

Community Health Needs Assessment

Douglas County, Oregon

2022



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Health**

Table of Contents

Executive Summary	3	Community Health Needs	28
Service Area	4	Prioritized Significant Health Needs	28
Demographics	4	Prioritized Health Topic #1A: Behavioral Health – Mental Health and Substance Abuse	28
Methods for Identifying Community Health Needs	4	Prioritized Health Topic #1B: Economy and Poverty	31
Summary of Findings	5	Prioritized Health Topic #2: Access to Health Care Services	33
Prioritized Areas	5	Prioritized Health Topic #3: Healthy Food, Nutrition, and Physical Activity	35
COVID-19 Impact Snapshot	6	Non-Prioritized Significant Needs	37
Conclusion	6	Education	38
Retrospective	7	Built Environment	39
Accomplishments from the 2019-2022 Community Health Improvement Plan	7	Domestic Violence	40
Introduction	10	Crime and Neighborhood Safety	41
About Douglas County Communities' Network of Care	10	Tobacco Use	42
Vision and Values	10	Community Health Improvement Plan for Prioritized Health Needs	43
Partner Agencies	10	Appendix A–COVID-19 Recommended Data Sources	44
Mobilizing for Action through Planning and Partnerships (MAPP) and Community Health Improvement Planning for Integrated Care Framework	11	National Data Sources	44
Consultants	11	Oregon Data Sources	44
Community Overview	12	Appendix B–Data Collection Tools	45
Service Area & Geographic Description	12	Community Survey Tool	52
Demographics	12	Key Informant Interview Guide	61
COVID-19 Impact Snapshot	18	Appendix C–Forces of Change and Care Integration Assessment Summaries	62
Community Impact	18	Forces of Change Summary Report	62
Recommended Data Sources	18	Care Integration Assessments	72
Methodology	19	Appendix D–Prioritization Criteria and Results	73
Secondary Data Review	19	Prioritization Criteria	73
Primary Data Collection and Analysis	20	Prioritization Results	74
Forces of Change Assessment	20	Prioritization Voting Part 1 Results	74
Care Integration Assessment	21	Prioritization Voting Part 2 Results	74
Community Themes and Strengths Assessment	21	Demographic and Secondary Data Sources	75
Data Considerations	25		
Data Synthesis	25		
Prioritization	26		
Prioritization Process & Criteria	26		

List of Figures

Figure 1 Timeline of CHA Activities	11
Figure 2 Map of Service Area - Douglas County	12
Figure 3 Population by Race	13
Figure 4 Population by Ethnicity - Hispanic or Latino	13
Figure 5 Median Earnings by Sex	14
Figure 6 Business Firms by Demographic Ownership	14
Figure 7 Children Under 18 in Poverty by Race	14
Figure 8 Median Gross Rent	15
Figure 9 Education Attainment	15
Figure 10 Uninsured Population	16
Figure 11 Types of Disability	16
Figure 12 Life Expectancy by Race/Ethnicity	17
Figure 13 Leading Causes of Death Under Age 75	17
Figure 14 COVID-19 Cases in Douglas County - March 2020 to January 2021	18
Figure 15 Data Indicator Ranking	19
Figure 16 Secondary Data Review Process	20
Figure 17 Age of Survey Respondents	21
Figure 18 Sex of Survey Respondents	21
Figure 19 Race of Survey Respondents	22
Figure 20 Ethnicity of Survey Respondents – Hispanic or Latino	22
Figure 21 Income of Survey Respondents	22
Figure 22 Community Survey - Health of the Community	23
Figure 23 Community Survey - Top Health and Social Issues	23
Figure 24 Behavioral Health Access - Community Survey	29
Figure 25 Economy and Poverty - Community Survey	31
Figure 26 Access to Health Care Services - Community Survey	34
Figure 27 Healthy Food, Nutrition, and Physical Activity - Community Survey	36

List of Tables

Table 1 Secondary Data Indicators- Top Need Areas	20
Table 2 Key Informant Interview Organizations	24
Table 3 Significant Health Needs	25
Table 4 Prioritization Organization Participation	26

Executive Summary

Douglas County Communities' Network of Care is pleased to present its 2020 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). This report provides an overview of the methods and processes used to identify and prioritize significant health needs in the Douglas County health service area. The Network of Care partnered with Conduent Healthy Communities Institute (HCI) to conduct the 2020 CHA/CHIP.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Douglas County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Douglas County.

Findings from the CHA have been utilized to develop the Community Health Improvement Plan (CHIP) for Douglas County that includes strategies and activities that will provide and connect residents with resources to address health challenges in the community. The CHA and CHIP processes were informed by Oregon Legislature House Bill 2675 requirements for coordinated care organizations (CCOs), which calls for collaborative community-based initiatives to purposefully integrate key services within the delivery system and ultimately within the programs addressing the social determinants of health. The CHIP development summary and outline are included at the end of this report.

On March 16, 2022, the CHI Mercy Health Board of Directors reviewed and approved this document. Written comments were invited through social media channels. The report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at CHI Mercy Medical Center by contacting Nancy Lehrbach at 541.677.2467 or nancylehrbach@chiwest.com.

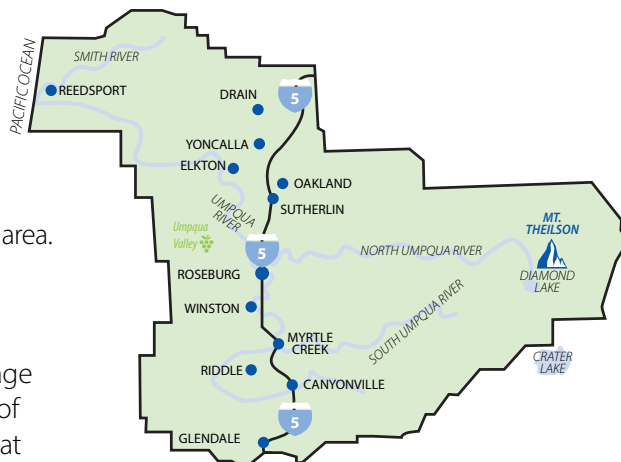


Service Area

The service area for the Network of Care is defined as the geographical boundary of Douglas County, OR. The geography of Douglas County, stretching from the Pacific Ocean to the Umpqua National Forest, is a diverse landscape located in the southwestern portion of Oregon. The county seat is the City of Roseburg and is made of many sub-communities spread across the area.

Demographics

Douglas County has a population of approximately 109,114. The age distribution of Douglas County skews older than the population of Oregon overall. The racial makeup of Douglas County is somewhat homogenous, with 92.4% of the population identifying as white. Those community members who identify as two or more races represent the second largest proportion of all races in Douglas County and almost 6% of the population identifies as Hispanic or Latino.



Methods for Identifying Community Health Needs

Secondary Data:

The secondary data used in this assessment were primarily obtained and analyzed from the Network of Care community health dashboard <https://douglas.or.networkofcare.org/ph/index.aspx>. This dashboard includes a comprehensive set of more than 200 community indicators covering 17 topics in the areas of health, social determinants of health, and quality of life. The data are derived from state and national public secondary data sources. The value for each of these indicators is compared to other Oregon communities, nationally or locally set targets, and to previous measurement periods when available. Additional data sources utilized for the secondary data review included **County Health Rankings, United States Census Bureau, Oregon Health Authority, and Oregon Department of Human Services.**

Primary Data–Community Input:

The assessment was further informed by (1) interviews with community members who have a fundamental understanding of Douglas County's needs and represent the broad interests of the community, and (2) a community survey distributed to residents throughout Douglas County.

Summary of Findings

The CHA findings are drawn from an analysis of an extensive set of secondary data and in-depth primary data from community leaders, non-health professionals, and organizations that serve the community at large, vulnerable populations, and/or populations with unmet health needs.

Through a synthesis of the primary and secondary data, the following top health needs were determined:

1. Behavioral Health - Mental Health and Substance Abuse
2. Economy and Poverty
3. Access to Health Care Services (includes social factors for accessing services and care coordination with social services)
4. Healthy Food, Nutrition, and Physical Activity (includes access to healthy foods and food insecurity)
5. Education
6. Built Environment
7. Domestic Violence
8. Crime and Neighborhood Safety
9. Tobacco Use

Disparities:

Identifying disparities along race/ethnicity, gender, age, and geographic lines is essential for informing and focusing on strategies that will address the prioritized health needs. Primary and secondary data revealed unique challenges and barriers based on resident geographic location, particularly for those who live outside of the Roseburg metro area. The Hispanic or Latino population was also identified as a group whose needs may be underserved, particularly for those whose first language is not English. Furthermore, the data show that a growing aging population faces increased health issues and challenges.

Prioritized Areas

On December 17, 2020, The Network of Care partners and members of the community, including the Umpqua Health Community Advisory Committee, came together to learn about the significant health needs identified through primary and secondary data analysis in a virtual session led by consultants from HCI. This session was followed by virtual ranking exercises and group discussions. The Network of Care leadership team met to review the rankings and participant feedback to narrow the final prioritized areas. The following three areas were identified as priorities to address:

Douglas County Prioritized Needs

- Behavioral Health
- Access to Health Care Services
- Healthy Food, Nutrition, and Physical Activity

COVID-19 Impact Snapshot

At the time that the CHA process began, Douglas County was in the midst of dealing with the COVID-19 pandemic. The CHA project team utilized additional data sources and gathered primary data to provide a snapshot of the impact of COVID-19 on Douglas County. More details of these findings are found in the “COVID-19 Impact Snapshot” section and incorporated throughout report’s findings.

Conclusion

This report describes the process and findings of a comprehensive health assessment for Douglas County residents. The prioritization of the identified significant health needs will guide the community health improvement efforts. To begin to address the top three prioritized needs in Douglas County, the CHIP framework is included at the end of this report. The Network of Care is dedicated to serving Douglas County residents by providing exceptional care, services, and promoting wellness for all.



Accomplishments from the 2019-2022 Community Health Improvement Plan

Mercy Medical Center's (MMC) 2016-2019 Community Health Needs Assessment identified five priorities: Mental Health and Mental Disorders; Children's Health; Access to Health Services; Education; and Substance Abuse. We next identified existing resources and partnerships and then expanded our vision to include new ideas and collaborations in order to address these needs. As a result, our strategies were able to achieve results across multiple focus areas.

Increasing health equity requires information, inclusion, leadership and action. By adapting an open and fluid approach to addressing the challenges and barriers to health, we identified connections and applied strategies that addressed multiple needs as illustrated in the following table.

Table: Applied Strategies to Addressed Needs

	Mental Health & Mental Disorders	Children's Health	Access to Health Services	Education	Substance Abuse
MMC is nearing completion of a 12-bed inpatient behavioral health unit to serve the mental health and psychiatric needs of vulnerable populations.	X		X		
MMC and its subsidiaries i.e Evergreen Family Medicine, implemented a tele-psychiatry program to provide 24/7 access to patients admitted to the hospital with issues related to mental health needs.	X		X		
Through a partnership with Compass Behavioral Health, we implemented a system to fast track patients with mental health needs to appropriate service channels.	X				
Community-based Rural Teams are being utilized to share information about resources to support residents who live in isolated communities to increase their understanding and access to services. They are also receiving training about smoking cessation and substance abuse.	X			X	X
A multi-stakeholder collaboration to implement the Douglas County Network of Care (NOC) functions as a digital platform for health services information, an active Health Information Exchange; and an epidemiologic tool.	X			X	X
HKOP provided preventative dental health care to approximately 10,000 youth annually in grades K-12 in 38 Douglas County schools. Services included assessment, fluoride varnish and sealants on untreated, erupted molars.		X	X		

Through in-person and virtual learning, students in grades K-12 received age-appropriate oral health education and a take-home oral hygiene kit. We also distributed 12,000 oral hygiene kits to students when schools moved to distance learning in response to the pandemic.		X		X	
HKOP deployed Health Resource RNs to Douglas County schools to teach health and hygiene education. They also encouraged physical activity through the BEPA (BE Physically Active) toolkit distributed to schools through Douglas Education Service District (ESD).		X		X	
Twelve schools hosted Kids in the Kitchen, a healthy cooking class for youth developed by HKOP and Oregon State University (OSU) SNAP-Ed.		X		X	
HKOP, OSU and Blue Zone lead a food waste study at three school cafeterias.		X		X	
HKOP Dental provided connection to a dental provider for children with urgent and/or immediate dental needs.		X	X		
HKOP Health Resource RNs assisted families with referrals to health services and/or community resources. Mercy Foundation's Children's Health Care Fund provided assistance to families for out-of-area travel to see a medical specialist, prescriptions or other medical expenses not covered by insurance.		X	X		
Launched "Beyond the Diagnosis - Living with Type 1 Diabetes" to address the physical and social/emotional needs of youth with Type 1 diabetes. The project provides support, access to resources and education to families. The project coordinators also assist with referrals and prior authorizations to help youth and families access care.		X	X	X	
Received grants from the USDA and FCC to implement school-based telehealth clinics in 22 rural schools. The project is in partnership with Cow Creek Health and Wellness Center and Evergreen Family Medicine and is expected to be launched in 2022.		X	X		
Secured a three-year HRSA grant in 2019 to fund a Rural Residency Training Program.			X		

Mercy Foundation secured funds to develop a Mobile Food Pantry in partnership with the United Community Action Network (UCAN) a local food pantry to increase access to healthy food options, promote balanced eating and food preparation skills and provide information about health services resources to residents living in “food deserts”.			X	X	
Launched a Veggie Rx program with community partners to facilitate healthy eating among Medicaid and Medicare populations.			X	X	
Mercy Medical Center collaborated with Roseburg Downtown Association and Blue Zones to create a smoke and butt-free zone in the downtown shopping district. We also worked with the City of Roseburg to adopt smoke-free family events in the downtown area.				X	X
We continued our partnership with the Truth Initiative to launch “This is Quitting”, a free mobile app aimed at 13-to-19 year olds to help them quit e-cigarettes and vaping.				X	X
236 people enrolled in “Become and EX”, a digital platform to help with smoking cessation. We also promoted Nicotine Replacement Therapy (NRT) as a safe and effective alternative to smoking.				X	X
The hospital formed, adopted and implemented a smoke-free and tobacco-free campus policy.				X	X
HKOP’s Dental Learning Lab was recognized as a best practice model by the state, and the Oregon Health Authority (OHA) now requires all school-based dental programs to include an oral health education component to their dental clinics.		X		X	
Through community partnerships, ten agencies were trained in the use of Naloxone and provided with kits to reduce deaths from drug overdoses. In one year, 96 overdoses were reversed.				X	X
Mercy Foundation’s Human Trafficking Task Force trained law enforcement agencies and first responders about the link between human trafficking and “sex for drugs”.				X	X

Introduction

This report provides an overview of the Network of Care and the methods and processes used to identify and prioritize significant health needs in the Douglas County service area.

About Douglas County Communities' Network of Care

Vision and Values

"The mission of Douglas County Communities' Network of Care is to coordinate the necessities of our community's most vulnerable populations through empowering, compassionate care. The members of our stakeholder group operate as a unified force of transformation, by advocating for those at-risk, and using technology to illuminate the pathway between serving organizations and those individuals with needs. The overall goal is to contribute to the overall wellness of individuals, families, neighborhoods, and communities by making awareness of healthcare resources."

Partner Agencies

The Network of Care is a multi-sector coalition of organizations that provide health care and social services to residents across Douglas County.

Founding Partners

- Adapt Oregon–Compass Behavioral Health
- Aviva Health
- CHI Mercy Helath–Mercy Medical Center
- Cow Creek Band of Umpqua Tribe of Indians
- Douglas Education Service District
- Douglas Public Health Network
- Evergreen Family Medicine
- Umpqua Health Alliance

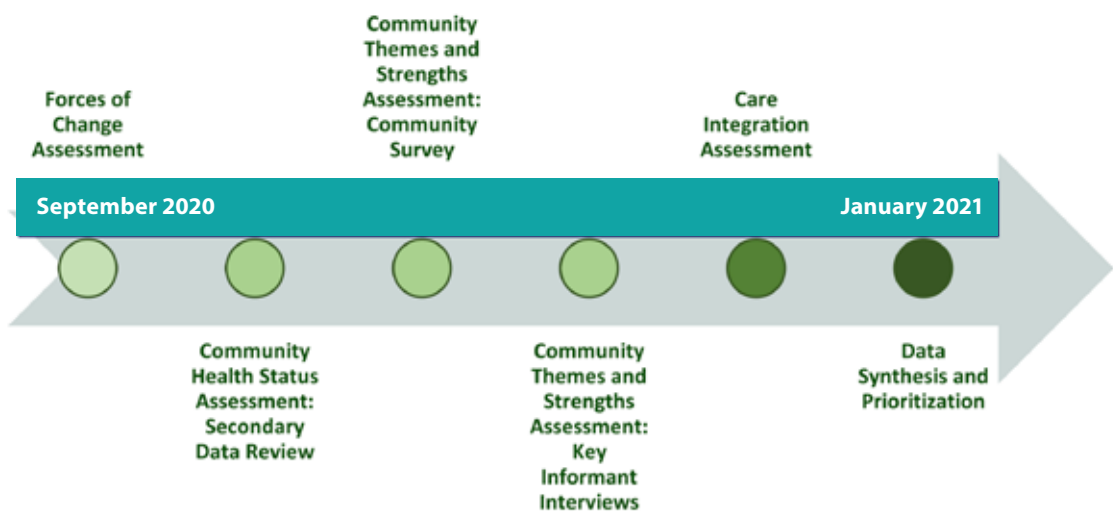
Affiliated Partners

- Advantage Dental from DentaQuest
- Blue Zones Project
- Head Start
- Chadwick Clubhouse
- Children's Institute
- Creating Community Resilience
- Department of Human Services, Child Welfare Program
- Douglas County Juvenile Department
- Family Development Center
- Health Care Coalition of Southern Oregon
- NeighborWorks Umpqua
- Peace at Home Advocacy Center
- Phoenix School of Roseburg
- South-Central Early Learning Hub
- United Community Action Network (UCAN)
- Umpqua Community College

Mobilizing for Action through Planning and Partnerships (MAPP) and Community Health Improvement Planning for Integrated Care Framework

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health developed by the National Association of County and City Health Officials (NACCHO; www.naccho.org). The Network of Care partner agencies leveraged the MAPP framework to complete the CHA process. This framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of the local health system. The Oregon Health Authority's CCO care integration assessment was incorporated into the MAPP process which included a planning and preparation phase, a brainstorming phase, and an identification of resources and opportunities phase in accordance with [Oregon House Bill 2675](#). Conduent HCI facilitated the MAPP and CCO assessment process. A timeline of assessments and activities is outlined in Figure 1.

Figure 1. Timeline of CHA Activities



Consultants

The Network of Care commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2020/21 CHA and CHIP. HCI works with clients across the nation to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health/>

Report authors from HCI Include:

- Courtney Kaczmarzky, MPH, Public Health Consultant
- Maudra Brown, MPH, Public Health Consultant
- Era Chaudhry, MPH, Public Health Research Associate
- Zack Flores, Project Coordinator

Community Overview

Service Area & Geographic Description

Covering 5,034.3 square miles, Douglas County, Oregon is the 5th-largest county in Oregon by area (Figure 2). Douglas County is bordered by Josephine County, Lane County, Curry County, Jackson County, Klamath County, and Coos County. Douglas County extends from the Pacific Ocean to the Cascade Range. The seat of Douglas County is the City of Roseburg. The Roseburg community developed along both sides of the South Umpqua River and is traversed by Interstate 5. A portion of the Umpqua National Forest is in Douglas County.

Figure 2. Map of Service Area - Douglas County



Douglas County Zip Codes

97471	97496	97499	97416	97453	97473	97494
97470	97467	97417	97442	97733	97731	97428
97424	97462	97443	97447	97436	97484	97432
97457	97469	97493	97435	97490	97441	97481
97479	97495	97486	97410	97429	97604	

Demographics

The following section explores the demographic profile of Douglas County. The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates for Douglas County are sourced from the 2019 American Community Survey 5-Year Population Estimates, unless otherwise indicated.

Population

The population of Douglas County is 109,114. 46% of the population of Douglas County lives in the two zip codes that make up the Roseburg area, 97470 and 97471ii. Compared to the overall Oregon population, the population of Douglas County is older and there is a higher percentage of the population that are veterans. 5.2% of the population are under 5 years old, 80.6% are 18 years and older, and 25.2% are 65 years and older. 91.0% of veterans are male and 9.0% are female.

Median Age

Douglas County: 47.1 years old
Oregon: 39.7 years old

Veteran Population

Douglas County: 13.8%
Oregon: 7.9%

Population (continued)

The population of Douglas County is predominately white (Figure 3) and 5.8% of the population are Hispanic or Latino (Figure 4). 4.3% of the population speak a language other than English in the home, of which 2.2% speak Spanish in the home.

Figure 3. Population by Race

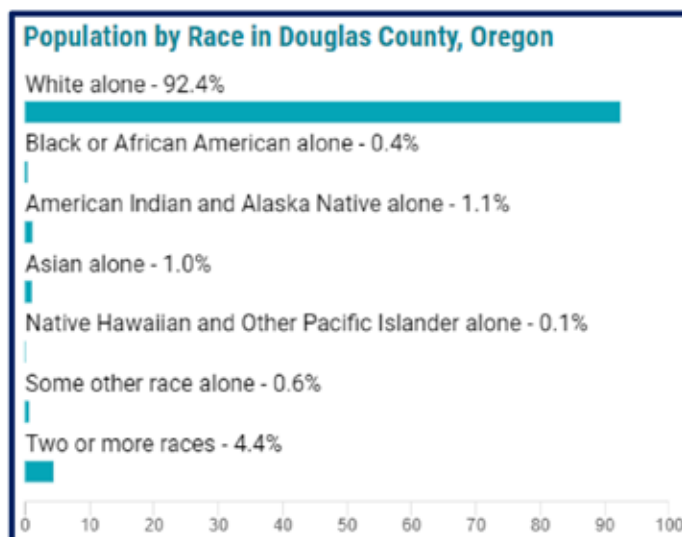
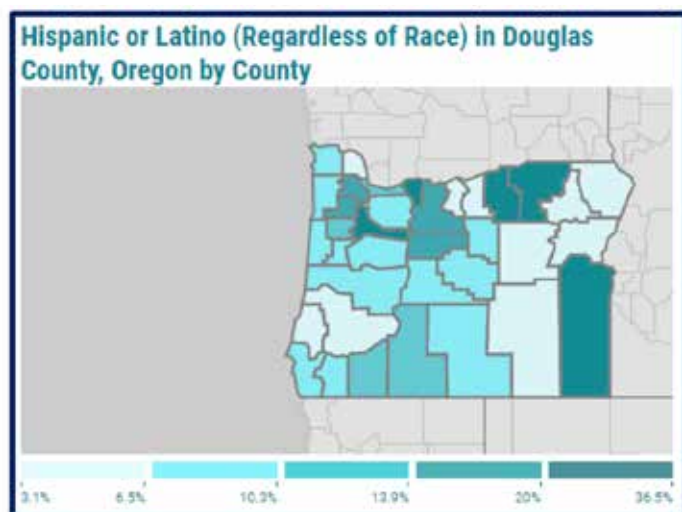


Figure 4. Population by Ethnicity - Hispanic or Latino



Social Determinants of Health

The median household income is \$47,267 in Douglas County which is lower than the median household income overall in Oregon (\$67,058). The employment rate in Douglas County is 47.7%. Fulltime male workers median earnings are higher than female fulltime workers (Figure 5). There are 7,843 business firms in Douglas County, of which 2,321 are owned by women and 545 are minority owned (Figure 6). 16.2% of the population in Douglas County live in poverty which is higher than in Oregon overall (11.4%). In addition, 22.1% of children under 18 live in poverty in Douglas County which is also higher than children in poverty overall in Oregon (13.1%). Based on data from the Small Area Income and Poverty Estimates program (2014-2018 Estimates)ⁱⁱⁱ, Hispanic and American Indian/Alaska Native children under 18 are more likely to live in poverty than other race/ethnic groups (Figure 7).

Employment, Income, and Poverty

Figure 5. Median Earnings by Sex

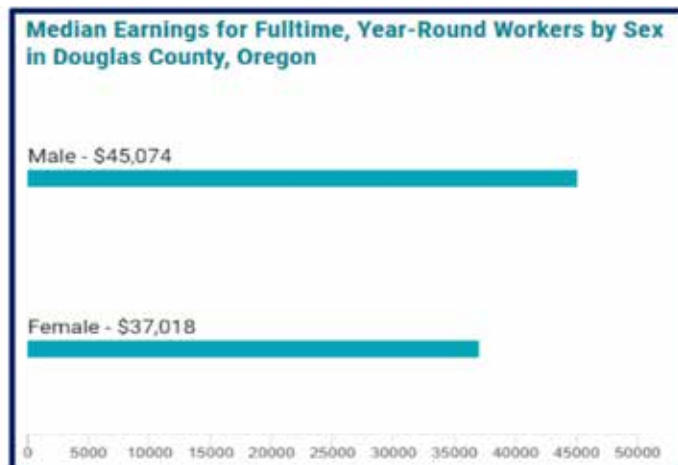


Figure 6. Business Firms by Demographic Ownership

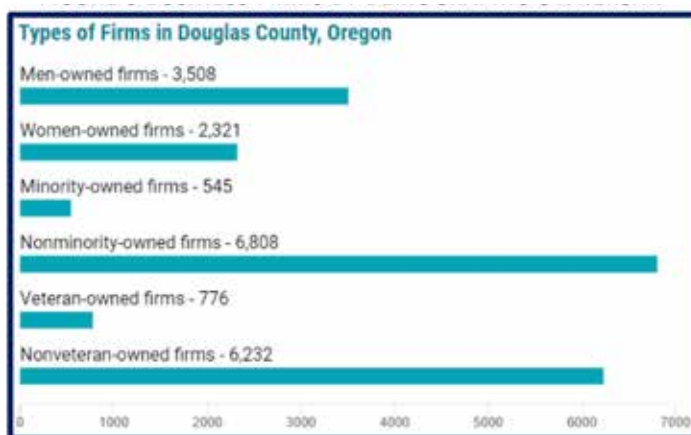


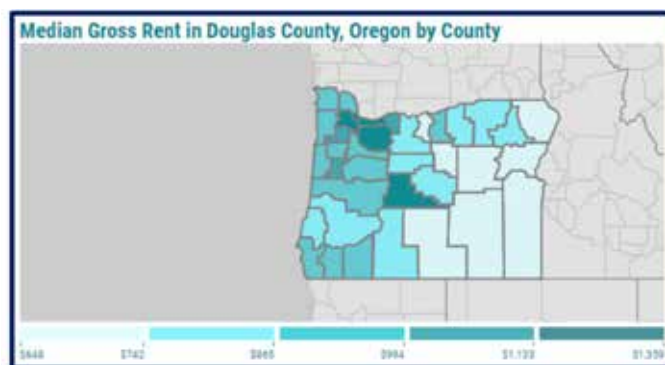
Figure 7. Children under 18 in Poverty by Race

% Children in Poverty	VALUE
American Indian & Alaska Native	32%
Asian	7%
Black	20%
Hispanic	39%
White	23%

There are 50,332 housing units in Douglas County and the median housing value is \$199,200. 68.2% of the residents in Douglas County own their home. The 2019 median gross rent is \$824 which is higher than the previous 2018 estimates and has continued to increase year to year. The median gross rent in Douglas County is similar to the counties to the east and west but slightly lower than in the adjacent counties to the north and south (Figure 8).

Housing

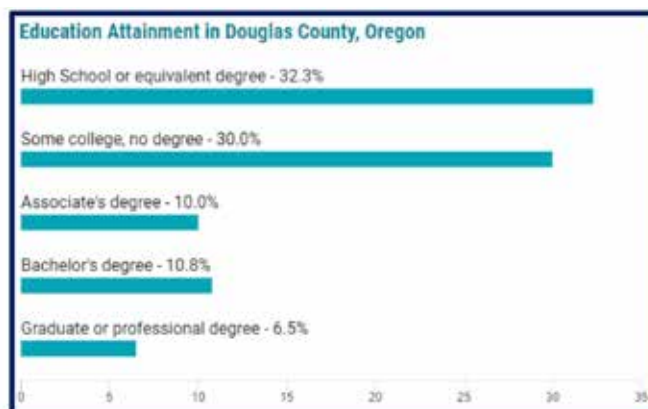
Figure 8. Median Gross Rent



A higher level of education is associated with higher income and greater wealth which are also correlated with better health outcomes. 89.6% of residents in Douglas County have a high school degree or higher, which is only slightly lower than Oregon overall (91.4%). 10% of residents that live in Douglas County have an associate's degree and 17.3% have a bachelor's degree or higher (Figure 9). It is notable that 30.0% of residents have attended some college but have not completed a degree program.

Education

Figure 9. Education Attainment

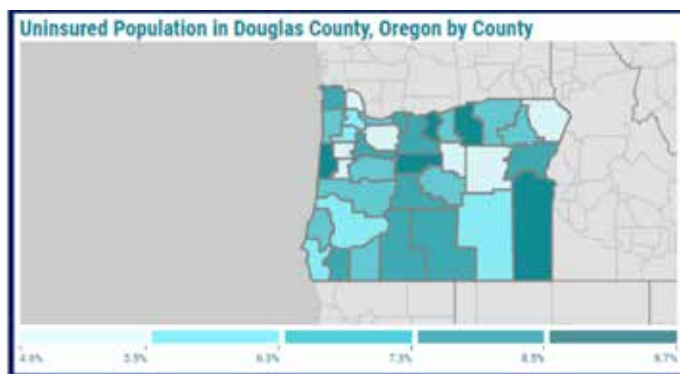


Health

In the United States, 8.8% of the population do not have health insurance. In comparison, 6.3% of residents in Douglas County are without health insurance in Douglas County which is slightly lower than in Oregon overall (7.2%) and the surrounding counties (Figure 10).

Health Insurance

Figure 10. Uninsured Population

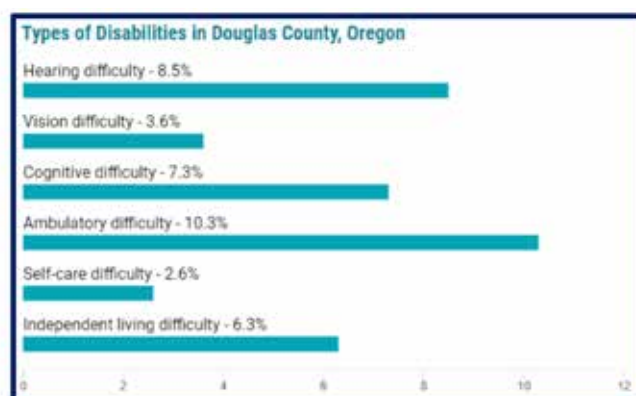


20.8% of the population in Douglas County lives with a disability which is higher than in the overall Oregon population (14.7%). Ambulatory difficulty, or having serious difficulty walking or climbing stairs, is the most common disability (10.3%) amongst the disabled population followed by hearing difficulty (8.5%) and cognitive difficulty (7.3%) (Figure 11). To see the full definition of each disability type go to:

<https://www.census.gov/topics/health/disability/about/glossary.html>.

Disability

Figure 11. Types Of Disability



The overall life expectancy in Oregon is 79.8 years with a range between 76.1 and 82.8 across counties. The life expectancy in Douglas County is 77.2 years. White residents in Douglas County have a lower life expectancy compared to other race/ethnic groups in the community (Figure 12). The leading cause of death for residents under age 75 in Douglas County is malignant neoplasms, or cancerous tumors, (99.9 deaths per 100,000 residents, adjusted by age) followed by diseases of the heart (Figure 13).

Length of Life and Leading Causes of Death

Figure 12. Life Expectancy by Race/Ethnicity

	<i>Value</i>	<i>Error Margin</i>
Life Expectancy	77.2	76.6-77.7
American Indian & Alaska Native	80.4	76.5-84.4
Hispanic	84.9	79.7-90.0
White	76.8	76.2-77.4

Figure 13. Leading Causes of Death Under Age 75

	<i>Deaths</i>	<i>Age-Adjusted Rate per 100,000</i>
Malignant neoplasms	539	99.9
Diseases of heart	294	55.8
Chronic lower respiratory diseases	158	28.2
Accidents	147	46.7
Diabetes melitus	105	21.3

COVID-19 Impact Snapshot

At the time that the Network of Care began the CHA, and throughout this process, Douglas County and the state of Oregon were in the midst of dealing with the novel coronavirus (COVID-19) pandemic. The process for conducting the assessment remained fundamentally the same, however, there were adjustments made during the data collection and assessment processes to ensure the health and safety of those participating.

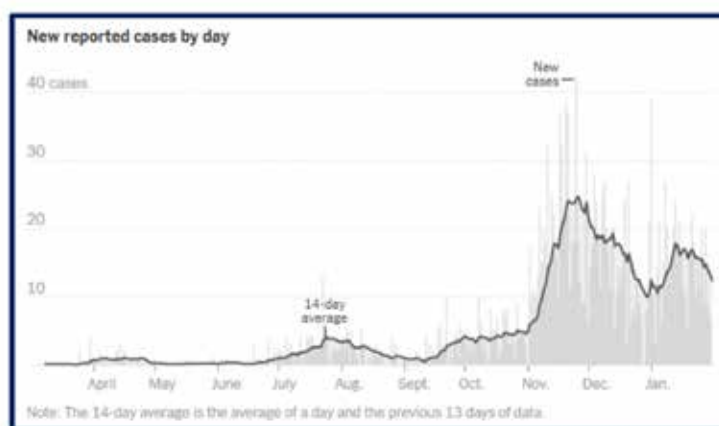
Community Impact

Upon completion of this report in early 2021, the pandemic was still very much a health crisis across the United States and in most countries. The Oregon Health Authority announced the first presumptive case in Oregon in February 2020. On March 8, 2020, Oregon declared a state of emergency “due to the public health threat posed by the novel infectious coronavirus.” At this point, there were 14 presumptive or confirmed coronavirus cases in Oregon. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. On March 13, 2020, a U.S. national emergency was declared.

Oregon Governor Kate Brown issued closure of all K-12 schools in March 2020 and in-person classes were canceled for the remainder of the school year. All public school districts, private schools, and state sponsored charters were required to make [Operational Blueprint\(s\)](#) for all of their schools in order to take steps to reopen in Fall 2021. According to the U.S. Bureau of Labor Statistics, there was a sharp increase in the unemployment rate in Douglas County at the start of the pandemic between March and April 2020.

As of February 1, 2021, according to the [New York Times Covid Case and Risk Tracker](#), cases remained high but had decreased over the previous two weeks. The number of hospitalized COVID-19 patients had begun to fall in the Douglas County area, though deaths remained at about the same level. The test positivity rate in Douglas County was relatively low, suggesting that testing capacity was meeting current demand. Since the beginning of the pandemic, at least 1 in 60 residents have been infected, a total of 1,850 reported cases. January 2021 was the worst month for cases since November 2020 (Figure 14). The Oregon Office of the Governor classified Douglas County at a ‘High Risk Level’, meaning spread was still considered substantial, on a scale of ‘Lower Risk’ to ‘Extreme Risk’ based on the data available in January of 2021v.

Figure 14. March 2020 to January 2021



Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources for Douglas County are included in [Appendix A](#).

Methodology

Adhering to the MAPP process, two types of data were collected and analyzed for this CHA to identify top need issues in the community: primary and secondary data. Each type of data was analyzed using a unique methodology and were organized by health topics. These findings were then synthesized for a comprehensive overview of the health and social needs in Douglas County. Finally, through a prioritization process the significant needs in the community were narrowed to a shortened list of priority focus areas.

Secondary Data Review

The MAPP Community Health Status Assessment identifies priority community health and quality of life issues. The Community Health Status Assessment was conducted utilizing quantitative secondary data to support an understanding the health of residents in Douglas County and the health status of the overall community.

Overview

Secondary data used for this assessment were collected and analyzed with **Douglas Counties' Community of Care Dashboard** — a web-based community health platform developed by Trilogy Integrated Resources. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 200 community indicators covering 17 topics in the areas of health, social determinants of health, and quality of life. The data are derived from state and national public secondary data sources. The value for each of these indicators is compared to other Oregon communities, nationally or locally set targets, and to previous time periods when available. Additional data sources utilized for the secondary data review included **County Health Rankings, United States Census Bureau, Oregon Health Authority, and Oregon Department of Human Services**.

Data Review Process

A feature of the Douglas Counties' Community of Care Dashboard data platform is the "Filter by Priority" function. The "Filter by Priority" color range is a standardized measure to help compare the health status of Douglas County against all relevant data. Each Health Indicator includes a five-color "Filter by Priority" index. The "Filter by Priority" index compares all counties in the state that have the same indicator in the same timeframe. It then calculates where the selected county falls in that range and displays the color that best reflects how the county is doing in comparison to the other counties in the filtered group. In general, counties in the green range are ranked higher than other counties in the filtered group, while counties in the red are ranked lower (Figure 15).

Figure 15. Data Indicator Ranking



Leveraging the 'Filter by Priority' function, all topics areas with red or 'very poor' performing indicators were identified. Those topics were then reviewed for a high number of orange or 'poor' performing indicators (Figure 16). Topic areas with the highest number of red and orange indicators were included in the final significant needs list (Table 1).

Figure 16. Secondary Data Review Process

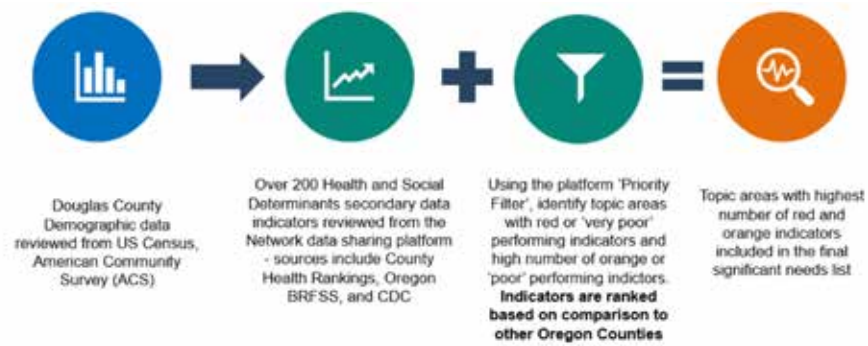


Table 1. Secondary Data Indicators - Top Need Areas

<i>Primary Topic</i>	<i>Sub-topic</i>	<i># Red & Orange Indicators</i>	<i>% Red & Orange Total Indicators</i>
Physical Environment	Built Environment	19	58 %
Health Behaviors	Physical Activity	9	41 %
Mental Health & Substance Abuse	Substance Abuse	9	41 %
Health Risk Factors	Illicit Drug Use	8	53 %
Social Determinants of Health	Education	8	35 %
Social Determinants of Health	Food Access & Quality	8	73 %
Health Risk Factors	Tobacco	7	32 %
Health Behaviors	Healthy Food/Food Security	7	50 %
Social Determinants of Health	Poverty	6	40 %
Health Behaviors	Nutrition	6	50 %
Mental Health & Substance Abuse	Mental Health	6	75 %

Primary Data Collection and Analysis

Community input was also collected to expand upon the information gathered from the secondary data. Primary data complements the secondary data and also provides new discoveries. The CHA process was conducted during the COVID-19 pandemic; therefore, primary data collection methods were conducted virtually to maintain social distancing and protect the safety of participants by eliminating in-person data collection. Primary data included quantitative and qualitative data collected through the following assessment methods and tools.

Forces of Change Assessment

The MAPP Forces of Change Assessment (FoCA) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and health system operate. The FoCA helps to capture qualitatively what is occurring or might occur that affects the health of the community and threats or opportunities that are generated by these occurrences. Representatives from multi-sector partner organizations of the Network of Care participated in two discussion sessions to complete this assessment. A full summary of the FoCA discussion is included in Appendix B and key findings have been incorporated throughout the section 'Community Health Needs' below.

Care Integration Assessment

The Oregon Health Authority's CCO care integration assessment complements the MAPP FoCA and allows communities to assess the efforts to provide comprehensive services through care integration and coordination. The ultimate goals of integration are improved patient outcomes, improved patient experience, improved provider experience, and reduced total cost of care. House Bill 2675 calls for collaborative community-based initiatives to purposefully integrate key services within the delivery system and ultimately within the programs addressing the social determinants of health. The care integration assessment provides critical information to the planning process that maximizes the effectiveness of cross-sector community projects and programs. Representatives from the multi-sector partner organizations of the Network of Care participated in a care integration brainstorming session and virtually completed the 'Care Integration Grid' to accomplish this assessment. A full summary of the Care Integration discussion and 'Care Integration Grid' are included in Appendix B and key findings have been incorporated throughout the section 'Community Health Needs' below.

Community Themes and Strengths Assessment

The MAPP Community Themes and Strengths Assessment provides a deeper understanding of the issues that residents in a community feel are important including: the most important community health and social issues, quality of life in the community, and assets that can be used to improve community **Figure 18. Sex of Survey Respondents** health. Two primary data collection tools were utilized to collect this information.

Community Survey Demographics

One tool used for community input collection was a 50-question online community survey available in English and Spanish (see **Appendix B**). SurveyMonkey¹ was used to distribute, collect, and analyze responses for the community survey. The community survey was promoted across Douglas County through Network of Care partners for six weeks from September to October 2020. A total of 701 responses were collected from residents representing 21 zip codes in Douglas County. While the community survey sample was substantial and significant effort was made to reach the broadest audience possible, it must be noted that this was a convenience sample, which means results may be vulnerable to selection bias and make the findings, on their own, less generalizable.

Figure 17. Age of Survey Respondents

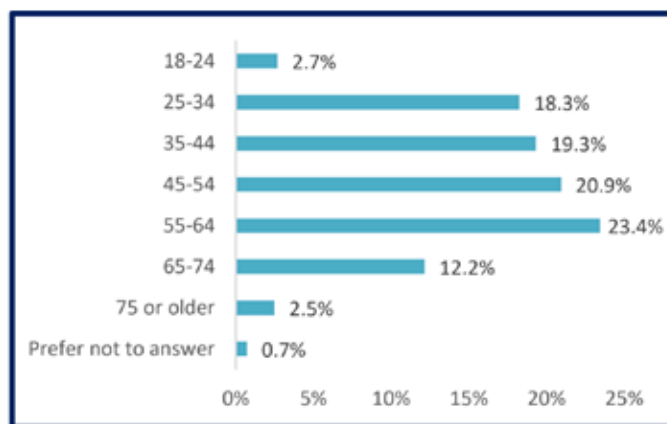
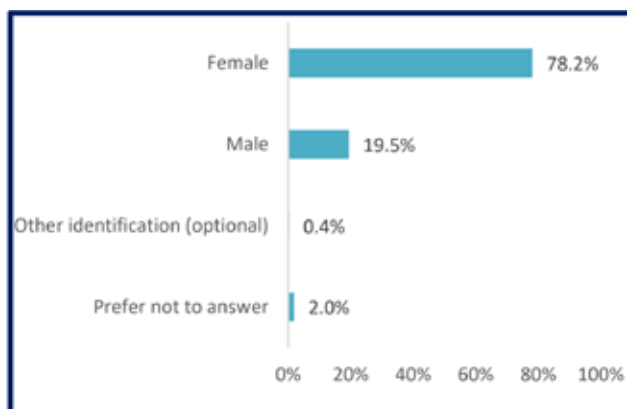


Figure 18. Sex of Survey Respondents



¹SurveyMonkey Inc., web application for designing and distributing online surveys (1999-2021). San Mateo, California, USA; www.surveymonkey.com

Figure 19. Race of Survey Respondents

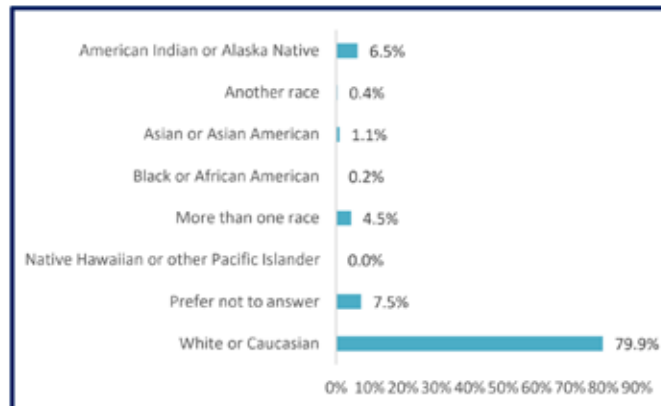


Figure 20. Ethnicity of Survey Respondents - Hispanic or Latino

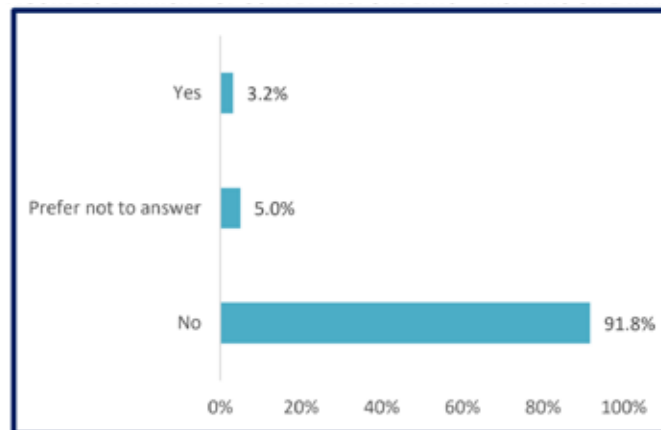


Figure 21. Income of Survey Respondents



Community Survey Health and Social Needs

Survey participants were asked to rate the health of their community and 45.7% ranked their community as ‘somewhat healthy’ (Figure 22). Participants were also asked to select the most important health issues in the community and the community issues they would most like to see addressed (Figure 23). Additionally, questions were included to get feedback about the impact of COVID-19 and the results are included in the section ‘Community Health Needs’ below.

Figure 22. Community Survey - Health of the Community

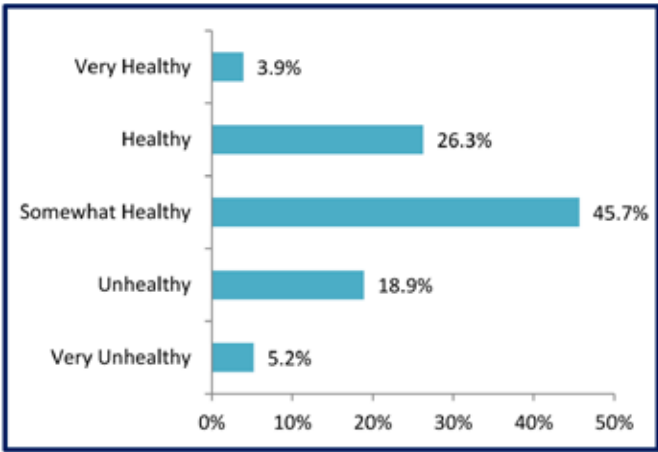


Figure 23. Community Survey - Top Health and Social Issues

Top 5 Health Issues	Top 5 Community Issues
Mental Health and Mental Disorders (anxiety, depression, suicide)	Homelessness and unstable housing
Alcohol and Other Substance Abuse	Economy and job availability
Nutrition, Physical Activity, and Weight	Crime and neighborhood safety (robberies, shootings, other violent crimes)
Access to Health Care Services (doctors available nearby, wait times, services available nearby, takes insurance)	Healthy food options - restaurants, stores, or markets
Diabetes	Domestic violence prevention (intimate partner, family, or child abuse)
*Tobacco Use	

survey, top health issues were analyzed by zip code groups (Roseburg metro area vs. rural areas). When the data was sorted by zip code groups, tobacco use came up as a top health issue for those living in the Roseburg metro area and was also included in the final list of community health issues.

Key Informant Interviews

HCI conducted Key Informant Interviews via phone in order to collect additional qualitative community input. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community, and/or being able to speak to the needs of medically underserved or vulnerable populations. 31 individuals agreed to participate as key informants representing organizations including social services, chronic disease management, education, family and child services, health care and mental health services, community wellness and wellbeing, abuse prevention, food access/insecurity, local business, and youth programming (Table 2).

Table 2. Key Informant Interview Organizations

Key Informant Organizations	
Aviva Health	Douglas Education Service District (ESD)
Blue Zones Project Umpqua	Douglas County Veteran Service Office
Boys and Girls Club of the Umpqua Valley	Douglas Public Health Network
Child Abuse Prevention Coalition/Mercy Foundation, Human Trafficking	Evergreen Family Medicine - Urgent Care
Children's Institute	Evergreen Family Medicine - Women's Health
City of Roseburg Officials (2 Representatives)	Evergreen Family Medicine - Administration
Community Cancer Center	Family Development Center
Community Member - Banking Industry	Greater Douglas United Way
Community Member - Business Industry	Oregon Coast Community Action
Community Member - Housing and Real Estate Industry	Roseburg FISH Food Pantry
Compass Behavioral Health	Roseburg Public Schools
Cow Creek Health and Wellness Center - Diabetes Prevention	Roseburg Veterans Affairs (VA) Health Care System
Cow Creek Health and Wellness Center - Primary Care	Umpqua Community College
Dental Care - Private Practice	United Community Action Network (UCAN) - Child Services Division
Department of Human Services	United Community Action Network (UCAN) -

The 31 Key Informant Interviews took place between September and November 2020 via phone. The questions focused on the interviewee's background and organization, biggest perceived health needs and barriers of concern in the community, and the impact of health issues on the populations they serve and/or vulnerable populations in the community. Additionally, questions were included to gather feedback about the impact of COVID-19 on their community. A list of the questions asked in the Key Informant Interviews can be found in **Appendix B**.

Transcripts captured from the Key Informant Interviews were uploaded to the web-based qualitative data analysis tool, Dedoose². The transcripts were coded according to health and social determinants of health topics. Key findings from the Key Informant Interviews were utilized to validate the findings from the Community Survey and secondary data findings. Themes from the analysis and direct participant quotes were organized by topic and are included throughout the section 'Community Health Needs' below.

²Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA USA: Sociocultural Research Consultants, LLC; www.dedoose.com

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available. For the primary data, the breadth of findings is dependent upon who was selected to be a key informant. Additionally, the Community Survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. For all data, efforts were made to include a wide a range of secondary data indicators and inclusion of community member expertise.

Data Synthesis

Primary and secondary data were analyzed and synthesized to identify the significant community health needs in Douglas County. For the purposes of this analysis, secondary data were treated as one data source, while primary data included both Key Informant Interviews and online survey results. The top health needs identified from each of the data sources were analyzed for areas of overlap. Primary data from Key Informant Interviews and Community Survey were compared to secondary data topic areas and 11 topic areas with significant need were identified (Table 3). The topics below are listed alphabetically and are not presented in order of importance or need.

Table 3. Significant Health Needs

	Topic	Data Source
1	Access to Health Care Services (doctors available nearby, wait times, services available nearby, takes insurance)	Primary Data
2	Built Environment (Physical Environment), Housing	Secondary Data & Primary Data
3	Chronic Diseases - Diabetes	Primary Data
4	Crime and Neighborhood Safety	Primary Data
5	Domestic Violence (intimate partner, family, or child abuse)	Primary Data
6	Economy and Poverty (Social Determinants of Health), Generational poverty, homelessness, and job availability)	Secondary Data & Primary Data
7	Education (Social Determinants of Health)	Secondary Data
8	Healthy Food, Nutrition, and Physical Activity: Food Access & Quality (Social Determinants of Health), Healthy Food/Food Security (Health Behaviors), Nutrition (Health Behaviors), Physical Activity (Health Behaviors)	Secondary Data & Primary Data
9	Mental Health (Mental Health & Substance Abuse)	Secondary Data & Primary Data
10	Substance Abuse (Mental Health & Substance Abuse)/Illicit Drug Use (Health Risk Factors)	Secondary Data & Primary Data
11	Tobacco Use (Health Risk Factors)	Secondary Data & Primary Data

Prioritization

In order to narrow the collaborative focus for the next few years and better target activities to address the most pressing health needs in the community, Network of Care partner representatives and community members participated in a presentation of data on significant health needs facilitated by HCI. Following the presentation, participants completed a two-part virtual voting process to identify the community needs that were the most pressing and that Network of Care partners were best positioned to address. Participants from 25 organizations participated in the voting activities between December 2020 and January 2021 (Table 4). The process was conducted virtually to maintain social distancing and safety guidelines related to the COVID-19 pandemic. Ultimately, the Network of Care leadership decision-making team reviewed the final scoring results to determine the prioritized community needs.

Table 4. Prioritization Organization Participation

Prioritization Participants	
Adapt	Douglas Public Health Network
Advantage Dental from DentQuest	Evergreen Family Medicine
Aviva Health	Family Development Center
Blue Zones Project	Health Care Coalition of Southern Oregon
Head Start	NeighborWorks Umpqua
Chadwick Clubhouse	Peace at Home Advocacy Center
CHI Mercy Health	Phoenix School of Roseburg
Children's Institute	South-Central Early Learning Hub
Creating Community Resilience	United Community Action Network (UCAN)
Cow Creek Band of Umpqua Tribe of Indians	Umpqua Community College
Department of Human Services, Child Welfare Program	Umpqua Health Alliance
Douglas County Juvenile Department	Umpqua Health Alliance - Community Advisory Committee
Douglas Education Service District (ESD)	

Prioritization Process & Criteria

On December 17, 2020, representatives from the Network of Care partner organizations and community members convened virtually to participate in a data synthesis presentation. The group reviewed the results of HCI's primary and secondary data analyses leading to the preliminary significant health needs list discussed in detail in the Community Health Needs section of this report. From there, participants utilized the presentation materials and accessed an online link to score each of the significant health needs by how well they met the criteria decided on by the group in November 2020.

The final criteria for prioritization were:

- Alignment with collaborative strengths/priorities/mission
- Alignment with local, state, or federal priorities
- Importance of problem to the community
- Economic burden on the community
- Consequences of not intervening
- Solution could impact multiple problems
- Opportunity to intervene at prevention level

Prioritization

A detailed description of the criteria is provided in **Appendix D**. Participants scored each topic area against each criterion on a scale from 1-3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion, and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the presentation, participants were encouraged to use their own judgment and knowledge of the community in considering how well a topic met the criteria.

Completion of the online exercise resulted in a numerical score for each topic that correlated with how well each topic met the criteria for prioritization. HCI downloaded the online results, calculated the scores, and then ranked the significant health needs according to their topic scores, with the highest scoring health need receiving the highest priority ranking. 22 individuals participated in the criteria ranking and the aggregate ranking results can be seen in **Appendix D**.

After reviewing the results, the Network of Care leadership decision-making team participated in a group discussion on January 4, 2020 to conduct an initial narrowing of the list of topics and decided on holding a second round of voting. The second round of voting included having participants select up to three topics that the Network of Care should focus efforts over the next few years. 58 participants voted in this round and the topic areas were ranked as follows (see also **Appendix D**):

- 1) Behavioral Health - Mental Health and Substance Abuse
- 2) Economy and Poverty (includes housing and job development)
- 3) Access to Health Care Services (includes social factors for accessing services and care coordination)
- 4) Healthy Food, Nutrition, and Physical Activity (includes access to healthy foods and food insecurity) - incorporates Diabetes indicators
- 5) Education (includes education promotion and work force training)
- 6) Built Environment (includes transportation and infrastructure)
- 7) Domestic Violence
- 8) Crime and Neighborhood Safety
- 9) Tobacco Use

Ultimately, the Network of Care leadership decision-making team selected three priority health areas that were considered for CHIP implementation planning. The top priorities are:



Community Health Needs

The following section dives deeper into each of the prioritized and non-prioritized health needs to understand how findings from secondary and primary data led to the topic becoming a priority issue for Douglas County. The needs are presented in the order of how they were ranked in the final prioritization process.

Prioritized Significant Health Needs

Prioritized Health Topic #1A: *Behavioral Health – Mental Health and Substance Abuse*

From the secondary data, Mental Health and Substance Abuse were identified to be top health needs in Douglas County. A total of 15 indicators were identified as 'very poor' or 'poor' performing by the 'Priority Filter'. Further review was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicator of concern and are listed below.

Secondary Data – Warning Indicators

<i>Douglas County</i>	<i>Oregon</i>
Adults reported, on average, 4.8 poor mental health days in past 30 days ^{vi}	4.8 days
15% of adults report frequent mental distress ^{vii}	16 %
27.8% of adults have depression (age-adjusted) ^{viii}	25.6 %
Mental Health Provider Ratio is 360:1 ^{ix}	Ratio 190:1
18.6% of 8th grade students who drank alcohol in past 30-days ^x	11.3%
9.4% of 8th graders binge drank in past 30-days ^{xi}	4.7%
12.2% of 8th grade students used marijuana in the past 30-days ^{xii} and 22.5% have ever used marijuana ^{xiii}	7.8%/15.4%
58.8% of 11th grade students have ever drank alcohol ^{xiv}	53.7%
6.2% of 11th grade students who are current prescription drug users without doctor's order ^{xv}	4.8%

Primary Data – Community Survey and Key Informant Interviews

Mental health was ranked as the 1st highest health issue and alcohol and other substance abuse was ranked 2nd by Community Survey participants. 30% of respondents disagreed and 23% strongly disagreed that mental health services or alcohol/substance abuse treatment is available to people if and when they need it (Figure 24). In addition, participants were asked whether support for gambling addiction is easy to access and almost 60% were not sure (Figure 24). 13.5% of respondents (n=80) expressed that they needed mental health services or alcohol/substance abuse treatment in the past 12 months but did not get the services that they needed. The top three reasons they selected for why they did not get these services were (presented in order):

- Wait is too long
- Cost- too expensive/can't pay
- No doctor is nearby

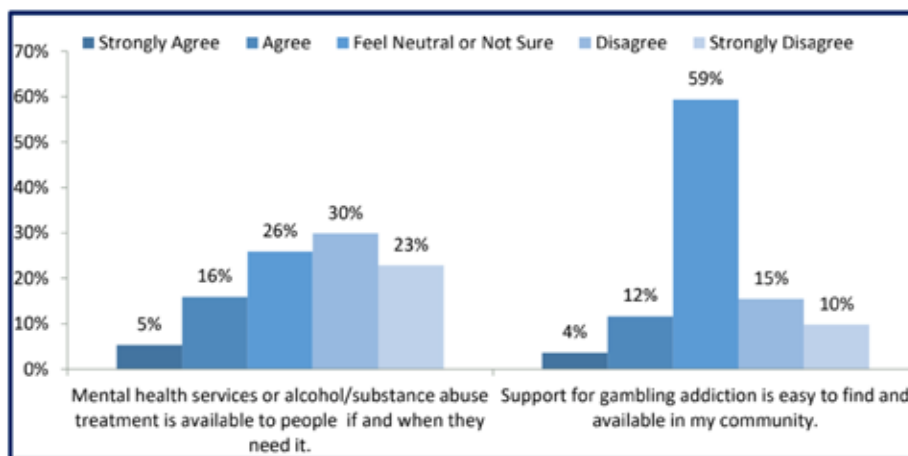
For those survey respondents with children in the home, the top health issue that children have is behavior challenges/mental health (n=17)³. For those survey respondents whose children were not able to get health services in the past 12 months when they needed them, the top service mental health services (n=8)³.

Community Survey: COVID-19 Considerations

The biggest challenges survey respondents indicated during the COVID-19 pandemic focused on mental health and social isolation:

- **77.8%** of respondents selected “not knowing when the pandemic will end/not feeling in control”
- **54.6%** of respondents (n=271) selected “feeling nervous, anxious, or on edge”
- **49.8%** of respondents (n=247) selected “feeling alone/isolated, not being able to socialize with other people”

Figure 24. Behavioral Health Access - Community Survey



“People are generally referred to other mental health/behavioral health specialists say from the ER, but sometimes they don’t go to that referral. It is almost like everyone needs their own case worker. Who looks out for the people who don’t have one?”

³Data from the Community Survey on children is limited and may not be generalizable to the broader community but still may be taken into consideration as part of the overall topic assessment.

Mental health was a top issue that came up during almost all of the Key Informant Interviews. While people shared that progress has been made to address the mental health needs in Douglas County, there are also many opportunities to work across organizations to support those residents with complex needs. The primary themes in the key informant interview included:

- A need for improved referral processes across organizations and comprehensive case management throughout the continuum of care
- There have been successes with school-based behavioral health programs for youth; however, programs have been impacted by COVID-19
- Community interest in exploring best practices and solutions for leveraging Telehealth options especially for people living in remote locations; education and outreach is essential to ensure use by residents
- The stigma and fear related to seeking mental health services is getting better but persists especially amongst certain populations (ex. older veteran population).
- Mental Health is a top opportunity for cross-sector organizational partnerships to improve mental health outcomes

Substance abuse was also a topic raised by most key informants as a top issue in the community. The key themes raised included:

- Substance abuse is impacting many systems and organizations across the community, not just health care (ex. education system, economy, and other social services)
- There is a need to address substance abuse within families and the impact on children (short and long-term impact)
- Observation that there is a strong connection between mental health and substance abuse in the community; both have an impact on other health behaviors and outcomes
- Individual organizations are challenged by serving homeless/unstably housed population with both mental health and substance abuse issues
- There are concerns about the COVID-19 impact on increases in substance use across the community

Forces of Change and Care Integration Assessments

In the Forces of Change Assessment, the primary concern that came up was regarding whether there are enough behavioral health resources to meet the needs of the community. Participants shared that strengths included that schools in Douglas County are increasingly focusing on mental and behavioral health and that there is increasing awareness about the importance of mental health which is reducing the stigma related to seeking support for mental health issues. However, participants felt that the community is lacking a single strategy to address mental health and groups are working in silos. They indicated that having a single strategy could focus efforts and streamline funding while also considering specific needs for each at-risk population (ex. Children, Adolescents, Older Adults, etc.). During the Care Integration Assessment, participants felt that mental health and substance abuse services both were minimally to moderately integrated with other community services today. Mental health and substance abuse services have the highest level of integration with one another compared to other services. The highest value for further integration with behavioral health services were housing, physical health, and education services.

Level of Integration of Services Today:	Highest Value Areas for Future Integration:
Mental Health	
Minimal to Moderate level of integration of services	<ul style="list-style-type: none"> • Housing • Education
Highest level of integration with Substance Abuse Services	<ul style="list-style-type: none"> • Physical Health • Substance Abuse
Substance Abuse	
Minimal to Moderate level of integration of services	<ul style="list-style-type: none"> • Housing • Physical Health
Highest level of integration with Mental Health	<ul style="list-style-type: none"> • Mental Health

Prioritized Health Topic #1B: Economy and Poverty

Economy and Poverty rose to the top as a high need in Douglas County in the initial data assessment with six higher need indicators. Individual indicators with notable data scores within the poverty topic area were categorized as indicators of concern and are listed below.

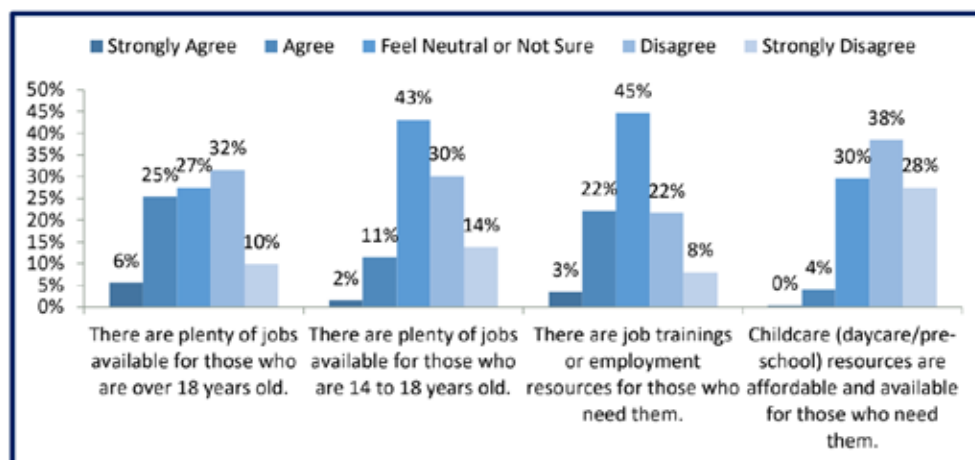
Secondary Data – Warning Indicators

Douglas County	Oregon
5.4% of the eligible population is unemployed ^{xvi}	4.2 %
14% of households spend 50% or more of their household income on housing ^{xvii}	16 %
21% of children in poverty overall and broken down by race/ethnicity ^{xviii} : <ul style="list-style-type: none"> • 32% American Indian/Alaska Native • 7% Asian • 20% Black • 39% Hispanic • 23% White) 	16 %
62% of children are eligible for free or reduced-price lunch ^{xix}	49 %

Primary Data – Community Survey and Key Informant Interviews

Homelessness and unstable housing ranked as the 1st highest community issue and economy and job availability ranked 3rd highest community issue by Community Survey participants. 7.7% of respondents (n=44) report that they are worried or concerned that in the next 2 months they may not have stable housing. 42% of participants ‘disagreed’ or ‘strongly disagreed’ that there are plenty of jobs for those over 18 years old and 66% ‘disagreed’ or ‘strongly disagreed’ that there are childcare resources that are affordable and available to those who need them (Figure 25). These data indicators related to limited housing availability, low job availability, and lack of childcare options raise economy and poverty as a top need in Douglas County.

Figure 25. Economy and Poverty - Community Survey



Key Informant Interviews confirmed that the economy and poverty is a top issue in Douglas County. Specific concerns included:

- High unemployment although some sectors can't fill jobs (ex. education, medical services, and technical positions)
- Loss of segments of the work force - challenges with providing competitive wages compared to metro areas
- Very limited childcare services, especially affordable options
- Challenges with housing development and investment

Multiple Key Informants noted that the local Community College is a great resource for job training and services. However, for younger community members interesting in pursuing secondary education, navigating the financial steps may be a barrier without additional outside support and educational resources available to them.



Forces of Change and Care Integration Assessments

In the Forces of Change Assessment, the primary concerns were the transfer of jobs to urban centers and changing community demographics (aging), lack of childcare services, and the immediate and long-term economic impact of COVID-19.

Since the start of the pandemic there have been many business closures and a loss of local business revenue. In addition, school closures have impacted residents with children ability to work while also supporting at home education. Many individuals have had to leave the job market to provide childcare. An unexpected outcome has been the creation of new job opportunities during this time that may shift job market and the population make up long term (ex. delivery services, remote work).

The transfer of jobs to urban centers and changing demographics have been a concern even before the pandemic. As the younger population has increasingly attained advanced degrees there has been migration away from the community to seek higher wages. The community has had concerns about the unemployment rate; however, many sectors have difficulty filling open positions due to a mismatch of job requirements and skill availability in the population. Although there is a community-wide effort to improve access to convenient and affordable childcare in the area, there continues to be limited availability impacting those who are currently in the work force and those wish to enter the work force.

During the Care Integration Assessment, participants felt that economic services were currently minimally to moderately integrated with other community services. Economic services have the highest level of integration with food security compared to other services. The highest value for further integration with behavioral health services were housing, food security, education, and mental health services.

Level of Integration of Services Today:	Highest Value Areas for Future Integration:
Minimal to Moderate level of integration of services	Economic
Highest level of integration with Food Security	<ul style="list-style-type: none"> • Housing • Food Security • Education • Mental Health

Prioritized Health Topic #2: Access to Health Care Services

Access to Health Care Services did not rise to the top as a specific category of need in Douglas County in the initial secondary data assessment, however, additional data reviews identified several high need indicators. Individual indicators with notable data scores within a topic area were categorized as indicators of concern and are listed below.

<i>Douglas County</i>	<i>Oregon</i>
Primary Care Physician Ratio: 1 physician for every 1,660 residents (1,660:1) ^{xx}	1,060:1
Dentist Ratio: 1 dentist for every 1,450 Residents (1,450:1) ^{xii}	1,250:1
1 Other Primary Care Provider (Ex. Nurse Practitioner, Physician Assistant) for every 1,003 residents (1,003:1) ^{xxii}	1,450:1
2,517 Preventable Hospital Stays rate for Medicare enrollees and broken down by race/ethnicity: ^{xxiii} <ul style="list-style-type: none"> American Indian/Alaska Native 1,772 Black 19,386 Hispanic 456 White 2,513: 	2,944
44% of Medicare, ages 65-74, received a mammography screening and broken down by race/ethnicity: ^{xxiv} <ul style="list-style-type: none"> American Indian/Alaska Native 30% Asian 47% Hispanic 39% White 44% 	41 %
35% of Medicare enrollees received Flu Vaccinations and broken down by race/ethnicity: ^{xxv} <ul style="list-style-type: none"> American Indian/Alaska Native 39% Asian 29% Black 19% Hispanic 30% White 35% 	43 %

Primary Data – Community Survey and Key Informant Interviews

Access to Health Care Services was ranked the 4th highest health priority by Community Survey participants. Over 50% of survey respondents, selected that they were either not sure, disagreed, or strongly disagreed that there are affordable, good quality health care services in their community (Figure 26). In the past 12 months, 26.2% (n=157) respondents needed health care services but did not get the care they needed. The top three reasons why were:

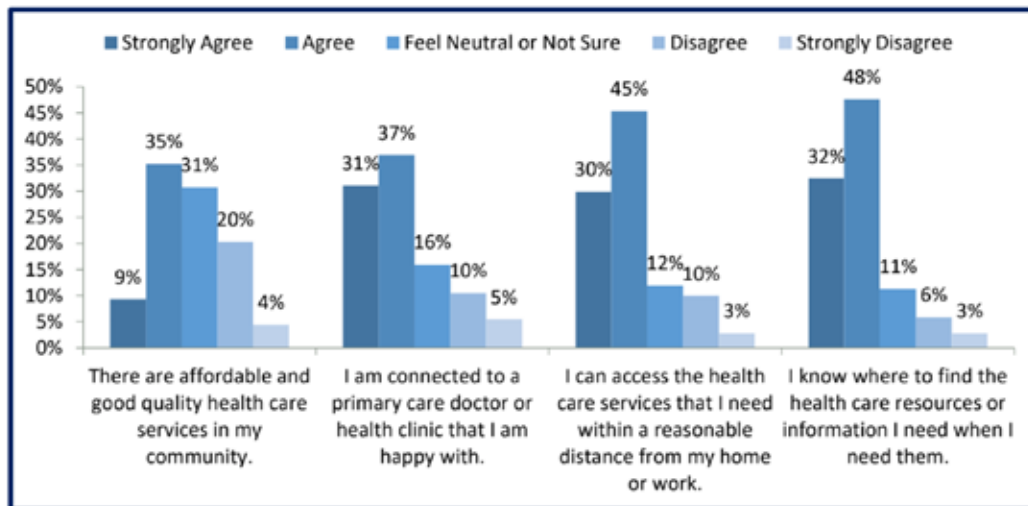
- Cost- too expensive/can't pay
- Wait is too long
- Office/service/program closed due to COVID-19

In addition, 19% (n=113) of respondents utilized the Emergency Department (ED) in the past 12-months. The top reason why that the visit was for an emergency/life-threatening situation and the second most common reason ED was that their visit was after normal clinic hours or on the weekend, indicating that the majority of survey

respondents are appropriately utilizing the ED. In the past 12 months, 22.2% (n=133) respondents needed dental or oral care but did not get the services that they needed. The top three reasons why they did not get oral health services they needed were:

- Cost- too expensive/can't pay
- Office/service/program closed due to COVID-19
- Wait is too long

Figure 26. Access to Health Care Services - Community Survey



Key Informant Interviews indicated that systemic, coordination, and navigation issues have an impact on accessing health care services in Douglas County. Specific concerns included:

- Residents are delaying care until a health problem becomes worse due to economic or transportation reasons specifically for older adults and people with children – being in close proximity to a facility or mobile care may improve likelihood of seeking care sooner
- Navigation of services and resources is challenging for families and individuals with complex needs
- There is a need to improve the patient referral process from health care services/post-acute care to social services or mental health/substance abuse – the system is disconnected and lacks continuity/feedback loop
- System improvements must ensure rural/less connected pockets of the county are considered in planning services– bearing in mind unique barriers and challenges; the goal should be to bring the services to where people are since location creates credibility and trust in a community
- More communication and education are needed about resources available – across organizations and to the public overall

Vulnerable Populations

Key Informants identified specific groups and challenges that those groups may face accessing services:

- **Hispanic/Latino** – language barriers and legal status (migrant population)
- **Families** with complex needs
- **Older adults/elderly** – transportation and availability of in-home services
- **Veterans** – specifically older veterans and those who are underinsured
- **Men** – avoidance of preventative care and care for chronic diseases
- **Women** – Low-income; additional costs for services Medicaid may not cover

Forces of Change and Care Integration Assessments

In the Forces of Change Assessment, the primary concerns were the current and long-term impacts of COVID-19, a growing aging population, and sustainability of the medical provider work force.

During the COVID19 pandemic, the health care system in Douglas County has made major advances and had much success with implementing Telehealth. However, there is uncertainty about whether the momentum will continue, and political support will last after the pandemic requirements are lifted. The community has seen increased isolation also and segments of the population have become from the health care system which may have resulted in delays in seeking care. There are also concerns about fatigue amongst the health care work force who have had to adapt significantly during the past year.

Douglas County's population has become Increasing older and there are fewer providers that accept Medicare. There is also a lack of in-home caregivers for seniors which is an area for job growth in the region. The health system has had challenges with medical provider recruitment and retainment due to salary competition, housing availability, and limited job opportunities for providers partners. There are plans to build a local medical college that will provide training which to support a gap in health care workforce development.

Finally, another issue that was raised was an increased need for services for respiratory illnesses, especially sensitive groups, and those with pre-existing respiratory issues, due to impacts of wildfires. In the early fall of 2020, Douglas County experienced a severe wildfire that impacted air quality for multiple weeks and destroyed many residents' homes. There was discussion during the assessment about future planning for these types of events that may re-occur yearly.

During the Care Integration Assessment, participants felt that both physical health and oral health services were currently minimally to moderately integrated with other community services. Physical health has the highest level of integration with public health and oral health with education/school services compared to other services. The highest value for further integration with physical health and oral health are outlined below:

Level of Integration of Services Today:	Highest Value Areas for Future Integration:
Physical Health	
Minimal to Moderate level of integration of services	<ul style="list-style-type: none">• Food Security• Education• Income• Oral Health• Mental Health• Substance Abuse
Highest level of integration with Public Health	
Oral Health	
Minimal to Moderate level of integration of services	<ul style="list-style-type: none">• Physical Health• Mental Health• Substance Abuse
Highest level of integration with Education/Schools	

Prioritized Health Topic #3: *Healthy Food, Nutrition, and Physical Activity*

Access to Health Care Services did not rise to the top as a specific category of need in Douglas County in the initial secondary data assessment, however, additional data reviews identified several high need indicators. Individual indicators with notable data scores within a topic area were categorized as indicators of concern and are listed below.

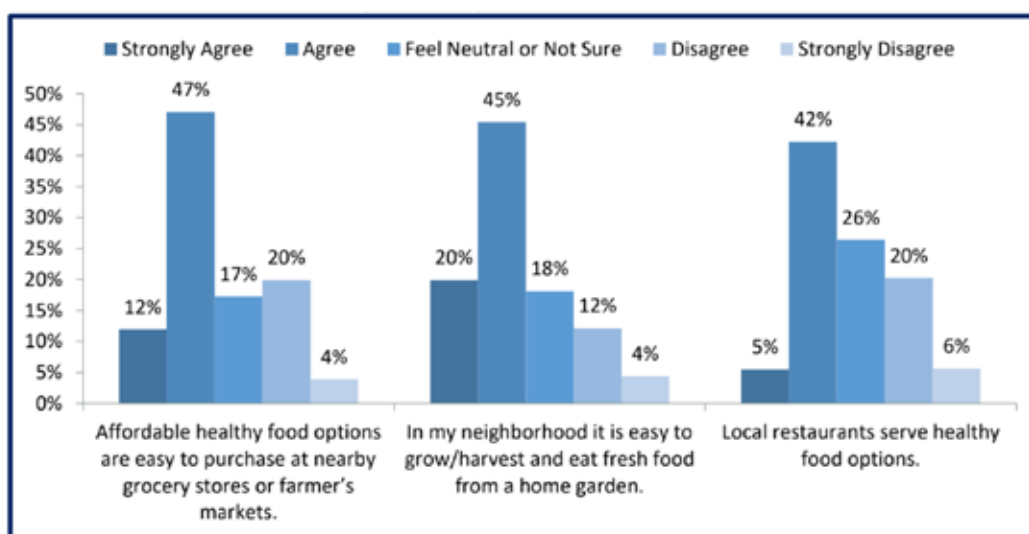
Secondary Data – Warning Indicators

Douglas County	Oregon
125.9 adults were hospitalized due to Diabetes per 100,000 hospitalizations (age-adjusted) ^{xxvi}	NA
11.4% of adults have diabetes per Oregon BRFSS (US Diabetes Surveillance System measured at 14% in 2016) ^{xii}	86 %
31% Adult obesity (adults age 20 and older that report a body mass index (BMI) greater than or equal to 30 kg/m ²) ^{xxvii}	29 %
23% of adults age 20 and over report no leisure-time physical activity ^{xxix}	17 %
65% of residents have adequate access to locations for physical activity ^{xxx}	88 %
14% residents are food insecure (adequate access to food) ^{xxxi}	12 %
22.8% of children are in food insecure households ^{xxxii}	18.9 %

Primary Data – Community Survey and Key Informant Interviews

Nutrition, Physical Activity, and Weight was ranked as the 3rd highest health priority and Access to Health Foods was ranked by as the 4th highest community issue by survey participants. Diabetes was also ranked as the 5th highest health priority. There were questions included in the survey that asked respondents about food security in their households. 20.6% of respondents (n=117) 'sometimes' or 'often' worried that their food would run out before they got money to buy more in the past year. 15.8% of respondents (n=90) 'sometimes' or 'often' said there was a time when the food that they bought just not last, and they did not have money to get more in the past 12 months. 9% of respondents (n=51) received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the past year. 24% of survey respondents 'disagreed' or 'strongly disagreed' that affordable healthy food options are easy to access and 26% 'disagreed' or 'strongly disagreed' that local restaurants serve healthy food options (Figure 27).

Figure 27. Healthy Food, Nutrition, and Physical Activity - Community Survey



In the Key Informant Interviews, participants discussed challenges with accessing healthy foods. While there are resources available to address food insecurity in Douglas County, getting the right resource to the right people when they need it can be a challenge. Not all communities in the county have healthy food sources in close proximity and people may have to travel long distances to reach the resources that they need. One participant noted the many barriers that impact health behaviors need to be removed so that making healthy choices related to nutrition and physical activity is easier, particularly for those who are living with a chronic condition or a disability. A few participants raised the issue that there is a lack of organized physical activity for children and young adults for youth in the county.

Diabetes was also discussed by key informants especially the need for community-wide access to diabetes education (not only medical facility specific). The connection between diabetes management and mental health should be addressed including related depression and lack of social support. Vulnerable groups that were brought up in relation to diabetes included children with Type 1 diabetes and patients with diabetes covered by Medicaid health insurance.

Forces of Change and Care Integration Assessments

In the Forces of Change Assessment, the primary concern that related to this priority area was the effect the changing climate, including an increase in local wildfires, could have on access to outdoor physical activity resources and health overall. In a region with significant outdoor resources, reduced access to public lands/forest lands could severely impact leisure and physical activities.

During the Care Integration Assessment, participants felt that both food security services were currently minimally to moderately integrated with other community services. Food security has the highest level of integration with education/school services and income support services compared to other services. The highest value for further integration with food security included housing, income, oral health, and physical health.

Level of Integration of Services Today:	Highest Value Areas for Future Integration:
Food Security	
Minimal to Moderate level of integration of services	<ul style="list-style-type: none">• Housing• Income• Oral Health• Physical Health
Highest level of integration with Education and Income	

Non-Prioritized Significant Needs

The following significant needs emerged from a review of the primary and secondary data and are presented in the order of ranking results. The Network of Care did not elect to explicitly prioritize these topics. However, where the topics are related to the selected priority areas they may have been incorporated into a related topic or will be addressed through the present and future work of the individual community partners. These topics did not align as closely with the prioritization criteria and the group felt the Network of Care was less likely to have significant impact on these topics collectively as a group. Key themes from community input are included for each non-prioritized health need along with the secondary data warning indicators.

EDUCATION

Secondary Data – Warning Indicators

<i>Douglas County</i>	<i>Oregon</i>
66% of the ninth-grade cohort that graduated from high school in four years ^{xxxiii}	77 %
37.8% of 3rd grade students and 32.3% of 8th grade students met or exceeded state standards in math ^{xxxiv}	47.5 % / 42.4 %
40.9% of 3rd grade students met or exceeded state standards in reading ^{xvi}	47.4 %
19.9% of adults (25+) have a bachelor's degree or higher ^{xxxv}	33.9 %
58% of adults (ages 25-44) with some post-secondary education ^{xxxvi}	70 %

Primary Data – Community Survey and Key Informant Interviews

Key Informant Themes

- COVID-19 Impact; long term impact on student outcomes, access for students in poverty, social isolation, and mental health, limited or no access to extracurricular activities, reduced access to supportive resources
- Opportunities and need for further integration of K-12 with social services; successes with behavioral health and sexual health services co-located on some campuses
- Education and support for High School students navigating the college application and financial processes
- Support for non-traditional students looking to further post-secondary education (ex. childcare)

“School is a place where kids know that they are being valued and during COVID-19, the school is trying to provide it back virtually. But cultural development is not the same when you take [away] classes in person. School system help kids to find students passion. COVID took away students’ passion from them, whether it was sports or acting.”

“Douglas county does have a lot of students in poverty. Making sure that these students are aware of those resources. College going processes can be challenging, and if you don’t have family members who can help you need to have staff that can. If students are struggling, we need to ensure that they know the multitude of resources that we have to support them.”

BUILT ENVIRONMENT



Secondary Data – Warning Indicators

Douglas County	Oregon
80% drive alone to work and broken down by race/ethnicity: ^{xxxvii} <ul style="list-style-type: none"> • 77% American Indian/Alaska Native • 67% Hispanic • 79% Whites 	72 %
18% of households have at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen, lack of plumbing ^{xxxviii}	19 %
0 Farmers Markets per 1,000 residents ^{xxxix}	NA
0.2 Grocery stores per 1,000 residents ^{xl}	NA
0.2 WIC-authorized stores per 1,000 residents ^{xli}	NA
1.1 SNAP-authorized stores per 1,000 residents ^{xlii}	NA



Primary Data – Community Survey and Key Informant Interviews

Homelessness and unstable housing ranked 1st highest community issue by Community Survey participants. 96% (n=553) of respondents drive their own car most often to get places they need to go and 11.3% (n=65) of respondents housing does not meet their needs. For those respondents whose housing does not meet their needs, the top reasons why included:

- 1) Too small /crowded
- 2) Too run down or unhealthy environment (ex. mold)
- 3) Rent/facility is too expensive
- 4) Current housing is temporary, need permanent housing
- 5) Problems with other people

Key Informant Themes

- Very limited housing availability although initiatives are under way to increase and improve
- Families outside metro area more likely to go without access to reliable internet – impact on education and health access
- Need for more safe places/spaces for exercise and recreation
- Many unique communities spread out geographically within the larger county community with their own needs, identity, and culture
- Travel to Roseburg for shopping and resources is not necessarily convenient or possible for many people; geographic and transportation barriers is widespread college application and financial processes
- Support for non-traditional students looking to further post-secondary education (ex. childcare)

DOMESTIC VIOLENCE



Secondary Data – Warning Indicators

Douglas County	Oregon
14 identified childcare slots available for every 100 children under age 13 in Douglas County ^{xliii}	17
497 children in foster care at point in time 9/2017 of the 7,956 total in Oregon ^{xliv}	NA
1,758 reports of suspected child abuse referred out of 3,007 total reports 2019 in Douglas County ^{xlv}	NA
31 families receiving Temporary Assistance for Domestic Violence Survivors (TA-DVS) as of 12/2017 ^{xvii}	NA

“People have to travel long distances to access services in most areas. Reedsport and Roseburg are 2 hours apart. Roseburg did have a Headstart program and implemented in both places. Staff were having to drive the 2 hours though for trainings/work. ORCA took over the Reedsport Headstart program eventually. Douglas County is very spread out and there is limited amount of dollars/resources.”



Primary Data – Community Survey and Key Informant Interviews

Domestic violence was ranked the 5th highest community issue by Community Survey participants.

Key Informant Themes

Already an issue in the community and COVID-19 has exacerbated:

- Increases in reports of physical abuse cases and child neglect
- Heightened stressors in the home

“Having everything go virtual has made it hard for kids to feel like they have a safe place to talk with safe adults about things they need to talk about.”

CRIME AND NEIGHBORHOOD SAFETY



Secondary Data – Warning Indicators

<i>Douglas County</i>	<i>Oregon</i>
219 reported violent crime offenses per 100,000 residents ^{xlvi}	249
109 deaths due to injury per 100,000 residents (20 firearm fatalities and 6 homicides) ^{xlvi}	74
20.1 deaths due to motor vehicle accidents per 100,000 residents ^{xlvi}	11
25 delinquency cases per 1,000 juveniles ^{xlvi}	23



Primary Data – Community Survey and Key Informant Interviews

Community and neighborhood safety was ranked 2nd highest community issue by Community Survey participants.

Key Informant Themes

- Priority area for Roseburg city leadership (#3 priority area) - COVID-19 has impacted but not stopped efforts
- Concerns about illicit drug sales, human trafficking, and gun trafficking
- Community education about human trafficking paused due to COVID-19 restrictions

“We have had our van stolen from us recently, and our trailer stolen a year ago, I feel like an increase of that has also happened. I don’t know if an increase has happened or if we are finally able to view it.”

“Public safety is always on the radar for our council and same for economic development (tourism, etc.). Some people want to get more cameras set up downtown.”

TOBACCO USE



Secondary Data – Warning Indicators

Douglas County	Oregon
25.1% of adults currently smoke cigarettes ⁱ	17.6 %
7.2% of 8th grade students smoke cigarettes ⁱⁱ	2.6 %
10.3% of 11th grade students smoke cigarettes ⁱⁱⁱ	7.7 %
15.4% of 8th grade students use electronic cigarettes or other vaping products ⁱⁱⁱⁱ	11.8 %
84% of 11th grade students saw a tobacco advertisement on a storefront or in a store ^{lv}	75.5 %
20.5% of live births to mothers with maternal tobacco use ^{lv}	9.6 %



Primary Data – Community Survey and Key Informant Interviews

Tobacco was ranked 5th highest health issue by Community Survey participants that live 'in-town' or the Roseburg metro area.

Key Informant Themes

- Multiple organizations in the community are already focused on smoking cessation
- Connection between tobacco use and other health issues including obesity and oral health
- Childhood secondhand smoke exposure - smoking during pregnancy and parents smoking in the home
- Concerns that many people have shifted from cigarette use to vaping

"[There is] higher use of tobacco than I saw in [another state]. In my experiences here, I have seen more tobacco related lesions. I self-appointed myself to be an advocate to raise awareness about oral cancers."

Community Health Improvement Plan for Prioritized Health Needs

The following CHIP framework was developed utilizing the findings of the CHA, a gap analysis of partner activities and initiatives, and a review of state and national goals, measures, and targets for the prioritized topics.



Access To Healthcare

Implement systemic and cross-collaborative changes to clinical and community-based health related service delivery to improve equitable access, quality, efficiency, effectiveness, and affordability.



Equitable Access

- Reduce avoidable ED visits
- Improve cultural and linguistic proficiency

Quality

- Reduce preventable hospital admissions/stays
- Increase Preventive Screenings
- Increase Preventive Care visits


Efficiency and Effectiveness

- Vetting and establishment of a Community Information Exchange (CIE) to improve inter-organizational referral processes by January 2024.



Behavioral Health

Improving the Quality of Life and Addressing Social Determinants of Health for those with behavioral health needs. Redefining access to care for individuals with Behavioral Health needs so that they can live safer, more fulfilling lives.



Quality of Life & Social Determinants

- Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment, and recovery by January 2024.

Access & System Level Improvements


- Map System Delivery Intersection for Behavioral Health County-wide by January 2024.



Healthy Food, Nutrition, and Physical Activity

Create equitable access to culturally appropriate nutritious food by building capacity to tackle social or structural barriers and address the underlying issues in food availability, and nutrition & physical activity education.

To improve the likelihood that individuals will have the opportunity to make healthy food choices regardless of budget and engage in a physically active and ongoing healthy lifestyle.



Availability & Accessibility
Increase availability & accessibility to affordable, healthy, and culturally appropriate food, nutrition, and physical activity education by January 2024.

Accommodation & Affordability
Increase physical health and nutrition in Douglas County as measured by the Well-being Index by January 2024.

Appendix A – COVID-19 Recommended Data Sources

National Data Sources

Center for Disease Control	https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/surveillance-data-analytics.html
Johns Hopkins Coronavirus Resource Center	https://coronavirus.jhu.edu/us-map
Conduent COVID At Risk – Vulnerability Index	https://www.covid19atrisk.org/
NACCHO Coronavirus Resources for Health	https://covid19-naccho.hub.arcgis.com/
Feeding America (The Impact of the Coronavirus on Local Food Insecurity)	https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf
The New York Times Covid Case and Risk Tracker	https://www.nytimes.com/interactive/2021/us/douglas-oregon-covid-cases.html

Oregon Data Sources

Oregon Health Authority – COVID-19 Updates	https://govstatus.egov.com/OR-OHA-COVID-19
Douglas County Public Health Network	http://douglaspublichealthnetwork.org/

Appendix B – Data Collection Tools

Community Survey Tool

Survey Instructions

Welcome to the Network of Care's Community Health Survey for Douglas County. The information collected in this survey will allow organizations across the county to better understand the health needs in your community. The knowledge gained will be used to implement programs that will benefit everyone in the community. We can better understand community needs by gathering the voices of residents like you to tell us about the issues that you feel are the most important.

Instructions: You must be 18 years old or older to complete this survey. We estimate that it will take 10 minutes to complete. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not attributed to you personally in any way. If you have any questions about this survey, please contact the survey administrator, Courtney Kaczmarzsky at courtney.kaczmarzsky@conduent.com. Thank you very much for your input and your time!

Where do you live?

1. In what zip code do you live?

Where do you live?

2. Which neighborhood best describes where you live? (Select one)

☐ City Center/Downtown

☐ Lookingglass

☐ West Harvard

☐ Dixonville

☐ Melrose

☐ Wilbur/Garden Valley West

☐ Edenbower

☐ Oaks

☐ Winchester

☐ Green

☐ Stephens

☐ I don't know

☐ Hucrest

☐ Tyco

☐ Other (please specify)

Where do you live?

3. Which statement best describes where you live?

- ☐ I live "in-town" (city/town)
- ☐ I live "out-of-town" (country/rural)
- ☐ Neither/I don't know/Does not apply

Health in Your Community

In this survey, "community" refers to the major areas where you live, shop, play, work, and get services.

4. Please select from the drop down menu, the town(s) or cities that **best** describe the community where you shop, play, receive services, and work:

Select One for Each (may be the same for each)

Shop	<input type="text"/>
Play/Recreation	<input type="text"/>
Receive Majority of Services	<input type="text"/>
Work (if applicable)	<input type="text"/>

5. How would you rate your community as a healthy place to live?

- ☐ Very Unhealthy
- ☐ Unhealthy
- ☐ Somewhat Healthy
- ☐ Healthy
- ☐ Very Healthy

6. In the following list, what do you think are the **three** most important "health problems" in your community? (Those problems that have the greatest impact on overall community health.)

- | | |
|--|--|
| <input type="checkbox"/> Auto Immune Diseases (multiple sclerosis, Crohn's disease, etc.) | <input type="checkbox"/> Nutrition, Physical Activity, and Weight |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health and Access to Dentistry Services (dentists available nearby) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexual and Reproductive Health (family planning services, sexually transmitted diseases/infections) |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Alcohol and Other Substance Abuse |
| <input type="checkbox"/> Respiratory/Lung Diseases (asthma, COPD, etc.) | <input type="checkbox"/> Tobacco Use (including e-cigarettes, chewing tobacco, etc.) |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Older Adults and Aging (hearing/vision loss, arthritis, etc.) |
| <input type="checkbox"/> Access to Health Care Services (doctors available nearby, wait times, services available nearby, takes insurance) | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Quality of Health Care Services Available | <input type="checkbox"/> Children's Health |
| <input type="checkbox"/> Mental Health and Mental Disorders (anxiety, depression, suicide) | <input type="checkbox"/> Teen & Adolescent Health |
| <input type="checkbox"/> Other (please specify) | |

7. In your opinion, which of the following would you most like to see addressed in your community? (Select Up to 3)

- | | |
|---|---|
| <input type="checkbox"/> Crime and neighborhood safety (robberies, shootings, other violent crimes) | <input type="checkbox"/> More Access to safe bike lanes |
| <input type="checkbox"/> Domestic violence prevention (intimate partner, family, or child abuse) | <input type="checkbox"/> Disability accessible sidewalks and other structures |
| <input type="checkbox"/> Injury prevention and traffic safety (traffic safety, drownings, bicycling and pedestrian accidents) | <input type="checkbox"/> Economy and job availability |
| <input type="checkbox"/> Homelessness and unstable housing | <input type="checkbox"/> Education and schools (Pre-K to 12th grade) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Access to higher education (2-year or 4-year degrees) |
| <input type="checkbox"/> Air and water quality | <input type="checkbox"/> Senior services (over 65) |
| <input type="checkbox"/> Food insecurity or hunger | <input type="checkbox"/> Support for families with children (child care, parenting support) |
| <input type="checkbox"/> Healthy food options - restaurants, stores, or markets | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Parks and walking paths | |
| <input type="checkbox"/> Other (please specify) | |

Access to Health Services

8. Below are some statements about **health care services** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral or Not Sure	Disagree	Strongly Disagree
There are affordable and good quality health care services in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am connected to a primary care doctor or health clinic that I am happy with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can access the health care services that I need within a reasonable distance from my home or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to find the health care resources or information I need when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services or alcohol/substance abuse treatment is available to people if and when they need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for gambling addiction is easy to find and available in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How would you rate your own personal health in the past 12 months? (Select one)

- ☐ Very Unhealthy
- ☐ Unhealthy
- ☐ Somewhat Healthy
- ☐ Healthy
- ☐ Very Healthy

10. Do you currently have an active health insurance plan for yourself?

- ☐ Yes, I have a health insurance plan
- ☐ No, I do not have a health insurance plan (I pay for health care services out-of-pocket, through donation services, or some other way)

11. Which type(s) of health plans do you use to pay for your health care services? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Oregon Health Plan | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent | <input type="checkbox"/> Compact of Free Association (COFA) Premium Assistance Program |
| <input type="checkbox"/> Private Insurance (HMO/PPO) | |
| <input type="checkbox"/> Other (please specify) | |

12. In the past 12 months, was there a time that you needed **health care services** but did not get the care that you needed?

- ☐ Yes
- ☐ No
- ☐ Does not apply - I did not need health care services in the past year

13. Select the top reason(s) that you did not receive the **health care services** that you needed in the past 12 months. (Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cost- too expensive/can't pay | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Office/service/program closed due to COVID-19 |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Wait is too long | <input type="checkbox"/> Insurance not accepted |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> No doctor is nearby | <input type="checkbox"/> Cultural/religious reasons |
| <input type="checkbox"/> Other (please specify) | | |

14. In the past 12 months, was there a time that you needed **dental or oral health services** but did not get the care that you needed?

- ☐ Yes
- ☐ No
- ☐ Does not apply - I did not need dental/oral health services in the past year

15. Select the top reason(s) that you did not receive the **dental or oral health services** that you needed in the past 12 months. (Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cost- too expensive/can't pay | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Office/service/program closed due to COVID-19 |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Wait is too long | <input type="checkbox"/> Insurance not accepted |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> No doctor is nearby | <input type="checkbox"/> Cultural/religious reasons |
| <input type="checkbox"/> Other (please specify) | | |

16. In the past 12 months, was there a time that you needed or considered seeking **mental health services or alcohol/substance abuse treatment** but did not get services?

- ☐ Yes
- ☐ No - I got the services I needed
- ☐ Does not apply - I did not need services in the past year

17. Select the top reason(s) that you did not receive the **mental health services or alcohol/substance abuse treatment** that you needed. (Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cost- too expensive/can't pay | <input type="checkbox"/> Wait is too long | <input type="checkbox"/> I did not know how treatment would work |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> No doctor is nearby | <input type="checkbox"/> I worried that others would judge me |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Office/service/program closed due to COVID-19 | <input type="checkbox"/> Cultural/religious reasons |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Insurance not accepted | |
| <input type="checkbox"/> Other (please specify) | | |

18. In the past 12 months, did you go to a hospital Emergency Department (ED)?

- ☐ Yes
- ☐ No – I have not gone to the hospital ED

19. Please select the number of times you have gone to the ED in the past 12 months.

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 |
| <input type="radio"/> 3 | <input type="radio"/> 6 or more |

20. What were the main reasons that you went to the ED instead of a doctor's office or clinic? (Select any that apply)

- | | |
|---|--|
| <input type="checkbox"/> After clinic hours/weekend | <input type="checkbox"/> Emergency/Life-threatening situation |
| <input type="checkbox"/> I don't have a regular doctor/clinic | <input type="checkbox"/> Long wait for an appointment with my regular doctor |
| <input type="checkbox"/> I do not have health insurance | <input type="checkbox"/> Needed food, shelter, or other resources |
| <input type="checkbox"/> Concerns about cost or co-pays | |
| <input type="checkbox"/> Other (please specify) | |

21. How many children (under age 18) currently live in your home? (Select one)

- | | |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 or more |
| <input type="radio"/> 3 | |

Children's Health

The following questions refer to children under 18 that live in your home.

22. Which type(s) of health plans(s) do children in your home have to cover the costs of health care services? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Medicaid/Children's Health Insurance Program (CHIP) | <input type="checkbox"/> Insurance through my employer (HMP/PPO) |
| <input type="checkbox"/> Oregon State Children's Health Insurance Program (SCHIP) | <input type="checkbox"/> No insurance/pay cash |
| <input type="checkbox"/> Private/Commercial Insurance (HMO/PPO) | |
| <input type="checkbox"/> Other (please specify) | |

23. Have the children (under 18) in your home experienced any of the following health issues? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No, the child/children have not faced any health issues | <input type="checkbox"/> Birth-related (ex. low birth weight, premature, prenatal) |
| <input type="checkbox"/> Childhood disabilities/special needs | <input type="checkbox"/> Child abuse/child neglect |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes/Pre-diabetes/High blood sugar |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing and /or vision |
| <input type="checkbox"/> Injuries or accidents that required immediate medical care (ex. sports injuries, bicycle accidents) | <input type="checkbox"/> Nervous system disorders |
| <input type="checkbox"/> Behavior Challenges/Mental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease or other heart conditions | <input type="checkbox"/> Drug or alcohol use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Using tobacco, e-cigarettes, or vaping |
| <input type="checkbox"/> Child/children overweight | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Child/children underweight | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Other (please specify) | |

24. In the past 12 months, was there a time when children in your home needed **medical care or other health care services** but did not get the services that they needed?

- ☐ Yes
☐ No
☐ Does not apply - the child/children did not need services

Children's Health

25. Which of the following services were the children in your home not able to get in the past 12 months when they needed them? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Well child visit/check-up | <input type="checkbox"/> Nutrition services |
| <input type="checkbox"/> Scheduled vaccination(s) | <input type="checkbox"/> Dental care (routine cleaning or urgent care) |
| <input type="checkbox"/> Prescription medications | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Sick visit/urgent care visit | <input type="checkbox"/> Alcohol or other substance abuse treatment |
| <input type="checkbox"/> Emergency care services | <input type="checkbox"/> Services for Special Needs |
| <input type="checkbox"/> Routine care/treatment for ongoing or chronic condition – ex. allergies, respiratory conditions, diabetes | |
| <input type="checkbox"/> Other (please specify) | |

26. Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months. (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost- too expensive/can't pay | <input type="checkbox"/> Wait is too long |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> No doctor is nearby |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Office/service/program closed due to COVID-19 |
| <input type="checkbox"/> Not able to take off work for an appointment | <input type="checkbox"/> Insurance not accepted |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Cultural/religious reasons |
| <input type="checkbox"/> Other (please specify) | |

27. Below are some statements about **employment and education** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral or Not Sure	Disagree	Strongly Disagree
There are plenty of jobs available for those who are over 18 years old.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of jobs available for those who are 14 to 18 years old.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are job trainings or employment resources for those who need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare (daycare/pre-school) resources are affordable and available for those who need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The K-12 schools in my community are well funded and provide good quality education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Umpqua Community College provides quality education at an affordable cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Which of the following categories **best reflects** your current employment status? (Select one)

- | | |
|--|--|
| <input type="radio"/> Employed, working full-time | <input type="radio"/> Not employed, NOT looking for work |
| <input type="radio"/> Employed, working part-time | <input type="radio"/> Retired |
| <input type="radio"/> Homemaker/Work in the Home | <input type="radio"/> Student |
| <input type="radio"/> Not employed, looking for work | |

Employment and Education

29. What is the main reason(s) you are not working? (Select any that apply)

- ☐ Ill or disabled, not able to work
 ☐ Taking care of family member
☐ Furloughed or temporarily unemployed
 ☐ Need more training
☐ Cannot find work
☐ Other (please specify)

Housing and Transportation

30. Below are some statements about **housing and transportation** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral or Not Sure	Disagree	Strongly Disagree
There are affordable places to live in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streets in my community are typically clean and buildings are well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my own neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime is not a major issue in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation is easy to get to if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. What transportation do you use most often to go places? (Select one)

- ☐ I drive my own car
 ☐ I take a car ride service (Uber/Lyft)
☐ I walk
 ☐ I take a bus
☐ I ride a motorcycle or scooter
 ☐ I take a taxi car service
☐ Someone drives me
 ☐ Hitchhike
☐ I ride a bicycle
☐ Other (please specify)

29. What is the main reason(s) you are not working? (Select any that apply)

- ☐ Ill or disabled, not able to work
- ☐ Furloughed or temporarily unemployed
- ☐ Cannot find work
- ☐ Other (please specify)
- ☐ Taking care of family member
- ☐ Need more training

Housing and Transportation

30. Below are some statements about **housing and transportation** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral or Not Sure	Disagree	Strongly Disagree
There are affordable places to live in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streets in my community are typically clean and buildings are well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my own neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime is not a major issue in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation is easy to get to if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. What transportation do you use most often to go places? (Select one)

- ☐ I drive my own car
- ☐ I walk
- ☐ I ride a motorcycle or scooter
- ☐ Someone drives me
- ☐ I ride a bicycle
- ☐ Other (please specify)
- ☐ I take a car ride service (Uber/Lyft)
- ☐ I take a bus
- ☐ I take a taxi car service
- ☐ Hitchhike

29. What is the main reason(s) you are not working? (Select any that apply)

- ☐ Ill or disabled, not able to work
- ☐ Taking care of family member
- ☐ Furloughed or temporarily unemployed
- ☐ Need more training
- ☐ Cannot find work
- ☐ Other (please specify)

Housing and Transportation

30. Below are some statements about **housing and transportation** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral or Not Sure	Disagree	Strongly Disagree
There are affordable places to live in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streets in my community are typically clean and buildings are well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my own neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime is not a major issue in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation is easy to get to if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. What transportation do you use most often to go places? (Select one)

- ☐ I drive my own car
- ☐ I take a car ride service (Uber/Lyft)
- ☐ I walk
- ☐ I take a bus
- ☐ I ride a motorcycle or scooter
- ☐ I take a taxi car service
- ☐ Someone drives me
- ☐ Hitchhike
- ☐ I ride a bicycle
- ☐ Other (please specify)

32. Which of the following categories **best** reflects your current living situation? (select one)

- | | |
|---|--|
| <input type="radio"/> Live alone in a home (house, apartment, condo, trailer, etc.) | <input type="radio"/> Live in an assisted living facility (such as a nursing home) |
| <input type="radio"/> Live in a home with another person such as a partner, sibling(s), or roommate(s) | <input type="radio"/> Temporarily staying with a relative or friend |
| <input type="radio"/> Live-in single-family home that include a spouse or partner AND a child/children under age 25 | <input type="radio"/> Staying in a shelter or are homeless (living on the street) |
| <input type="radio"/> Live in a multi-generational home (home includes grand-parents or adult children over age 25) | <input type="radio"/> Living in a tent, RV, or couch-surfing |
| <input type="radio"/> Multi-family home (more than one family lives in the home) | |

33. Does your current housing situation meet your needs?

- ☐ Yes
- ☐ No

Housing and Transportation

34. What issues do you have with your current housing situation? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Too small /crowded | <input type="checkbox"/> Mortgage is too Expensive |
| <input type="checkbox"/> Problems with other people | <input type="checkbox"/> Too far from town/services |
| <input type="checkbox"/> Unsafe, high-crime | <input type="checkbox"/> Current housing is temporary, need permanent housing |
| <input type="checkbox"/> Too run down or unhealthy environment (ex. mold) | <input type="checkbox"/> Need supportive and/or assisted living |
| <input type="checkbox"/> Rent/facility is too expensive | |
| <input type="checkbox"/> Other (please specify) | |

Housing and Transportation

35. In the **past 2 years**, was there a time when you (and your family) were living on the street, in a car, or in a temporary shelter?

- ☐ Yes, **1 or 2 times** in the past 2 years
- ☐ Yes, **3 or more times** in the past 2 years
- ☐ No

36. In the **past 12 months**, has the utility company shut off your service for not paying your bills?

- ☐ Yes
- ☐ No
- ☐ Does not apply - I do not pay utility bills

37. Are you worried or concerned that in the **next 2 months** you (and your family) may not have stable housing that you own, rent, or stay in as part of a household?

- ☐ Yes
- ☐ No

Access to Healthy Food and Community Resources

38. Below are some statements about the **access to food and resources** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral or Not Sure	Disagree	Strongly Disagree
We have good parks and recreational facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good sidewalks or trails for walking safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for people to get around regardless of abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air and water quality are good in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable healthy food options are easy to purchase at nearby grocery stores or farmer's markets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my neighborhood it is easy to grow/harvest and eat fresh food from a home garden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local restaurants serve healthy food options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. In the ***past 12 months***, did you worry about whether your food would run out before you got money to buy more?

- ☐ Often ☐ Sometimes ☐ Never

40. In the ***past 12 months***, was there a time when the food that you bought just not last, and you did not have money to get more?

- ☐ Often ☐ Sometimes ☐ Never

41. In the ***past 12 months***, did you or someone living in your home receive emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

- ☐ Often ☐ Sometimes ☐ Never

Corona Virus (COVID-19)

During this time, we understand that COVID-19 has impacted everyone's lives, directly and indirectly. We would like to know how these recent events have impacted you and your household to better understand how our community has been affected overall.

REMINDER: This is an anonymous survey. If you or anyone in your household has questions or concerns related to COVID-19, information is available via the *Douglas County Public Health Network COVID-19 Hotline (541) 464-6550*.

42. We know the COVID-19 pandemic is challenging in many ways. Please select from the following list the issues that are the biggest challenge for your household right now. (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Household member(s) have COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough) | <input type="checkbox"/> Feeling alone/isolated, not being able to socialize with other people |
| <input type="checkbox"/> Access to basic medical care | <input type="checkbox"/> Feeling nervous, anxious, or on edge |
| <input type="checkbox"/> Access to emergency medical services | <input type="checkbox"/> Not knowing when the pandemic will end/not feeling in control |
| <input type="checkbox"/> Access to prescription medications | <input type="checkbox"/> Household members not getting along |
| <input type="checkbox"/> A shortage of food | <input type="checkbox"/> Lack of technology to communicate with people outside of my household (e.g. internet access, computer, tablet, etc.) |
| <input type="checkbox"/> A shortage of healthy food | <input type="checkbox"/> Lack of skills to use technology to communicate |
| <input type="checkbox"/> A shortage of sanitation and cleaning supplies (e.g., toilet paper, disinfectants, etc.) | <input type="checkbox"/> Unsheltered or homeless |
| <input type="checkbox"/> Not being able to exercise | <input type="checkbox"/> Lack of access to facilities to maintain hygiene |

Demographics

Please answer a few final questions about yourself so that we can see how different types of people feel about these local health issues.

43. What is your age?

44. Are you of Hispanic or Latino origin or descent?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

45. What race best describes you?

46. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer
- ☐ Other identification (optional)

47. What is the highest level of education you have completed?

48. What is your total household income?

- | | |
|--|--|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$75,000 to \$99,999 |
| <input type="radio"/> \$20,000 to \$34,999 | <input type="radio"/> \$100,000 to \$149,999 |
| <input type="radio"/> \$35,000 to \$49,999 | <input type="radio"/> \$150,000 or More |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> Prefer not to answer |

49. Are you a Veteran?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

50. Please tell us how you heard about this survey?

Key Informant Interview Guide

INTRODUCTION

Opening Script: “You have been invited you to take part in this Key Informant Interview because of your experience working in the community and content expertise. Our work is focused on understanding what health issues and challenges people are facing in Douglas County and how to improve health in your community. We are working with the Network of Care in Douglas County to complete this assessment.

The insights and perspectives collected in this interview will provide important information that will ultimately be combined with the results of a community survey and state and national data indicators. These data components will be compiled into a comprehensive report outlining the health needs in Douglas County.”

To start, could you tell us a little about yourself, your background, and your organization?

- What is your organization’s mission?
- Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?

COVID-19 has significantly impacted everyone’s lives, what have you seen as the biggest challenges in Douglas County during this time?

- What has gone well?
- How has the current Pandemic and reduced in-person contact situation changed the focus of your work or how you are doing your work now?

Thinking about the time before the COVID-19 Pandemic, what were the top priority health issues that your organization was dealing with? Have you had to shift your priorities?

- What do you think are the factors that are contributing to these health issues in the community?
- How has the health system responded to these issues in the past?
- What would you like to see done differently?

Which groups in your community seem to struggle the most with the issues you’ve identified and how does it impact their lives?

- What are the specific challenges that impact *low-income, under-served/uninsured, racial or ethnic groups*, or *age or gender* in the community?
- How does your organization interact or work with these vulnerable groups?

What geographic parts of the county/community have greater health or social need?

- Which neighborhoods or areas in your community need additional support services or outreach?

What barriers or challenges might prevent someone in the community from accessing health care or social services? (Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)

- How does geography, or where people live, play a role in people’s ability to access services?

Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?

- What services or programs do you feel are having a positive impact in the community or could potentially have an impact on the needs that you’ve identified, if not yet in place?

Is there anything additional that should be considered for assessing the needs of the community?

- How would having a community health needs assessment report available to you/your organization be helpful?

Closing Script: “Thank you so much for your time and participation today. If you have any additional comments or thoughts after our conversation today, please feel free to reach out to either *Courtney Kaczmarzsky* or *Zack Flores*. We will be collecting and analyzing the data for this needs assessment over the next few months and the final report will be available to everyone who participated, as well as the general public.”

Appendix C – Forces of Change & Care Integration Assessment Summaries

Forces of Change Summary Report

Forces	Type of Force				Opportunities	Threats
	Political	Economic	Technological	Social		
Coronavirus/COVID-19						
On-going challenges related to Covid-19 pandemic	X	X	X	X	<ul style="list-style-type: none">• Moved telehealth forward in a way that couldn't have been done without a major force like this• Distance learning/technology advances• Looking at how we can partner with each other in a better way• Remote training makes it more accessible:• Zoom, digital trainings make it possible for people all across the	<ul style="list-style-type: none">• Isolation of people in the community, inability to connect with orgs/others in person• Impacts on funding streams that support healthcare (all government levels)• Liability created by transitioning to technological platforms for education:• Challenges with remote learning: parents trying to

					world to attend events virtually	<p>balance work and accountability for being involved with their children's learning</p> <ul style="list-style-type: none"> Anxiety in community around losing ground that we've gained (telehealth, technology incorporation, etc.) going forward Anxiety around inequities not being acknowledged in the future
COVID related economic downturn: social and tax revenue effect, loss of part-time jobs	X	X		X	<ul style="list-style-type: none"> Grocery store/other delivery businesses have emerged that weren't there before: creates job opportunities Ability for some people to work remotely, has potential to change housing opportunity/ living situation 	<ul style="list-style-type: none"> Caused many businesses to close their doors permanently Businesses that haven't closed: some have ignored recommendations of CDC/health orgs & put people at risk (staff & patrons) School system issues/challenges with parents working and educating, not every business can help with staffing and to shorten their hours Long term unemployment effects: people who don't feel safe to go to work Individuals are having challenging time finding childcare:

						<p>some people have to discontinue employment, or reduce working hours</p> <ul style="list-style-type: none"> • Workforce fatigue happening (healthcare and others) with changing guidelines and dealing with COVID-19 threats
How COVID-19 Presumptive and Positive are reflected in data tracking	X	X		X	<ul style="list-style-type: none"> • Opportunity to reconsider the way health care communicates all messaging out in the community (lessons learned from COVID-19 communication) 	<ul style="list-style-type: none"> • Presumed positive means you are treated similar to someone who has tested positive (they remain in the total numbers) • Effects how the school system is planning and making decisions
Environment/Natural Disasters						
Loss of low-income housing, increased housing/homelessness, and displaced families due to wildfires		X		X	<ul style="list-style-type: none"> • Opportunity to increase awareness around building more fire-resistant buildings: <ul style="list-style-type: none"> ○ Air filtration in businesses, etc. 	<ul style="list-style-type: none"> • Puts additional pressure on an already heavily pressured housing system • Building process: interest level in building multi-family homes will decrease
Environmental and health impact of wildfires	X	X		X	<ul style="list-style-type: none"> • Air filtration system education awareness • Education opportunity, more interest in tobacco cessation due to having breathable air being taken for granted • Increase awareness around disaster preparedness 	<ul style="list-style-type: none"> • Public anxiety about no action being taken around climate change/forest management, now becoming a public health concern • Reduced access to public lands/forest lands, increased risk of fire:

						<ul style="list-style-type: none"> ○ This would take an economic toll on both recreation and tourist industries • People with pre-existing respiratory illness would be at greater risk and would need to utilize services more: <ul style="list-style-type: none"> ○ Pregnant women/infants are also of concern as sensitive groups • Combined COVID/Flu increased respiratory issues: <ul style="list-style-type: none"> ○ Delay in people seeking out services for respiratory concerns
Political/Regulatory						
Re-direction of state funds to urban areas		X				<ul style="list-style-type: none"> • How will there be more state funding? As they shift funds, how will they replenish those funds for rural areas? • Additional pressure on already limited services
Impending State Tobacco Tax increase	X	X		X	<ul style="list-style-type: none"> • Providing the public with increase tobacco cessation opportunities (ex. 	<ul style="list-style-type: none"> • Nicotine patches are very expensive, threatens to put

					<p>nicotine replacement therapies):</p> <ul style="list-style-type: none"> ○ Strategic time to promote these programs/services • Some funding with be directed to Oregon Health Plan: <ul style="list-style-type: none"> ○ Measure 108: dedicated to administration enforcement of tax ○ Mental health services, urban Indian health, etc. • Try to get funding/support for tobacco cessation products: <ul style="list-style-type: none"> ○ If available, make people more aware of them • Measure will implement tax on vaping products: <ul style="list-style-type: none"> ○ Will hopefully reduce the amount of teen vaping 	<p>people off from trying smoking cessation</p> <ul style="list-style-type: none"> • Shift people away from cigarettes to vaping or other substances • When people can't get a product they can't afford, they might resort to smuggling • Measure will implement tax on vaping products: <ul style="list-style-type: none"> ○ Shifts economic impact onto lower socioeconomic status individuals
Tobacco Free Ordinance for campuses and downtown	X	X		X	<ul style="list-style-type: none"> • Can generate buy-in/momentum, urgency and curiosity with businesses and public enterprises • Appetite for businesses to consider 	<ul style="list-style-type: none"> • Tobacco users who are not allowed to smoke in an area tend to migrate to other areas

					<p>being tobacco free, if not already</p> <ul style="list-style-type: none"> • Potential to reduce exposure to second-hand smoke <ul style="list-style-type: none"> ○ Protect sensitive groups (ex. elderly, children) 	<ul style="list-style-type: none"> • Run the risk of alienating a section of your population • Concern of impact on low-income/houseless people: <ul style="list-style-type: none"> ○ People who can't drive to another area, people who live there, will they be cited? How will this work?
Lack of trust in political leaders, failure to coalesce around support for scientific method	X			X	<ul style="list-style-type: none"> • Evolving/fluid nature of science involved. We see frequent changes of policies, generates distrust/skepticism of public: <ul style="list-style-type: none"> ○ Opportunity to act as in-between in the community • More engagement from community members about informing themselves and seeking avenues to better understand what the issues are 	<ul style="list-style-type: none"> • Division over whether science should trump individual freedoms, makes it a difficult conversation • Difference of opinion of government's oversight/responsibility/authority to tell people what to do: <ul style="list-style-type: none"> ○ Easier at local level, state/national level gets more difficult ○ People who do trust the science: difficult to trust political leaders who seem to be making decisions that don't align with the science

Economic						
Transfer of jobs to urban centers			X		<ul style="list-style-type: none"> • Opportunity to reverse this, with the option to work remotely due to COVID-19 • Opportunities created due to migration; jobs were mobilized: <ul style="list-style-type: none"> ○ Encourage this by bolstering our infrastructure with the internet and ways of connecting 	<ul style="list-style-type: none"> • Younger population historically been moving out of the county • Technology may be a challenge for the more rural areas to keep up with
Decline in employment/ historically higher unemployment rates than state average	X	X			<ul style="list-style-type: none"> • Opportunity to enhance 2-year training programs to get people in the door with a skillset and be ready to go • Economist in the local employment division has good information around demographics: <ul style="list-style-type: none"> ○ Higher unemployment rate, but there are jobs available. Mismatch of job requirements and skill availability 	<ul style="list-style-type: none"> • Healthcare: have a hard time getting entry level people due to unemployment funds <ul style="list-style-type: none"> ○ Motivation rate is low to get a job • Lack of middle-wage and high-wage industries • Younger people going to urban areas for work, they tend to be able to pay more for the same position
Demographic shifts - In migration of Seniors and		X		X	<ul style="list-style-type: none"> • Support for local schools and the programs they are implementing 	<ul style="list-style-type: none"> • Threat to the older population, not everyone is accepting Medicare. A lot of

out migration of ages 18-35/more mobility in families with school age children					<ul style="list-style-type: none"> Creates an opportunity for medical jobs /supports need for bringing a medical college locally Training for younger people to provider services to older people Economic opportunity with senior living 	<p>seniors are left out of services, letting their health issues go longer than they should without treatment</p> <ul style="list-style-type: none"> Lack of in-home caregivers for seniors
--	--	--	--	--	--	--

Forces	Type of Force				Opportunities	Threats
	Political	Economic	Technological	Social		
Education						
Chronically low high school and college graduation rates		x		x	<ul style="list-style-type: none">Importance of attendance; starting at kindergartenCTE (Career Technical Education) – exposure and interest in different fieldLocal STEM programs – extended opportunities	<ul style="list-style-type: none">Opportunities/access due to lack of in person education (COVID19)Impact on employment, lack of qualified work force; impact on homelessness
Social Services and Resources						
Lack of childcare		x	x	x	<ul style="list-style-type: none">Creative ways to make day-care available – churches, etc.Community-wide childcare coalition looking to address the issue – shift from babysitting to early childhood education (birth to 5)	<ul style="list-style-type: none">Lack of availability – lack of workforce to be employed in early childhood educator rolesImpact on people entering or staying in the work force

Mental health resources	X			X	<ul style="list-style-type: none"> Schools focusing on mental and behavioral health Increasing awareness/address stigma related to mental health Developing a single strategy that could streamline funding – children and adults 	<ul style="list-style-type: none"> Funding for mental health – is it a long-term investment in the community? Many coalitions developing siloed plans for mental health – not a cohesive strategy
Lack of affordable and available housing units for people at all economic levels		X		X	<ul style="list-style-type: none"> Housing coalition trying to work on this Tiny home village – opportunity for expansion City of Roseburg housing (past 6 months) – studies underway Amending codes in the downtown area to create different types of housing 	<ul style="list-style-type: none"> Not enough housing to accommodate professionals – ex. trying to recruit providers to area Housing for students limited for community college students Not enough affordable housing
High rate of foster and homeless youth throughout county		X		X	<ul style="list-style-type: none"> Program to ensure kids in foster care are having their needs met, particularly for special needs (ESD, DHS) Explore root cause of high numbers of children in foster care compared to state Understand root causes to be able to provide support for families/family needs Support DHS and work they are doing to keep families together 	<ul style="list-style-type: none"> Increased children in foster care may impact need for foster families Impact on children's wellbeing

Mental health resources	X			X	<ul style="list-style-type: none"> Schools focusing on mental and behavioral health Increasing awareness/address stigma related to mental health Developing a single strategy that could streamline funding – children and adults 	<ul style="list-style-type: none"> Funding for mental health – is it a long-term investment in the community? Many coalitions developing siloed plans for mental health – not a cohesive strategy
Lack of affordable and available housing units for people at all economic levels		X		X	<ul style="list-style-type: none"> Housing coalition trying to work on this Tiny home village – opportunity for expansion City of Roseburg housing (past 6 months) – studies underway Amending codes in the downtown area to create different types of housing 	<ul style="list-style-type: none"> Not enough housing to accommodate professionals – ex. trying to recruit providers to area Housing for students limited for community college students Not enough affordable housing
High rate of foster and homeless youth throughout county		X		X	<ul style="list-style-type: none"> Program to ensure kids in foster care are having their needs met, particularly for special needs (ESD, DHS) Explore root cause of high numbers of children in foster care compared to state Understand root causes to be able to provide support for families/family needs Support DHS and work they are doing to keep families together 	<ul style="list-style-type: none"> Increased children in foster care may impact need for foster families Impact on children's wellbeing

Rural broadband deficits		X	X	X	<ul style="list-style-type: none"> Grants to ensure that communities get connected (local company received funding-in progress) Telehealth on a larger scale Saving patients time with telehealth/services at home 	<ul style="list-style-type: none"> Security issues – PHI, HIPAA Patients wanting to see providers in person Changes to reimbursement for services
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Care Integration Assessments

Level of Integration of Services Today in Douglas County

	Housing	Food Security	Education	Income	Oral Health	Physical Health	Mental Health	Substance Use Treatment	Public Health
Housing	NA	1.3	1.1	2.1	1.0	1.1	1.5	1.4	1.1
Food Security	1.3	NA	1.9	1.9	1.3	1.6	1.1	1.1	1.6
Education	1.1	2.1	NA	1.3	2.1	1.4	1.4	1.3	1.4
Income	1.6	2.0	1.3	NA	1.1	1.1	1.1	1.3	1.3
Oral Health	1.0	1.5	2.4	1.1	NA	1.6	1.3	1.3	1.6
Physical Health	1.0	1.3	1.5	1.0	1.6	NA	1.3	1.4	1.7
Mental Health	1.5	1.0	1.8	1.3	1.0	1.4	NA	2.3	1.7
Substance Use Treatment	1.3	1.0	1.4	1.3	1.0	1.6	2.1	NA	1.7
Public Health	1.2	1.3	1.6	1.4	1.6	1.8	1.8	1.8	NA

1 = Minimal integration occurring today

2 = Moderate integration occurring today

3 = Significant integration in place

Value of Integration of Services in the Future in Douglas County

	Housing	Food Security	Education	Income	Oral Health	Physical Health	Mental Health	Substance Use Treatment	Public Health
Housing	NA	2.4	2.3	2.3	2.0	2.2	2.6	2.7	2.0
Food Security	2.6	NA	2.9	2.7	2.5	2.5	2.2	2.0	2.1
Education	2.0	2.6	NA	2.6	2.5	2.5	2.7	2.5	2.0
Income	2.9	2.9	2.9	NA	2.3	2.3	2.6	2.4	2.0
Oral Health	1.9	2.1	2.4	1.9	NA	2.7	2.6	2.7	2.2
Physical Health	2.3	2.8	2.8	2.9	2.7	NA	3.0	3.0	2.1
Mental Health	2.6	2.3	2.6	2.2	2.1	2.9	NA	2.9	2.0
Substance Use Treatment	2.6	2.0	2.4	2.3	2.3	3.0	3.0	NA	2.2
Public Health	2.3	2.3	2.5	2.3	2.3	2.3	2.3	2.3	NA

1 = Minimal value in integration

2 = Moderate value in integration

3 = Significant value in integration

Appendix D – Prioritization Criteria and Results

Prioritization Criteria

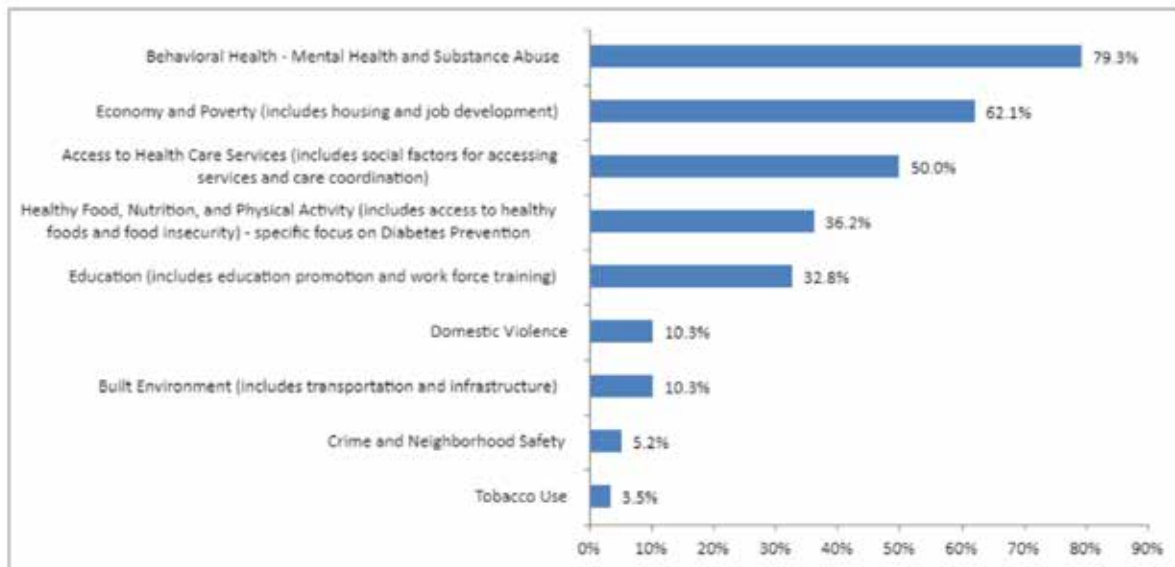
Criteria Description	Details & Considerations
<input type="checkbox"/> Alignment with collaborative strengths/priorities/mission: <i>healthcare resources.</i>	<ul style="list-style-type: none"> Are there existing resources and programs amongst collaborative organizations to address problem? Are there opportunities for partnership within the collaborative – either to enhance current partnerships or build new partnerships? How feasible is an intervention – how likely or possible that the collaborative can address the problem?
<input type="checkbox"/> Alignment with local, state, or federal priorities	<p>Specifically consider, OHA SHIP Priority Areas:</p> <ul style="list-style-type: none"> Access to equitable preventive health care Adversity, trauma, and toxic stress Behavioral health Economic drivers of health Institutional bias <p>Other priority considerations, Healthy People 2030</p>
<input type="checkbox"/> Importance of problem to the community	<ul style="list-style-type: none"> How did residents rank the issue in the community survey? Based on your knowledge of the community, how important is this issue?
<input type="checkbox"/> Economic burden on the community	<ul style="list-style-type: none"> How much economic burden is placed on the community due to this issue? Consider health care costs, burden on individuals, and impact on organizations. Background information: <ul style="list-style-type: none"> CDC Health and Economic Costs of Chronic Diseases Healthy People 2030 Social Determinants of Health
<input type="checkbox"/> Consequences of not intervening	<ul style="list-style-type: none"> What will happen if an intervention doesn't happen soon? Will the problem become significantly worse if nothing is done or no changes to the current approach to the issue occur?
<input type="checkbox"/> Solution could impact multiple problems	<ul style="list-style-type: none"> Will addressing this problem have an impact on other health and social issues in the community? Are there opportunities to work collaboratively with organizations to address the problem in a more holistic way?
<input type="checkbox"/> Opportunity to intervene at prevention level	<ul style="list-style-type: none"> Will addressing the issue reduce risks or threats to health? Would primary prevention strategies, or intervening before health effects occur, be feasible and effective?

Prioritization Results

Prioritization Voting Part 1 Results

	Topic	Alignment with collaborative strengths/ priorities/ mission	Consequences of not intervening	Solution could impact multiple problems	Opportunity to intervene at prevention level	Alignment with local, state, or federal priorities	Importance of problem to community	Economic burden on community	Total
1	Mental Health	62	60	62	53	51	61	59	408
2	Healthy Food, Nutrition, and Physical Activity	61	58	62	61	56	53	53	404
3	Substance Abuse/Illicit Drug Use	55	57	57	50	51	57	59	386
4	Access to Health Care Services	57	56	58	52	53	54	53	383
5	Chronic Diseases – Diabetes	57	51	52	56	52	57	56	381
6	Economy and Poverty	48	56	58	47	46	55	59	369
7	Education	52	54	57	51	49	49	49	361
8	Built Environment	52	50	52	49	50	52	52	357
9	Domestic Violence	53	58	54	50	49	48	43	355
10	Tobacco Use	53	50	45	50	48	40	41	327
11	Crime and Neighborhood Safety	39	43	42	34	36	47	40	281

Prioritization Voting Part 2 Results



Demographic and Secondary Data Sources

- ⁱ United States Census – Douglas County, OR County Snapshot, 2019 American Community Survey 5-Year Estimates; <https://data.census.gov/cedsci/profile?g=0500000US41019>
- ⁱⁱ United States Postal Service and US Census – population by zip code; <https://www.unitedstateszipcodes.org/#zips-list>
- ⁱⁱⁱ US Census Small Area Income and Poverty Estimates (SAIPE) program via County Health Rankings; <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/24/description>
- ^{iv} U.S. Bureau of Labor Statistics – Douglas County Unemployment Rate via FRED; <https://fred.stlouisfed.org/series/ORDOUGSURN>
- ^v Oregon’s COVID-19 Risk Levels per the Office of the Governor; <https://coronavirus.oregon.gov/Pages/living-with-covid-19.aspx#currentrisklevelbycountymap>
- ^{vi} Average number of mentally unhealthy days reported in past 30 days (age-adjusted) – County Health Rankings via the Behavioral Risk Factor Surveillance System (BRFSS) (2017); <https://www.countyhealthrankings.org/app/oregon/2020/measure/outcomes/42/description?sort=desc-2>
- ^{vii} Frequent mental distress – County Health Rankings via the Behavioral Risk Factor Surveillance System (BRFSS) (2017); <https://www.countyhealthrankings.org/app/oregon/2020/measure/outcomes/145/description>
- ^{viii} Depression - Oregon Behavioral Risk Factors Surveillance System (2014-2017)
- ^{ix} Mental Health Providers – County Health Rankings via CMS, National Provider Identification Registry (2019); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/62/map>
- ^x 8th grade students who are current alcohol users (current alcohol use includes having at least one drink of alcohol within the past 30 days); Oregon Healthy Teens 2019
- ^{xi} 8th grade students who are current binge drinkers (current binge drinking• includes drinking 5 or more drinks of alcohol in a row within the past 30 days); Oregon Healthy Teens 2019
- ^{xii} 8th grade students who are current marijuana users (current marijuana use includes marijuana use within the past 30 days); Oregon Healthy Teens 2019
- ^{xiii} 8th grade students who have ever used marijuana; Oregon Healthy Teens 2019
- ^{xiv} 11th grade students who have ever used alcohol; Oregon Healthy Teens 2019
- ^{xv} 11th grade students who are current prescription drug users without doctor’s order (current use includes prescription drugs such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax without a doctor’s order used in the past 30 days); Oregon Healthy Teens 2019
- ^{xvi} Unemployment, Percentage of population ages 16 and older unemployed but seeking work via County Health Rankings; <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/23/description>
- ^{xvii} Severe housing cost burden County Health Rankings via American Community Survey (ACS) (2014-2018); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/154/description>
- ^{xviii} Child poverty via County Health Rankings (2018); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/24/description>
- ^{xix} Children eligible for free or reduced-price lunch County Health Rankings via the National Center for Education Statistics (NCES) (2017-2018):
And United States Diabetes Surveillance System (2016 via County Health Rankings - <https://www.countyhealthrankings.org/app/oregon/2020/measure/outcomes/60/description>
- ^{xxviii} County Health Rankings Adult Obesity provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates (2016); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/11/description>
- ^{xxix} County Health Rankings Physical Inactivity provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates (2016); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/70/description>
- ^{xxx} County Health Rankings Access to exercise opportunities provided by Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files (2010 & 2019); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/132/description>
- ^{xxxi} County Health Rankings Food Insecurity via Map the Meal Gap - Feeding America (2017); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/139/description>
- ^{xxxi} Percentage of children under age 18 living in households, where in the previous 12 months, there was an uncertainty of having, or an inability to acquire, enough food for all household members because of insufficient money or other resources. Data provided by Children First for Oregon. Data provided by Kids Count data center, The Annie E. Casey Foundation 2017.
- ^{xxxi} Percentage of ninth-grade cohort that graduates in four years (2016-2017); County Health Rankings via Oregon Department of Education

- ^{xxxiv} 3rd and 8th grade students who met or exceeded state standards in math and reading; Oregon Department of Education Student Assessment: School Level: English Language Arts and Math (2015-2016) - <http://www.oregon.gov/ode/educator-resources/assessment/Pages/Assessment-Group-Reports.aspx>
- ^{xxxv} People 25+ with a bachelor's degree or Higher (Census); American Community Survey 2018
- ^{xxxvi} Percentage of adults ages 25-44 with some post-secondary education; American Community Survey (ACS), 2014-2018
- ^{xxxvii} Driving Alone to Work - The American Community Survey (ACS) (2014-2018)
- ^{xxxviii} % Households with Housing Problems – American Housing Survey (AHS) (2009-2013)
- ^{xxxix} Farmer Market Density - U.S. Department of Agriculture, Food Environment Atlas (2014)
- ^{xl} Grocery Store Density - U.S. Department of Agriculture, Food Environment Atlas (2014)
- ^{xli} WIC-authorized stores - U.S. Department of Agriculture, Food Environment Atlas (2014)
- ^{xlii} SNAP-authorized stores - U.S. Department of Agriculture, Food Environment Atlas (2016)
- ^{xliii} Childcare supply - Oregon Department of Human Services via the Annie E. Casey Foundation (2010); <https://datacenter.kidscount.org/data/tables/2549-child-care-supply?loc=39&loct=5#detailed/5/5343-5378/false/133,35,17,16/any/9863>
- ^{xliv} Children in Foster Care & Families receiving TA-DVS - Oregon Department of Health Services Quick Facts (2018); <https://www.oregon.gov/dhs/ABOUTDHS/DataDocuments/County-Quick-Facts-2018.pdf>
- ^{xliv} Suspected Child Abuse (2019) - Oregon Department of Health Services, 2019 Child Welfare Data Book; <https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2019%20Child%20Welfare%20Data%20Book.pdf>
- ^{xlvi} Violent Crime Uniform Crime Reporting – FBI via County Health Rankings; <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/43/description> (2014 & 2016)
- ^{xlvii} Deaths due to injury (all cause) - National Center for Health Statistics - Mortality Files via County Health Rankings (2014-2018); <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/135/description>
- ^{xlviii} Death rate due to Motor vehicle accidents - Oregon Health Division, Center for Health Statistics (2014-2016)
- ^{xlix} Juvenile arrest rate - Easy Access to State and County Juvenile Court Case Counts (EZACO) via County Health Rankings; <https://www.countyhealthrankings.org/app/oregon/2020/measure/factors/158/description>
- ⁱ Adults Currently Smoke Cigarettes (age-adjusted); Oregon Behavioral Risk Factors Surveillance System (2014-2017)
- ⁱⁱ 8th grade students cigarette smoking (non-menthol or menthol); Oregon Healthy Teens 2019
- ⁱⁱⁱ 11th grade students cigarette smoking (non-menthol or menthol); Oregon Healthy Teens 2019
- ⁱⁱⁱⁱ 8th grade students using electronic cigarettes or other vaping products; Oregon Healthy Teens 2019
- ^{liv} 11th grade students who saw a tobacco advertisement on a storefront or in a store; Oregon Healthy Teens 2019
- ^{lv} Maternal tobacco use; Oregon Health Division, Center for Health Statistics (2016)