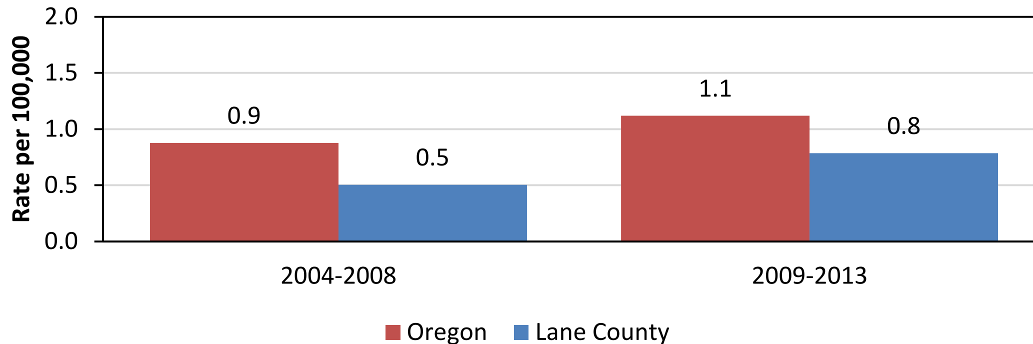
Source: Oregon Center for Health Statistics, 1999-2013

Infectious Diseases

Animal/Vector Borne Diseases

Lyme disease is caused by bacteria called *Borrelia burgdorferi* and is transmitted to humans through the bite of infected blacklegged ticks. If left untreated, infection can spread to joints, the heart, and the nervous system. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics.

Lane County's Lyme disease rate is lower when compared to the state as a whole. In 2013 the rate for Lane County was 0.8 per 100,000 and 1.1 per 100,000 across the state.



Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

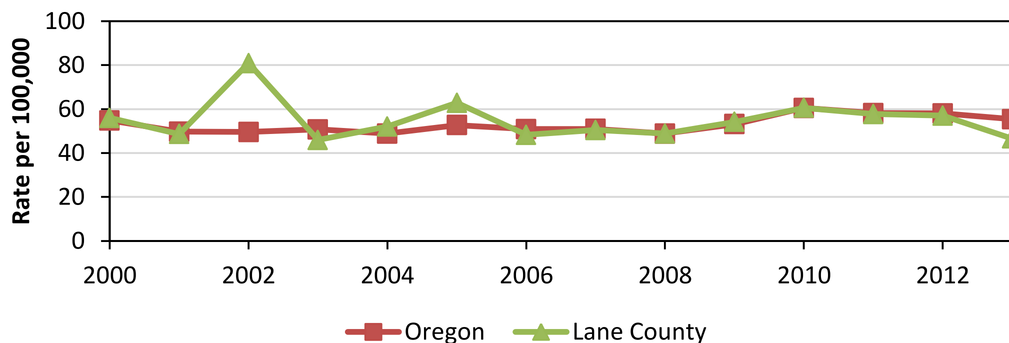
West Nile virus (WNV) is most commonly transmitted to humans by mosquitoes. There are no medications to treat or vaccines to prevent WNV infection. Fortunately, most people infected with WNV will have no symptoms. About 1 in 5 people who are infected will develop a fever with other symptoms. Less than 1% of infected people develop a serious, sometimes fatal, neurologic illness.

The rate of West Nile Virus has remained low in Lane County. Fewer than 5 cases have been diagnosed in the county over the past 10 years. In 2013 there were 16 reported cases of West Nile Virus in the state.

Enteric Disease

Foodborne illness (sometimes called "foodborne disease," "foodborne infection," or "food poisoning) is a common, costly—yet preventable—public health problem.

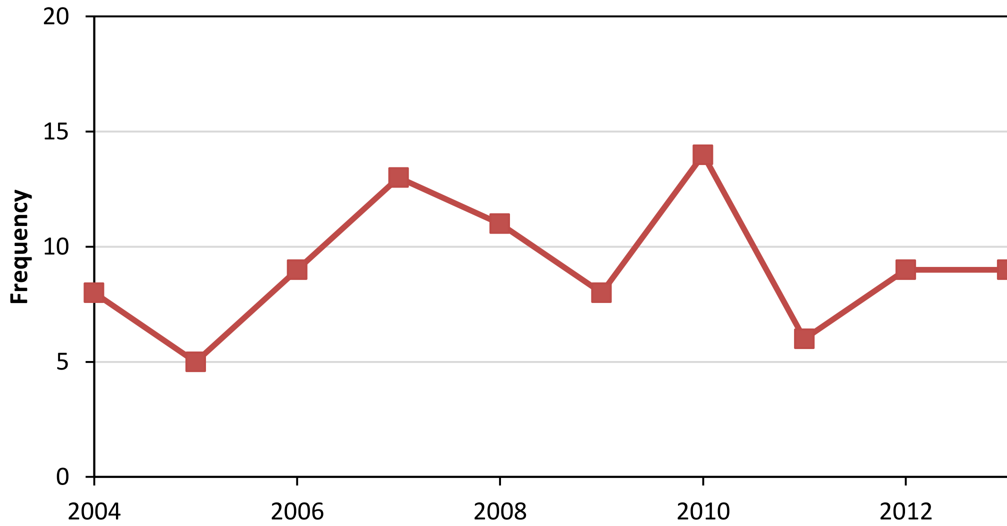
In 2013 the Lane County rate for food and waterborne disease illness was 46.6 per 100,000, which was lower than the 55.41 per 100,000 state rate.



Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

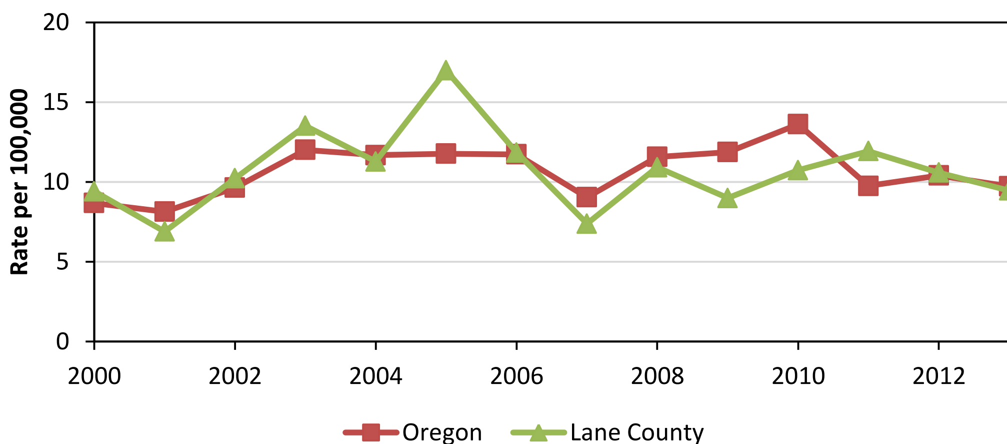
Norovirus is a very contagious virus that can be transmitted from an infected person, contaminated food or water, or by touching contaminated surfaces.

In 2013 Lane County had nine norovirus outbreaks.



Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Salmonella is a bacterial disease that affects the intestinal tract and causes foodborne illnesses. In 2013 the rate of salmonella infection was 9.46 per 100,000, slightly lower than the state rate of 9.72.

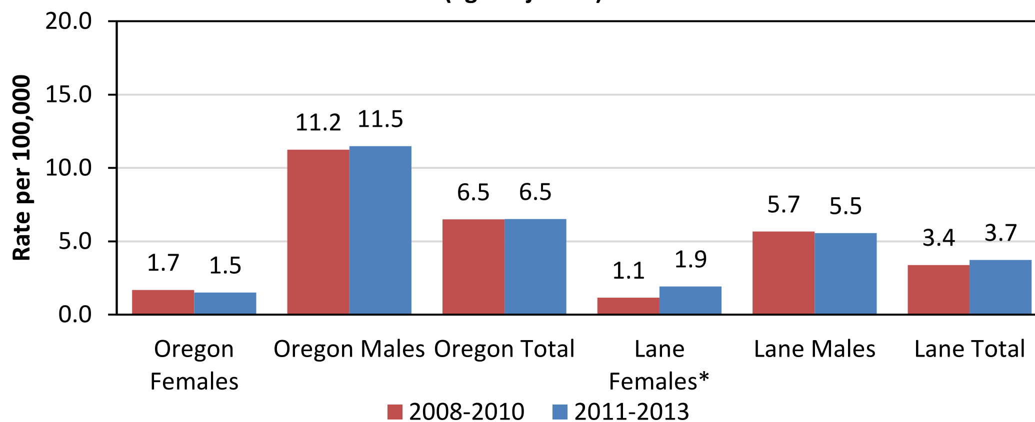


Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

HIV And AIDS

HIV is a virus spread through body fluids that attacks the body's immune system, specifically the CD4 cells which are often called T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These special cells help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body. This damage to the immune system makes it harder and harder for the body to fight off infections and other diseases. Opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS.

The HIV case rate in Lane County has stayed consistently lower than the state. In 2013 the case rate of HIV in Lane County was 3.7 per 100,000 while the rate in the state was 6.5 per 100,000.



*May be statistically unreliable; interpret with caution.

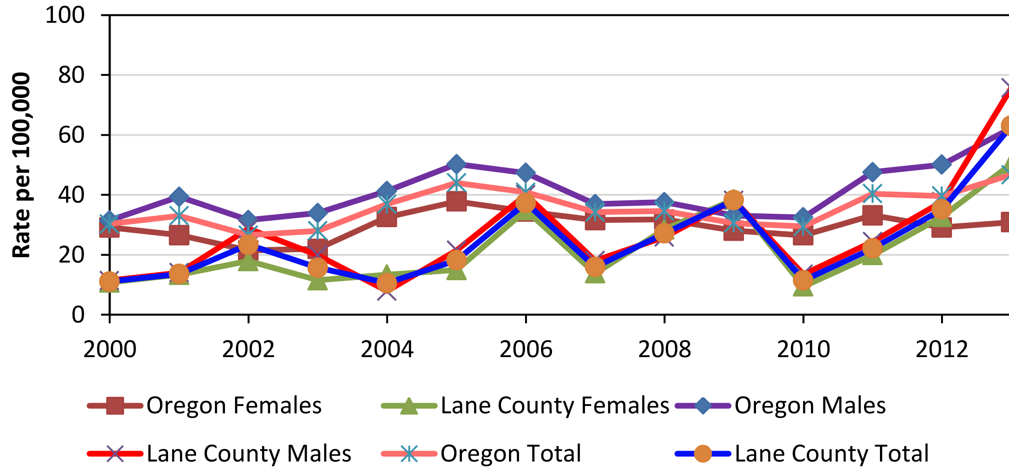
Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Sexually Transmitted Infections

Sexually transmitted infections (STI) are a significant health problem in Oregon and Lane County. These infections pose a threat to an individual's immediate and long term health and well-being. They can lead to severe reproductive health complications such as infertility and ectopic pregnancy.
Gonorrhea is a sexually transmitted infection that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

In both the state of Oregon as a whole and Lane County the rates for gonorrhea in males and females have increased dramatically since 2011. Lane County males have a higher rate of gonorrhea at 75.7 per 100,000 when compared with males at the state level, 62.4 per 100,000.

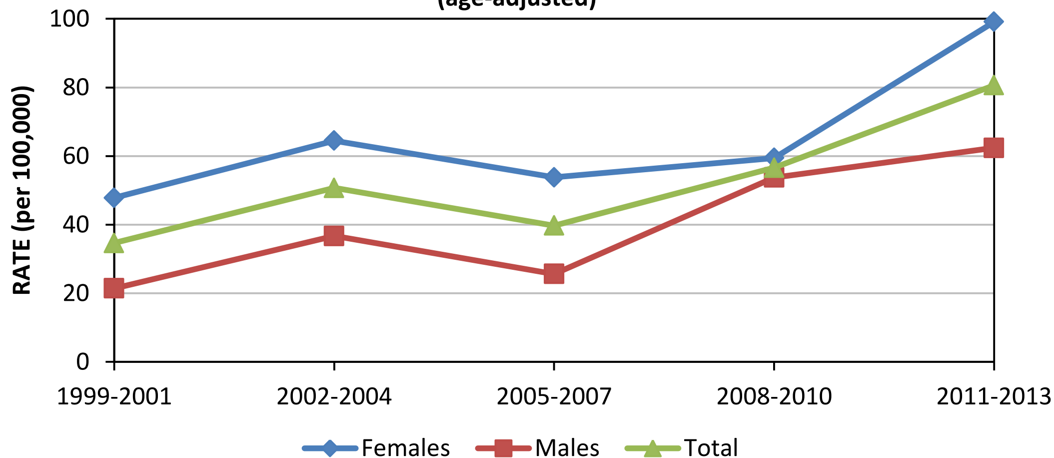
Gonnorrhea Cases in Lane County, Oregon
(age-adjusted)



Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

In Lane County the rate for gonorrhea in 15-19 year olds has increased over time and is much higher than the total population, especially for Lane County females. In 2013 the rate for 15-19 year old Lane County males was 62.4 per 100,000 while the rate for 15-19 year old Lane County females was 99.1 per 100,000.

Gonorrhea Cases in 15-19 Year Olds
in Lane County, Oregon
(age-adjusted)

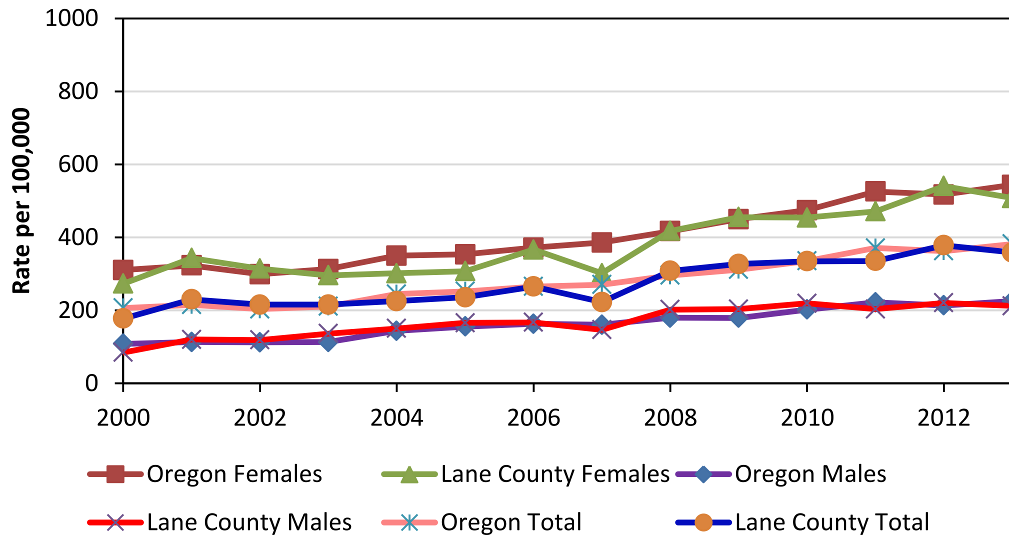


Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Chlamydia, the most frequently reported bacterial sexually transmitted disease in the United States, is caused by the bacterium, *Chlamydia trachomatis*. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an

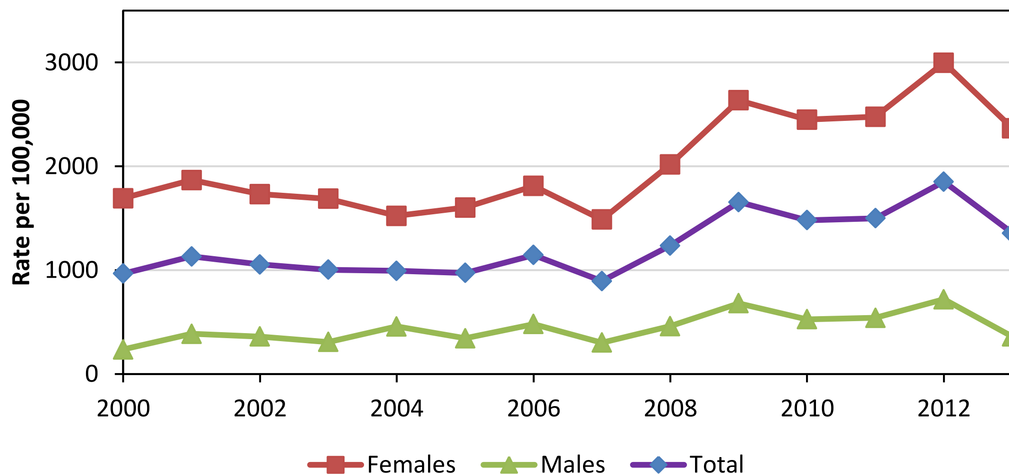
infected man. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing.

Over time the chlamydia rates for both males and females in Lane County, and across the state have increased significantly over time. Lane County females have a significantly higher rate of chlamydia when compared to Lane County males. In 2013 the chlamydia rate for Lane County females was 507.7 per 100,000 while the Lane County male's rate was 212.1 per 100,000.



Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

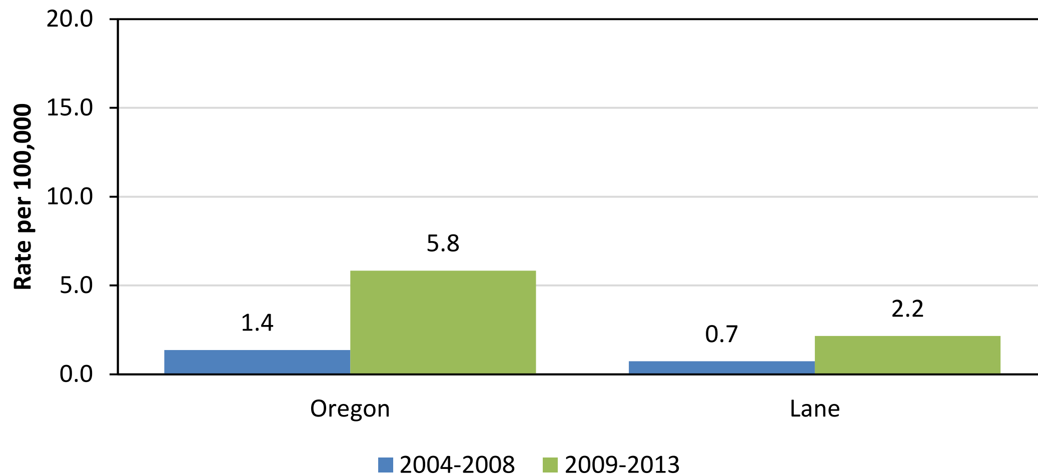
In Lane County the chlamydia rate for 15-19 year olds has increased over time, and is significantly higher for Lane County females. In 2013 the rate for 15-19 year old Lane County females was 2,366 per 100,000 while the rate for 15-19 year old Lane County males was 360 per 100,000.



Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Treponema pallidum (syphilis) is an STI that can cause long-term complications if not treated correctly. You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Syphilis can also be spread from an infected mother to her unborn baby.

Over time the rate of early stage syphilis cases has increased dramatically for both Lane County and Oregon. In 2013 the rate of early stage syphilis cases was 2.2 per 100,000 which was a dramatic increase from 0.7 per 100,000 in 2008. In the state as a whole, the early stage syphilis case rate of 2013 was 5.8 per 100,000 which is an increase from 1.4 per 100,000 in 2008.



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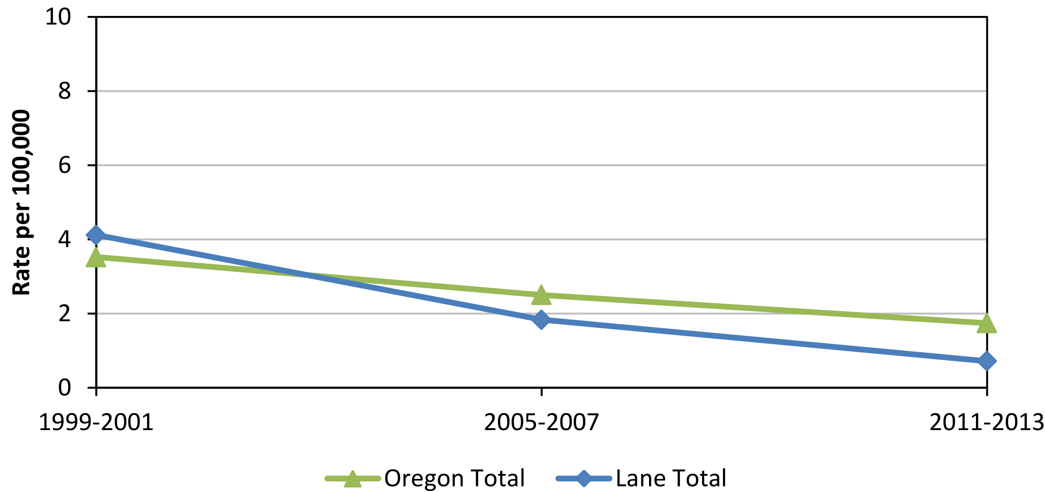
Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

TUBERCULOSIS

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually infect the lungs, but TB bacteria can attack any part of the body including the kidney, spine, and brain. If not treated properly, TB can be fatal.

Over time the tuberculosis rate in Lane County and Oregon has decreased. In 2013 the rate of tuberculosis was 0.7 per 100,000 which is lower than the state rate of 1.7 per 100,000.



Source: HIV/STD/TB Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Immunizations and Vaccine Preventable Diseases

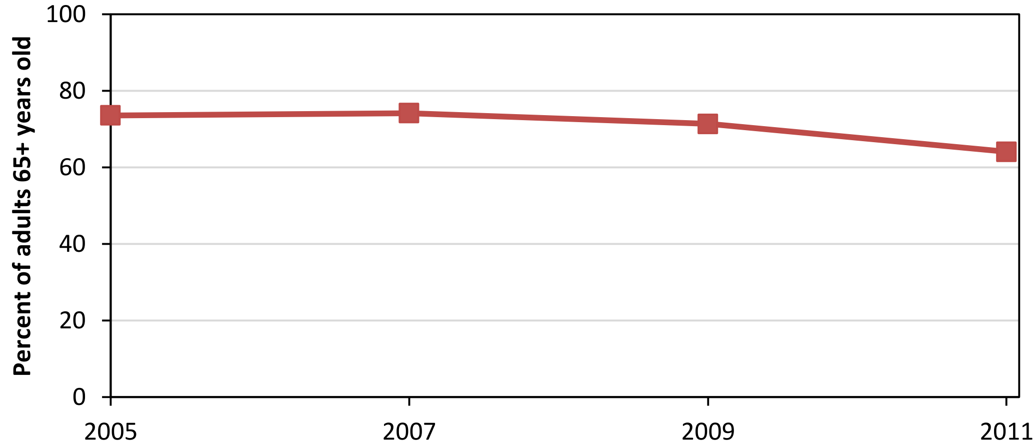
In our mobile society, many people travel to and from other countries, where many vaccine-preventable diseases remain relatively common. Without vaccines, epidemics of preventable diseases could return. There are record or near record low levels of vaccine-preventable childhood diseases in the United States, but that does not mean they have disappeared completely. It is important that children, especially infants and young children receive recommended immunizations on time.

Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infection with influenza can cause high fever, diarrhea, and seizures in children. The seasonal influenza vaccine can prevent serious illness and death. The Centers for Disease Control and Prevention recommends annual vaccinations to prevent the spread of influenza.

Between 2005 and 2011, the influenza vaccination rate decreased for the 65 or older population in Lane County from 73.6% to 64.1%.

Adults 65 or Older Who Received a Seasonal Flu Immunization Within the Past Year in Lane County, Oregon

(unadjusted)



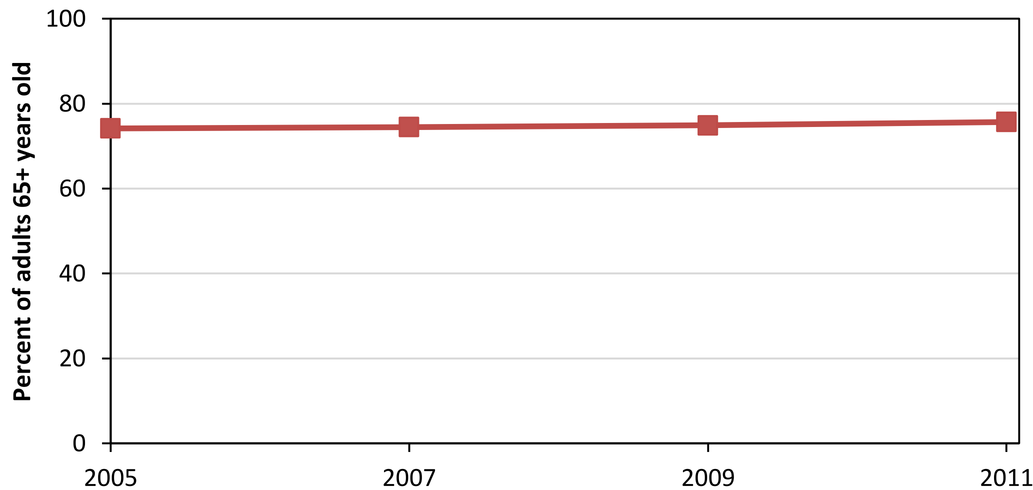
Source: Behavioral Risk Factor Surveillance System

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. It is the leading cause of death in children younger than five years of age worldwide. However, these infections can often be prevented with vaccines and can usually be treated.

In Lane County the pneumonia vaccination rate for adults 65 or older in Lane County has stayed consistent between 2005 and 2011.

Adults 65 or Older Who Had a Pneumonia Immunization Within the Past Year in Lane County, OR

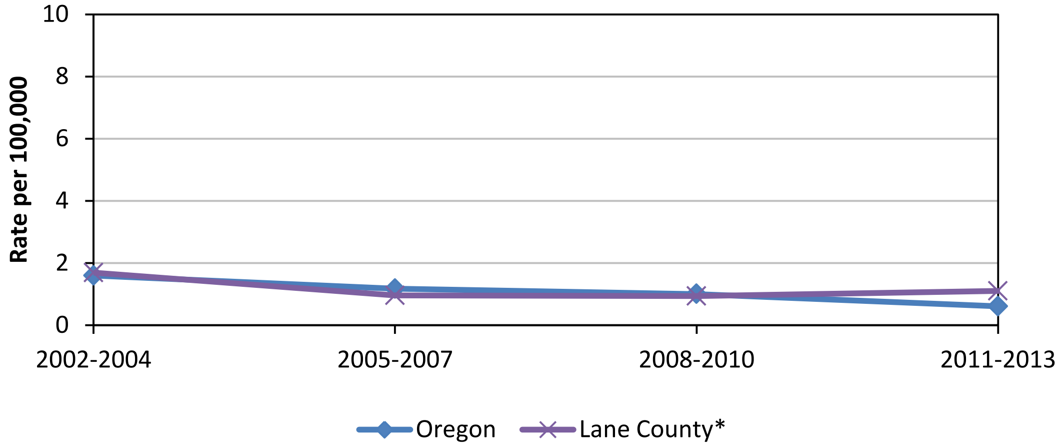
(unadjusted)



Source: Behavioral Risk Factor Surveillance System

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. About 1 out of 10 people have this type of bacteria in the back of their nose and throat with no signs or symptoms of disease; this is called being 'a carrier'. But sometimes *Neisseria meningitidis* bacteria can invade the body causing certain illnesses, which are known as meningococcal disease.

In 2013 the rate of meningococcal disease cases in Lane County was 1.1 per 100,000 which is higher than the state rate at 0.6 per 100,000.

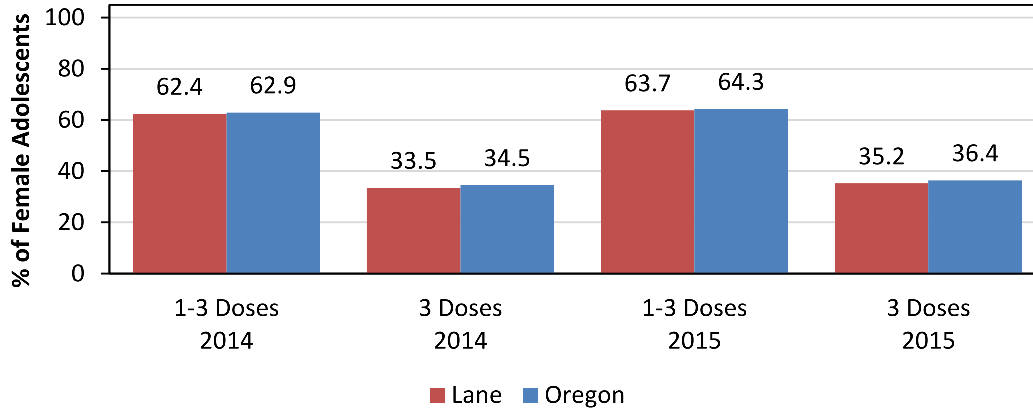


*Lane 2005-2010 data may be statistically unreliable; interpret with caution

Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

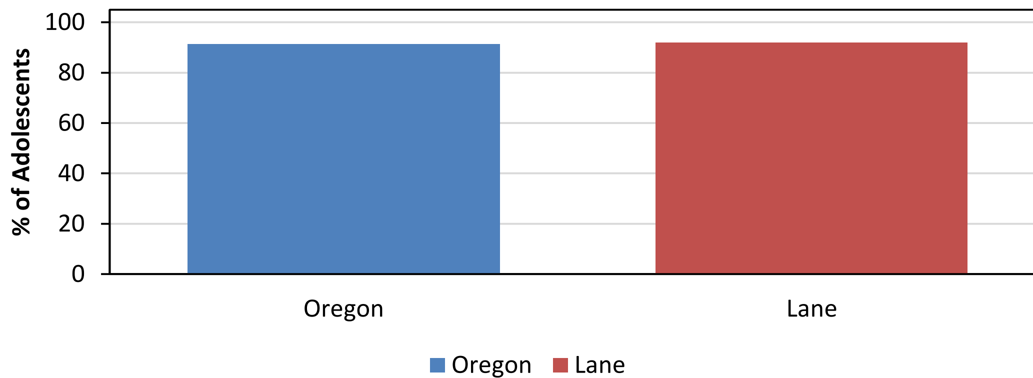
The Human Papillomavirus (HPV) is a group of more than 150 related viruses. Each HPV virus in this large group is given a number which is called its HPV type. HPV is named for the warts (papillomas) some HPV types can cause. Some other HPV types can lead to cancer, especially cervical cancer. There are vaccines that can prevent infection with the most common types of HPV.

The rate for female adolescent HPV vaccination in Lane County is comparable to that of Oregon. In 2015, the percent of Lane County female adolescents who received one or more doses of HPV vaccine was 63.7% and Oregon was 64.3%.



Source: Oregon ALERT Immunization Information System (ALERT IIS)

Measles can be prevented with the MMR (measles, mumps, and rubella) vaccine. In Lane County, 91.9% of adolescents received two or more MMR vaccinations in 2015.

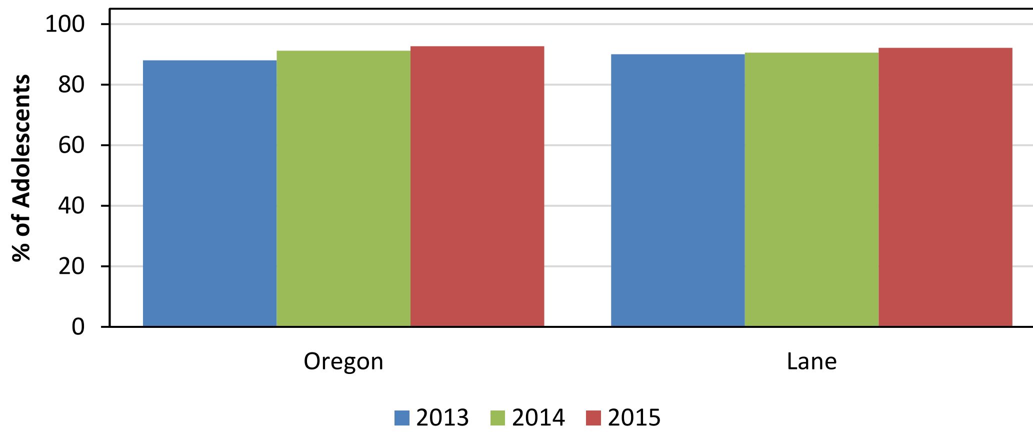


Source: Oregon ALERT Immunization Information System (ALERT IIS)

Tetanus, diphtheria, and pertussis are very serious diseases. **Tetanus** is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body. **Diphtheria** is also rare in the United States today. It can cause a thick coating to form in the back of the throat. The Tdap vaccine can protect us from these diseases, and, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

In 2015, the percent of adolescents receiving Tdap vaccine in Lane County was 92.1%, slightly lower than the 92.7% in the state as a whole.

Percent of Adolescents Recieving Tdap Vaccine in Lane County, Oregon

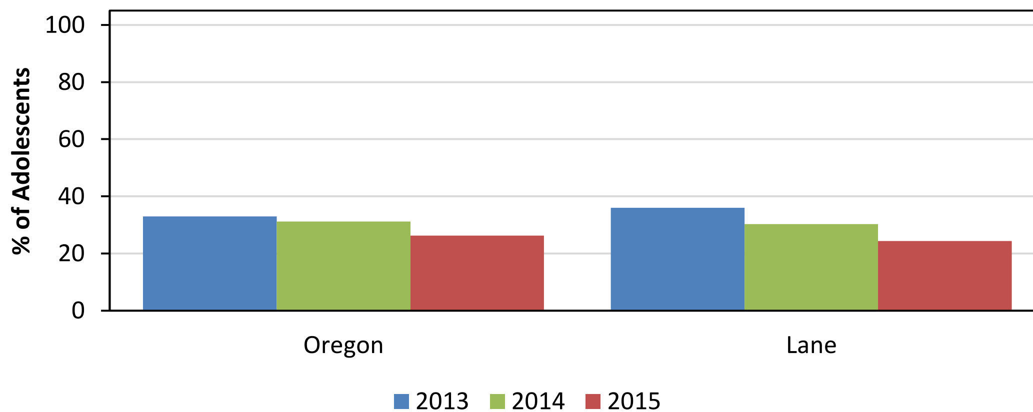


Source: Oregon ALERT Immunization Information System (ALERT IIS)

The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.

In 2015, the percent of adolescents receiving seasonal flu vaccine in Lane County was 24.3%, lower than the 36% in 2013.

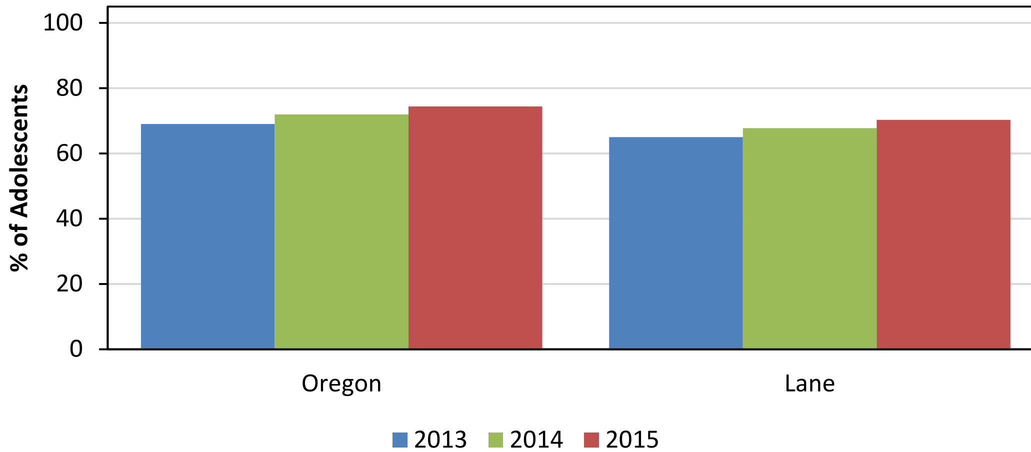
Percent of Adolescents Recieving Seasonal Flu Vaccine in Lane County, Oregon



Source: Oregon ALERT Immunization Information System (ALERT IIS)

Meningococcal vaccines help protect against all three serogroups of meningococcal disease that are most commonly seen in the United States (serogroups B, C and Y), but they will not prevent all cases.

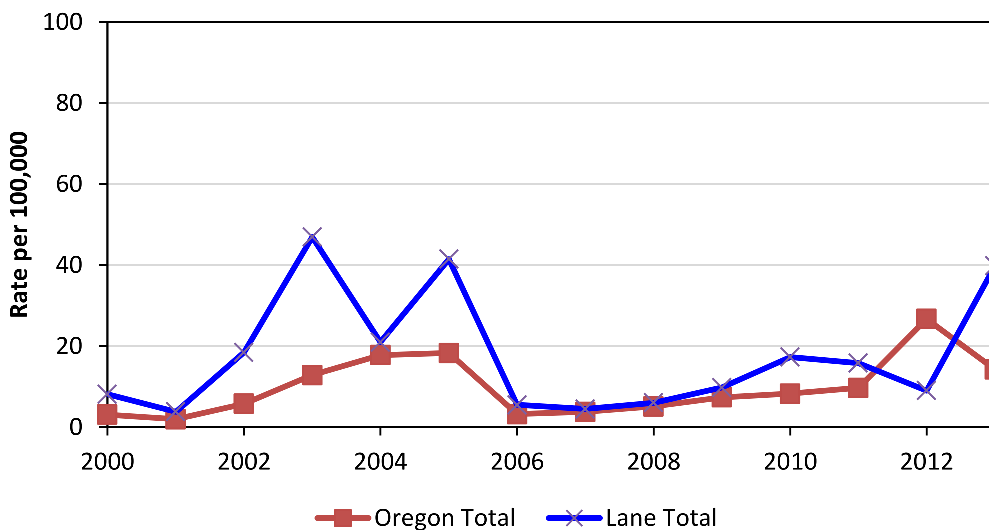
In 2015, the percent of adolescents receiving meningococcal vaccine in Lane County was 70.3%, compared to the 2013 rate of 65%.



Source: Oregon ALERT Immunization Information System (ALERT IIS)

Pertussis (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting, and disturbed sleep.

The pertussis rate in Lane County is significantly higher than that of Oregon. In 2013 the rate of pertussis in Lane County was 39.8 per 100,000 while the state as a whole's total rate was 14.2 per 100,000.

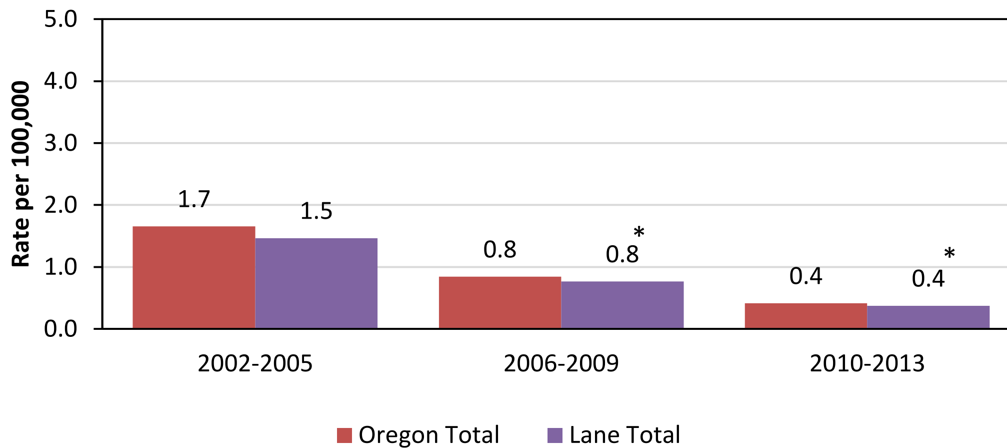


Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

HEPATITIS

"Hepatitis" means inflammation of the liver. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A, B, and C.

Hepatitis A is a contagious liver disease that results from infection with the hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months. Hepatitis A is usually spread when a person ingests fecal matter from contact with objects, food, or drinks contaminated by the feces, or stool, of an infected person. It can be prevented with a vaccine. Lane County's hepatitis A rate decreased significantly in the total population from 2010 to 2013. In 2013 the hepatitis A rate for both Lane County and the state as a whole was 0.4 per 100,000.



Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

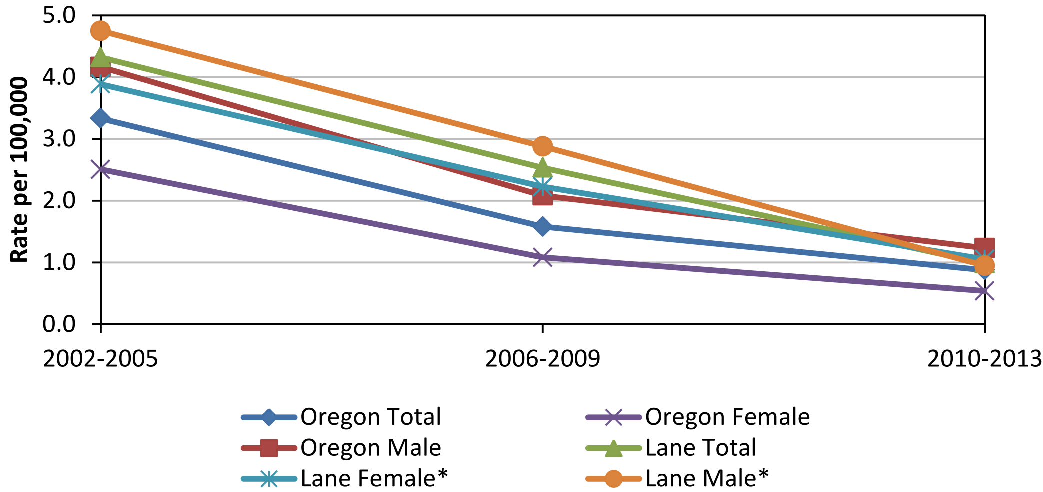
Hepatitis B is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the Hepatitis B virus, spread through sexual contact. Hepatitis B can be either "acute" or "chronic." Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can — but does not always — lead to chronic infection. This can also be prevented with a vaccine, usually combined with hepatitis A.

Lane County's acute hepatitis B rate decreased significantly from 2010 to 2013. In 2013 the rate of acute hepatitis B in Lane County was 0.89 per 100,000 which is similar to the rate in Oregon, 0.8 per 100,000.

LiveHealthy LANE

Acute Hepatitis B Cases in Lane County, Oregon

(age adjusted)



* Data for 2010-2013 may be statistically unreliable; interpret with caution

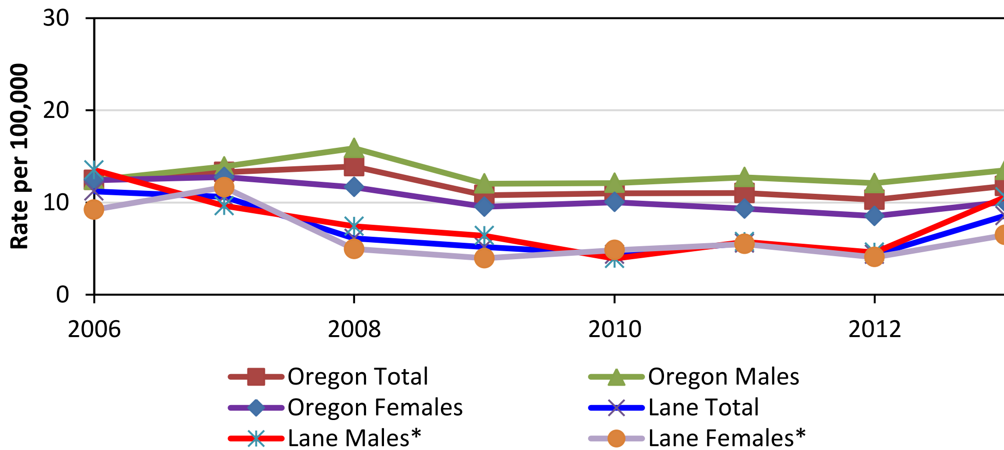
Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Chronic Hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body; it can lead to liver cancer or cirrhosis that may require liver transplant

In 2013, Lane County males, at 10.59 per 100,000, had a higher rate of hepatitis B cases than females. Lane County's total rate in 2013 was 8.6 per 100,000.

Chronic Hepatitis B Cases in Lane County, Oregon

(age adjusted)

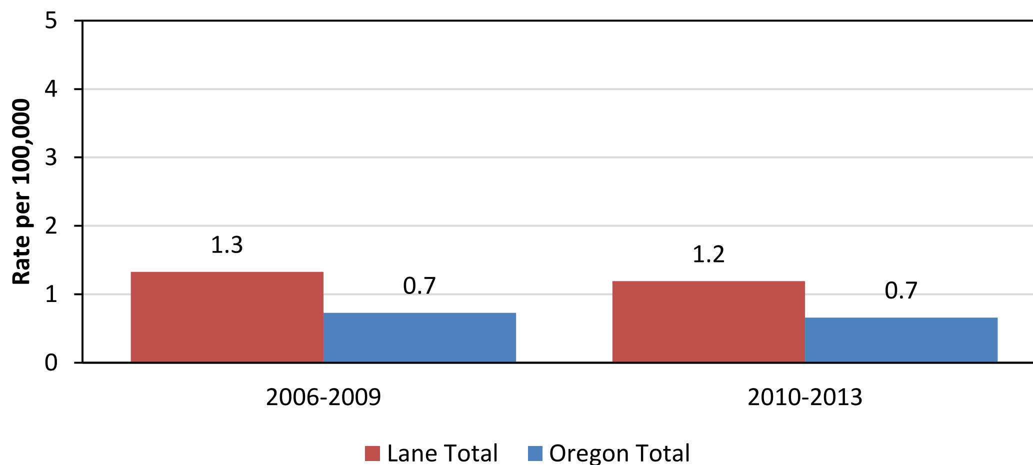


* Data may be statitistically unreliable for Lane Males in Years 2009-2012 and for Lane Females 2008-2012; interpret with caution.

Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus (HCV), which is spread through contact with the blood of an infected person, usually by sharing needles for illegal drug injection. Hepatitis C can be either “acute” or “chronic.” Acute hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection. As with hepatitis B, chronic infection can lead to liver cancer or cirrhosis that may require liver transplant. There is no vaccination protecting against hepatitis C.

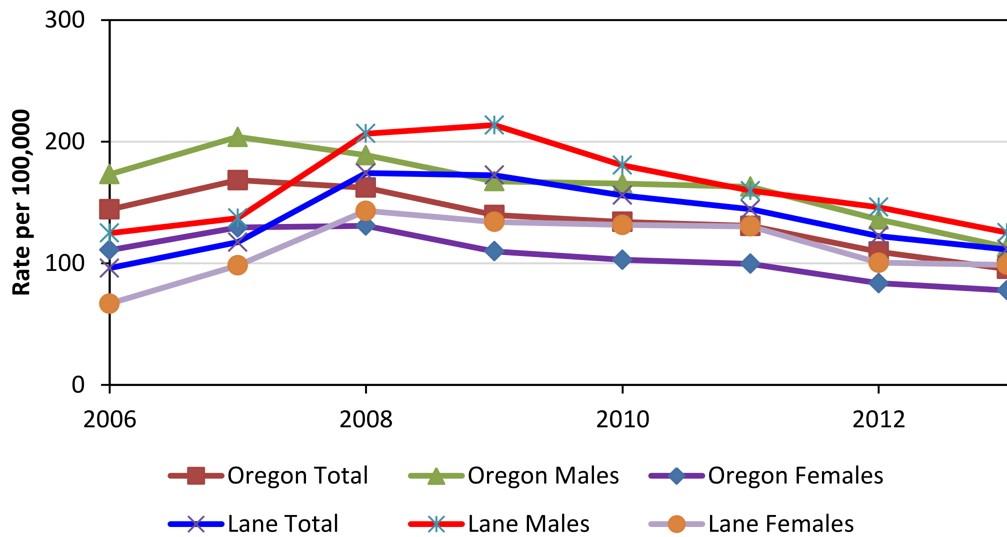
In 2013 the rate of acute hepatitis C in Lane County was 1.2 per 100,000, higher than the rate in Oregon, 0.7 per 100,000.



Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Chronic hepatitis C virus infection is a long-term illness that occurs when the hepatitis C virus remains in a person’s body. Hepatitis C virus infection can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

As you can see on the chart below, the chronic Hepatitis C rate in Lane County has decreased over time. In 2013, Lane County males had the highest rate of chronic Hepatitis C at 125.2 per 100,000 while Lane County females had a rate of 98.7 per 100,000.



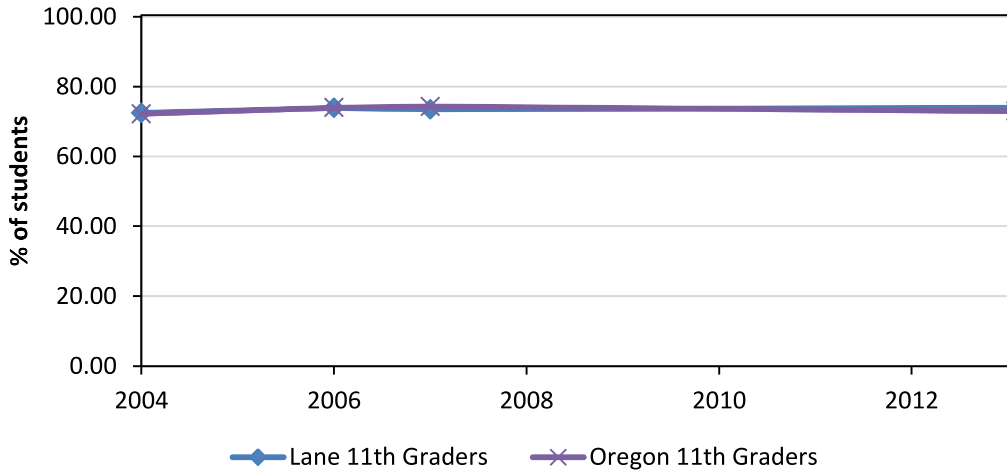
Source: Acute & Communicable Disease Prevention Program, Center for Public Health Practice, Public Health Division, Oregon Health Authority

Oral Health

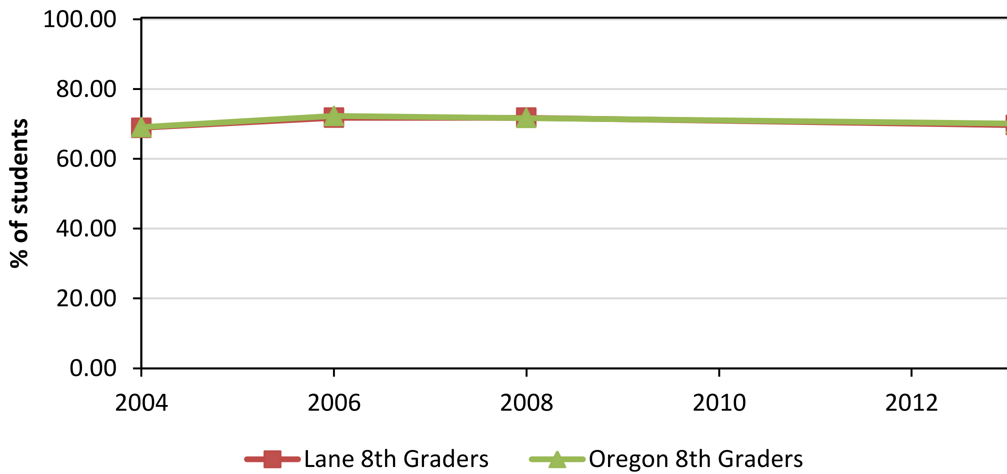
The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers. Given these serious health consequences, it is important to maintain good oral health. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions.

The percent of 8th and 11th graders in Lane County who have ever had a cavity has remained very similar to the state's rate since 2004. In 2013, 69.7% of Lane County 8th graders and 74% of 11th graders had ever had a cavity.

LiveHealthy LANE



Source: Oregon Healthy Teens Survey

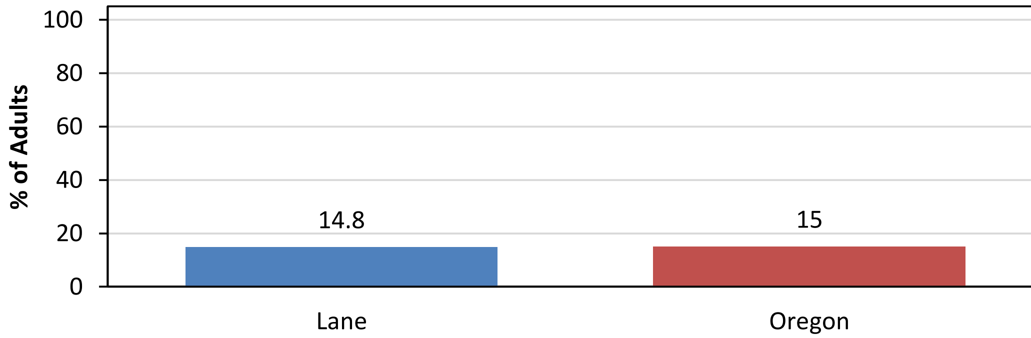


Source: Oregon Healthy Teens Survey

In 2012, the percent of Lane County adults aged 65+ who have lost all their natural teeth due to tooth decay or gum disease was crudely estimated to be14.8%, similar to the state's rate.

Adults Aged 65+ Who Have Lost All of Their Natural Teeth Due to Tooth Decay or Gum Disease in Lane County, OR, 2012

(crude estimate)

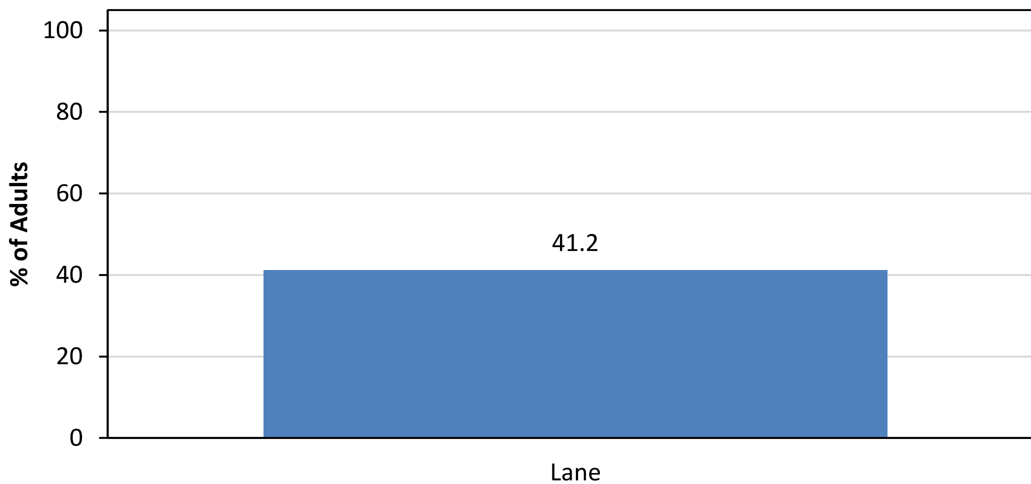


Source: Behavioral Risk Factor Surveillance System

In 2012 in Lane County, approximately 41.2% of adults had had any permanent teeth extracted.

Adults That Have Had Any Permanent Teeth Extracted in Lane County, OR, 2012

(crude estimate)



Source: Behavioral Risk Factor Surveillance System

Forces of Change Assessment

Executive Summary

The Forces of Change Assessment (FOCA) is a component of the Community Health Needs Assessment. The purpose of Forces of Change Assessment (FOCA) is to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in the Lane County region.

The Forces of Change brainstorming session focused on the following questions:

- What has occurred recently or may occur in the foreseeable future that may affect our local public health system or the health of our community?
- What are the trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?
- What opportunities will be created for improving our public health system or the health of our community?
- What barriers exist in improving our public health system or the health of our community?

For the purpose of the Forces of Change exercise, forces include trends, events and factors:

- Trends: Patterns over time
- Events: One time occurrences
- Factors: Discrete elements or attributes of a community

The findings from the Forces of Change Assessment will ensure that the strategic issues identified later in the CHNA process are relevant to the changing environment and that the developed action plans are responsive to potential threats and opportunities.

Key Findings

Through the assessment process, the following health-impacting forces of change were identified:

- Collaboration
- Access to primary care
- Funding for healthcare
- Affordable Care Act (ACA)
- Care delivery system
- Technology in healthcare
- Dental
- Public Health workforce
- Political and leadership changes
- Economy
- Education funding
- Healthy schools
- Environment
- Community infrastructure
- Affordable housing
- Poverty
- Rural
- Changing demographics
- Behavioral/mental health
- Health behaviors
- Communicable disease

Across the identified forces of change, common reoccurring threats and opportunities emerged:

Threats:

- The impact of poverty and economic shifts overwhelming the systems of: education, employment, and affordable housing
- Shortages of resources and funding shifts
- Increased costs
- System capacity and issue overload

Opportunities:

- Access to healthcare
- Health integration
- Collaboration, coordination, and innovation
- Emerging technology
- Focus on prevention

PROCESS

As one component of the 2015 Community Health Needs Assessment, community leaders from across the region convened on May 13, 2015 for the collaborative Forces of Change Assessment. The assessment objectives were to determine forces affecting the health of the community and local health system and to identify the associated threats and opportunities.

Facilitated by Karen Gaffney from Lane County Health and Human Services, the brainstorming session comprised of leaders representing 22 organizations from diverse sectors including local government, healthcare and public health, education, and social services. Utilizing a customization of the snow card technique, participants compiled a broad inventory of forces – events, trends, and factors – that are or will be influencing the health and quality of life of the community and the local public health system. Ideas spanned local, regional, national, and global concerns as well as community based issues.

Through the process, of the 21 named categories, eight of the most common key categories were selected for further in-session examination: 1) collaboration; 2) access to primary care; 3) Affordable Care Act; 4) technology in healthcare; 5) political and leadership changes; 6) economy; 7) rural; and 8) changing demographics. Small groups then discussed and recorded the potential threats and opportunities that could be generated by these forces of change. The planning committee later identified the threats and opportunities for the remaining 13 categories.

RESULTS

This report details the comprehensive findings from the May 2015 Forces of Change Assessment. The analysis of themes produced 21 categories of forces (trends, events, and factors) and associated potential threats and opportunities.

Collaboration

The Lane County region has a strong history of collaboration with community partners becoming increasingly interested in collective impact. In addition, there is a growing demand to provide culturally and linguistically appropriate and relevant services. With this increase in local, regional, and national collaboration comes both obstacles and opportunities.

Threats posed:

- Threats to individual organizations: relevance, revenue streams, and loss of identify
- Leadership changes threatening old partnerships
- Leadership at high levels does not reflect the diversity in our community
- Lag in results, inability to prioritize, and collaboration fatigue
- Lack of a universally accepted vision

Opportunities created:

- Development of non-traditional partnerships and coalitions with new strategies for managing cross sector collaboration and leadership
- Collaboration with multicultural organizations, local colleges and universities, and utilizing students as resources for impacts of change
- Better understanding of health integration and mobilizing the entire community to impact health
- Maximize use of resources and efforts; collaborative processes for sharing and analyzing data

Access to Primary Care

Adequate and easy access to local primary care, including the limited linguistic access to healthcare, is a growing issue impacting healthcare providers, individuals, and the overall community health status. As a result of the Affordable Care Act, there is an increasing gap between primary care supply and demand.

Threats posed:

- Limited skilled labor and lack of clinicians/physicians in Lane County; high cost to recruit and retain skilled physicians and staff
- High turnover due to burnout
- Phone interpretation is not always a culturally appropriate practice
- Increased bureaucracy

Opportunities created:

- New nurse practitioner (NP) and physician assistant (PA) programs locally and medical team expansion with PAs, NPs, and extended team members
- Increased need for more medical interpreters could result in job growth
- Rural health initiatives, loan forgiveness programs, and reimbursement programs
- Expansion in interdisciplinary services provision
- Nontraditional access points; group visits; TeleMed
- Improved staff and doctor disabled competency trainings
- Improved treatment of the mentally challenged through care and provider training
- Financing to patients (e.g. PeaceHealth's use of HealthFirst Financial)

Funding for Healthcare

Numerous concerns exist over the trend of decreased federal and state funding for healthcare, Coordinated Care Organizations (CCOs), preventative care, and governmental public health.

Threats posed:

- Partners' ability to collaborate and share resources will decrease, unraveling commitment to current efforts
- Transformation efforts and health gains could stall/fall short or new issues will not be tackled; system breaks down
- Decreased reimbursement levels will reduce access to care
- Fewer services available for people who are low income

Opportunities created:

- Strengthen local partnerships and identify local resources
- Strategies can be more tailored because there will not be outside funding requirements attached
- Pressure will demand improved efficiencies and focus on most effective interventions

Affordable Care Act (ACA)

The ACA is the largest health care legislation since Medicaid and Medicare were passed and will drastically change the way healthcare is delivered and received. There are issues regarding the legislation's public perception and how individuals may not understand how to navigate their newly acquired insurance. Additionally, there is a resulting influx of demand on providers and in the post ACA healthcare marketplace.

Threats posed:

- Confusion with consumers and providers
- Shortage of providers
- Negative impact on the delivery system and provider satisfaction/engagement
- Increased regulations increasing costs
- Lack of economic stability and volatility of market

Opportunities created:

- Collaboration and innovation: broadening health care to include more than just medical care
- Economies of scale
- $2 billion prevention and public health fund will enable reach to upstream issues to advance prevention
- Educating households on tax credits to support affordability and stabilize cost
- CCO incentive metrics

Care Delivery System

The impact of the current care delivery system and its high costs and variations in care delivery are significant local concerns. On a positive note, there are strong safety net providers in Lane County. Also locally, the imminent sale of Trillium to Centene is a significant force that could have an impact on the community.

Threats posed:

- Change in ownership of PeaceHealth or McKenzie Willamette could change the focus on community health
- Cost escalation due to inefficiencies, government regulations and administrative burden, and designer drugs and treatments
- Aging and increasingly ill population further stresses the delivery system

Opportunities created:

- Develop community-wide practice standards and protocols for treatment
- Strengthen safety net coalition by networking and providing infrastructure support
- Advocate for payment reform shifts
- Improve care coordination capacity and leverage community health workers (CHW), Patient Navigators and Peer Support Specialists
- Enhance training and support for patient-centered medical home (PCMH) workforce
- Improve community wide information service directory, 211

Technology in Healthcare

Rapidly evolving technology and access to information are significant trends impacting healthcare delivery and outreach, health sector operating budgets, and personal health and fitness monitoring. The key Electronic Medical Records Mandate in ACA will result in an increased importance of cost-benefit analysis to maximize the return on technology spending.

Threats posed:

- Inaccessible to certain populations (i.e. elderly, homeless, and low income)
- Confidentiality, privacy concerns, and data breaches
- Financial costs associated with new technology, training, implementation, and infrastructure improvements
- Providers and individuals may be resistant to change
- Lack of personalization of care

Opportunities created:

- Accessible to the younger generations; efficient way to reach more people
- Collaborative processes for sharing and analyzing data
- Emergence and integration of self-health monitoring technology
- Electronic health records, shared electronic medical system, health information exchange, Telehealth, telecommuting, mobile/kiosk health care units, patient portals

Dental

The lack of unified focus on oral health within medicine, inadequate local dental care access (including restorative), lack of coordination in care delivery, and low oral hygiene knowledge and instructions are major local dental factors affecting the local public health system and community.

Threats posed:

- Increased cost for delayed care
- State budget shortfall and resulting cut in Medicaid adult dental
- Ongoing anti-fluoride propaganda

Opportunities created:

- Link with Early Learning Alliance initiatives
- Tele-dentistry to serve rural areas
- Great focus on oral health with a new State Dental Director to lead efforts

Public Health Workforce

The local public health authority was reported as being very engaged, with positive leadership, training, and cross-disciplinary capabilities.

Threats posed:

- New requirements might divert energy or focus away from current priorities and traditional services; funds may be insufficient
- Could create more disconnect between the clinical care system and public health, or between different types of public health services
- Could create more scrutiny or bureaucracy from the state that would limit local control

Opportunities created:

- Sufficient funding for core public health functions
- Increased effectiveness for Public Health interventions, resulting in decreased costs and pressure on the clinical care system
- More focus on prevention and population health strategies
- Higher awareness about the role of public health and more local investment

Political and Leadership Changes

Participants pointed to the impact of upcoming state and national elections of a new governor and president. Additional concerns surround the forces of political and leadership change: leadership transitions in key organizations and institutions, uncertain governmental public health structure, increased regulations and mandates, federal and state healthcare policy, Rivlin-Ryan, and the Public Health Modernization Bill.

Threats posed:

- Problems growing with no long-term vision on solutions
- Transition in leadership and stagnation with change

- Loss of institutional memory
- Translation of policy to practice; Continuity of policy priorities
- Rising costs

Opportunities created:

- Innovation and positive change; longer-term perspectives and investments
- Oregon Task Force on future of public health
- Tobacco Master Settlement Agreement monies given for health improvement (CHNA, CHIP, Prevention efforts)
- Payment reform through legislation/policy leadership

Economy

Local economic concerns include personal and family financial security, the challenge of recruiting and retaining quality employees, the lack of economic opportunity in rural communities leading to high poverty rates, stagnant wages, Oregon budget issues, and high medical bills. Noted economic factors of encouragement included the recent economic development, increase of good jobs and decrease in unemployment rate. Also of concern is the predicted 2019 recession.

Threats posed:

- Poverty (hot spots, generational, etc.); cost of living; income inequality/inequity
- Education: increased cost and declining funds
- Employment: increased job outsources, lack of qualified employees, livable wage jobs, declining benefits offered by employers, unequal opportunities
- Legislative limits
- Rates of incarceration

Opportunities created:

- New growing and sustainable industries; job growth
- Economic growth environment – push health agenda now!
- Minimum wage increases
- Education as critical to economic stability
- Reduction in “silos” at state level

Education Funding

The state funding challenges, current low funding for education, and the privatization of education are significant concerns. Optimistically, there is an increased focus, especially locally, on investing in early childhood and the related impact on long-term public health outcomes. A particular example is the newly launched Lane Early Learning Alliance.

Threats posed:

- Lack of tax base to adequately fund education
- Need for additional revenue not to spread resources thinner
- Competition for funding between early childhood, K-12, and higher education
- Shortage of skilled labor in needed trades
- Oregon’s outcomes for education could continue to slip below national averages, impacting our economic and social future

Opportunities created:

- Going upstream and the future impacts on educational career, long term health and lifespan
- Community awareness and action to create political will
- Professionalism of early education field building momentum for higher quality care
- Leveraging resources and momentum around a P-20 continuum

Healthy Schools

Numerous healthy school forces include the great school nutrition programs, increased funding for Farm to School, new 2017 PE instructional time mandates, behavioral health education, and programs for kids to engage in healthy lifestyles. Noteworthy concerns include the lack of mental health supports and nurses in schools, increasing number of homeless students, and dramatic rise of children with life threatening illnesses. Also highlighted is the necessity of strong school support and infrastructure for Safe Routes to School.

Threats posed:

- High burnout rate among school nurses; rapid turnover of staff
- Untreated mental health issues at early stages due to limited/stigmatized access
- Education funding cuts and state regulations impacting school based health center's (SBHC) capacity
- Negative impacts of technology, such as children being more sedentary
- PE mandate remains unfunded and eventually not implemented

Opportunities created:

- Mental wellness, healthy lifestyles, and prosocial behaviors are the norm
- Easier access to non-stigmatizing behavioral health services
- Awareness of physical literacy and movement being incorporated into classroom learning; setting the stage for healthy behaviors reduces obesity rates
- Utilizing schools to share information and connect with entire families
- Potential created for SBHCs to become PCPCH
- State funds to allow SBHCs to stay open with quality staffing and care

Environment

As a physical determinant of health, there is a great need to protect and improve the environment. The recent challenges surrounding climate change and the potential for a cataclysmic event highlight the importance of community emergency preparedness.

Threats posed:

- Lack of common language and understanding
- Extreme weather conditions, increased energy and water resources, and adverse impact on agriculture
- Lack of cohesive community wide disaster plan

Opportunities created:

- Public policy
- Education and awareness; creation of a community wide disaster plan
- Support the Community Organizations Active in Disasters (COAD)
- Utilization of 211 to support infrastructure

Community Infrastructure

There is a great community need to protect and improve upon community planning and design, transportation (especially outside the metro area), parks and recreation, disabled considerations and access to facilities, and housing as they serve as both social and physical determinants of health.

Threats posed:

- Provincialism
- Unavailable low income housing and high cost of housing relative to income

- Unsafe parks
- Lack of rural public transportation

Opportunities created:

- Regional community planning and collaboration
- Collaboration with city planners and other officials to improve roadway safety, expand parks and recreational venues
- Community gardens, safe parks, and access to food

Affordable Housing

Unease exists regarding the local patterns reinforcing the growing housing stability issues. These issues result from the increasing housing costs, declining incomes, loss of affordable and safe housing options, and decrease in state funding for housing programs.

Threats posed:

- Disparity between housing costs and income earned
- Shortage of housing for those with mental health issues, which increases homelessness and medical needs
- Lack of emergency shelter impacts emergency room services
- Housing application fees
- Low housing vacancy rates pushes up prices and keeps people out of market

Opportunities created:

- Lane County Poverty and Homeless board developing strategic plan for individuals that overlap multiple systems; collaboration to address issues
- Re-entry for ex-offenders
- DHS Child Welfare (CW) Strengthening, Preserving and Reunifying Families (SPRF) Housing for homeless families to maintain children with families
- Beds for homeless; coordinated entry and database
- Behavioral/physical health integration
- Emerald Village; Housing First

Poverty

Economic factors in the areas of education, employment, housing, and access to health care have caused a local increase in poverty and income disparity. Specific regional trends and factors include the decreasing median salary, more people with limited incomes surviving on social security or disability benefits, and a continued lack of economic opportunity in rural areas of the county.

Threats posed:

- Lane County has the third highest poverty rate of the counties in the state, which creates greater demand for health and other social services
- Dependency on system support
- Disparity in the cost of living and wages is especially impactful on the growing elderly and disabled population and young families
- Competition for low income employment with students limits access to labor market
- High cost of child care can lead to placement of children into unhealthy environments

Opportunities created:

- Program for job seekers (Worksource Lane, Prosperity Centers, JOBS Program)
- Employment rate increases
-

- Lane Workforce Partnership (LWP) convening sector strategy, education, and economic groups
- Established tax aid sites
- Food distribution system
- Access to health care

Rural

Outside of the Eugene-Springfield metro area, much of the region consists of rural populations. Concerns surround the continued lack of local rural economic opportunity, the impacts of climate change, and the challenge to find and identify people left out of coverage and the resources to serve them.

Threats posed:

- Isolation and detachment
- Fewer opportunities for employment, healthcare access, quality early childhood education and childcare, funding, transportation, public safety, drug abuse/addiction treatment, and other services
- Receive the first funding cuts and are slower to recover
- Most new clinics/points of healthcare access continue to be built in the metro areas of Lane County

Opportunities created:

- Lessons learned from CCO work; RAC/CAC of Trillium
- Integration health related supports for stability
- Recruitment and incentives (loan forgivingness)
- Connect patients to existing resources
- Telehealth

Changing Demographics

With the Baby Boomer generation retiring, the population is rapidly aging. The population is also growing and becoming increasingly diverse, with the Latino population growing faster than other ethnic groups. There is also an increase in immigration and migration, as well as an increase in undocumented individuals. This continued population growth has potential to surpass current infrastructure capabilities. In addition, there is concern regarding the changing family structure trend toward smaller households, more single parents, and more families dispersed.

Threats posed:

- Shortage of resources and access to healthcare and public services
- Lack of cultural competency in medical community
- Increase in job competition and housing costs
- High numbers in retirement leading to more government debt, resulting in an increase in taxes
- Increasing gaps in socioeconomic status groups

Opportunities created:

- Changing focus on upstream population (i.e. early education)
- Public health programs to serve diverse range of needs
- Address disparity in workforce and generational workplace transitions
- Technology to provide access and language translation
- Access points to reach different populations
- Improved conditions for deaf, poor vision to blind, and elderly population

Behavioral/Mental Health

There is a growing need for behavioral and mental healthcare, and concerns over the limited access to existing services (especially for rural residents and ethnic minorities) and a lack of support in schools. Adverse Childhood Experiences (ACEs) and the county's high substance and alcohol abuse rates are significant issues. Integration of drug and alcohol treatment with mental and physical healthcare and a focus on early intervention are becoming more imperative.

Threats posed:

- Community norms support alcohol industry and marijuana legalization
- Addiction and poor health caused by substance use
- Youth mental health issues untreated; increased youth suicides, self-harm, substance use; risky behaviors; sexual activity
- ACEs; trauma and PTSD; emotional instability
- Decreased need for specialty care
- Provider shortage (especially bilingual and multicultural) and inadequacies

Opportunities created:

- Develop systems to recruit, hire, support, and train diverse providers
- Workforce development in social services
- Integrated care, clinics, and services for adolescents and adults
- Trauma informed care
- Tobacco cessation programs
- Screening, Brief Intervention, Referral to Treatment (SBIRT) in PCP clinics; SUDS treatment; detox; methadone/suboxone and ORT; medications for addiction

Health Behaviors

The upward trend of childhood and adult obesity, increase in electronic cigarette use, health impacts of limited time and money, and lack of individual ownership over health are community concerns. On a statewide level, the passage of Measure 91 legalizing the recreational use of cannabis is a recent event to have a future impact. Encouragingly, the community is embodying an increasingly positive culture of wellness.

Threats posed:

- Burden of health impacts of legalized marijuana
- Loss of momentum for public health efforts with budget changes or lack of community engagement
- Healthy community venues threatened by funding shifts
- Food deserts expand
- Big business resources for advertising and policy influence increase
- New technology that further decreases need for activity

Opportunities created:

- Local and organic food movement; nutrition awareness; outdoor recreation
- Partnerships to create healthy workforces and grow consumer education programs
- School-based programs to improve health behavior choices and provide physical education in schools; expand summer activity opportunities for children
- Use of advertising to more effectively promote healthy choices
- Advocate for policies to limit tobacco and cannabis smoke exposure
- Expand data systems and leverage technology

Communicable Disease

The increase in unimmunized children and certain STDs in the region is of high concern. In addition, the recent University of Oregon meningitis outbreak and other emerging infectious diseases that have then potential to overwhelm current systems are issues to the health system.

Threats posed:

- Increased death, disease, and other long-term health impacts from largely preventable illnesses
- Disease burden and outbreak response costs to health delivery system, social services, public health, and other institutions; diversion of strategic bandwidth
- Lost workforce productivity

Opportunities created:

- Underscore community interconnectedness
- Create new partnerships to strengthen community response
- Increase public awareness about the importance of public health, prevention strategies, and early detection

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Local Public Health System Assessment

EXECUTIVE SUMMARY

The Local Public Health System Assessment (LPHSA) is one of four assessments completed as part of the 2015 Community Health Needs Assessment. The LPHSA was conducted with local public health system leaders from the local government, hospitals, other health care organizations, health insurers, research institutions, safety net, and social service organizations.

The assessment focused on the delivery of the 10 Essential Public Health Services by the local public health system (LPHS), which includes all "public, private, and voluntary entities that contribute to the delivery of the essential health services within a jurisdiction." Through the process, the following questions were answered:

- What are the components, activities, competencies, and capacities of our public health system?
- How well are the 10 Essential Public Health Services being provided in our system?

Overall, the LPHSA:

- Improved organizational and community communication and collaboration
- Educated participants about the local public health system composition, functions, and standards, as well as their organization's role within the system
- Strengthened the diverse network of partners within the LPHS
- Identified strengths and weaknesses to guide data driven quality improvement efforts
- Provided a baseline measure of performance to track future progress

The findings from this assessment create a snapshot of activities being performed by the local public health system and will guide a system-wide infrastructure and performance improvement process. Improvements in the areas discussed will help the LPHS enhance its collective performance and effectiveness as a system to better serve the community and to ensure greater health and quality of life for all residents. The strengths that surfaced throughout the assessment, including robust inter-agency relationships and established collaborative efforts, can be leveraged to help partners across the LPHS come together to collectively advance system-wide improvements.

Key Themes

The assessment was an honest and critical look at the LPHS. Throughout the discussions, the following themes emerged relating to system strengths, weaknesses, and opportunities for improvement.

Strengths

- Successful organizational collaborations and community partnerships to mobilize and strategize.
- The involvement of community organizations in service delivery.
- Solid interest and support for strengthening the local public health system.
- A strong infrastructure exists for investigating and responding to public health threats and emergencies.

Weaknesses

- Local organizations are often unaware or unclear about their role in the public health system.
- The general public's lack of awareness and understanding regarding the local public health system.
- There is an insufficient degree of communication, which creates the perception of organizational silos.
- Limited capacity and infrastructure for research across the entire LPHS.

Opportunities for Improvement

- Bolster communication, coordination of efforts, and execution of action plans across the LPHS.
- Leverage the use of technology to better connect and communicate with our community.
- Strengthen the system for sharing data and conducting public health research to enhance decision making and implementing strategies that improve population health.

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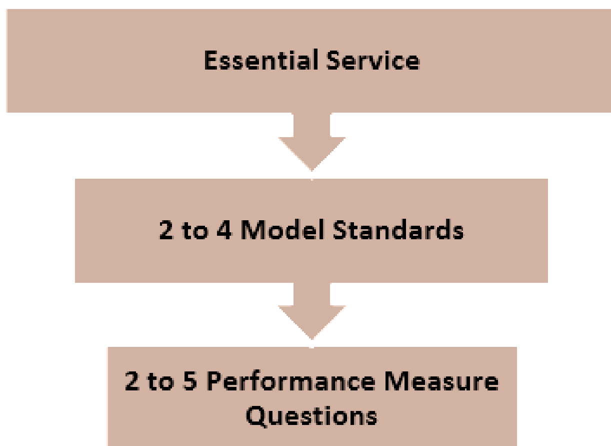
ESSENTIAL PUBLIC HEALTH SERVICES

The Centers for Disease Control and Prevention's 10 Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



Using the 10 Essential Public Health Services as a framework, a total of 30 Model Standards (2-4 Model Standards per Essential Service) describe an optimally performing local public health system. Each Model Standard is followed by questions that serve as measures of performance. The Performance Measures related to each Essential Service describe an optimal level of performance and capacity to which the LPHS should aspire.

For the assessment, participants in were led in a facilitated discussion and scoring of the Model Standards. Participants responded to the Performance Measure questions using the activity levels listed in Table 1 below.

Using the responses to all of the performance measure questions, a scoring process generated a score for each Model Standard, Essential Service, and finally the overall score.

***Table 1:** Summary of Performance Measure Response Options*

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50% but no more than 75% of the activity described in the question is met.
Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described in the question is met.
Minimal Activity (1-25%)	Greater than 0% but no more than 25% of the activity described in the question is met.
No Activity (0%)	0% or absolutely no activity

Process

As part of the 2015 Community Health Needs Assessment, a Local Public Health System Assessment was conducted using the National Public Health Performance Standards Program (NPHPSP) local instrument to measure how well system partners provide public health services. The objectives were:

- To determine the components, activities, competencies, and capacity of the LPHS.
- To determine how well the Essential Public Health Services are being provided in the community.

On September 9, 2015 from 7am-11:30am at Pacific Source, a broad set of local public health system partners convened to participate in the assessment. The session comprised of 27 leaders representing the following organizations:

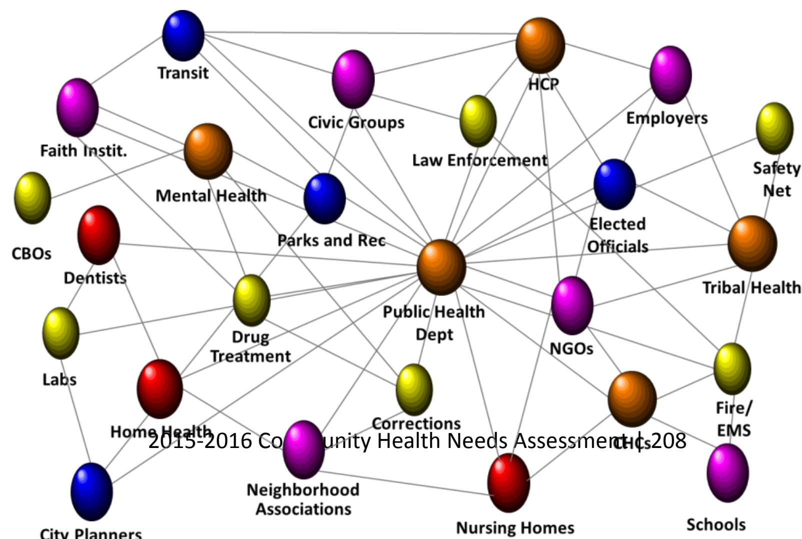
- Board of County Commissioners
- Board of Health
- Cascade Health Solutions
- City of Eugene, Recreation
- Cornerstone Community Housing
- HIV Alliance
- Kaiser Permanente
- Lane County 211 Info
- Lane County Health and Human Services
- McKenzie- Willamette
- Oregon Medical Group
- Oregon Research Institute
- PeaceHealth Sacred Heart Medical Center
- PeaceHealth Peace Harbor Medical Center
- South Lane Mental Health
- Trillium Community Health Plans
- Trillium Consumer Advisory Counsel
- United Way of Lane County
- Volunteers in Medicine
- Willamette Family

As part of the introduction to the assessment, participants were familiarized with the local public health system, 10 Essential Public Health Services (EPHS), LPHS assessment, and performance measures. Participants then broke into four workgroups to complete each of the following four 40-minute sessions:

- EPHS 1 and 2
- EPHS 3, 4, and 5
- EPHS 6 and 7
- EPHS 8, 9, and 10

During each session, participants were led through a review of the Essential Service and Model Standards of Performance, individual scoring, and a group discussion of how the LPHS was perceived to meet performance expectations in each area. Each individual rater scored the perceived community activity in each Essential Service's Model Standards as no activity, minimal activity, moderate activity, significant activity, or optimal activity. The ensuing facilitated discussion aimed to identify system strengths, weaknesses, and areas of improvement opportunities. Upon completion of the four sessions, the four workgroups reported highlights to the larger group to summarize and conclude the session.

After completing the assessment, the LPHSA subcommittee reconvened to debrief the assessment meeting, analyze participant results, and identify major themes. The 100% Health Executive Committee then met to review and approve the report, complete the priority questionnaire, and discuss the priority ratings.



Limitations

There are a number of limitations to the assessment results due to wide variations in the breadth and knowledge of participants, and differences in interpretation of the questions. When evaluating the 10 Essential Public Health System results, each person's rankings reflect his or her own different experiences and perspectives, and the responses to the questions involve an element of subjectivity. In some instances, for example, LPHSA participants indicated that they did not know or were unaware of a particular action. A "don't know/not aware" response was not included in the calculations of averages for the performance scores.

Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of the results are limited to guiding an overall public health infrastructure and performance improvement process for the LPHS as determined by organizations involved in the assessment.

Assessment Results: Scores

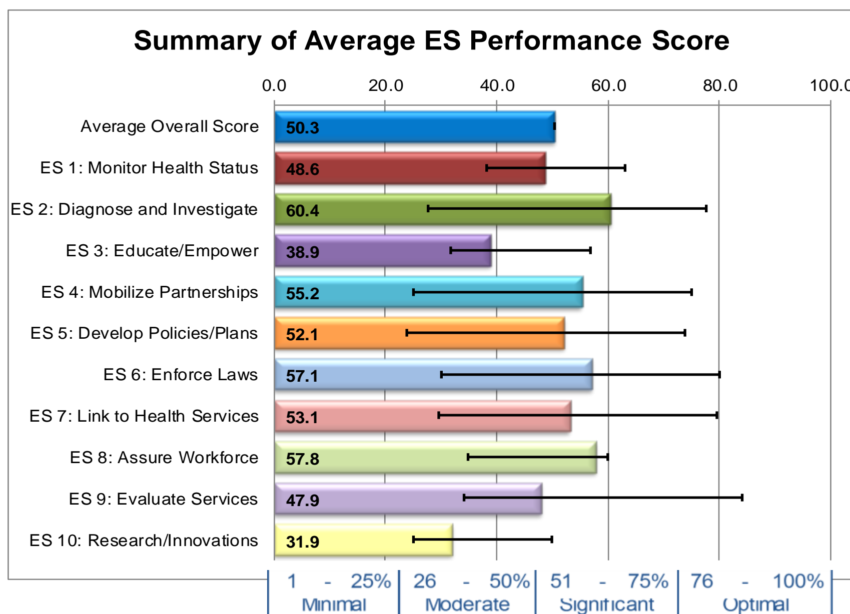
Throughout the LPHSA, many participants agreed that the Lane County region lacks a coordinating body that integrates the essential services across the LPHS. Therefore, participants found it difficult to respond to certain assessment questions, as language in the assessment tool often presumed that the LPHS actually functions as a cohesive system.

Based upon the responses provided in the assessment, a score was calculated for each of the 10 Essential Services (ES). The score of each Essential Service can be interpreted as the degree in which the local public health system meets the performance standards for each Essential Service. Scores can range from a minimum value of 0% (no activity performed compared to the standard) to a maximum value of 100% (all activity performed compared to the standard). The data created establishes the foundation upon which we may set priorities for performance improvement and identify specific quality improvement projects.

Overall Scores for Each Essential Public Health Service

Figure 1 displays the average score for each Essential Service, along with an overall average assessment score. Examination of these scores immediately gives a sense of the LPHS's greatest strengths and weaknesses. The black bars identify the range of reported performance score responses within each ES.

Figure 1: *Summary of Average Essential Public Health Service Performance Score*



Performance Scores by Essential Public Health Service for Each Model Standard

Table 2 displays the average performance score for each of the Model Standards within each Essential Service. The performance score at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. This level of analysis enables the identification of specific activities that contributed to high or low performance within each Essential Service.

Table 2: *Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard*

Model Standards by Essential Services	Performance
ES 1: Monitor Health Status	**48.6**
1.1 Community Health Assessment	66.7
1.2 Current Technology	41.7
1.3 Registries	37.5
ES 2: Diagnose and Investigate	**60.4**
2.1 Identification/Surveillance	58.3
2.2 Emergency Response	66.7
2.3 Laboratories	56.3
ES 3: Educate/Empower	**38.9**
3.1 Health Education/Promotion	41.7
3.2 Health Communication	25.0
3.3 Risk Communication	50.0
ES 4: Mobilize Partnerships	**55.2**
4.1 Constituency Development	43.8
4.2 Community Partnerships	66.7
ES 5: Develop Policies/Plans	**52.1**
5.1 Governmental Presence	33.3
5.2 Policy Development	50.0
5.3 CHIP/Strategic Planning	66.7
5.4 Emergency Plan	58.3
ES 6: Enforce Laws	**57.1**
6.1 Review Laws	56.3
6.2 Improve Laws	50.0
6.3 Enforce Laws	65.0
ES 7: Link to Health Services	**53.1**
7.1 Personal Health Service Needs	56.3
7.2 Assure Linkage	50.0
ES 8: Assure Workforce	**57.8**
8.1 Workforce Assessment	50.0
8.2 Workforce Standards	75.0
8.3 Continuing Education	50.0
8.4 Leadership Development	56.3
ES 9: Evaluate Services	**47.9**
9.1 Evaluation of Population Health	43.8
9.2 Evaluation of Personal Health	50.0
9.3 Evaluation of LPHS	50.0
ES 10: Research/Innovations	**31.9**
10.1 Foster Innovation	37.5
10.2 Academic Linkages	33.3
10.3 Research Capacity	25.0
Average Overall Score	**50.3**
Median Score	**52.6**

Optimal Activity (76-100%)
Significant Activity (51-75%)
Moderate Activity (26-50%)
Minimal Activity (1-25%)
No Activity (0%)

Performance Relative to Optimal Activity

Figures 2 and 3 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the Figure 1. For example, measures receiving a composite score of 51-75% were classified as meeting performance standards at the significant level.

Figure 2: *Percentage of the System's Essential Services Scores that Fall Within the Five Activity Categories.* This chart provides a high level snapshot of the information found in Figure 1, summarizing the composite performance measures for all 10 Essential Services.

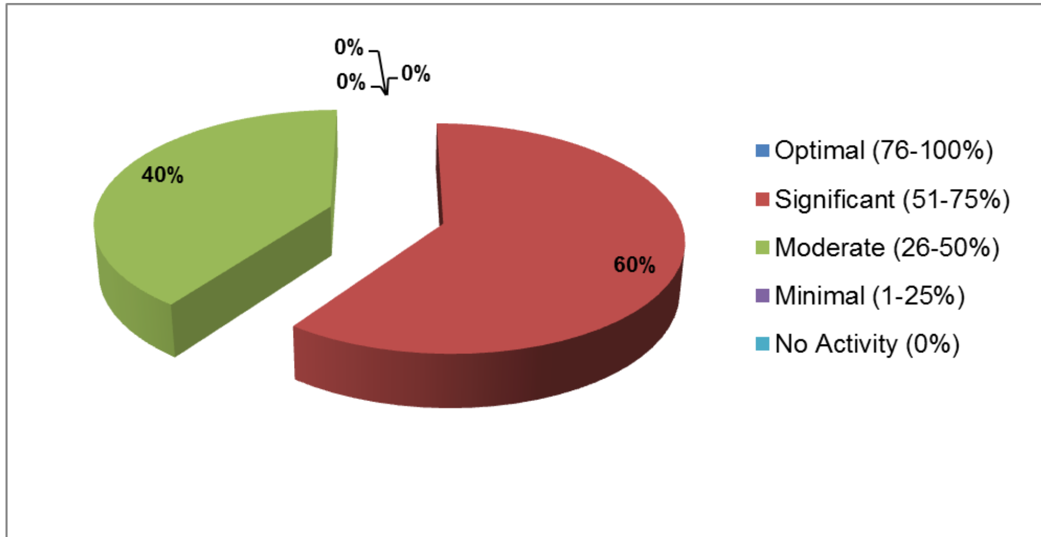
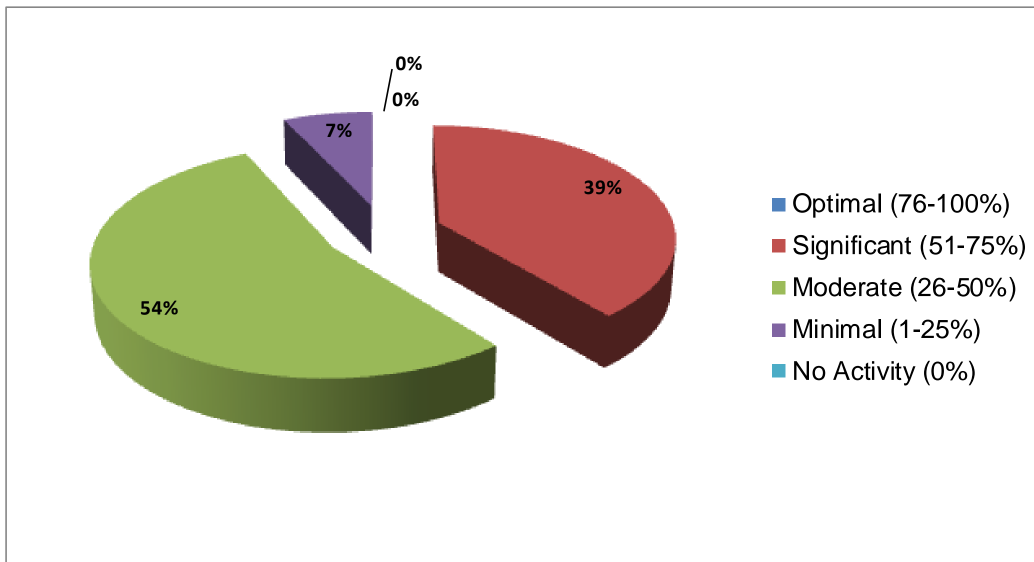


Figure 3: *Percentage of the System's Model Standard Scores that Fall Within the Five Activity Categories.* This chart provides a high level snapshot of the information found in Table 2, summarizing the composite measures for all 30 Model Standards.



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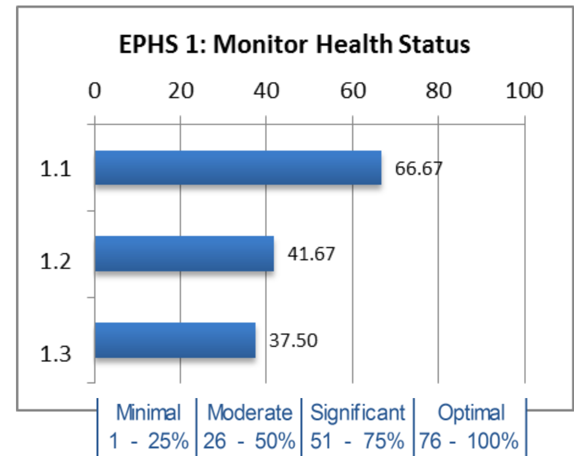
Assessment Results: Discussion

Through discussions of the local public health system (LPHS), participants identified the following system strengths, weaknesses, and opportunities of the 10 Essential Public Health Services (EPHS).

EPHS 1 Monitor Health Status to Identify Community Health Problems

1.1 Population-Based Community Health Assessment (CHA)
1.2 Current Technology to Manage and Communicate Population Health Data
1.3 Maintaining Population Health Registries



Strengths

- The community is committed to conducting a CHNA every three years and aims to engage a broad representation of community members and partners in the process.

Weaknesses

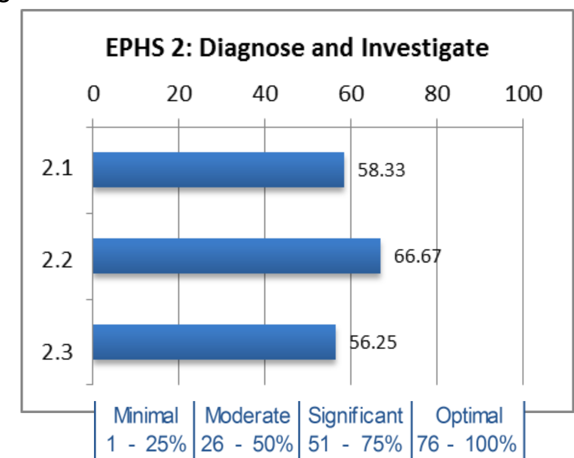
- While there is more awareness of the CHNA, the average person has minimal knowledge or involvement in it.
- In addition to the large lag time of data, it is difficult to integrate data between systems and organizations.
- Limited work is being done in maintaining population health registries.

Opportunities for Improvement

- Continue to engage the public in the CHNA and throughout the three years of the CHIP.
- Gain support for and participation in population survey efforts, including the Healthy Teen Survey.
- Leverage technology to develop more active strategies for sharing and using data, continually update information, and create a dashboard of data points for the CHNA and CHIP.

EPHS 2 Diagnose and Investigate Health Problems and Health Hazards

2.1 Identifying and Monitoring Health Threats
2.2 Investigating and Responding to Public Health Threats and Emergencies
2.3 Laboratory Support for Investigating Health Threats



Strengths

- Robust preparedness plans are in place for public health threats/events within and among organizations.
- Coordinated collaborations have created a strong infrastructure for investigating and responding to public health threats and emergencies.
- While most are unaware of the lab support for investigating health threats, local laboratory services are strong.

Weaknesses

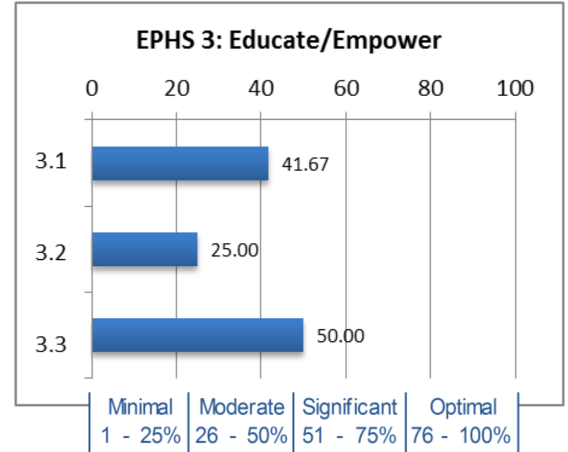
- While we do really well at identifying and monitoring acute health threats, emerging health issues are more difficult. There is a need to have community conversations to figure out how to address the bigger picture challenges.

Opportunities for Improvement

- Serve as a community voice of what is a danger, take a greater advocacy role in the community, and extend the health action network to get alerts out to a broader network of providers.
- Use information technology to leverage how this essential service is provided to the community.
- Develop relationships with state public health to further support the diagnosis and investigation of health problems and hazards in our community

EPHS 3 Inform, Educate, and Empower People about Health Issues

3.1 Health Education and Promotion
3.2 Health Communication
3.3 Risk Communication



Strengths

- Strong cross-sector collaboration with a strong spirit of partnership to educate and promote health.
- Emergency communications plans for each stage of an emergency allow for the effective dissemination of information; an appropriate amount of resources are available for a rapid emergency communication response.

Weaknesses

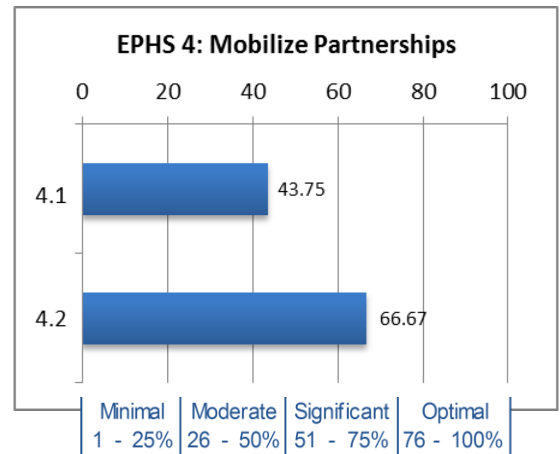
- Due to the silo effect, there is inadequate communication of health education and issues across sectors and institutions of the LPHS, as well as with the general public.

Opportunities for Improvement

- Utilize collaborations to integrate substance abuse and mental health into primary care.
- Increase efforts around equity and diversity; work to understand the populations and appropriate communication vehicles.
- Develop health communication plans, build relations with different media providers, and identify and train spokespersons on public health issues.

EPHS 4 Mobilize Community Partnerships to Identify and Solve Health Problems

4.1 Constituency Development
4.2 Community Partnerships



Strengths

- The Lane County region strongly supports community involvement and establishing community partnerships to address health problems.

Weaknesses

- Despite the culture of collaboration, the LPHS does not have a formalized process or coordinating entity to mobilize community partnerships or to communicate accomplishments.

Opportunities for Improvement

- Designate a communication hub, create forums, and innovatively utilize social media for communication of health issues.
- System collaboration to maintain, promote, and further develop a directory of community organizations.

EPHS 5 Develop Policies and Plans That Support Individual and Community Health Efforts

5.1 Governmental Presence at the Local Level
5.2 Public Health Policy Development
5.3 Community Health Improvement Process and Strategic Planning
5.4 Planning for Public Health Emergencies

Strengths

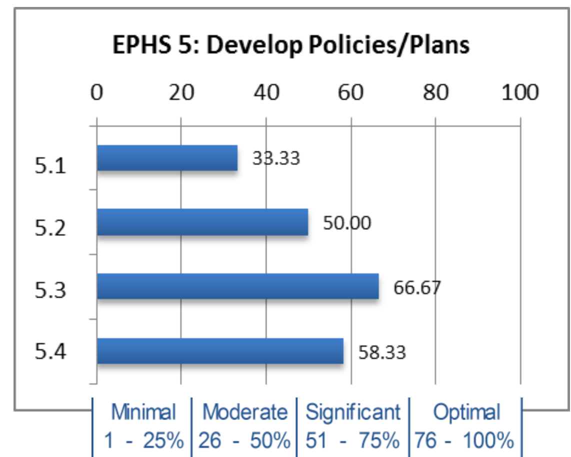
- Significant levels of system activity in the community health improvement process, strategic planning, and planning for public health emergencies.

Weaknesses

- LPHS institutions and agencies engage in a significant level of planning activities, but this work is not coordinated across the LPHS.
- Limited funding for the local public health system.

Opportunities for Improvement

- Effort needs to be better coordinated and communicated with other agencies and policymakers, and the information should be translated and more widely disseminated to support community actions.



EPHS 6 Enforce Laws and Regulations That Protect Health and Ensure Safety

6.1 Reviewing and Evaluating Laws, Regulations, and Ordinances
6.2 Involvement in Improving Laws, Regulations, and Ordinances
6.3 Enforcing Laws, Regulations, and Ordinances

Strengths

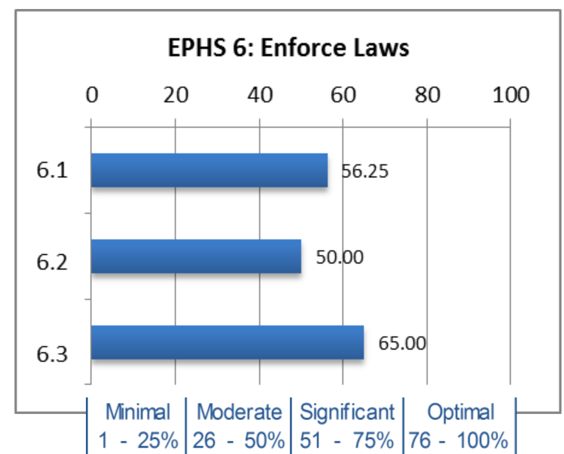
- The public is very engaged in local issues and policy.

Weaknesses

- Most are unaware of work being done related to enforcing, reviewing, or evaluating laws, regulations, or ordinances. The general opinion is that such work feels "opaque." The assumption is that the work is being done, but few are aware of what, or how well it is being done, or how effective the policies are in improving health.

Opportunities for Improvement

- There is opportunity for mobilizing and galvanizing advocacy and non-governmental agencies to advance local policy. Such agencies are open and willing to assist in advancing public health laws and regulations.



EPHS 7 Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

7.1 Identifying Personal Health Service Needs of Populations
7.2 Ensuring People are Linked to Personal Health Services

Strengths

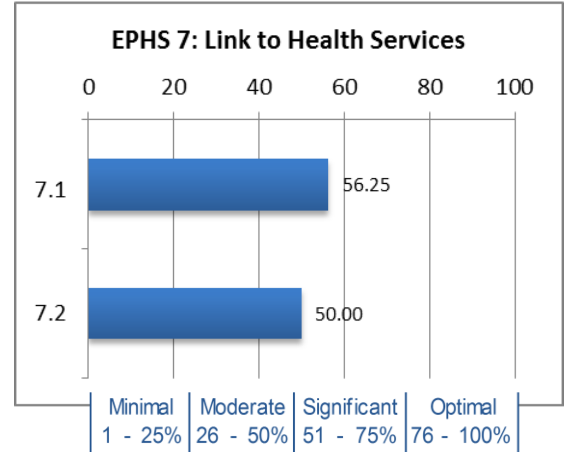
- Most people now have health insurance due to the Affordable Care Act.
- There are many available social and human services.

Weaknesses

- Because of transportation issues, limited providers, and the complexity of the system, there are still healthcare access issues and specific populations remain uninsured or underinsured.

Opportunities for Improvement

- Our region has many social and human services available, however accessing services and working in the system remains fractured. There is a need to improve coordination and assist individuals in finding and accessing services and improving coordination between medical and social, and human services.



EPHS 8 Assure a Competent Public Health and Personal Healthcare Workforce

8.1 Workforce Assessment, Planning, and Development
8.2 Public Health Workforce Standards
8.3 Life-Long Learning through Continuing Education, Training, and Mentoring
8.4 L Public Health Leadership Development

Strengths

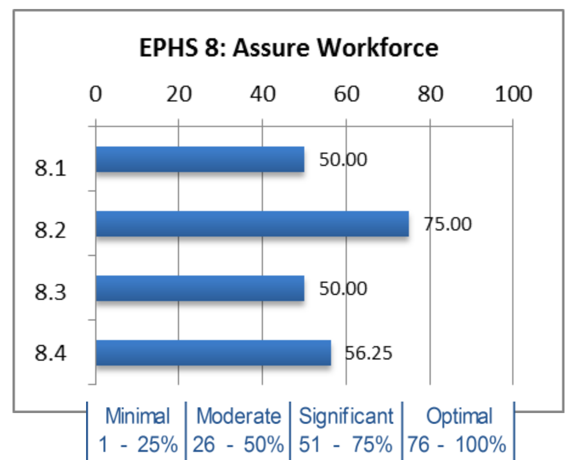
- Many organizations conduct workforce assessments.

Weaknesses

- There is no integrated, systems-wide approach to workforce assessment, development, and training that serves all LPHS members
- Labor shortages across the region have led to a shortage of providers and other trained and skilled staff

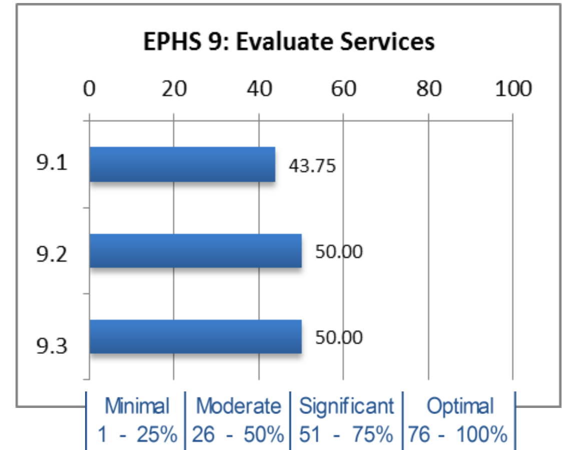
Opportunities for Improvement

- While the confident assumption is that there is significant activity within public health workforce standards, the actual activity is closer to minimal or moderate activity, leaving room for improvement.
- Coordinate workforce recruitment efforts and leverage resources.



EPHS 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1 Evaluating Population-Based Health Services
9.2 Evaluating Personal Health Services
9.3 Evaluating the Local Public Health System



Strengths

- Community partners and members are often involved with these assessments, and their input and feedback are solicited as part of program evaluation.
- Strong interest and commitment to regularly evaluating the local public health system.

Weaknesses

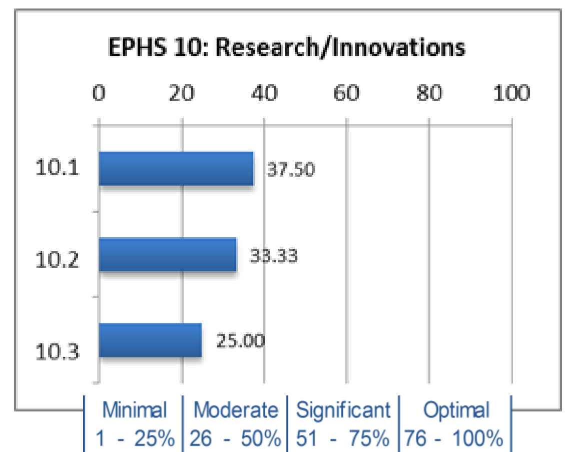
- Coordinating strategic planning and evaluating effectiveness across all LPHS members is limited.
- Inadequate activity in translating data into information and monitoring outcomes.

Opportunities for Improvement

- Maintain a feedback loop (strategic planning resulting in specific implementation of actions) and use data to improve services.
- Effectively use information technology for the purposes of collecting, storing, and evaluating data.

EPHS 10 Research for New Insights and Innovative Solutions to Health Problems

10.1 Fostering Innovation
10.2 Linking with Institutions of Higher Learning and/or Research
10.3 Capacity to Initiate or Participate in Research



Strengths

- Lane County's LPHS is at an advantage in that it has access to first class research institutions (ORI, OSLC, and UO) and researchers.

Weaknesses

- Inadequate communication and coordination between research and the other LPHS partners.
- Minimal level of activity in the capacity to initiate or participate in research.

Opportunities for Improvement

- Research efforts – and the outcomes of that research – could be better leveraged and coordinated across the LPHS to the benefit of the community's health.
- Share best practices outside of silos and implement innovative interventions when possible.

Priority of Model Standards Questionnaire

As recommended by the MAPP framework, the 100% Health Steering Committee used a nominal group technique to respond to the LPHSA Priority Questionnaire. Each attending member was asked to rank the Essential Services individually (low, medium, or high priority), and then weighed averages were tallied for each Essential Service. Prioritizing the Essential Services will help the local public health system identify areas for improvement or where resources could be realigned.

Based on the priority given to each of the 10 Essential Services by the Steering Committee, each service was assigned to one of four quadrants. The four quadrants, which are based on how the performance of each Essential Service compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement

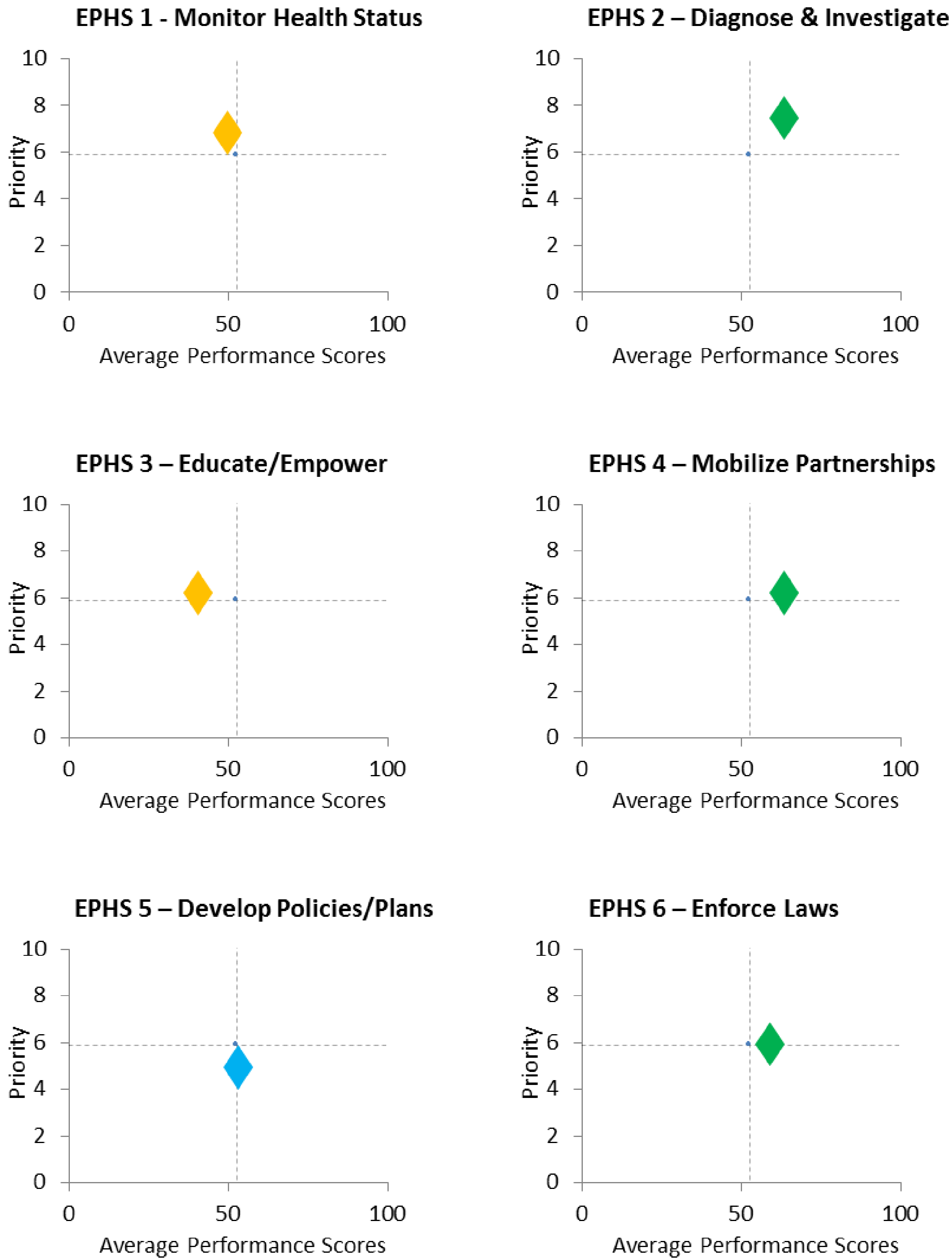
Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well; consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

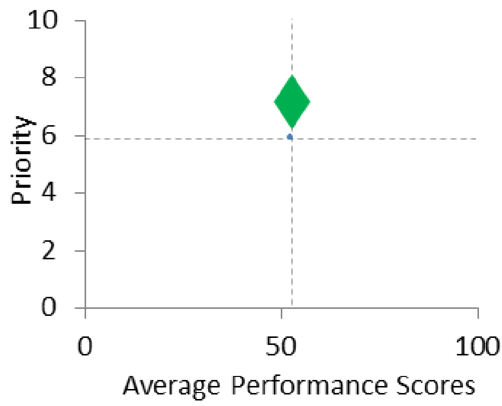
Table 3 below displays average priority ratings (on a scale of 1-10, with 10 being the highest priority) and performance scores for the Essential Services, arranged under the four quadrants. By considering the appropriateness of the match between the importance ratings and current performance scores and also by reflecting back on the previous qualitative data, potential priority areas can be identified for future action planning.

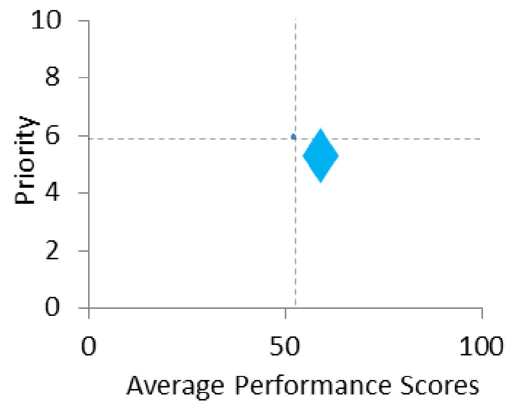
Table 3. *Essential Services by Priority and Performance Score*

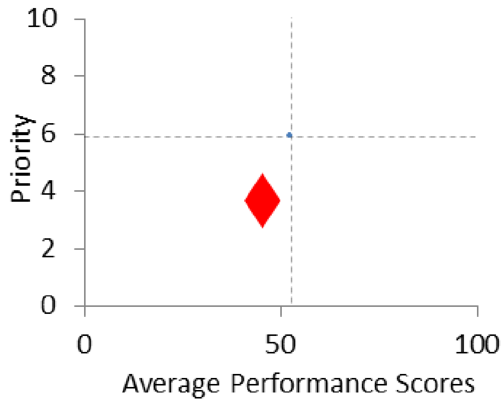
Quadrant	Essential Service	Performance Score (%)	Priority Rating
Quadrant A	ES 1: Monitor Health Status	48.6	7.1
Quadrant A	ES 3: Educate/Empower	39.8	6.4
Quadrant B	ES 2: Diagnose and Investigate	60.4	7.6
Quadrant B	ES 4: Mobilize Partnerships	55.2	6.0
Quadrant B	ES 6: Enforce Laws	57.1	6.0
Quadrant B	ES 7: Link to Health Services	53.1	7.1
Quadrant C	ES 5: Develop Policies/Plans	52.1	5.3
Quadrant C	ES 8: Assure Workforce	57.8	5.6
Quadrant D	ES 9: Evaluate Services	47.9	3.8
Quadrant D	ES 10: Research/Innovations	31.9	4.5

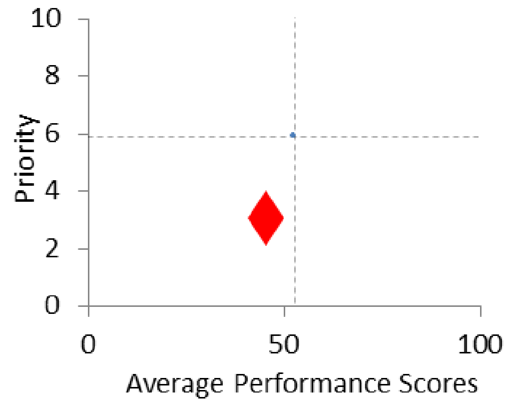
Figure 4: *Summary of Essential Public Health Service Model Standard Scores and Priority Ratings*




EPHS 7 – Link to Health Services
10
8
6
4
2
0
Priority
0
50
100
Average Performance Scores


EPHS 8 – Assure Workforce
10
8
6
4
2
0
Priority
0
50
100
Average Performance Scores


EPHS 9 – Evaluate
10
8
6
4
2
0
Priority
0
50
100
Average Performance Scores


EPHS 10 – Research
10
8
6
4
2
0
Priority
0
50
100
Average Performance Scores

Identifying Strategic Issues

Executive Summary

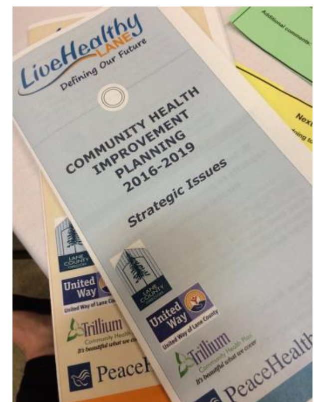
Upon completion of the four assessments, the next step of the Community Health Needs Assessment (CHNA) process is to use the findings to identify strategic issues: the fourth phase of the MAPP (Mobilizing for Action through Planning and Partnerships) Process. Strategic issues are fundamental policy choices or critical challenges that must be addressed in order for our community to achieve its vision. Strategic issues are the foundation upon which the Community Health Improvement Plan (CHIP) strategies will be developed.

Strategic issues build on the results of all of the previous phases. When addressing strategic issues, our community is being proactive in positioning ourselves for the future, rather than simply reacting to problems. In this phase, strategic issues emerge by examining the challenges and opportunities identified in the four MAPP Assessments and evaluating how they will affect the community's achievement of the vision. Completing phase four answers the following questions:

- *What issues are critical to the success of the local public health system?*
- *What fundamental policy choices or critical challenges must be addressed in order for the community to achieve its vision?*

Lane County's strategic issues were identified by implementing the steps outlined by the MAPP framework. Phase Four was conducted between December 2015 and March 2016, during which time meetings occurred to review assessment data, identify overarching strategic issues, and prioritize the strategic issues. Following a multi-site community input event — the following two strategic issues were selected and approved to be the foundation for the 2016-2019 Community Health Improvement Plan:

- **How can we promote access to economic and social opportunities necessary to live a healthy life?** Social and economic opportunities create a better life: high quality education, secure jobs with good wages, and housing that is both safe and affordable. These support a strong community and healthy people.
- **How can we promote healthy behaviors and engage the community in healthy living?** Healthy actions and choices lead to good health. To create good health, we must make the healthy choice the easy choice. We can support individuals and the community to take positive actions that support a lifetime of healthy living.



The community event marked the end of the 2015-2016 Lane County Regional Community Health Needs Assessment and the beginning of the development of the 2016-2019 Lane County Regional Community Health Improvement Plan.

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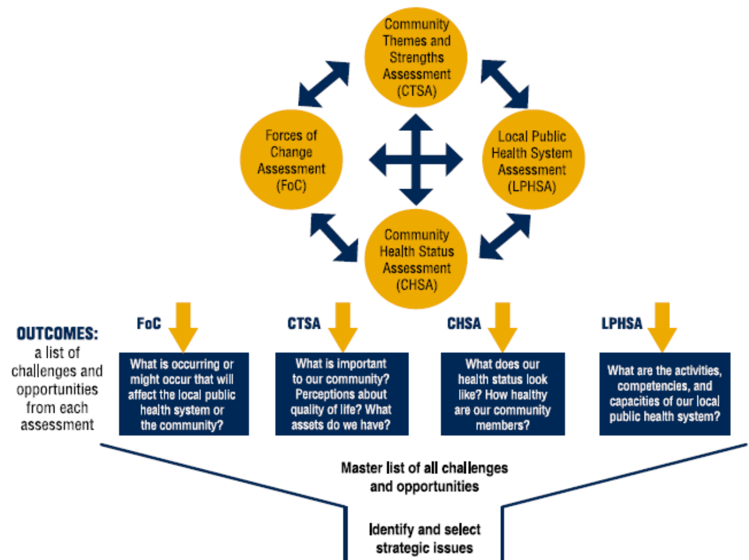
Defining Our Future

PROCESS

The CHNA Core Team took the lead role in determining the method for completing the 'Identify Strategic Issues' phase and worked together to answer the following questions:

- How will we present data from all four MAPP Assessments to our local public health system partners and community members?
- How will we ensure our local public health system partners and community members can fully comprehend results from the four assessments?
- How will we facilitate a process to help the local public health system partners and community members identify strategic issues that are informed by all four assessments?
- How will we prioritize our strategic issues?
- How will we ensure everyone is aware of our strategic issues?

The Core Team was tasked with first compiling the results of the assessments. Subsequently, the Core Team, CHIP Workgroups, and Steering Committee would review the themes and brainstorm strategic issues. The Steering Committee would prioritize the strategic issues based on identified criteria to narrow down the list. The narrowed list of strategic issues would then be presented to the community during a public event, along with the results of the Community Health Needs Assessment, for a final vote.



The detailed steps below outline the process of completing the 'Identify Strategic Issues' phase of Lane County's Community Health Needs Assessment.

Identifying Criteria

A diverse set of criteria were considered to be used in the priority selection process for community health initiatives. The following criteria were identified to be used by the Steering Committee in prioritizing the strategic issues for community health improvement: size, seriousness, trends, intervention, feasibility, value, consequences of inaction, and social determinant/root cause. Explanations of each criterion can be found in the Appendix (A).

Rather than using equity as a priority selection criteria or a separate strategic issue, it was decided that equity would be used as a lens throughout the ensure process. Equity will be infused within all of the strategic issues contained in the CHIP. A key element to successfully achieving our vision of a healthy community will be to address all social, economic and environmental factors that provide everyone in the region an opportunity to live a healthy life. In every decision we make and strategy we implement, we will consider equity and the impact on all, especially those in underserved demographic groups and protected classes. We will intentionally promote an equity agenda through the entire community health improvement strategic planning and implementation process. By doing so, we can work on addressing the underlying factors that have led to consistently poorer health outcomes for historically marginalized groups.

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Weighting Criteria

Each Steering Committee member involved in the criteria selection process assigned a relative importance (high, moderate, or low) to each identified criterion. Adding up all responses, a weighted score was calculated for each criterion. Discussion will follow to ensure consensus of final criterion importance. This system allowed for flexibility and an accurately weighted score. The weighting of each criterion can be found in the Appendix (A).

Review of Assessment Data

This process began with a review of the key findings from the four assessments, which was compiled and summarized by a subcommittee. These key findings, along with challenges and opportunities from each assessment, were presented to the CHNA Core Team, CHIP Workgroups, and Steering Committee during December meetings. In addition to the full reports, a written assessment summary report was provided and the key findings were captured on large colored post-it notes. The notes were then displayed on a “sticky wall” and grouped by assessment. Members were asked to consider the findings both individually and collectively in an effort to identify predominant and cross-cutting issues.

Brainstorm Potential Strategic Issues

After review of the assessment findings, the CHNA Core Team, CHIP Workgroups, and Steering Committee were given an opportunity to share their ideas for strategic issues during brainstorming discussions. These subsequent discussions aimed to explore the stories unfolding from the four assessments.

After identifying the underlying themes that affect the community, the themes were rephrased as strategic issues. Strategic issues are written as questions that need to be answered in order for a community to achieve its vision. When developing the strategic issues, it was ensured that all four assessments informed the question to be answered. The strategic issues are broad, which allows for the development of innovative, strategic activities as opposed to relying on the status quo, familiar, or easy activities. The broad strategic issues will help align the overall community’s strategic plan with the missions and interests of individual local public health system partners.

In three additional meetings, CHNA Core Team members reviewed the brainstormed discussions and information from previous meetings with the goal of determining which issues were essential to achieve our vision of a healthy community. Strategic issues were closely reviews and collapsed into four common groups/themes, classified as “buckets”: Socioeconomics, Healthy Behaviors, Environment, and Healthy System. Each of the preliminary issues was reviewed in turn and discussion centered on how each reflected the community and partnership's vision and captured the findings of its four analyses.

The CHNA Core Team reconvened on December 10th to further explore cross-cutting themes and collapse potential strategic issues further. From this meeting, nine strategic issues were formed and new wording was incorporated to better reflect the scope of the partnership's thinking. The Core Team then looked to find supporting evidence for each issue from across each of the four assessments. Issues with little or no supporting data were eliminated. The CHNA Core Team reconvened again on December 17th to review the nine narrowed brainstormed strategic issues, along with each one's clarifying statements, rationale/assessment support, and potential focus areas. Following additional brainstorming, discussion, and wordsmithing, related questions were further clustered and grouped resulting in seven proposed issues to be presented to the Steering Committee on January 13, 2016 for prioritization:

A. How can we promote access to economic and social opportunities necessary to live a healthy life?
    - Potential impact areas: employment, education, housing, finances, transportation

B. How can we promote healthy behaviors and engage the community in embracing healthy living?
    - Potential impact areas: nutrition, physical activity, no substance use/abuse, sexual behaviors, stress management

C. How can we increase our knowledge and capacity to promote a culture of mental wellness?
    - Potential impact areas: awareness and stigma reduction, promotion, prevention, treatment, addictions

D. How can we create a community and environment which provides access, opportunities and encouragement for healthy lifestyles?
    - Potential impact areas: access to healthy food, access to recreation/physical activity, bikeability/walkability, public transportation

E. How can we promote a safe and inclusive community?
    - Potential impact areas: community programs and activities/sense of community, violence prevention, civil rights

F. How can we strengthen collaboration, coordination, and navigation of resources and services?
    - Potential impact areas: health literacy, connecting people to resources, appropriate services

G. How can we support access to an integrated system of coordinated care that is appropriate, preventative and patient-centered?
    - Potential impact areas: access to care, preventative services, access to healthcare for un/under-insured, healthcare affordability, appropriate care and providers)

Prioritize Strategic Issues

Prioritization is a key step in the community health improvement process that serves as a natural transition from focusing on the findings of the Community Health Needs Assessment (CHNA) to developing a Community Health Improvement Plan (CHIP). Prioritization will help our community focus on key issues in order to maximize impact and use our resources as efficiently as possible to achieve the greatest impact on health.

Through prioritization, the Steering Committee narrowed the list of seven strategic issues down to five strategic issues. During a subsequent county-wide community event, attendees voted on two final strategic issues.

Steering Committee Prioritization

Based on input from the CHNA Core Team, the Steering Committee, and the CHIP Workgroups, seven strategic issues were presented to the Steering Committee on January 13, 2016 for prioritization. The method used for this process was a consensus criteria method: a combination of using a prioritization matrix a (weighted voting and ranking) along with group discussion. The Steering Committee came to consensus on a rating for each potential strategic issue with regards to each identified criterion.

The prioritization matrix is a quantitative tool that objectively ranks specific health problems based off the identified criteria and weights. A final weighted score for each strategic issue option will be calculated. The higher the weighted score, the higher the priority will be assigned to the strategic issue. The prioritization matrix which illustrates the criteria scores of the seven strategic issues can be found in the Appendix (B). The strategic issues that ranked in the top five were presented to the community for a final vote.

Community Prioritization

On February 10, 2016 a multi-site community event titled *Live Healthy Lane: Defining Our Future,* was held to share the results of the Community Health Needs Assessment and help develop the 2016-2019 Community Health Improvement Plan.

In total, 257 community members participated across the three sites: Eugene, Florence, and Cottage Grove. ASL and Spanish interpretation were provided for the event. The event was also live-streamed and watched by 31 computers. 9 people submitted voting input online.

The *Live Healthy Lane* event was a great demonstration of people and organizations coming together to make our community healthier. What unites us is our commitment to making better health an opportunity for all people in Lane County.

The event's agenda items included:

- Official Welcome
- Steering Committee Recognition
- Background of CHNA and the MAPP Process
- 2013-2016 CHIP Accomplishments
- Participant Recognition
- CHNA Results – Visioning Session and Four Assessments
- Identified Strategic Issues
- Break and Questions/Answers
- Strategic Issue Voting
- Next Steps and Commitments
- Closing Remarks and Thank You

After hearing the results from the Community Health Needs Assessment, event participants voted (using electronic voters and voting slips) on five strategic issues to identify the priorities for our collaborative work going forward. The following five strategic issues were presented to the community for a vote:

A. Promote access to economic and social opportunities necessary to live a healthy life:
Social and economic opportunities create a better life: high quality education, secure jobs with good wages, and housing that is both safe and affordable. These support a strong community and healthy people.

- Potential impact areas: employment, finances, education, housing, transportation

B. Increase our knowledge and capacity to promote a culture of mental wellness:
Mental health includes emotional, psychological, and social well-being. We can promote good mental health from the start of life until its end. By embracing a culture of mental wellness, people will live longer and happier lives.

- Potential impact areas: reduce mental health stigma, build awareness, support wellness, prevent and treat illness

C. Support access to an integrated system of coordinated care that is appropriate, preventative and patient-centered:
Leaders across countless organizations can bring their skills to the table and work together to improve health. An integrated system makes quality, affordable, and culturally appropriate services possible and accessible. It supports a community where its members can be healthy and thriving.

- Potential impact areas: access to care, preventative services, cost of care, appropriate care, attracting providers.

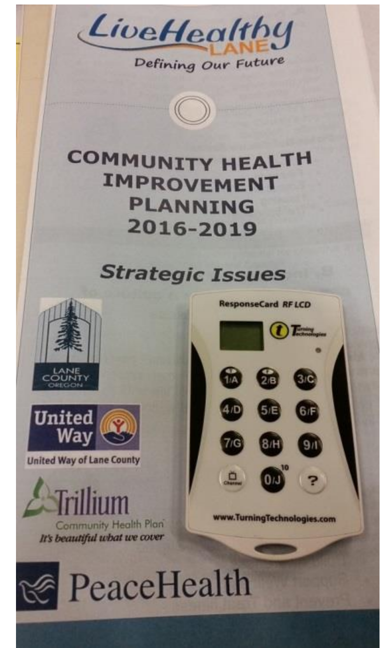
D. Promote an inclusive community that is safe for all:
Community belonging is important to everyone's physical and mental health, happiness and well-being. All deserve to feel safe, welcomed, and free from discrimination and stigma. By building a strong sense of community we can better work together towards common goals.

- Potential impact areas: community programs and activities, violence prevention, civil and social rights, community preparedness and resilience

E. Promote healthy behaviors and engage the community in healthy living:
Healthy actions and choices lead to good health. To create good health, we must make the healthy choice the easy choice. We can support individuals and the community to take positive actions that support a lifetime of healthy living.

- Potential impact areas: nutrition, physical activity, reduce substance abuse, sexual behaviors, stress management

Voting Results



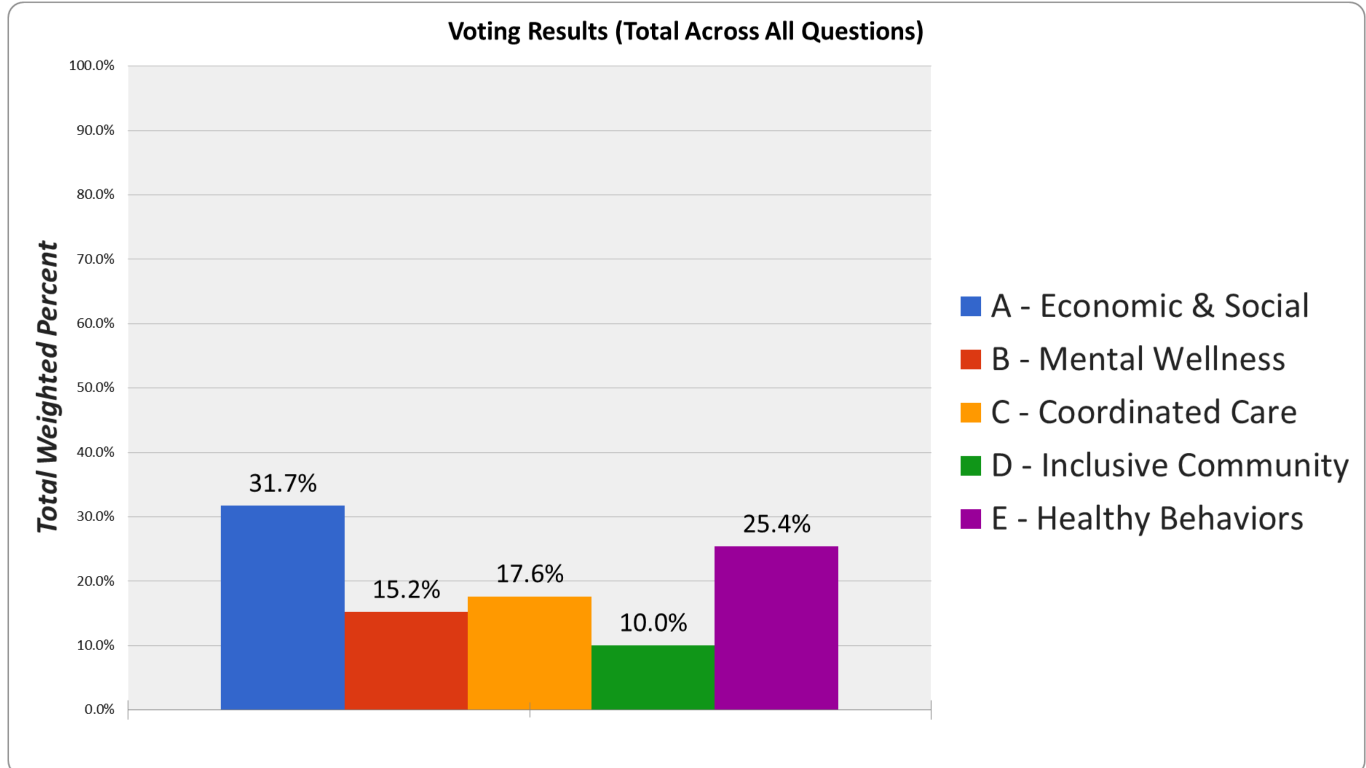
After presenting the results of the Community Health Needs Assessment and the five identified strategic issues, event participants were instructed to select one strategic issue for each of the following voting questions:

1. Which issue is most important to achieve our vision of a healthy community?
2. Over the next three years, where can we make the biggest difference?
3. Which issue are you most passionate about working on?

Each question was equally weighted, and the results of the voting across the three sites, along with online voting responses, revealed two prioritized strategic issues, which will be the foundation for Lane County's 2016-2019 Community Health Improvement Plan. As we make progress in these areas, we firmly believe we will improve population health, well-being, and equity.

- Promote access to economic and social opportunities necessary to live a healthy life.
- Promote healthy behaviors and engage the community in healthy living.

The voting results totals across all questions are illustrated in the graph below. Graphs of the voting results for each question can be found in the Appendix (C).



CHNA assessment support for each strategic issue can be found in the Appendix (D).

Next Steps

Following the announcement of the two prioritized strategic issues, participants were informed of the next steps and invited to be a part of the next phase as we continue to work together to make the region a healthier place for all: developing and implementing a community health roadmap for how to get from where we are to where we want to go. Over the next few months, the focus of the work will be on formulating goals and strategies to address the strategic issues. From there, we will move from planning to action.

Since there are no “one size fits all” blueprints for success, it will be vital for our community build on strengths, leverage available resources, and respond to unique needs. To do so, we will need to harness the collective power of leaders, partners, and community members. It is through the strength of each of us, the resources, and talents we bring, that we can create a stronger, healthier community. Successfully addressing the two strategic issues requires resources, effort, innovations and most importantly, strong participation across the county and sectors. We can make the most different in the health of our community by using a *c*ollective impact approach, where organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success. Ultimately, we can only achieve a culture of health when our public health, social services, and health care systems are working hand in hand. We know that when these systems are integrated intentionally that we see improvements in health and quality of life.

To make an impact, we need the partnership, the passion, and the promise of community members and organizations. Event participants were invited to join United Way, Lane County Public Health, PeaceHealth, and Trillium in this effort. To identify the interest in helping move this work forward event participants were asked to fill out a commitment card, which were then collected. Participants encouraged to follow along on our website: www.livehealthylane.org, where we will present the summary findings of the Community Health Needs Assessment, what we are currently doing/the progress, and keep it up to date with information about how people can get involved in making our community a healthier place for all.

Dissemination of Phase Four Results

The two strategic issues were shared with everyone who participated in the MAPP process and the community at large through online and in-person sharing. In disseminating results, people new to the process have the opportunity to learn more and get involved in the action cycle. The later phases of the MAPP process involve formulating goals and strategies, and narrowing the strategic issues into strategic actionable steps. In sharing the results of phase four and subsequent phases, it is emphasized that while two strategic issues were selected to be the focus of the Community Health Improvement Plan, all areas are interconnected and will be impacted by the work.

Evaluation

Phase four was evaluated with a survey of event participants and Core Team members. Survey questions focused on the process used to identify the issues. Evaluation results were shared with the Core Team for planning purposes and to ensure continuous improvement.

Summary

The 2015-2016 Lane County Region Community Health Needs Assessment is the product of 15 months of collaboration between United Way, Lane County, PeaceHealth, and Trillium, along with our partners and engaging the communities we serve. The findings outlined in this document are only the first step to improving the health of our community. The prioritized strategic issues will form the foundation for the 2016-2019 Lane County Regional Community Health Improvement Plan (CHIP): a collaborative action-oriented plan intended to make a measurable impact on the health of our community. The CHIP Report will be released Summer 2016 and implementation will begin Fall 2016.

Community engagement is the most critical component of the Community Health Needs Assessment process. We are thankful to the thousands of community members and hundreds of organizations across the region who shared their time and expertise by attending the Community Health Visioning Session, the Live Healthy Lane: Defining Our Future event, participating in a focus group or key informant interview, or completing the Community Health Survey. This health improvement planning process has only been possible because of the amazing participation from hundreds of local organizations and thousands of community members. **Thank you!**

Contact

If you would like to be added to our list of Live Healthy Lane partners to receive information about CHIP convenings and periodic updates, or if you or your organization would like to become involved in the Community Health Improvement Plan, please contact us.

Web: www.LiveHealthyLane.org
Email: hamrhein@unitedwaylane.org
Phone: 541-741-6000 x122

Working together to create a caring community where all people can live a healthier life!

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Acknowledgements

Thousands of community members and hundreds of organizations representing public, private and nonprofit groups participated in the 2015-2016 Community Health Needs Assessment. The entire list of participating organizations can be found on the following page. Their time, dedication and efforts are greatly appreciated. The following is a list of key contributors:

100% Health Community Coalition Executive Committee

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Cascade Health Solutions
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Kaiser Permanente
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Cornerstone Community Housing
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McKenzie-Willamette Medical Center
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Trillium Community Health Plan
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United Way of Lane County
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Lane County Health & Human Services
Lisa Gardner
Planned Parenthood of Southwestern Oregon
Alicia Hays
Lane County Health & Human Services
DeLeesa Meashintubby
Volunteers in Medicine
100% Health Safety Net Committee
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Oregon Medical Group
Paul Wagner
RN Sacred Heart Medical Center
Willamette Family
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South Lane Mental Health
Trevor Whitbread
Centro Latino Americano
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Lane County Health and Human Services
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Lane County Health and Human Services
PeaceHealth
Ciera Neeley
United Way of Lane County
David Parker
Trillium Community Health Plan
Jocelyn Warren
Lane County Health and Human Services
Rick Yecny
Trillium Rural Advisory Council

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Community Partners

Thank you to everyone who participated in the 2015-2016 Community Health Needs Assessment!

Health System

Advantage Dental
Bethel Health Center
Cascade Health Solutions
Community Health Centers of Lane County
Cottage Grove Physical Therapy
Emergency Veterinary Hospital
Eugene Health Centers
Healing Spirit Integrative Health Center
Health Care For ALL Oregon
Health Security Preparedness and Response
Hope Family Health Clinic
Kaiser Permanente
Lane Community College Health Clinic
Lane County Maternal and Child Health Programs
Lane County Health and Human Services
McKenzie Surgery Center
McKenzie-Willamette Medical Center
Occupy Medical
Oregon Health Authority
Oregon Heart and Vascular Rehab Program
Oregon Home Care Commission
Oregon Imaging Center
Oregon Medical Group
Oregon Research Institute
PacificSource Health Plans
PeaceHealth
Planned Parenthood of Southwestern Oregon
Rural Oregon Accessible Medicine
Simard Chiropractic
Slocum Center for Orthopedics & Sports Medicine
Taylored Benefits
Trillium Community Health Plan
University of Oregon Health Center
Volunteers in Medicine
White Bird Clinic
Willamette Dental Group

Foundations & Philanthropy

AmeriCorps VISTA
Children's Institute
Slocum Research and Education Foundation
Taubert Foundation
United Way of Lane County

Behavioral and Mental Health

Center for Family Development
Direction Service
HIV Alliance
Lane County Behavioral Health
Laurel Hill Center
Lifestyle Changes
Looking Glass Community Services
National Alliance on Mental Illness (NAMI) of Lane County
Options Counseling and Family Services
Oregon Family Support Network
Oregon Research Behavioral Intervention Strategies
Serenity Lane
Siuslaw Area Partnership to Prevent Substance Abuse
Solutions Therapy, Consulting and Training
South Lane Mental Health
Trauma Healing Project
Willamette Family Inc.

Government

Board of County Commissioners
City of Creswell
City of Eugene
City of Eugene Adaptive Recreation
City of Eugene Planning & Development Department
City of Eugene Public Works
City of Eugene Senior Services
City of Eugene: Recreation Services
City of Florence
City of Oakridge
City of Springfield
City of Veneta
Community Health Centers of Lane County
Congressman Peter DeFazio
Department of Human Services
Eugene City Council
Lane Council of Governments
Lane County Behavioral Health
Lane County Government
Lane County Health & Human Services
Lane County Maternal and Child Health Programs
Lane County Public Health
Lane County Public Works
Oregon Health Authority
Oregon State Legislature
Oregon's 4th Congressional District
US Forest Services, Willamette National Forest

Human Services and Community Organizations

211 Info
90by30
A Community Together
Alliance for Healthy Families
Bethel Family Center
Brattain House Community Family Center
Centro Latino Americano
City of Eugene Adaptive Recreation
City of Eugene Senior Services
City of Eugene: Recreation Services
Coaching Parents
Cottage Grove Family Resource Center
Court Appointed Special Advocates (CASA)
CrossFit Kin
Daisy CHAIN Mothering
Department of Human Services
Downtown Languages
Eugene Civic Alliance
Eugene Family YMCA
Eugene Public Library
Family Forward Oregon
Family Relief Nursery
Fern Ridge Community Dinner
FOOD for Lane County
Goodwill Industries of Lane and South Coast Counties
HealthFirst Financial
Healthy Moves
Hearing Loss Association of America
Huerto de la Familia
Institute for Patient- and Family-Centered Care
Kids' FIRST Center
Lane County Commission for the Advancement of Human Rights
Lane Independent Living Alliance (LILA)
Lane Workforce Partnership
League of United Latin American Citizens
Marcola Family Resource Center
Mohawk-McKenzie Grange
NAACP - Eugene/Springfield Oregon
Oakridge Family Resource Center
Oakridge Kiwanis Club
Ophelia's Place
Oregonians for Gambling Awareness Organization
Parent Partnership Comprehensive Programs
Parenting Now!
Pearl Buck Center
Pilas! Family Literacy Program
Planned Parenthood REVolution
Relief Nursery
School Garden Project of Lane County
Senior and Disability Services
ShelterCare
South Lane Family Resource Center
Sponsors
Springfield Public Library
St. Vincent de Paul
St. Vincent de Paul's Night Shelter Program
Stand For Children
Sustainable Cottage Grove
United Way of Lane County
Walterville Grange
Willamalane Park and Recreation District
Willamette Farm and Food Coalition
WomenSpace
Youth MOVE Oregon

Education

4J Eugene School District
Bethel School District
Creswell School District
Early Childhood CARES
Early Learning Alliance
Head Start of Lane County
Junction City School District
Lane Community College
Lane Community College Health Professions Division
Northwest Christian University
Northwest Youth Corps
Oregon Health and Science University
Oregon State University Extension
Siuslaw School District
South Lane School District
Springfield Public Schools
University of Oregon
Wilagillespie Elementary School

Housing

Cornerstone Community Housing
Housing and Community Services Agency (HACSA)
Housing Policy Board
Lane County Land Use Planning & Zoning
Springfield/Eugene Habitat for Humanity
Viridian Management
Windermere

Transportation

City of Eugene Transportation Options
Eugene and Springfield Safe Routes to School
Lane Transit District (LTD)

Economic Development

Lane County Economic Development
Neighborhood Economic Development Corporation
Upper Willamette Community Development Corporation
WorkSource Lane

LiveHealthy LANE

Businesses

Banner Bank
Cross Cultural Now
Dean/Ross Associates
Emerald Aquatics
Eugene Water and Electric Board
Hawes Financial Group
Hershner Hunter
Lourdes Sanchez Attorneys at Law
Moss Adams LLP
Ninkasi Brewing Company
Pacific Continental Bank
Royal Caribbean Cruises Ltd
Sapient Private Wealth Management
Smith and Associates
US Bank

Media

Rick Dancer Media Services
KEZI 9 News
KLCC
KMTR
Register Guard

Criminal Justice and Public Safety/Emergency Services

Eugene Police Department
Eugene Springfield Fire Department
Johnson Johnson & Schaller, PC
Juvenile Recovery and Progress Court
Lane County Circuit Court
Lane County District Attorney's Office
Lane County Legal Aid & Advocacy Center
Lane County Sheriff's Office
Lane County Youth Services
Oregon Department of Corrections
Public Defender Services of Lane County Inc.
Springfield Police Department
US District Court, District of Oregon

Faith

Centro de fe Community Church
Community Service Center
Discover the Power of Choice
First Christian Church
Power House Worship Center

Coalitions & Committees

100% Health Community Coalition
100% Health Safety Net Committee
Be Your Best Cottage Grove
Bicycle and Pedestrian Advisory Committee
CHIP Equity Workgroup
CHIP Mental Health and Addictions Workgroup
CHIP Obesity Prevention Workgroup
CHIP Tobacco Prevention Workgroup
Coalition of Local Health Offices
Community Resource Network
DHS District 5 Advisory Committee
Early Childhood Mental Health Team
Early Learning Alliance
Early Learning Alliance Pediatric Advisory Group
Early Learning Stakeholders
Eugene Springfield Prevention Coalition
Family Resource Center Managers
Lane County Mental Health Promotion Steering Committee
Lane Equity Coalition
Mental Health Advisory/Local Alcohol and Drug Planning Committee
Patient and Family Advisory Council
PeaceHealth Health and Wellness Committee
Pediatric Advisory Group
Public Safety Coordinating Council - Adult Committee
Public Safety Coordinating Council - Youth Committee
Trillium Community Advisory Council
Trillium Rural Advisory Council
United Way Emerging Leaders
United Way Human Service Providers Forum

Lane County and Reedsport Community members and consumers

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Glossary

10 Essential Public Health Services

The 10 Essential Public Health Services, developed by representatives from federal agencies and national organizations, describe what public health seeks to accomplish and how it will carry out its basic responsibilities. The list of 10 services defines the practice of public health. These services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Access/Access to Care

This is the extent to which a public health service is readily available to the community's individuals in need, including the capacity of the agency to provide service in a way that honors the social and cultural characteristics of the community. It also focuses on agency efforts to reduce barriers to service utilization. "Access to care" refers to access in a medical setting.

Action Cycle

During Phase Six, Action Cycle, the community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

Behavioral Risk Factors

Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to most accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life. The Behavioral Risk Factor Surveillance System includes the indicators tobacco use, illegal drug use, binge drinking, nutrition, obesity, exercise, sedentary lifestyle, seatbelt use, child safety seat use, bicycle helmet use, condom use, pap smear screening, and mammography screening.

Chronic Diseases

These are diseases of long duration, generally slow progression, and can be multisymptomatic. Examples include heart disease, stroke, cancer, arthritis, chronic respiratory diseases, and diabetes.

Community

Broad community participation is vital to a successful MAPP process. Activities for each phase include specific consideration of ways to gain broader community member participation. This will ensure that the community's input is a driving factor.

Community Assets

Contributions made by individuals, citizen associations, and local institutions that individually or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members.

LiveHealthy LANE

Community Health Improvement Plan (CHIP)

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

Community Health Needs Assessment (CHNA)

A Community Heath Assessment engages community members and local public health system partners to collect and analyze health-related data from many sources. Critical tasks are accomplished through the Community Health Needs Assessment: informs community decision-making; prioritizes health problems; and assists in the development and implementation of community health improvement plans.

Community Member

This is anyone who works, learns, lives, and plays in the Lane County, Oregon and Reedsport community.

Consumer

This is anyone who is the recipient of services or commodities.

Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates; by degree of premature death (Years of Productive Life Lost); and by cause (disease—cancer and non-cancer or injury—intentional, unintentional). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease.

Demographic Characteristics

Demographic characteristics of a jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths, and migration patterns.

Environmental Health Indicators

The physical environment directly impacts health and quality of life. Clean air, water, and safely prepared food are essential to physical health. Exposure to environmental substances, such as lead or hazardous waste, increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

Evidence-based

Supported by the current peer-reviewed scientific literature.

Formulate Goals and Strategies

In Phase Five, Formulate Goals and Strategies, goals that the community wants to achieve are identified that relate to the strategic issues. Strategies are then identified to be implemented.

Four MAPP Assessments

During Phase Three, Four MAPP Assessments, qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.

Goals

Goals are broad, long-term aims that define the desired result associated with identified strategic issues.

Health
This is a dynamic state of complete physical, mental, spiritual, and social wellbeing and not merely the absence of disease or infirmity.

Health Disparity
Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by people who have historically made vulnerable by policies set by local, state, and Federal institutions. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), gender identity, or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

Health Equity
Health equity is the realization by *all* people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.

Health Inequity
Health inequities are differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

Health Resource Availability
Factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, it includes measures of access, utilization, and cost and quality of health care and prevention services.

Health Risk
This is a condition of humans that can be represented in terms of measurable health status or quality-of-life indicators.

Health Status
This is the current state of a given population using various indices, including morbidity, mortality, and available health resources.

Identify Strategic Issues
In Phase Four, Identify Strategic Issues, the data are analyzed to uncover the underlying themes that need to be addressed in order for a community to achieve its vision.

Incidence
This is the measure of the frequency with which new cases of illness, injury, or other health condition occur among a population during a specified period.

Indicator
This is a measure of health status or health outcome such as the number of people who contract a respiratory disease or the number of people who die from a particular chronic disease. Measures/data that describe community conditions (e.g., poverty rate, homelessness rate, number of food stamp recipients, life expectancy at birth, heart disease mortality rate) currently and over time.

Infectious Disease
A disease caused by the entrance into the body of a living organism (e.g., Bacteria, protozoans, fungi, or viruses). An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

Injury
Any damage to the body due to acute exposure to amounts of thermal, mechanical (kinetic or potential), electrical, or chemical energy that exceed the individual's tolerance for such energy, or to the absence of such essentials as heat or oxygen. This includes intentional injuries (e.g., homicide, suicide) as well as unintentional injuries, regardless of where they occur, the activity that was taking place when the injurious event happened, or the object that was involved in the energy transfer.

Local Public Health System
This is the collection of public, private and voluntary entities, as well as individuals and informal associations, that contribute to the public's health within a jurisdiction.

Steering Committee
This is the group that gives the MAPP process direction. The Steering Committee serves in a similar function as a board of directors and is representative of the local public health system.

Strategies
Strategies are patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.

Strategic planning
Strategic planning is continuous and systematic process whereby an organization or coalition makes decisions about its future, develops the necessary procedures and operations to achieve that future, and determines how success is to be measured.

Maternal and Child Health
This is a set of programs and policies focusing on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, or utilization of, care is included. One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. Births to teen mothers are a critical indicator of increased risk for both mother and child.

Mobilizing for Action through Planning and Partnerships (MAPP)
This is a community-wide strategic planning process for improving public health.

National Association of County and City Health Officials (NACCHO)
NACCHO's vision is health, equity, and security for all people in their communities through public health policies and services. NACCHO's mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

National Public Health Performance Standards (NPHPS)
The NPHPS is designed to measure public health practices at the state and local levels. Three NPHPS instruments exist to measure local, state, and government provision of the 10 Essential Public Health Services, respectively. The local instrument, referred to as the local public health system assessment in Mobilizing for Action through Planning and Partnerships (MAPP), evaluates the capacity of local public health systems to deliver the 10 Essential Public Health Services. The NPHPS Local Instrument is the instrument used to complete the Local Public Health System Assessment in MAPP.

Public Health
This is the science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the

social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.

Quality of Life

While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community wellbeing, other valid dimensions of quality of life include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

Social and Mental Health

This data represents social and mental factors and conditions, which directly or indirectly influence overall health status and individual and community quality of life.

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. They include the social environment, physical environment, and health services.

Socioeconomic Characteristics

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Stakeholders

All persons, agencies, and organizations with an investment or “stake” in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public’s health and overall wellbeing.

Strategic Issue

Strategic issues are those fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision.

Strategic Plan

This is a plan resulting from a deliberate decision-making process that defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

Sub-committee

For several phases of MAPP, especially the Four MAPP Assessments, subcommittees are designated to oversee the work. The sub-committees include representation from the Core Team and other individuals with specific expertise, skills, or knowledge.

Visioning

During Phase Two, Visioning, those who work, learn, live, and play in the MAPP community (Lane County, Oregon) create a common understanding of what it would like to achieve. The community decides the vision, which is the focus of the MAPP process.