

Samaritan Albany General Hospital

2016 Community Health Needs Assessment

Appendix

Community Perceptions on the Health of West Linn County

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Community Perceptions on the Health of West Linn County

Samaritan Health Services reached out to residents of Linn County for their input on the health of Linn 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, five interviews were conducted with key informants who live or work in Linn County. Informants included community advocates, medical 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 interagency collaboration. The following qualitative narrative describes the issues reported by key informants and includes their recommendations for improving health and quality of life.

Community Health Status

Four out of five informants described the county or their community as *sort of healthy*. One informant noted “a lot of health disparities. There are some people whose health is pretty good, and a lot of parts of the population that are harder to reach and harder to access.”

Key Themes

When asked to identify the most important community health issue, informants in west Linn County mentioned poverty/inequity, obesity, and general access to care. When asked which health services are most important for the community, most informants chose primary/preventive care, followed by mental health, oral health, and affordable access to care.

An informant in Albany said that access to basic human needs such as food and housing is a primary community health issue. Another informant agreed that there is an overarching need for “healthy systems and policies that support healthy choices for everyone.”

Poor Nutrition and Obesity

Multiple informants cited poor nutrition and obesity as major health issues: “To eat healthy costs more than what a lot of the people that are lower-income can afford.” Also, due to a lack of nutrition education and cooking skills, “people are not taking advantage of healthy food choices as much as they could.”

Vulnerable Populations

When asked which community members were most likely to have poor health, most informants mentioned low-income residents, followed closely by African-Americans and Hispanic/Latino families (especially those who are undocumented or do not speak English). Linn County also has a Russian-speaking population that may face disparities in access to care. Other at-risk populations include seniors and rural residents.

Children

An informant in Albany sees a strong need to support “kids with depression and anxiety,” which she believes should be a fully collaborative interagency effort. Another informant noted that many low-income children are being “bounced around with no shelter stability and no permanent home.”

Seniors

Seniors were mentioned by one informant as a population likely to have poor health. This is due partly to the high cost of healthy food and partly to the difficulty of navigating the health care system.

Low-Income and Homeless Populations

Low-income and homeless residents—including “families who are in the welfare system”—suffer from lack of access to basic needs like transportation, food and housing, as well as lack of access to medical care.

Communities of Color

Although Linn County is home to a growing Hispanic/Latino population, many of whom lack English skills, medical offices, social service agencies, and information resources tend to communicate only in English. An informant who works with this community said, “We keep getting all these trainings on diversity and all this knowledge and education about it. But really, when you go to the clinics and you don’t see diversity...it doesn’t comply with what we’ve been teaching.” This informant also hears “a lot of complaints” from low-income Hispanic/Latino community members, “like not having a primary care provider, not having food at home, not having any money to do any type of activity with the kids, not having access to transportation.”

Linn County has “a large population of farmworkers and service workers who are undocumented.” These residents “don’t access health care because they’re afraid of being found out, they don’t think they’re entitled to it, or they don’t know about it.” Also, “we don’t have a system that’s designed to support undocumented residents in our area.”

Mental and Behavioral Health

Mental and behavioral health care—including addiction services—is an urgent need throughout Linn County. One informant noted that measuring the rates of conditions like depression and anxiety can “give us a very good idea of how healthy our community is.”

Another informant said, “We don’t have a mental health system that supports the need that we have,” especially when it comes to Spanish-speaking patients. This informant added, “It almost feels unethical to me to do the amount of outreach we try to do when we don’t have a system that supports people once we’ve reached out to them.”

For some residents, employee assistance plans provide access to mental health services, including trauma counseling. However, an informant who is familiar with these programs said they are “super underutilized.”

Drugs, Alcohol and Tobacco

Drug and alcohol abuse was cited by multiple informants as a serious problem. However, “there’s no place for anybody to go here, especially if you’re low-income. We can’t take somebody off the street and put them in a shelter; we don’t have that kind of shelter capability in any of the three counties.” Furthermore, if someone wants to go to rehab, “there’s no place to send them.”

Dental Health

Dental care providers are lacking in small and rural communities. In areas where providers are available, cost tends to be the major barrier to access for adults. Although dental vans serve some rural and low-income communities, “that’s mainly for children...adults as well need access to quality dental care.”

Housing

Multiple informants cited housing quality as an important determinant of health. One said, “Communities have to muster the political will to address safe, affordable, healthy housing, and I think that means bringing more money into communities.” There is a strong need for new workforce and low-income housing, as well as for improving the safety and quality of existing homes.

Barriers to Access

When asked what keeps people in the community from getting health services, informants primarily cited barriers such as lack of transportation, long waiting times, and the difficulty of navigating the health care system. Informants also mentioned cost, lack of knowledge, lack of providers, and undocumented status.

Lack of Providers

Some Linn County communities lack providers entirely, while others have no providers who will accept OHP: “Some have what they consider their quota of Medicare patients, and so they don’t take Medicare patients but refer them out to someone else. And maybe that physician doesn’t practice here in our community. They might be 10, 15, 20 miles away or more.”

Cost

Despite the expansion of insurance eligibility under the Affordable Care Act, care remains unaffordable for many lower-income residents: “The cost of insurance and the cost of

deductibles is a real barrier to access for the working poor.” Also, “many times there are the extra co-pays that are required.” Furthermore, some residents are unable “to afford prescriptions [or] medical supplies.” Lack of insurance coverage for mental health and dental care also makes these services costly to access in communities where they are available.

Navigation

Although we now “have a system that enables people to get health care,” it’s not easy to access: “The signup system is complicated,” and “many people are not “aware of the benefits available to them.”

Long Waiting Times

For residents on OHP, there is a long waiting list for medical appointments. In addition, long waits are common in the doctor’s office. Long waiting times make patients less likely to seek care unless they’re acutely ill, which means that important preventive opportunities are being missed.

Transportation

Lack of transportation is a major barrier for Linn County residents, especially in smaller communities that lack local services. These barriers tend to affect “anybody in a rural community, so if you’re in Scio or if you’re in Alsea, you have the cost of transportation and the total time away from work.” But even in Albany, residents are unable to access care due to “lack of resources, no car, no money to pay the taxi.” For parents and caregivers, “child care during your appointment is also a big deal.”

Informant Recommendations

When asked what they would do to promote community health, informants chose improving access to care and working “upstream” on meeting basic needs: “We know that when we make progress on things like housing and education and economics, people are healthier down the road.” When asked what local and regional health care facilities could do, informants suggested expanding low-income services, championing community partnerships and initiatives that support basic needs like housing and food security, increasing access to mental health care “for anybody who’s median income or below,” and working on community outreach and education “to ensure that everyone is being included in the health care system.”

Access

Suggestions for improving access include opening additional facilities, recruiting more providers who will take Medicare and Medicaid patients, and increasing mental and physical health care services, especially for low-income residents. Specific recommendations include offering mental health screenings at schools, expanding drug and alcohol intervention services, and opening a community health clinic in Albany. There should also be “more and better outreach so that everyone’s aware of the benefits available to them.”

Community Health Resources and Infrastructure

Multiple informants focused on making sure that all Linn County residents have access to basic human needs like food, transportation, education, and housing. All stakeholders should recognize that these resources are “part of the health care system.” Specific recommendations include supporting the creation of safe and affordable low-income and workforce housing; partnering with “entities that are trying to improve the quality of housing stock,” such as Habitat for Humanity and Community Services Consortium; and “supporting work on the social determinants” of health, including employment, education, food security and transportation.

Data Collection and Research

In general, there is a need for “more population-specific data: Medicaid, low-income, race/ethnicity, rural/less rural.” One informant noted that “there are huge information gaps for rural communities.... You can get east Linn or west Linn County, but it’s very difficult to get information on a town-by-town basis.” There are also information gaps for the Hispanic/Latino population; this has resulted in “a huge misrepresentation of the needs in our community.” An informant in Albany would also like to see more data on air quality: “We live in a community that has had issues with air quality. So the breathing issues—do we have any aftereffects of that?”

Education

Most education recommendations focused on high-risk behaviors like smoking and substance use. Tobacco cessation programs have been very effective in Corvallis; these efforts should be adapted to Linn County, “where maybe the education level is a little lower.” It’s also important to expand drug prevention efforts in the wake of marijuana legalization. Mental health, dental health and nutrition were also cited as important areas for health promotion and education efforts.

Interagency Collaboration

“The CCO and public health and the local hospitals” must “come together with nonprofits to pool resources on joint projects” because “there’s simply not enough money to go around.” These efforts should include collaborating on improving “the quality of housing stock” and “supporting kids with depression and anxiety.” One informant proposed partnering with Linn County Mental Health and the local school district to improve mental health services for children, but was told that “they didn’t have the resources.” Although this was very disappointing, the informant continues to hope that such collaborations will be possible in the future: “If each agency is just trying to work on our own, we’re not gonna get so far.”

Focus groups

In January and February 2016, four focus groups were conducted with participants who live or work in west Linn County.

- Albany: Low-income volunteers working with a regional community services agency
- Lebanon: Members of a community services agency serving low-income families and children
- Albany: Low-income seniors volunteering with a community services agency
- Albany: Low-income Spanish-speaking residents

In total, 28 community members took part in these discussions. The questions followed the Community Health Needs Assessment survey distributed throughout the tri-county region. The following qualitative narrative describes the issues reported by participants and includes their recommendations for improving health and quality of life.

Community Health Status

The majority of participants described their community as *sort of healthy*. Albany was rated *sort of healthy to unhealthy*, while Harrisburg was rated *unhealthy*.

Key Themes

When asked to identify the most important community health issue, a strong majority of participants chose barriers to access such as transportation, cost, lack of providers, and long waiting times. Other cited issues include drug and alcohol use, equity, and mental health. For the low-income Spanish-speaking group, the primary concern was unanimously diabetes and related issues such as poor nutrition and childhood obesity.

Poor Nutrition and Obesity

Nutrition was a primary concern of the Spanish-speaking group, largely due to this community's high prevalence of diabetes. Participants worried that even if they provide their children with healthy food at home, the availability of junk foods at school counteracts these efforts. Many participants stressed that when it comes to improving children's dietary choices, schools need to work with parents rather than against them: "We're doing modifications at home, like not eating cookies or junk food. But the schools should also be making healthy choices and modifying what they have to offer."

Other participants cited food insecurity and the lack of healthy dietary options as significant concerns, especially for residents on food stamps: "You can't buy a hot meal with food stamps...but you can buy all the soda pop and candy and potato chips you want."

Vulnerable Populations

When asked which community members were likeliest to have poor health, most participants chose children, followed closely by seniors. The Spanish-speaking group was the most likely to choose children.

Children

Children's health was a central concern of the Spanish-speaking group. The primary issue was healthy diet; children are making unhealthy choices by rejecting traditional foods in favor of junk foods. Some participants also expressed concern that as parents, they do not have access to the same health care options as their children. Although this could be interpreted as self-interest, it seemed to be more child-focused: Parents need to be healthy to take good care of their children.

In other groups, discussion of child health focused on poverty and mental health. One participant noted that because many parents "are not well versed in how to care for themselves, they can't pass it along to their children." She identified this "deflection of parental responsibilities to schools" as one cause of obesity.

Seniors

With the exception of the Spanish-speaking group, most participants identified seniors as the population most likely to have poor health. Low-income seniors are at particular risk: "I was talking to one lady, and she skips a month and breaks her pills in half, so that she'll be able to afford paying for her phone bill."

Often, seniors will skip doctor appointments to care for an ailing or mobility-impaired spouse. Senior care is also an issue for younger residents: "There's a lot of stress on families trying to figure out places and support for older family members who are struggling to live on their own or need some kind of assisted support."

Many seniors also lack social and recreational opportunities. Some smaller communities have senior centers, but these facilities may have limited resources: "Harrisburg has a senior center, but there's nothing to it." Further, many insurance plans don't cover fitness programs, which can be "a huge expense" for seniors. Some participants expressed sorrow at how our society treats seniors: "We're human beings. Regardless of how old you get, you should be taken care of. The younger people are coming along—fine and good. But the older ones still have something to give you. Knowledge, if nothing else. It's like we throw our old people away."

Communities of Color

The Spanish-speaking group was very concerned about diet and nutrition. Diabetics in particular were concerned about the lack of culturally appropriate information on diabetes prevention and management. One participant was surprised to learn from a class that corn tortillas could cause her blood sugar to spike.

Hispanic/Latino participants emphasized that they do not want “free” medical care; they want affordable, accessible care. Beyond that, they need more information about community resources and more advocates. Currently, they rely on a single bilingual provider “for any need in the community.”

The lack of bilingual medical staff was cited as a very serious problem by Spanish-speaking participants: “I know one family who stopped going to the clinic because they don’t even offer a translator.” Also, after-care instructions and health resources are often not available in Spanish: “Sometimes they give out information, like ‘call this number.’ But when we call, most of the time, the information is in English.”

Spanish speakers often rely on their children for translation, even if “the child does not have the vocabulary needed to interpret.” This is especially problematic in cases where a parent has an ailment or concern they don’t wish to share with a child. The lack of interpreters also means that children who fall ill must try to explain themselves to medical staff, instead of having a parent speak to the doctor. If the child fails to explain the situation properly, doctors may not realize the situation is serious. One mother said, “I feel like they don’t listen to my kids very well, but I have to use them because there’s nobody there to speak my language.”

Language and cultural barriers may also make it harder for doctors to explain care decisions. A participant who thought he was “dying” was diagnosed as having had too much caffeine. The patient didn’t find this diagnosis plausible, so he continued seeking help for his symptoms. It seems possible that the diagnosis was not communicated in a way that the patient could accept and act on.

Multiple members of the Spanish-speaking group described medical staff as “not friendly” and not “welcoming.” They feel they are being racially stereotyped: “Sometimes they assume if you’re Hispanic, you don’t have legal status.” They also feel that they are viewed with contempt: “The doctors just look at us like we’re nothing.”

They are also upset by a perceived lack of concern for the well-being of their children. One mother who took her daughter to the hospital after a fall was told, “She just fell down. I would be worried if she fell from a roof.” The participant felt that this was hurtful and dismissive. Another participant said, “To us, having a kid with a lot of coughing and bleeding, that is an emergency. However, if we take the kid to the doctor, sometimes they say it’s not an emergency.” Although some of these problems may result from language barriers, most participants seemed to view them as evidence of hostility or disdain toward Hispanic/Latino families.

Mental and Behavioral Health

Mental health is a vital community need, especially for children: “There’s not a lot of options for families and kids dealing with mental health issues.” There is also a need for in-home services—including respite care—for seniors and disabled people and their caregivers: “There’s

a lot of people out there that have mentally challenged children. I mean, that's *work*.... They need help on the inside as well as the outside."

Drugs, Alcohol and Tobacco

Albany residents reported high levels of community drug use, as did residents of smaller towns like Harrisburg. Drug, alcohol and tobacco cessation were cited as important ways of improving community health. Also, some members of the low-income volunteer group expressed dismay over the legalization of marijuana, which they feel is unhealthy in itself as well as being a gateway to more harmful drugs.

Dental Health

Due to a lack of providers and insurance coverage, dental care is limited for many Linn County residents. Also, meth use has left "a lot of people with bad teeth in this community." Low-income patients may need to travel a significant distance for affordable dental care. Spanish-speaking participants in particular expressed a strong desire for access to adult preventive dental care in Albany.

Quality of Care

People on OHP feel that they receive cursory exams and minimal care: "Just because we're on state assistance, we're lesser people? That's not right." Low-income participants told multiple stories about the poor care they or their loved ones have received; the common thread was that they did not feel respected as patients or as people. The use of 12- to 15-minute appointments was another common complaint: "How can the doctor really relate to the patient and find out really what is going on with the patient?"

Barriers to Access

Medical offices tend to be open only during standard work hours, meaning that working residents must take time off to see a doctor. When medical clinics are inaccessible outside of working hours, people are more likely to seek care in emergency rooms.

Cost

Cost is a major barrier across the board. Many families and individuals earn too much for premium assistance but too little to afford premiums. A participant in Albany said, "We have families with kids, and they know it's going to cost them \$100 to get the kid in. So the little guy sits there with an ear infection or something, because they can't afford it."

Transportation

Although the lack of transportation affects residents in all communities, its effects are most pronounced in rural areas like Harrisburg. Ride lines tend to offer limited service, leaving residents with few options after hours. Some services require riders to schedule pickups well in advance, which can be hard for people with immediate needs. It can also be difficult for seniors, who may forget to call. Also, shuttles may not take riders all the way to their destination: "If you're feeling ill, and you still need to walk a mile to get to the office, you're not going to do it."

Lack of Providers

Currently, there are not enough primary care providers to meet the community's basic medical needs. The lack of a community health clinic in Albany was a central issue for the Spanish-speaking group. The absence of a low-cost clinic forces them to seek care in Lebanon or Corvallis, which often causes transportation difficulties. Furthermore, the Lebanon and Corvallis clinics "ask you where you live," and "if you say 'I live in Albany,' you don't have an equal opportunity [to be seen]."

Long Waiting Times

Participants in all groups described having to wait weeks or months for primary care appointments. A Harrisburg resident said, "If you are on OHP, you are facing a waiting list." The difficulty of getting appointments drives patients with immediate needs to seek emergency care.

Navigation

The difficulty of navigating the health care system was a common complaint. Even participants with a college education or a medical background find navigation difficult. Lack of information was especially problematic for the Spanish-speaking group, who often don't have access to bilingual navigation resources.

Participant Recommendations

When asked what they would do to improve community health, participants were narrowly split between improving health education and improving access to care, especially for low-income and homeless residents. Spanish-speaking participants tended to favor health education. When asked what local and regional health care facilities could do, most participants stressed the need for accessible low-income facilities and services. Cross-cultural competence and community outreach and education were also cited as major needs.

Access

Suggestions for improving access included expanding services to remote areas like Harrisburg, adding more providers, improving transportation, providing mobile and in-home services, increasing free and low-cost services, and providing navigation help. Other recommendations include "clinics with a broader span of hours," and opening a community health center in Albany "where people can have access to...medical care, dental care and psychological care, like they have in Corvallis." One participant suggested using nurse practitioners and physician's assistants to increase access and reduce costs.

Affordable dental care for adults and eye care for people with diabetes were special concerns of Spanish-speaking participants. One Spanish-speaking resident also stressed that low-income clinics should be accessible to residents who are not citizens or legal residents.

Mobile and In-Home Services

In addition to expanding dental van services (especially for adults), many participants suggested a similar approach to basic medical needs such as screenings, blood tests and consultations. Providing in-home services and respite care through community health workers and allied personnel was another common suggestion: “It’s hard work. But hey, they can get people to sweep and take care of lawns, so how come they can’t get someone to go and do something for human beings?”

A participant in Albany suggested pairing at-risk kids with seniors in nursing homes: “We put volunteers with people in the hospice because they’re dying, but there’s people dying every day, inside, because they don’t have visitors. They don’t have anybody to talk to. They sit in their chairs all day—nobody visits, and they’re withering. And there’s kids that need love and attention—let’s put them together.”

Navigation

Most groups cited a need for navigation services as well as clear information on resources and care options: “More information about what the community offers, like social services. A central place where anybody can just go and find what they need.”

Communication and Quality of Care

Multiple participants called for clearer communication as well as more compassionate care: “We need doctors with more of a bedside manner.... Act like you care, even if you don’t care.” Some participants expressed an interest in alternative medicine: “There needs to be more holistic and alternative medicines instead of pharmaceutical, pharmaceutical, pharmaceutical. And the doctors need to be up on that.”

Community Outreach and Engagement

Both volunteer groups in Albany expressed a strong interest in helping residents gain access to local resources and information: “This community is just dying to help people. There are so many people who want to help; we just don’t know what to do. We need somebody to focus it.”

Diversity and Cultural Competence

Members of the Spanish-speaking group saw a need not just for bilingual services and culturally relevant medical information, but also for “advocates” who can help them navigate a health care system that is confusing even for native English speakers: “There’s also a need to have home visitors who can come to your house and provide education and information about resources in the community.” Several participants also noted that county medical providers and support staff need more “education and diversity” in order to make Hispanic/Latino residents feel welcome and respected.

Education

Hispanic/Latino participants overwhelmingly called for Spanish-language education on healthy nutrition, disease prevention and management. This would include educational resources for

adults, as well as lifestyle and nutrition education in schools: “If we educate our kids, we will also learn.”

One participant who is involved in community education efforts suggested that health providers or county agencies could fund and promote classes “where we provide education to the community, and you hear the needs from the families.” Another suggested a radio program: “If you have cardiac issues, if you are pregnant, if your child has an asthma attack...how to manage things like that? Because if there was a program like that in Spanish, and I hear the information, even if it doesn’t pertain to me, but I know my friend has those issues, then I will pass that information on.”

Senior participants were interested primarily in exercise, fitness and other classes. Often, such classes are available but not affordable: “I wouldn’t mind paying \$10, but that would be really hard for me, because I live on \$500 a month.” In addition to lowering costs, providing transportation to and from these classes would be ideal.

Community Health Perceptions Survey

Samaritan Health Services designed and distributed a community health perceptions survey to residents of Linn County between December 2015 and February 2016. The survey was provided in an online format and a paper format. 27 organizations received paper copies of the survey. 1,117 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 Linn County Community Health Perceptions Survey

Do you live in a city, town, or rural area?	<i>number</i>	<i>(percent)</i>
City	501	(45)
Town	342	(31)
Rural area	265	(24)
Did not answer	9	(1)

How old are you?		
Under 18 years old	8	(1)
18 to 24 years old	61	(5)
25 to 44 years old	365	(33)
45 to 64 years old	457	(41)
65 to 84 years old	193	(17)
85 years or older	30	(3)
Did not answer	3	(0)

What language do you usually speak at home?

English	1090	(98)
Spanish	10	(1)
Arabic	1	(0)
Another language	15	(1)
Did not answer	1	(0)

What is your race and/or ethnicity?*

African American or Black	11	(1)
American Indian or Alaskan Native	50	(4)
Asian	13	(1)
Pacific Islander	8	(1)
White or Caucasian	980	(83)
Hispanic or Latino	55	(5)
Middle Eastern, North African, or Arab	3	(0)
Another race or ethnicity	12	(1)
Did not answer	43	(4)

What is your gender or gender identity?

Male	243	(22)
Female	841	(75)
Transgender	4	(0)
Did not answer	29	(3)

Are you (sexual orientation):

Straight/Heterosexual	1005	(90)
Gay or Lesbian	13	(1)
Bisexual	15	(1)
Did not answer	84	(8)

Are there children under 18 living with you?

Yes	397	(36)
No	692	(62)
Did not answer	28	(3)

What is your annual income?

Less than \$20,000	317	(28)
\$20,000 to \$39,000	224	(20)
\$40,000 to \$79,000	228	(20)
\$80,000 or more	191	(17)
Did not answer	157	(14)

Where do you get your health insurance?*

My job	526	(42)
HealthCare.gov (the health insurance marketplace)	49	(4)
A private insurance company	69	(5)
Medicare	192	(15)
Oregon Health Plan (Medicaid)	251	(20)
Tribal health services	3	(0)
Active military (TRICARE)	8	(1)
Veteran's Administration	38	(3)
Student health insurance	3	(0)
I don't have health insurance	44	(3)
I don't know	15	(1)
Somewhere else	51	(4)
Did not answer	10	(1)

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

Yes	897	(80)
No	189	(17)
Did not answer	31	(3)

Do you have enough dental insurance?

Yes, I have enough dental insurance to help me stay healthy	697	(62)
Yes, but it is not enough to help me stay healthy	121	(11)
No	277	(25)
Did not answer	22	(2)

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

My regular doctor's office	802	(72)
A health clinic or other walk-in center	168	(15)
A hospital emergency room	46	(4)
I do not go anywhere to get care	15	(1)
Somewhere else	34	(3)
Did not answer	52	(5)

How much school have you had?

I have not finished high school	69	(6)
High school graduate or GED	212	(19)

Some college	308	(28)
Associate's or trade degree	228	(20)
Bachelor's degree	159	(14)
Graduate or professional degree	103	(9)
Did not answer	38	(3)

Are you (employment status)*:

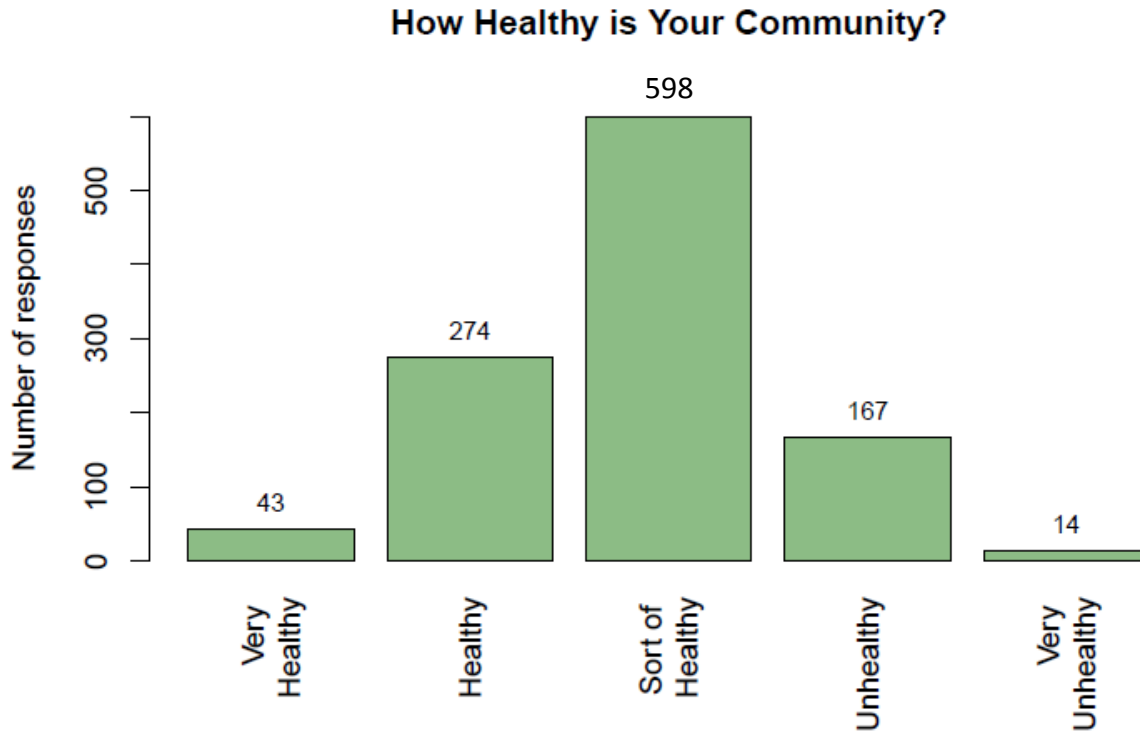
Employed full time	522	(43)
Employed part time	146	(12)
Unemployed	117	(10)
Disabled or on disability	142	(12)
Student	39	(3)
Retired	188	(15)
Other	35	(3)
Did not answer	35	(3)

Are you (marital status):

Married	560	(50)
Partnered	79	(7)
Divorced	156	(14)
Widowed	80	(7)
Single	195	(17)
Did not answer	47	(4)

** 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 **1,096** respondents from Linn County answered the question: “How healthy is your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**598**) indicated that their community is “Sort of healthy”. A total of **274** respondents indicated their community is “Healthy”; **167** respondents indicated “Unhealthy”; followed by **43** respondents indicating “Very healthy”. A negligible number of respondents (n=**14**) indicated their community is “Very unhealthy”.

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.	(%)
East Linn County	1	(33)	1	(33)	0	(0)	1	(33)	0	(0)
Lebanon	11	(4)	67	(26)	144	(56)	34	(13)	2	(1)
North Linn County	1	(2)	9	(16)	33	(58)	12	(21)	2	(4)

Other	1 (3)	10 (28)	21 (58)	1 (3)	3 (8)
South Linn County	2 (2)	32 (35)	51 (55)	6 (7)	1 (1)
Sweet Home	7 (5)	44 (28)	85 (55)	19 (12)	0 (0)

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	11	(4)	98	(32)	150	(48)	43	(14)	8	(3)
\$20,000 to \$39,000	11	(5)	51	(23)	122	(55)	35	(16)	2	(1)
\$40,000 to \$79,000	4	(2)	48	(21)	140	(63)	30	(13)	2	(1)
\$80,000 or more	11	(6)	38	(20)	116	(61)	26	(14)	0	(0)

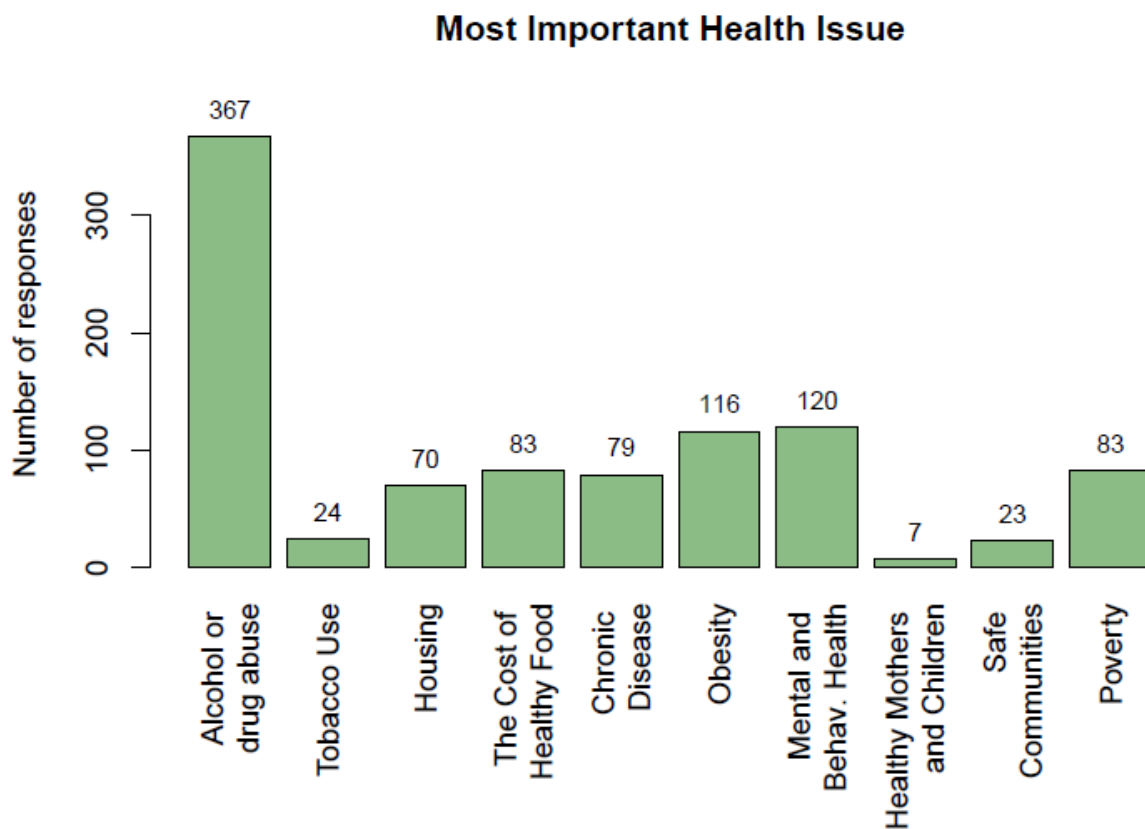
How healthy is your community? (Stratified by **ethnicity**)

Ethnicity	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	41	(4)	255	(24)	574	(55)	159	(15)	14	(1)
Non-Hispanic or Latino	2	(4)	19	(36)	24	(45)	8	(15)	0	(0)

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

Residence	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	23	(5)	123	(25)	261	(53)	77	(16)	7	(1)
Town	12	(4)	84	(25)	182	(54)	54	(16)	5	(1)
Rural Area	7	(3)	64	(25)	152	(58)	35	(13)	2	(1)

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



A total of **972** respondents from Linn County answered the question: “What is the most important health issue in your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**367**) indicated “Alcohol or Drug Abuse” as the most important health issue in their community. A total of **120** respondents indicated “Mental and behavioral health”; followed by **116** respondents indicating “Obesity”; **83** respondents indicated “The cost of healthy food”; **83** respondents indicated “Poverty”; **79** respondents indicated “Chronic disease”; and **70** respondents indicated “Housing”. A negligible number of respondents indicated “Tobacco use” (n=**24**), “Safe communities” (n=**23**), and “Healthy mothers and children” (n=**7**).

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

What is the most important health issue in your community (part 1)? (Stratified by zip code)

Zip Code	Alcohol or drug abuse		Tobacco Use		Housing		The Cost of Healthy Food		Chronic Disease	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Lebanon	102	(43)	4	(2)	7	(3)	8	(3)	15	(6)

North Linn County	30 (61)	1 (2)	3 (6)	1 (2)	5 (10)
Other	12 (38)	1 (3)	1 (3)	2 (6)	6 (19)
South Linn County	18 (22)	1 (1)	8 (10)	13 (16)	13 (16)
Sweet Home	58 (45)	7 (5)	11 (9)	9 (7)	4 (3)

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

Zip Code	Obesity		Mental and Behav. Health		Healthy Mothers and Children		Safe Communities		Poverty	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	1	(50)	0	(0)	0	(0)	1	(50)
Lebanon	40	(17)	25	(11)	3	(1)	9	(4)	22	(9)
North Linn County	3	(6)	3	(6)	0	(0)	1	(2)	2	(4)
Other	2	(6)	3	(9)	1	(3)	2	(6)	2	(6)
South Linn County	15	(19)	6	(7)	0	(0)	2	(2)	5	(6)
Sweet Home	8	(6)	11	(9)	1	(1)	3	(2)	16	(13)

What is the most important health issue in your community (part 1)? (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	93	(35)	9	(3)	31	(12)	35	(13)	17	(6)
\$20,000 to \$39,000	73	(37)	4	(2)	12	(6)	21	(11)	21	(11)
\$40,000 to \$79,000	90	(43)	4	(2)	11	(5)	14	(7)	7	(3)
\$80,000 or more	65	(37)	1	(1)	10	(6)	1	(1)	18	(10)

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	15	(6)	23	(9)	1	(0)	13	(5)	30	(11)
\$20,000 to \$39,000	23	(12)	18	(9)	1	(1)	5	(3)	19	(10)
\$40,000 to \$79,000	29	(14)	30	(14)	1	(0)	2	(1)	19	(9)
\$80,000 or more	30	(17)	33	(19)	2	(1)	2	(1)	12	(7)

What is the most important health issue in your community (part 1)? (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	352	(38)	22	(2)	67	(7)	74	(8)	74	(8)
Hispanic or Latino	15	(33)	2	(4)	3	(7)	9	(20)	5	(11)

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	114	(12)	118	(13)	7	(1)	20	(2)	78	(8)
Hispanic or Latino	2	(4)	2	(4)	0	(0)	3	(7)	5	(11)

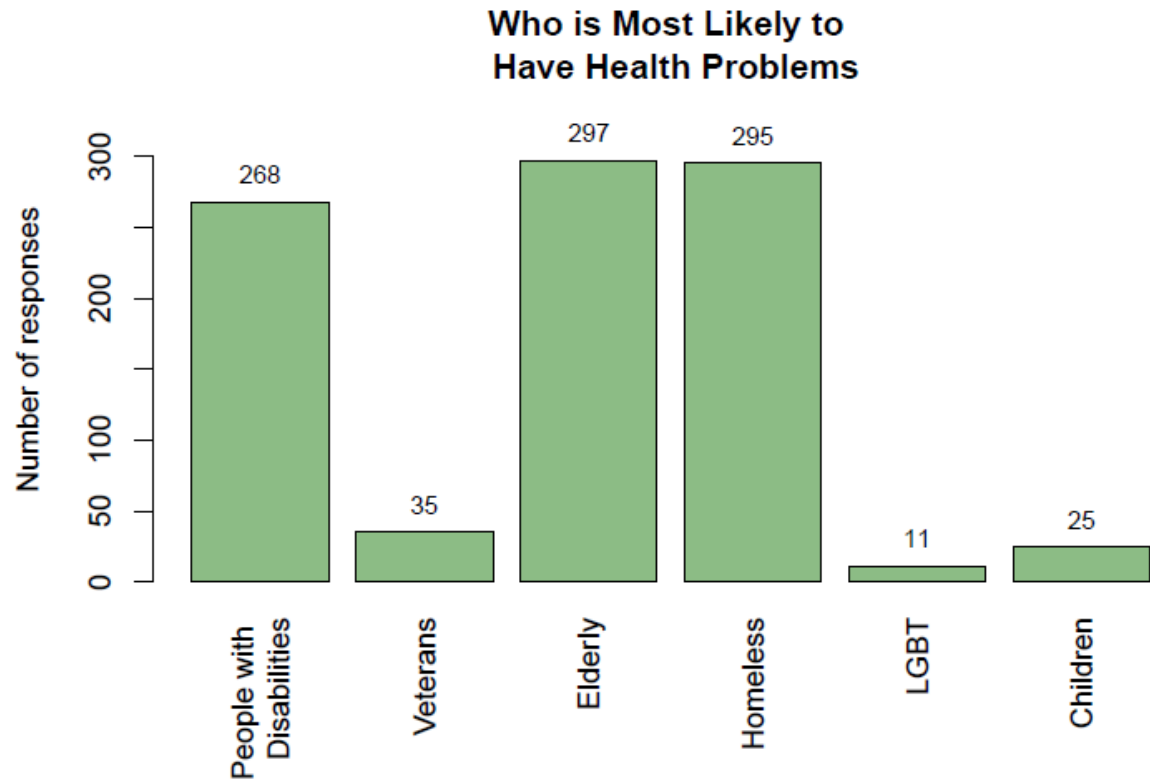
What is the most important health issue in your community (part 1)? (Stratified by **residence**)

Residence	Alcohol or drug abuse		Tobacco Use		Housing		The Cost of Healthy Food		Chronic Disease	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	168	(38)	10	(2)	41	(9)	44	(10)	32	(7)
Town	118	(39)	8	(3)	17	(6)	23	(8)	24	(8)
Rural Area	79	(35)	5	(2)	12	(5)	14	(6)	21	(9)

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	45	(10)	55	(13)	2	(0)	9	(2)	34	(8)
Town	33	(11)	38	(13)	2	(1)	9	(3)	28	(9)
Rural Area	38	(17)	26	(12)	3	(1)	5	(2)	20	(9)

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



A total of **931** respondents from Linn County answered the question: “Who is most likely to have health problems in your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**297**) indicated “Elderly individuals” are most likely to have health problems in their community. A total of **295** respondents indicated “Homeless individuals” and **268** respondents indicated “People with disabilities”. A negligible number of respondents indicated “Veterans” (n=**35**), “Children” (n=**25**), and “LGBT Individuals” (n=**11**).

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.	(%)
East Linn County	1	(50)	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)
Lebanon	61	(29)	11	(5)	63	(30)	67	(32)	1	(0)	5	(2)
North Linn County	19	(37)	4	(8)	16	(31)	10	(20)	1	(2)	1	(2)
Other	9	(29)	0	(0)	8	(26)	9	(29)	2	(6)	3	(10)
South Linn County	18	(23)	3	(4)	42	(55)	12	(16)	1	(1)	1	(1)
Sweet Home	27	(21)	4	(3)	40	(31)	50	(39)	3	(2)	5	(4)

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

Income	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	77	(28)	13	(5)	89	(33)	85	(31)	4	(1)	3	(1)
\$20,000 to \$39,000	51	(27)	9	(5)	61	(33)	59	(32)	3	(2)	3	(2)
\$40,000 to \$79,000	56	(31)	4	(2)	52	(28)	59	(32)	2	(1)	10	(5)
\$80,000 or more	42	(26)	3	(2)	58	(36)	54	(33)	2	(1)	4	(2)

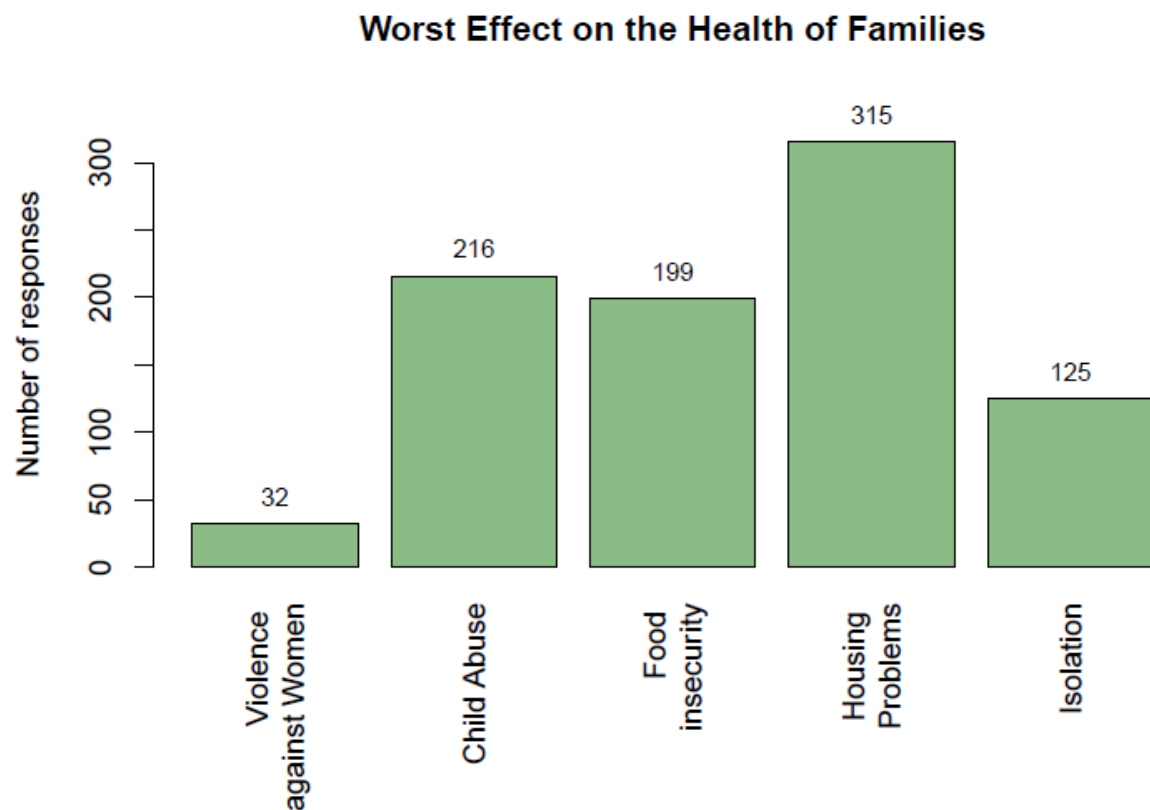
Who is most likely to have health problems in your community? (Stratified by **ethnicity**)

Ethnicity	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	254	(29)	33	(4)	291	(33)	271	(31)	11	(1)	22	(2)
Hispanic or Latino	14	(29)	2	(4)	6	(12)	24	(49)	0	(0)	3	(6)

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

Residence	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	110	(26)	17	(4)	134	(32)	144	(34)	7	(2)	11	(3)
Town	99	(34)	11	(4)	83	(29)	88	(31)	0	(0)	7	(2)
Rural Area	58	(27)	7	(3)	74	(35)	62	(29)	3	(1)	7	(3)

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



A total of **887** respondents from Linn County answered the question: “Which of the following has the worst effect on the health of families in your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**315**) indicated “Housing Problems” as the worst effect on the health of families in their community. A total of **216** respondents indicated “Child abuse or neglect”; **199** respondents indicated “Not having enough food”; followed by **125** respondents indicating “Feeling separated from the community or discriminated against”. A negligible number of respondents (n=**32**) 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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	1	(33)	1	(33)	1	(33)	0	(0)
Lebanon	8	(4)	48	(24)	47	(24)	65	(33)	31	(16)
North Linn County	2	(5)	8	(19)	10	(24)	16	(38)	6	(14)
Other	1	(4)	8	(29)	7	(25)	7	(25)	5	(18)
South Linn County	1	(1)	13	(18)	25	(34)	30	(41)	5	(7)
Sweet Home	4	(3)	37	(28)	31	(24)	43	(33)	16	(12)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	11	(4)	30	(11)	78	(29)	111	(42)	36	(14)
\$20,000 to \$39,000	9	(5)	42	(23)	51	(28)	57	(32)	21	(12)
\$40,000 to \$79,000	4	(2)	67	(36)	27	(15)	60	(33)	26	(14)

\$80,000 or more	6 (4)	47 (34)	18 (13)	48 (35)	18 (13)
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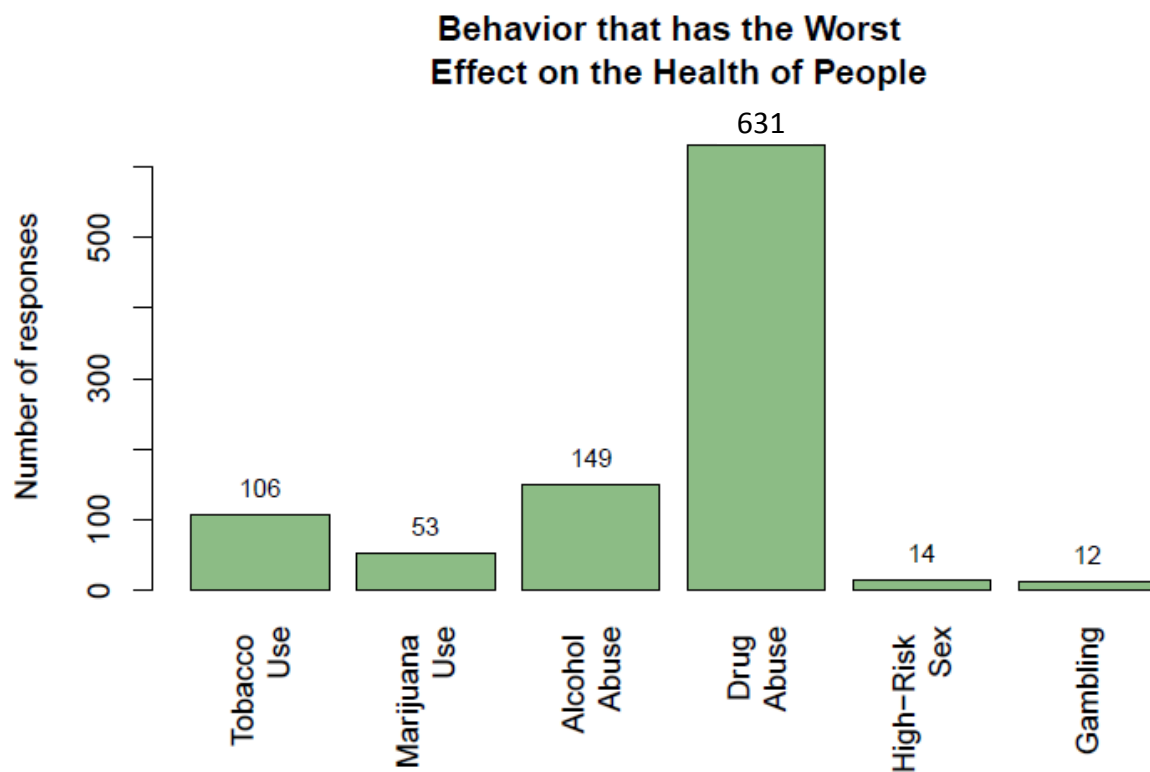
Which of the following has the worst effect on the health of families in your community? (Stratified by ethnicity)

Ethnicity	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	30	(4)	204	(24)	186	(22)	298	(36)	117	(14)
Hispanic or Latino	2	(4)	12	(23)	13	(25)	17	(33)	8	(15)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	15	(4)	93	(22)	93	(22)	152	(37)	62	(15)
Town	9	(3)	71	(27)	59	(22)	90	(34)	36	(14)
Rural Area	7	(4)	51	(26)	43	(22)	71	(36)	27	(14)

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



A total of **965** respondents from Linn County answered the question: “What behavior has the worst effect on the health of people in your community” from the Community Health Perceptions Survey. The majority of respondents (n =**631**) indicated “Drug abuse” as the behavior that has the worst effect on the health of people in their community. A total of **149** respondents indicated “Alcohol abuse”; **106** respondents indicated “Tobacco use”; followed by **53** respondents indicating “Marijuana use”. A negligible number of respondents indicated “High-risk sex” (n=**14**) and “Gambling” (n=**12**).

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	0	(0)	2	(100)	0	(0)	0	(0)	0	(0)
Lebanon	20	(9)	9	(4)	24	(10)	176	(76)	2	(1)	1	(0)
North Linn County	4	(9)	4	(9)	12	(26)	27	(57)	0	(0)	0	(0)
Other	3	(11)	3	(11)	6	(21)	12	(43)	3	(11)	1	(4)
South Linn County	10	(13)	9	(12)	22	(29)	32	(42)	2	(3)	2	(3)
Sweet Home	10	(7)	5	(4)	23	(17)	91	(67)	2	(1)	5	(4)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	31	(12)	11	(4)	48	(19)	159	(61)	4	(2)	6	(2)
\$20,000 to \$39,000	19	(10)	16	(8)	28	(14)	127	(65)	2	(1)	3	(2)
\$40,000 to \$79,000	22	(11)	8	(4)	23	(11)	151	(73)	2	(1)	1	(0)
\$80,000 or more	22	(12)	6	(3)	33	(19)	115	(65)	1	(1)	0	(0)

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

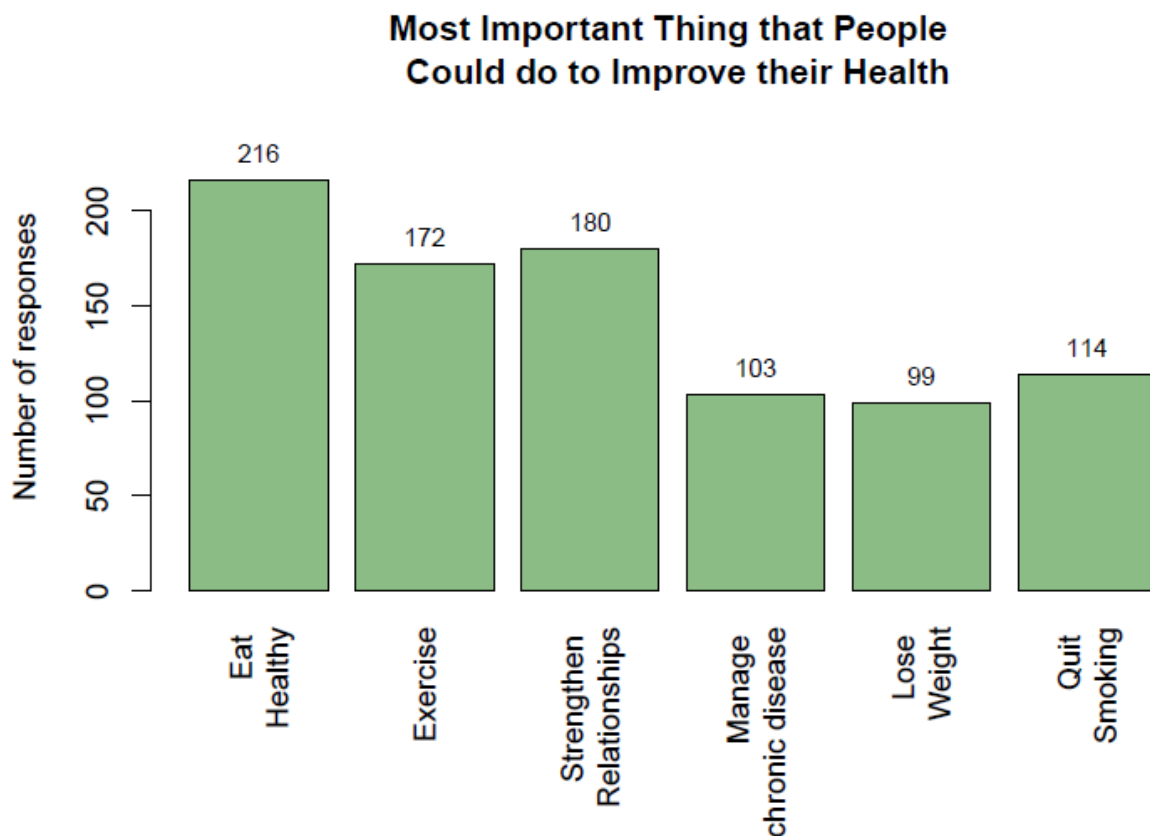
Ethnicity	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
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	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)
Non-Hispanic or Latino	99 (11)	48 (5)	144 (16)	601 (66)	13 (1)	11 (1)
Hispanic or Latino	7 (14)	5 (10)	5 (10)	30 (61)	1 (2)	1 (2)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	54	(12)	27	(6)	61	(14)	281	(65)	8	(2)	3	(1)
Town	31	(10)	16	(5)	45	(15)	201	(67)	0	(0)	7	(2)
Rural Area	20	(9)	10	(4)	41	(18)	147	(66)	5	(2)	1	(0)

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



A total of **884** respondents from Linn 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 Perceptions Survey. The majority of respondents (n=**216**) indicated “Eat healthy food”. A total of **180** respondents indicated “Strengthen relationships with friends and family”; **172** respondents indicated “Exercise”; **114** respondents indicated “Quit smoking”; **103** respondents indicated “Do things that help treat diseases like cancer, diabetes, or asthma”; and lastly a total of **99** respondents indicated “Lose weight”.

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.	(%)
East Linn County	1	(33)	1	(33)	1	(33)	0	(0)	0	(0)	0	(0)
Lebanon	51	(24)	32	(15)	36	(17)	24	(11)	36	(17)	33	(16)
North Linn County	9	(23)	7	(18)	9	(23)	5	(13)	2	(5)	7	(18)
Other	9	(36)	4	(16)	5	(20)	1	(4)	2	(8)	4	(16)
South Linn County	18	(24)	18	(24)	12	(16)	9	(12)	12	(16)	7	(9)
Sweet Home	29	(24)	23	(19)	34	(28)	19	(16)	7	(6)	8	(7)

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	70	(29)	55	(22)	47	(19)	34	(14)	13	(5)	26	(11)
\$20,000 to \$39,000	51	(28)	28	(16)	44	(24)	20	(11)	19	(11)	18	(10)
\$40,000 to \$79,000	41	(23)	42	(23)	40	(22)	11	(6)	26	(14)	21	(12)

\$80,000 or more	30 (18)	24 (15)	28 (17)	19 (12)	30 (18)	32 (20)
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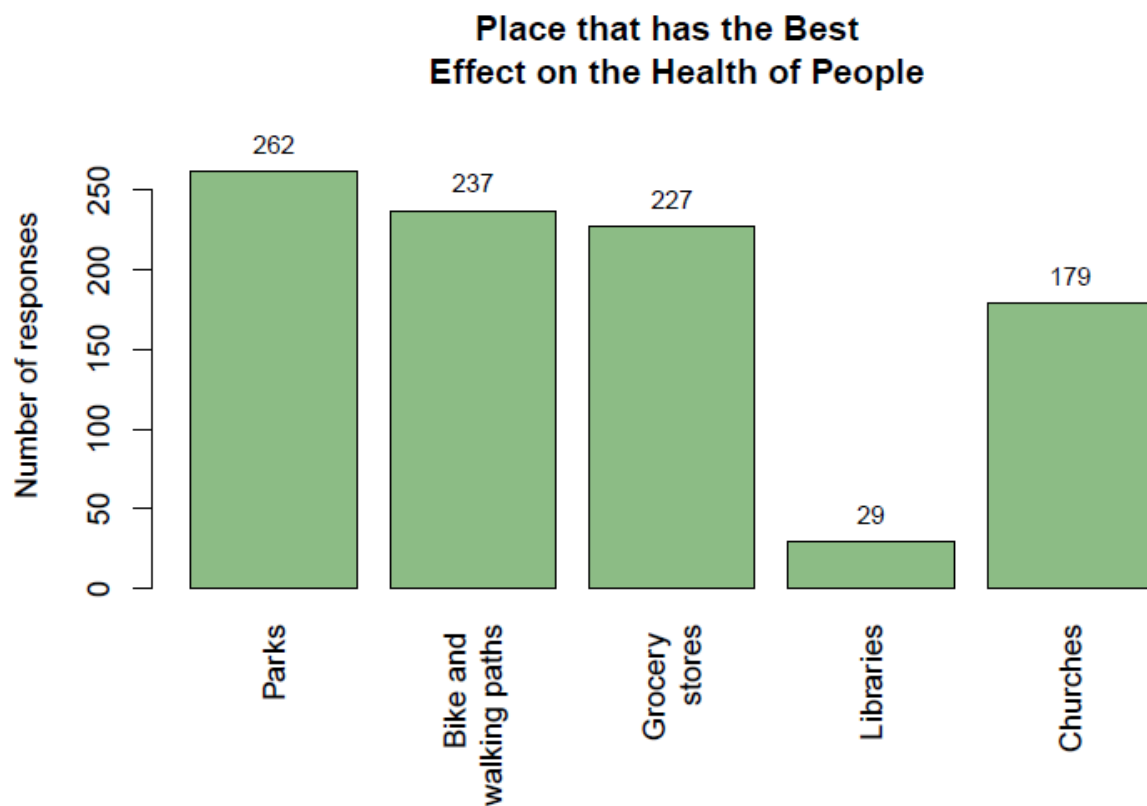
What is the most important thing that people in your community could do to improve their health? (Stratified by **ethnicity**)

Ethnicity	Eat Healthy		Exercise		Strengthen Relationships		Manage chronic disease		Lose Weight		Quit Smoking	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	206	(25)	162	(19)	166	(20)	101	(12)	96	(11)	109	(13)
Hispanic or Latino	10	(23)	10	(23)	14	(32)	2	(5)	3	(7)	5	(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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	100	(25)	81	(20)	88	(22)	41	(10)	37	(9)	54	(13)
Town	61	(23)	53	(20)	59	(22)	30	(11)	31	(11)	36	(13)
Rural Area	53	(26)	36	(18)	32	(16)	31	(15)	30	(15)	22	(11)

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



A total of **934** respondents from Linn County answered the question: “What kind of place has the best effect on the health of people in your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**262**) indicated “Parks, playgrounds, and sports fields”. A total of **237** respondents indicated “Bicycle and walking paths and trails”; **227** respondents indicated “Stores that sell fresh and healthy food”; followed by **179** respondents indicating “Churches”. A negligible number of respondents (n=**29**) 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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	0	(0)	0	(0)	0	(0)	3	(100)
Lebanon	59	(25)	65	(28)	54	(23)	6	(3)	48	(21)
North Corvallis	1	(25)	1	(25)	1	(25)	0	(0)	1	(25)
Other	13	(43)	8	(27)	1	(3)	1	(3)	7	(23)
South Linn County	19	(25)	20	(26)	20	(26)	1	(1)	17	(22)
Sweet Home	36	(28)	30	(23)	26	(20)	4	(3)	32	(25)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	60	(23)	52	(20)	74	(29)	11	(4)	61	(24)
\$20,000 to \$39,000	63	(34)	43	(23)	49	(26)	4	(2)	29	(15)
\$40,000 to \$79,000	50	(26)	54	(28)	45	(23)	6	(3)	38	(20)
\$80,000 or more	50	(29)	64	(37)	35	(20)	1	(1)	23	(13)

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

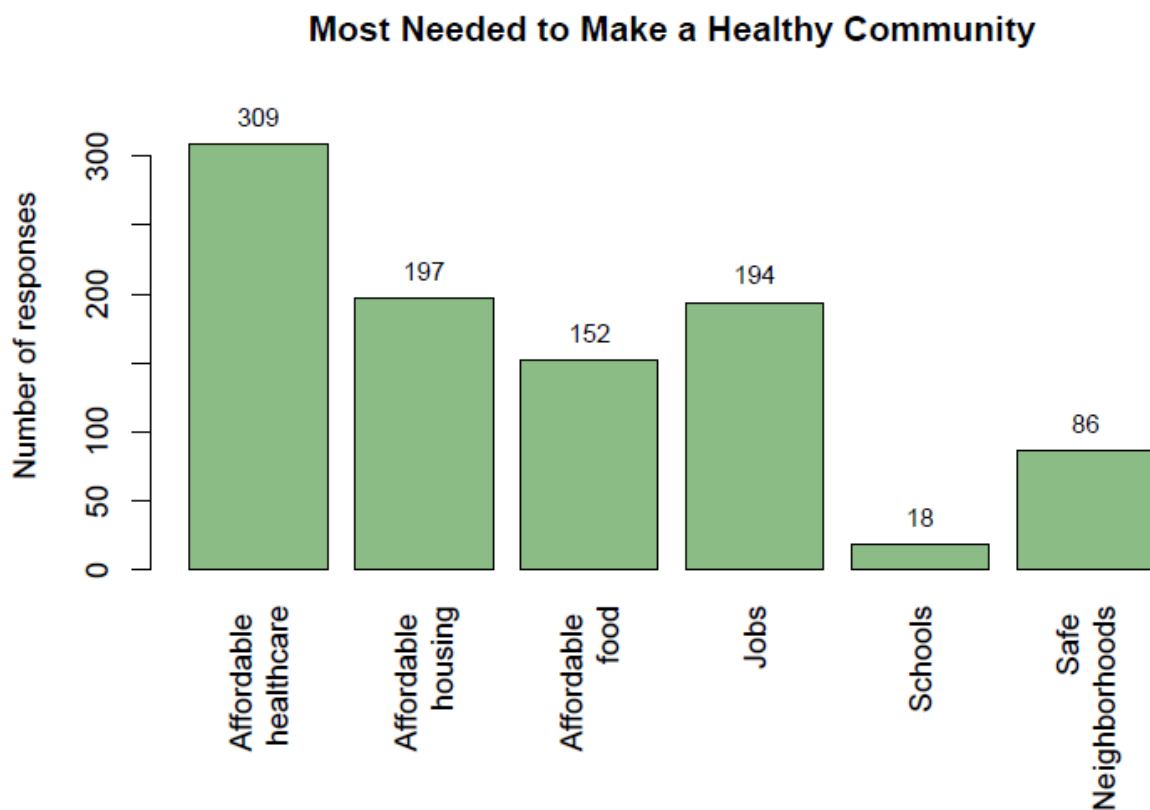
ethnicity)

Ethnicity	Parks		Bike and walking paths		Grocery stores		Libraries		Churches	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	240	(27)	228	(26)	216	(24)	27	(3)	174	(20)
Hispanic or Latino	22	(45)	9	(18)	11	(22)	2	(4)	5	(10)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	117	(28)	106	(25)	116	(28)	12	(3)	67	(16)
Town	91	(30)	72	(24)	64	(21)	12	(4)	61	(20)
Rural Area	53	(25)	56	(27)	44	(21)	5	(2)	50	(24)

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



A total of **956** respondents from Linn County answered the question: “What is most needed to make a healthy community?” from the Community Health Perceptions Survey. The majority of respondents (n=**309**) indicated “Health care that people can afford” as most needed to make a healthy community. A total of **197** respondents indicated “Housing that people can afford”; **194** respondents indicated “Good jobs”; **152** respondents indicated “Healthy food that people can afford”; **86** respondents indicated “Safe neighborhoods”. A negligible number of respondents (n=**18**) indicated “Good schools”.

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	1	(33)	1	(33)	1	(33)	0	(0)	0	(0)	0	(0)
Lebanon	69	(31)	45	(20)	30	(13)	55	(25)	6	(3)	19	(8)
North Linn County	15	(31)	11	(22)	7	(14)	9	(18)	1	(2)	6	(12)
Other	6	(21)	5	(18)	6	(21)	4	(14)	3	(11)	4	(14)
South Linn County	26	(33)	13	(16)	17	(21)	17	(21)	1	(1)	6	(8)
Sweet Home	35	(26)	29	(21)	25	(18)	35	(26)	2	(1)	10	(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	86	(32)	69	(26)	38	(14)	38	(14)	7	(3)	28	(11)
\$20,000 to \$39,000	71	(37)	40	(21)	38	(20)	30	(15)	2	(1)	13	(7)
\$40,000 to \$79,000	71	(36)	38	(19)	31	(16)	35	(18)	2	(1)	23	(12)
\$80,000 or more	49	(28)	26	(15)	24	(14)	56	(33)	7	(4)	10	(6)

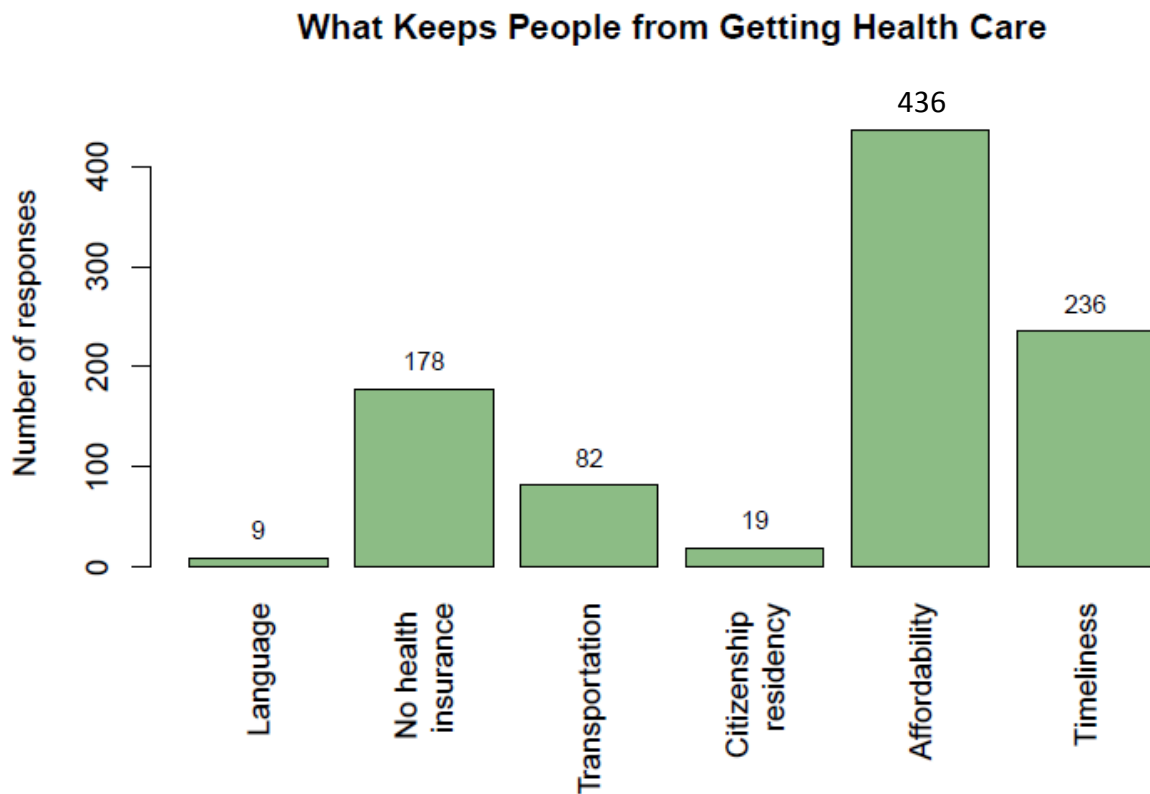
What is most needed to make a healthy community? (stratified by ethnicity)

Ethnicity	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	293	(32)	190	(21)	143	(16)	183	(20)	17	(2)	80	(9)
Non-Hispanic or Latino	16	(32)	7	(14)	9	(18)	11	(22)	1	(2)	6	(12)

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

Residence	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	145	(34)	93	(22)	64	(15)	82	(19)	4	(1)	35	(8)
Town	94	(31)	64	(21)	35	(12)	63	(21)	8	(3)	36	(12)
Rural Area	67	(30)	37	(17)	50	(22)	49	(22)	6	(3)	15	(7)

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



A total of **960** respondents from Linn County answered the question: “What keeps people in your community from getting health care?” from the Community Health Perceptions Survey. The majority of respondents (n=**436**) indicated “Not being able to afford health care” keeps people from getting health care. A total of **236** respondents indicated “Not being able to get care when it is needed”; **178** respondents indicated “No Health Insurance”; followed by **82** 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=**19**) and “Health care services are not provided in languages other than English” (n=**9**).

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.	(%)
East Linn County	0	(0)	1	(33)	0	(0)	1	(33)	1	(33)	0	(0)
Lebanon	0	(0)	41	(18)	13	(6)	1	(0)	103	(46)	68	(30)
North Linn County	0	(0)	7	(15)	12	(26)	0	(0)	24	(51)	4	(9)
Other	1	(4)	6	(21)	3	(11)	3	(11)	12	(43)	3	(11)
South Linn County	0	(0)	16	(20)	12	(15)	0	(0)	33	(41)	19	(24)
Sweet Home	2	(2)	29	(22)	11	(8)	1	(1)	46	(35)	43	(33)

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	(1)	70	(26)	28	(11)	4	(2)	110	(41)	51	(19)
\$20,000 to \$39,000	1	(1)	43	(22)	15	(8)	5	(3)	96	(48)	38	(19)
\$40,000 to \$79,000	3	(1)	31	(15)	14	(7)	3	(1)	102	(50)	50	(25)

\$80,000 or more	0 (0)	13 (8)	17 (10)	2 (1)	75 (43)	66 (38)
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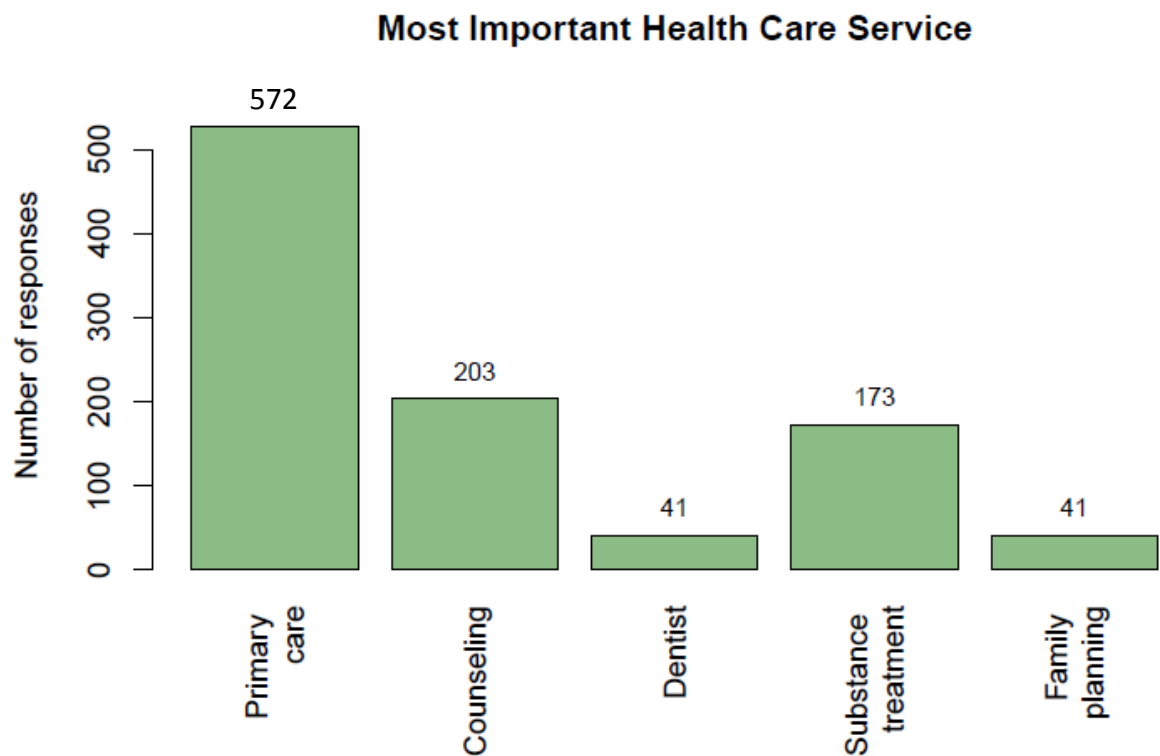
What keeps people in your community from getting health care? (stratified by **ethnicity**)

Ethnicity	Language		No health insurance		Transportation		Citizenship residency		Affordability		Timeliness	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	6	(1)	164	(18)	81	(9)	15	(2)	419	(46)	226	(25)
Non-Hispanic or Latino	3	(6)	14	(29)	1	(2)	4	(8)	17	(35)	10	(20)

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	4	(1)	81	(18)	32	(7)	15	(3)	207	(47)	100	(23)
Town	3	(1)	61	(21)	26	(9)	1	(0)	128	(44)	75	(26)
Rural Area	1	(0)	32	(15)	24	(11)	3	(1)	97	(44)	61	(28)

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



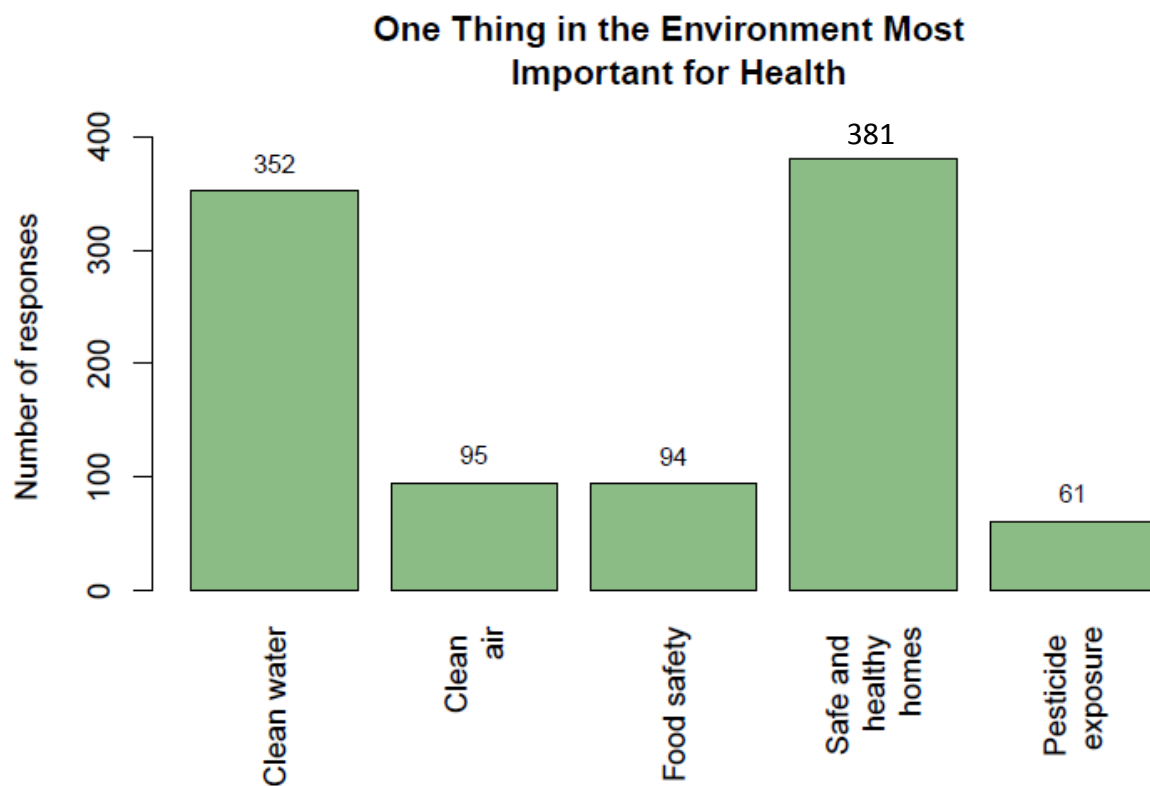
A total of **1,030** respondents from Linn County answered the question: “What health care service is the most important for people in your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**572**) indicated “Regular visits with a doctor or nurse for checkups in a clinic or at home” as the most important health care service in their community. A total of **203** respondents indicated “Counseling and mental health services”; followed by **173** respondents indicating “Drug or alcohol treatment”. A negligible number of respondents indicated “Regular dentist visits” (n=**41**) and “Family Planning” (n=**41**).

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	1	(33)	1	(33)	0	(0)	0	(0)	1	(33)
Lebanon	122	(52)	37	(16)	4	(2)	62	(26)	9	(4)
North Linn County	18	(36)	11	(22)	7	(14)	13	(26)	1	(2)
Other	11	(38)	9	(31)	2	(7)	5	(17)	2	(7)
South Linn County	56	(70)	10	(13)	6	(8)	7	(9)	1	(1)
Sweet Home	71	(52)	31	(23)	4	(3)	26	(19)	4	(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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	152	(59)	53	(20)	14	(5)	31	(12)	9	(3)
\$20,000 to \$39,000	100	(49)	43	(21)	8	(4)	40	(20)	13	(6)
\$40,000 to \$79,000	111	(51)	42	(19)	10	(5)	48	(22)	6	(3)
\$80,000 or more	86	(49)	41	(23)	4	(2)	36	(20)	10	(6)

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



A total of **983** respondents from Linn County answered the question: “What one thing in the environment is most important for the health of your community?” from the Community Health Perceptions Survey. The majority of respondents (n=**381**) 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 **352** respondents indicated “Water that is safe to drink”; **95** respondents indicated “Clean air”; **94** respondents indicated “Food that doesn’t make people sick”; and lastly **61** respondents 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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	0	(0)	1	(33)	2	(67)	0	(0)
Lebanon	78	(34)	22	(10)	23	(10)	94	(41)	13	(6)
North Linn County	19	(39)	5	(10)	2	(4)	19	(39)	4	(8)
Other	16	(55)	3	(10)	2	(7)	6	(21)	2	(7)
South Linn County	35	(42)	7	(8)	14	(17)	21	(25)	6	(7)
Sweet Home	39	(29)	14	(10)	7	(5)	67	(49)	9	(7)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	90	(33)	27	(10)	26	(9)	112	(41)	19	(7)
\$20,000 to \$39,000	74	(38)	18	(9)	18	(9)	75	(38)	11	(6)
\$40,000 to \$79,000	80	(38)	23	(11)	29	(14)	70	(34)	6	(3)
\$80,000 or more	58	(33)	15	(9)	14	(8)	73	(42)	14	(8)

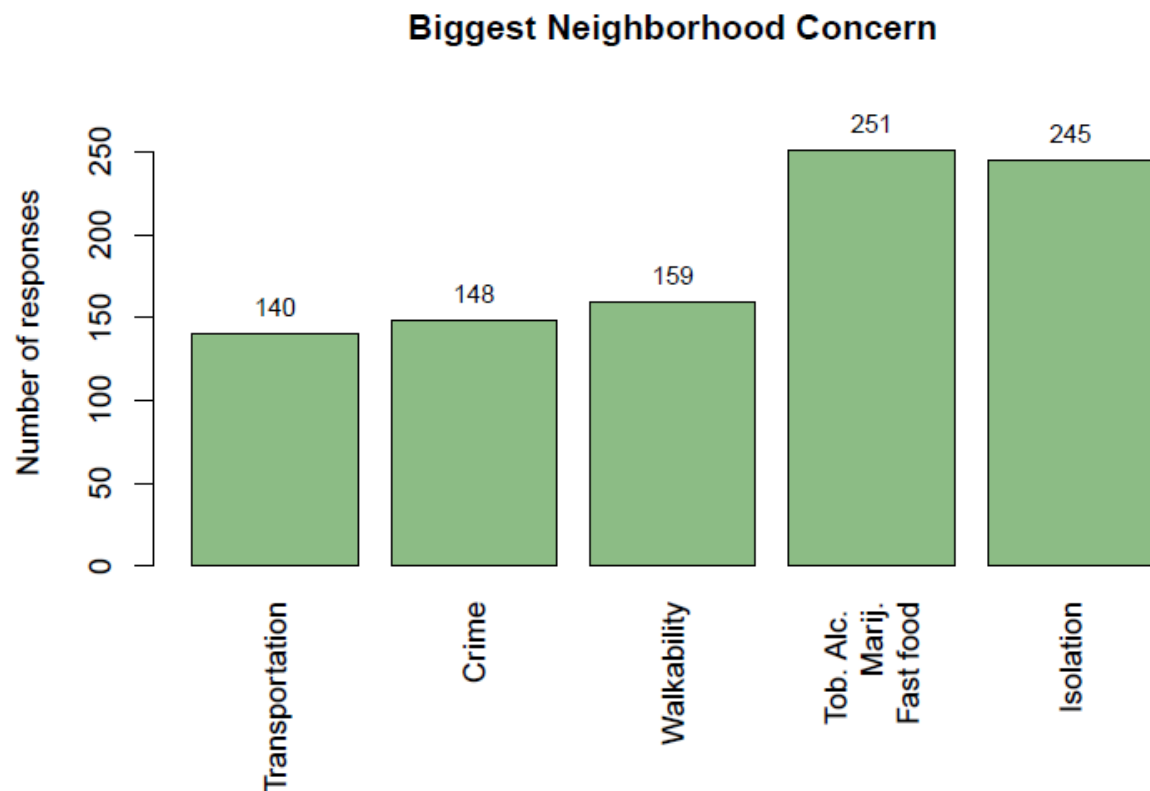
What one thing in the environment is most important for the health of your community? (Stratified by ethnicity)

Ethnicity	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	336	(36)	94	(10)	87	(9)	363	(39)	55	(6)
Non-Hispanic or Latino	16	(33)	1	(2)	7	(15)	18	(38)	6	(13)

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	170	(38)	40	(9)	43	(10)	165	(37)	24	(5)
Town	106	(35)	36	(12)	20	(7)	128	(42)	13	(4)
Rural Area	74	(32)	17	(7)	30	(13)	87	(38)	23	(10)

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



A total of **943** respondents from Linn County answered the question: “What is the biggest concern in your neighborhood?” from the Community Health Perceptions Survey. The majority of respondents (n=**251**) indicated “It is easy to get to a store that sells tobacco, marijuana, alcohol, or fast food” as the biggest concern in their neighborhood. A total of **245** respondents indicated “People are socially separated from their community”; **159** respondents indicated “It is hard to walk or bike around because there are busy streets, no crosswalks, or bad street lighting”; **148** respondents indicated “There is crime and it is not safe”; and lastly **140** respondents indicated “There are no buses or other public transportation”.

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	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
East Linn County	0	(0)	1	(33)	0	(0)	1	(33)	1	(33)
Lebanon	33	(14)	33	(14)	41	(18)	71	(31)	51	(22)
North Linn County	10	(23)	7	(16)	7	(16)	5	(11)	15	(34)
Other	5	(16)	6	(19)	7	(23)	7	(23)	6	(19)
South Linn County	36	(43)	6	(7)	7	(8)	16	(19)	18	(22)
Sweet Home	17	(13)	32	(24)	15	(11)	28	(21)	42	(31)

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	34	(13)	56	(22)	38	(15)	48	(19)	83	(32)
\$20,000 to \$39,000	34	(17)	33	(16)	37	(18)	53	(26)	48	(23)
\$40,000 to \$79,000	40	(21)	23	(12)	30	(16)	53	(28)	44	(23)
\$80,000 or more	13	(8)	16	(10)	30	(18)	68	(41)	38	(23)

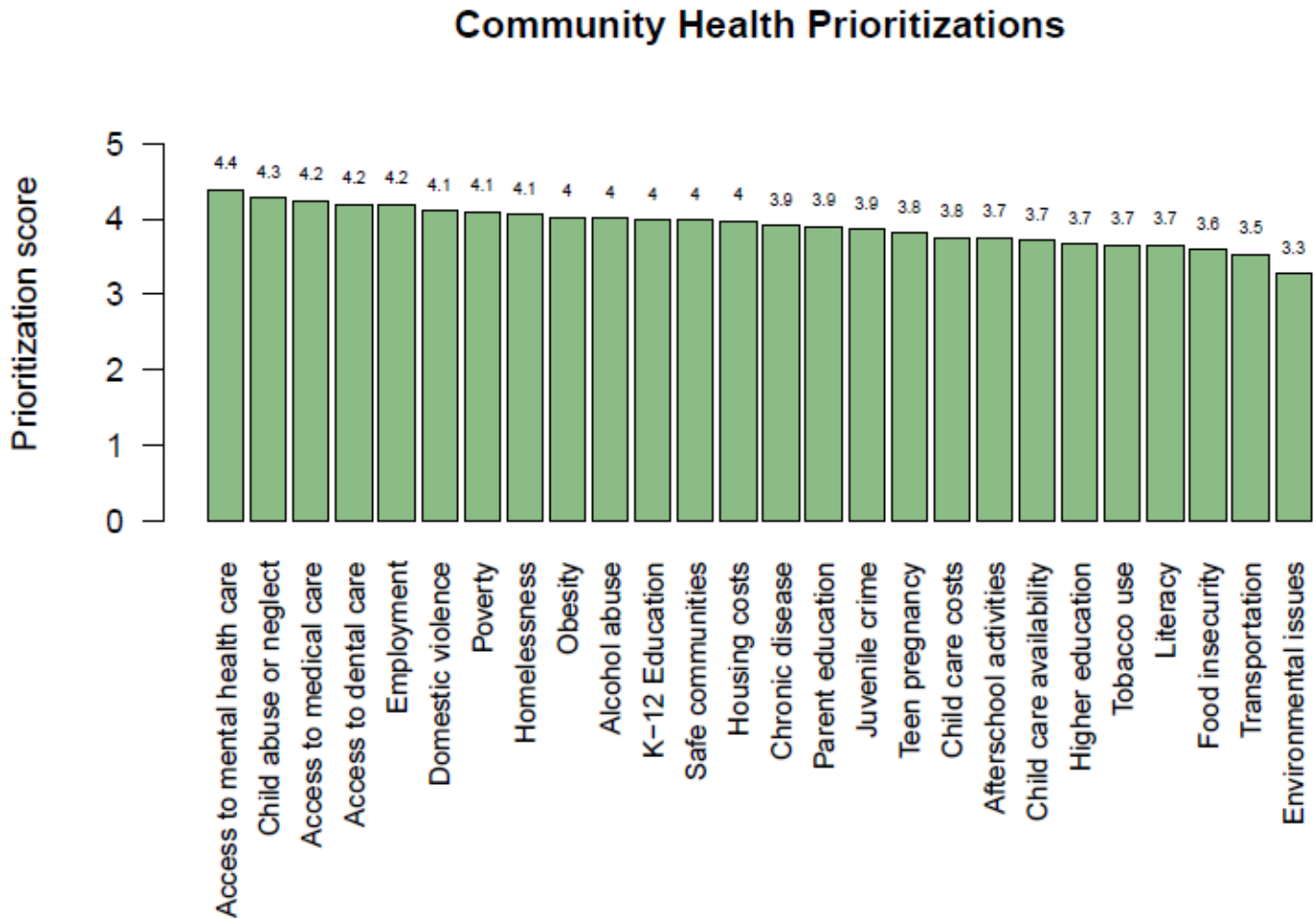
What is the biggest concern in your neighborhood? (Stratified by **ethnicity**)

Ethnicity	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	134	(15)	143	(16)	148	(17)	236	(26)	234	(26)
Non-Hispanic or Latino	6	(13)	5	(10)	11	(23)	15	(31)	11	(23)

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	48	(11)	74	(18)	70	(17)	118	(28)	111	(26)
Town	48	(16)	53	(18)	41	(14)	75	(25)	78	(26)
Rural Area	44	(20)	21	(9)	48	(22)	58	(26)	52	(23)

Figure A.13: Community Health Prioritizations



A total of **1,228** respondents from Linn 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 **4.4**; “Child abuse or neglect” with a mean value of **4.3**; “Access to medical care” with a mean value of **4.2**; “Access to dental care” with a mean value of **4.2**; and lastly “Employment” with a mean value of **4.2**”.