

Good Samaritan Regional Medical Center

2016 Community Health Needs Assessment

Appendix

Community Perceptions on the health of Benton County

Table of Contents

Key informant interviews	1
Focus groups	7
Community Health Perceptions Survey	13

Community Perceptions on the health of Benton County

Samaritan Health Services reached out to residents of Benton County for their input on the health of Benton County in the form of key informant interviews, community focus groups, and a community health perceptions survey. Data and analyses are presented in this chapter.

Key informant interviews

Between December 2015 and February 2016, seven interviews were conducted with key informants who live or work in Benton County. Informants included community advocates, care providers and other experts who have firsthand knowledge of local health care needs and issues. The first nine questions followed the Community Health Needs Assessment survey distributed throughout the tri-county region. Subsequent questions dealt with professional topics such as community health indicators, data collection, and opportunities for collaboration. The following qualitative narrative describes issues reported by the key informants and includes their recommendations for improving health and quality of life.

Community Health Status

Most informants described their community as *healthy* or *very healthy*. Two chose *sort of healthy*. Several informants stressed that although the county—and Corvallis in particular—enjoys good health overall, certain populations have serious unmet health needs: “There are people in Corvallis who have tons of resources to ensure they have a healthy life. But if you’re not one of those people, it’s really hard to live here.”

Key Themes

When asked to identify the most important community health issue, informants named poverty and inequity, racial/ethnic inequality, nutrition, and health education. Mental health and substance use were also cited as serious health issues. When asked what health services are most important for the community, most informants chose mental health, followed by primary/preventive care, dental care, and addiction services. One informant said that “the number-one issue is...the availability of safe and healthy housing.”

Poor Nutrition and Obesity

One informant suggested that school lunch programs are fostering unhealthy eating behavior: “It’s not even necessarily the food itself; it’s the whole environment of how we do it. You wait in a long line, you eat in a really nice cafeteria, you have 20 minutes. I don’t think it leads to healthy habits.” In short, cafeterias are not part of the learning environment: “The whole building is about learning and teaching, and yet when the kids cross that threshold, it’s just ‘eat and get out.’”

Vulnerable Populations

When asked which community members were likely to have poor health, most informants chose low-income residents. Other at-risk populations include women, children, people with mental health and addiction issues, and a specific Pacific Island community (the Marshallese).

Children

Too many lower-income parents lack an understanding of child health needs and appropriate discipline. They “weren’t trained as parents, so they don’t know how to parent their child.... Some of these people don’t even know how to make a meal for their kids; they’re going to 7-11 with their food stamps, and they’re buying chips and a Coke.”

There is also a dangerous lack of mental health services for children: “Kids have to really explode and get bad before we’re able to provide any kind of services for them.” Often, children with mental health issues end up in the emergency room: “We’ve had kids spend three days sitting in the emergency room because they were having a mental health break and there was no place to put them.”

Low-Income and Homeless Populations

Although low-income residents were commonly identified as the population with the poorest health, “there’s a lack of information about low-income people in Corvallis and in our county, because a lot of those statistics are skewed by Oregon State students. We don’t know how many people are truly living in poverty who are not students.”

Communities of Color

Two informants noted that “being a minority in a majority population brings...race-based stress or race-based trauma,” which can have “a major impact on your general health.” In addition, people of color face disparities in the timeliness and quality of care they receive, not just because of discrimination, but also because many providers are unaware of medically relevant cultural factors: “You have to know the culture.... How you ask the question can make a huge difference in your diagnosis.”

Local providers’ relative lack of experience with nonwhite patients can lead to life-threatening errors in diagnosis and treatment: “My friend had a baby, and the baby couldn’t breathe. Now, if the baby was white, you would’ve seen the baby’s face turning blue. But they couldn’t tell, because they’re not used

to seeing dark skin and they don't know how it presents in dark skin." Another informant cited studies indicating that Asians require different doses of psychotropic drugs than Caucasians.

Some members of Asian and Pacific Islander communities are refugees facing specific traumas, health risks and needs. An advocate for this population said, "Vietnamese women have the highest rates of depression and suicide. And some of our Pacific Islander communities have the highest rates of diabetes and heart disease." Oregon also has one of the country's largest populations of Marshall Islanders, many of whom face unique health issues due to postwar U.S. nuclear tests: "That's a particularly vulnerable population."

Although terms like "diversity" and "equity" are widely used in promotional messaging, informants belonging to communities of color see little evidence that these are serious priorities for local providers. As an example, one informant mentioned visiting a medical office where a large photo display depicting the faces of local patients included no people of color: "You want to be welcoming, right? Does it make sense that I come here, and I don't see anybody who even looks close to me? You're not welcoming."

A focus on majority needs and expectations also limits the institutional services available to people of color. One informant cited the case of an African-American woman in a nursing home who wanted to get her hair done in the salon, but found that no one was available to work with her hair: "Even something as simple as that, our facility and we as professionals weren't able to accommodate it."

The attitudes of medical staff have a strong effect on people's willingness to seek care, especially in communities of color: "If I'm in an environment where the health care system sucks, I'm gonna be less likely to want to go to that place, no matter how sick I am. It sounds really bad, but it's true!"

Some cultures prefer not to talk about health concerns, while others see it as "weak" or "not cool" to seek medical care. Thus, there is a need "to dispel those myths or those things people have grown up with that say if you need help, don't ask for it." Overcoming these issues requires trust: "If I don't feel comfortable talking to someone, then how do I dispel those myths? So that relationship-building between the health care community and the people is an important part. You've got to build trust."

Mental and Behavioral Health

Mental and behavioral health care—including addiction services—was identified by a majority of informants as the community's most needed health service. This response encompassed various fields and client populations. Multiple informants emphasized that mental health lies at the root of many medical and social problems, from substance use to child abuse: "Preventing child abuse would be wonderful, and I'd love to see less substance use. But if you go back further than that, substance use is usually caused by mental health problems. So I would probably just improve mental health care."

Informants working with at-risk children noted that mental health services for children are badly needed, not least because "we are in a suicide cluster right now for teens." Although "we have a lot of counselors," they are not trained to provide specialized care: "We have nobody who specializes in children with attachment disorders or sexually reactive [children]. There's not even sex-offender-type

services here for the abuser. There's really nothing for the victims as well. And there's nothing to address children and teens who have behavior issues that require more than just being able to go to a therapist."

Dental Health

Access to affordable dental care was mentioned as a community need by an informant who explained that although many of the people who need it actually do have access to affordable dental care, "they don't know it's available. They don't know where to go to get that kind of help."

Barriers to Access

Most informants who identified access to care as a major gap said that primary/preventive care was most needed in the community.

Cost

Despite the expansion of insurance eligibility under the Affordable Care Act, care remains out of reach for many lower-income residents: "They just don't have access, because they can't pay out of pocket for services that aren't covered under health insurance." One informant strongly emphasized that people who can't afford health insurance are typically not "lazy" or unemployed: "We're not talking about people who don't work. They're working hard but cannot pay that premium for good health care. It's not right."

Long Waiting Times

Having access to a primary care provider is no guarantee of timely service: "To get into a primary care doctor, it sometimes takes six or seven months." Long waiting times are also common in medical offices: "People get frustrated and don't even want to go because it's an all-day event." For these reasons, patients often go to Urgent Care or the emergency room. In addition to costing more, this type of care is inadequate for people who have underlying chronic health issues or risks such as an abusive relationship, mental illness or addiction; such issues are "not being addressed in the sense that they're tracking that with a doctor for their long-term needs, or with a mental health provider."

Lack of Awareness

Although health resources are widely available in Benton County, multiple informants suggested that they are underutilized due to lack of awareness. Although there is financial help available, the people most in need of it are often unaware of it or don't know how to apply. Residents may also be unaware of care options: "You have people going to the ER when they should be going to Urgent Care, or they should just schedule a doctor's visit."

To be effective, health programs and classes must attract, welcome and retain diverse residents. However, current offerings target a relatively affluent segment of the majority population, leaving people of color and lower-income residents unaware of these resources, unable to afford them, or

uncomfortable using them: “It’s not targeted to them. So they go and they’re intimidated. They don’t understand the language; there are people talking about calorie counting and carbohydrates, and that means nothing to them.”

Informant Recommendations

When asked what they would do to improve community health, informants chose expanding access to mental health, improving overall accessibility, improving education, improving childhood nutrition, and providing more “holistic” care. When asked what local and regional health care facilities could do, most informants called for more cross-cultural competence, more community outreach and community partnerships, expanding mental health services, and addressing barriers to access.

Access

When asked what is needed to make a healthy community, most informants cited accessible care and resources: “Just health care services in general, whether that’s accessible primary care physicians, whether that’s accessible mental health providers, whether that’s programs that...support clients in a realistic way.” In general, providers should work to reduce the scheduling time for appointments and the length of time patients must wait in the office. In particular, “we need to be more focused on the at-risk families—and especially children—having regular checkups and a GP.” Improving transportation is also crucial; a healthy community requires “access to public transportation, biking lanes, sidewalks.”

Community Outreach

Multiple informants see a need for culturally competent community health workers to “bridge the gap” between health providers and different communities: “Rather than having patients just come to the doctor and be told what to do, have the medical system go out to the communities.” These workers would ideally be “people who know the community, who are from the community, who can go and access those communities and talk about prevention issues, knowing the specific diseases for each community.”

This method would enable providers to bring health care directly to underserved residents: “We’re really good at waiting until someone needs to be admitted to the hospital, but we’re not really good at community health and home health, meaning going into the actual homes of people before they even need a doctor.” Suggested services include screenings, risk assessments and education, as well as postdiagnostic followup visits. The latter service could prevent recuperating patients from having to make additional office visits, which can be “a pain, especially if you don’t have a car or if you have kids.”

Several informants suggested that the best way to educate specific communities is through outreach programs that build relationships between providers, community leaders and community members: “You can’t sit and wait in your office for them to come. You need targeted communication to people.”

Diversity and Cultural Competence

There is a major need to increase diversity and cultural competence in all areas of the health care system. Cultural competence for medical staff must include clinical training on the diagnosis and treatment of nonwhite patients: “Because we don’t have a lot of dark-skinned people in this area, we aren’t trained to recognize signs and symptoms that we would normally recognize in the white population.” It should also include training on how to interview members of different cultures on health concerns: “You need to ask the right questions to make...an accurate diagnosis. You have to know the culture.”

Further, institutional services must be equally available to all community members. As one informant noted in regard to salon services in long-term care facilities, “If you’re dark-skinned, and—God forbid!—you have different hair, you are treated differently. And mental health-wise, that is not helpful for people.” Another informant put it more bluntly: “You want a healthy community? Well, if you’re talking about this population and the rest of the people of color, create an environment where people truly feel welcome!”

In general, classes and programs should be more attractive and welcoming to communities of color: “If you don’t have Latinos there, or you have the same ones over and over, you ask yourself, ‘Maybe we’re not marketing it as well as we ought.’” Educational outreach to communities of color could also highlight statistics that clarify health disparities and provide a basis for taking action: “Compared to white America, this is our statistic. So why is that?”

For disadvantaged patients in general, there tends to be a “disconnect” between their daily experiences and the expectations of medical staff. This is “a huge barrier to actually having people follow through” on medical recommendations. Community health workers could be “incredibly helpful” in overcoming this cultural barrier, because “they understand where a lot of these people are coming from.”

Education

General health education is a major need: “Having health fairs, and making information about healthy habits and lifestyle choices available for all ages—from elementary school up—is important.” This effort should include “teaching people how to eat well, and sort of changing the fast-food culture.”

An informant who works with at-risk children sees a need to educate pediatricians and emergency room staff on “abuse and training on how to report it, because Child Welfare is pretty specific about the wording before they’ll actually move it past the screening stage.”

Parenting education should be “targeted toward low-income or at-risk families,” with a focus on nutrition, child health and appropriate discipline. Existing classes tend to focus on more affluent residents with different concerns and a different level of education.

Interagency Collaboration

The CCO offers “some really good opportunities for collaboration...between agencies, medical providers, and mental health practitioners.” However, “there could definitely be more collaboration with the university,” which “tends to reach out to the community less than it could.” One option is for agencies to “collaborate to maybe offer some training opportunities for better nutrition and health care.”

To meet the needs of at-risk families, agencies should come together to identify “where our gaps are, and then who can help fill those gaps and how are they going to get funded.” There are also “opportunities to collaborate with medical professionals who are working with people who have experienced domestic violence or sexual assault.”

Agencies and providers should do more to work with community organizations, especially those serving communities of color. Too often, these highly knowledgeable groups are left out of initiatives and discussions: “The more that we know what’s going on, the more that we let others know what’s going on.”

Mental and Behavioral Health

Providing adequate mental health services requires increasing the number of providers, making sure mental health services are covered by insurance, and educating the public on mental health issues. A mental health facility based on the Urgent Care model “would relieve some of the pressures on the Urgent Care and the ER.”

Children with severe mental and behavioral problems need “some really high-level therapists that actually have some specialties, as well as psychiatrists that can prescribe meds.” The county needs more prevention programs for domestic violence and sexual assault, and it is also “hugely lacking in inpatient substance use treatment.” In addition, culturally competent mental services and outreach are important for Asian and Pacific Islander communities “because our population doesn’t seek services, especially for mental health.”

Focus groups

In January 2016, two focus groups were conducted in Corvallis. One group comprised teens and young adults living in transitional housing; the other consisted of educators and administrators at a local youth facility. In total, 16 community members participated. The questions followed the Community Health Needs Assessment survey distributed throughout the tri-county region. The following qualitative narrative describes issues reported by the participants and includes their recommendations for improving health and quality of life.

Community Health Status

An equal number of participants described their community as *healthy or sort of healthy*. Two members of the teen/young adult group described it as *unhealthy*. One said, “I walk by a lot of people, and they don’t really smile or make some kind of friendliness to you.... It’s unhealthy, in a way. It doesn’t promote people helping out one another.” The teen/young adult participants were unique among all focus group participants in this strong tendency to define community health in terms of quality of life and the extent to which people are kind, compassionate and willing to help each other.

An adult participant who identifies as Hispanic raised the issue of unexamined racial inequity in this majority-white city: “That would be the reason that I would say Corvallis is only somewhat healthy. Because those conversations don’t take place about equality. And when they do take place, people are often shut down.”

Key Themes

When asked to identify the most important community health issue, the teen/young adult group chose drug and alcohol issues, while the educator/administrator group chose poor nutrition and access to medical care. Other cited issues include cigarette smoking, dental care, and racial/ethnic inequality. When asked what services are most needed, a majority of participants chose mental health. Other cited needs were primary/preventive care, dental care, accessible care and resources, and shelter.

Poor Nutrition and Obesity

Poor nutrition is a primary reason for the poor health of lower-income residents. It was mentioned by teen participants, one of whom named “fast food” as a community health problem, and by educators, one of whom said, “A bottle of water’s \$1.99, but a Big Gulp’s 99 cents. All the healthy stuff is expensive.”

The South Town area was identified by multiple participants as a food desert. Although it has “a sizable population,” there are no convenient and affordable grocery stores offering healthy options. To reach a grocery store that’s affordable for lower-income shoppers, residents must take two long bus rides.

The high cost of food in Corvallis causes problems even for median-income shoppers: “You have to decide, ‘OK, do I spend the money on food, or do I keep my lights on?’” The amount of work required to pay for food and other expenses also cuts into food preparation time, making it more likely that residents will choose timesaving but less nutritious options.

Vulnerable Populations

When asked which community members were most likely to have poor health, almost all participants named low-income residents. Other at-risk populations include cigarette smokers, people with mental health issues, the “disenfranchised,” seniors, and the youngest generation of children.

Children

Concerns about children's health revolved primarily around the issue of health education and awareness. Although many children have online access to health information, they "have a hard time differentiating between valid information and non-valid information." In addition, busy parents often fail to model good behavior: "Yes, you want your kids to exercise, but do you have time to do it with them? And yes, you want them to eat healthy, but at the same time you're buying fast food because it's easier."

One educator expressed concern about childhood exposure to "the screens all the time. Because I think that has to do with mental health, ADD, the whole health spectrum." Teen/young adult participants echoed this concern: "Three-year-olds are already typing on phones and tablets. I think less Facebook would help."

Low-Income and Homeless Populations

A majority of both groups identified low-income residents and the homeless as the populations most likely to have poor health. Several participants said that the community has a blind spot about the extent and severity of local poverty. Accordingly, people need to be educated about "the needs that are in this community for impoverished people," especially in South Town. "The connection between South Town and the rest of the community is cut off." Transportation options are poor, denying residents easy access to healthy food and to health care. The area also lacks safe bike and walking paths, giving them fewer options for exercise.

Communities of Color

Several members of the educator/administrator group discussed Corvallis's lack of diversity: "A lot of times it just gets overlooked: Corvallis is majority white; it's a very white city. And so there's a white privilege that overlooks everyone else's needs, and voices don't get heard." As a result, people often compartmentalize issues like affordable housing or access to medical care, ignoring the common thread of racial/ethnic inequity. These problems persist in part because residents are unwilling to discuss them openly: "It's really important to...take into account historical and persistent racism. Because those kind of issues make it very hard for people to access care, for people's voices to be heard, and for people to break out of situations where they can't serve their families."

One participant noted that people of color sometimes avoid seeking care due to discrimination or bias on the part of providers and staff: "I know a lot of people who won't seek medical care because of experiences they've had in medical health care settings." Similarly, multiple low-income teens reported that medical staff tend to "degrade" low-income patients: "They don't really treat people who have OHP very good. They look down on you. They kind of act like you're a waste of time." One teen participant cited this perceived attitude as a reason for avoiding doctor visits altogether: "I feel like I have to dress up in really nice church clothes just to get help. It's retarded. So I stopped going. And I hear that from a lot of people."

Mental and Behavioral Health

Both groups identified mental and behavioral health as an important unmet need. A participant who works with teens suffering from depression and anxiety noted that addressing mental health issues is not just a matter of offering services; it's also necessary to overcome stigmas that discourage people from seeking help.

Dental Health

Participants in the educator/administrator group cited dental care as an important need, noting that poor oral health can affect nutrition, diabetes, heart health and even job prospects. Despite its importance to systemic health, "dental was not one of the top-ten health benefits covered" under the Affordable Care Act. One participant stressed the need for actual dental visits as opposed to self-care: "If you brush your teeth and you floss, but you never seek care, you're still going to have problems."

Quality of Care

Members of the educator/administrator group noted that doctors typically see patients for only 15 minutes or so. But with expanded access to health care, "someone who hasn't been to the doctor in forever" may have more issues and concerns than can be addressed in such a short time. There is also a lack of preventive care: "No one's really seen for preventive services anymore." Instead, "it's more fix it when it's broken."

Members of the teen/young adult group expressed a belief that local medical professionals have a bias against "people who don't have good health insurance," which affects their access to timely, appropriate care. Cited examples included staff presuming that OHP patients are "lying" about their condition, and doctors failing to take non-acute issues seriously: "Usually they'll check on you if you have a pain. But if the pain stops as you're getting there, they won't do anything for you."

Barriers to Access

When asked what keeps people from getting health care, most participants cited navigation difficulties, high costs, long waiting times, and lack of knowledge.

Navigation

The most commonly cited issue was the difficulty of navigating the health care system: "As a human being walking the face of this earth, navigating a health system is nearly impossible. Whether you speak the language, whether you don't; whether you know where to go, whether you don't."

Although low-income residents and people of color face unique challenges, the health care system is baffling even for affluent white residents. Describing a recent hospital experience, a white, college-educated professional said, "It was tough to navigate.... There was no one there to offer any advice on what to do." These difficulties are compounded by the fact that "you're in such a high-stress situation."

Another participant observed that a lack of “care coordination” puts the burden of informing medical staff about multiple, interrelated health issues on the patient or the patient’s caregiver.

Cost

The Affordable Care Act “allowed several hundred thousand Oregonians to be on the Oregon Health Plan.” However, “those same middle-class working people who didn’t have health insurance before—not because they didn’t want it, but because they couldn’t afford it—still can’t afford it and still don’t have it.” At the same time, “more doctors are saying, ‘We’re not taking OHP, because I can bill private insurance and I’m gonna get \$194, but if I see patients on OHP I’m getting \$14 per exam.’”

Although high-deductible plans can reduce costs, they also put inadequately educated patients in the position of assessing the seriousness of their own symptoms. These patients may choose to forego care because the urgency of their symptoms is unclear, while the cost and difficulty of accessing care is well known.

Transportation

Transportation was cited by both groups as a significant barrier to access. Transportation difficulties are especially severe “in the poorest neighborhoods” of South Town: “They’re surrounded by a railroad track and a highway. And the bus lines there are terrible. So basically, there’s this really, really, really isolated portion of Corvallis.” This makes it difficult for residents to access Urgent Care and other health services.

Long Waiting Times

The number of people seeking care has increased as more people have gained access to insurance. At the same time, many medical providers have retired or opted out of seeing OHP patients. The resulting waiting times are a barrier both to seeking care and to receiving timely treatment. Waiting periods are often even longer when a referral is involved: “If there’s something wrong with you, you’re not planning that thing to be wrong with you six months out. And that’s sometimes what it takes to get in to see somebody.”

Other Logistical and Financial Barriers

Medical offices tend to be open only during standard work hours, meaning that working residents must take time off to see a doctor: “When doctors’ offices don’t treat your time like it’s important, that’s a really big problem.” In cases where standard primary care is inaccessible due to work conflicts, a patient in need may “go to an emergency room visit because it’s the only time that you have.”

Insurance companies can also block access to care. A participant who described herself as “insurance-savvy” reported that her daughter’s treatment was denied by her insurer on the day of the scheduled surgery,” even though she “had spent countless hours” consulting with them about it.

Participant Recommendations

Suggestions for improving community health included improving care and communication, offering more low-income services, and providing help with navigation. Participants also recommended improving the system through community and political engagement, diversity, cross-cultural competence, and education.

Access

Access recommendations focused mainly on launching or expanding low-income services: “Invest in impoverished communities more. Bring service centers into places with high poverty rates.” Mobile services are another option: “Some cities have mobile clinics that will go around and offer checkups and minor care.”

One participant suggested improving access through “telephone or Internet-type visits. I’ve had some telephone visits from care providers, and that was fabulous.” To achieve properly coordinated care, providers also need a more integrated system with “some central point where someone knows everything.”

Community and Political Engagement

One member of the educator/administrator group argued that there’s a need to “totally overhaul the way people are paid”; under the current system, “there’s an incentive to create a backlog.” Another stressed the need for insurance reform: “We should’ve started where it counts: coverage, affordability and insurance reform.” A member of the teen/young adult group also called for “more reasonable insurance coverage.”

Members of the teen/young adult group focused on the importance of “caring about other people in the community and caring about the community in general.” Community health could be strengthened by having “more community,” including “social events” where people could “get to know their community members.... There should be more stuff like the Boys & Girls Club but for grownups, where you don’t have to pay to get in...where people could socialize and play games. And make friends, if they don’t have friends.”

Diversity and Cultural Competence

Because bias and discrimination can make people of color less likely to seek care, the medical system needs a more diverse workforce: “From a medical health care perspective, it’s really important for people of diverse backgrounds to be hired in mental health care and in physical health care.... It’s not just something you should pay lip service to; it’s something you should take seriously.”

Education

Health education should “emphasize preventive methods.” In particular, children’s health education needs to be improved. This effort should include teaching children how to assess the credibility of health

information, especially online: “These little minds are looking for guidance. They’re like little sponges, so we just need to be giving them the correct information—making it accessible for them.”

Navigation

Participants suggested improving navigation by providing one-on-one assistance, such as “an advocate at the hospitals that can guide people.” Interagency navigation assistance would also be helpful: “Say I go to fill out my food stamps, and I say, “Dude, I don’t know where to go [for vision care].” They’re like, “Oh, here’s the information for this place. And now I know where to get my eyes fixed, and I don’t have to go place to place.”

It would also be helpful to give patients more agency in finding and using health information: “We could have a health insurance agency that’s almost like a travel agency. Like you go through a travel agent to get flights, you can go to a health insurance agent to really get the best care for you.” One participant added, “I’m really looking forward to electronic medical records, and I’d really like a lot of patient input. I’d really like to have more control over my medical care.”

Community Health Perceptions Survey

Samaritan Health Services designed and distributed a community health perceptions survey to residents of Benton County between December 2015 and February 2016. The survey was provided in an online format and a paper format. 20 organizations received paper copies of the survey. 719 surveys were completed by Benton County residents during the three month window. Table A.0 reports demographics of the survey respondents. Figures A.1 through A.12 display the distribution of responses to 12 community health perception surveys. Each figure is accompanied by 4 tables, which stratify responses by location, income, Hispanic identity, and urban/rural residence, respectively. Figure A.13 displays the prioritization by survey respondents of 26 health issues identified by Samaritan Health Services.

Table A.0: Demographic information for Benton County Community Health Perceptions Survey

Do you live in a city, town, or rural area?	<i>number</i>	<i>(percent)</i>
City	364	(51)
Town	175	(24)
Rural area	179	(25)
Did not answer	1	(0)

How old are you?		
Under 18 years old	2	(0)
18 to 24 years old	22	(3)
25 to 44 years old	241	(34)
45 to 64 years old	344	(48)
65 to 84 years old	101	(14)

85 years or older	7	(1)
Did not answer	2	(0)

What language do you usually speak at home?

English	690	(96)
Spanish	6	(1)
Arabic	3	(0)
Another language	19	(3)
Did not answer	1	(0)

What is your race and/or ethnicity?*

African American or Black	19	(3)
American Indian or Alaskan Native	22	(3)
Asian	17	(2)
Pacific Islander	2	(0)
White or Caucasian	583	(77)
Hispanic or Latino	36	(5)
Middle Eastern, North African, or Arab	4	(1)
Another race or ethnicity	20	(3)
Did not answer	55	(7)

What is your gender or gender identity?

Male	193	(27)
Female	488	(68)
Transgender	3	(0)
Did not answer	35	(5)

Are you (sexual orientation):

Straight/Heterosexual	623	(87)
Gay or Lesbian	8	(1)
Bisexual	22	(3)
Did not answer	66	(9)

Are there children under 18 living with you?

Yes	210	(29)
No	484	(67)
Did not answer	25	(3)

What is your annual income?

Less than \$20,000	159	(22)
\$20,000 to \$39,000	104	(14)

\$40,000 to \$79,000	142	(20)
\$80,000 or more	218	(30)
Did not answer	96	(13)

Where do you get your health insurance?*

My job	412	(52)
HealthCare.gov (the health insurance marketplace)	36	(5)
A private insurance company	44	(6)
Medicare	99	(12)
Oregon Health Plan (Medicaid)	115	(14)
Tribal health services	2	(0)
Active military (TRICARE)	5	(1)
Veteran's Administration	14	(2)
Student health insurance	5	(1)
I don't have health insurance	19	(2)
I don't know	7	(1)
Somewhere else	31	(4)
Did not answer	6	(1)

Do you have enough health insurance to help you stay healthy?

Yes	603	(84)
No	98	(14)
Did not answer	18	(3)

Do you have enough dental insurance?

Yes, I have enough dental insurance to help me stay healthy	484	(67)
Yes, but it is not enough to help me stay healthy	85	(12)
No	131	(18)
Did not answer	19	(3)

Where is the first place you go when you need medical care?

My regular doctor's office	504	(70)
A health clinic or other walk-in center	115	(16)
A hospital emergency room	30	(4)
I do not go anywhere to get care	12	(2)
Somewhere else	19	(3)
Did not answer	39	(5)

How much school have you had?

I have not finished high school	28	(4)
High school graduate or GED	68	(9)
Some college	135	(19)
Associate's or trade degree	102	(14)
Bachelor's degree	188	(26)
Graduate or professional degree	180	(25)
Did not answer	18	(3)

Are you (employment status)*:

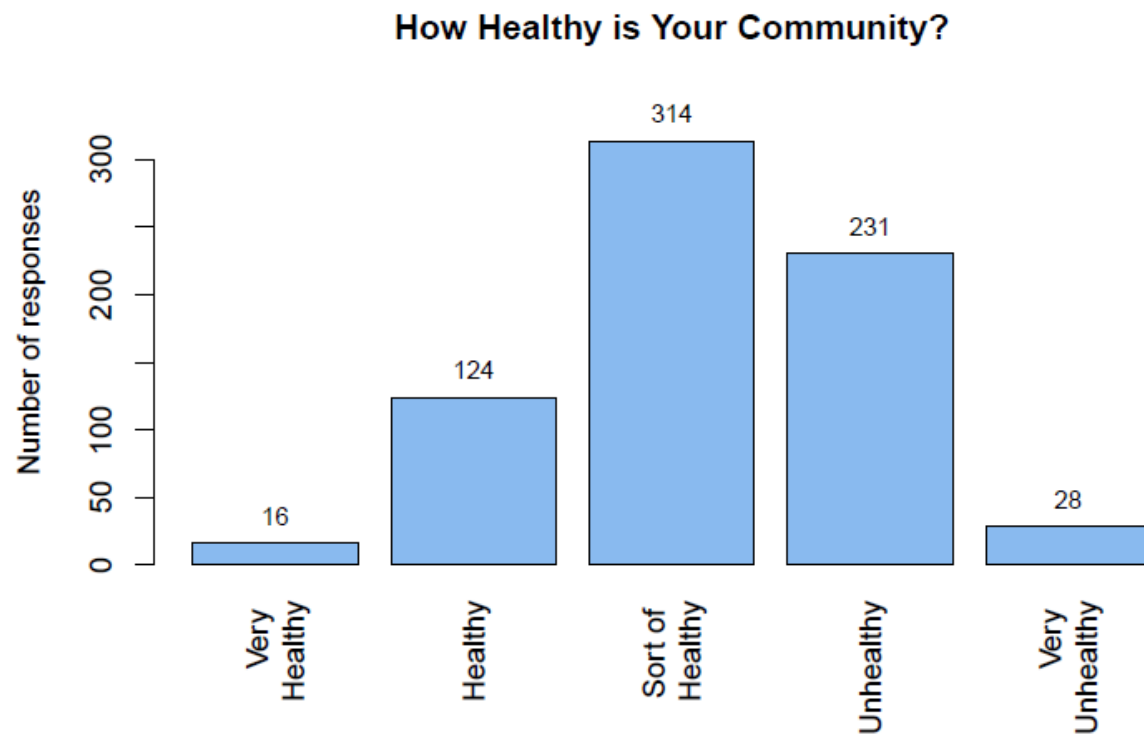
Employed full time	393	(51)
Employed part time	101	(13)
Unemployed	50	(7)
Disabled or on disability	70	(9)
Student	23	(3)
Retired	94	(12)
Other	25	(3)
Did not answer	11	(1)

Are you (marital status):

Married	381	(53)
Partnered	46	(6)
Divorced	94	(13)
Widowed	32	(4)
Single	130	(18)
Did not answer	36	(5)

** Percents do not sum to 100 because respondents could mark more than one response*

Figure A.1: How healthy is your community?



A total of **713** respondents from Benton County answered the question: “How healthy is your community?” from the Community Health Survey. The majority of respondents (n= **314**) indicated that their community is “Sort of healthy”. A total of **231** respondents indicated “Unhealthy”; **124** respondents indicated “Healthy”. A negligible number of respondents indicated “Very unhealthy” (n=**28**) and “Very healthy” (n=**16**).

Table A.1: How healthy is your community?

How healthy is your community? (Stratified by **zip code**)

Zip Code	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Albany	0	(0)	17	(23)	39	(52)	19	(25)	0	(0)
Alsea	0	(0)	4	(57)	2	(29)	1	(14)	0	(0)
North Corvallis	8	(2)	48	(14)	151	(43)	125	(36)	17	(5)
OSU	0	(0)	0	(0)	0	(0)	1	(100)	0	(0)
Other	1	(6)	3	(19)	11	(69)	1	(6)	0	(0)
South Benton County	0	(0)	13	(26)	20	(40)	17	(34)	0	(0)
South Corvallis	5	(4)	20	(16)	49	(38)	45	(35)	9	(7)
West Benton County	2	(3)	14	(18)	38	(49)	21	(27)	2	(3)

How healthy is your community? (Stratified by **income**)

Income	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	9	(6)	48	(30)	65	(41)	31	(19)	6	(4)
\$20,000 to \$39,000	0	(0)	22	(22)	48	(48)	30	(30)	1	(1)
\$40,000 to \$79,000	2	(1)	11	(8)	69	(49)	58	(41)	2	(1)
\$80,000 or more	1	(0)	24	(11)	92	(43)	86	(40)	13	(6)

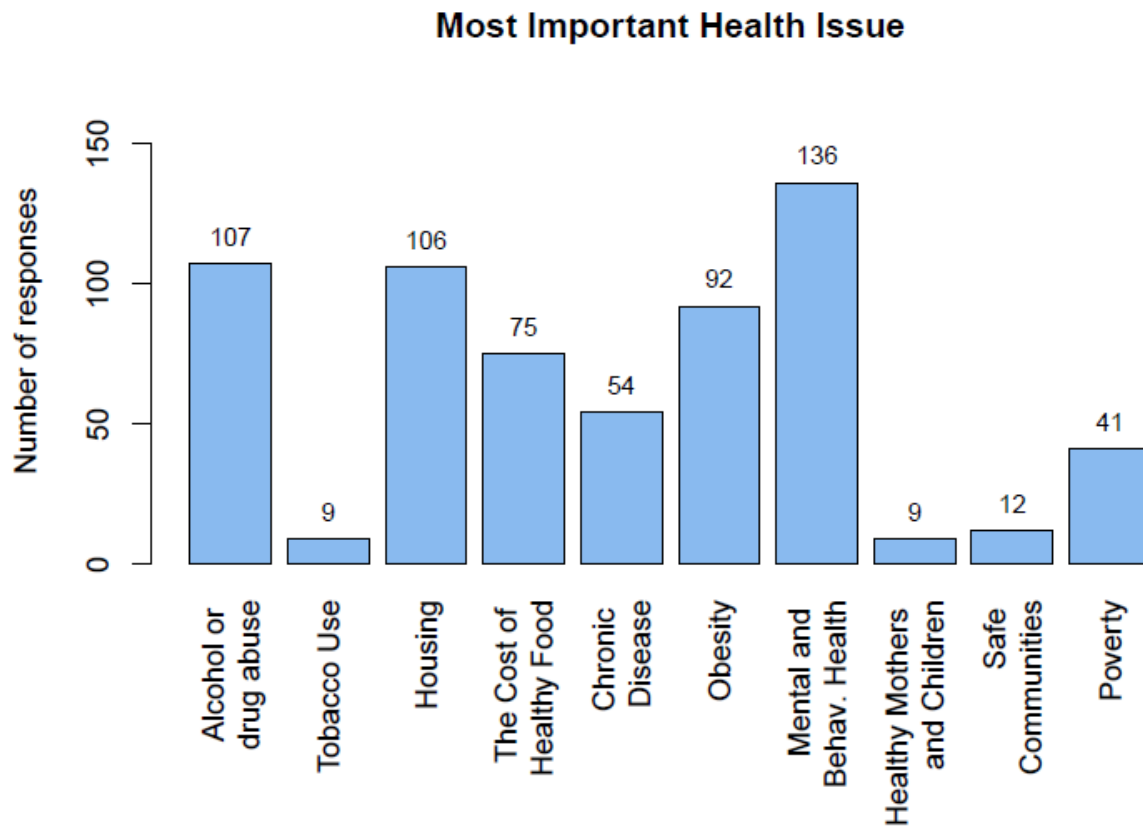
How healthy is your community? (Stratified by **ethnicity**)

Ethnicity	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	14	(2)	117	(17)	297	(44)	221	(33)	28	(4)
Non-Hispanic or Latino	2	(6)	7	(19)	17	(47)	10	(28)	0	(0)

How healthy is your community? (Stratified by **residence**)

Residence	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	7	(2)	55	(15)	158	(44)	124	(34)	17	(5)
Town	6	(3)	31	(18)	79	(45)	50	(29)	8	(5)
Rural Area	2	(1)	38	(21)	77	(44)	57	(32)	3	(2)

Figure A.2: What is the most important health issue in your community?



A total of **641** respondents from Benton County answered the question: “What is the most important health issue in your community?” from the Community Health Survey. The majority of respondents (n=**136**) indicated “Mental and behavioral health” as the most important health issue in their community. A total of **107** respondents indicated “Alcohol or Drug Abuse”; **106** respondents indicated “Housing”; **92** respondents indicated “Obesity”; **75** respondents indicated “The cost of healthy food”; **54** respondents indicated “Chronic disease”; and **41** respondents indicated “Poverty”. A negligible number of respondents indicated “Safe communities” (n=**12**), “Tobacco Use” (n=**9**), and “Healthy Mothers and Children” (n=**9**).

Table A.2: What is the most important health issue in your community?

What is the most important health issue in your community (part1)? (Stratified by **zip code**)

Zipcode	Alcohol or drug abuse		Tobacco Use		Housing		The Cost of Healthy Food		Chronic Disease	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	13	(18)	1	(1)	2	(3)	5	(7)	9	(13)
Alsea	2	(33)	0	(0)	0	(0)	2	(33)	0	(0)
North Corvallis	45	(14)	4	(1)	64	(20)	32	(10)	22	(7)
OSU	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other	0	(0)	2	(20)	2	(20)	2	(20)	0	(0)
South Benton County	13	(30)	0	(0)	3	(7)	11	(25)	3	(7)
South Corvallis	21	(19)	2	(2)	25	(22)	11	(10)	8	(7)
West Benton County	9	(13)	0	(0)	9	(13)	10	(14)	10	(14)

What is the most important health issue in your community (part 2)? (Stratified by **zip code**)

Zipcode	Obesity		Mental and Behav. Health		Healthy Mothers and Children		Safe Communities		Poverty	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	15	(21)	20	(28)	1	(1)	1	(1)	4	(6)
Alsea	0	(0)	1	(17)	1	(17)	0	(0)	0	(0)
North Corvallis	48	(15)	69	(22)	3	(1)	5	(2)	22	(7)
OSU	0	(0)	1	(100)	0	(0)	0	(0)	0	(0)
Other	0	(0)	2	(20)	0	(0)	0	(0)	2	(20)
South Benton County	3	(7)	4	(9)	0	(0)	1	(2)	6	(14)
South Corvallis	13	(12)	27	(24)	2	(2)	2	(2)	2	(2)
West Benton County	13	(18)	12	(17)	2	(3)	2	(3)	5	(7)

What is the most important health issue in your community (part1)? (Stratified by **income**)

Income	Alcohol or drug abuse		Tobacco Use		Housing		The Cost of Healthy Food		Chronic Disease	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	22	(17)	2	(2)	33	(25)	26	(20)	6	(5)
\$20,000 to \$39,000	19	(21)	1	(1)	16	(18)	14	(16)	6	(7)
\$40,000 to \$79,000	26	(19)	5	(4)	19	(14)	14	(10)	16	(12)
\$80,000 or more	22	(11)	1	(0)	29	(14)	11	(5)	17	(8)

What is the most important health issue in your community (part 2)? (Stratified by **income**)

Income	Obesity		Mental and Behav. Health		Healthy Mothers and Children		Safe Communities		Poverty	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	9	(7)	21	(16)	1	(1)	1	(1)	9	(7)
\$20,000 to \$39,000	10	(11)	14	(16)	1	(1)	0	(0)	9	(10)
\$40,000 to \$79,000	15	(11)	26	(19)	3	(2)	1	(1)	12	(9)
\$80,000 or more	41	(20)	62	(31)	4	(2)	7	(3)	9	(4)

What is the most important health issue in your community (part1)? (Stratified by **ethnicity**)

Ethnicity	Alcohol or drug abuse		Tobacco Use		Housing		The Cost of Healthy Food		Chronic Disease	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	103	(17)	8	(1)	98	(16)	70	(11)	52	(9)
Hispanic or Latino	4	(13)	1	(3)	8	(26)	5	(16)	2	(6)

What is the most important health issue in your community (part 2)? (Stratified by **ethnicity**)

Ethnicity	Obesity		Mental and Behav. Health		Healthy Mothers and Children		Safe Communities		Poverty	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	88	(14)	132	(22)	8	(1)	12	(2)	39	(6)
Hispanic or Latino	4	(13)	4	(13)	1	(3)	0	(0)	2	(6)

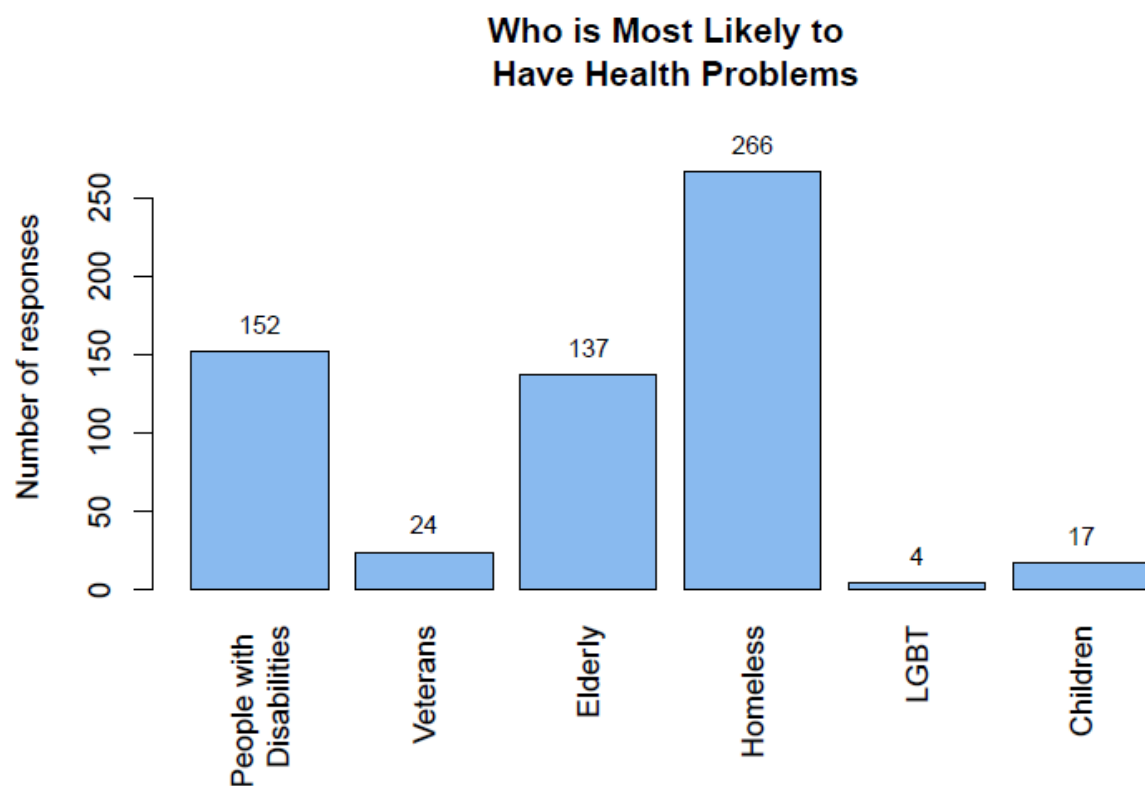
What is the most important health issue in your community (part1)? (Stratified by **residence**)

Residence	Alcohol or drug abuse		Tobacco Use		Housing		The Cost of Healthy Food		Chronic Disease	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	45	(14)	7	(2)	66	(21)	35	(11)	24	(8)
Town	28	(18)	1	(1)	21	(13)	18	(11)	13	(8)
Rural Area	34	(21)	1	(1)	19	(12)	22	(13)	17	(10)

What is the most important health issue in your community (part 2)? (Stratified by **residence**)

Residence	Obesity		Mental and Behav. Health		Healthy Mothers and Children		Safe Communities		Poverty	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	47	(15)	67	(21)	7	(2)	4	(1)	18	(6)
Town	24	(15)	36	(23)	1	(1)	4	(3)	12	(8)
Rural Area	21	(13)	33	(20)	1	(1)	4	(2)	11	(7)

Figure A.3: Who is most likely to have health problems in your community?



A total of **600** respondents from Benton County answered the question: “Who is most likely to have health problems in your community?” from the Community Health Survey. The majority of respondents (n=**266**) indicated “Homeless individuals” are most likely to have health problems in their community. A total of **152** respondents indicated “People with disabilities”; **137** respondents indicated “Elderly individuals”. A negligible number of respondents indicated “Veterans” (n=**24**), “Children” (n=**17**), and “LGBT individuals” (n=**4**).

Table A.3: Who is most likely to have health problems in your community?

Who is most likely to have health problems in your community? (Stratified by **zip code**)

Zip Code	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Albany	15	(26)	5	(9)	18	(31)	16	(28)	0	(0)	4	(7)
Alsea	2	(33)	0	(0)	4	(67)	0	(0)	0	(0)	0	(0)
North Corvallis	71	(24)	8	(3)	49	(16)	164	(54)	2	(1)	8	(3)
OSU	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other	4	(40)	1	(10)	1	(10)	4	(40)	0	(0)	0	(0)
South Benton County	14	(33)	1	(2)	21	(49)	5	(12)	0	(0)	2	(5)
South Corvallis	30	(29)	4	(4)	21	(20)	47	(45)	1	(1)	2	(2)
West Benton County	12	(18)	4	(6)	20	(31)	27	(42)	1	(2)	1	(2)

Who is most likely to have health problems in your community? (Stratified by **income**)

Income	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Less than \$20,000	37	(28)	8	(6)	17	(13)	67	(51)	1	(1)	1	(1)
\$20,000 to \$39,000	18	(21)	6	(7)	14	(16)	46	(53)	0	(0)	2	(2)
\$40,000 to \$79,000	27	(22)	7	(6)	41	(33)	46	(37)	0	(0)	4	(3)
\$80,000 or more	52	(28)	3	(2)	47	(25)	74	(40)	0	(0)	9	(5)

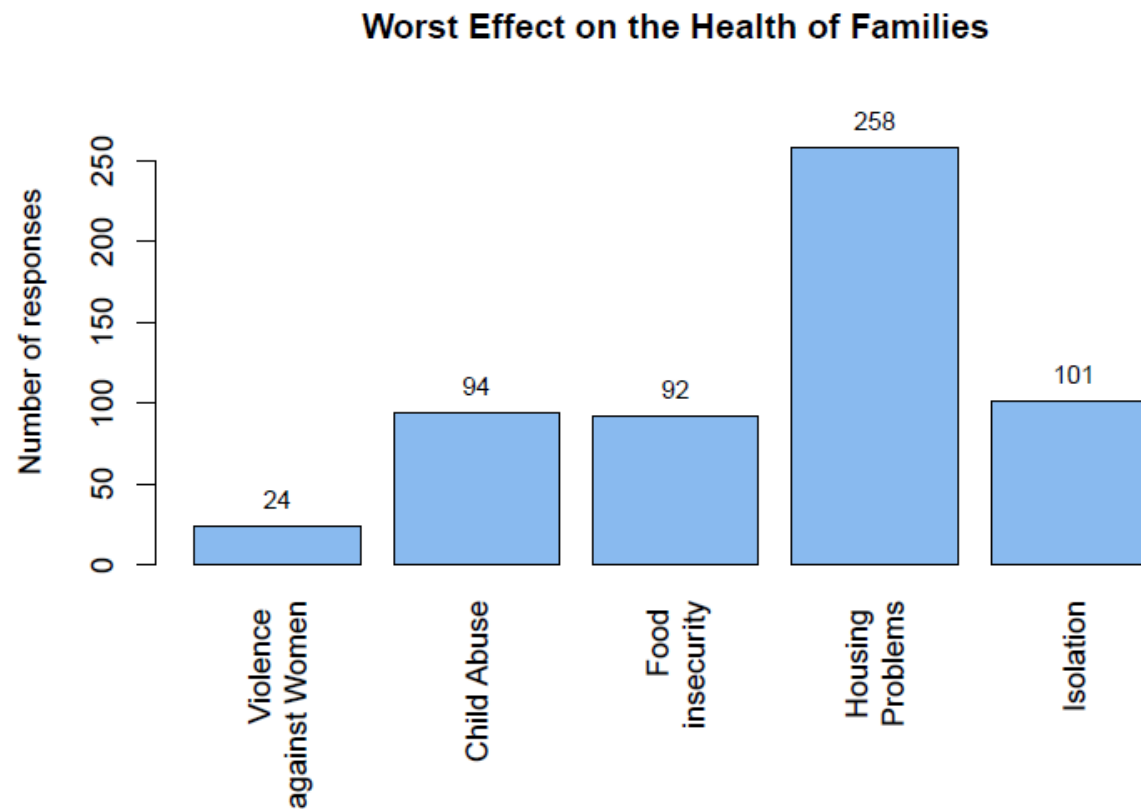
Who is most likely to have health problems in your community? (Stratified by **ethnicity**)

Ethnicity	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Non-Hispanic or Latino	142	(25)	23	(4)	128	(22)	257	(45)	4	(1)	17	(3)
Hispanic or Latino	10	(34)	1	(3)	9	(31)	9	(31)	0	(0)	0	(0)

Who is most likely to have health problems in your community? (Stratified by **residence**)

Residence	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	68	(22)	10	(3)	58	(19)	161	(53)	0	(0)	6	(2)
Town	43	(30)	8	(6)	28	(20)	56	(40)	3	(2)	3	(2)
Rural Area	41	(26)	6	(4)	51	(33)	49	(31)	1	(1)	8	(5)

Figure A.4: Which of the following has the worst effect on the health of families in your community?



A total of **569** respondents from Benton County answered the question: “Which of the following has the worst effect on the health of families in your community?” from the Community Health Survey. The majority of respondents (n=**258**) indicated “Housing Problems” as the worst effect on the health of families in their community. A total of **101** respondents indicated “Feeling separated from the community or discriminated against”; **94** respondents indicated “Child abuse”; following **92** respondents indicating “Not having enough food”. A negligible number of respondents (n=**24**) indicated “Violence against women”.

Table A.4: Which of the following has the worst effect on the health of families in your community?

Which of the following has the worst effect on the health of families in your community? (Stratified by **zip code**)

Zip Code	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	0	(0)	15	(28)	6	(11)	23	(43)	9	(17)
Alsea	0	(0)	2	(40)	1	(20)	1	(20)	1	(20)
North Corvallis	18	(6)	41	(14)	42	(15)	137	(48)	48	(17)
OSU	0	(0)	0	(0)	0	(0)	0	(0)	1	(100)
Other	0	(0)	1	(10)	4	(40)	3	(30)	2	(20)
South Benton County	0	(0)	5	(13)	10	(25)	11	(28)	14	(35)
South Corvallis	3	(3)	12	(12)	13	(13)	54	(53)	19	(19)
West Benton County	3	(5)	13	(21)	14	(22)	26	(41)	7	(11)

Which of the following has the worst effect on the health of families in your community? (Stratified by **income**)

Income	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Less than \$20,000	7	(5)	10	(8)	19	(14)	68	(52)	28	(21)
\$20,000 to \$39,000	1	(1)	17	(19)	15	(17)	39	(44)	17	(19)
\$40,000 to \$79,000	4	(3)	23	(20)	21	(18)	48	(42)	19	(17)
\$80,000 or more	8	(5)	34	(20)	24	(14)	75	(45)	26	(16)

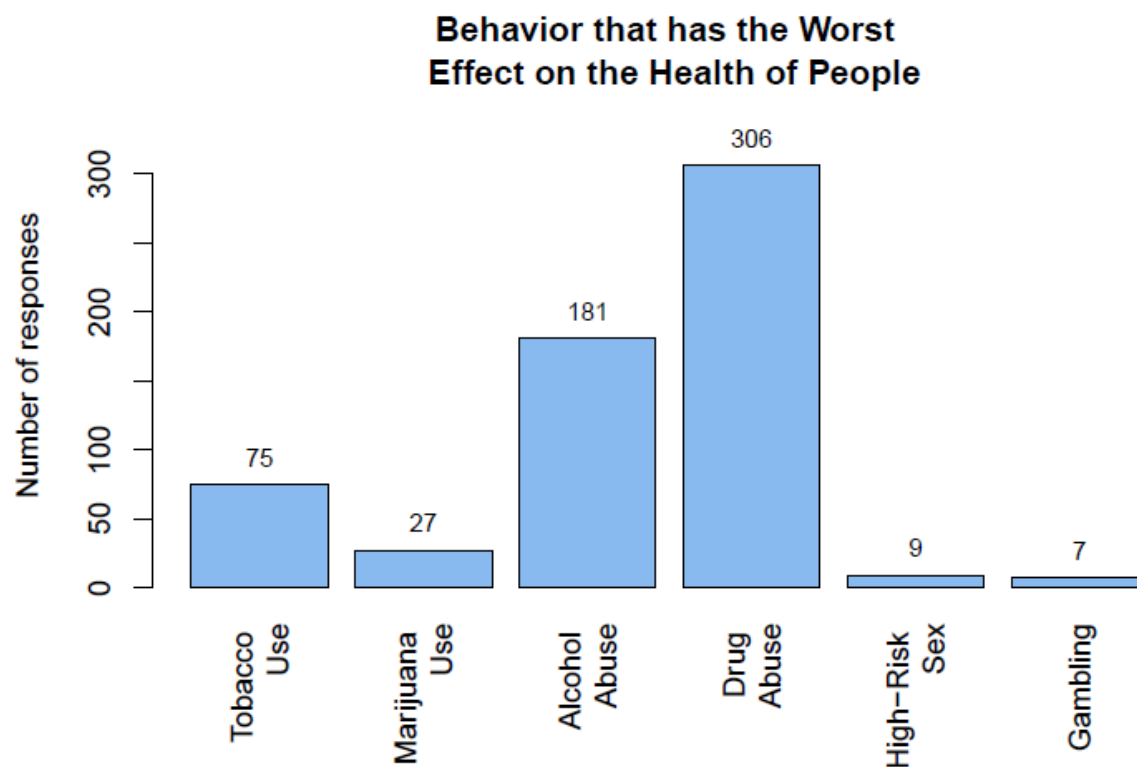
Which of the following has the worst effect on the health of families in your community? (Stratified by **ethnicity**)

Ethnicity	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Non-Hispanic or Latino	21	(4)	91	(17)	87	(16)	248	(46)	92	(17)
Hispanic or Latino	3	(10)	3	(10)	5	(17)	10	(33)	9	(30)

Which of the following has the worst effect on the health of families in your community? (Stratified by **residence**)

Residence	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	16	(6)	33	(12)	48	(17)	144	(51)	44	(15)
Town	5	(4)	26	(18)	25	(18)	51	(36)	35	(25)
Rural Area	3	(2)	35	(25)	19	(13)	63	(44)	22	(15)

Figure A.5: What behavior has the worst effect on the health of people in your community?



A total of **605** respondents from Benton County answered the question: “What behavior has the worst effect on the health of people in your community?” from the Community Health Survey. The majority of respondents (n =**306**) indicated “Drug abuse” as the behavior that has the worst effect on the health of people in their community. A total of **181** respondents indicated “Alcohol abuse”; **75** respondents indicated “Tobacco use”; followed by **27** respondents indicating “Marijuana use”. A negligible number of respondents indicated “High-risk sex” (n = **9**) and “Gambling” (n =**7**).

Table A.5: What behavior has the worst effect on the health of people in your community?

What behavior has the worst effect on the health of people in your community? (Stratified by **zip code**)

Zip Code	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	11	(17)	1	(2)	12	(18)	41	(63)	0	(0)	0	(0)
Alsea	2	(33)	1	(17)	2	(33)	1	(17)	0	(0)	0	(0)
North Corvallis	30	(10)	11	(4)	96	(33)	150	(51)	3	(1)	2	(1)
OSU	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other	2	(13)	3	(20)	2	(13)	6	(40)	0	(0)	2	(13)
South Benton County	4	(10)	4	(10)	11	(28)	19	(48)	2	(5)	0	(0)
South Corvallis	10	(9)	5	(5)	38	(35)	54	(50)	1	(1)	1	(1)
West Benton County	14	(21)	2	(3)	20	(30)	30	(45)	0	(0)	1	(1)

What behavior has the worst effect on the health of people in your community? (Stratified by **income**)

Income	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Less than \$20,000	12	(10)	6	(5)	42	(35)	52	(43)	4	(3)	4	(3)
\$20,000 to \$39,000	8	(10)	1	(1)	18	(21)	54	(64)	3	(4)	0	(0)
\$40,000 to \$79,000	14	(11)	9	(7)	37	(29)	67	(52)	1	(1)	0	(0)
\$80,000 or more	30	(15)	7	(4)	64	(32)	98	(49)	0	(0)	1	(1)

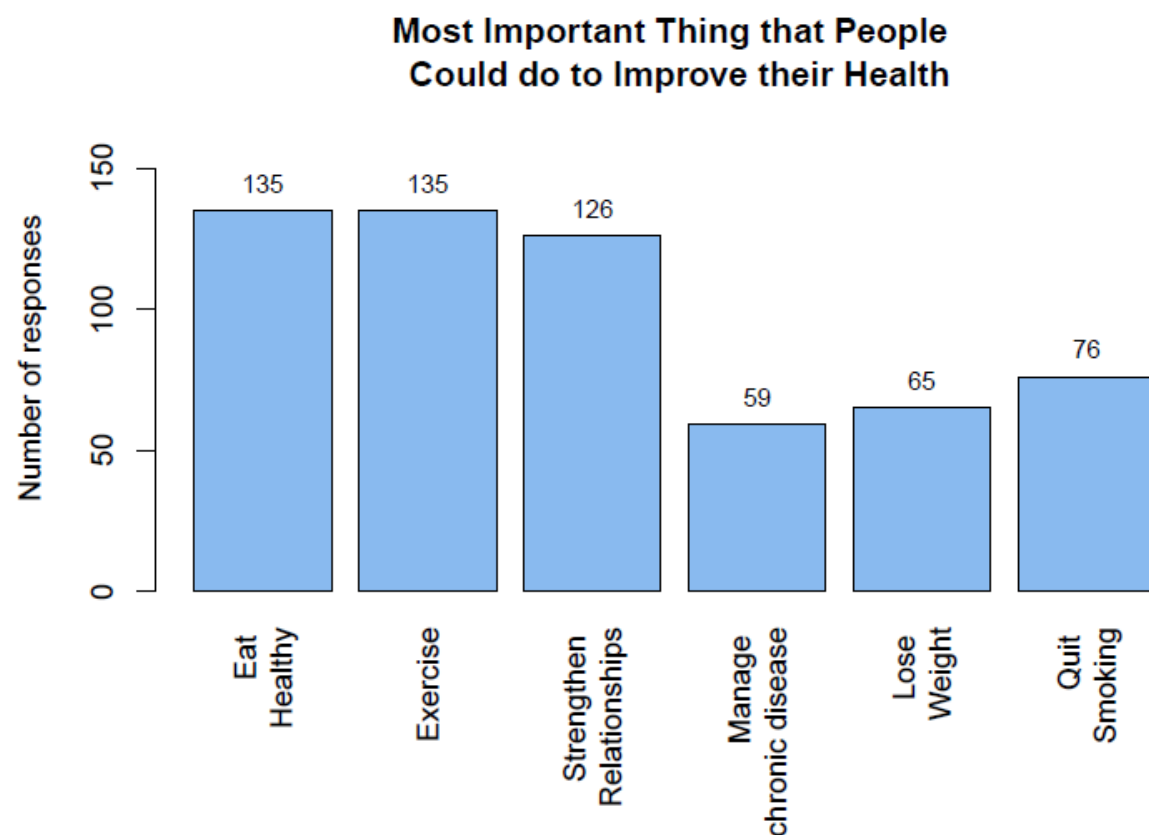
What behavior has the worst effect on the health of people in your community? (Stratified by **ethnicity**)

Ethnicity	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Non-Hispanic or Latino	67	(12)	25	(4)	174	(30)	292	(51)	9	(2)	7	(1)
Hispanic or Latino	8	(26)	2	(6)	7	(23)	14	(45)	0	(0)	0	(0)

What behavior has the worst effect on the health of people in your community? (Stratified by **residence**)

Residence	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	29	(10)	12	(4)	98	(33)	158	(52)	2	(1)	2	(1)
Town	25	(16)	2	(1)	45	(29)	77	(50)	2	(1)	2	(1)
Rural Area	21	(14)	13	(9)	38	(25)	71	(47)	5	(3)	3	(2)

Figure A.6: What is the most important thing that people in your community could do to improve their health?



A total of **596** respondents from Benton County answered the question: “What is the most important thing that people in your community could do to improve their health?” from the Community Health Survey. The majority of respondents indicated “Eat healthy food” (n=**135**) and “Exercise” (n=**135**) as the most important thing people could do to improve their health. A total of **126** respondents indicated “Strengthen relationships with friends and family”; **76** respondents indicated “Quit smoking”; **65** respondents indicated “Lose weight”; and lastly a total of **59** respondents indicated “Do things that help treat diseases like cancer, diabetes, or asthma”.

Table A.6: What is the most important thing that people in your community could do to improve their health?

What is the most important thing that people in your community could do to improve their health? (Stratified by **zip code**)

Zip Code	Eat Healthy		Exercise		Strengthen Relationships		Manage chronic disease		Lose Weight		Quit Smoking	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Albany	14	(22)	10	(16)	12	(19)	6	(9)	12	(19)	10	(16)
Alsea	3	(43)	0	(0)	0	(0)	2	(29)	1	(14)	1	(14)
North												
Corvallis	52	(18)	65	(22)	73	(27)	29	(10)	31	(11)	35	(12)
OSU	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(100)
Other	4	(33)	2	(17)	3	(25)	2	(17)	0	(0)	1	(8)
South												
Benton												
County	17	(39)	3	(7)	6	(14)	4	(9)	8	(18)	6	(14)
South												
Corvallis	26	(25)	33	(32)	17	(16)	9	(9)	5	(5)	14	(13)
West												
Benton												
County	16	(24)	20	(30)	10	(15)	6	(9)	7	(11)	7	(11)

What is the most important thing that people in your community could do to improve their health? (Stratified by **income**)

Income	Eat Healthy		Exercise		Strengthen Relationships		Manage chronic disease		Lose Weight		Quit Smoking	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	36	(28)	20	(16)	32	(25)	17	(13)	10	(8)	12	(9)
\$20,000 to \$39,000	22	(27)	21	(26)	17	(21)	7	(9)	6	(7)	9	(11)
\$40,000 to \$79,000	27	(22)	28	(23)	28	(23)	10	(8)	15	(12)	14	(11)
\$80,000 or more	31	(16)	48	(25)	38	(20)	18	(10)	23	(12)	31	(16)

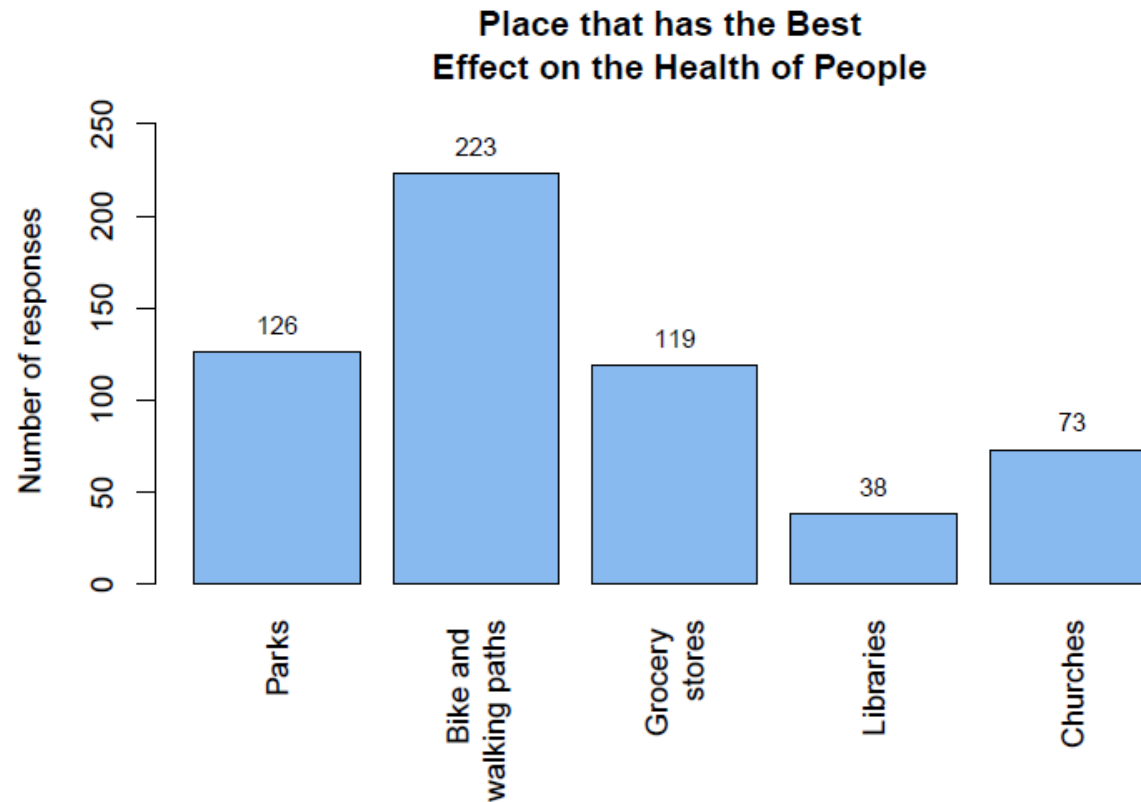
What is the most important thing that people in your community could do to improve their health? (Stratified by **ethnicity**)

Ethnicity	Eat Healthy		Exercise		Strengthen Relationships		Manage chronic disease		Lose Weight		Quit Smoking	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	130	(23)	130	(23)	118	(21)	54	(10)	63	(11)	73	(13)
Hispanic or Latino	5	(18)	5	(18)	8	(29)	5	(18)	2	(7)	3	(11)

What is the most important thing that people in your community could do to improve their health? (Stratified by **residence**)

Residence	Eat Healthy		Exercise		Strengthen Relationships		Manage chronic disease		Lose Weight		Quit Smoking	
	<i>no.</i>	(%)	<i>no.</i>	(%)	<i>no.</i>	(%)	<i>no.</i>	(%)	<i>no.</i>	(%)	<i>no.</i>	(%)
City	64	(21)	72	(24)	62	(21)	31	(10)	32	(11)	40	(13)
Town	33	(23)	34	(24)	28	(20)	15	(11)	17	(12)	15	(11)
Rural Area	38	(25)	29	(19)	35	(23)	13	(9)	16	(11)	21	(14)

Figure A.7: What kind of place has the best effect on the health of people in your community?



A total of **579** respondents from Benton County answered the question: “What kind of place has the best effect on the health of people in your community?” from the Community Health Survey. The majority of respondents (n=**223**) indicated “Bicycle and walking paths and trails” as the place that has the best effect on the health of people in their community. A total of **126** respondents indicated “Parks, playgrounds, and sports fields”; **119** respondents indicated “Stores that sell fresh and healthy food”; followed by **73** respondents indicating “Churches”. A negligible number of respondents (n=**38**) indicated “Libraries”.

Table A.7: What kind of place has the best effect on the health of people in your community?

What kind of place has the best effect on the health of people in your community? (Stratified by **zip code**)

Zip Code	Parks		Bike and walking paths		Grocery stores		Libraries		Churches	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	10	(17)	27	(47)	13	(22)	1	(2)	7	(12)
Alsea	2	(29)	1	(14)	1	(14)	3	(43)	0	(0)
North Corvallis	62	(22)	119	(42)	55	(19)	12	(4)	33	(12)
OSU	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)
Other	1	(11)	2	(22)	1	(11)	3	(33)	2	(22)
South Benton County	9	(24)	5	(13)	13	(34)	7	(18)	4	(11)
South Corvallis	26	(24)	41	(38)	13	(12)	10	(9)	18	(17)
West Benton County	13	(20)	27	(42)	19	(29)	2	(3)	4	(6)

What kind of place has the best effect on the health of people in your community? (Stratified by **income**)

Income	Parks		Bike and walking paths		Grocery stores		Libraries		Churches	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Less than \$20,000	17	(14)	27	(23)	27	(23)	17	(14)	32	(27)
\$20,000 to \$39,000	20	(25)	23	(28)	21	(26)	3	(4)	14	(17)
\$40,000 to \$79,000	31	(25)	62	(50)	18	(15)	5	(4)	8	(6)
\$80,000 or more	47	(26)	82	(45)	37	(20)	6	(3)	9	(5)

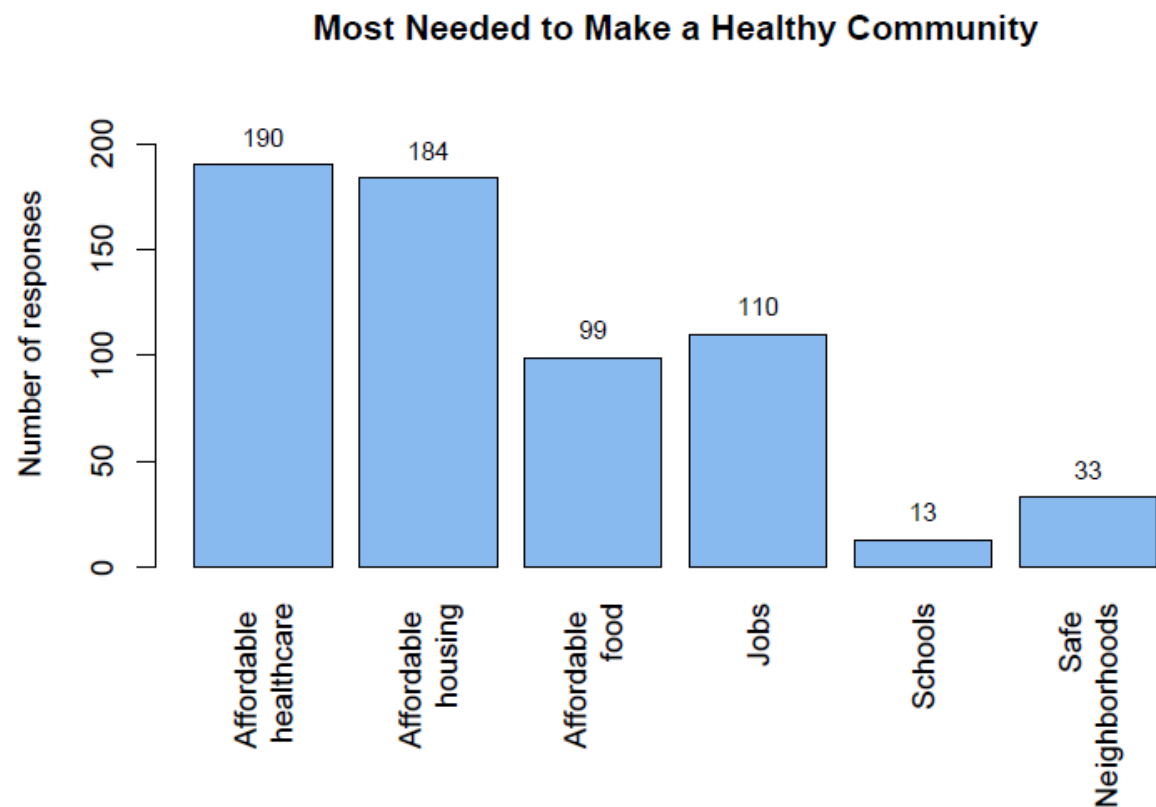
What kind of place has the best effect on the health of people in your community? (Stratified by **ethnicity**)

Ethnicity	Parks		Bike and walking paths		Grocery stores		Libraries		Churches	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Non-Hispanic or Latino	119	(22)	215	(39)	116	(21)	37	(7)	64	(12)
Hispanic or Latino	7	(25)	8	(29)	3	(11)	1	(4)	9	(32)

What kind of place has the best effect on the health of people in your community? (Stratified by **residence**)

Residence	Parks		Bike and walking paths		Grocery stores		Libraries		Churches	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	72	(25)	117	(40)	48	(16)	17	(6)	39	(13)
Town	25	(18)	52	(37)	32	(23)	10	(7)	22	(16)
Rural Area	29	(20)	54	(37)	39	(27)	11	(8)	12	(8)

Figure A.8: What is most needed to make a healthy community?



A total of **629** respondents from Benton County answered the question: “What is most needed to make a healthy community?” from the Community Health Survey. The majority of respondents (n=**190**) indicated “Health care that people can afford” as most needed to make a healthy community. A total of **184** respondents indicated “Housing that people can afford”; **110** respondents indicated “Good jobs”; followed by **99** respondents indicating “Healthy food that people can afford”. A negligible number of respondents indicated “Safe neighborhoods” (n=**33**) and “Good schools” (n=**13**).

Table A.8: What is most needed to make a healthy community?

What is most needed to make a healthy community? (stratified by **zip code**)

Zip Code	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	21	(32)	15	(23)	12	(18)	15	(23)	0	(0)	2	(3)
Alsea	2	(29)	0	(0)	3	(43)	2	(29)	0	(0)	0	(0)
North Corvallis	90	(29)	108	(35)	32	(10)	52	(17)	5	(2)	20	(7)
OSU	0	(0)	0	(0)	1	(100)	0	(0)	0	(0)	0	(0)
Other	3	(21)	6	(43)	3	(21)	2	(14)	0	(0)	0	(0)
South Benton County	16	(36)	3	(7)	13	(29)	12	(27)	1	(2)	0	(0)
South Corvallis	33	(29)	34	(30)	17	(15)	18	(16)	6	(5)	5	(4)
West Benton County	22	(32)	17	(25)	16	(23)	8	(12)	1	(1)	5	(7)

What is most needed to make a healthy community? (stratified by **income**)

Income	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	37	(27)	51	(38)	17	(13)	19	(14)	5	(4)	6	(4)
\$20,000 to \$39,000	30	(33)	29	(32)	15	(16)	12	(13)	0	(0)	6	(7)
\$40,000 to \$79,000	42	(33)	37	(29)	15	(12)	25	(20)	2	(2)	7	(5)
\$80,000 or more	57	(29)	51	(26)	30	(15)	46	(24)	4	(2)	7	(4)

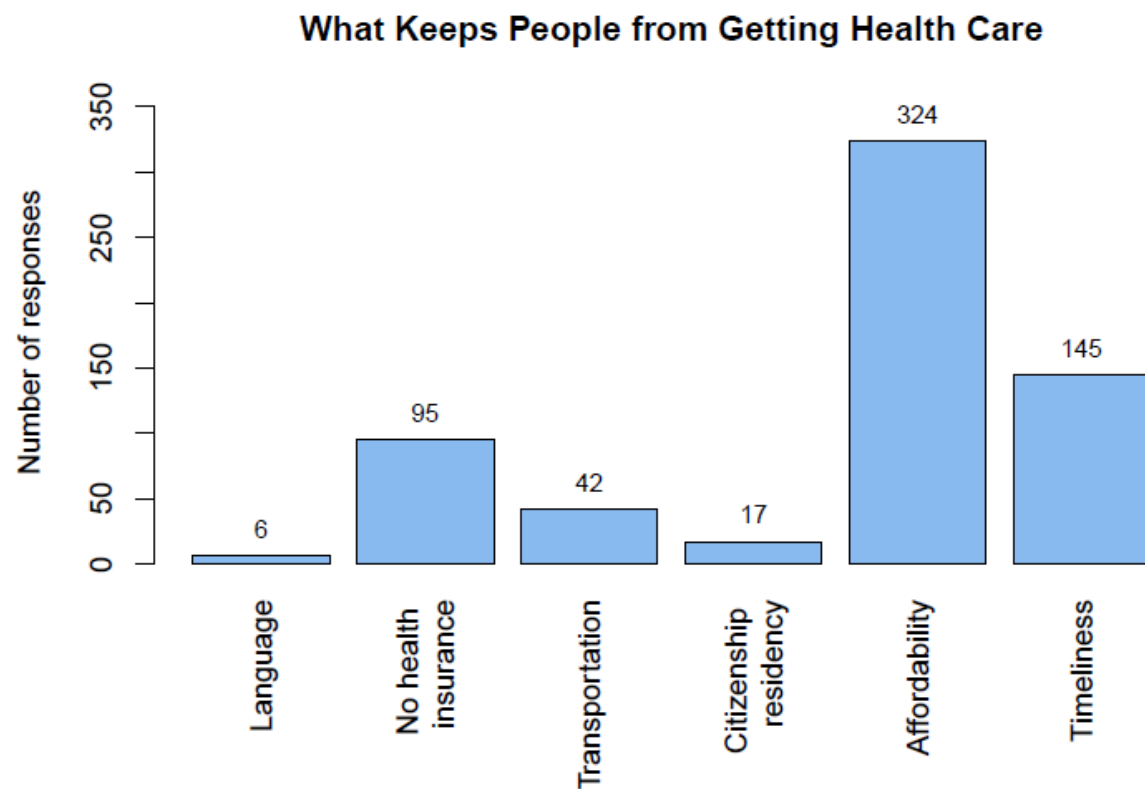
What is most needed to make a healthy community? (stratified by **ethnicity**)

Ethnicity	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	181	(30)	169	(28)	96	(16)	106	(18)	12	(2)	33	(6)
Non-Hispanic or Latino	9	(28)	15	(47)	3	(9)	4	(13)	1	(3)	0	(0)

What is most needed to make a healthy community? (stratified by **residence**)

Residence	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	93	(29)	114	(36)	36	(11)	52	(16)	6	(2)	18	(6)
Town	49	(32)	37	(24)	30	(20)	21	(14)	5	(3)	10	(7)
Rural Area	48	(30)	33	(21)	33	(21)	37	(23)	2	(1)	5	(3)

Figure A.9: What keeps people in your community from getting health care?



A total of **629** respondents from Benton County answered the question: “What keeps people in your community from getting health care?” from the Community Health Survey. The majority of respondents (n=**324**) indicated “Not being able to afford health care” keeps people from getting health care. A total of **145** respondents indicated “Not being able to get care when it is needed”; **95** respondents indicated “No Health Insurance”; followed by **42** respondents indicating “No transportation to get to health care services”. A negligible number of respondents indicated “Not having U.S. citizenship, U.S. residency, or state identification” (n=**17**) and “Health care services are not provided in languages other than English” (n=**6**).

Table A.9: What keeps people in your community from getting health care?

What keeps people in your community from getting health care? (stratified by zip code)												
Zip Code	Language		No health insurance		Transportation		Citizenship residency		Affordability		Timeliness	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Albany	0	(0)	9	(14)	4	(6)	1	(2)	28	(44)	21	(33)
Alsea	0	(0)	1	(14)	1	(14)	0	(0)	3	(43)	2	(29)
North												
Corvallis	2	(1)	46	(15)	17	(5)	6	(2)	167	(53)	75	(24)
OSU	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(100)
Other	1	(7)	0	(0)	1	(7)	3	(20)	8	(53)	2	(13)
South Benton												
County	1	(2)	4	(9)	8	(18)	3	(7)	24	(55)	4	(9)
South												
Corvallis	2	(2)	22	(20)	4	(4)	4	(4)	53	(49)	24	(22)
West Benton												
County	0	(0)	13	(19)	4	(6)	0	(0)	36	(52)	16	(23)

What keeps people in your community from getting health care? (stratified by **income**)

Income	Language		No health insurance		Transportation		Citizenship residency		Affordability		Timeliness	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	3	(2)	33	(26)	14	(11)	5	(4)	43	(34)	30	(23)
\$20,000 to \$39,000	0	(0)	17	(18)	5	(5)	4	(4)	49	(53)	18	(19)
\$40,000 to \$79,000	0	(0)	10	(8)	3	(2)	3	(2)	88	(68)	26	(20)
\$80,000 or more	2	(1)	22	(11)	10	(5)	5	(3)	108	(56)	47	(24)

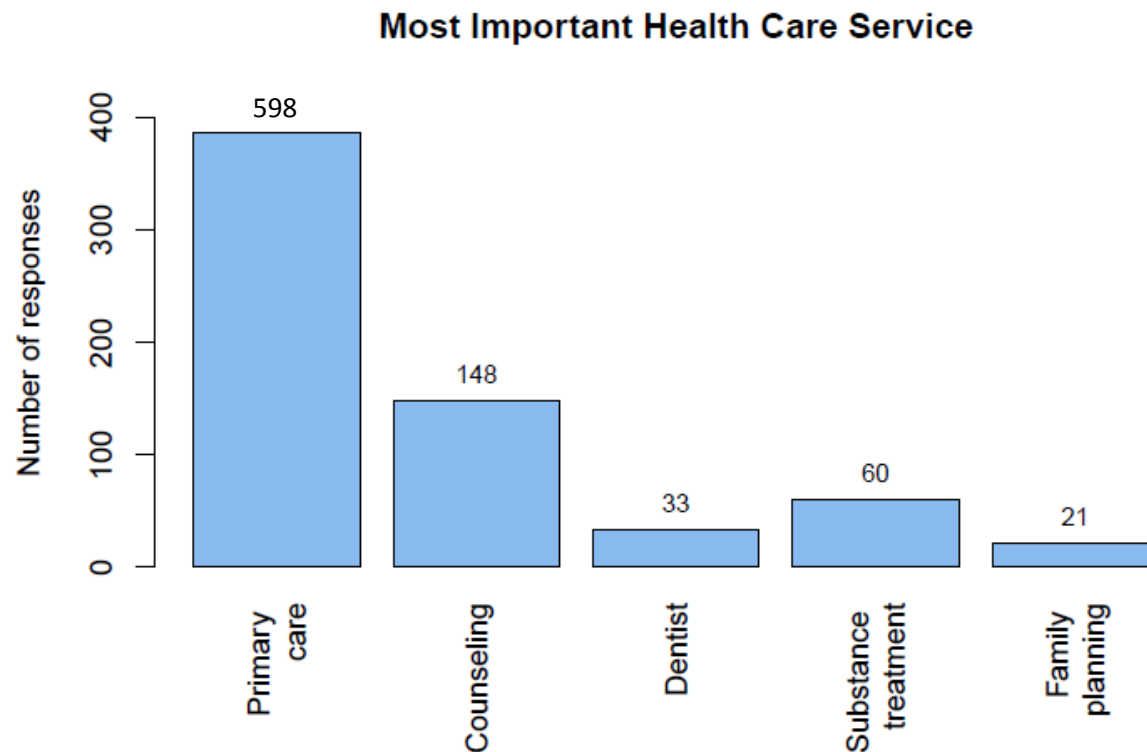
What keeps people in your community from getting health care? (stratified by **ethnicity**)

Ethnicity	Language		No health insurance		Transportation		Citizenship residency		Affordability		Timeliness	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	3	(1)	91	(15)	42	(7)	12	(2)	310	(52)	139	(23)
Non-Hispanic or Latino	3	(9)	4	(13)	0	(0)	5	(16)	14	(44)	6	(19)

What keeps people in your community from getting health care? (stratified by **residence**)

Residence	Language		No health insurance		Transportation		Citizenship residency		Affordability		Timeliness	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	2	(1)	52	(16)	18	(6)	8	(3)	169	(53)	69	(22)
Town	4	(3)	21	(14)	15	(10)	4	(3)	69	(46)	37	(25)
Rural Area	0	(0)	22	(14)	9	(6)	5	(3)	86	(53)	39	(24)

Figure A.10: What health care service is the most important for people in your community?



A total of **648** respondents from Benton County answered the question: “What health care service is the most important for people in your community?” from the Community Health Survey. The majority of respondents (n=**598**) indicated “Regular visits with a doctor or nurse for checkups in a clinic or at home” as the most important health care service in their community. A total of **148** respondents indicated “Counseling and mental health services”; followed by **60** respondents indicating “Drug or alcohol treatment”. A negligible number of respondents indicated “Regular dentist visits” (n=**33**) and “Family Planning” (n=**21**).

Table A.10: What health care service is the most important for people in your community?

What health care service is the most important for people in your community? (stratified by zip code)										
Zip Code	Primary care		Counseling		Dentist		Substance treatment		Family planning	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	41	(59)	18	(26)	1	(1)	5	(7)	4	(6)
Alsea	6	(86)	1	(14)	0	(0)	0	(0)	0	(0)
North Corvallis	187	(59)	81	(26)	14	(4)	26	(8)	9	(3)
OSU	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other	5	(36)	2	(14)	4	(29)	2	(14)	1	(7)
South Benton County	28	(61)	6	(13)	7	(15)	3	(7)	2	(4)
South Corvallis	62	(55)	29	(26)	6	(5)	12	(11)	3	(3)
West Benton County	49	(67)	11	(15)	1	(1)	10	(14)	2	(3)

What health care service is the most important for people in your community? (stratified by income)										
Income	Primary care		Counseling		Dentist		Substance treatment		Family planning	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Less than \$20,000	68	(49)	35	(25)	19	(14)	16	(11)	2	(1)
\$20,000 to \$39,000	60	(65)	13	(14)	4	(4)	13	(14)	2	(2)
\$40,000 to \$79,000	83	(64)	31	(24)	3	(2)	8	(6)	5	(4)
\$80,000 or more	117	(58)	57	(28)	5	(2)	16	(8)	8	(4)

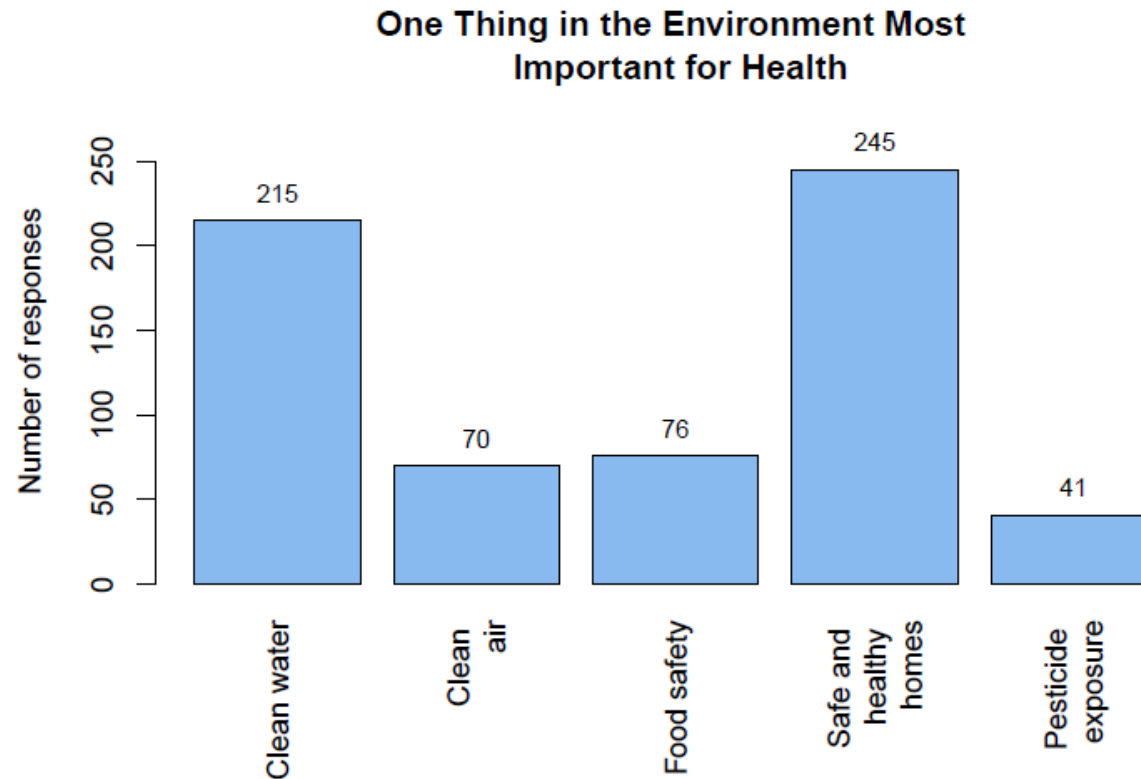
What health care service is the most important for people in your community? (stratified by **ethnicity**)

Ethnicity	Primary care		Counseling		Dentist		Substance treatment		Family planning	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Hispanic or Latino	364	(59)	141	(23)	31	(5)	59	(10)	20	(3)
Non-Hispanic or Latino	22	(67)	7	(21)	2	(6)	1	(3)	1	(3)

What health care service is the most important for people in your community? (stratified by **residence**)

Residence	Primary care		Counseling		Dentist		Substance treatment		Family planning	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	195	(60)	73	(22)	19	(6)	29	(9)	10	(3)
Town	84	(55)	38	(25)	6	(4)	18	(12)	8	(5)
Rural Area	106	(63)	37	(22)	8	(5)	13	(8)	3	(2)

Figure A.11: What one thing in the environment is most important for the health of your community?



A total of **647** respondents from Benton County answered the question: “What one thing in the environment is most important for the health of your community?” from the Community Health Survey. The majority of respondents (n=**245**) indicated “Homes that are safe and don’t make people sick” as the one thing in the environment that is most important for health in their community. A total of **215** respondents indicated “Water that is safe to drink”; **76** respondents indicated “Food that doesn’t make people sick”; and lastly **70** respondents indicated “Clean air”. A negligible number of respondents (n=**41**) indicated “Protecting people from pesticides”.

Table A.11: What one thing in the environment is most important for the health of your community?

What one thing in the environment is most important for the health of your community? (Stratified by **zip code**)

Zip Code	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	23	(33)	4	(6)	10	(14)	28	(41)	4	(6)
Alsea	3	(50)	0	(0)	0	(0)	2	(33)	1	(17)
North Corvallis	111	(35)	37	(12)	35	(11)	114	(36)	22	(7)
OSU	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)
Other	4	(29)	2	(14)	2	(14)	6	(43)	0	(0)
South Benton County	14	(30)	3	(7)	4	(9)	16	(35)	9	(20)
South Corvallis	40	(35)	12	(11)	15	(13)	44	(39)	2	(2)
West Benton County	15	(22)	8	(12)	10	(14)	33	(48)	3	(4)

What one thing in the environment is most important for the health of your community? (Stratified by **income**)

Income	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Less than \$20,000	32	(23)	20	(14)	19	(14)	55	(40)	12	(9)
\$20,000 to \$39,000	32	(35)	7	(8)	4	(4)	46	(50)	3	(3)
\$40,000 to \$79,000	46	(34)	17	(13)	17	(13)	46	(34)	9	(7)
\$80,000 or more	76	(37)	17	(8)	23	(11)	79	(39)	8	(4)

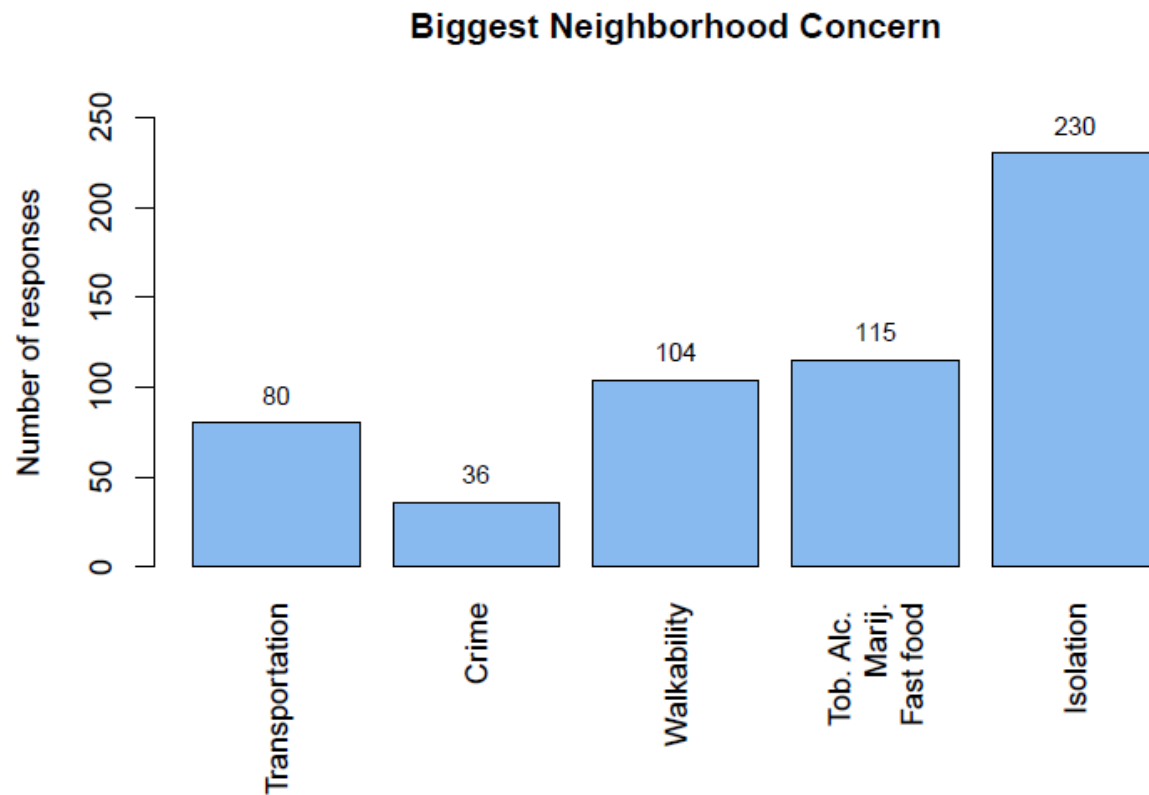
What one thing in the environment is most important for the health of your community? (Stratified by **ethnicity**)

Ethnicity	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Hispanic or Latino	206	(34)	68	(11)	73	(12)	230	(37)	37	(6)
Non-Hispanic or Latino	9	(27)	2	(6)	3	(9)	15	(45)	4	(12)

What one thing in the environment is most important for the health of your community?(Stratified by **residence**)

Residence	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
City	123	(37)	37	(11)	39	(12)	118	(36)	13	(4)
Town	42	(27)	17	(11)	18	(11)	65	(41)	15	(10)
Rural Area	50	(31)	16	(10)	19	(12)	62	(39)	13	(8)

Figure A.12: What is the biggest concern in your neighborhood?



A total of **565** respondents from Benton County answered the question: “What is the biggest concern in your neighborhood?” from the Community Health Survey. The majority of respondents (n=**230**) indicated “People are socially separated from their community” as the biggest concern in their neighborhood. A total of **115** respondents indicated “It is easy to get to a store that sells tobacco, marijuana, alcohol, or fast food”; **104** respondents indicated “It is hard to walk or bike around because there are busy streets, no crosswalks, or bad street lighting”; followed by **80** respondents indicating “There are no buses or other public transportation”. A negligible number of respondents (n=**36**) indicated “There is crime and it is not safe”.

Table A.12: What is the biggest concern in your neighborhood?

What is the biggest concern in your neighborhood? (Stratified by **zip code**)

Zip Code	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>	<i>no.</i>	<i>(%)</i>
Albany	9	(15)	2	(3)	23	(38)	10	(16)	17	(28)
Alsea	3	(43)	0	(0)	3	(43)	0	(0)	1	(14)
North Corvallis	27	(10)	18	(6)	41	(15)	67	(24)	124	(45)
OSU	0	(0)	0	(0)	0	(0)	0	(0)	1	(100)
Other	1	(8)	2	(15)	1	(8)	2	(15)	7	(54)
South Benton County	19	(46)	2	(5)	9	(22)	1	(2)	10	(24)
South Corvallis	5	(5)	7	(8)	14	(15)	20	(22)	47	(51)
West Benton County	14	(22)	3	(5)	9	(14)	15	(24)	22	(35)

What is the biggest concern in your neighborhood? (Stratified by **income**)

Income	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	19	(15)	13	(10)	14	(11)	10	(8)	69	(55)
\$20,000 to \$39,000	11	(14)	11	(14)	6	(7)	25	(31)	28	(35)
\$40,000 to \$79,000	16	(14)	3	(3)	25	(21)	22	(19)	52	(44)
\$80,000 or more	19	(11)	6	(4)	44	(26)	42	(25)	59	(35)

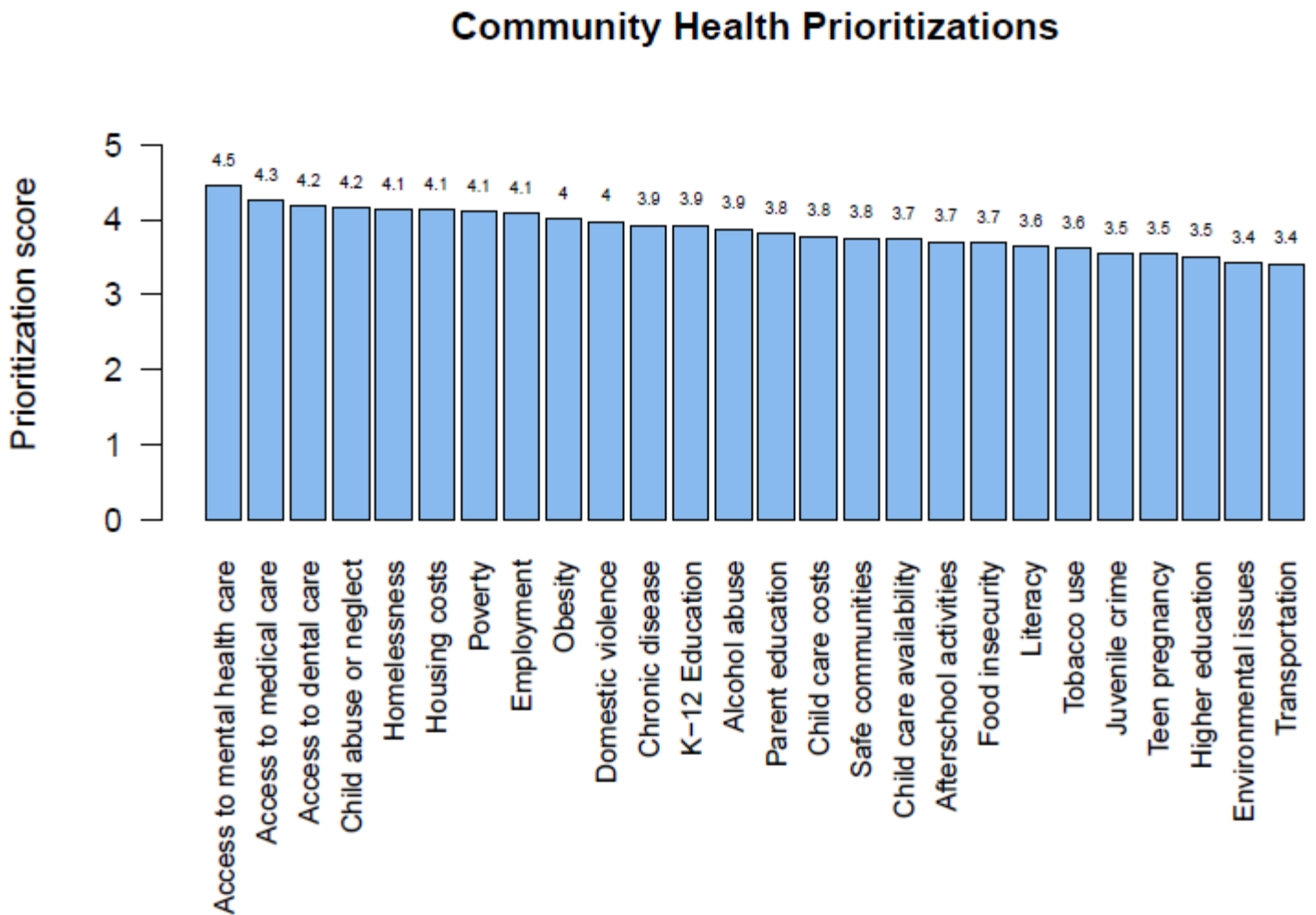
What is the biggest concern in your neighborhood? (Stratified by **ethnicity**)

Ethnicity	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	72	(13)	33	(6)	97	(18)	111	(21)	222	(41)
Non-Hispanic or Latino	8	(27)	3	(10)	7	(23)	4	(13)	8	(27)

What is the biggest concern in your neighborhood? (Stratified by **residence**)

Residence	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	16	(6)	23	(8)	35	(13)	73	(27)	128	(47)
Town	22	(15)	9	(6)	31	(22)	30	(21)	51	(36)
Rural Area	42	(29)	4	(3)	38	(26)	12	(8)	51	(35)

Figure A.13: Community Health Prioritization



A total of **720** respondents from Benton County answered the question: “For the following issues that affect health, please circle how much attention you think they should get in our communities on a scale of 1 to 5” from the Community Health Perceptions Survey. Responses are reported as mean values. Of those that responded, the top five issues were identified as: “Access to mental health care” with a mean value of **4.5**; “Access to medical care” with a mean value of **4.3**; “Access to dental care” with a mean value of **4.2**; “Child abuse or neglect” with a mean value of **4.2**; and lastly “Homelessness” with a mean value of **4.1**”.