

**2013 Josephine County Community Health Assessment
By AllCare Health Plan; Jackson Care Connect; Primary Health
(Public Outreach 5.7)**

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2013 Jackson and Josephine County Community Health Assessment (JA & JO CO CHA)

http://www.allcarehealthplan.com/files/2913/9086/6011/jojackfinalassessment_12_11_13.pdf

**Summary Highlights Of Josephine County Community Health Assessment
Transcribed by JS&PSS Exploratory Committee**

Justice System & Public Safety Services Study Design: 2015 (Study Design)

Web Page: <http://www.hugoneighborhood.org/justicesystemexploratorycommittee.htm>

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**2013 Josephine County Community Health Assessment
(41 pages in original, without numerous maps, table, & figures)**

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2013 Jackson and Josephine County Community Health Assessment

I. JOSEPHINE COUNTY PEOPLE AND PLACE (*JA & JO CO CHA*, pages 46 - 54)

A. Location and Physical Characteristics

Josephine County is located in Southwestern Oregon. It is a rugged part of the state with multiple climates and geography within its 1,640 square miles. The diverse terrain includes large broad valleys, deep river valleys and sparsely populated mountainous areas. There are hundreds of hills, valleys and waterways including the Rogue River and its tributaries such as the Illinois River. Josephine County has only two incorporated cities and the county is designated as rural by the Oregon Office of Rural Health. The total population in Josephine County is 82,930 (2012). The two incorporated cities are Grants Pass and Cave Junction. Grants Pass is the county seat and had a population of 34,805 in 2012. The majority of residents live in over 24 unincorporated areas, creating geographic barriers to accessing medical care, services and in some communities, access to exercise facilities, grocery stores and fresh foods.

“We are far away from medical centers and services, it affects the elderly. Transportation, social and food services are a major problem here.” —Focus Group Participant

b. Demographic Trends and Population Characteristics

1. Migration and Growth Josephine County has consistently lagged behind average state growth rates and has experienced a migration pattern in and out of the county similar to many other rural Oregon counties. Although the percentage growth has not dipped into the negative percentage, like Jackson County, the patterns of migration are important to note. Like many other rural counties, Josephine has experienced outmigration of younger populations while seeing an influx of older populations at the same time. This migration pattern has kept the overall annual growth close to zero but presents changes in workforce, service needs and health care utilization patterns. Like many Southwestern Oregon counties, local population statistics began showing that younger families were leaving the area for more metropolitan counties to find jobs shortly after the economic downturn.

At the same time, the county continued to see a steady influx of seniors to the county, largely from out of state. Both the exodus of younger and often higher socioeconomic level populations and the influx of older demographic groups in the county ultimately influences the health status and burden for care on the community. The percentage of 60 and over is expected to continue to rise within the county, while percentages of younger ages continues to diminish.

2. Growth in Elderly Population According to 2012 census data, 23.6% of the county population is over 65 years old. That is nearly double the state average of 14.9% and still higher than Jackson County at 18.8%.

Josephine County joins many other counties in Southern Oregon with distinctly higher average ages and higher percentages of elderly living in the county than more metropolitan counties. The more isolated rural communities in Josephine County have higher percentages of residents over age 60 than Grants Pass, the county seat.

“People here are old, they don’t have anyone to help them anymore, they get isolated [out here] and the group of them is getting bigger.” —Focus Group Participant

3. Poverty Nearly one in three children in Josephine County live in poverty, creating significant challenges to their overall health and long-term development.

18.8% of the total county population lives in poverty (2007-2011), higher than the state average of 14.8%.

Poverty has tremendous impact on individual and community outcomes and was consistently brought up in the community focus groups related to access to health care services, housing, access to healthy food and nutrition.

“Your health here depends on your income—if you can’t afford good food you eat garbage and you can’t see the doctor when you need to.” —Focus Group Participant

4. Homelessness continues to be a challenge for many living in Josephine County. Causes of homelessness are varied, they include drug and alcohol abuse, high rents, domestic violence and unemployment.

- Unemployed
- Couldn't afford rent
- Drug/alcohol (in self)
- Kicked out by family/friends
- Domestic violence
- Drug/alcohol (in home)
- Criminal history
- Mental or emotional disorder
- Evicted by landlord
- By choice
- Other
- Poor rental history
- Credit
- Child abuse
- Due to foreclosure
- Medical problem

Source: One Night Homeless Count 2011-2013, Josephine County Homeless Task Force

5. Education High school graduation rates at the county level are similar to State averages, typically showing 87% of the population being a high school graduate or higher. For those with less than a high school degree (or equivalent), poverty is markedly higher—they are twice as likely than those with some college to live in poverty.

Table - Source: 2009-2011 American Community Survey 3-Year Estimates

6. Disabilities In Josephine County there are an estimated 12,555 adults with disabilities according to the recent Area Agency on Aging 2013-2016 plan. Types of disabilities are varied, with ambulatory difficulty being the highest, cognitive being a close second.

Table - Source: 2011 American Community Survey 1-Year Estimates

7. Race and Ethnicity Josephine County has had consistently low percentages of ethnic minorities. Although the percentages have increased over the last decade, they have not increased significantly. 2012 Census statistics show that 11.8% of the population in the county identify as being a minority. Hispanic or Latino represents a 6.6% minority of the population in the county, followed by people identifying as being from two or more races at 3.1%.

Public school enrollment statistics are slightly different from census numbers, showing higher percentages of minorities. Grants Pass School District shows 12.84% Hispanic students, which is nearly double the census number of 6.6%. The districts are still below the state average for minority populations, but the school enrollment numbers suggest growing ethnic minorities in Josephine County.

Health outcomes for racial and ethnic minorities continue to be lower, while percentages of those insured are also lower in minority groups. Although specific county-level data for uninsured by race/ethnicity is not currently available, it is important to note that Hispanic groups have significantly higher chances of being uninsured statewide. Every minority race and ethnic group has higher rates of uninsurance as compared to Caucasian populations, presenting significant barriers to accessing health care and health disparities.

8. Employment Unemployment in Josephine County continues to be higher than state and national averages. Although the trend shows slight decreases in the seasonally adjusted unemployment rates from the Oregon Employment Department, they continue to hover around 11.2-11.3% annually, 4% higher than the national average and higher than Jackson, Curry and Douglas counties.

Residents of Josephine County work predominantly in education services, health care, social assistance and retail.

Unemployment and its effects on poverty and health continue to be felt by county residents and was discussed frequently in focus groups.

“I’ve not been able to find work in the area—and without work there is no money. Without money we have to sell our house. Huge fear, we live in huge fear, even though we have strong beliefs, I still can’t provide.” —Focus Group Participant

Table - Source: 2009-2011 American Community Survey 3-Year Estimates

9. Crime Crime continues to be top of mind for residents living in Josephine County. The Report of Oregon Offenses known to Law Enforcement lists Josephine County as 14th highest in the state for property crimes (out of 36), 14th for person crimes and 23rd for behavior crimes in 2010.

Drug arrests for heroin and methamphetamine surpassed state averages beginning in 2012 and continue to be on an increasing trend line.

“When you are surrounded by drugs you can’t be healthy.” —Focus Group participant

Table - Source: Criminal Justice Commission, Statistical Analysis Center

II. HEALTH STATUS: INDIVIDUAL AND COMMUNITY HEALTH (JA & JO CO CHA, pages 55 - 71)

A. County Health Rankings

The County Health Rankings is a collaborative project supported by the Robert Wood Johnson Foundation. The rankings evaluate counties based on causes of death (mortality), types of illnesses (morbidity) and those factors that lead to poor health outcomes. The rankings provide a measurement tool to compare county-to-county, as well as comparison to state and national benchmarks.

The most recent rankings were released in March 2013 and rankings are available for nearly every county in the United States. The rankings look at a variety of measures that affect health. Although released annually, some of the data sets that are used in the development of the rankings are older so it is important to not look at county rankings exclusively when evaluating the health status of Josephine County.

Josephine County was one of the worst in the state, raking 29th out of 33 Oregon counties (health outcomes category) a second year in a row. Mortality (death) was also ranked 29th out of 32, morbidity (disease) was ranked slightly better at 18th out of 32.

1. Morbidity & Mortality in Josephine County Mortality (death) and causes of death have changed in Josephine County over the last 75 years, consistent with state and national trends. Many advances in science, medicine, living and working conditions have contributed to changes in causes of death and life expectancy. The major causes of premature death in Josephine County are chronic conditions, consistent with a nationwide epidemic of chronic disease and conditions.

Death from cancer, heart disease and lower respiratory disease is significantly higher in Josephine County than the state or Healthy People 2020 goal. Healthy People 2020 provides national benchmark goals for communities and organizations that create and administer health improvement plans. They are evidence-based national objectives designed to help communities monitor progress and evaluate success. Josephine County rates are almost double that of the Healthy People benchmark goals in cancer, heart disease and chronic respiratory disease.

Josephine County joins many of its neighboring counties with high incidences of cancer. Breast cancer, prostate, lung and colorectal cancers continue to be the leading types of cancer in Josephine County, a consistent trend for the last decade.

2. Chronic Disease & Conditions Prevalence of chronic conditions in Josephine County are close to many state averages with the exception of high blood cholesterol and high blood pressure. The county age-adjusted population data shows a high burden of high blood cholesterol, high blood pressure, asthma and arthritis in the county.

The burden of chronic conditions for those on Oregon insurance programs, such as the Oregon Health Plan, show a similar pattern as the county population. Oregon Health Plan patients, enrolled in one of the three CCO's in Josephine and Jackson Counties, show high rates of tobacco use, diabetes, asthma, obesity and chemical dependency

3. Oral and Dental Health National and state level data shows that tooth decay is five times more common than asthma in Oregon children, making dental health a priority concern for the County and State. In Oregon, oral disease is on the rise and is not limited by socio-economic status, race or ethnicity, or age according to a recent resources scan and needs assessment commissioned by the Oregon Community Foundation.

The 2012 Oregon Smile Survey grouped counties into regions, Josephine County being in Region 4 with Coos, Curry, Klamath, Lane, Douglas and Jackson. The region has higher percentages of cavities, untreated decay and rampant decay in children. Although the rise in oral disease is not limited to socio-economic status, the dental health of children in the region was far worse for those with lower incomes.

“Dental care and issues are huge—dental affects so many other health issues, we have insurance and I still can't afford dental care—it affects more than people would think.”

—Focus Group Participant

Dental prevention and access to dental care was consistently mentioned in all focus groups in the county. Of those children enrolled in Medicaid in the county, the majority did not have sealants (a common preventive dental practice).

4. Mental Health 67% of residents in Josephine County describe themselves as having good mental health. Although that is close to the state average, it still shows that close to 1 in 3 people don't consider themselves as having good mental health. When people don't feel as though their mental health is good, health-related quality of life is reduced.

Rates of suicide deaths have been varied in Josephine County over the last decade. Suicide is highly correlated with depression, intimate partner violence and several mental health disorders.

Suicide, depression and harassment in youth in Josephine County is close to state averages but still high.

Bullying and harassment of youth was another reoccurring theme in the focus groups. Youth identifying as gay, lesbian, bisexual or transgender were more likely to experience harassment and bullying in the county.

Data from the 2012 Oregon Student Wellness Survey indicate that 1 in 4 Josephine County youth experienced depression, 17% experienced suicidal ideation, and 7% attempted suicide.

5. Addictions Josephine County residents have significant issues with addictions of alcohol, tobacco, other drugs and gambling. Binge drinking, in women, is higher than state averages, and higher than neighboring counties. Excessive heavy alcohol consumption can contribute to chronic health issues, including heart disease, liver cirrhosis, high blood pressure, stroke, coma and death. 14% of Josephine County adults drink excessively, twice the national benchmark of 7%. Heavy or excessive drinking is defined as adults consuming more than one (women) or two (men) beverages per day on average.

“Unfortunately my addictions have affected the entire community, so my choice to be clean will too.”—Focus Group Participant

Drug and alcohol use is not a problem exclusively in adults. Eighth and eleventh grade students in Josephine County reported higher than State average binge drinking, and use of cigarettes, alcohol, marijuana and illicit drugs.

Gambling, a type of addiction, also presents challenges to both adults and youth in Josephine County. The county has higher percentages of eighth graders reporting gambling of every type, than the state average.

The prevalence of problem gambling is considerably higher than those accessing treatment in Josephine County. It is important to note that only 3% of those with problem gambling in the county are accessing treatment.

Arrests for drug offenses are mentioned in the People and Place section, but show higher averages arrests in Josephine County for all drug categories while also showing higher averages for heroin and methamphetamine.

“Drugs (are the number one problem). To me it’s a core problem that affects and creates broken families, abuse, crime, is a vicious cycle. We have good programs here but it’s just so common, we need to break the cycle in people, families and communities.”

—Focus Group Participant

The rise in opioid overdose deaths presents a challenge for both providers and the community. (Deaths from drugs such as codeine, oxycodone, morphine and methadone). The morbidity and mortality associated with inappropriate use of opiate drugs has a negative impact on the health of the community. Josephine County has one of the highest opioid death rates in the state and the number of yearly deaths due to opioids is on the rise. At the same time, people in focus groups commented that their pain was not well managed and discussed the added burden that chronic pain presented when suffering from chronic conditions. Focus group comments and the high rate of opioid death suggest systemic problems in the management of chronic pain in the county.

“I don’t see anyone speaking for those who need opiates for their chronic pain and are unable to get meds because doctors won’t prescribe them.” —Focus Group Participant

6. Maternal & Child Health Causes of low birth weight include tobacco use, alcohol and other drug use, socioeconomic factors such as education level and poverty as well as maternal and fetal medical conditions. Babies born with low birth weight (considered 1500-2499 grams at birth) typically have more long-term disabilities and developmental issues, including cerebral palsy, learning disabilities, impairment of sight, hearing and/or lung functioning. The percentage of low birth weight babies in Josephine County is 5.5%, close to the state percentage of 6.1% and better than the national benchmark of 6%.

Women who access care while they are pregnant are more likely to have healthy pregnancies and better child outcomes, and also less likely to have low-birth-weight babies. Prenatal care includes a number of services, including: education about healthy choices and body changes while pregnant, prenatal testing and counseling, treatment for medical conditions/complications (such as anemia and gestational hypertension), oral health assessment and treatment, screening for tobacco use, substance abuse, and intimate partner violence.

Although pregnancy risk factors are high (e.g. maternal tobacco use) in Josephine County, utilization of prenatal care is moderate and slightly exceeds the state average, with 76.2% of mothers in the county receiving prenatal care (2011) in the first trimester. Women receiving prenatal care in Josephine County have a markedly reduced rate of low birth weight babies compared to those without prenatal care.

A primary risk factor for low birth weights and poor child health outcomes is maternal smoking. Maternal smoking in Josephine County is currently higher than the state average and has been for several years.

The teen birth rate in Josephine County is higher than the state average and national benchmark. Josephine County's teen birth rate per 1,000 females ages 15-19 is 36, higher than the Oregon rate of 33 and the national benchmark of 21.

Immunization is an effective tool for preventing disease and death. Vaccinating children, according to the Centers for Disease Control and Prevention recommended immunization schedules, is varied by county. Parents choosing not to vaccinate claiming religious exemption has been higher than state average in Josephine County for over a decade. The number of parents requesting exemptions continues to increase annually.

7. Health Behavior & Lifestyle Factors

Modifiable behaviors related to health status such as tobacco use, inadequate physical activity and nutrition have significant influence on the health of individuals and communities. Tobacco is the leading cause of preventable death in Josephine County, as it is in Oregon; a close second is obesity.

a) Tobacco Tobacco usage has remained high in Josephine County for many years. Roughly 1 in 5 adults in the county smoke cigarettes, considerably higher than the state average of 17.1%. Of grave concern are the 23% of birth mothers, in 2009, who reported smoking while pregnant.

According to the 2013 County Tobacco Fact Sheet, residents in Josephine County spent an estimated \$50.8 million on medical care related to tobacco use. 2012 Oregon Student Wellness Survey data indicates that 6.4% of 8th graders, and 12.9% of 11th graders in Josephine county used cigarettes. One-third of these kids have started an addiction that will eventually kill them. Eighty percent of adult smokers in Oregon started before the age of 18.

b) Obesity Obesity is a modifiable risk factor for several chronic conditions. Overweight is defined as a body mass index of 25 or higher, obesity is defined as a body mass index (BMI) of 30 or higher. BMI is calculated by using both height and weight. Research has shown that overweight and obesity are associated with increased risk of coronary heart disease, type 2 diabetes, cancer, high blood pressure, stroke, liver and gallbladder disease. Approximately two-thirds of adults in Josephine County are either obese or overweight, putting them at increased risk of chronic disease, cancer, and premature death.

8. Physical Activity & Nutrition Regular physical activity and a healthy diet reduce the risk for chronic disease and obesity. Nearly one in four (22%) Josephine County residents are defined as being physically inactive. Physical inactivity is defined for adults 20 years and over reporting no leisure time physical activity.

The percentage of adults consuming at least five servings of fruits and vegetables a day in Josephine County from 2006-2009 was 22.7%, below the state average of 27%. The proportion of restaurants in the county that are fast food establishments is high, at 40%, almost twice the national benchmark.

“The fast food restaurant ratio to healthy food choices is bad, there is a lot of fast food here.” —Focus Group Participant

B. Additional Social Determinants of Health

1. Food Insecurity The USDA defines food insecurity as lack of access to enough food for all members in a household and limited or uncertain availability of nutritionally adequate foods. Over 17.8% of Josephine County households, or approximately 14,650 people are food insecure. 78% of the food-insecure households in the county have incomes below the poverty level. Additionally, one in three children in Josephine County households experienced food insecurity in 2011. It is estimated that in 2011 an additional six million dollars would have been required to meet food needs of Josephine County residents experiencing food insecurity.

The percentage of K-12 students eligible for free/reduced lunches in 2012-2013 was 63.8%, indicating significant child poverty levels and access to food concerns for the youth of Josephine County.

C. Health System

1. Access to Medical Care Lack of health insurance coverage continues to be a significant barrier to accessing needed health and medical care. Uninsured people are likely to experience more adverse physical, mental and financial outcomes than those with insurance. Josephine County far exceeds the national benchmark of 11% and state percentages in all age groups. 29.7% of adults 19- to 64-years-old in Josephine County were uninsured in 2011.

This number is expected to change after January 1st, 2014. It is expected that the majority of new enrollees after January 1 will be adults.

Although the number and demographics of enrollees will change January 1, it is helpful to understand the current population of CCO enrollees. Enrollees are spread out across the county, with the majority living in Grants Pass and Cave Junction.

Close to 55% of the current CCO enrollees in Josephine County are under the age of 18.

Access to health care was a consistent theme in focus groups and key informant interviews. Insurance costs, transportation (getting to appointments), availability of specialists, accessibility of clinics for people with disabilities, language barriers, primary care physicians not taking specific insurance plans, and health literacy regarding how to negotiate insurance were all listed as access concerns for residents living in Josephine County.

III. COMMUNITY PERCEPTIONS OF HEALTH (*JA & JO CO CHA*, pages 72 - 86)

A. Focus Groups

This report presents summary findings from five focus groups, conducted in Josephine County as part of the 2013 Community Health Assessment (CHA). The purpose of the CHA was to learn what people in the county believe are most important issues affecting their health and that of their families and communities. The purpose of the focus groups was to gather primary qualitative data on community perceptions and increase community engagement in setting priorities for individual and community health.

The focus groups were part of a larger community health assessment process, following a modified Mobilizing for Action through Planning and Partnerships (MAPP) model. The focus groups were all facilitated by a consultant and assisted by Community Advisory Council (CAC) members and Coordinated Care Organization (CCO) staff.

Five focus groups were conducted throughout Josephine County during September 2013. Forty-eight (48) community members participated in the groups, representing several different populations. A subcommittee of the CAC, titled the CACC, began by prioritizing populations and locations for focus groups. Lengthy discussion about what groups to select for focus groups included two face-to-face CACC meetings, and an online survey given to the CACC members.

The limited time frame (one month) to complete focus groups was recognized as a challenging aspect of the process and the CACC had several intentional conversations about the need to prioritize due to the time constraints. Due to the January 1, 2014 deadline for submission of the final CHA, the CACC worked within the one-month parameter and chose five groups per county, with the caveat that additional groups and time would be added into the process for the next CHA.

It is also important to note that there are limitations to the focus group data. The focus group data should not stand on its own but complement the health status and epidemiology data presented earlier in the Community Health Assessment. The focus groups were not intended to be a representative of all individuals in the entire county but rather, a process to gain specific insight into health concerns and solutions of specific populations. The populations chosen were driven by the CACs.

B. Prioritized Populations for Josephine County Focus Groups

CACC Priorities for 2013 CHA

- Rural/Unincorporated
- Seniors
- Uninsured/Underinsured
- Dental
- Addictions
- Chronic Pain
- Chronic Disease

The CACC also discussed and guided the selection of data and questions to gather at the focus groups. The focus group guide, including the specific questions asked, is attached in the Appendices. A “site champion” was chosen from the CACC for each focus group. The role of the site champion was to lead recruitment of focus group participants, coordinate a location, select incentives for participants, and introduce the consultant to the focus group.

Data was gathered during the groups via open-ended questions and instant feedback polling questions. The instant feedback polling questions utilized Turning Technology “clickers,” capturing instant demographic data and polling on health priorities and perceptions. The use of multiple feedback collection methodologies ensured 100% participation of focus group attendees.

Focus groups were all facilitated by the same consultant and assisted by the Community Advisory Council (CAC) members and Coordinated Care Organization (CCO) staff. Light refreshments and \$10 gift cards were provided to focus group participants as incentives. The focus groups were completed within two hours and averaged 6 participants per group.

1. Demographic of Participants Focus group participants answered questions about gender, age, ethnicity, marital status and education with Turning Technology clickers. The use of the clicker technology provided anonymity and increased participation and engagement in the group process. The total number of participants was forty-eight. Please note that not all participants chose to fill out demographic information, so totals on the demographic categories are varied.

2. Community Perceptions Focus group participants answered questions about their personal health and their community’s health. Additionally, participants were asked to rank health problems, risk factors and conditions that influenced a healthy community. The following data were also collected with the Turning Technologies clicker system.

A majority of participants (76%) described their community as unhealthy. Counter to that, the majority (60%) of participants described themselves as healthy.

3. Participant Commentary The second portion of the groups consisted of open-ended dialog questions, asking participants to discuss individual and community health needs. Several hundred narrative comments were collected during the five focus groups. The CACC workgroup reviewed

all comments and upon analysis, recognized several universal themes. The comments listed below were reviewed, categorized and selected by the CACC to be included in the CHA.

Focus group participants' responses are presented in seven categories. All comments below were transcribed verbatim. Comments are intentionally written out as they were spoken in the group.

1. Access to and Quality of Health Services
2. Mental Health and Addictions
3. Lifestyle: Exercise, Obesity, Nutrition and Access to Food
4. Dental And/or Vision Health
5. Poverty and the Economy
6. Chronic Disease And/or Aging Issues
7. Crime, Domestic Violence and Child Abuse

a) Access to and Quality of Health Services Participants in groups consistently brought up barriers to accessing health and medical services. Insurance (or lack of), paying for health care services, physically getting to a health care provider (transportation), language barriers, having providers available and the relationship with providers were common themes in every focus group.

“We only have major medical, so dental and eye visits have been pushed to “as needed” as opposed to “routine.” And for our major medical benefits, the deductibles on our plan has made it tough for both my husband and to get care in the same year. We’ve had to choose who’s health issues are more threatening and that person goes to the doctor and uses the money budgeted for co-insurance.”

“I had to go off meds and withdrawals were crazy because I couldn’t pay for the doctors appointment to get it refilled.”

“We are far away here from medical center and services, it affects the elderly. Transportation, social, and food services are a major problem.”

“Healthcare shouldn’t just be ‘see the doctor and get a prescription and go home.’ We need holistic approaches. We need lifestyle changes. Alcohol and drug abuse have to be included.”

“A lot of healthcare plans won’t pay for a Naturopath; it’s the only place my wife will go.”

“[I have] depression from not having money for care—problems get added to the pile and my depression gets worse—its easy to get hopeless.”

“Providers won’t talk to me—only want to know one issue or complaint. I do know my body.”

“A lot of physicians that won’t take Medicare patients, it’s a small town. Where are we going to go?”

“Providers and doctors don’t always give you credit for your intuition about your health, they don’t want to listen, they only want one...complaint per visit.”

“Transportation is a challenge—getting to where we need to go is almost impossible sometimes.”

b) Mental Health and Addictions Challenges with mental illness and addictions weighed heavily on all groups. The effects of both on the individual and community were prevalent in many conversations about what concerned participants and what solutions they wanted to improve their health and the health of their community.

“When you are surrounded by drugs you can’t be healthy.”

“I see a lot of mental health problems with homeless people—I’ve seen a lot of homeless and it’s a notable increase.”

“Mental health is a disaster area—my adopted daughter has been in 15 facilities in 5 years and she has very little hope for her future, it’s sad even when your parents cannot advocate for you.”

“Mental disabilities, lack of staffing and services and they wander the street. Not taking meds and/or can’t afford it. There is nowhere for them to go or they can’t get transportation to get there.”

“Meth and Heroin are our biggest drug problems, [they] cause broken families, effect safety, education.”

“My addiction caused me to go into heart attack—that caused issues for family on top of my addiction problem.”

“My alcoholism is from a lack of treatment of my depression—it wasn’t being treated and alcohol is what I turned to.”

“Drugs [are our number one problem]. To me it’s a core problem that affects and creates broken families, abuse, crime, is a vicious cycle. We have good programs here but it’s just so common, we need to break the cycle in people, families and communities”

“Inadequate or negligent prescribing of drugs with dangerous side effects, like anti-depressants, methadone can be worse than the disease.”

“Unfortunately my addictions have affected the entire community so my choice to be clean will too.”

c) Lifestyle: Exercise, Obesity, Nutrition and Access to Food The need for lifestyle changes, including diet and exercise were clearly recognized in all groups. Participants were quick to recognize their own challenges with lifestyle change while also making suggestions for solutions such as community gardens, walking groups or farmers markets.

“Obesity is a big problem of all ages here.”

“I feel the biggest health concern is obesity. I know for a small county the meth issue and now heroin is huge but as a whole I think people are morbidly obese which brings on a whole other onset of health problems.”

“The fast food restaurant ratio to healthy food choices is bad, there is a lot of fast food here.”

“Drastic increase in Diabetes—starting in grade school, not just caused by diet and exercise, but sugary carbonated drinks too.”

“Carbonated, sugary drinks are too available and too many.”

d) Dental and Vision Health Access to dental care and the negative effects of not having both preventive and crisis dental care was a consistent theme among all groups and demographics. Vision health was also mentioned in 40% of the groups, related those living in poverty and not being able to acquire glasses or contacts. Only 45% of focus group participants noted that they had received dental services when they needed them in the last 12 months.

“Dental care and issues are huge—dental affects so many other health issues—we have insurance and still can’t afford dental care, it affects more than people would think.”

“Not having quality dental has affected mine and my wife’s health—they either pull teeth or do nothing at all.”

“My bulimia has messed up my teeth, when I had dental insurance it wasn’t so much an issue as it is now.”

e) Poverty and the Economy Poverty and the economy influence individual, family, and community health. All focus group participants consistently discussed their influence on health. Participants were largely of the opinion that improving the economy, jobs and not living in poverty would help improve health.

“Economy and drug abuse effects everyone, in one way or another.”

“Those that can afford to be healthy, are. Unfortunately, we have too many poor and unemployed living on junk food. Too much obesity for young people.”

“Not being able to find work in the area—and without work there is no money. Without money we have to sell our house. Huge fear, we live in huge fear, even though we have strong beliefs I still can’t provide”

“We are grateful for programs like OHP, UCAN, food stamps. OHP paying for my other meds is huge help. But I’d like to be able to stand on my own two feet someday soon, I am tired.”

“Unemployment rate are going up. People are idle and don’t have insurance. Poverty scale is different for healthcare than other benefits—I’m not quite poor enough for help but I still need help.”

“We need more jobs, and better health education, and better law enforcement to get rid of the drugs.”

“High unemployment results in higher non or underinsured, increased alcohol use and abuse, increased domestic tensions, and increased crime.”

f) Chronic Disease and Aging Issues 51% of focus group participants noted that they were currently living with a chronic condition. Several participants also discussed challenges of managing chronic pain, particularly in light of many programs to reduce opioid use in the county.

“A lot of us are past retirement and with that comes a lot of health problems. I hate to go to the doctor and hear that I should expect it because I’m old and just get used to it—its discrimination and its not right.”

“I don’t see anyone speaking for those who need opiates for their chronic pain. I’m unable to get meds because doctors won’t prescribe them to me because they are afraid of getting in trouble. But I’m still in pain.”

“Chronic pain effects both me and my wife—doing what we can do to manage pain to do everyday tasks like mowing the lawn. Long-term we try to stay cheerful, but at times we get sad and hopeless—is this as good as it gets? That’s a big drag that affects all aspects of life. We used to go dancing, but not anymore, we are lucky to just get through the day.”

“We have insurance but it doesn’t cover medication for my chronic pain-when something breaks in the house, it stays broken. I have to save money to pay for my medication to help with my pain.”

“People here are old, they don’t have anyone to help them anymore, they get isolated (out here) and the group of them is getting bigger.”

g) Crime, Domestic Violence and Child Abuse Crime and concern about community and individual safety rated as a high concern in nearly all focus groups. Concern about child abuse and domestic violence and their connection to health were noted in all groups.

“I normally feel safe here, but the police protection is horrible.”

“I called 911 and it took 20 minutes for them to respond, I don’t feel safe.”

“My community [of domestic violence workers and clients] are very unhealthy—a lot of drug use, alcohol, sexual assault—a lot of violence unreported that our community doesn’t see.”

“Domestic violence was in my household and has affected me and my kids with PTSD and depression—I wonder how it will affect my kids long term.”

“[We need to] increase public awareness of the impact of stress and trauma on children and our future.”

5. Community Engagement in Solutions All focus groups ended with a question about solutions to the challenges, problems and needs identified in the prior questions. Specifically, the facilitator asked “what do you think we (as a community) can do to enhance the health of our community?” The focus was directed at what solutions participants wanted to be engaged in to address the problems discussed earlier.

All groups, regardless of demographic or location expressed a strong sense of concern about their community and how they could contribute to improving problems. Several solutions and positive comments were stated in every group, some of those comments are as follows:

6. Suggestions “We need to build opportunities for multi-generations to share skills like gardening, sewing, community gardens-would help to teach and provide food and skills.”

“Church and social groups—support them. We need to do these skills again and not rely on others to do them for us.”

“Change attitudes that we hold helping and doing something, improving something every day. This has to start young. Striving for self-sufficiency starts young.”

“[We need] community gardens—teach to grow and preserve.”

“[We should] educate children about importance of healthy food and exercise. change life styles. Could we do a community walk your child to school day? Like the nationalwalktoschool.org in October.”

“[We must] recognize that community health is a systems issue and that every cog in the wheel (law enforcement, school systems, health care, housing affordability) all impact the health of a community. People in this community just want to hunker down and ignore our problems, blame the government for their woes and not accept personal responsibility as citizens for positive change.”

C. Key Informant Interviews: System of Care Strengths and Opportunities

Several community leaders working in the health care sector were interviewed to gain additional insight into the strengths and weaknesses of the health system of care in Josephine County.

Individuals and organizations were recommended to the consultant by members of the CACC and CCO staff. All key informant interviews were completed by the consultant and anonymity of name and title was provided. Key Informants were recommended based on their organization affiliation, role in providing medical, mental, behavioral or addictions treatment to Josephine county residents.

Organizations represented in the key informant interviews

- Southern Oregon Head Start
- OnTrack Addiction Recovery Programs and Services
- Three Rivers Community Hospital
- Asante
- Oregon Health Authority
- Rogue Medicine
- Options for Southern Oregon
- Siskiyou Health Center
- Josephine Public Health
- Josephine County Board of Commissioners
- HASL Center for Independent Living

1. Key Informant Questions All key informants were asked the following questions:

1. What are your organization's major contributions to the local health system of care?
2. What challenges do you see that may affect your work (upcoming changes in legislation, funding, technology, new collaborations, etc.)?

2. Themes Key informants universally talked about unmet needs of their communities, changing partnerships, increased complexity of administration, changing paradigms to improve care, a desire to reduce barriers to care and prevention activities when discussing their organization's contributions to the community and system of care.

“Finding and keeping high quality staff is very difficult here. Our pay is less than bigger areas and our problems more challenging. Many providers are getting ready to retire, who is going to move here to lead us into the future? We are tired.”—Key Informant

While the desire for integration and improving patient outcomes was strong, the challenges that come with changing payment systems, legislative pressures and changes, the unmet needs of many patients, and consistently poor health status of patients and the community at large were listed by key informants.

D. The Community Health Improvement Plan & Next Steps

1. Utilizing the CHA for Planning The Josephine County Community Health Assessment (CHA) draws attention to numerous opportunities for health improvement at the individual and community level. While the CHA identifies many critical health issues, it is not inclusive of every possible health-related issue. Instead, it was intended to provide a macro view of available community data and help to identify community trends. The CHA was successful in that purpose, as well as engaging new community members in prioritizing what health status issues were important, and where additional focus and data was needed.

The CHA was the first step in an ongoing process of community health assessment, planning and improvement. The natural progression of the community planning process is to prioritize health status issues and implement strategies to improve them. The prioritization process and document is titled the Community Health Improvement Plan (CHIP).

“Pick the top three health problems in my community?! How can I only pick three, they are all important!” –Focus Group Participant

Prioritizing future efforts to address individual and community health is imperative. Individuals, organizations and communities in Josephine County do not have unlimited resources to change all health status problems at once. Prioritizing efforts that are most likely to succeed and have the biggest positive impact on individual and community health must happen first. Strategies that are most likely to improve health outcomes, improve health of individuals and reduce health care costs ties the CHIP to the CCO Triple Aim. The prioritization conversation will not be one time process but will be dynamic.

The next step of the CCO community health process will entail community discussion about the community health assessment findings followed by establishing short term, intermediate and long-term strategies to address prioritized individual and community health problems. The prioritization process should be based on the quantitative and qualitative data presented in the community health assessment document and complemented with additional community input.

Top 3 Health Problems: Focus Groups Josephine County 2013

1. Mental Health Problems
2. Problems from Aging
3. Domestic violence and child abuse

Top 3 Ingredients for A Healthy Community Josephine County 2013

1. Low Crime and safe communities
2. Access to health care
3. Good jobs and economy

Top 3 Risk Factors/Behaviors Related to a Healthy Community Josephine County 2013

1. Drug Abuse
2. Alcohol abuse
3. Being overweight

Strategies for addressing health problems, behaviors related to health or ingredients for building a health community should be based on best practice/standards, potential community impact, cost and feasibility. Additionally, strategies for health improvement should be linked to indicators that are already being tracked in the community, to better enable the evaluation of progress and success of the chosen strategies. This will aid in reducing duplication of effort and provide a mechanism for more consistent and continuous measurement of progress. CCO metrics and local, state and national public health indicators are suggested possible indicators.

Identifying additional data needs and working with local, state and federal organizations to meet those needs will also need to be considered in the CHIP. County specific data on health status by race and ethnicity is an example of a continuing data need. Dental access and outcomes is another area of data needs, among many others. Having adequate data to understand problems in the community is imperative in planning appropriate strategies and solutions. Advocating for access to county level data that is helpful for CCO and CAC planning will need to be a continuing strategy in the CHIP.

Engagement of the CAC will continue to be instrumental in the process, as will listening to community member priorities and concerns. The work of improving the health of people in Josephine County will happen with collaborative and adaptable efforts as we move forward through health care transformation and integration.

Utilizing the CHA for Planning

Appendix A. Josephine County Community Health Assessment Data Sources/Sampling of Available Data Sources 2012-2013 (JA & JO CO CHA, pages 87 - 96)

Long List of References on Different Conditions (Adobe will not allow copying).