Community Health Needs Assessment

Grande Ronde Hospital

April 29, 2013

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Introduction and Executive Summary

Process

Grande Ronde Hospital (GRH) contracted with McGladrey LLP to conduct a Community Health Needs Assessment (CHNA), as required by Internal Revenue Code, section 501(r).

GRH is a 25-bed Critical Access Hospital founded in 1907. It is the only hospital in Union County, serving over 2,039 square miles in northeast Oregon. Grande Ronde Hospital defined its community for the CHNA as encompassing Union County, Oregon, since the majority of its patients reside in this area.

Both primary and secondary data were collected to identify health needs within the hospital's community. Primary data collection methods included key informant interviews and focus groups. In conjunction with the Oregon Office of Rural Health (ORH), the Hospital conducted 63 key informant interviews with community representatives and key stakeholders to gain direct input on health needs, community assets, and a range of related topics. The hospital also commissioned the Northeast Oregon Network (NEON) to facilitate two focus groups to gain insight into health needs of vulnerable populations within the community: seniors and working families. Community input was also gleaned through the participation of the Hospital's Committee Benefit Subcommittee members providing oversight for the CHNA, prioritizing health needs, and developing an implementation strategy to address the health needs.

GRH collected secondary data using data published by other agencies and organizations on a broad array of health indicators and demographic information. The types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators, health behaviors, family planning and births, provider availability, insurance status, and general community/environment information, as well as local, state and national benchmarks for many of these indicators where applicable.

Summary Findings

Community health needs identified through primary and secondary data collection fall into six prominent categories. These areas were initially prioritized by the Committee Benefit Subcommittee (CBS) by utilizing criteria relating to the magnitude, perceived impact of the need in the community, and disparities faced by vulnerable populations. The requirement that the hospital conducts a Community Health Needs Assessment (CHNA) under the Affordable Care Act asks hospitals to pay specific attention to health care concerns that affect vulnerable populations. Consensus was reached within the group by making small adjustments to the initial prioritized list, resulting in the final prioritized need list depicted below:

1. Preventive Care
2. Economic Access to Care
3. Physical Access to Care
4. Drug and Alcohol Abuse
5. Obesity and Related Conditions
6. Cancer

Preventive Care

Concerns related to stroke and heart disease prevention, immunizations, and prenatal care were prevalent in focus groups, interviews, and secondary data. Specifically, pneumonia and flu vaccination rates in Union County are lower than the national average, and mortality rates for flu and pneumonia are significantly higher than the national average. The seniors focus group seemed concerned about the lack of education available on this topic. Similarly, the mortality rate for stroke and heart attack is high in Union County and the seniors focus group in particular was concerned about education around these conditions. Based on secondary data, prenatal care seems to be a health need within the community, though interviewees and focus group participants did not mention this as a pressing issue.

Economic Access to Care

Economic access to care was the most mentioned component in focus groups and interviews. Many interviewees cited the poor economy and high poverty levels as the primary reasons that health status issues exist within the community. Secondary data supports this idea. Union County has a large population living below 200% of the federal poverty level, a high proportion of the population receiving food stamps and Medicaid coverage, and low median income. High costs of health care were noted by interviewees as the most pressing health status issue and biggest barrier to care within the community. Additionally, education about programming and insurance eligibility were areas of concern noted in focus groups.

Physical Access to Care

Both primary and secondary data highlight the logistical barriers that considerably deter a person's ability to access health care services. Interviewees and focus group participants noted concerns about inadequate capacity of health care providers, especially for those serving vulnerable populations, and limited transportation options for patients to get to health care appointments. Secondary data supports this assertion, as Union County is largely rural, has a large senior population, has a large rate of ambulatory care sensitive condition discharges among Medicare enrollees, and has a large population to physician ratio.

Drug and Alcohol Abuse

Drug and alcohol use were mentioned by many interviewees and in both focus groups as one of the top health concerns within the community. Interviewees were specifically concerned about smoking and tobacco use rates. Although secondary data does not directly support these

concerns, smoking is strongly correlated with chronic lower respiratory disease, the mortality rate of which is significantly higher in Union County than state or national averages.

Obesity and Related Conditions

This health concern relates to two pathways: factors that lead to development of the condition and diseases that result from the condition. The category stems from the majority of interviewees and both focus groups identifying this issue as a primary factor influencing community health. They expressed particular concern about lifestyle choices leading to this condition, relating to physical inactivity and poor nutrition. Secondary data supports this through high rates of obesity, physical inactivity, diabetes, hypertension, and heart disease mortality within the community.

Cancer

Cancer is one of the leading causes of death within the hospital community, and secondary data indicates that low screening rates may be part of the cause. Cancer was not mentioned heavily in focus groups or interviews, though secondary data indicates that this is a potential area of health concern. Specifically, colorectal and prostate cancer mortality are significantly higher in Union County than the Oregon state average.

Community Health Needs Assessment Background

Requirements

Grande Ronde Hospital contracted with McGladrey LLP to conduct a Community Health Needs Assessment (CHNA), as required by Internal Revenue Code, section 501(r). The CHNA process is designed to assess health issues within the hospital community by collecting and analyzing primary and secondary data related to demographic information, health access, vulnerable populations, health status and disparity, and health behaviors of community residents. As required by the PPACA, this CHNA includes the following:

- A definition of the community served by the hospital facility
- How data was obtained, who was consulted/interviewed
    - The methods the hospital used to obtain data
- Demographics of the community
- Consulting with community representatives:
    - The process for consulting with persons representing the community's interests
    - The identity and credentials of the persons providing input for the needs assessment, and how this input was incorporated into the assessment
    - Input from:
        - Persons who represent the broad interests of the community served by the hospital
        - Persons with public health knowledge or expertise within the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- Information gaps that limit the hospital facility's ability to assess the community's health needs
- Prioritized list of community health needs
    - The process for identifying and prioritizing community health needs and services to meet the community health needs
    - The health needs of the community

Previous Assessments and Strategic Partners

Previous Assessments and Existing Information:

- 2010 Northeast Oregon Community Health Needs Assessment: Final Results for Union, Baker, and Wallowa Counties; Northeast Oregon Network; 2010
    - Preliminary Report: Latino Focus Group Results; NEON; 2011
    - Day Care Providers Focus Group; NEON; 2011
    - Children's Phone Survey; NEON; Spring 2011
    - Key Informant Interviews; NEON; 2010
    - Adult Phone Surveys; NEON; 2010
- Grande Ronde Hospital Fiscal Year 2011 Community Benefit Report; Grande Ronde Hospital; 2011

- Community Profiles for 2011 Service Area: Elgin, Union, and La Grande; Oregon Office of Rural Health; 2012
- Inpatient, Outpatient, and Emergency Room Visit Analysis by Payor, Zip, and DRG; Grande Ronde Hospital; 2012

Implementation Strategy Approval

The CHNA was accepted and approved by the GRH Board of Trustees on April 17, 2013.

Public Posting and Availability

The GRH 2013 Community Health Needs Assessment and Implementation Strategy are publicly posted on the GRH website at the following address: www.grh.org. Hard copies are also available either by downloading through the website or through submitting written or electronic requests to the GRH Community Benefits Officer at P.O. Box 2390, La Grande, Oregon, 97850, or communitybenefitofficer@grh.org.

Methodology

Report Methodology

Information related to the highest priority health and demographic indicators is presented in the report document itself, with detailed supplemental secondary data, primary data transcripts, and maps available in the appendices.

Secondary Data Methodology

Secondary data was collected using databases created by other agencies or organizations. Grande Ronde Hospital collected secondary data for the assessment from a variety of sources and about a variety of different issues. The types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators, health behaviors, family planning and births, provider availability, insurance status, and general community/environment information, as well as local, state and national benchmarks for many of these indicators where applicable. Due to the nature of secondary data available, data was collected on the level of zip code, city, or county for the defined hospital community. Most health indicator data was available on a county-level basis, while demographic information was available in greater detail on a city or zip-level basis.

After data was collected, secondary data measures were compared to US and Oregon measures. Measures for Union County (or its corresponding cities and zips) that were particularly different from Oregon or national measures were considered to be of "high" priority.

Primary Data: Interview Methodology

Grande Ronde Hospital worked in conjunction with the Oregon Office of Rural Health to conduct key informant interviews of 63 community stakeholders. Questions were asked about an array of community health indicators, assets, needs, and solution perspectives. Community stakeholders interviewed represented religious organizations, healthcare and social service providers, businesses and larger employers, economic organizations and political community officials, the elderly/senior population, the low-income population, children, the disabled and those with special needs, the working class and general population, and the Latino population.

Responses to health indicator questions posed to the interviewees were ranked according to the overall interest that individuals expressed to each question. For example, "very high" importance was given to issues mentioned by the majority of interviewees, and "low" importance was given to responses given by a small number of interviewees.

Primary Data: Focus Group Methodology

The Northeast Oregon Network conducted two focus groups on behalf of Grand Ronde Hospital: one with working families (6 participants), and one with seniors (9 participants). The focus groups functioned as interactive forums where participants discussed their perceptions and feelings about the community's health needs, social factors, and solution perspectives.

In analyzing the results of the focus group conversations, responses to health indicator questions were ranked in order of importance by considering three factors:

- The number of individuals in each group becoming engaged in a particular response to each question
- The amount of time spent discussing the response
- The individual commitment/fervor in the response

For example, "high" importance was given to responses that caused the majority of the group to engage heavily for several minutes. Conversely, if very few of the participants briefly mentioned a particular topic or concern, it was given "low" importance.

Healthy People 2020 Explanation

Another component utilized in analyzing issue importance included Healthy People 2020 objectives. Whether health needs aligned with Healthy People 2020 objectives was taken into account in the data collection as well. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People establishes benchmarks and monitors progress over time in an effort to increase awareness of health issues and increase the nation's overall health. The areas focused on by this organization represent nation-wide areas of health need and the organization has amassed information about evidence-based solutions for many of the issues.

Oregon Health Authority State and Coordinated Care Incentive Measures

The Oregon Health Authority (OHA) is working to evaluate the performance of regional coordinated care organizations (CCOs) and to encourage improvement in key health areas throughout the state. In executing this process, the OHA has created benchmarks for improvement as well as provided statewide data on many health measures. OHA measures and statewide or regional baselines will be presented throughout the report, where applicable.

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in the Grande Ronde Hospital community. In some cases, the ability of GRH to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information pertaining to Union County.

Prioritization Methodology

Health needs within the community were identified through the analysis delineated above. Health indicators within the community identified to have "high" or "moderate" importance were listed and categorized, resulting in six primary health needs within the community.

The CBS of the Hospital, described below, considered and discussed the health issues identified, and individuals proceeded to utilize a prioritization matrix tool with three weighted criteria to rank the issues in terms of their importance in the community. The criteria included magnitude, perceived impact, and vulnerable population disparity. The "vulnerable population

disparity" criterion was considered at twice the weight of the other criteria, as CHNA requirements require hospitals to assess the impact of health concerns especially on vulnerable populations. Individual input was compiled by McGladrey LLP, and results were presented to the CBSC in the form of a prioritized need list. The CBSC reviewed results, deliberated, and made adjustments to prioritized needs based upon group consensus, resulting in the final prioritized list of health needs.

Committee Benefit Subcommittee

The Grande Ronde Hospital Committee Benefit Subcommittee is a group composed of community stakeholders representing both hospital and community interests in the CHNA process. The group includes individuals with backgrounds in public health, government, the non-profit sector, business, churches, hospital administration members, medical providers, and long-standing members of the community. The CBSC provided input into the CHNA process from start to finish. The group reviewed primary and secondary data presented (December 2012), deliberated and prioritized the health needs (February 2013), and developed the implementation strategy (March 2013).

Members include:

- Carrie Brogotti, MPH
  - Public Health Administrator, Union County Center for Human Development
- Rhonda Culley
  - State of Oregon Department of Human Services
- Mardi Ford
  - Community Relations Manager, Grande Ronde Hospital
- Libby Goben, Chair
  - Board Member, formerly worked for the State of Oregon Department of Human Services
- Jim Mattes
  - President and CEO of Grande Ronde Hospital
- Stephanie Miller
  - Board Member and Treatment Coordinator for Union County Courts
- Emily Moody
  - Community Bank of Northeast Oregon and Southeast Washington
- Betsy Neeley, MD
  - Board Member and Grande Ronde Hospital Regional Medical Clinic
- Wendy Roberts
  - Community Benefit Officer and Senior Director Administrative Services, Grande Ronde Hospital
- Lindsay Rynearson
  - Administrative Secretary, Grande Ronde Hospital
- Pastor Dave Selinsky
  - Union Baptist Church
- Wade Weis
  - Chief Financial Officer, Grande Ronde Hospital

Hospital and Community

Grande Ronde Hospital Description

Grande Ronde Hospital is a 25-bed Critical Access Hospital founded in 1907. GRH is the only hospital in Union County, serving over 2,039 square miles in northeast Oregon. Through providing high quality, cost effective services, GRH has become known for its effective outcomes, compassionate staff, and commitment to community through educational and disease prevention programs.

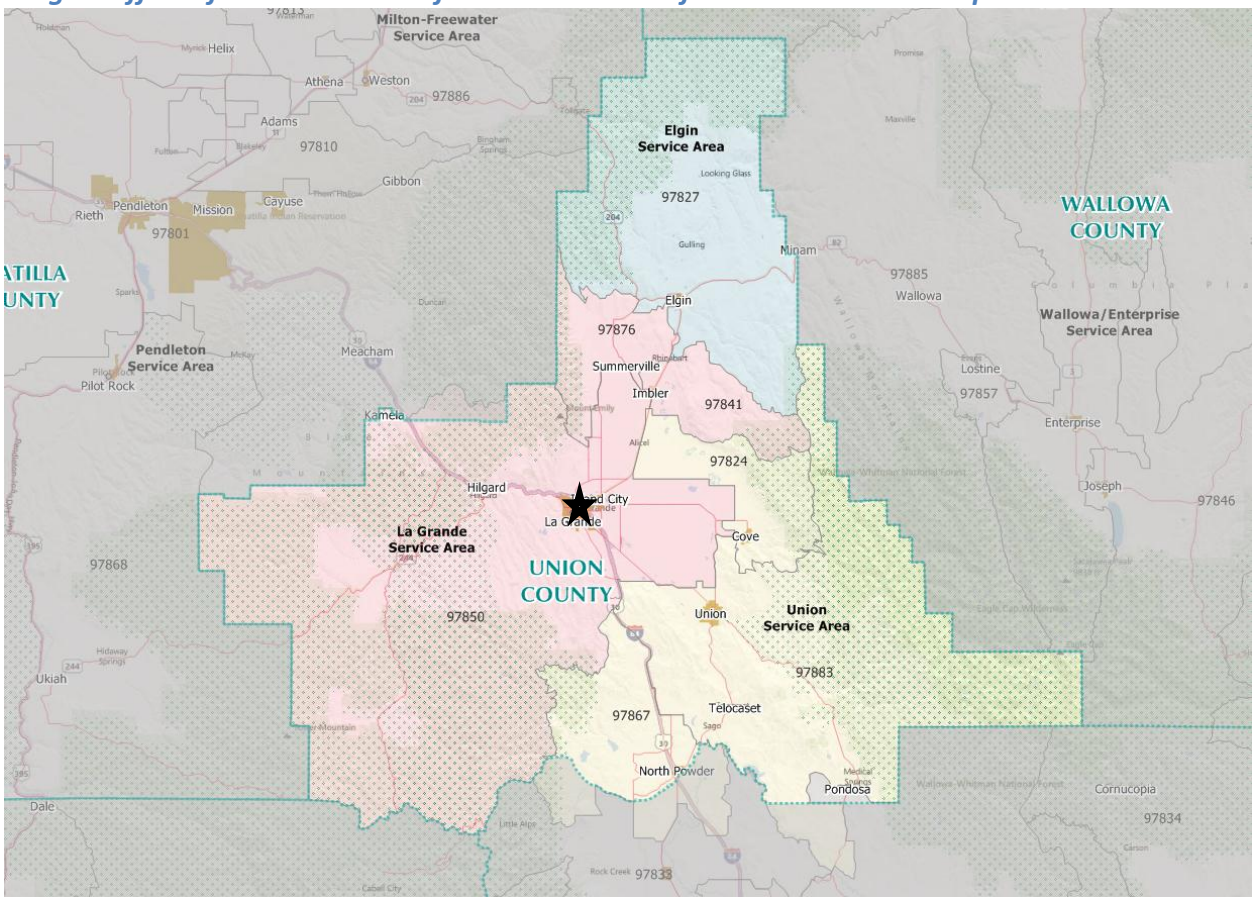
Hospital Community

Grande Ronde Hospital defined its community for the purposes of the CHNA geographically as Union County, including the towns of La Grande, Elgin, Cove, Imbler, North Powder and Union. The community was defined based upon internal patient origin information by zip code for Grande Ronde Hospital's emergency room visits, inpatient discharges, and outpatient registrations. As shown in the table below, the defined community encompasses 84% of emergency room patients (9% unknown), 84% of inpatients (8% unknown), and 89% of outpatients. Additionally, the Oregon Office of Rural Health created a graphic depicting Grande Ronde Hospital's service area (shown below). This definition agrees with the community definition as determined by patient origin, as the ORH definition encompasses all of the Union County areas defined in the chart below.

Comparison of Grande Ronde Hospital Emergency Room and Inpatient Visits from 05/01/2010 through 04/30/2012

Five Digit Zip	Percent of Patients in ER	Percent of Inpatients	Percent of Outpatient Clinic Patients	City	County
97850	60%	57%	64%	La Grande	Union
NONE	9%	8%	0%	N/A	N/A
97827	8%	9%	8%	Elgin	Union
97883	8%	8%	8%	Union	Union
97824	4%	5%	5%	Cove	Union
97876	2%	2%	2%	Summerville	Union
97867	1%	2%	1%	North Powder	Union
97814	1%	3%	4%	Baker City	Baker
97841	1%	1%	1%	Imbler	Union
97828	0%	1%	1%	Enterprise	Wallowa
97833	0%	0%	1%	Haines	Baker

Oregon Office of Rural Health Defined Service Area for Grande Ronde Hospital



Courtesy Oregon Office of Rural Health

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Community Profile

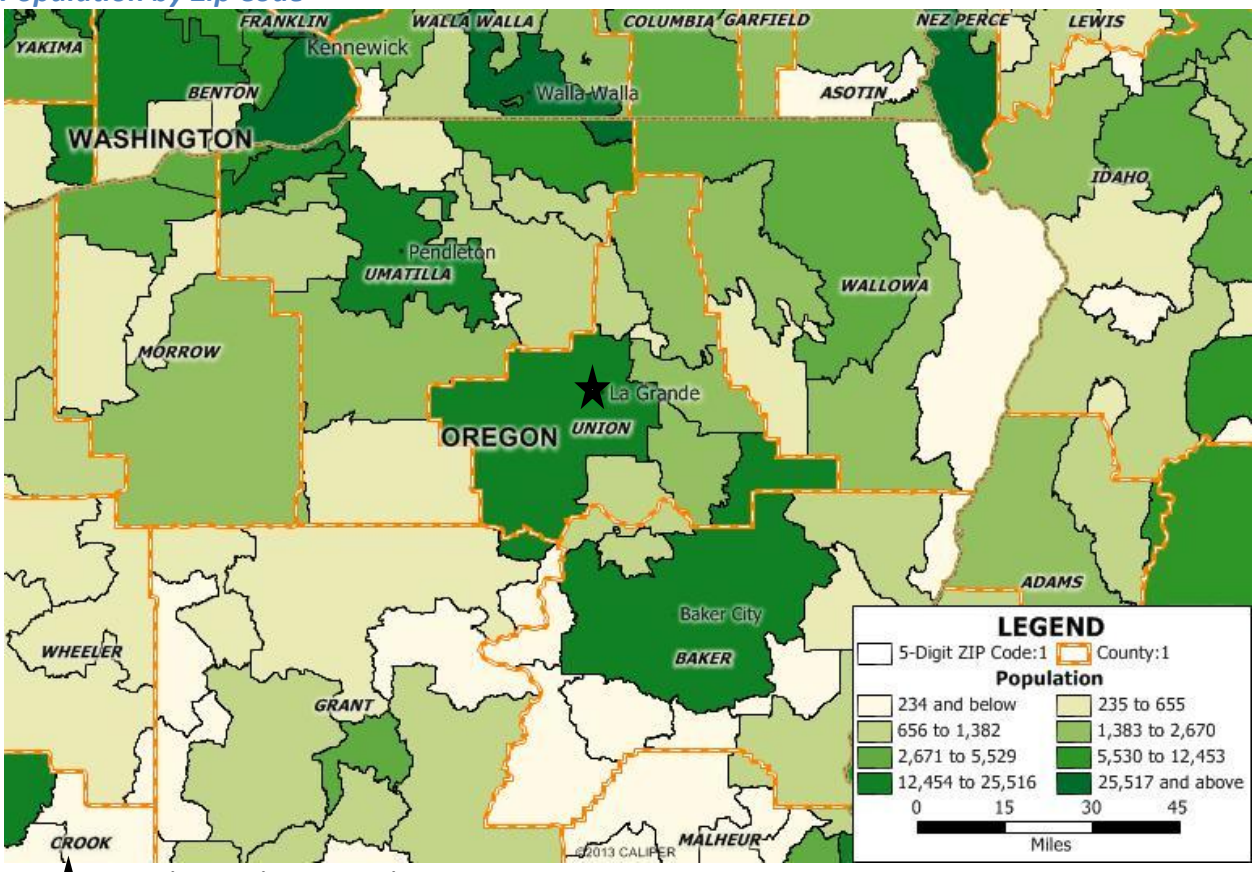
Community Overview

Union County is a sparsely populated area in northeastern Oregon, with a population of 25,791 and an area of 2,039 square miles. On average, there are 12.6 people per square mile in Union County. The 450 square mile Grande Ronde Valley sits in the middle of the county, surrounded by the Wallowa Mountains to the east and the Blue Mountains to the west. 50% of Union County is publicly owned, and 31% of the land in Union County is used for cropland or pasture/rangeland. Water for irrigation comes from the snowpack of the Wallowa Mountains.

With a population of 13,102, the City of La Grande is by far the most populous city in Union County (51% of Union County's population is concentrated in this area). In contrast, 2,124 residents live in the City of Union, and 1,714 live in the City of Elgin.

Demographics

Population by Zip Code



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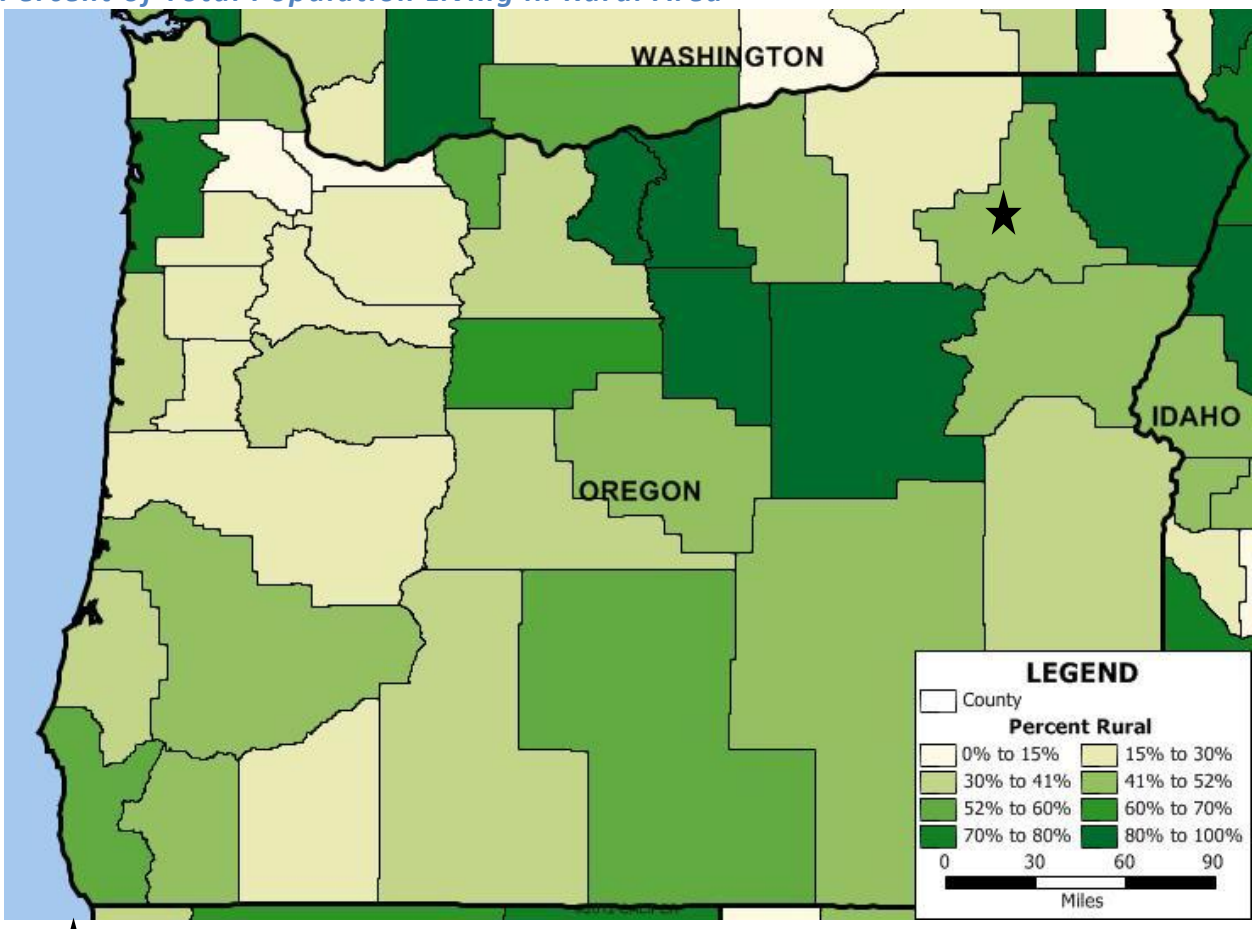
Grande Ronde Hospital's community is sparsely populated, as shown in the map above, and nearly half of its area is rural.

As shown in the map below, Union County is 42% rural, whereas the state of Oregon is only 21% rural. This results in physical healthcare access obstacles for those who cannot drive, such as seniors and the disabled, or those who cannot afford a vehicle.

Percent of Total Population Living in Rural Area



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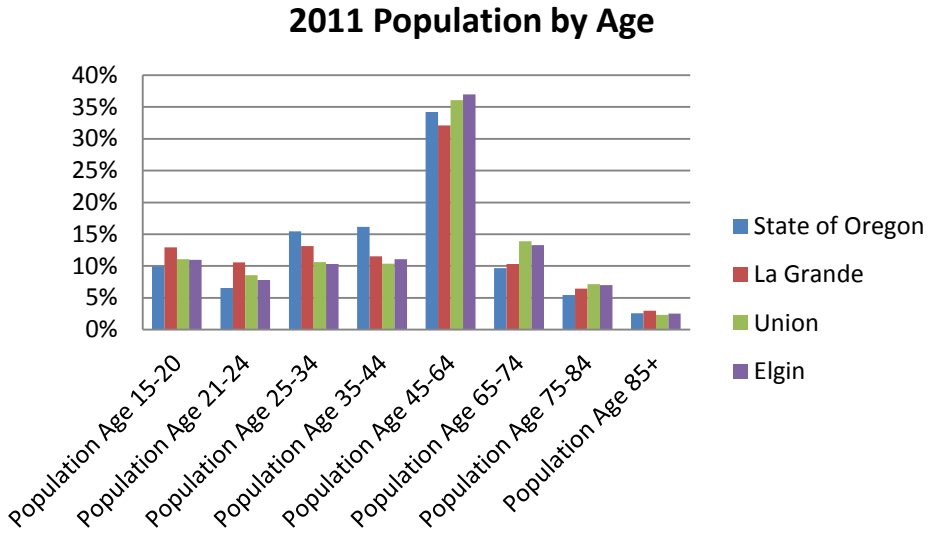
Age

Percent Population Change by Age Group Between 2000 and 2011

Age Group	La Grande	Union	Elgin
0-14	1.30%	-8.40%	-5.60%
15-44	-5.70%	-2.30%	-3.40%
45-64	11.90%	10.70%	7.70%
65+	2.90%	21.30%	20.70%

Nielsen, 2011

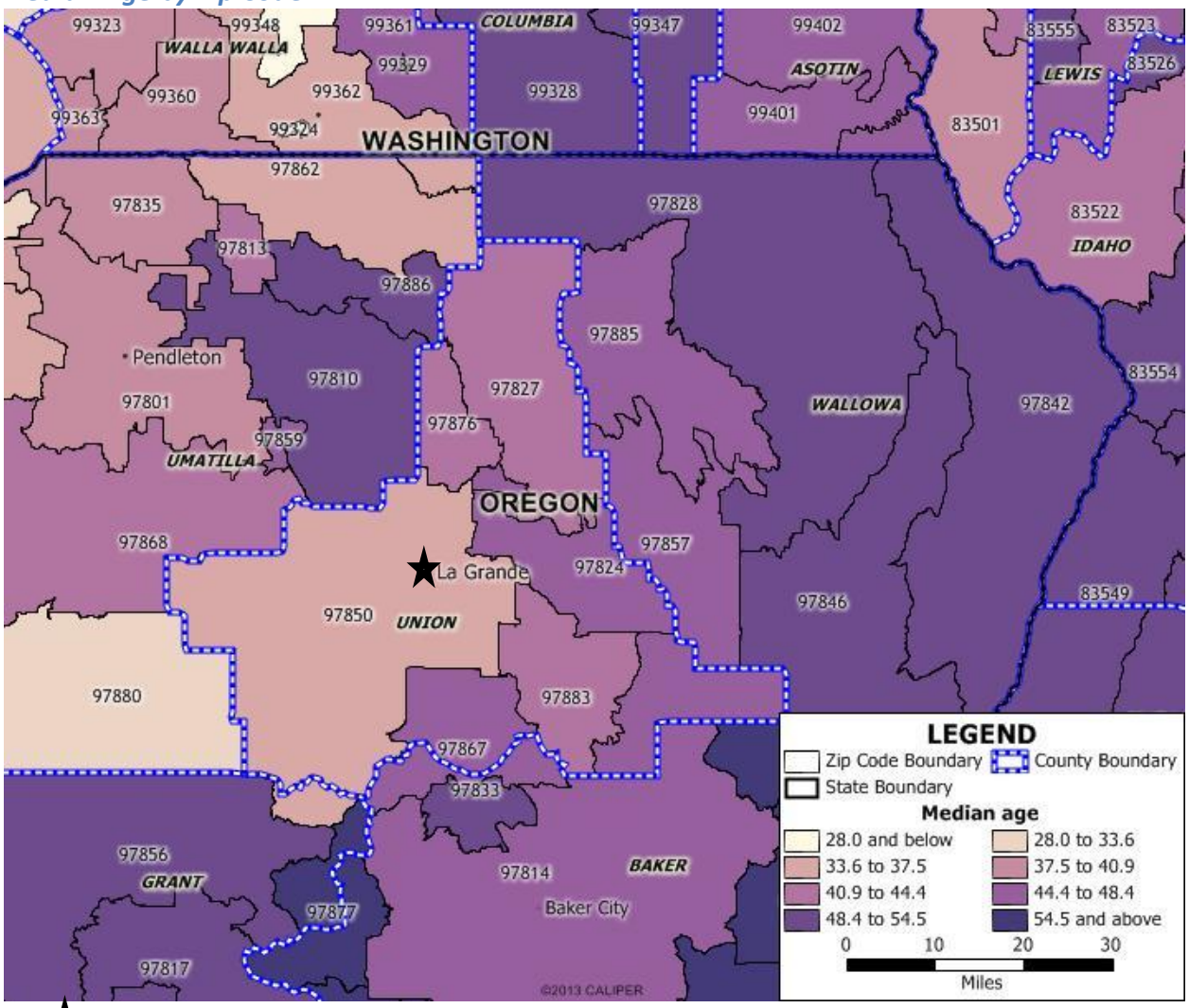
The senior population in Union County is very large and growing; there have been significant increases in 45-64 (over 10% average among the cities of La Grande, Union, and Elgin) and 65+ age groups (15% average) between 2000 and 2011. Additionally, 17.6% of Union County residents live with a disability, signifying another potentially large population segment that may have physical access to care issues.



Nielsen, 2011

The age distribution of the GRH community is fairly consistent with the state of Oregon, though skewed slightly toward a more aged population. As shown in the chart above, La Grande, Union, and Elgin have proportionately larger population groups in the segments above 45 years of age than the state of Oregon average. Conversely, these cities have smaller population segments within the 25 to 44 age brackets. This indicates that seniors occupy a larger population segment than the state average, and, as a result, the senior population was selected for one of the focus group populations.

Median Age by Zip Code



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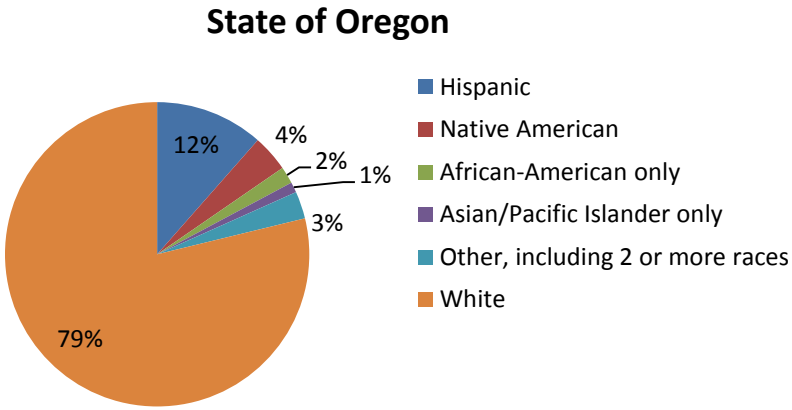
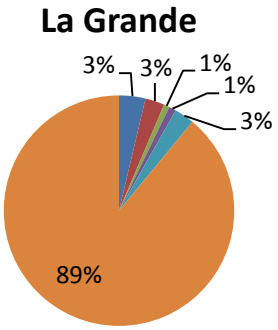
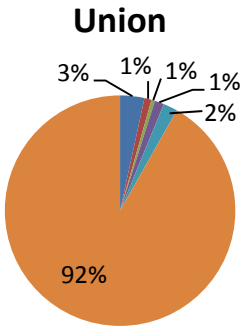
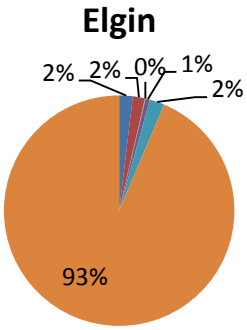
Race/Ethnicity

The most common race/ethnicity in the major cities of the hospital community is White, at 89.0% in La Grande, 91.8% in Union, and 93.6% in Elgin. This is followed very distantly by the Hispanic population, at 3.7% in La Grande, 3.4% in Union, and 1.9% in Elgin and the Native American population, at 0.8% in La Grande, 0.5% in Union, and 0.1% in Elgin.





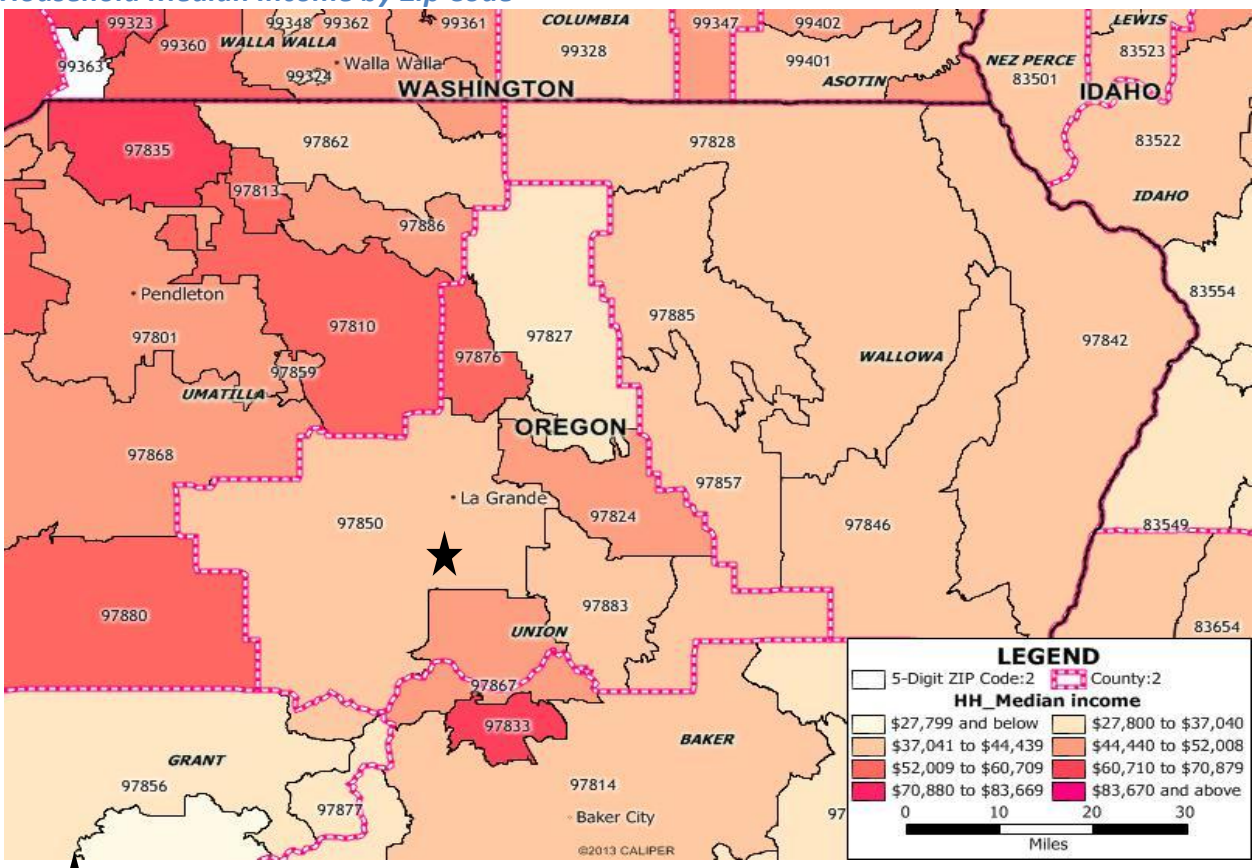




Nielsen, 2011

Socioeconomic

Household Median Income by Zip Code



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Union County as a whole endures challenges related to the poor economy and high unemployment. Many interviewees cited these socioeconomic factors as the primary reason that lower health status exists within the community. Secondary data indicates that Union County has a significantly larger population below 200% of the federal poverty level than the state of Oregon, and the median income is 17.7% less than national average (see chart above). Also, in Union County the rate of households on public assistance is 13%, and 20.4% of residents receive food stamps. GRH chose "working families" as a second focus group to ensure they received additional input from this vulnerable population.

Unemployment Rates, 2012

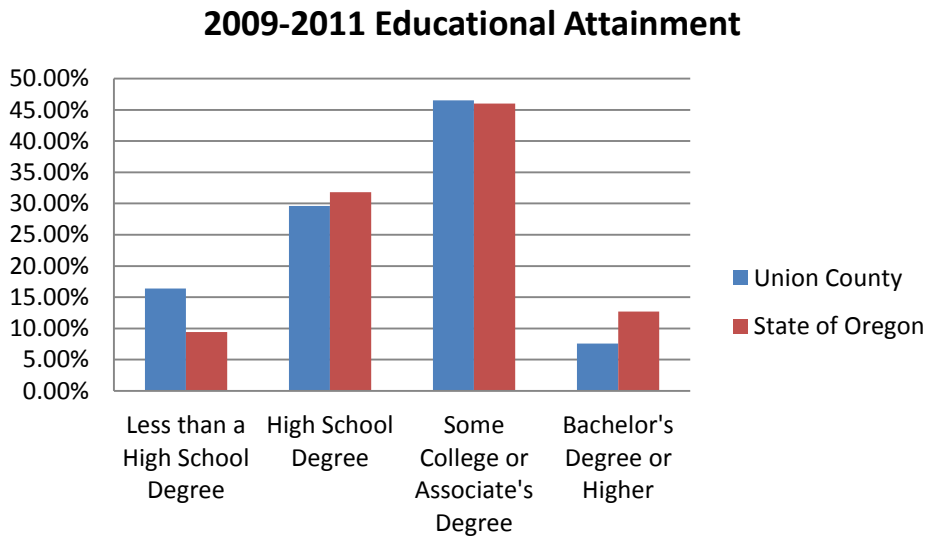
	June 2012 Unemployment Rate
United States	8.50%
Oregon	12.10%
Union County	12.30%

www.bls.gov

As shown in the chart above, unemployment rates in the state of Oregon and Union County at 12.1% and 12.3%, respectively, are significantly higher than national average at 8.5%.

Education

Educational attainment in the hospital community is significantly lower than the state of Oregon average. 16% of Union County residents didn't graduate from high school, compared to 9% as the state of Oregon average, shown in the chart below. Similarly, only 8% of Union County residents have a bachelor's degree or higher, compared to 13% in the state of Oregon overall.



U.S. Census Bureau, 2008-2011

Social Environment

The violent crime rate in Union County in 2009 at 132 per 100,000 was significantly lower than state average at 271 per 100,000. Comparatively the Oregon violent crime rate was much lower than the national rate at 429 per 100,000.

The most prevalent occupational fields in Union County include management and professional occupations and sales and office occupations, representing 29% and 23% of the employed population, respectively.

Union County Occupation Fields, 2010

Occupation Field	Percent of Employed Population in Field
Management, professional, and related occupations	29%
Sales and office occupations	23%
Service occupations	18%
Production, transportation, and material moving occupations	16%
Construction, extraction, maintenance and repair occupations	14%

American Community Survey

Of the 10,501 households in Union County, 6,804 are family households, 2,745 of which have children under 18 years of age. There are 2,932 households with members 65 and older. 3,628 of the households in Union County are renter-occupied units, while 6,873 households are owner-occupied units.

Access to Care

Physical Access to Care

The inability to access health care in a physical sense represents a large barrier to care, especially for at-risk and vulnerable populations. Partially due to Union County's rural setting, it is difficult for many to get transportation to the doctor's office or to locate a participating primary care or specialty care provider.

A lack of health care providers also contributes to the gravity of this issue. The population to provider ratio in Union County at 809 to 1 is larger than the Oregon state average at 739 to 1. Many people in the seniors focus group commented on the lack of providers in the area; in La Grande, it was noted that there is a lack of specialty providers, imaging time is slow, and the emergency wait time is too long. Union County has significantly fewer dental and mental health providers at 3582 to 1 and 2807 to 1 than the state of Oregon at 2211 to 1 and 2360 to 1, respectively.

Transportation issues strongly affect vulnerable populations in Union County. The seniors focus group was very concerned and affected by the difficulty they experienced in trying to access care; the physical distance between patients and providers and the lack of public transportation available were noted in the senior focus group as barriers to access. Additionally, many seniors also commented about poor coordination of care creating more visits and tests than necessary. Union County is 42% rural, whereas the state of Oregon is only 21% rural. The rural nature of the county means that people are typically physically farther away from health care providers than people living in more urban settings. This presents a large access barrier for those who cannot drive or do not have access to a vehicle, as the public transportation system in Union County is not very robust.

La Grande has a very limited fixed trolley route that runs every hour and connects Eastern Oregon University, grocery stores, downtown, the senior center, the Center for Human Development, and several apartment complexes. La Grande paratransit is another public transportation service available only to disabled people who live within La Grande. It is available on a dial-and-ride basis. The communities of Elgin and Union are served by public transportation only one day per week each on a Inter-City basis.

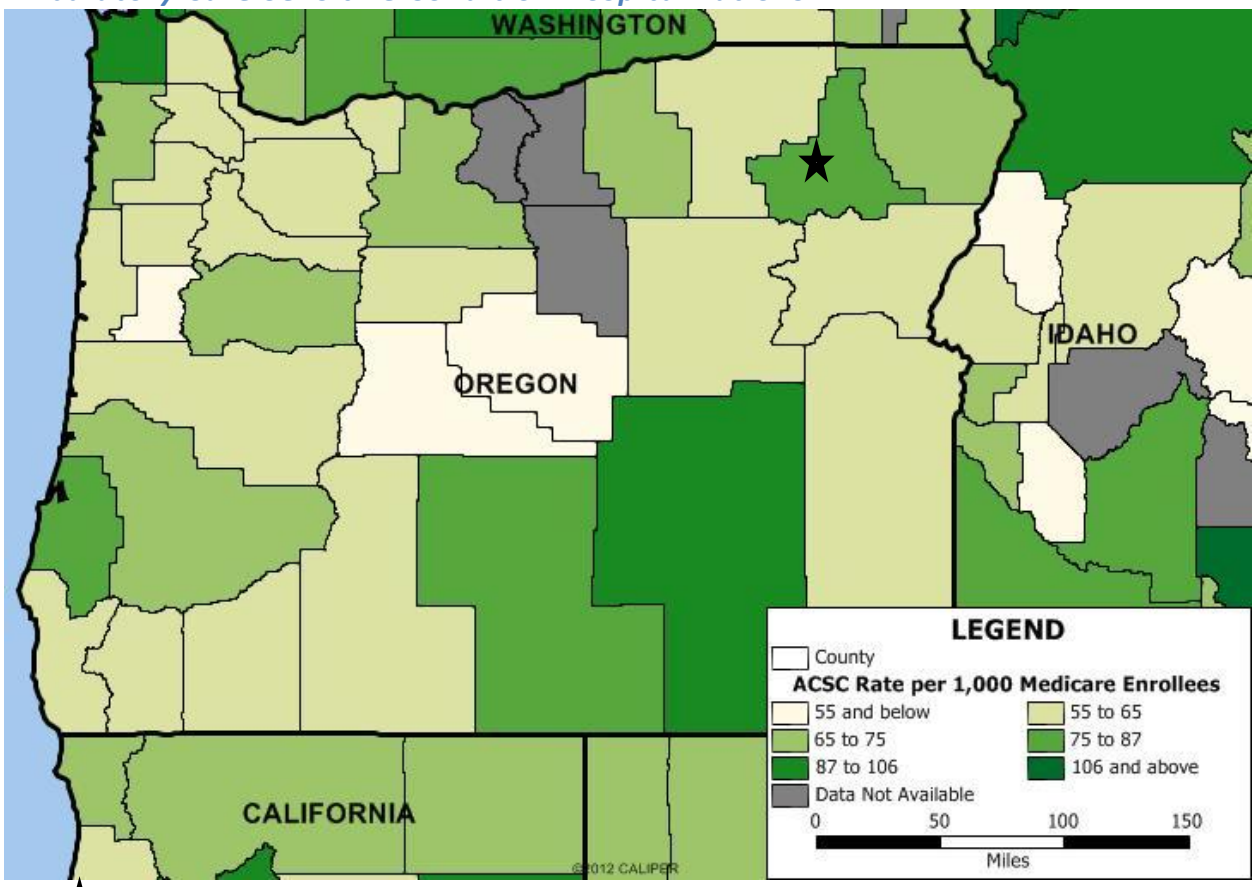
A considerable percentage of Union County residents may have difficulty in gaining transportation to health care, including the senior and disabled populations mentioned earlier in this report.

Preventable Hospitalizations (2009)
Discharge Rate for ACSCs per 1,000 Medicare Enrollees

	Rate
United States	77.00
Oregon	**44.00**
Union County	**61.00**

Medicare/Dartmouth Institute

Ambulatory Care Sensitive Condition Hospitalizations



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Overall, the impact of limited access to care is reflected in the rate of ambulatory care sensitive condition discharges per 1,000 Medicare enrollees. Ambulatory care sensitive conditions are a range of medical conditions for which appropriate outpatient care should attenuate the need for hospitalization. Though both the state of Oregon and Union County are significantly lower than United States average, Union County at 61 shows a distinct disparity relative to the state of Oregon at 44, shown in the map above.

Similarly, the OHA is working to improve access to care through monitoring ambulatory care outpatient and emergency department utilization by setting a benchmark of 44.4 per 1,000 for ED utilization and 439 per 1,000 for outpatient utilization. The Eastern Oregon CCO exhibits rates of 62.7 and 397.2, respectively, while the state of Oregon's experience is 55.7 and 395.9 per 1,000 respectively. The improvement targets for these measures are 60.9 per 1,000 for ED utilization and 401.4 per 1,000 for outpatient utilization.

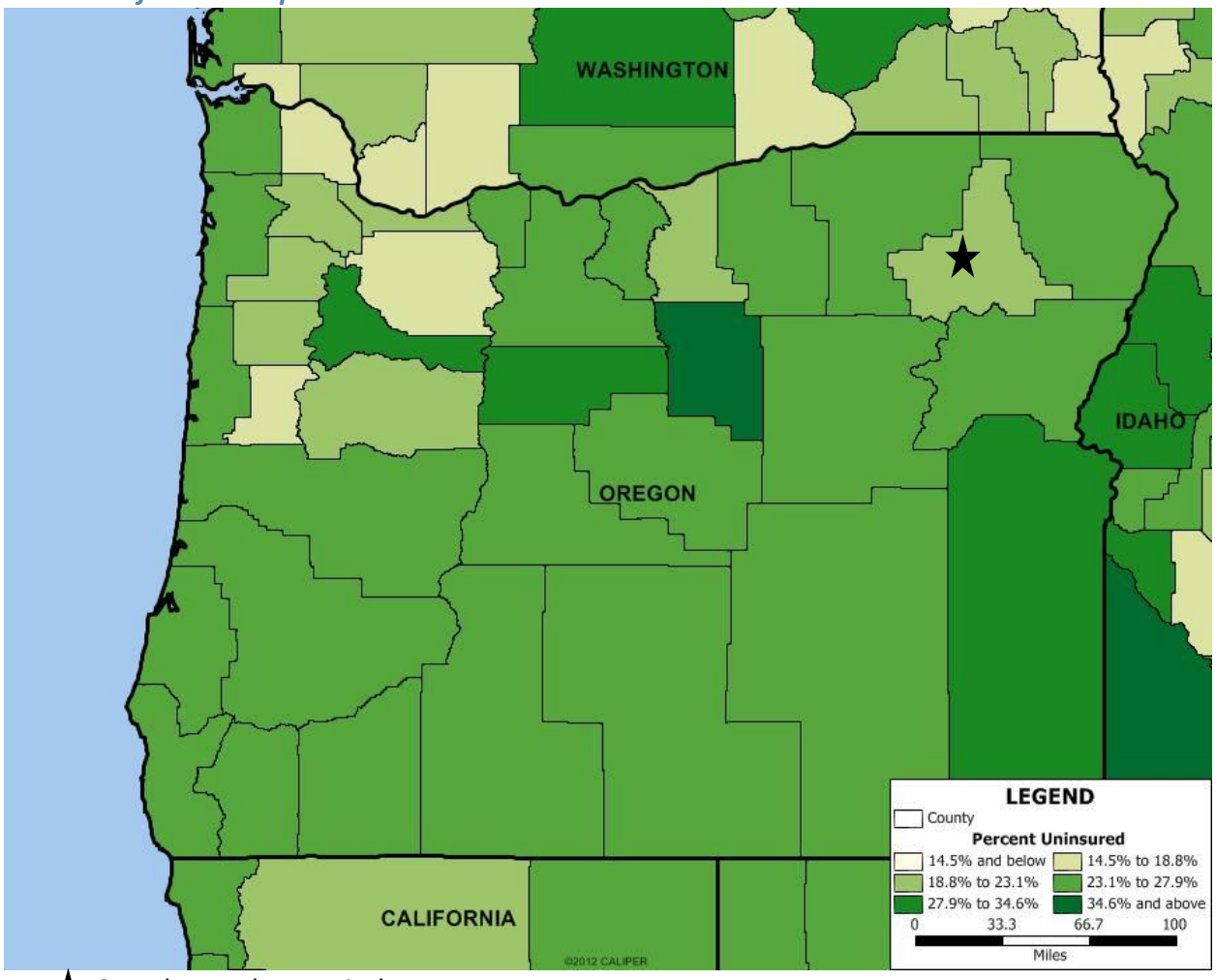
This is an area of major focus of Healthy People 2020. In terms of access to care, Healthy People 2020 objectives include increasing the number of practicing primary care providers, improving the proportion of people who have a consistent primary care provider, and decreasing emergency room wait time.

Economic Access to Care

Economic access to care was the most mentioned component in focus groups and interviews. This is most likely closely related to high poverty rates in the area, high costs of medical care, and gaps in health insurance coverage.

In general, the poor economy and unemployment issues are highly associated with economic access to care. Focus group participants expressed desire for education about entitlement services, healthcare services, and aid available for both health and social programs, noting that these resources in the community are limited and that there are many people in economic need. Many interviewees cited the poor economy and high poverty levels as the primary reason that health status issues exist within the community. In 2012, 18.4% of Union County residents were enrolled in Medicaid coverage.

Percent of Total Population Uninsured



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Percent of Total Population Uninsured, 2009

	Rate
United States	18%
Oregon	19%
Union County	**20%**

www.census.gov

The rate of uninsured children in the state of Oregon was 8.8%, compared to 13% in the northeast Oregon region. This represents a more pronounced effect than is shown in the table above for the adult uninsured rates of 20% in Union County and 19% in the state of Oregon. Insured status is a major factor in obtaining preventive care, as many uninsured patients cannot afford routine examinations or to go to a doctor when sick.

Percent of Self-Reported Health Care Coverage Type for Union, Baker, and Wallowa County Respondents, NEON Community Health Needs Assessment Survey, 2010

Primary Insurance	Percent of Respondents
Medicaid or Oregon Health Plan	10%
Medicare	10%
Commercial Insurance Paid by Employer	33%
Commercial Insurance Paid for by Self or Another Family Member	19%
Not Insured	19%
Military (Tricare)	2%
Paid for by Someone Else	7%

NEON

As shown in the above chart, the most common insurance payor types in northeast Oregon based on a 2010 community survey conducted by NEON include commercial insurance at 52% of respondents, followed by the uninsured population at 19% of the respondents.

High costs of health care also create barriers to accessing health care. Interviewees noted the high costs of care as the most pressing health status issue and biggest barrier to care within the community. Additionally in both focus groups, individuals noted that they cannot afford a primary care provider because of high health care costs. The working families group seemed particularly concerned that slight salary increases might eliminate qualification for public aid and health care. In both the focus groups and interviews, participants noted that high expenses related to pharmaceuticals, dental, and vision care resulted in many individuals not utilizing these services at the expense of their health. Annual health care costs per person are higher (11%) in Union County than the Oregon state average.

Additionally, understanding insurance and eligibility is a difficulty many Union County residents face. Individuals participating in the focus groups and interviews felt that the health system is not only difficult to navigate but also lacking in resources to assist with navigation. Focus group participants were concerned about certain health insurance plans not being accepted by

providers within the community, causing them to have to travel outside of Union County to receive care.

For this category, Healthy People 2020 goals align with increasing the number of people with health insurance to improve access to primary care services and reducing the proportion of persons who are unable to obtain, or delayed in obtaining, necessary medical care, dental care, or prescription medicines.

Health Outcomes, Behaviors, and Risk Factors

Community Need Index: Union County

The Community Need Index (CNI) in Union County indicates that there are relatively high socio-economic barriers to health care in the cities of La Grande, Elgin, North Powder, and Union. The CNI accounts for the underlying economic and structural barriers that affect access to health care, related to income, culture/language, education, insurance, and housing. A CNI score of 1 represents the lowest community need, and a score of 5 represents the highest community need.

Zip Code	CNI Score	Population	City
97824	3.0	1500	Cove
97827	3.6	2534	Elgin
97841	2.6	307	Imbler
97850	3.8	16821	La Grande, Island City
97867	3.8	755	North Powder
97876	2.4	968	Summerville
97883	3.8	2456	Union

Courtesy Dignity Health, 2012

There are seven census tracts that qualify as Medically Underserved Areas (MUAs) in Union County. The MUA designation is developed by HRSA and indicates that a combination of four components exists in the area:

- A low ratio of primary medical care physicians per 1,000 population
- A high infant mortality rate
- A high percentage of the population with incomes below the poverty level
- A high percentage of the population age 65 or over.

Mortality Indicators

	Union County	Oregon	La Grande	Union	Elgin
Total Mortality (Death Rate per 100,000)	983	815	1,007	926	916
Cancer Mortality (Death Rate per 100,000)	227	191	226	221	245
Heart Disease Mortality (Death Rate per 100,000)	202	169	203	212	174
Chronic Lower Resp Disease Mortality (Death Rate per 100,000)	73	49	73	68	79
Cerebrovascular Disease Mortality (Death Rate per 100,000)	61	51	58	89	32
Unintended Injuries Mortality (Death Rate per 100,000)	47	41	45	43	63
Alzheimer's Mortality (Death Rate per 100,000)	26	32	31	13	16
Flu and Pneumonia Mortality (Death Rate per 100,000)	25	14	24	26	24
Diabetes Mortality (Death Rate per 100,000)	23	28	23	13	40
Suicide Mortality (Death Rate per 100,000)	22	15	20	30	24
Motor vehicle crash death rate	15	14			
Alcohol Induced Mortality (Death Rate per 100,000)	11	14	10	9	24
Age-adjusted Death Rate, (Avg per year 07-09)	897	821	941	825	695

Oregon Office of Rural Health, 2009

The chart above details mortality rates for leading causes of death in Union County, Oregon, La Grande, Union and Elgin. Data indicates that the leading causes of death in Union County include cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease, unintended injuries, Alzheimer's, and flu and pneumonia. The overall mortality rate in Union County (983 per 100,000) is 20.6% higher than the state of Oregon total (815 per 100,000) for age-adjusted mortality rates. In particular, mortality due to cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease, and flu and pneumonia is significantly higher in Union County than the state of Oregon.

Cancer

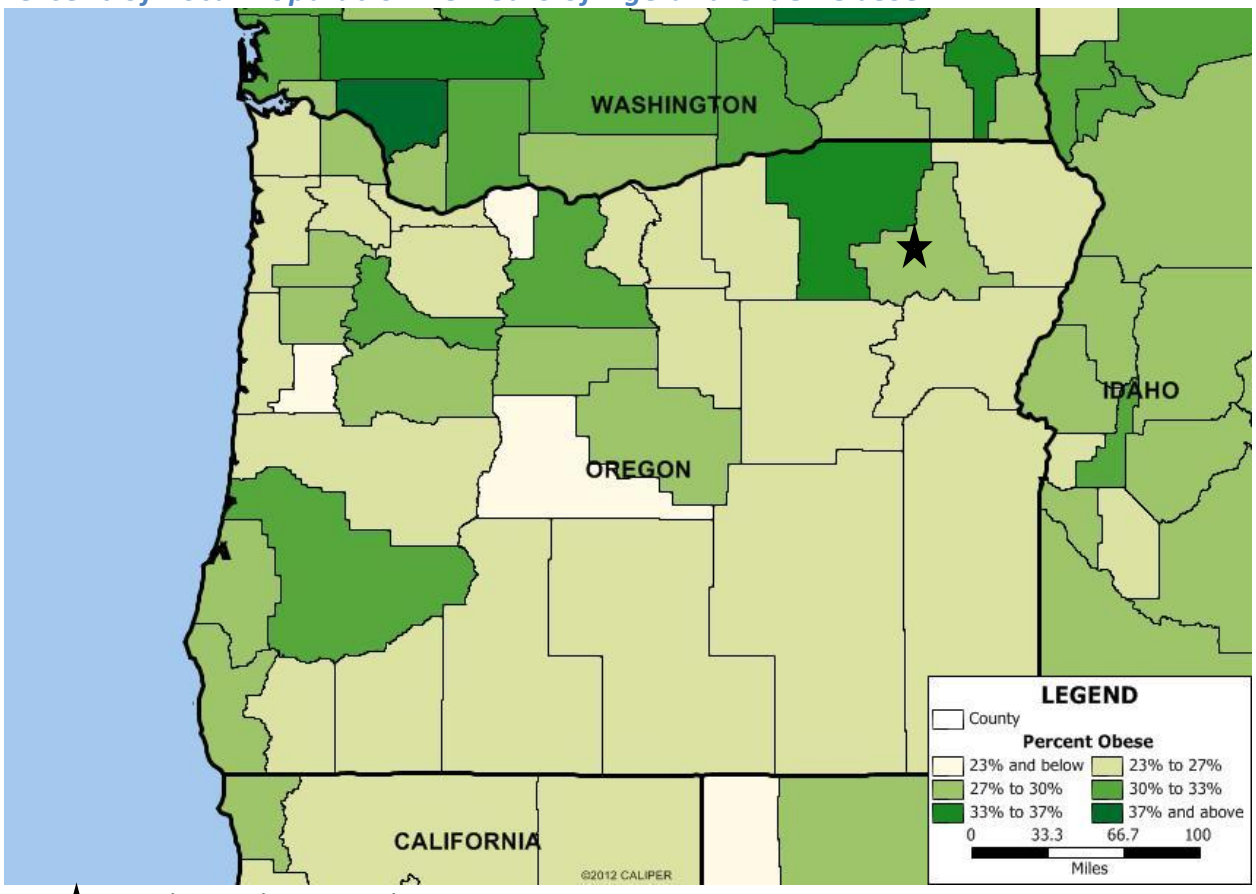
Cancer in Union County is a considerable concern, in terms of high mortality and low levels of preventive screenings. Cancer and heart disease were not mentioned heavily as a pressing health concern in focus groups or interviews, although education and screening were identified as areas of need within the community. Secondary data indicates that mortality (death rate) in Union County is significantly higher than the state of Oregon average (983 versus 815 per 100,000). Cancer mortality is larger than the state average. Colorectal cancer and prostate mortality in Union County are 19.8 and 33.7 per 100,000, compared to Oregon state average at 16.8 and 26.0, respectively. The OHA is encouraging improved colorectal cancer screening through its benchmark set at 61.3%. This compares to the Eastern Oregon CCO baseline experience of 5.3%, the Oregon state average of 23.7% and the improvement target of 61.3%.

Healthy People 2020 objectives related to cancer include decreasing cancer mortality rates, including invasive colorectal and prostate cancers. Other key cancer objectives relate to increasing screening and cancer awareness through primary health care providers.

Obesity and Related Conditions

Issues related to obesity, nutrition, physical activity, and diabetes were mentioned frequently in focus groups and interviews. Secondary data collected supports the concern about this issue. Much of the concern expressed during interviews and focus groups related to residents' inactivity and poor nutrition, as well as a lack of community infrastructure that promote physical activity.

Percent of Total Population 18 Years of Age and Older Obese



★Grande Ronde Hospital

Adult Obesity (2009)

	Percent
Healthy People 2020 Target	15%
United States	36%
Oregon	27%
Union County	**28%**

National Center for Chronic Disease Prevention and Health Promotion

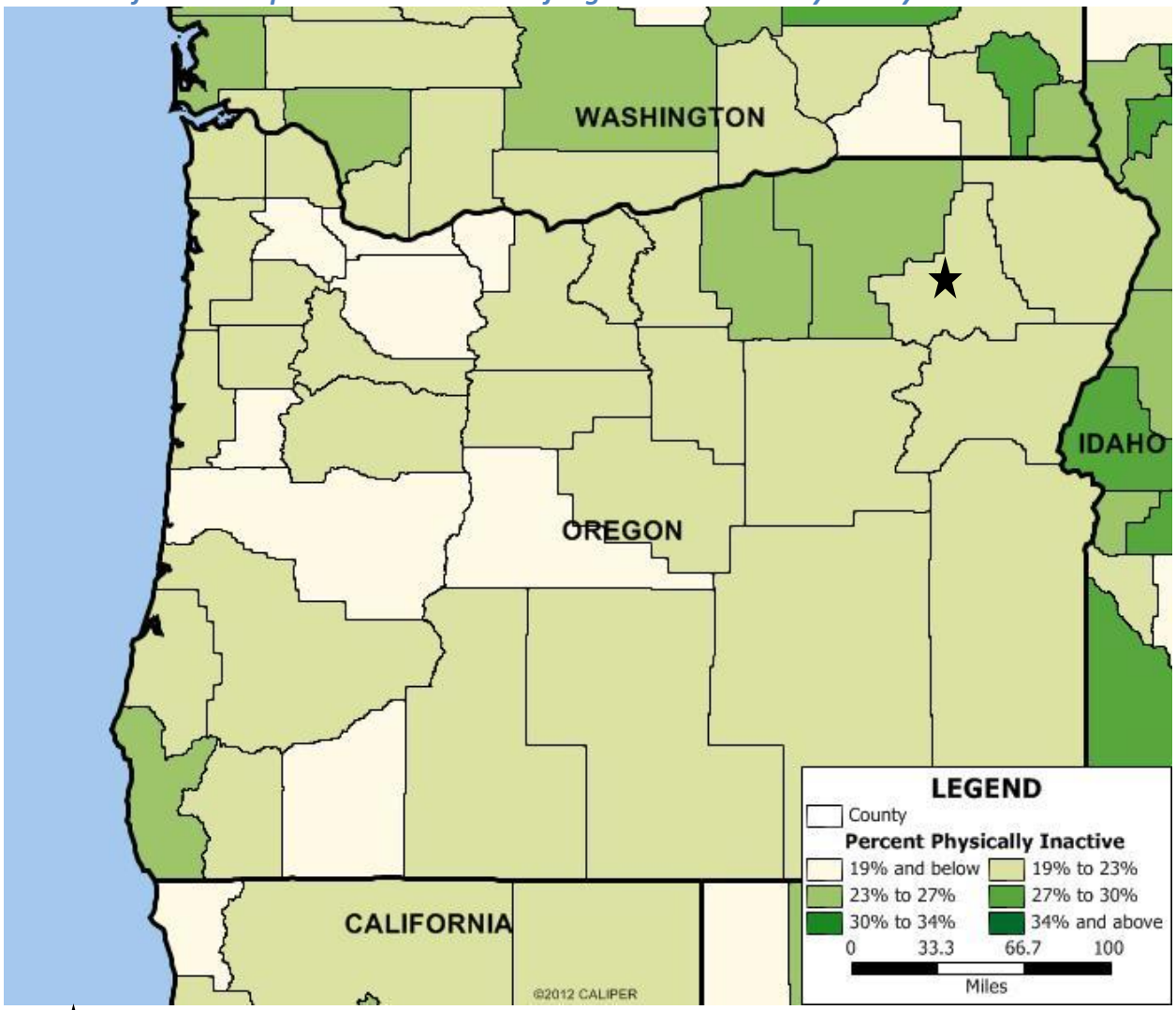
Most participants in both interviews and focus groups expressed concern at the community's high rates of overweight and obese people. The percent of overweight adults is significantly higher in Union County (at 43%) than the state of Oregon (at 36%), though obesity rates are similar, as shown in the map and chart above.

Physical Inactivity in Adults Ages 18 and Over (2009)

	Percent
United States	25%
Oregon	18%
Union County	**19%**

National Center for Chronic Disease Prevention and Health Promotion

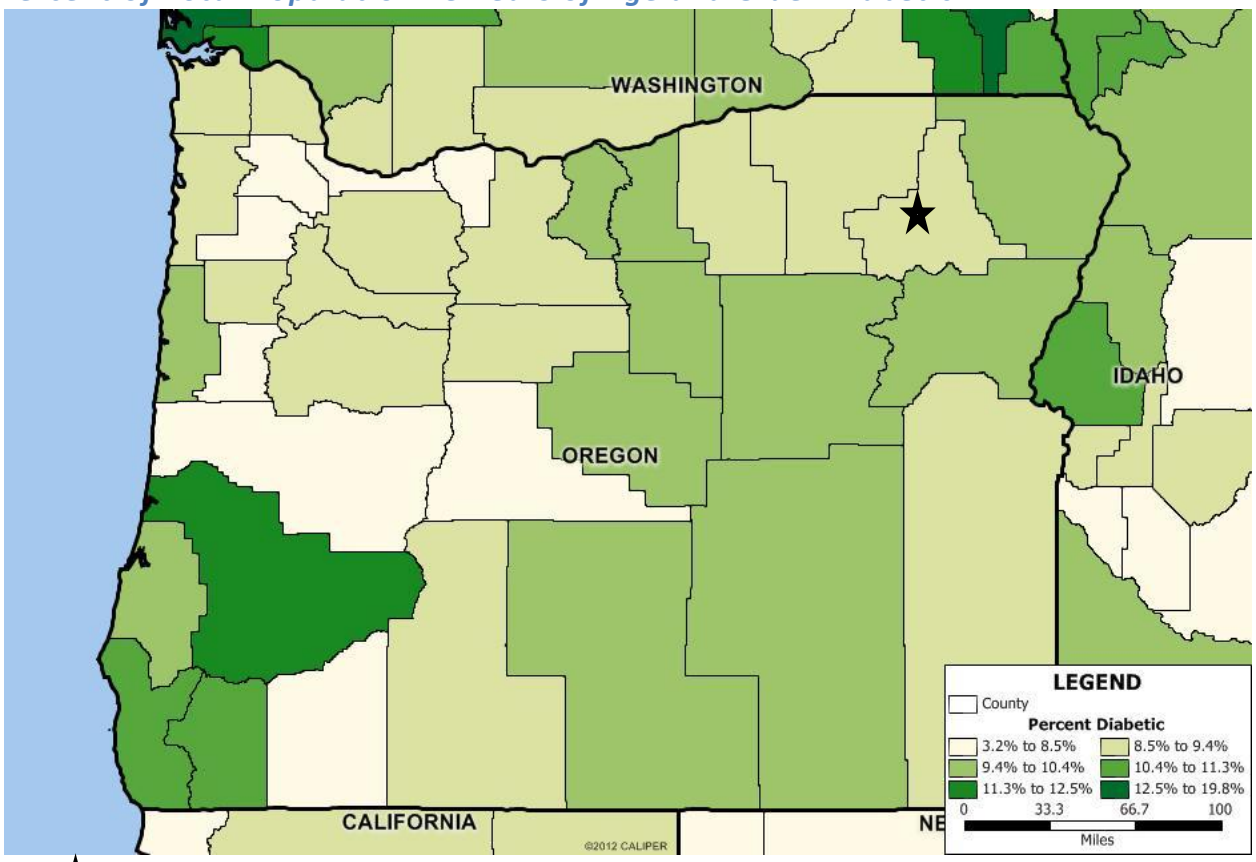
Percent of Total Population 18 Years of Age and Older Physically Inactive



★Grande Ronde Hospital

Many people in focus groups and interviews expressed that there was a lack of availability of physical activities in the community and that infrastructure for outdoor recreation was not very robust. This observation was frequently associated with high rates of overweight and obese residents. Mortality rates due to heart disease are higher in Union County than the state of Oregon average. As shown in the map above, Union County has a slightly higher percentage of residents who are physically inactive at 19% than does the state of Oregon, at 18%.

Percent of Total Population 18 Years of Age and Older Diabetic



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Diabetes (2010)

	Percent
United States	8%
Oregon	9%
Union County	**9%**

www.cdc.gov

Diabetes can often result from obesity and is frequently a comorbidity with obesity. Shown in the data above, the proportion of Union County residents experiencing diabetes is growing, although the rate at 9% is not higher than state average,

Community members expressed interest in improving awareness about nutrition, and they also cited many barriers to eating healthy. Both interviewees and focus group participants were concerned about the high cost of food, mentioning high poverty rates in the area and the large expense of fresh fruits and vegetables specifically. Participants in both focus groups and interviews noted that the community wants and needs education around eating and cooking healthy foods. Several people suggested that the community needs more community gardens and that this resource would help dramatically.

Healthy People 2020 objectives are very robust in this category in particular. Specifically, the organization is promoting reducing obesity and diabetes rates, increasing the availability and

access to healthy foods such as fresh fruits and vegetables, and increasing physical activity levels within the United States.

Preventive Care

Concerns related to stroke and heart disease prevention, immunizations, prenatal care, and timely and coordinated medical care were prevalent in focus groups, interviews, and secondary data.

Pneumonia and flu vaccines represented an area of concern in Union County. There was a strong desire for more education around vaccination frequency, best practices, and illness prevention within both focus groups. The seniors seemed to be confused by inconsistent vaccination information and worried that vaccinations will cause illness. The adult pneumonia vaccination rate is significantly lower in Union County than state or national averages. The mortality rate in Union County for flu and pneumonia is 81% higher than that of the state of Oregon.

In the seniors focus group, there was a strong desire for education about stroke and heart attack. There was large interest in learning to better identify early warning signs and how to prevent these conditions. The mortality rate for cerebrovascular conditions (stroke) is 19% higher in Union County than the state of Oregon, and 45% higher in Union County than national average.

Prenatal care appears to be a health need within Union County based upon secondary data. The early prenatal care rate in Union County seems to be declining from 2005 to 2010 (82% to 60%), resulting in a higher inadequate prenatal care rate in Union County than the Oregon state average.

Birth Statistics, 2009

	Low Birth Weight, Babies Born Weighing Less Than 2,500 Grams per 1,000 Births	**Teen Birth Rate per 1,000 Births**	**Inadequate Prenatal Care per 1,000 Births**
United States	61.50	87.90	62.40
La Grande	**64.30**	**92.40**	**66.70**
Elgin	**70.90**	**118.10**	**51.10**
Union	**72.30**	**34.00**	**70.90**

Oregon Office of Rural Health

Overall, low birth weight, infant mortality and teen birth rates for the cities of La Grande, Union, and Elgin are higher than the national average.

From a prevention perspective, OHA is monitoring prenatal/postpartum care and timeliness of prenatal care in an effort to improve community health. The Eastern Oregon CCO baseline experience is 68.3%, compared to the Oregon state average of 65.3% and the improvement target of 71.3%. The OHA benchmark for this measure is 89.0%.

Also, OHA is working to increase developmental screening within the first 36 months of life. In the Eastern Oregon CCO region, the baseline experience is 6.7%, compared to the state average of 20.9% and the improvement target of 11%. The OHA benchmark for this measure is 50.0%.

Timely and well-coordinated medical care emerged as a concern several times within focus groups and interviews. As discussed previously in this report, care coordination affects the ability of patients to gain transportation by decreasing the number of visits needed, the ability to afford duplicate testing, and follow-up as it pertains to preventive care measures. The OHA has addressed this through several different incentive measures.

The OHA is monitoring follow-up after hospitalization for mental illness. The Eastern Oregon CCO baseline experience is a 51.9% 7-day follow up rate, compared to the Oregon state average of 57.6% and the improvement target of 54.9%. The OHA benchmark for this measure is 68.0%.

Similarly, the OHA is tracking follow-up care for children prescribed ADHD medications. The Eastern Oregon CCO baseline experience is 57.6%, compared to the Oregon state average of 61.0% and the improvement target of 62.2%. The OHA benchmark for this measure is 63.0%.

Adolescent well care visits are also being monitored by OHA. The Eastern Oregon CCO baseline experience is 10.0%, compared to the Oregon state average of 21.0% and the improvement target of 14.7%. The OHA benchmark for this measure is 56.9%.

Access to care in terms of the ability to get care quickly is being addressed by the OHA through its benchmark measure set at 87%. This compares to the Eastern Oregon CCO baseline experience of 73%, the Oregon state average of 74%, and the improvement target of 75%.

In further addressing continuity of care, OHA is tracking patient-centered primary care home enrollment. The Eastern Oregon CCO baseline experience is 3.7%, compared to the Oregon state average of 51.7% and the OHA benchmark of 100%.

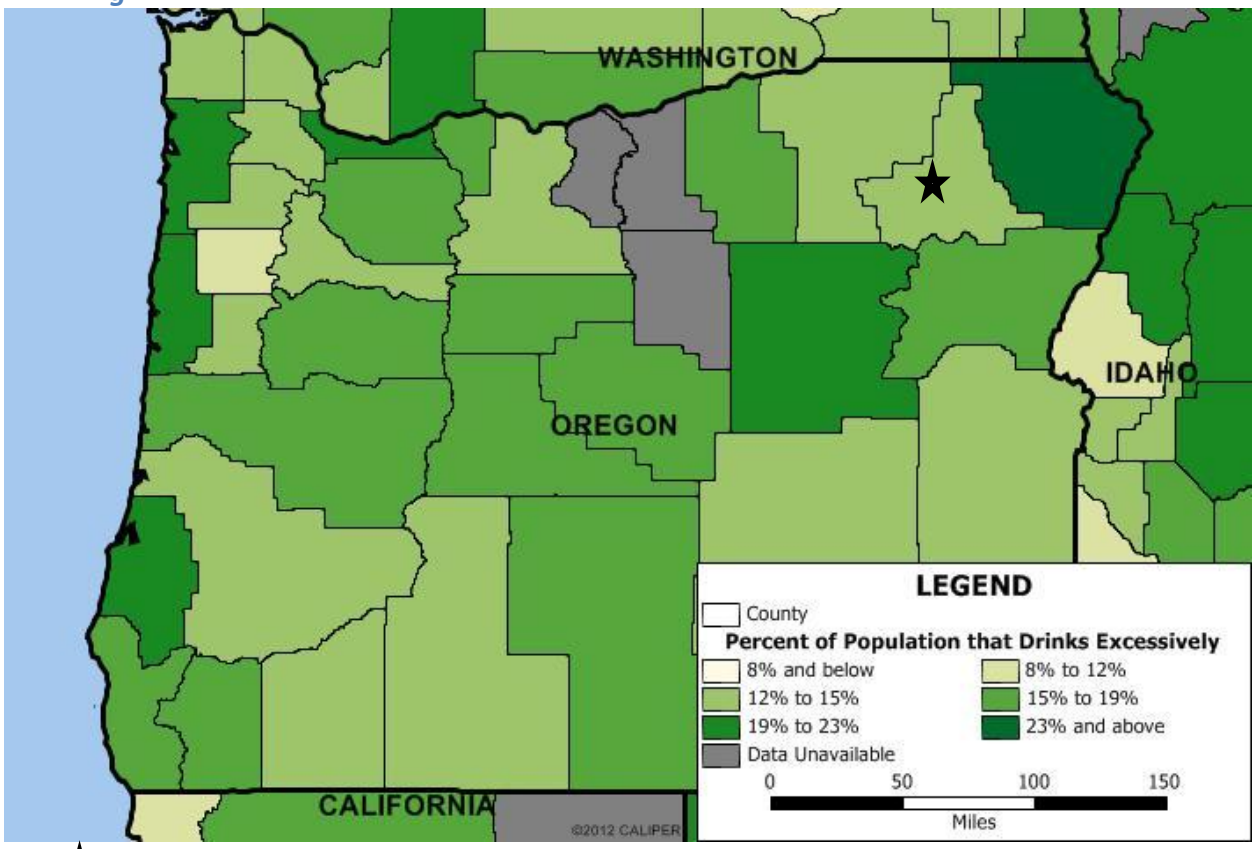
Satisfaction with care is being monitored by the OHA through its benchmark measure set at 84%. This compares to the Eastern Oregon CCO baseline experience of 71%, the Oregon state average of 78%, and the improvement target of 73%.

Healthy People 2020 objectives strive to reduce or eliminate cases of vaccine-preventable diseases through proper vaccination. Also, objectives focus on reducing severity and decreasing instances of heart attack and stroke, particularly through increasing education and awareness of signs and symptoms of these conditions.

Drug and Alcohol Abuse

There was a lot of concern about drug and alcohol use within focus groups and interviews, particularly in relation to the teen population.

Percent of Total Population 18 Years of Age and Older Exhibiting Excessive Drinking



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Excessive Drinking (2010)

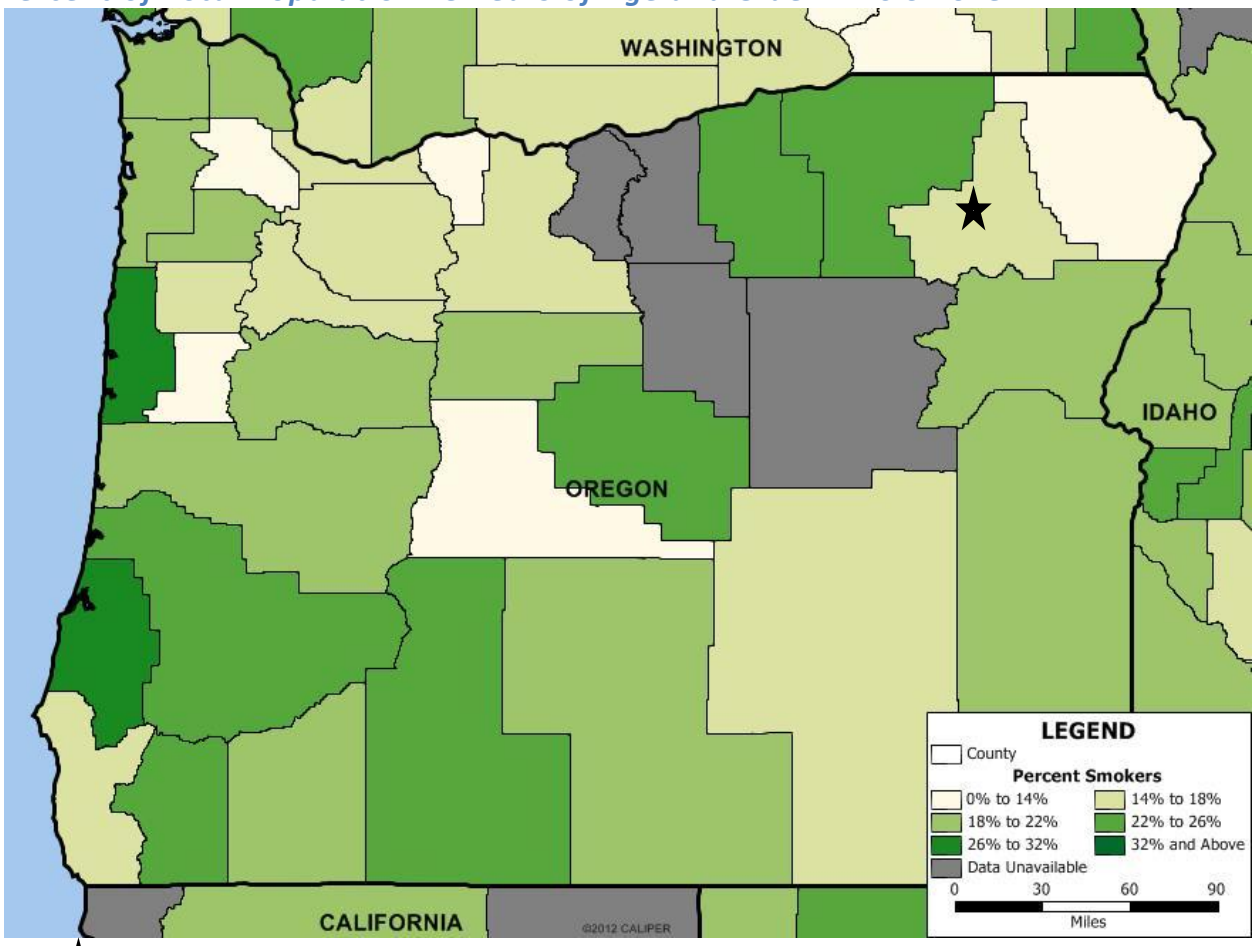
	Percent
United States	16%
Oregon	16%
Union County	**12%**

BRFSS

This area represents several issues of high concern within the community. Both the seniors focus group and interviewees identified drug and alcohol abuse as one of the top health needs in the community. Interviewees were also concerned about smoking and tobacco use rates. Secondary data does not show that these issues are more prevalent than state and national levels. Although male binge drinking rates are slightly higher in Oregon than the national average (19% vs 17%), overall binge drinking in Union County at 12% is significantly lower than state of Oregon average at 16%. Secondary data does not indicate that drug and alcohol abuse

issues are more prevalent in Union County than in the state of Oregon or national averages, as shown in the chart and map above.

Percent of Total Population 18 Years of Age and Older Who Smoke



★Grande Ronde Hospital

Smoking (2010)

	Percent
Healthy People 2020 Target	12%
United States	19%
Oregon	17%
Union County	**14%**

BRFSS

Smoking rates are 14% in Union County as compared to 17% in Oregon, shown in the chart and map above. However, mortality from chronic conditions closely associated with smoking is very high in Union County. The mortality rate from chronic lower respiratory disease (COPD and chronic bronchitis) is significantly higher in Union County (73 per 100,000) than state (49) or national averages (45).

From a prevention perspective, the working families focus group identified the lack of after school and weekend activities for teens as one of the most pressing concerns affecting community health. Focus group participants associated higher after school and weekend activity availability with lower drug, alcohol, and tobacco usage.

The OHA is working with CCOs to increase the rate of screening, brief intervention, and referral for treatment for alcohol and drug misuse. The Eastern Oregon baseline experience is 2.8 per 1,000, which is significantly higher than the state average of 0.6 and significantly lower than the improvement target of 46.5 or the OHA benchmark of 440 per 1,000.

Healthy People 2020 objectives include provisions to decrease alcohol and substance abuse and to reduce tobacco use, particularly smoking rates.

Prioritized Health Needs

Health needs were considered and prioritized by the Committee Benefit Subcommittee, and the following order of priority of needs in the community was determined:

1. *Preventive Care*
2. *Economic Access to Care*
3. *Physical Access to Care*
4. *Drug and Alcohol Abuse*
5. *Obesity and Related Conditions*
6. *Cancer*

Appendix

Selected Interview Indicators

Community Health Issue	Question or Category	Importance	Source
Low Income, Poor, Unemployed	BARRIERS DIFFER BY POPULATION	VERY HIGH	Interview
Elderly	BARRIERS DIFFER BY POPULATION	HIGH	Interview
High Costs of Health Care	BIGGEST BARRIER TO HEALTH RESOURCES	VERY HIGH	Interview
Accessible or Very Accessible	HOW ARE PROVIDERS ACCESSIBLE	HIGH	Interview
Need for Collaboration and Shared Resources in Community/Provi	HOW TO REDUCE BARRIERS	VERY HIGH	Interview
Obesity	MOST PRESSING HEALTH STATUS ISSUES	VERY HIGH	Interview
Drug and Alcohol Abuse	MOST PRESSING HEALTH STATUS ISSUES	HIGH	Interview
Access and Affordability of Health Care	MOST PRESSING HEALTH STATUS ISSUES	HIGH	Interview
Good, Great, or Excellent	PERCEPTION OF HEALTH CARE PROVIDERS IN COMMUNITY	HIGH	Interview
Education: Seniors, Nutrition, Parenting, Cessation, Budgeting	PREVENTION EFFORTS	VERY HIGH	Interview
Physical Activities	PREVENTION EFFORTS	HIGH	Interview
Providers Do a Good Job of Comnmunicating With Patients About	PROVIDER COMMUNICATION ABOUT CARE	HIGH	Interview
Education and Outreach: Nutrition and Healthy Living	RECOMMENDATIONS ON HOW TO ADDRESS	VERY HIGH	Interview
Poor/Low Income	SPECIFIC POPULATIONS WITH ACCESS CHALLENGES	VERY HIGH	Interview
Poor/Low Income: Can't Afford Services	SPECIFIC POPULATIONS WITH ACCESS CHALLENGES	HIGH	Interview
Economy and Hugh Poverty Levels	WHY HEALTH STATUS ISSUES EXIST	HIGH	Interview
Societal Issue	WHY HEALTH STATUS ISSUES EXIST	HIGH	Interview

Selected Focus Group Indicators

Seniors Focus Group

Community Health Issue	Question or Category	Importance	Source
Education: Need Stroke, Diabetes Education	CONCERNS ABOUT CHRONIC DISEASES	HIGH	Seniors Focus Group
Caregiver Competency: Need Better Education	CONCERNS ABOUT CHRONIC DISEASES	MEDIUM	Seniors Focus Group
Nutrition/Hydration	HEALTHY ACTIVITIES	HIGH	Seniors Focus Group
Mental Health/Stress Relief	HEALTHY ACTIVITIES	HIGH	Seniors Focus Group
Exercise	HEALTHY ACTIVITIES	MEDIUM	Seniors Focus Group
Healthy Foods Are Expensive	HOW HEALTH CARE CONCERNS AFFECT 65 AND OLDER	HIGH	Seniors Focus Group
Pharmaceuticals Are Expensive or Hard to Find	HOW HEALTH CARE CONCERNS AFFECT 65 AND OLDER	HIGH	Seniors Focus Group
Better Coordination	HOW TO IMPROVE HEALTH CARE CONCERNS	HIGH	Seniors Focus Group
Time to X-Rays and Other Imaging in LaGrande	HOW TO IMPROVE HEALTH CARE CONCERNS	HIGH	Seniors Focus Group
Transportation in General	HOW TO IMPROVE HEALTH CARE CONCERNS	HIGH	Seniors Focus Group
Oral Health	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	HIGH	Seniors Focus Group
Access to Healthy Foods/Nutrition	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	HIGH	Seniors Focus Group
Education: Nutrition	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	HIGH	Seniors Focus Group
Drugs and Alcohol	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	MEDIUM	Seniors Focus Group
Injuries/Pain	OBSTACLES TO HEALTH	HIGH	Seniors Focus Group
Access to Healthy Foods: Money, Time/How to Cook	OBSTACLES TO HEALTH	HIGH	Seniors Focus Group
Money	OBSTACLES TO HEALTH	HIGH	Seniors Focus Group
Eligibilty Confusion	OBSTACLES TO HEALTH	HIGH	Seniors Focus Group
Doctors Not Listening	OBSTACLES TO HEALTH	MEDIUM	Seniors Focus Group
Cost	ORAL HEALTH CONCERNS	HIGH	Seniors Focus Group
Concern About Effects on Health	ORAL HEALTH CONCERNS	HIGH	Seniors Focus Group
Not Covered Under Medicare	ORAL HEALTH CONCERNS	MEDIUM	Seniors Focus Group
Coordinated Care	PCMH BEST QUALITIES	HIGH	Seniors Focus Group
Fewer Blood Tests/Not Doing Things Twice	PCMH BEST QUALITIES	HIGH	Seniors Focus Group
Doctors Don't Have Or Take Enough Time	PCMH BEST QUALITIES	HIGH	Seniors Focus Group
More Specialists	PCMH BEST QUALITIES	MEDIUM	Seniors Focus Group
Travel for Medical, Dental, or Oncology	TRAVELLING FOR HEALTH CARE	HIGH	Seniors Focus Group
Cost	TRAVELLING FOR HEALTH CARE	MEDIUM	Seniors Focus Group
Fear of Getting Sick from Vaccines	VACCINATIONS	HIGH	Seniors Focus Group
Lack of Education/Inconsistent Information	VACCINATIONS	HIGH	Seniors Focus Group

Working Families Focus Group

Community Health Issue	Question or Category	Importance	Source
Nutrition/Hydration	ACTIVITIES TO IMPROVE YOUR OR CHILDREN'S HEALTH	HIGH	Working Families Focus Group
Annual Check-Ups	ACTIVITIES TO IMPROVE YOUR OR CHILDREN'S HEALTH	MEDIUM	Working Families Focus Group
Vaccinations	ACTIVITIES TO IMPROVE YOUR OR CHILDREN'S HEALTH	MEDIUM	Working Families Focus Group
Vitamins/Probiotics	ACTIVITIES TO IMPROVE YOUR OR CHILDREN'S HEALTH	MEDIUM	Working Families Focus Group
Getting Healthy Foods	BIGGEST HEALTH OBSTACLE	HIGH	Working Families Focus Group
Insurance Company	BIGGEST HEALTH OBSTACLE	HIGH	Working Families Focus Group
Money	BIGGEST HEALTH OBSTACLE	HIGH	Working Families Focus Group
Provider is Abrasive/Rude	COMMUNICATION WITH YOUR HCP	HIGH	Working Families Focus Group
Pleased with HCPs	COMMUNICATION WITH YOUR HCP	MEDIUM	Working Families Focus Group
Salvation Army	COMMUNITY ASSETS	MEDIUM	Working Families Focus Group
Food Banks	COMMUNITY ASSETS	MEDIUM	Working Families Focus Group
Always Suffering/No Money	FAMILY'S ECONOMIC HEALTH	HIGH	Working Families Focus Group
High Unemployment Rate/Poor Economy	FAMILY'S ECONOMIC HEALTH	HIGH	Working Families Focus Group
Insurance Is Awful: Mistakes and Don't Cover Things	FAMILY'S ECONOMIC HEALTH	MEDIUM	Working Families Focus Group
Sports/Physical Activity	HEALTH ACTIVITY YOU DO WITH CHILDREN	HIGH	Working Families Focus Group
Dental	HEALTH NEEDS	HIGH	Working Families Focus Group
Vision	HEALTH NEEDS	HIGH	Working Families Focus Group
Getting Bumped Off Assistance By Income Guidelines (Making Toc	HEALTH NEEDS	HIGH	Working Families Focus Group
Help With Stress, Anxiety, Depression	HEALTH NEEDS	MEDIUM	Working Families Focus Group
Prescriptions	HEALTH NEEDS	MEDIUM	Working Families Focus Group
More Community Gardens	HOW TO IMPROVE HEALTH CARE CONCERNS	HIGH	Working Families Focus Group
Education	HOW TO IMPROVE HEALTH CARE CONCERNS	MEDIUM	Working Families Focus Group
Food Banks/Food Resources	HOW TO IMPROVE HEALTH CARE CONCERNS	MEDIUM	Working Families Focus Group
Better Medical History Tracking	HOW TO IMPROVE HEALTH CARE CONCERNS	MEDIUM	Working Families Focus Group
Decrease ER Waith Time	HOW TO IMPROVE HEALTH CARE CONCERNS	MEDIUM	Working Families Focus Group
ER	MOST COMMON LOCATION YOU RECEIVE HEALTH CARE	MEDIUM	Working Families Focus Group
Doctor's Office	MOST COMMON LOCATION YOU RECEIVE HEALTH CARE	MEDIUM	Working Families Focus Group
Not Enough Activities for Teens	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	HIGH	Working Families Focus Group
Not Enough Walking Paths/Not Accessible	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	MEDIUM	Working Families Focus Group
Food Banks/Hunger	MOST PRESSING COMMUNITY HEALTH CARE CONCERN	MEDIUM	Working Families Focus Group

Selected Demographic Indicators

Metric	United States	Oregon	Union County	La Grande	Union	Elgin	Year	Source	Data Provided By
POPULATION AGE									
Total Population % Change from 2000 to 2011				2.90%	3.80%	3.10%	2011	Nielsen 2011	Oregon Office of Rural Health
Total Population % Change from 2011 to 2016				1.40%	1%	1.20%	2011	Nielsen 2011	Oregon Office of Rural Health
Population Age 0-14 % Change from 2000 to 2011				1.30%	-8.40%	-5.60%	2011	Nielsen 2011	Oregon Office of Rural Health
Population Age 15-64 % Change from 2000 to 2011				-5.70%	-2.30%	-3.40%	2011	Nielsen 2011	Oregon Office of Rural Health
Population Age 45-64 % Change from 2000 to 2011				11.90%	10.70%	7.70%	2011	Nielsen 2011	Oregon Office of Rural Health
Population Age 65+ % Change from 2000 to 2011				2.90%	21.30%	20.70%	2011	Nielsen 2011	Oregon Office of Rural Health
POPULATION RACE AND SEX									
Hispanic (all, including other and 2 or more, races)		11.50%		3.70%	3.40%	1.90%	2011	Nielsen 2011	Oregon Office of Rural Health
Native American only (non-Hispanic)		3.90%		2.70%	1%	1.70%	2011	Nielsen 2011	Oregon Office of Rural Health
African-American only (non-Hispanic)		1.80%		0.80%	0.50%	0.10%	2011	Nielsen 2011	Oregon Office of Rural Health
Asian/Pacific Islander only (non-Hispanic)		1.10%		1%	1.30%	0.60%	2011	Nielsen 2011	Oregon Office of Rural Health
Other, including 2 or more races (non-Hispanic)		2.90%		2.80%	2%	2.10%	2011	Nielsen 2011	Oregon Office of Rural Health
% Females		51%	51%				2009		County Health Rankings
% Rural		21%	42%				2009		County Health Rankings
INCOME AND POVERTY									
Unemployment Rate			8.50%				Jun-12		Oregon Month Unemployment Rate
2010 Median Household Income	$50,046	$46,536	$41,192						Oregon Office of Rural Health
2000 Population Below Poverty Level		11.60%	13.80%	13.70%	13.70%	15.10%	2000	2000 Census	Oregon Office of Rural Health
2000 Population Below 200% Poverty Level		29.60%	35.00%	34.20%	37.10%	37.30%	2000	2000 Census	Oregon Office of Rural Health
Total OHP Eligibles		16.40%	17.40%	17.50%	15.80%	19.70%	2011	DMAP, 2011	Oregon Office of Rural Health
Receiving Temporary Assistance for Needy Families		1.60%	1.70%				2011		Oregon Office of Rural Health
Children Eligible for Free/Reduced Lunch		48.60%	47.70%				2010	09-10 School Year	Oregon Office of Rural Health
Children in poverty	13%*	22%	22%				2010	Small Area Income and Poverty Estimates	County Health Rankings
Receiving Food Stamps		19.70%	20.40%				2011		Oregon Office of Rural Health
Households Receiving Public Assistance		3.60%	4.20%	4.00%	3.70%	6.60%	2000	2000 Census	Oregon Office of Rural Health
HOUSING									
Renter-Occupied Units		35.70%	33.40%	37.80%	20.60%	25.70%	2000	2000 Census	Oregon Office of Rural Health
Subsidized Housing: 97827 Only			1 Unit						
EDUCATION AND LITERACY									
% not proficient in English		6%	2%				2009		County Health Rankings
Illiteracy		10.20%	9.50%				2003	National Center for Education Statistics	County Health Rankings
Some college	68%*	64%	54%				2010	American Community Survey	County Health Rankings
Population 25 and Over without a High School Diploma		14.90%	14.40%	13.10%	17.60%	16.80%	2000	2000 Census	Oregon Office of Rural Health
OTHER INFORMATION									
Population with a Disability		17.40%	17.60%	15.60%	23.10%	22.20%	2000	2000 Census	Oregon Office of Rural Health
Air pollution-particulate matter days	0*	12	4				2007	U.S. Environmental Protection Agency	County Health Rankings

Selected Health Indicators

Metric	United States	Oregon	Union County	La Grande	Union	Elgin	Year	Source	Data Provided By
HEALTH CARE PROVIDERS, COSTS, AND INSURANCE									
Primary care physicians	631 to 1*	739 to 1	809 to 1				2009	Health Resources & Services Administration	County Health Rankings
Mental health providers		2211 to 1	3582 to 1				2007	Health Resources & Services Administration	County Health Rankings
Dentists		2360 to 1	2807 to 1				2007	Health Resources & Services Administration	County Health Rankings
Uninsured	11%*	19%	20%				2009	Small Area Health Insurance Estimates	County Health Rankings
% that could not see doctor due to cost		15%	16%				2010	Behavioral Risk Factor Surveillance System	County Health Rankings
Health care costs		$6,978	$7,712				2007	Health Resources & Services Administration	County Health Rankings
Health Insurance Covered by Employer	49%	49%					2010	Kaiser Foundation	Kaiser Foundation
Health Insurance Covered by Individual	5%	6%					2010	Kaiser Foundation	Kaiser Foundation
Health Insurance Covered by Medicaid	16%	13%					2010	Kaiser Foundation	Kaiser Foundation
Health Insurance Covered by Medicare	12%	14%					2010	Kaiser Foundation	Kaiser Foundation
Health Insurance Covered by Uninsured	16%	17%					2010	Kaiser Foundation	Kaiser Foundation
BIRTHS AND PREGNANCY									
Birth Rate per 1000 population		12.3	12.3				2009	Union County Vital Statistics	Union County Vital Statistics
Teen (15-19) Birth Rate	87.90			92.40	34.00	118.10	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Infant Mortality Rate per 1000 Births	5.40			5.60	8.50	23.60	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Low Birth Weight Rate per 1000 Births	61.50			64.30	72.30	70.90	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Inadequate Prenatal Care Rate per 1000 Births	62.40			66.70	51.10	70.90	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Early Prenatal Care			82%				2005	KidsCount Child Health Data	KidsCount Child Health Data
Early Prenatal Care			76%				2006	KidsCount Child Health Data	KidsCount Child Health Data
Early Prenatal Care			76%				2007	KidsCount Child Health Data	KidsCount Child Health Data
Early Prenatal Care			60%				2010	KidsCount Child Health Data	KidsCount Child Health Data
SCREENING AND IMMUNIZATIONS									
Mammography screening	74%*	68%	68%				2009	Medicare/Dartmouth Insitiute	County Health Rankings
Had PAP Test Within Past 3 Yrs (F 18+ only) (2006-2009)		86%	90%				2009	BRFSS, 2006-2009	Oregon Office of Rural Health
Diabetic screening	89%*	85%	79%				2009	Medicare/Dartmouth Insitiute	County Health Rankings
Diabetes Care: Annual Eye Exam	66%	66%	Not Avail				2007	cdc.gov 2007	cdc.gov 2007
Immunizations: Adult Influenza	55%	51%	66%				2009	cdc.gov 2009	cdc.gov 2009
Immunizations: Adult Pneumonia	69%	70%	48%				2009	cdc.gov 2009	cdc.gov 2009

Metric	United States	Oregon	Union County	La Grande	Union	Elgin	Year	Source	Data Provided By
NUTRITION, EXERCISE, AND OBSEITY									
% of Adults Overweight (2006-2009)		36%	43%				2009	BRFSS, 2006-2009	Oregon Office of Rural Health
% Change from 2004-2007 to 2006-2009			2%						
% of Adults Obese (2006-2009)		25%	23%				2009	BRFSS, 2006-2009	Oregon Office of Rural Health
% Change from 2004-2007 to 2006-2009			5%						
Physical Inactivity	21%*	18%	19%				2009	National Center for Chronic Disease Prevention and	County Health Rankings
Access to recreational facilities	16*	12	8				2009	Census County Business Patterns	County Health Rankings
% of Adults who Meet Recommended Activity Level (2006-2009)		56%	50%				2009	BRFSS, 2006-2009	Oregon Office of Rural Health
% Change from 2004-2007 to 2006-2009			-18%				2009		
Access to healthy foods		61%	43%					See CHR Data Sources Sheet	County Health Rankings
Fast food restaurants	25%*	43%	45%				2009	Census County Business Patterns	County Health Rankings
% of Adults who Eat 5 Fruits and Vegetables Daily (2006-2009)		27%	28%				2009	BRFSS, 2006-2009	Oregon Office of Rural Health
% Change from 2004-2007 to 2006-2009			12%						
DRUG AND ALCOHOL USE									
% of Adults who Currently Smoke Cigarettes (2006-2009)		17%	14%				2009	BRFSS, 2006-2009	Oregon Office of Rural Health
% Change from 2004-2007 to 2006-2009			-13%				2009		
Binge Drinking, Males	17%	19%	Unavailable				2009	Oregon Health Authority, CDC	oregon.gov
Substance Use: Illicit Drug Use Past 30 days 12 Months	9%	4%	3%				2008	Union County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2010, Oregon Health Authority National Survey on Drug Use and Health 2006-2008	Union County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2010, Oregon Health Authority National Survey on Drug Use and Health 2006-2008

Metric	United States	Oregon	Union County	La Grande	Union	Elgin	Year	Source	Data Provided By
MORTALITY AND CANCER									
Total Mortality (Death Rate per 100,000)	794	815	983	1006.90	925.5	915.5	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Heart Disease Mortality (Death Rate per 100,000)	195	169	202	203.4	212.3	173.6	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Cerebrovascular Disease Mortality (Death Rate per 100,000)	42	51	61	57.5	89.2	31.6	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Chronic Lower Resp Disease Mortality (Death Rate per 100,000)	45	49	73	72.9	67.9	78.9	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Unintended Injuries Mortality (Death Rate per 100,000)	38	41	47	45.3	42.5	63.1	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Suicide Mortality (Death Rate per 100,000)	12	15	22	19.9	29.7	23.7	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Mental Health: Suicide Rate per 100,000 - all ages	15.1	15	23				2010	Union County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2010, Oregon Health Authority	Union County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2010, Oregon Health Authority
Alzheimer's Mortality (Death Rate per 100,000)	26	32	26	30.9	12.7	15.8	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Diabetes Mortality (Death Rate per 100,000)	22	28	23	23.2	12.7	39.5	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Flu and Pneumonia Mortality (Death Rate per 100,000)	17	14	25	24.3	25.5	23.7	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Alcohol Induced Mortality (Death Rate per 100,000)		14	11	9.9	8.5	23.7	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Cancer Mortality (Death Rate per 100,000)	185	191	227	225.5	220.8	244.7	2009	Health Division, 2005-2009	Oregon Office of Rural Health
Cancer: Breast Cancer Mortality per 100,000	24.5	24.7	23.2				2002	Public.health.oregon.gov 2002 www.cancer.org	Public.health.oregon.gov 2002 www.cancer.org
Cancer: Colorectal -- Blood Stool Test within the past two year- ag	21%	15%	17%				2008	BRFSS Trends Data 2008 BRFFS 2004-2007	BRFSS Trends Data 2008 BRFFS 2004-2007
Cancer: Colorectal -- Colonoscopy past 5 Years		55%	47%				2008	CDC.gov 2008 BRFFS 2004-2007	CDC.gov 2008 BRFFS 2004-2007
Cancer: Colorectal Cancer Mortality per 100,000	17.6	16.8	19.8				2008	Seer.cancer.gov 2008 State Cancer Profiles 200	Seer.cancer.gov 2008 State Cancer Profiles 2003-2007
Cancer: Lung, Trachea, Bronchus Cancer Mortality per 100,000	52.5	53.5	41.4				2007	Seer.cancer.gov 2003-2007	Seer.cancer.gov 2003-2007
Cancer: Prostate Cancer Mortality per 100,000	24.7	26	33.7				2007	Seer.cancer.gov 2003-2007	Seer.cancer.gov 2003-2007
MISCELLANEOUS									
Preventable Hospitalizations per 1000 Pop (2008-2010, COMPdata)		9	13	12.8	11.6	16.0	2010		Oregon Office of Rural Health
Poor or fair health	10%*	14%	14%				2010	Behavioral Risk Factor Surveillance System	County Health Rankings
Violent crime rate per 100,000	404	252					2010	Federal Bureau of Investigation	www.fbi.gov

*Represents top 20% nationally.

Community Need Index

Community Need Index: Union County						
Zip Code	CNI Score	Population	City	County	State	Is City an MUA?
97824	3	1500	Cove	Union	Oregon	MUA
97827	3.6	2534	Elgin	Union	Oregon	MUA
97841	2.6	307	Imbler	Union	Oregon	MUA
97850	3.8	16821	La Grande, Island City	Union	Oregon	
97867	3.8	755	North Powder	Union	Oregon	MUA
97876	2.4	968	Summerville	Union	Oregon	
97883	3.8	2456	Union	Union	Oregon	MUA
97814	3.6	12305	Baker City	Baker	Oregon	
97828	3	3043	Enterprise	Wallowa	Oregon	
97833	2.6	871	Haines	Baker	Oregon	
CNI Scoring Chart						
Lowest Need	2nd Lowest	Mid	2nd Highest	Highest		
1 - 1.7	1.8 - 2.5	2.6 - 3.3	3.4 - 3.6	3.8 - 5		

Community Health Resource Review: Inventory of Existing Community Resources and Standard Interventions in Key Health Need Areas

In addition to providers as discussed above in the "Access to Care" section and listed in the Community Health Resources Appendix, Union County has many health resources available for vulnerable populations and the community as a whole. These resources were considered by the CBSC when prioritizing health needs. Specifically, these programs and resources are described below, separated by health need area.

Programming was identified by reviewing interview responses, focus group suggestions, the 2010 Northeast Oregon Community Health Needs Assessment, community resource lists from the Department of Human Services and the Oregon Office of Rural Health, GRH's Community Benefit Resource Inventory document, and gathering Committee Benefit Subcommittee input.

Preventive Care: Existing Initiatives and Organizations

- Center for Human Development Provides Immunizations
- 14 organizations in the community offer immunizations in Union County
- Grande Ronde Hospital is working to create comprehensive medical homes for its patients, resulting in better coordination of care
- Grande Ronde Hospital has a walk-in clinic housed in the regional medical clinic for those who do not have a primary care provider
- Grande Ronde Hospital provides prenatal classes for the community
- Grande Ronde Hospital offers blood pressure testing, education, and speakers during heart month
- The Senior Center provides resources for the elderly and works to get seniors active
- The Next Steps Pregnancy Information Center in La Grande offers pregnancy testing, counseling, education, and classes
- CHD offers the Babies First Program which offers home visiting for families who are pregnant, have young children, have children with special needs.
- Grande Ronde Hospital offers classes on healthy living that addresses key topics, e.g. managing chronic conditions such as diabetes, as well as creating a healthy lifestyle, at four different times during the year.
- The Center for Human Development, in conjunction with Community Connections, offers the "Living Well" six week long class series on living well with chronic conditions
- AARP Driver Safety Program
- Bloodborne pathogen training
- Transfer training and fall prevention
- Health care student training and shadowing
- Healthy Options community calendar
- Health Scene community newsletter
- Childbirth education classes
- New parent classes
- American Heart Association health care provider CPR certification and recertification classes (prevention)

Economic Access to Care: Existing Initiatives and Organizations

- Grande Ronde Hospital offers free or reduced cost health services to vulnerable populations and the un- or under-insured
- Oregon Health Authority offers the Oregon Health Plan to provide coverage to low-income residents
- Medicaid and/or Medicare coverage is available to low-income and senior/disabled populations
- Children's Health Insurance Program (CHIPS) provides health insurance coverage to low-income children who are not eligible for Medicaid
- The KidsConnect Program provides insurance for children whose families earn too much to qualify for Oregon Health Plan, but who cannot afford health insurance
- ESI and FHIAP are other state programs that provide assistance to individuals in paying for health insurance/health insurance premiums
- The Northeast Oregon Network Multi-Share Health Coverage program helps provide affordable health insurance coverage options to small businesses and not-for-profit entities in Union County
- The Northeast Oregon Network Covering Kids and Families program helps enroll eligible individuals in Medicaid and other health coverage programs
- The GRH Regional Medical Clinic operates on a sliding fee basis to offer free or reduced-cost medical care
- GRH operates a free pediatric clinic
- The Probation Department and other government agencies can offer assistance with medical/dental expenses
- Grande Ronde Recovery and CHC offer sliding scale fees for drug and alcohol rehabilitation programs
- Union Family Health Center offers prescription assistance and hardship write-offs to certain low-income patients, including medical and dental services
- At least 8 other primary care providers in Union County offer reduced payment or payment plan options to patients who have difficulty paying for medical services
- Community Connections offers some assistance with prescription drug costs
- Assistance with eligibility for programming is available through several organizations
- ODS Hygienist School offers reduced-cost dental care

Physical Access to Care: Existing Initiatives and Organizations

- Community Connection offers some transportation assistance for medical appointments
- Union Baptist Church offers transportation to medical appointments on a small scale
- Dial-a-Ride and public transportation
- Telemedicine through In-Touch Health at Grande Ronde Hospital helps bridge the gap in availability of specialty providers within the community
- CHD offers extensive behavioral health services/programs to un- and under-insured residents

Drug and Alcohol Abuse: Existing Initiatives and Organizations

- 8 organizations within Union County offer addiction (alcohol and drug) support, counseling, and/or rehabilitation services
- CHD offers extensive substance abuse counseling and treatment programs for all ages, prioritizing un- and underinsured residents; In addition, they offer services intended to change community norms around substance use that affect change at the population-based level
- La Grande Middle School operates the "Drug Free Youth" program, which is a prevention, intervention, and peer support group for youth who have decided to live an alcohol and drug-free lifestyle
- The Union County Safe Communities Coalition works to prevent and reduce youth substance abuse in Union County
- Grande Ronde Recovery is a substance abuse/addiction clinic within the community that offers a sliding fee scale for low-income patients
- Third Street Station offers substance-free living arrangements
- The Faith Center offers a recovery program
- Cove High School Substance-Free Grad Night
- Union High School Substance-Free Grad Night
- Grande Ronde Association for Youth/Drug-Free Relay
- Union Baptist Church holds a youth group and is working to create a community center and gym to increase the number of activities available to teens
- The Basement is a church-based program for youth offering a drug- and alcohol-free location for youth to gather on Friday nights
- Friends of La Grande Ice & Event Center

Obesity and Related Conditions: Existing Initiatives and Organizations

- City of La Grande Parks & Recreation Department/ Mobile Fun Unit
- There are four local gyms in Union County with weight loss programming available, though they can be expensive
- Grande Ronde Hospital hosts the Grande Ronde Rehab Run every April
- Union County Fit Kids works to combat childhood obesity
- There are many co-ed sports leagues available to adults and youth within Union County
- The local farmer's market offers healthy foods for purchase to Union County residents, and it accepts vouchers for people on public aid
- Bountiful Basket offers convenient fruit and vegetable baskets for purchase to Union County residents
- There are several outdoor recreation areas and hiking/biking paths in Union County
- Oregon Rural Action has created community gardens in Union County
- 14 organizations in the community offer food assistance/food bank services in Union County
- The Extension Service has created the 4-H program dealing with healthy snacks
- The Union County Commission on Children & Families encourages physical activity and proper nutrition for children
- Northeast Oregon Housing offers information to clients on exercise and nutrition, including home visits
- All assisted living facilities for seniors in Union County offer exercise classes
- Meals on Wheels
- Union County (UC) Commission on Children & Families/ UC Fit Kids Walk to School
- Diabetes support group

Cancer: Existing Initiatives and Organizations

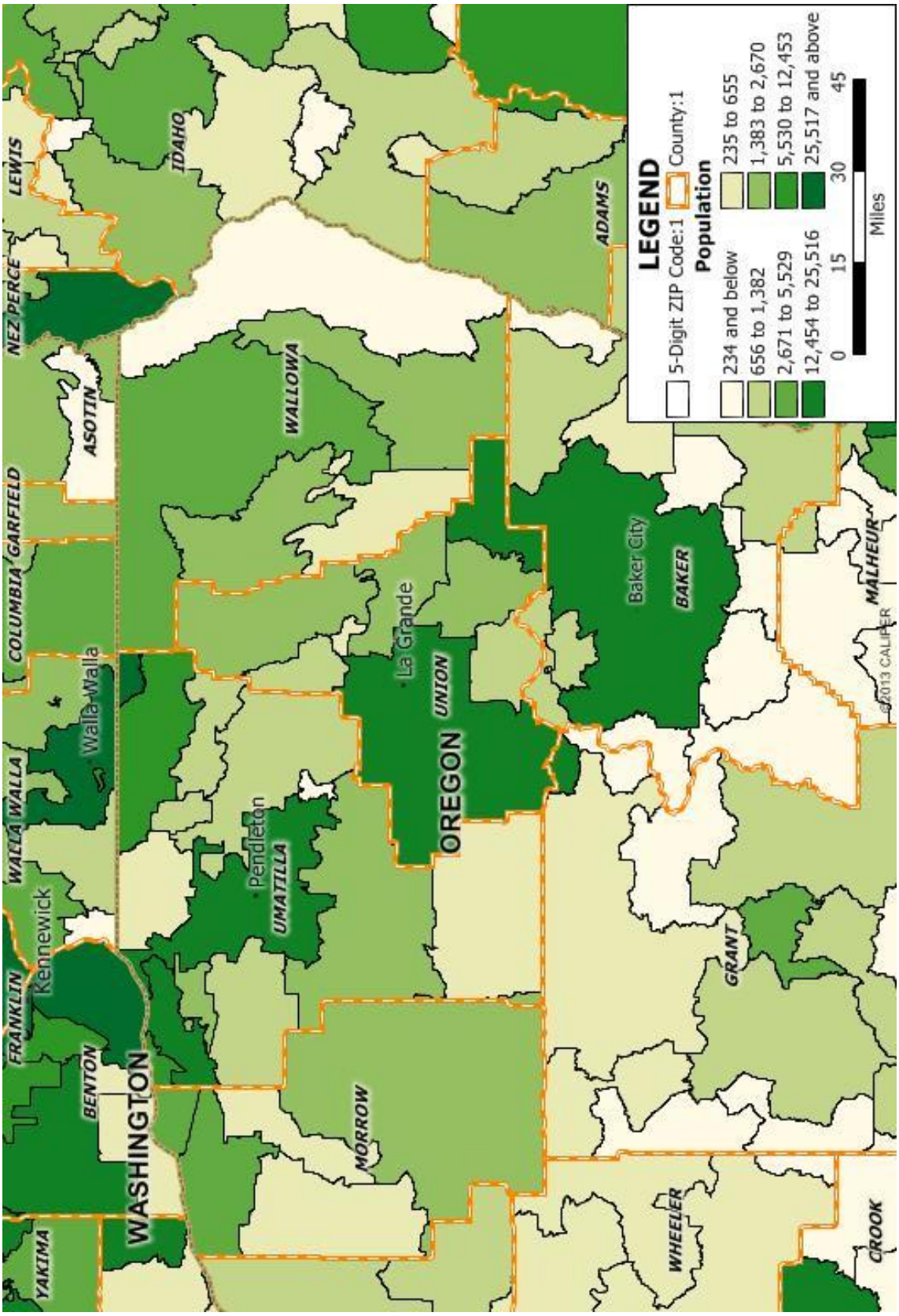
- Colorectal Cancer Screening and Awareness Activities – GRH, DHS and CHD joint effort
- CHD offers cancer screenings related to reproductive health for un- and underinsured residents
- CHD offers a variety of tobacco prevention programs
- The CHD helps with screening costs for those who cannot afford it
- There is a Breast Cancer Walk/Rally in Union County every year

Key Community Health Area Comparison: Previous Assessments

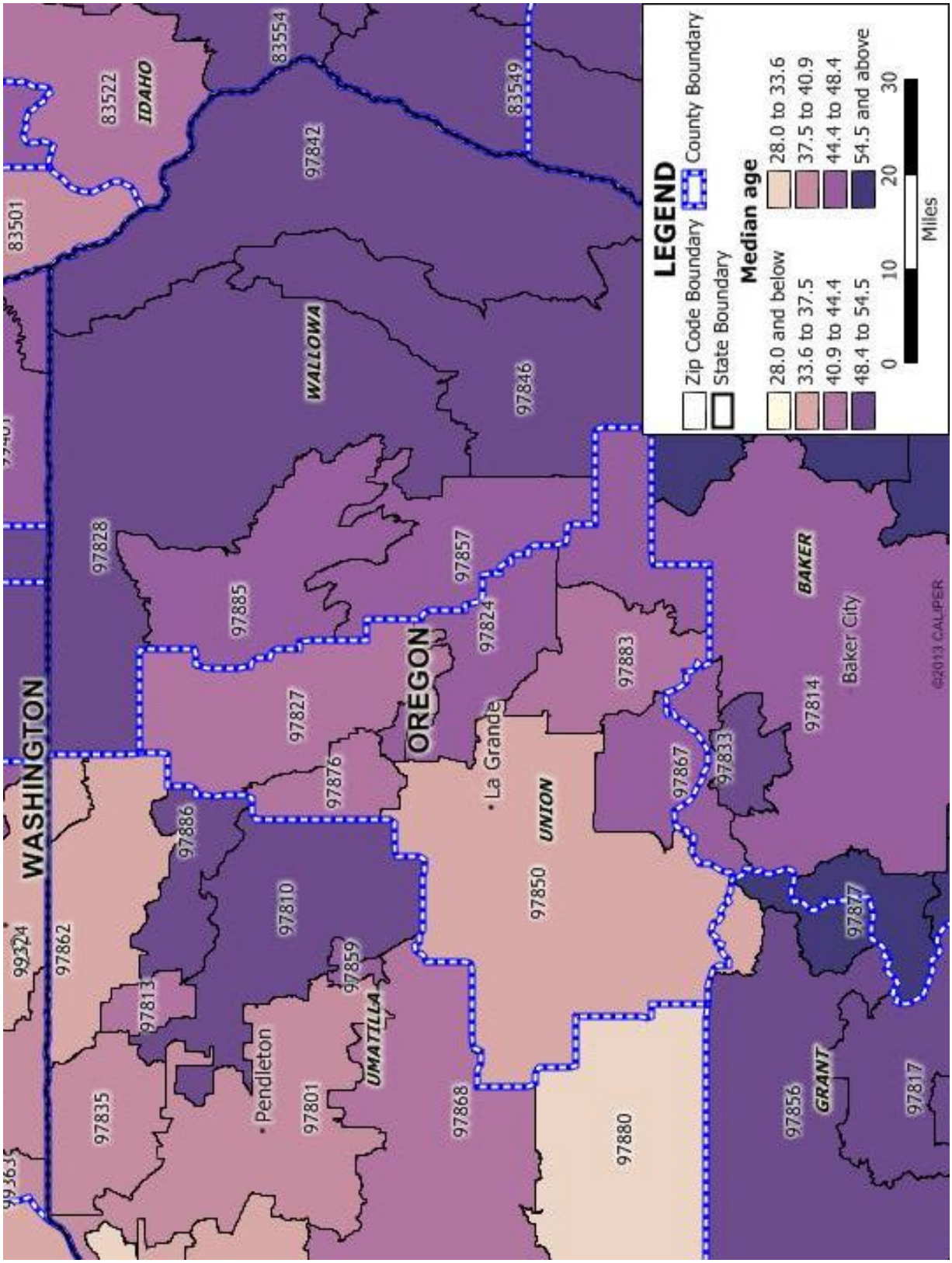
Indicator	Key Community Health Areas from Primary and Secondary Data Analysis	Recent – Center for Human Development Health Assessment	Existing Assessments from the "Existing Data Review" Page
Physical Access to Care	✓	✓	
Economic Access to Care	✓	✓	✓
Obesity and Related Conditions	✓	✓	✓
Cancer	✓		✓
Preventive Care	✓		
Drug and Alcohol Abuse	✓	✓	
Public Education		✓	

✓ Indicates that indicator was identified as very high importance in assessment

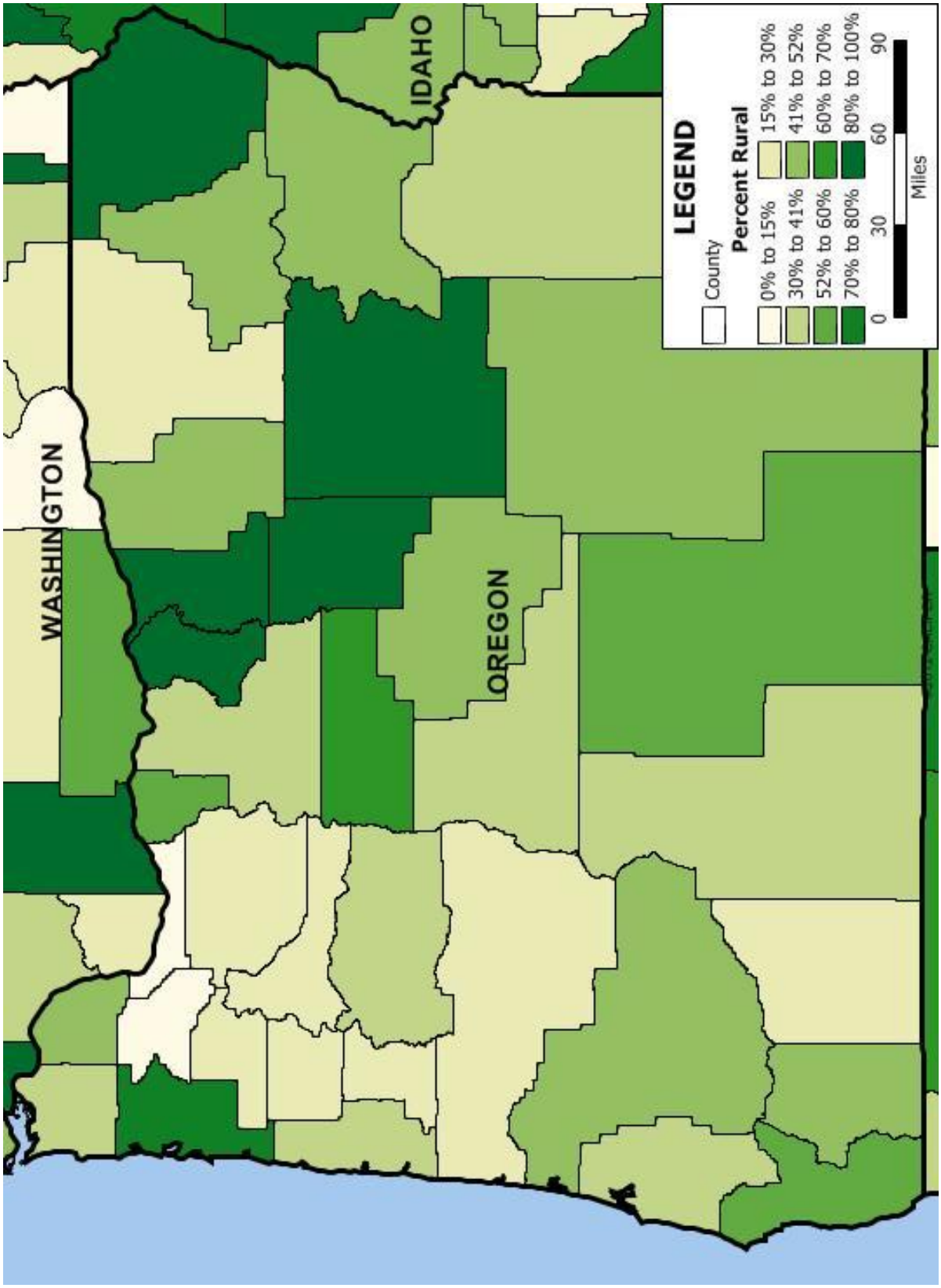
Maps: Population



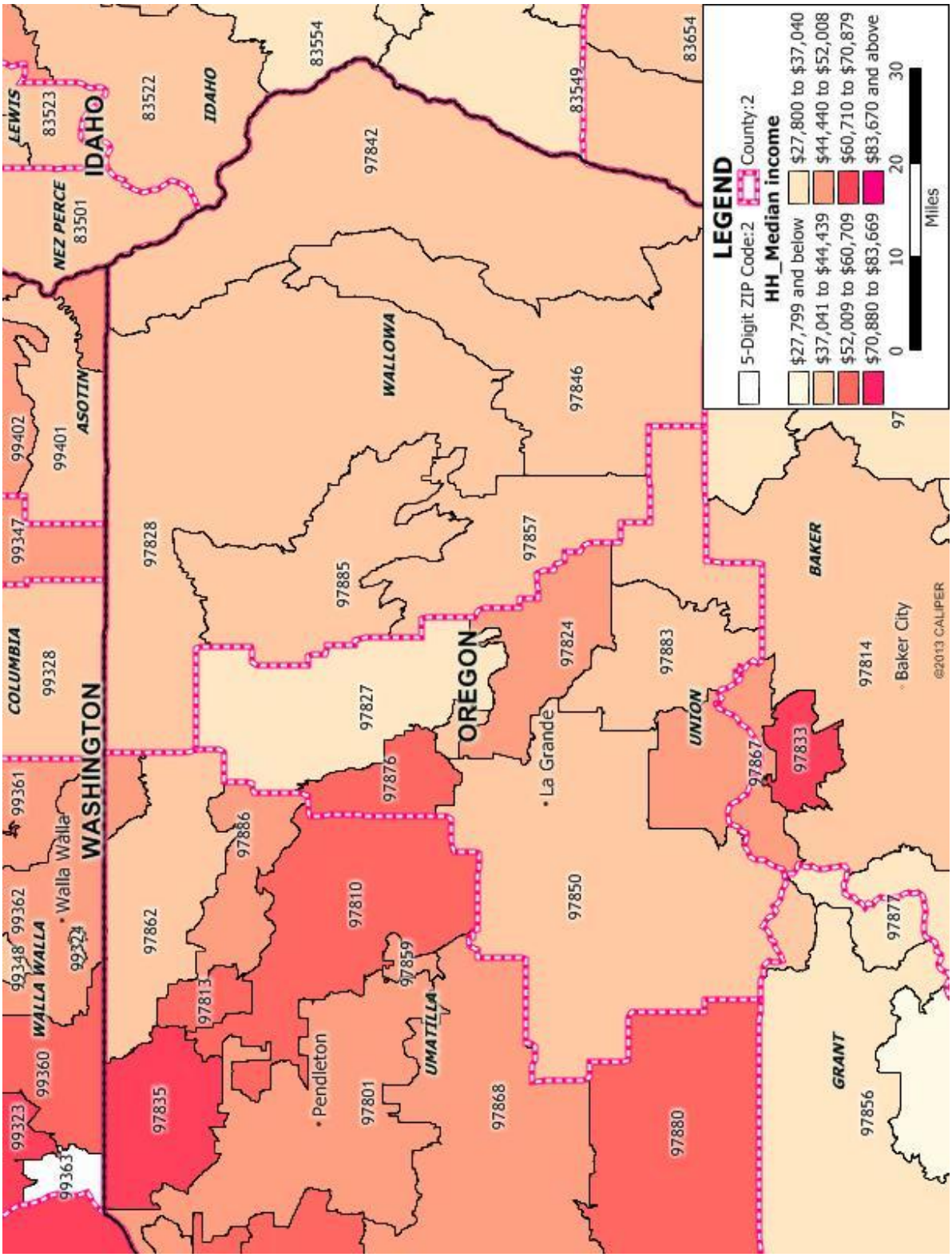
Maps: Median Age



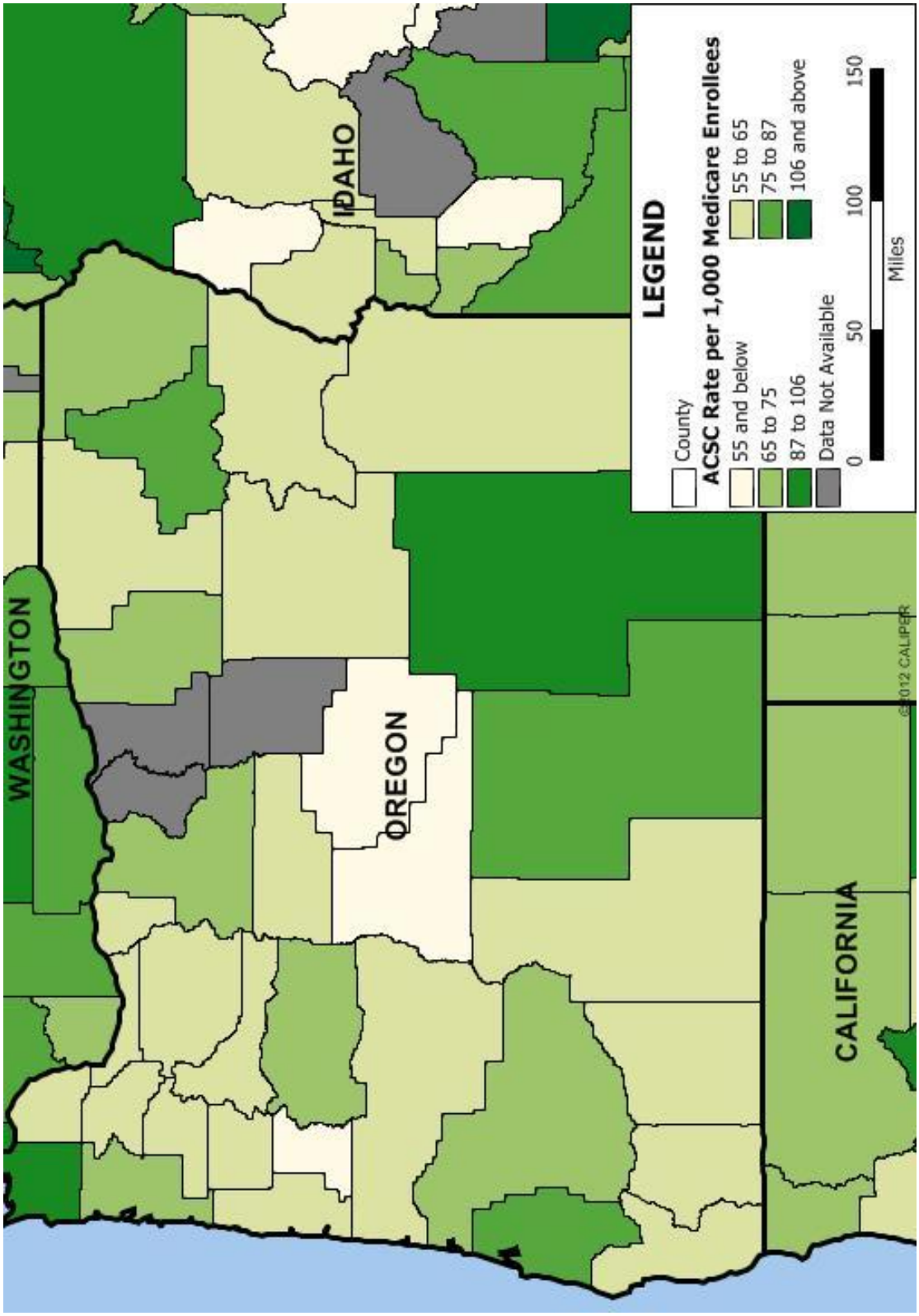
Maps: Percent Rural



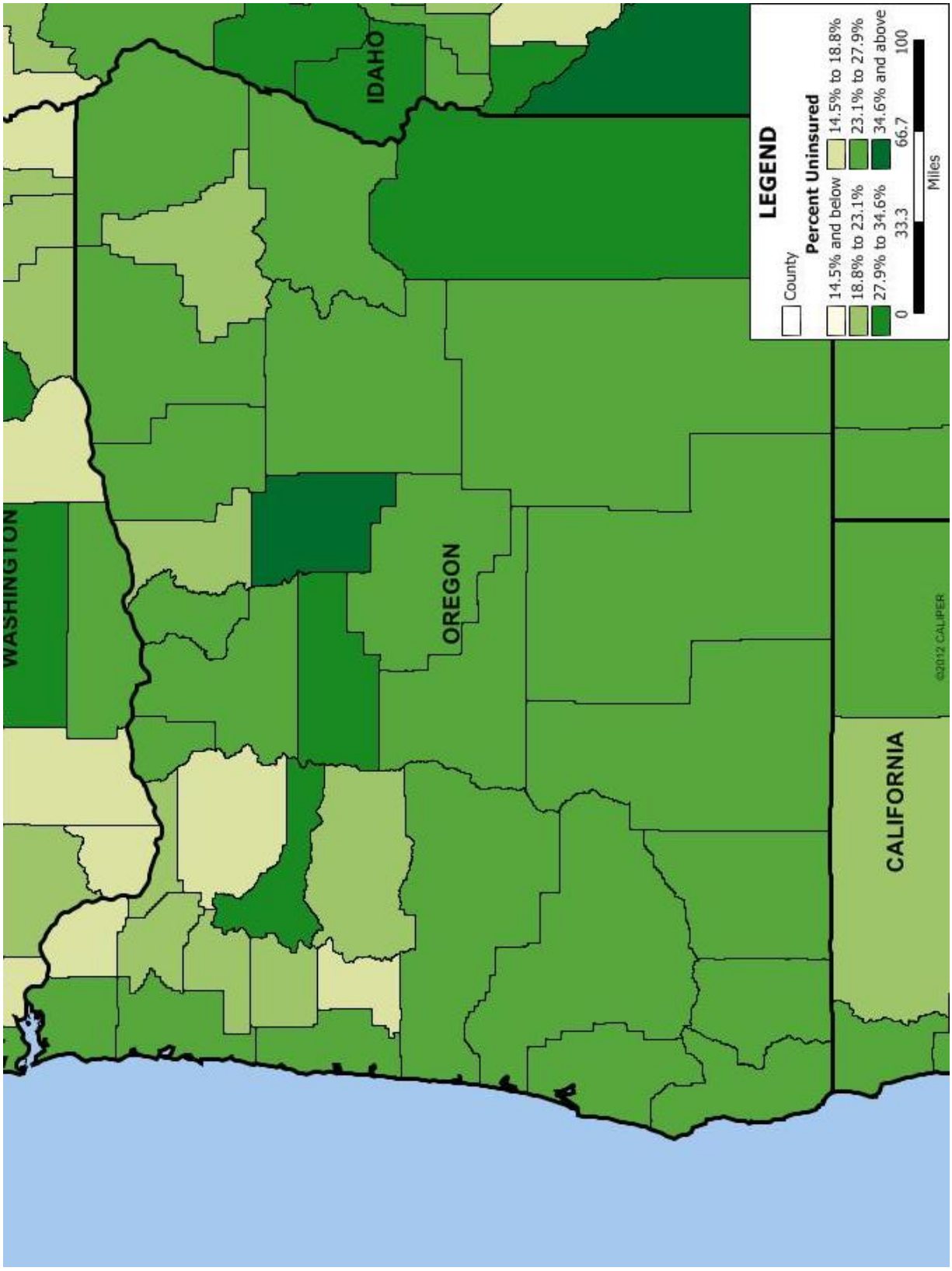
Maps: Household Median Income



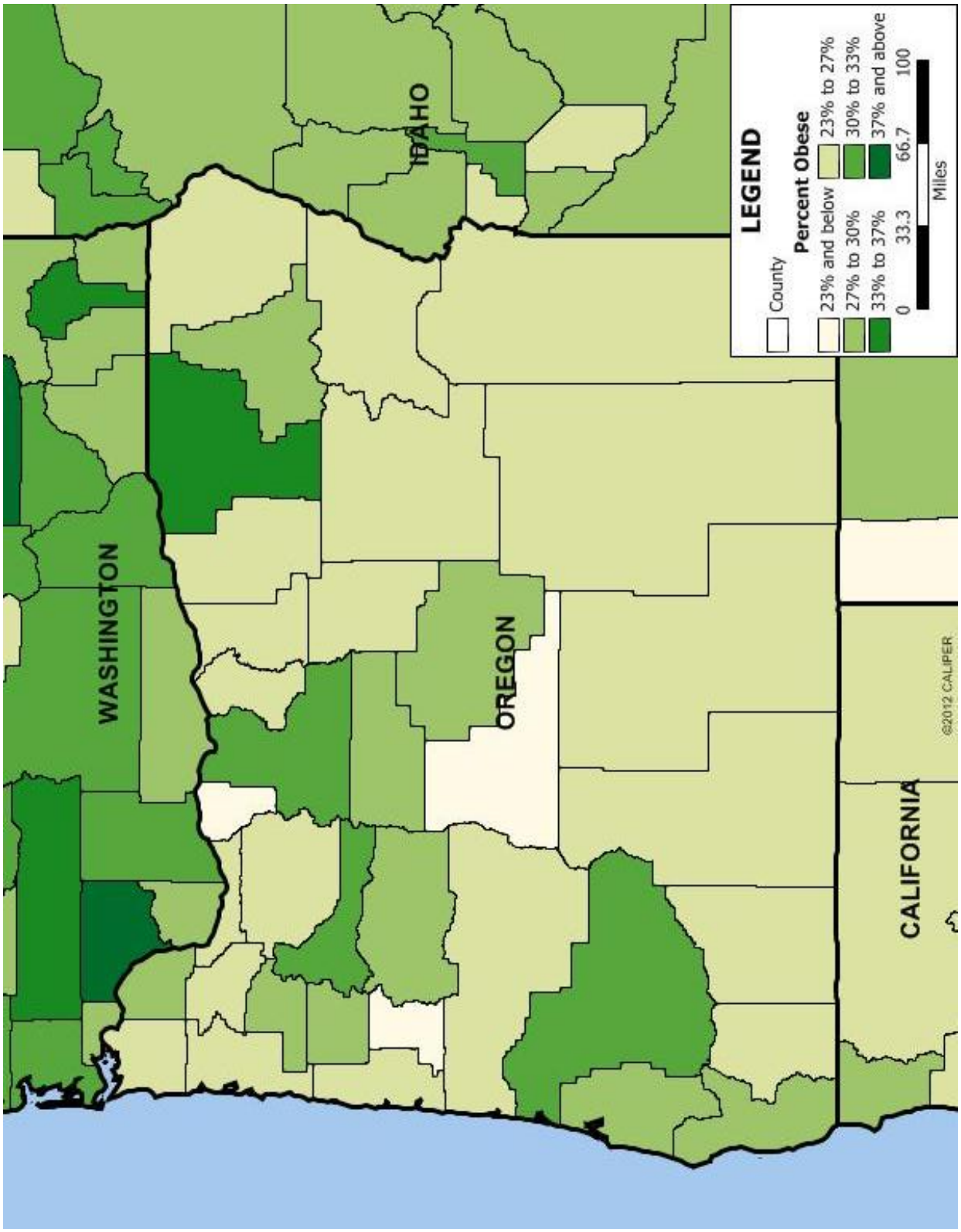
Maps: Ambulatory Care Sensitive Conditions



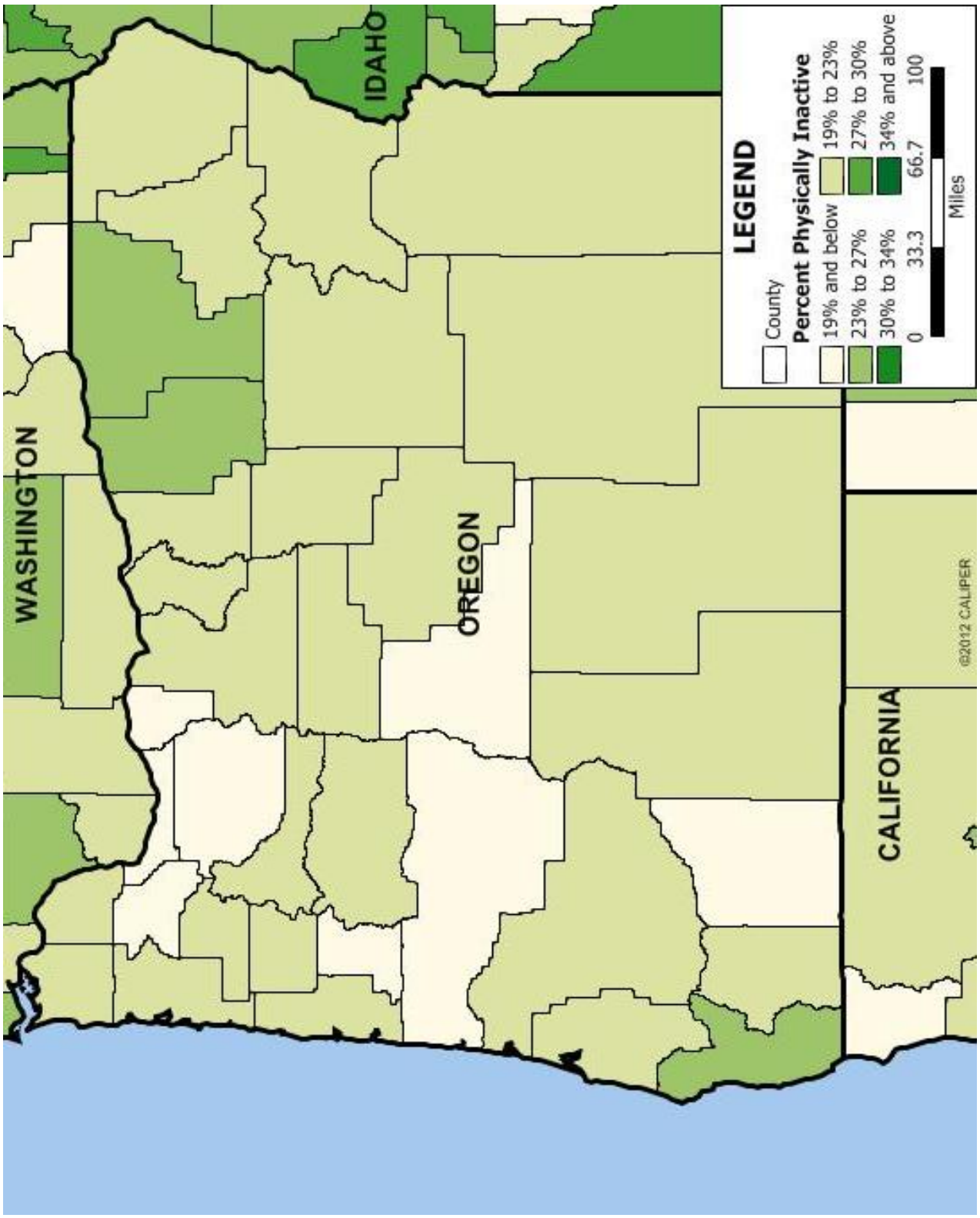
Maps: Percent Uninsured



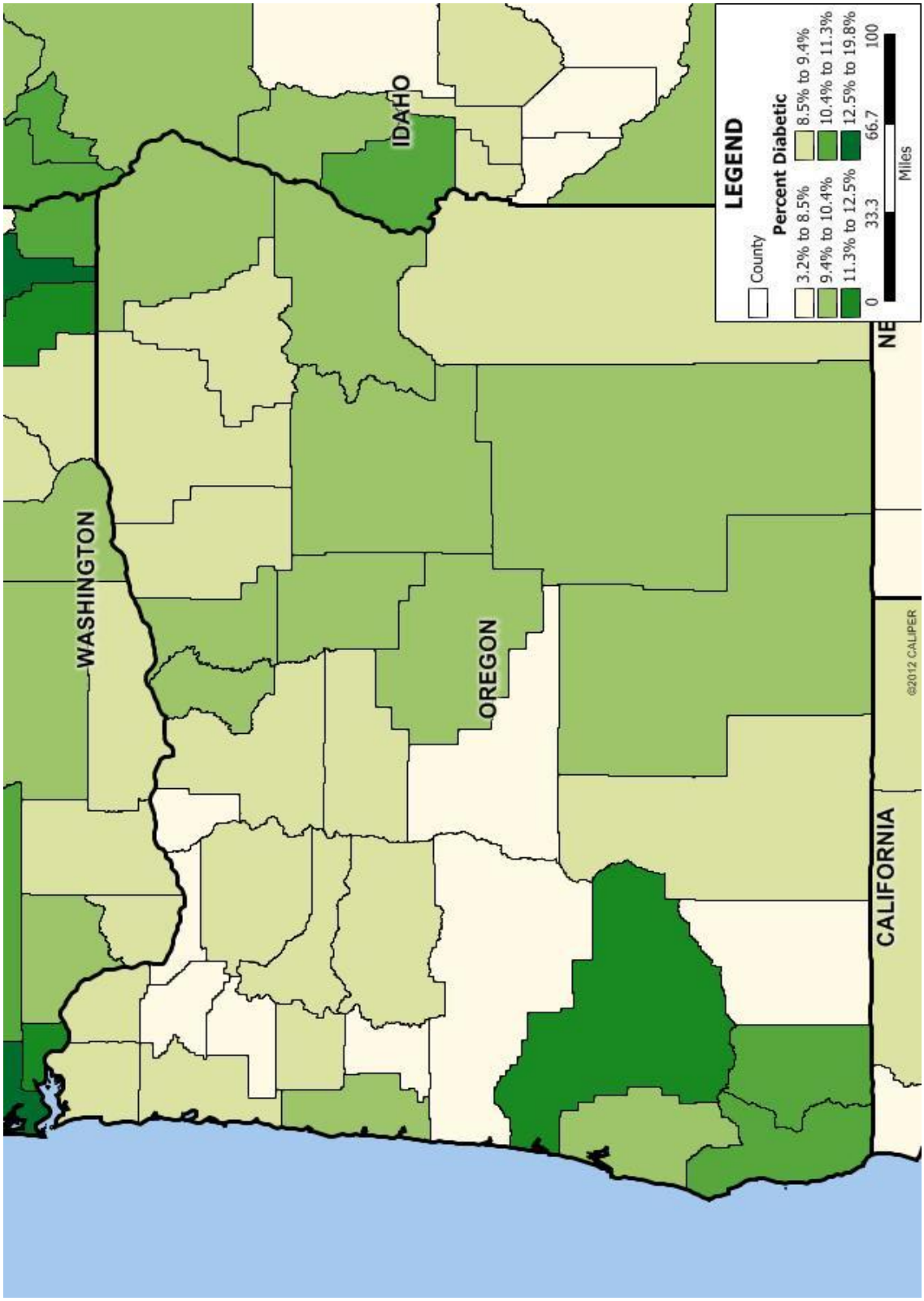
Maps: Percent Obese



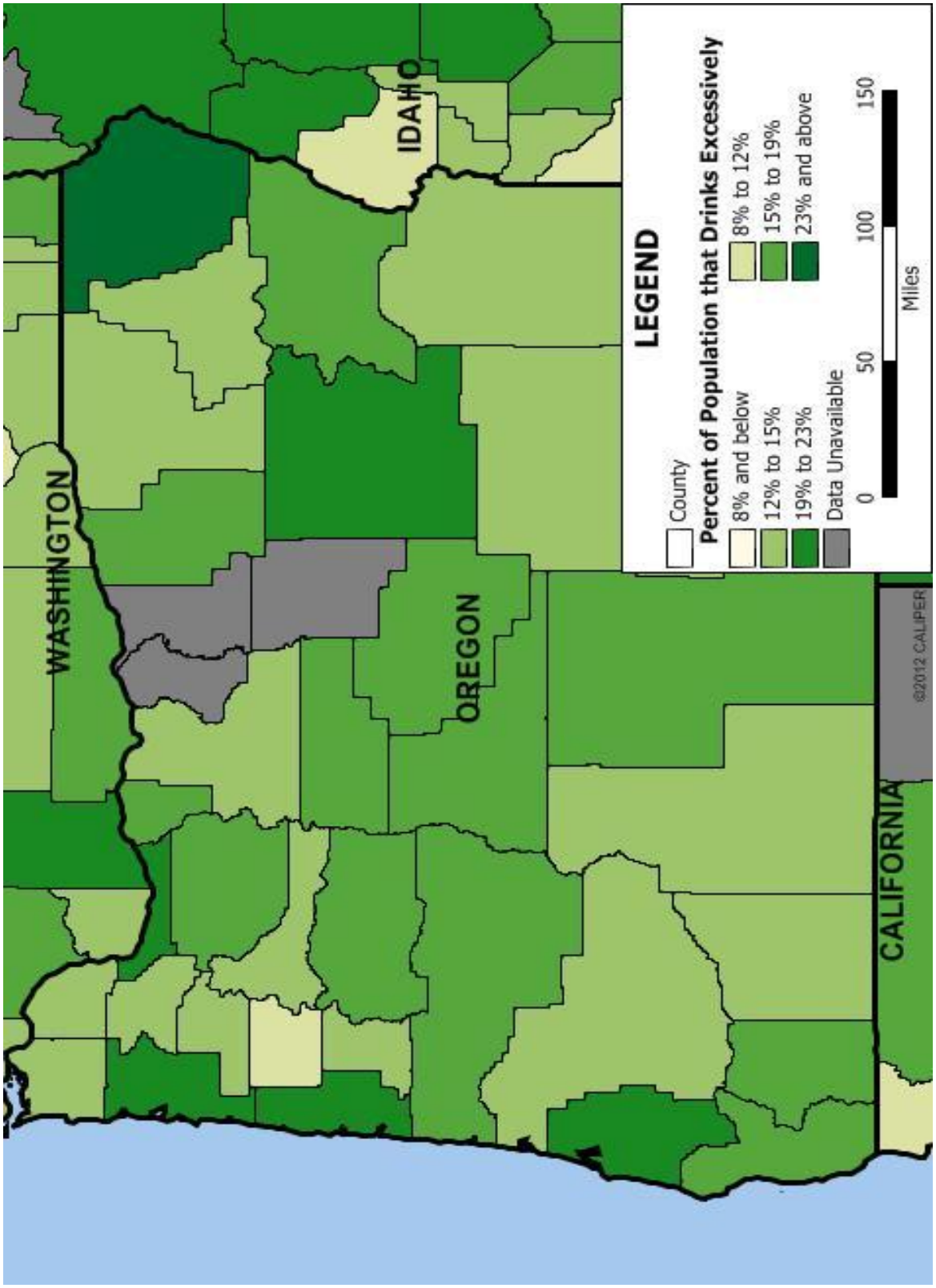
Maps: Percent Physically Inactive



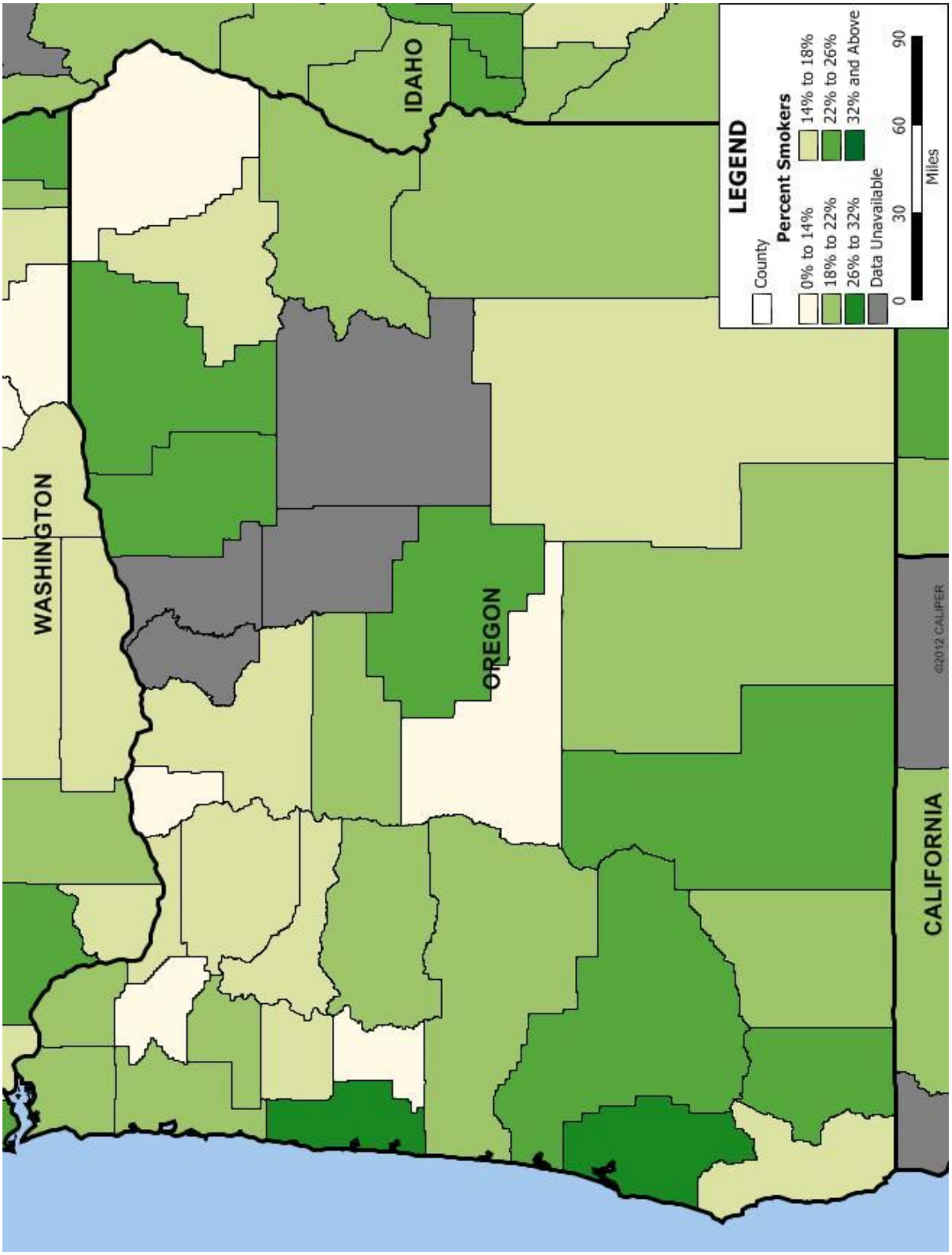
Maps: Percent Diabetic



Maps: Percent Excessive Drinking



Maps: Percent Smokers



Prioritization Materials: Criteria

Magnitude

Using primarily secondary data, assess the reach and the intensity of the health concern.

Components:

- Incidence and prevalence
- Proportion of community members affected by the issue

Perceived Impact

Using primarily primary data (focus group and interview input, assess how important the issue is to people in the community.

Components:

- The extent of the burden imposed by the issue on the community
- The importance of the issue to the community
- The relevance of the issue to a broad range of individuals

Vulnerable Populations and Disparity

Using both primary and secondary data input, assess the extent to which vulnerable populations are affected by this issue.

Components:

- Extent of burden imposed by the issue on populations such as: minorities, low income population, seniors, and children
- Breadth of vulnerable populations affected by this issue

Prioritization Materials: Matrix

On a scale of 1 to 5, 1 being the least severe and 5 being the most severe, please rate the following community needs based upon the criteria noted at the top of each column. Criteria explanation and summary information for each health need are provided in supplemental documents.

Community Need	Magnitude *How large is the issue?*	Perceived Impact *How important is the issue to the community?*	Vulnerable Populations and Disparity *To what extent are vulnerable populations affected by this issue?*
Physical Access to Care			
Economic Access to Care			
Obesity and Related Conditions			
Cancer			
Preventive Care			
Drug and Alcohol Abuse			

Source List

American Community Survey
Behavioral Risk Factor Surveillance System
Centers for Disease Control and Prevention
Centers for Disease Control - Environmental Protection Agency
Children First for Oregon
Collaboration
Community Need Index, Dignity Health
County Health Rankings
Federal Bureau of Investigation
Geolytics
Healthy Community Strategic Plan for Winnebago County Area 2005-2010
Health Indicators Warehouse
Health Resources and Services Administration: HPSA/MUA
Kaiser Family Foundation
Kids Count
National Assessment of Adult Literacy
National Center for Chronic Disease Prevention and Health Promotion
National Center for Education Statistics
National Center for Health Statistics (CDC)
National Center for Hepatitis, HIV, STD and TB Prevention
Northeast Oregon Network
Northeast Oregon Public Transit
Oregon Health Authority Statewide Draft Baseline Data 2011
Oregon Health Authority Eastern Oregon Draft Baseline Data 2011
Oregon Office of Rural Health
Small Area Health Insurance Estimates
State of Oregon, Criminal Justice Fact Sheet
U.S. Census Bureau
U.S. Bureau of Labor Statistics
United States Department of Agriculture
Wide-ranging Online Data for Epidemiologic Research (CDC)
Youth Behavioral Risk Factor Surveillance System