NORTHEAST OREGON NETWORK

Community Health Needs Focus Group:

Working Families

Matt Nightingale and Lisa Ladendorff

2012

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I. Project Purpose and Overview

As a part of its community assessment process, Grande Ronde Hospital has been reviewing existing Union County health assessment efforts, including a comprehensive community assessment completed by NEON in 2010. After reviewing the assessment data, it was evident to Grande Ronde Hospital that there was a need to gather more information in order to meet the requirements of their IRS 990 reporting and to address gaps in information needed by their community benefit committee. Grande Ronde Hospital identified a gap in the existing data in regards to two population groups: seniors and stressed working families. In an effort to better understand these population groups Grand Ronde Hospital initiated a meeting with Northeast Oregon Network (NEON) and expressed their desire to gather more information. The hospital then contracted with NEON to complete two focus groups to fill in the gaps of the 2010 quantitative assessment.

II. Executive Summary

Before a community can improve the health and well being of its residents it first needs to know what the strengths and weaknesses are. The information collected from this focus group will allow Grande Ronde Hospital and other community partners to plan and implement strategies to improve the health of individuals in northeast Oregon.

This report includes qualitative data as well as a data table with quantitative data representing the population group. The qualitative data provides a snapshot of both positive and negative factors affecting the health of stressed working families.

The two key opinions given by the focus group participants include:

- There is a desire to be healthy and have healthy families.
- A lack of finances creates many obstacles to maintaining and/or improving one's own health as well as one's family's health.

The top two suggestions from focus group participants for improvement were to increase access to healthy food sources and to increase provider/caregiver education on mental health related disabilities and their impact on physical health care.

III. Concept Development Background Research

NEON staff conducted a review of background literature and research of vulnerable families and their health status in America. The background research, summarized below, consisted of seminal summary reports of current research by reliable national sources and was used to generate a conceptual

framework that, along with Grande Ronde Hospital input, was used to create the focus group questions. This conceptual research was used to generate the framework, the statistical background research draws upon valid data sources to create a picture of the population from quantitative sources, and the focus group questions and results are used to give a sampling of an in depth qualitative analysis of the issues generated from the conceptual and statistical background research. Grande Ronde Hospital also provided input into the focus group question list, and made the final decision on the questions used during the focus group.

Listed below are the sources used to inform the framework for the focus group questions:

-Low-Income Adults Under Age 65-Many are Poor, Sick and Uninsured. *Policy Brief*. Kaiser Commission on Medicaid and the Uninsured. June, 2009.
-Mather M, Dupuis G. Analyzing State Differences in Child Well-Being. *The Foundation for Child Development*, William O-Hare and the Annie E. Casey Foundation. January, 2012.
-Schwartz, K. Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents and Their Families. *Kaiser Low-Income Coverage and Access Survey*. The Kaiser Commission on Medicaid and the Uninsured. June, 2007.
-Schwartz, K. How Trends in the Health Care System Affect Low-Income Adults: Identifying Access Problems and Financial Burdens. *Kaiser Low-Income Coverage and Access Survey.* The Kaiser Commission on Medicaid and the Uninsured. December, 2007.

It was interesting to note that research on vulnerable families tends to focus mostly on the impact of the family's economic status on the health status of the child, rather than the family as a whole. There are a few research summaries that focus on the health status of adults in the lower income brackets who are uninsured. The most common conceptual references are how family economic status impacts a child's state of well being, rather than a conceptual focus on the well being of the entire family. We suspect that this is likely due to the long tradition of breaking down health status research by specific populations, which are often age based. This lack of focus on the entire family well being in national research should be noted, and its impact on how we all conceptualize our thoughts around true family health considered.

Measures of child well being are typically grouped into seven different domains:

1.) Family Economic Well-Being
2.) Health
3.) Safe/Risky Behavior
4.) Education Attainment
5.) Community Engagement
6.) Social Relationships
7.) Emotional/Spiritual Well-Being

Measures utilized by the Annie E. Casey Foundation on a national state by state comparison of child well being included 25 standard measures from the Behavioral Risk Factor Survey Surveillance (BRFSS) system and other standardized national data collection tools (primarily the Census). In order to give an

idea of the kinds of factors impacting child well being, we have listed the measures below broken down by those measuring child status and those measuring family status.

Child/Teen Well-Being Measure	Family Well-Being Measure
❖ Children without health insurance coverage	❖ Families with children in poverty
❖ Infant mortality rate	❖ Children without secure parental employment
❖ Low birth weight babies	❖ Median income for families with children
❖ Mortality age, ages 1-19	❖ Children in single parent families
❖ Children NOT in very good or excellent health	❖ Children who have moved within the last year
❖ Children with functional limitations	❖ Children without weekly religious attendance, ages 0-17
❖ Children and teens who are overweight or obese	
❖ Teen birth rate	
❖ Cigarette use in the past month, ages 12-17	
❖ Binge alcohol drinking among youths, ages 12-17	
❖ Illicit drug use other than marijuana, ages 12-17	
❖ Average reading scores for fourth and eighth graders	
❖ Average math scores for fourth and eighth graders	
❖ Young adults who have NOT received a H.S. Diploma	
❖ Teens NOT in school and NOT working	
❖ Percent of children, ages 3-4 NOT enrolled in school	
❖ Young adults who have NOT received a B.A. degree	
❖ Young adults who did NOT vote in most recent election	
❖ Suicide rate, ages 10-19	

As can be noted above, most of the well-being measures are child/teen focused. While including vital information on child well-being, these standardized measures do not measure parental health status at all, and parental community connections only in a very small way. Several of the Kaiser studies, however, indicate that parental health status greatly influences child health status, in that healthier parents tend to have healthier children. In particular, a parent's uninsurance status affects not only the parent's health, but the economic and health well-being of the entire family.

One area lacking in the research is meta analyses and research monographs that tie together multiple branches of research regarding the impact of a parent's health on a child's health. For example, we know that the presence of obesity in the parents increases the likelihood that a child will be obese, as

food choices and exercise patterns are distinct parts of a family's culture. We also know that parental suicide rates increase the rates for mental illness and suicide risk among children. However, we have little idea how the presence of chronic illnesses such as diabetes or heart disease in parents impacts child health. For this reason we did ask questions regarding family economic health, but did not ask questions regarding parental health status of those parents participating in the focus group.

IV. Statistical Background Research

Included at the end of this report is a quantitative data set that includes information relating to the 0-65 population in Union County, Oregon. Data is listed with county, state and national figures to provide comparison for trends and analysis. As is often the case for small rural areas, obtaining up-to-date statistical information has proven to be very difficult. We have collected the most recent data we available but it should be noted that most figures are at least 12 months old.

The quantitative data shows us that the median household income is significantly lower in Union County than it is compared to Oregon and the nation as a whole. Poverty rates are higher in Union County as well. Unemployment continues to stay above the Oregon and national averages. In terms of education, Union County residents with at least a bachelor's degree account for 20% of the population compared to almost 29% for the rest of Oregon and 28% for the United States. Drug use among youth however, is one area that Union County shows a lower percentage across the board than the rest of the state. Data also reveals that 62% of Union County adults meet the CDC recommendations for physical activity compared to 55% for the state. Yet only 22% of Union County residents consume at least five servings of fruits and vegetables per day compared to 26% at the state level. The data table includes many other statistics but these were a few that showed some discrepancy among local, state and national data.

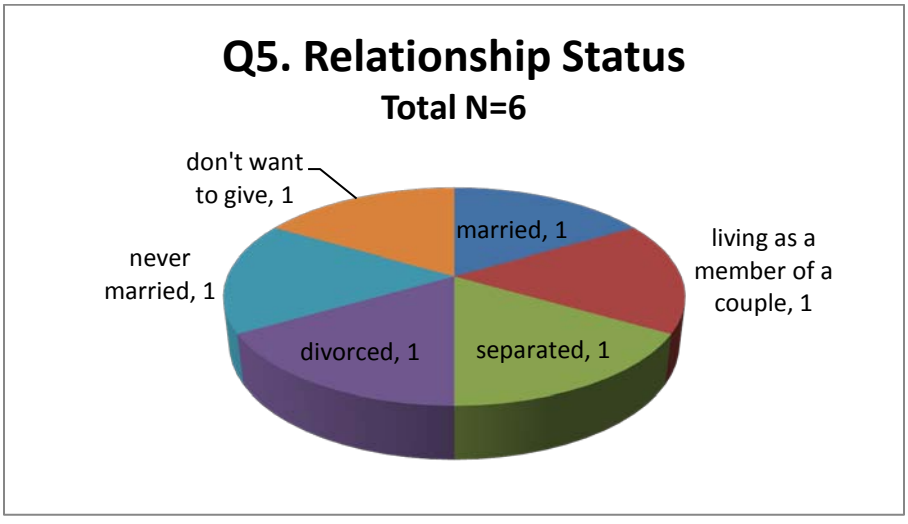
V. Recruitment and Participant Demographics

Research shows that the most effective recruitment strategies involve direct personal contact with potential participants. Based on this premise, NEON staff held a brainstorming session to identify key stakeholders who could help with recruitment efforts. Child Care Resource and Referral, the Center for Human Development (WIC office), Head Start, Neighbor to Neighbor Ministries, Community Connection (Kids Club and the free lunch program), Dollar Tree, Albertsons and the Grande Ronde Community Church Back to School Street Fair were among the organizations that helped pass out flyers (see copy of flyer in the attachments) and recruit focus group participants. All participants were living in La Grande at the time the focus group was conducted. NEON did attempt to work with the Elgin Community Center and the Union Grange hall in recruitment, but did not receive any calls back after several approaches by these entities.

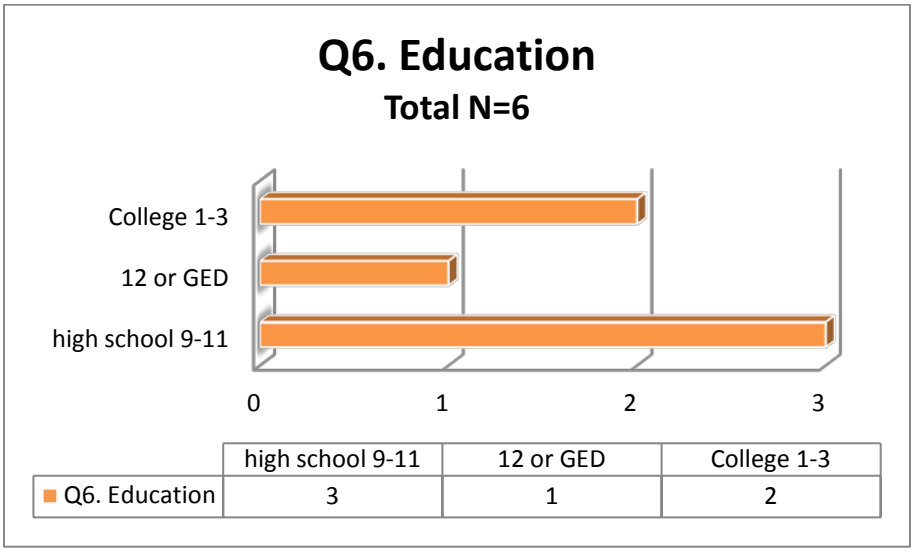
A total of 7 participants were signed up for the stressed working family focus group but 1 participant could not attend, therefore 6 individuals participated. Child care was provided for families with children. Two participants brought children. One mother brought three children and one father brought his three year old daughter. All 6 participants filled out the demographic questionnaire. Four filled out the evaluation questionnaire.

The Stressed Working Family focus group was held at the La Grande Public Library Community Room on August 21, 2012, at 6 p.m. Participants were welcomed and introduced and invited to take complimentary healthy snacks and drinks. The children were walked two blocks to the NEON offices where NEON staff provided child care. Participants completed the recording permission slip and demographic questionnaires. Participants also completed a focus group evaluation at the end of the focus group. Participants did not need assistance in filling out paperwork and generally completed the forms very quickly. This did allow for more informal conversation between the participants prior to the official start of the group. Participants were provided with a gift bag thank you for participating that contained a $10 Wal-Mart card, a tote bag, a free Child Health Education book provided by NEON, an Oregon Drug Assistance Program application form, a Healthy Kids application brochure, pencils, pens and several small children's toys. The $10 Wal-Mart card thank you was advertised on the recruitment flyers and did appear to provide significant motivation for a number of participants, per their self report.

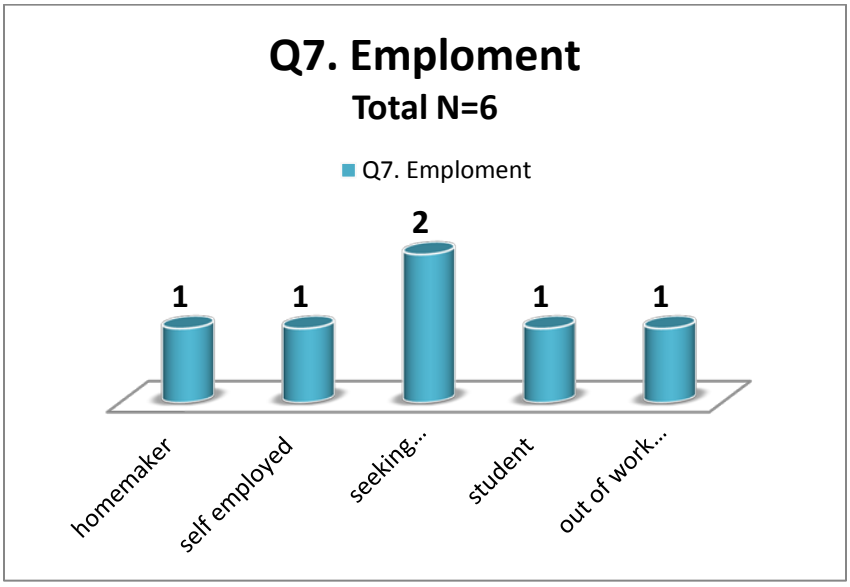
Participants ranged in ages from 15-44 years old. There were 4 females and 2 males. The relationship status among participants varied greatly. 1 was married, 1 was living as a member of a couple, 1 was separated, 1 was divorced, 1 was never married (single), and 1 participant did not want to give a response.



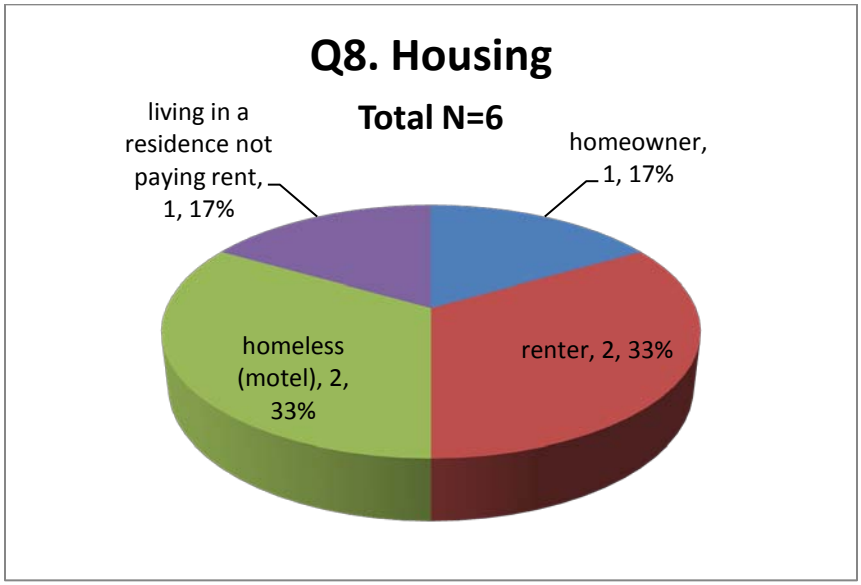
In terms of education, 2 participants had completed 1-3 years of college, 1 participant had completed high school/GED, and 3 participants had completed some high school.



Employment status was varied as well with 1 homemaker, 1 self employed, 2 seeking employment, 1 student and 1 participant out of work for more than one year.



One participant identified herself as a homeowner, 2 identified as renters, 2 identified as homeless (living in a motel), and 1 participant identified herself as living in a residence not paying rent.



Five participants revealed they have at least one other resident over the age of 18 living in their household. Three participants revealed they had at least one other resident under the age of 18 living in their household. In keeping with expectations, the information received about annual household income was not obtained due to reluctance on the part of the participants to divulge this information. Only three participants provided this information, with the rest checking the box "I do not want to give this information". It has been NEON's experience that this is the typical response of rural residents, on both qualitative and quantitative research activities, making it difficult to assess answers given by general socioeconomic category.

VI. Results

Themes pulled from participant comments are listed below by question asked, with a general category for other comments that arose but were not related to a directly asked question. Several questions on the initial focus group question list were not asked, either due to them being repetitive to things participants had already told us (Q. 14 and 15), or due to the fact that the group began to lose focus and tire at the end (Q. 16 and 18). It should be noted that the number of responses for many of the questions have been listed in the report. This is usually shown in parenthesis after the response. E.g., "Keeping a clean home environment, especially the bathroom (Q.2) *(2 people)*". Not all responses in this report are weighted. This is due to the fact that it was a fairly free flowing conversation and some responses were non-verbal (I.e., heads nodding); the audio transcripts do not provide this non-verbal communication.

Q.1 Ice breaker—Can you share with us a fun, positive health activity you enjoy doing with your children?

Responses from participants:

Activities	Number of participants who commented
❖ Sports (pee wee soccer)	2
❖ Skateboarding	1
❖ Music and artwork (playing the drums)	1
❖ Swimming	1
❖ Walking	3
❖ Camping	1

A. Associations with the term health and activities to improve health

Q.2 When you think of the term health, what comes to mind?

Q.3 What types of activities do you do to improve your health? What types of activities do you do to improve your children's health?

Below is a chart that lists the responses to questions 2 and 3. Responses fell into one of four categories.

Diet and exercise	Hygiene	Prevention	Other
❖ *"Eating healthy"* (Q.2) (All agree) ❖ Exercising (Q.3) (All agree) ❖ Eating a good breakfast and regular balanced meals (Q.2) ❖ Getting out of the house and walking around (Q.3) ❖ Taking vitamins, pro-biotic, and garlic (Q.3) (2 people) ❖ *"Being a diabetic, it's huge to pay attention to diet."* (Q.3)	❖ Grooming (Q.2) ❖ Keeping a clean home environment, especially the bathroom (Q.2) (2 people)	❖ Annual check-ups (Q.3) ❖ Vaccinations→ *"That's a big one!"* (Q.3)	❖ *"Not being sick"* (Q.2) ❖ Living a good life, doing things that make you happy (Q.2)

B. Obstacles to health

Q4. What is your biggest obstacle to health?

Health coverage and access were the most talked about obstacles to health. It was evident they were major barriers. Here is a list of all the obstacles mentioned by focus group participants.

Access to healthy foods	Transportation	Health coverage/access	Finances	Other
❖ Abundance of processed, packaged foods → *"It seems like the only thing we can get anymore."* ❖ Living next to a gas station, the convenience of being so close to unhealthy foods (3 people)	❖ Not having a vehicle →*"There are things that I don't see, miles away."* ❖ Difficulty getting to the grocery store where there are healthy foods (3 people) ❖ Cost of fuel to drive to providers in Pendleton or Baker who are in the insurance company network.	❖ Having coverage but the cost is so high it is difficult to access care→*"On top of paying $600 a month for insurance, having a $2,500 deductible, and when we hit our deductible, they only will pay in at 60%"* ❖ *"Battling the insurance company."* ❖ Local providers are not contracted with the insurance company (3 people) ❖ Other participants do not have any coverage ❖ Having to be a constant advocate with the insurance companies so	❖ Forced to live out of a motel (3 people) ❖ Lack of money results in lack of healthy foods, transportation needs, health coverage needs (All agree) ❖ Even with coverage it can be difficult to afford the co-pays (4 people) ❖ Getting financial help for vaccinations→*" They consider vaccinations voluntary, so they won't help pay any of that bill."*	❖ Mental health issues, anxiety and autism (3 people) ❖ Smoking ❖ Being discouraged because of a terminal illness → *"What difference does it make [to try to be healthy or not]?"* ❖ No motivation

		that they pay for what they are supposed to pay for.		

C. Most pressing health care concerns and how they affect parents and their children

Q.5 What do you perceive as the most pressing health care concern in our community?

Q.5b Are there any obstacles people in your neighborhood have when accessing health care services in the community for themselves or their children?

Q.6 How do these health care concerns affect parents and their children under 18?

When asked to identify the most pressing health concerns in our community participants responded in six general themes.

1. Uncertain (3 people)
   - *"I wouldn't know"*
   - *"Yeah, me neither"*

2. Activities for teens and youth (At least 3 people)
   - Not enough activities for teens and children
   - We need affordable activities → *"Not every family can afford to pay the City Parks and Recs the $32.50 to get their kid into a sport."*

3. Drugs (3 people)
   - Increased drug activity → *"I know of a lot of young kids that are getting into drugs."*
   - Someone else mentions that this is a problem all across the country, not just in Union County

4. Hunger (4 people)
   - Giving children the priority at food banks
   - Health starts with nutrition
   - Lack of meat, dairy and other staples at local food banks

5. Accessibility/walk ability (5 people)
   - Many places are not ADA (handicap) accessible → *"If you ever have to take and push a wheelchair up on the sidewalks, you learn very quickly that almost the entire town…[is not ADA accessible]."*

- Poor walking paths/sidewalks

6. Psychological Factors (2 people)

D. Community and assets

Q7. Who and what makes up your community?

Q.8 Talk about the organizations in our community that you trust or that you consider "assets". Which organizations do you think are most helpful to the health of our community and why?

Community defined	Number of participants who commented	Community assets
Family (most all agree this was the main component to their community)	6	Salvation Army
WIC (social services)	1	MOPS (Mothers Of Preschoolers) →*"They are a good group"*
Our school (child's school and Eastern Oregon University)	1	Food banks
Our neighborhood (the kids)	2	The dollar store for inexpensive cleaning supplies.
Local events	2	
Our doctor	2	
Friends	5	
Church	1	
Sports teams	1	

E. Social determinants of health and health priority ranking question

(See attachments: "Social determinants of health" and "Health conditions")

Q.9 Here is a list of needs associated with positive health that people in our county have rated (social determinants of health handout from the NEON assessment). Do you or your children experience any of these needs? If so, which ones and in what ways?

Participants were asked to look at the social determinants of health handout as well as the health priority (tier I-III) ranking handout and identify what were the most important in their eyes or those that people have the most problems with.

Social determinants of health	Health priority rankings
❖ Help for stress, anxiety or depression → *"I wish there was more help for that…"* (4 people) ❖ Money for a dentist (All participants) ❖ Money for vision care (4 people) → *"I'm supposed to wear glasses. I just can't [afford them]."* ❖ Money to pay for prescriptions (All participants) ❖ Money for housing (4 people) ❖ Getting help when I'm sick in bed ❖ Places for inexpensive public showers for people living in transient housing situations (2 people) ❖ Ability to get assistance for the lower middle class families.	❖ Blood diseases, especially hepatitis ❖ Asthma and mental health (3 people) ❖ Infections (Staph) ❖ Vaccinations ❖ Hygiene (3 people) → *"There is a difference between being dirty and unhealthy"*

F. Primary care home

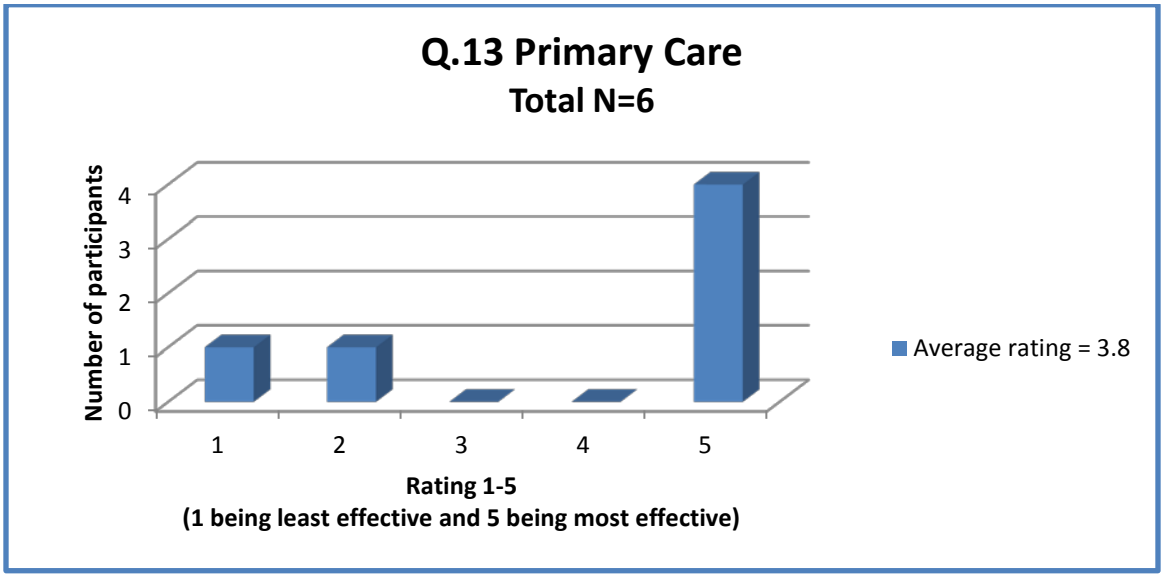
Q.10 How would you describe your communication with you or your child's primary care provider about your treatment when you or your child are ill?

Responses seemed to have either a negative or positive tone. They have been charted accordingly below.

Positive interactions (3 people)	Negative interactions (3 people)
❖ A provider at Grande Ronde Hospital is described as "awesome", has good communication and is good with kids. ❖ *"Have noticed providers treat you better when you have child with you than if you come in alone?"* ❖ *"I love my health care providers. That's why I'm willing to pay the extra money to stay with them because they're great with my kids."* –GRH Children's Clinic ❖ *"We have a good one (provider) in Baker."*	❖ *Local mental health provider* → *"They're so rude; I don't want to come in."* (2 people) ❖ Not very good communication ❖ It can be more difficult as a young person. Don't get as much respect. (2 people) ❖ Could not find a good doctor in La Grande that would serve someone with autism. → *"Autism is completely different than, for instance, bipolar or schizophrenia. And without knowledge, they don't know how to address it."*

Q.13 (demographic questionnaire, see in attachments)

On a scale of 1-5, (with 1 being the least effective and 5 being the most effective) please rate how well you think your primary care provider "coordinates" your health care and explain why you rate it that way.



In addition to rating the coordination of care, participants were given the opportunity to explain their ratings. 2 participants gave an explanation:

- Rating 1, comment: "No health care."
- Rating 5, comment: "He's awesome!"

There were specific comments from 4 people about how providers respond to patients in pain when those patients are also known to have mental health issues. One suggestion was for providers to have better ways to listen to patients and assess pain, so that pain is not automatically assumed to be exaggerated or "all in the head" of patients with mental illness.

G. Health care outside Union County

Q.11 Do you travel outside Union County for health care services? Where do you go? What types of services do you receive?

Locations:

- Baker for dentists (2 people do this, no local dentists will accept their coverage) and for a doctor
- The Dalles, for specialist at Water's Edge, " *They take Medicare and Medicaid and it is state of the art"* (2 people)

H. Most commonly used health care providers

Q.12 Where do you most commonly receive your health care and who provides it for you?

Participants shared what kind of health providers they use the most often (doctor, nurse practitioner, dentist, etc.).

- The emergency room (1 person)
  → *"Emergency room for health because it's always, for me, an unpredicted, all of a sudden toothache that could be at any hour, or 24-hour period. So they're the ones that are really available… But yeah, the emergency room, for me, has always been, since I was a kid, it's always there. You didn't even have to have health insurance. They see you."*
- My doctor (3 people)

I. Economic health

Q.13 How would you rate your family's economic health? How does that affect your family's health?

The chart below shows the economic status along with the corresponding effect. All six participants declared that low economic status was a major issue for them.

Economic status	Effect on the family's health
Struggling, on welfare	Poor diet, lack of activities, unhealthy living situation
High unemployment rate—as a day care provider I have lost business from families who can't afford it anymore	Families don't get to go to the doctor as much as they should
Stuck in housing situations due to poor credit history.	Not having an apartment with a dishwasher makes it hard to keep things clean.
High unemployment rate	Can't afford activities, or little things such as soap or toilet paper.
Cutting child care assistance for working parents	Parents have less money to spend on food and housing.
"Mine is just always suffering."	*"The food you eat, the activities you get to participate in."* Difficult to keep clothes clean when washing at a laundromat and don't have money.

One overall comment made by one participant regarding the intersection between economic and health issues was that *"The richest 10 percent is getting richer, the middle class is being squeezed out, and the*

poor and poverty are being shoved downward. So what can you have except eventually a two caste society where the poor become very unhealthy?"

J. Community solutions brainstorm

Q.17 Let's brainstorm about ways our community could work together to improve the health care concerns we discussed earlier. What efforts could be made using the organizations you all most trust to make an impact?

Responses were categorized into four groups.

Education	Food resources	Communication	Other
❖ More people should be educated about what health care services are available (4 people) → *"...just to have the information out there and available because I know it's in the community, and I can't find it anywhere."* ❖ Tried looking in the phone book ❖ Providers and the community need a better understanding of mental health or autism/cognitive disabilities (5 people) ❖ Easily accessible education on the state's medical marijuana program. (1 person)	❖ Kids should go first at the food banks (others agree) ❖ *"There's a lot of people in this town that need food that don't have food."* ❖ WIC should be offered at the food banks, with other social services ❖ Restoring USDA food banks (items included: cheese, rice, meat, etc.), many agree (4 people) ❖ More community gardens (could help serve the homeless) → *"At the core of one's health is what they [eat]—that's where it all starts."*	❖ Providers can do a better job of listening to the patient (2 people) ❖ Talking with the patient to understand their medical history	❖ *"Free health care."* ❖ Having access to care outside of the emergency room (at least 4 people) → *"...as far as being treated or not being treated, at least in Oregon, you're going to be treated if you go to the ER."* ❖ *"Second chance programs for renters who used to be criminals."* ❖ *Places for inexpensive public showers.* (2 people)

K. Other comments

Below are listed several participant comments that did not fall neatly into one of the questions listed above.

- It is very difficult when trying to move up or better oneself (All participants)
  - One participant shared how a woman she knew got a $.20/hr raise and it was enough to put her over the income guidelines and therefore she lost hundreds of dollars in assistance because of a $.20 raise. → *"I felt sorry for that mom really bad because she had that little tiny raise, and it bumped her off of everything."*
  - For those relying on assistance it is difficult to give that (assistance) up in an effort to move forward → *"It's like one step forward, five steps back."*
- Not making enough money to meet the needs but making too much and therefore not being eligible for assistance programs
  - There should be assistance for those in that middle bracket
- Second chance options for renters with a bad record (criminal past) → *"…now I have this awesome little baby, and I can't get her anything that's decent—an apartment with a dishwasher—because of my past. And I think it's a health concern of mine (dirty living situation)…If I was just able to keep going to college, she would have had a better—I did the best I could, but she could have just had a different ride. And she could still be sitting in a different spot right now. She yet hasn't been able to have her own bedroom, with all of her toys. Half of her stuff has always been in storage."*
- The middle class is being "squeezed out"
  - High medical costs
  - Assistance programs not going as far as they used to

The table below presents the results of the focus group evaluation. It generally confirms that the participants had an overall positive response to the facilitators and the focus group content and process. Several participants clearly noted that the Wal-Mart card thank you was a significant motivator to attend. It should also be noted that two participants stated they would be happy to participate in any further focus group activities, if needed.

Question (5 Excellent, 1 Poor)	# of Responses	Range of Responses	Average
Length of focus group	4	4-5	4.50
Opportunities to ask questions	4	4-5	5.00
Opportunities to exchange ideas and experiences	4	4-5	4.75
Location of the meeting	4	5	5.00
Learning of new information/handouts	4	1-5	4.00
Moderators/NEON staff	3	5	5.00
Food snacks, beverages	4	5	5.00
Overall rating of focus group	4	3-5	4.50

VII. Overall Analysis

The most important overall themes are noted below.

- Food resources—Access to healthy foods
- Lack of finances—this could be connected with most of the other themes
- Education
  - Regarding available health care services
    - What services to use and when (ER vs. regular doc)
  - Provider to patient education
  - Community awareness (mental health disabilities)
- Desire for activities that are affordable
- Oral health needs
- Housing needs—cleanliness, hygiene, affordability, permanence
- Overall a desire to be healthy yet also discouragement about being "stuck"
- Lack of health coverage and access
  - For those with coverage, the cost for services is too high therefore access is restricted and for others with coverage there are not local providers willing to accept their coverage (Medicaid/Medicare or mental health related disabilities) therefore denying access.
- Family is a big part of community

VIII. Recommendations

Listed below are a few initial ideas given by participants about community based interventions that could meet some of the needs identified by the stressed working families.

- Increase food resources
  - Improve network of food banks
    - Incorporate USDA foods, give children first priority
  - Expand community gardens
- Provide education around mental health related disabilities (E.g., autism) for providers. One participant recommendation focused specifically on helping providers to better understand how to distinguish physical symptoms and diagnostic issues with mental health patients.
- Improved provider and patient communication.
- Supporting local community economic development opportunities for working class families, as the biggest systemic driver of health issues in this group is reported to be economic.

- Supporting patient engagement and lifestyle behavior change motivational enhancement, as participants noted that it is very difficult to change health behaviors such as smoking, drug use and eating habits.

IX. Appendices

Attachment A

Data Table

DATA SET	Union County	Oregon	U.S.	Sources
Population	25,791	3,871,859	311,591,917	Census.gov State and County Quickfacts 2011, Portland State University (PSU)
% change from 2010-2011	0.2%	1.1%	0.9%	Census.gov State and County Quickfacts 2011
Under 5 years	6.2%	6.1%	6.5%	Census.gov State and County Quickfacts 2011
5-19 years	22.2%	22.3%	23.7%	Census.gov State and County Quickfacts 2011
20-44 years	29.5%	33.9%	34.6%	Census.gov ACS 2005-2009
45-64 years	27.5%	26.9%	25.2%	Census.gov ACS 2005-2009
Age 65 and over	17.0%	14.3%	13.3%	Census.gov State and County Quickfacts 2011
Sex: Female	50.7%	50.5%	50.8%	Census.gov State and County Quickfacts 2011
Male	49.2%	49.5%	49.0%	US Census Bureau Fact Finder 2010
Race/Ethnicity:	**Union County**	**Oregon**	**U.S.**	**Sources**
One race	97.7%	96.2%	97.8%	US Census Bureau Fact Finder 2010, Census.gov ACS 2005-2009
White	93.9%	88.6%	78.1%	Census.gov State and County Quickfacts 2011
Black or African American	0.6%	2.0%	13.1%	Census.gov State and County Quickfacts 2011
American Indian and Alaska Native	1.2%	1.8%	1.2%	Census.gov State and County Quickfacts 2011
Asian	1.0%	3.9%	5.0%	Census.gov State and County Quickfacts 2011
Native Hawaiian and Other Pacific Islander	1.1%	0.4%	0.2%	Census.gov State and County Quickfacts 2011
Some other race	0.8%	3.3%	5.6%	Census.gov ACS 2005-2009
Two or more races	2.2%	3.4%	2.3%	Census.gov State and County Quickfacts 2011
Hispanic or Latino (of any race)	4.2%	12.0%	16.7%	Census.gov State and County Quickfacts 2011
Marital Status:	**Union County**	**Oregon**	**U.S.**	**Sources**
Now Married, except separated (male)	56.4%	52.9%	52.3%	Census.gov ACS 2005-2009

Now Married, except separated (female)	52.0%	50.1%	48.4%	Census.gov ACS 2005-2009

Households by type:	**Union County**	**Oregon**	**U.S.**	**Sources**
Married couple	51.3%	48.3%	49.7%	US Census Bureau Fact Finder 2010, Census.gov ACS 2005-2009
Male/No spouse	4%	4.7%	4.5%	US Census Bureau Fact Finder 2010, Census.gov ACS 2005-2009
Female/No spouse	9.5%	10.5%	12.4%	US Census Bureau Fact Finder 2010, Census.gov ACS 2005-2009
Non-family	35.2%	36.6%	33.3%	US Census Bureau Fact Finder 2010, Census.gov ACS 2005-2009
Persons/Household	**Union County**	**Oregon**	**U.S.**	**Sources**
Avg. Household Size	2.38	2.47	2.6	US Census Bureau Fact Finder 2010, Census.gov ACS 2005-2009
Household Income	**Union County**	**Oregon**	**U.S.**	**Sources**
Median Household	40,542	50,938	50,022	Census.gov ACS 2005-2009, OR and US from 2010 data
Median Family	53,581	60,025	62,363	Census.gov ACS 2005-2009
Per capita income	22,009	25,893	27,041	Census.gov ACS 2005-2009
Vehicles/Household	**Union County**	**Oregon**	**U.S.**	**Sources**
No vehicle	6.9%	7.4%	8.8%	Census.gov ACS 2005-2009
1 vehicle	25.7%	31.9%	33.2%	Census.gov ACS 2005-2009
2 vehicles	38.6%	38.7%	38.0%	Census.gov ACS 2005-2009
3 or more vehicles	28.8%	22.1%	20.0%	Census.gov ACS 2005-2009
Health Coverage	**Union County**	**Oregon**	**U.S.**	**Sources**
Insurance Coverage of the Total Population 2008-2009				
Employer		49%	49%	2010 Oregon Kaiser State Health Facts.ORg
Individual		6%	5%	2010 Oregon Kaiser State Health Facts.ORg
Medicaid		13%	16%	2010 Oregon Kaiser State Health Facts.ORg
Medicare		14%	12%	2010 Oregon Kaiser State Health Facts.ORg
Not Sufficient Data Other Public			1%	2008-2009 Oregon Kaiser State Health Facts.Org
Uninsured Children, regional	15.9% (Regional Data)	12.9%	8.6%‡	2009 CCFO progress report http://www.cffo.org ‡http://factfinder.census.gov

Uninsured children CNAS data	16.8% NEON Region			
Uninsured	19% Neon Region	17%	16%	2010 Oregon Kaiser State Health Facts.Org
Dental Insurance				No information available
Underinsurance (CNAS estimate by proxy)	19% Neon Region	no comparable data	no comparable data	

Poverty	**Union County**	**Oregon**	**U.S.**	**Sources**
All Families	10.7%	9.2%	9.9%	Census.gov ACS 2005-2009
With Related Children under 5	69.2%	51.8%	45.6%	Census.gov ACS 2005-2009
With Related Children under 18	47.8%	38.1%	37.1%	Census.gov ACS 2005-2009

Unemployment	**Union County**	**Oregon**	**U.S.**	**Sources**
	9.8%	8.5%	8.2%	Union Co. Chamber of Commerce 2011 (OR and US% from Oregon Kaiser State Health Facts.org 2012)

Housing By Type	**Union County**	**Oregon**	**U.S.**	**Sources**
With a mortgage	61.2%	70.5%	68.1%	Census.gov ACS 2005-2009
Without a mortgage	38.8%	29.5%	31.9%	Census.gov ACS 2005-2009
Owner-occupied	66.3%	64.3%	66.9%	Census.gov ACS 2005-2009
Renter-occupied	33.7%	35.7%	33.1%	Census.gov ACS 2005-2009

Education Attainment	**Union County**	**Oregon**	**U.S.**	**Sources**
(population age 25+)	15,497	2,506,582	197,440,772	Census.gov ACS 2005-2009
High school grad. +	88.5%	88.6%	85.0%	Census.gov State and County Quickfacts 2011
Bachelor's Degree +	20.3%	28.6%	27.9%	Census.gov State and County Quickfacts 2011

Youth Drugs	**Union County**	**Oregon**	**U.S.**	**Sources**
Percent of youth who used marijuana one or more times in the past 30 days, 8th grade	4%	9%		Oregon Healthy Teens Survey 2008
Percent of youth who used marijuana one or more times in the past 30 days, 11th grade	7%	19%		Oregon Healthy Teens Survey 2008

Percent of youth who used Illicit drugs other than marijuana one or more times in the past 30 days, 8th grade	1%	3%		Oregon Healthy Teens Survey 2008
Percent of youth who used Illicit drugs other than marijuana one or more times in the past 30 days, 11th grade	3%	5%		Oregon Healthy Teens Survey 2008
Mental Health	**Union County**	**Oregon**	**U.S.**	**Sources**
Mortality Rate of Suicide Deaths per 100,000 Population (all ages)	21%	15%		Death Certificate Data 2002-2006
Mental Health Adults				
Percent of Persons Who Had a Major Depressive Episode in the Past Year Adults, 18 or older	9%	9%		National Survey on Drug Use and Health 2004-2006
Percent of Persons With Serious Psychological Distress in the Past Year Adults, 18 or older	12%	12%		National Survey on Drug Use and Health 2004-2006
Immunizations	**Union County**	**Oregon**	**U.S.**	**Sources**
Immunizations: Children 19-35 Months	65.1	67%	72%	Kaiser StateHealthFacts.Org 2009, http://www.oregon.gov/DHS/ph/imm/docs/county/Baker.pdf 2009 4:3:1:3:3:1 series
Oral Health	**Union County**	**Oregon**	**U.S.**	**Sources**
Oral Health: Dental Visit within Past Year Percent of adults 18 and older		71.4%	71.3%	Kaiser StateHealthFacts.Org 2008

Percent of adults report having their teeth cleaned in past year 18 and older		69.2%	68.4%	Kaiser StateHealthFacts.Org 2008
Age-adjusted Death Rates Due to Selected Causes, by County of Residence, Oregon 2000-2004 per 100,000 population	**Union County**	**Oregon**	**U.S.**	**Sources**
Diabetes	26.6	27.7		Keeping Oregonian's Healthy 2010 *20 or less respondents
Tobacco-Related Disease	164.6	184.8		Keeping Oregonian's Healthy 2010
Age-adjusted prevalence of selected chronic conditions among adults	**Union County**	**Oregon**	**U.S.**	**Sources**
Asthma	11%	9%	8.5‡	Keeping Oregonian's Healthy 2010 ‡Keiser State Health Facts.Org 2008
Age-adjusted prevalence of selected chronic conditions among adults	**Union County**	**Oregon**	**U.S.**	**Sources**
High Blood Pressure	23%	24%		Keeping Oregonian's Healthy 2010 *50 or less respondents
High Blood Cholesterol	27%	31%		Keeping Oregonian's Healthy 2010 *50 or less respondents
Age-Adjusted for Prevalence of Modifiable Chronic Disease Risk Factors and for Preventive Health Screening among Adults	**Union County**	**Oregon**	**U.S.**	**Sources**
% of adults who currently smoke cigarettes	20%	20%	18.3‡	Keeping Oregonian's Healthy 2010 ‡Keiser State Health Facts.Org
% of adults who met CDC recommendations for physical activity	62%	55%		Keeping Oregonian's Healthy 2010 *50 or less respondents

% of adults classified as overweight	40%	37%	60.8%‡	Keeping Oregonian's Healthy 2010 ‡U.S. % categorized as adults being overweight or obese Keiser State Health Facts.Org 2009
% of adults classified as obese	21%	22%	60.8%‡	Keeping Oregonian's Healthy 2010
% of adults who consumed at least 5 servings of fruits and vegetables per day	22%	26%		Keeping Oregonian's Healthy 2010
Age-Adjusted for Prevalence of Modifiable Chronic Disease Risk Factors and for Preventive Health Screening among Adults	**Union County**	**Oregon**	**U.S.**	**Sources**
% who had mammogram within past 2 years (Women ≥40 years old)	75%	73%		Keeping Oregonian's Healthy 2010 *50 or less respondents
% who had a Pap test within past 3 years women ≥ years old)	90%*	85%		Keeping Oregonian's Healthy 2010 *50 or less respondents
Other Children's Health				
Overweight or Obese Children (all ages)		24.30%	31.60%	http://statehealthfacts.org/profileglance.jsp?rgn=39
Children's Obesity	27%	27%		2009 CCFO progress report http://www.cffo.org
8th graders reporting not having a medical checkup or physical exam in 12 months	56.7%	52.6%		2009 CCFO progress report http://www.cffo.org
Children's Sports Injuries			More than 3.5 million children ages 14 and under receive medical treatment for sports injuries each year	National Center for Sports Injuries http://www.sportssafety.org/sports-injuryfacts/
Children's Asthma	10.3%-12.0%	75,000 Kids or 10.2%		DHS Oregon Asthma Program 2009 http://oregon.gov/DHS/ph/asthma/burdenrpt.shtml

Attachment B

PLEASE TELL US SOME GENERAL INFORMATION ABOUT YOURSELF.

1. What is your age?

2. 15 to 19 years
3. 20 to 24 years
4. 25 to 34 years
5. 35 to 44 years
6. 45 to 54 years
7. 55 to 59 years
8. 60 to 64 years
9. 65 to 74 years
10. 75 to 84 years
11. 85 years and over
12. Don't Know
13. I do not want to provide this information

14. Are you male or female?

- ☐ Male
- ☐ Female
- ☐ I do not want to give this information

15. Are you of Hispanic, Latino or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I do not want to provide this information

4. What is your race?

- ☐ White
- ☐ Black
- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Other. *Please specify:* _____
- ☐ Don't know
- ☐ I do not want to give this information

5. Are you… (relationship status)

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never Married, or Single
- ☐ A member of an unmarried couple
- ☐ Don't know
- ☐ I do not want to give this information

6. What is the highest grade, year of school, or degree you completed?

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- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary or Middle School)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grades 12 or GED (High school graduate)
- ☐ College 1 year to 3 years (Some college)
- ☐ College 4 years or more (College graduate)
- ☐ Graduate school (Graduate degree)
- ☐ Don't know
- ☐ I do not want to give this information

7. Are you… [*PLEASE CHECK ALL THAT APPLY]*

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for more than one year
- ☐ Out of work for less than one year
- ☐ Currently seeking employment
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Don't Know
- ☐ I do not want to give this information

8. Are you…?

- ☐ A Renter
- ☐ A Homeowner
- ☐ Living in a residence in which I do not pay rent
- ☐ Homeless
- ☐ Don't Know
- ☐ I don't want to give this information

9. What is your annual household income from all sources?

- ☐ _____ per year [*write amount]*
- ☐ Don't know
- ☐ I don't want to give this information

10. How many adults ages 18 years or older live in your household (including yourself)?

- ☐ _____ *[write number]*

11. How many children under 18 years of age live in your household?

- ☐ _____ *[write number]*

12. What zip code do you ***currently* live in?**

- ☐ ___ ___ ___ ___ ___ *[please write here]*

13. On a scale of 1-5, (with 1 being the least effective and 5 being the most effective) please rate how well you think your primary care provider communicates with you about your treatment and how to prevent further illness?

Please Circle: 1 2 3 4 5

Explain:_____

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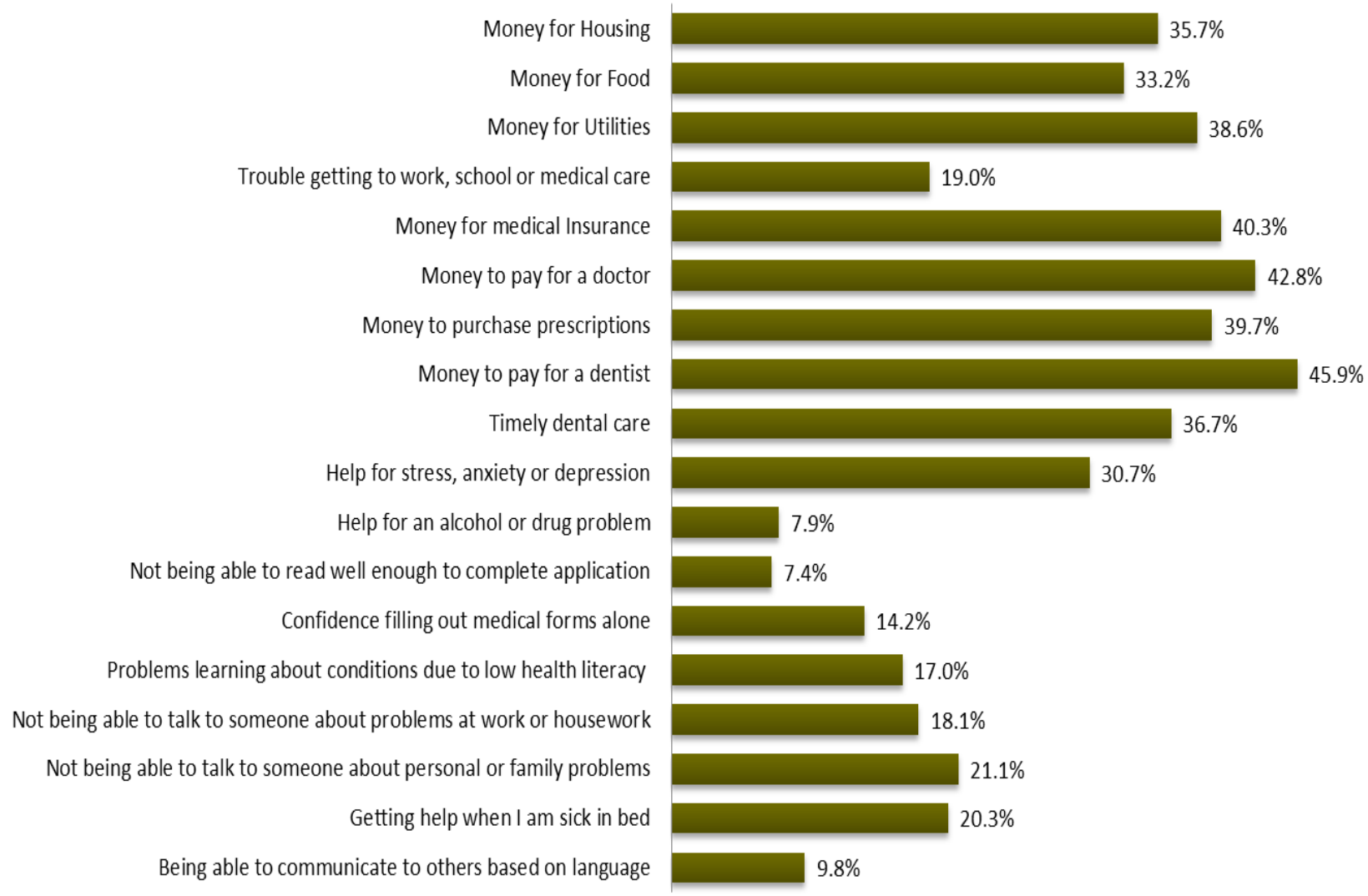
Attachment C



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Attachment D

Tier I Health Conditions Priority 1	Tier II Health Conditions Priority 2 and 3	Tier III Health Conditions Priority 4 and 5
Asthma	Cancer	Arthritis
COPD	Chronic Kidney Disease	Blood Disorders
Flu/Pneumonia	Diabetes	Stroke
Heart Disease	Heart Disease Union County	Infectious Diseases
Mental Health	Injury/Trauma	
Oral Health Disease		
Substance Abuse		
Tier I Health Related Concerns	Tier II Health Related Concerns	Tier III Health Related Concerns
Flu/Pneumonia vaccines	Childhood Immunizations	Prenatal Care first trimester
Morbidity- mental health	Morbidity- physical health	Low birth weight
Access to and consumption of healthy foods	Teen pregnancy Baker County	Teen Pregnancy Union/Wallowa
Preventable hospitalization rate	Adult physical activity	

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Attachment E

Evaluation of Focus Group

Please circle which rating you feel is appropriate for each category.

Category	Excellent	Good	Average	Below average	Poor
1. Length of the focus group	5	4	3	2	1
2. Opportunities to ask questions	5	4	3	2	1
3. Opportunities to exchange ideas and experiences	5	4	3	2	1
4. Location of the meeting	5	4	3	2	1
5. Learning of new information/handouts	5	4	3	2	1
6. Moderators/NEON staff	5	4	3	2	1
7. Food, snacks, beverages	5	4	3	2	1
8. Overall rating of focus group	5	4	3	2	1

Additional Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you're willing to be contacted via email about future marketing materials or follow up questions, please leave your contact information.

I authorize NEON to contact me for further information.

Signature: _____ Date: _____

Name: _____ Number: _____

Email: _____ Address: _____

Thank you.
Please place your completed evaluation on the table when you leave.

NEoN
NorthEast Oregon Network

1802 4th St. Ste A, La Grande, OR 97850. (541) 624-5101 ext. 7

Attachment F

Northeast Oregon Network

Focusing Together on Health

Consent Form

Authorization for Focus Group:
I authorize Northeast Oregon Network (NEON) to tape record information discussed during the focus group and understand that all information from the focus group will be held confidential, meaning my name will not be linked to any of the recordings, or written reports and findings.

Agency Name: Northeast Oregon Network (NEON) Focus Group sponsored by: Grande Ronde Hospital

Agency Contact Name: Matt Nightingale Title: Program Assistant

Participants Name: _____

Participants Signature: _____ **Date:** _____

(Your Copy)

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Agency Name: Northeast Oregon Network (NEON) Focus Group sponsored by: Grande Ronde Hospital

Agency Contact Name: Matt Nightingale Title: Program Assistant

Participants Name: _____

Participants Signature: _____ **Date:** _____

Attachment G

Please join us and receive a **$10 grocery store gift card** along with other complimentary items!

WHO: Northeast Oregon Network (NEON)

WHAT: Focus group (seeking 5-10 individuals to participate in a group discussion)

WHERE: La Grande, Cook Memorial Library Community Room

WHEN: Tuesday, August 21st from 6-8pm (free snacks and child care will be provided!)

WHY: NEON would like to hear what people have to say about health care. We want to know what barriers people are facing.

Please call to sign up, or if you would like more information please call: Matt Nightingale at 541-624-5101 extension 7.

THANK YOU!

NEON
CHA

Attachment H

Thank you for participating!

We really appreciate you taking the time to visit with us.

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