

# Samaritan Lebanon Community Hospital

## 2016 Community Health Needs Assessment

## Appendix

# Community Perceptions on the Health of East Linn County

### Table of Contents

Key Informant Interviews .....	1
Focus Groups.....	6
Community Health Perceptions Survey .....	12



# Community Perceptions on the Health of East 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 Linn County. 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*. An informant in Sweet Home said, “There are levels that are very healthy, and portions that are very unhealthy.”

## Key Themes

When asked to identify the most important community health issue, most informants chose poverty/inequity and access to care. In the Sweet Home area, major issues include drug and alcohol use, tobacco use, diabetes and obesity. When asked what health services are most important for the community, informants chose primary/preventive care, followed by mental health, addiction services, oral health, and affordable access. More generally, there is an overarching need in Linn County 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 and homeless 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. Other at-risk populations include seniors and rural residents.

### ***Children***

An informant in Sweet Home cited the prevalence of “couch surfing” as a major concern: “We have children who are basically homeless being bounced around with no shelter stability and no permanent home.” Additionally, children are living with parents or even grandparents who are addicted to meth: “This is their formative years, and this is their home life. And once that cycle starts, it’s hard to rise above.”

### ***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. An informant in Sweet Home reported that local seniors are increasingly likely to have problems with substance use.

### ***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. An informant in Sweet Home reported serving “a huge homeless population,” which faces special health risks “due to lack of hygiene facilities, lack of adequate medical care, lack of good shelter, exposure to the elements, [and] sleeping in tents.” As a result of these harsh living conditions, “I see health problems cropping up with all age groups.” These health risks are compounded by a lack of “access to fresh water and bathing.” This population also has a high level of substance use, alcohol abuse and tobacco use, and the informant has noticed that clients frequently turn up in the “public safety reports” in the local newspaper.

An informant in Sweet Home who works with low-income and homeless residents reported that “some of our clients do not want to provide even the most basic information, like an address.” Further, among low-income and homeless men, “if you have an issue, health-wise, you just tough it out.” Pride can also be a barrier to accessing services: “We also have a lot of clients who qualify for food stamp benefits, but it’s a pride thing, and they won’t.”

### ***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.”

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: “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 says they are “super underutilized.”

### **Drugs, Alcohol and Tobacco**

Drug and alcohol abuse was cited by multiple informants as a serious problem. An informant in Sweet Home said, “We have many clients who have issues with tobacco use, drug use, alcohol abuse, prescription drug abuse.” This informant also sees “a lot of clients with dependency on meth. That is a huge concern, especially because it often does involve minor children.” Despite the prevalence of drug and alcohol problems, there’s a severe lack of addiction facilities and services: “We need some sort of community drug intervention, or some way to help with appropriate coping mechanisms rather than alcohol or drugs.”

### **Dental Health**

Dental care providers are lacking in small and rural communities. An informant in Sweet Home sees “a lot of clients with just horrendous dental issues.” In communities 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, psychological factors such as pride, and undocumented status.

### ***Lack of Providers***

Some Linn County communities lack providers, while others have no providers who will accept OHP. The lack of providers is worst for dental and mental health services, but it also affects primary care: “We have clients who are probably on the verge of diabetes—or they’re morbidly obese, or they’re struggling with COPD—and they have no access to health care. Or they can’t get in. There are quite a few doctors who are not taking patients.” Although Urgent Cares and emergency rooms are an alternative for some patients, they cannot provide follow-up care or address chronic conditions.

### ***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.” Lack of insurance coverage for mental health and dental care also makes these services costly to access in the communities where they are available.

### ***Navigation***

Although we now “have a system that enables people to get health care,” residents must still get past “a barrier of navigating that system to get signed up for it, or a lack of information in the first place.” Many people are not “aware of the benefits available to them.” Also, “the signup system is complicated.” These issues affect seniors in particular, who may lack “the skill set to navigate the Internet or a computer.”

### ***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.

### ***Other Financial and Logistical Barriers***

Lack of transportation is a major barrier for Linn County residents, especially in smaller communities that lack local services. For parents and caregivers, “child care during your appointment is also a big deal.” 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.”

## **Informant Recommendations**

When asked what they would do to promote community health, informants chose improving access to care, reducing substance use, and working “upstream” on meeting basic needs such as employment, housing and education. When asked what local and regional health care facilities could do, informants suggested expanding low-income services such as drop-in clinics, 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 partnering with COMP-Northwest to “have a couple of drop-in clinics available for low-income families,” expanding drug and alcohol intervention services, and offering mental health screenings at schools. 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. In addition, Sweet Home needs access to fresh water and “shower facilities for folks who are homeless.”

### **Community and Political Engagement**

Multiple informants emphasized the need to involve government and the community in making health a priority. Community members should “get involved with the health care system, get involved with their CCO, get politically involved with their kids’ school and [with] community organizations, so that they can be part of creating a system that helps to serve their needs.”

### **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 Sweet Home would also like to “see some concrete way of pinpointing the number of homeless people we have.”

### **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.” An informant in Sweet Home is working with “a community partnership that’s leaning toward emergency preparedness...part of that piece is to pull health care in as well. The people and households and families that we serve would not...be in a position to help themselves [in a disaster], so this is a very, very vulnerable population.” An informant who works on health equity issues mentioned that it can be “challenging to connect with folks in east Linn County. I think identifying community champions [in east Linn] is really important.”

### **Focus Groups**

In January and February 2016, four focus groups were conducted with participants who live or work in east 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
- Brownsville: Seniors (plus one non-senior)
- Albany: Low-income seniors volunteering with a community services agency

In total, 26 community members took part in these groups. The questions followed the Community Health Needs Assessment survey distributed throughout the tri-county region. This qualitative narrative describes issues reported by participants and includes their recommendations for improving health and quality of life.

### **Community Health Status**

Most participants described their community as *sort of healthy*. One resident called Lebanon *very unhealthy* due to “a lot of denial with mental health, drugs, things like that.” Sweet Home was rated *sort of healthy to unhealthy*. The only east Linn County community generally rated as *healthy* was Brownsville.

### **Key Themes**

When asked to identify the most important community health issue, a strong majority of participants chose barriers to access such as lack of transportation, lack of providers, and long waiting times. Drug and alcohol use and a lack of senior services were also cited as important issues.

### **Poor Nutrition and Obesity**

Food insecurity and the lack of healthy dietary options were serious concerns, especially for seniors who don't have a caregiver. People using alcohol and drugs—including certain prescription medications—were also cited as being at risk for poor nutrition.

### **Vulnerable Populations**

When asked which community members were likeliest to be in poor health, most east Linn participants chose seniors. Children, the obese and the disabled were also identified as at-risk populations.

#### ***Children***

Discussion of child health focused on dental disease, poverty and drug use. One Brownsville resident reported that the town has “a high level of kids who are considered homeless or in need of special help and care.”

#### ***Seniors***

Most participants identified seniors as the population most likely to have poor health. Several expressed sorrow at the way our society treats seniors: “They helped build the community I live in. And now that they need resources, there aren't any there.” Low-income seniors are at particular risk: “There's some elderly who get to the point where they have to decide between am I gonna eat this month, or am I gonna get my medication?” In addition, the transition from OHP to Medicare typically entails higher co-pays and fewer benefits: “There's no dental, no vision.”

Often, seniors will skip medical appointments to avoid leaving an ailing or mobility-impaired spouse at home. Although disability services are available, out-of-pocket costs may be steep. A Brownsville resident reported that the town badly needs an affordable assisted living facility. Although the town's rural charm attracts elderly residents, they often “find after a couple of years that they don't have the facilities they need.”

Smaller communities also lack social and recreational opportunities for seniors. A Sweet Home resident said, “The kids in our community are taken care of...but the elderly are kind of left out.” Keeping seniors informed about options and resources can be a challenge, even in a small and relatively closely knit community like Brownsville. Many seniors lack online access and may not get the local newspaper. Although SHIBA volunteers could help, “we can't get a SHIBA person in Lebanon.”

#### ***People with Disabilities***

There is a lack of in-home services—including respite care—for disabled people and their caregivers. A Brownsville resident knows of wheelchair-bound residents who only get one check-in in the morning and one at night: “When you can't feed yourself or do anything, that's a very long day.” Another participant pointed out that in an age of increasing weather extremes, it's very important to have a caregiver who monitors indoor temperature and humidity: “I have MS, and people with MS don't do well in the heat.”



### **Mental and Behavioral Health**

Multiple participants cited mental and behavioral health as a vital need, partly because they see mental health issues as related to substance abuse. Participants who work with elderly or disabled residents and their caregivers were especially concerned about the mental and physical health of family caregivers. Because they often have no one to relieve them, their own health suffers. However, they avoid doctor visits because they can't leave their loved one unattended: "Caregivers that take care of a family member at home quite often get sick and die before the sick person dies. Because they're doing everything, and you can't do that."

### **Drugs, Alcohol and Tobacco**

Participants in Lebanon reported high levels of community drug use, as did residents of smaller towns like Brownsville and Sweet Home. One Brownsville resident described a local market for prescription OxyContin. In response, a self-described recovering addict explained how addicts progress from prescription drug addictions to illegal drug use and then to methadone or Suboxone: "It's just one addiction for another. And I've seen many people who I was very close to not only die from their addictions, but end up in this endless cycle." Drug, alcohol and tobacco cessation were cited as important ways of improving community health.

### **Dental Health**

Due to a lack of providers and insurance coverage, access to dental care is limited. A Brownsville resident said, "I've seen pictures recently of children whose mouths were just totally destroyed already." Dental van services are highly valued, but one participant noted that they do not entirely solve access issues: "If people are low-income, they still need to have transportation to the dental van."

### **Quality of Care**

Multiple low-income participants said that people on OHP tend to receive substandard care and to be treated with "a lack of respect." One participant complained that medical staff treat low-income patients like "cattle" and "don't pay attention to who you are" in terms of personal medical needs and preferences. By contrast, participants who were happy with their primary care provider tended to say things like "I have a doctor who takes time for me, and asks me how I feel, and listens to what I say."

Participants who have been unable to forge this type of warm relationship with a provider seemed more likely to portray doctors as disinterested in helping patients to get well: "They don't fix the problem; they just mask it." They were also more likely to refuse prescribed medication and to experiment with herbal remedies.

Most participants in Brownsville were frustrated by complicated billing documents and other provider communications: "They outsource if you have a lab test, if you have an x-ray. It's very confusing, and I consider myself fairly intelligent, literate and all that. It's very confusing to me what to pay when."

### **Barriers to Access**

When asked what keeps people from getting health care, most participants cited cost, followed by barriers such as lack of transportation, lack of education or knowledge, and lack of providers.

### **Cost**

Cost is a primary barrier. Many families and individuals earn too much for premium assistance but too little to afford premiums: “They may work hard, but they don’t make a lot of money, and they can’t afford to have insurance.” One senior reported that “it takes almost my whole Social Security check to pay for my medical. And then I have my car insurance and stuff that I have to pay out of my savings.”

### **Transportation**

Transportation is a major barrier, especially for seniors. There is shuttle service between Sweet Home, Albany and Corvallis, but the fare is prohibitive for some residents. Although the lack of transportation affects residents in all areas, its effects are most pronounced in rural areas such as Brownsville. Even residents with a vehicle may find it dangerous or impossible to drive at night or in bad weather, leaving them with nowhere to turn in a health crisis but 911. For rural residents, some forms of emergency transportation can be extremely expensive; a Brownsville resident was billed \$34,000 for a Life Flight transport to Eugene.

### **Navigation**

The difficulty of navigating the health care system was a frequent complaint. Even participants with a college education or a medical background found it difficult. However, some residents are “conceptually” illiterate, meaning that they lack the knowledge and context that would allow them to take proper action: “They’re mentally or physically not able to process it.” A Brownsville resident who helps community members with navigation says that her clients sometimes come in with unopened letters discussing services they are eligible to receive: “They’re not even out of the envelopes. And they’re saying, ‘Nobody’s helping me.’” Lack of information is another common problem. For example, a low-income Lebanon resident mentioned that she had only just learned about the dental and medical services available through The River Center.

### **Lack of Providers**

Multiple participants said that there are not enough primary care providers to meet the community’s basic medical needs. One Lebanon resident complained of “a serious lack of doctors” in her community: “I had a heart attack two months ago...and I still can’t get a PCP. There’s nobody in our area that’s taking new patients.” A resident of Brownsville said, “We have a population of about 2,000 with two doctors. And I could call up today and probably not get in for two weeks or three weeks, if at all, because they’re booked up.”

### **Long Waiting Times**

Many participants described having to wait one to two months for primary care appointments: “You could be dead by then, so you just go to Urgent Care.” The difficulty of getting primary care appointments also drives patients with immediate needs to the emergency room: “Sometimes it’s easier to get into the ER than it is to make a doctor’s appointment.”

### ***Other Logistical and Financial Barriers***

Medical office hours are often inconvenient: “People work, but the clinic’s open 8 to 5.” When medical clinics are inaccessible outside of working hours, people are more likely to seek emergency services. One agency-based participant said, “If you look at the statistics from the emergency services in both Lebanon and Sweet Home, they’ve been off the wall this year: 61,000 in Lebanon last year.” In some cases, insurance restrictions also limit access to local care; multiple Brownsville residents mentioned that they would like to see one of the town’s two local doctors, but their insurance plan won’t cover those providers.

## **Participant Recommendations**

When asked what they would do to improve community health, most participants chose improving access to care, especially for low-income residents, followed by improving health education. When asked what local and regional health care facilities could do, most participants recommended better care and communication, and simpler billing and paperwork, followed by improved access to medical services and health resources.

### **Access**

Suggestions for improving access included opening or expanding rural facilities, improving transportation, providing mobile and in-home services, increasing services for low-income residents, and providing navigation services. Specific suggestions include turning Brownsville’s former elementary school into “an assisted care and clinic,” and offering therapy or “lower-cost workshops, like if they can do eye screenings on a set day for a reduced price.” There is also “a need for dental care for people that don’t have insurance.”

### ***Mobile and In-Home Services***

Multiple participants suggested using mobile clinics to provide basic medical needs such as screenings, blood tests and consultations: “If they can do that with dental, why couldn’t they do something like a bus that would go to different communities once a month or once a week?” One participant suggested offering mobile physical therapy. Providing in-home services and respite care through community health workers and allied personnel was another common suggestion. Many participants would like to see more outreach by community health workers to populations with limited mobility and social contacts, such as shut-in seniors, the disabled, and family caregivers. Ideally, these workers would then consult with “a board that they talk to about the really high-risk cases. And then you have certain people who are on that board that discuss alternative things: the herbal and the yoga or mental stimulation.”

A participant in Sweet Home suggested making Wiis available to seniors and disabled residents: “They could play baseball, or do something from the chair to get some exercise. You could have them at the library so that they could check them out, and maybe have somebody go once a week and show the elderly how to use them.”

### ***Navigation***

Participants cited a major need for navigation services: “Get people who could try to advocate for those people who have a tough time functioning in the system—a pool of people where you

could call up and say, ‘This person needs to be hand-carried through the system.’” A Brownsville resident also said that her community needs an outside organization to coordinate services like health system navigation and medical transportation: “The community of Brownsville is not wealthy enough to be independent to set this up.”

### **Communication and Quality of Care**

Multiple participants called for clearer communication as well as more compassionate care: “A lot of the medical stuff just needs to be simplified so that ordinary people can understand it.” In addition, “Doctors need to realize that older people may not have had a lot of education, and it’s been a long time since they had education. They have Alzheimer’s, they have dementia, they have just plain confusion.” A senior participant in Sweet Home added, “A lot of the elderly don’t read.”

### **Alternative Medicine**

Participants in multiple groups called for “alternative” or “holistic” care options. Several participants suggested that medical providers could hire a community health worker to consult with patients on a case-by-case basis: “A person that knows the research on herbs. She carries around these pamphlets of information. And she’s also educated on alternative ways of dealing with pain and depression.”

Despite their stated mistrust of the medical industry, these participants were enthusiastic about having a medical provider consult with them on the safe use of herbs and related “remedies.” Notably, their descriptions of such consultations seemed to emphasize the type of in-depth, caring personal interaction they feel is lacking in their current provider relationships.

### **Community Outreach and Engagement**

Volunteer participants expressed a strong interest in helping residents gain access to local resources: “Educate us, because we are your billboards for the community. We go to Brownsville, Lebanon, Sweet Home...so we would disseminate all the information you passed here.” One volunteer also noted that with so many people attempting to take advantage of seniors, getting them to sign up for valuable services often requires one-on-one communication from a trusted source. Since these volunteers already have a strong relationship with housebound seniors and other vulnerable populations, they would be a logical source for information.

### **Drugs, Tobacco and Alcohol**

Multiple participants cited a strong need for tobacco, alcohol and drug prevention and cessation programs.

### **Education**

There is a need for “continued education in schools about lifestyle choices and nutrition.” Senior participants were also interested in affordable exercise and fitness classes. A Brownsville resident said, “We had a wonderful situation with Linn-Benton Community College subsidizing [fitness] classes. For some reason, that wonderful situation went away. It would be great to have that back.”

## **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

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

<b>How old are you?</b>		
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)

<b>What language do you usually speak at home?</b>		
English	1090	(98)
Spanish	10	(1)
Arabic	1	(0)
Another language	15	(1)
Did not answer	1	(0)

<b>What is your race and/or ethnicity?*</b>		
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)

<b>What is your gender or gender identity?</b>		
Male	243	(22)
Female	841	(75)
Transgender	4	(0)
Did not answer	29	(3)

<b>Are you (sexual orientation):</b>		
--------------------------------------	--	--

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)

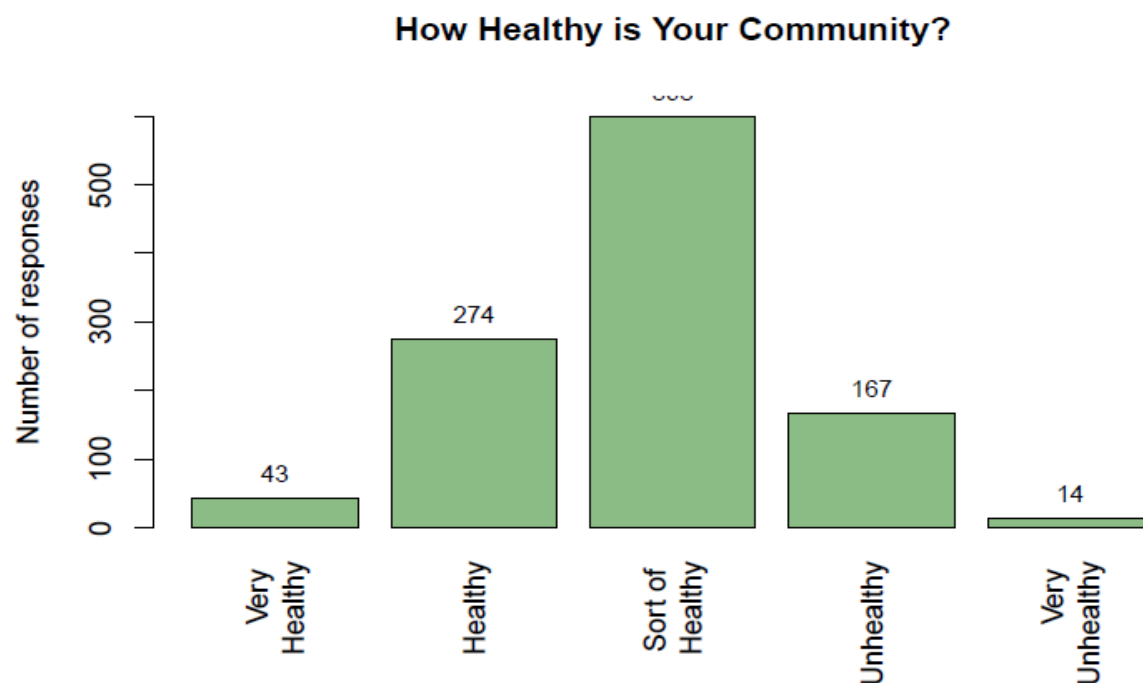
**Are you (marital status):**

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)

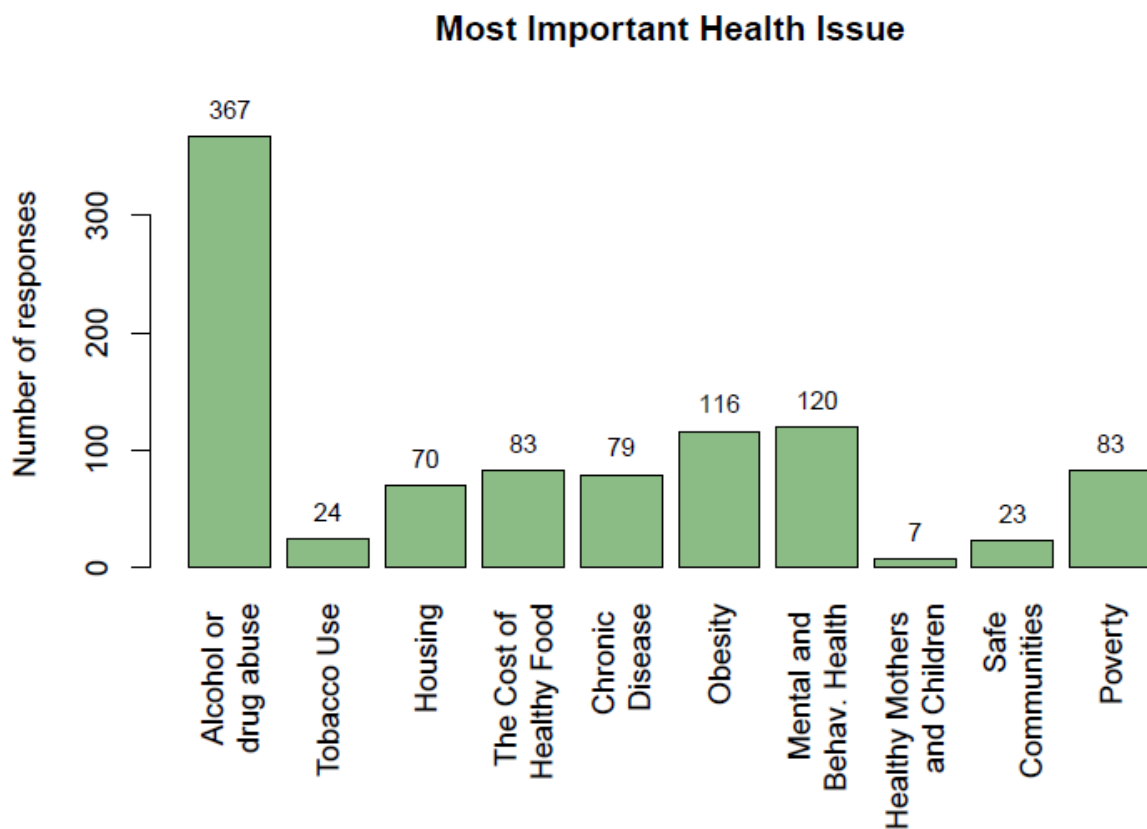
How healthy is your community? (Stratified by **ethnicity**)

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)

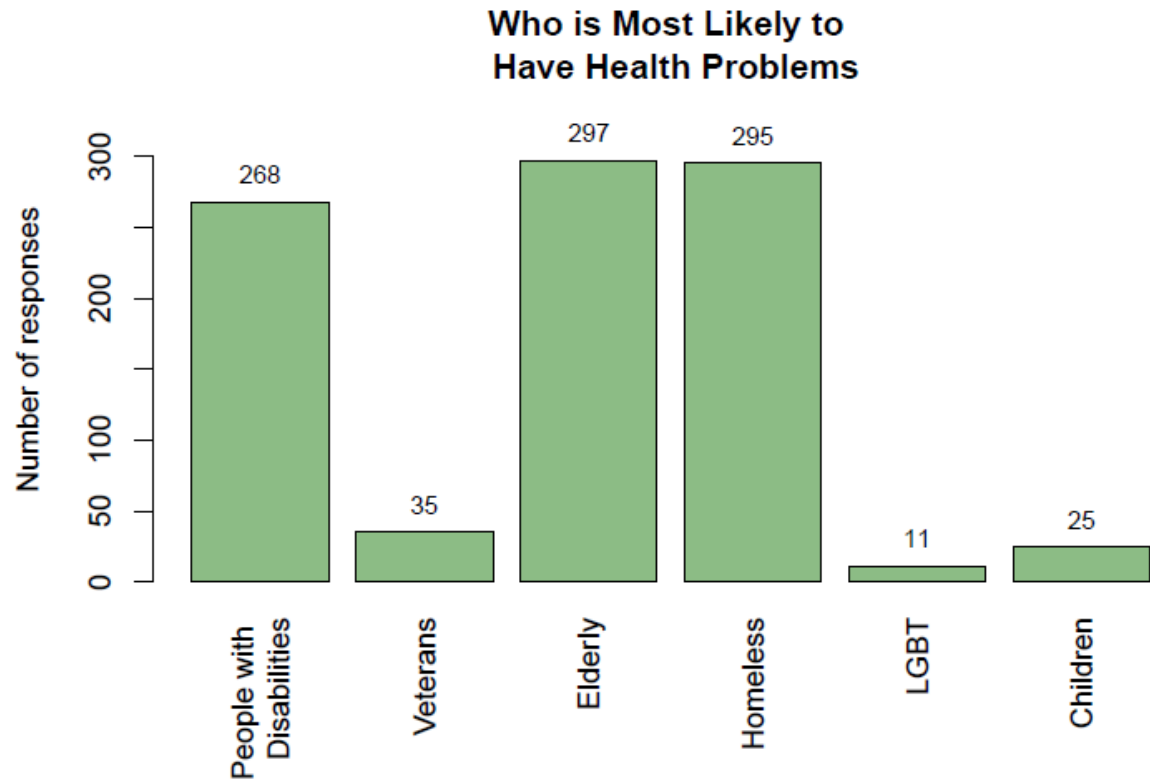
What is the most important health issue in your community (part 1)? (Stratified by **residence**)

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**)

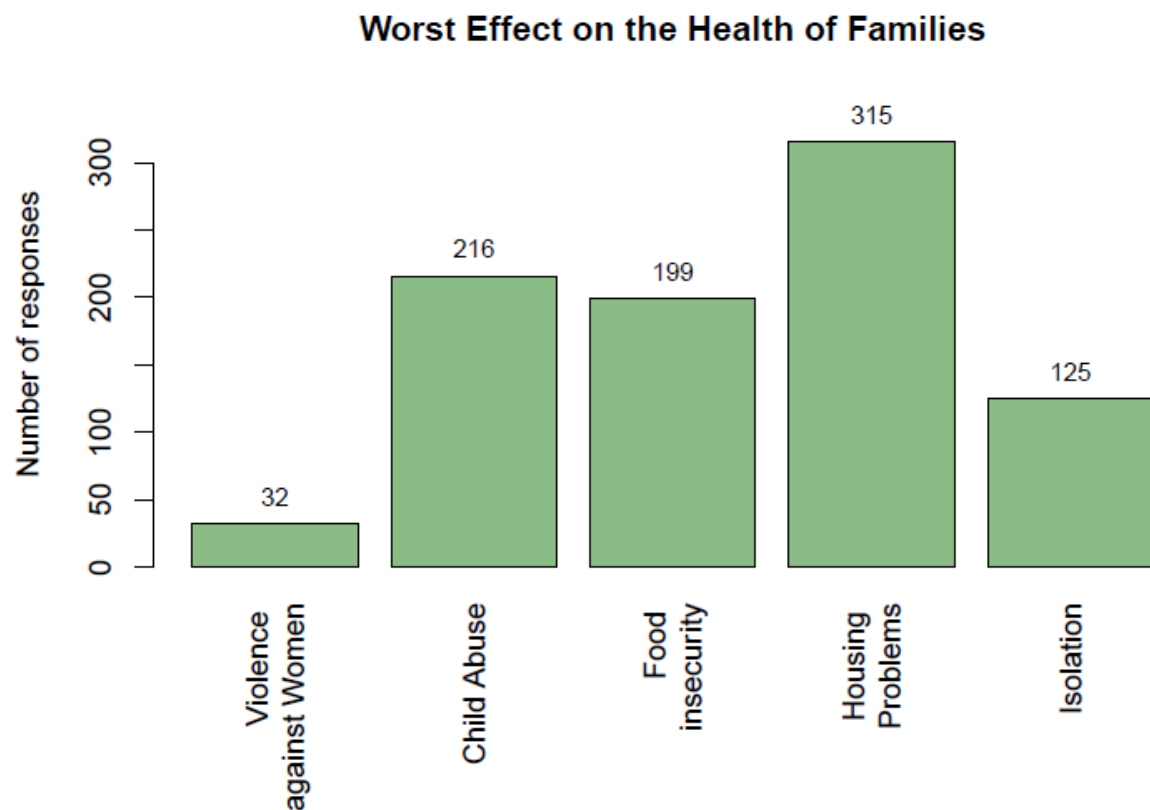


Ethnicity	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	254	(29)	33	(4)	291	(33)	271	(31)	11	(1)	22	(2)
Hispanic or Latino	14	(29)	2	(4)	6	(12)	24	(49)	0	(0)	3	(6)

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)
------------------	-------	---------	---------	---------	---------

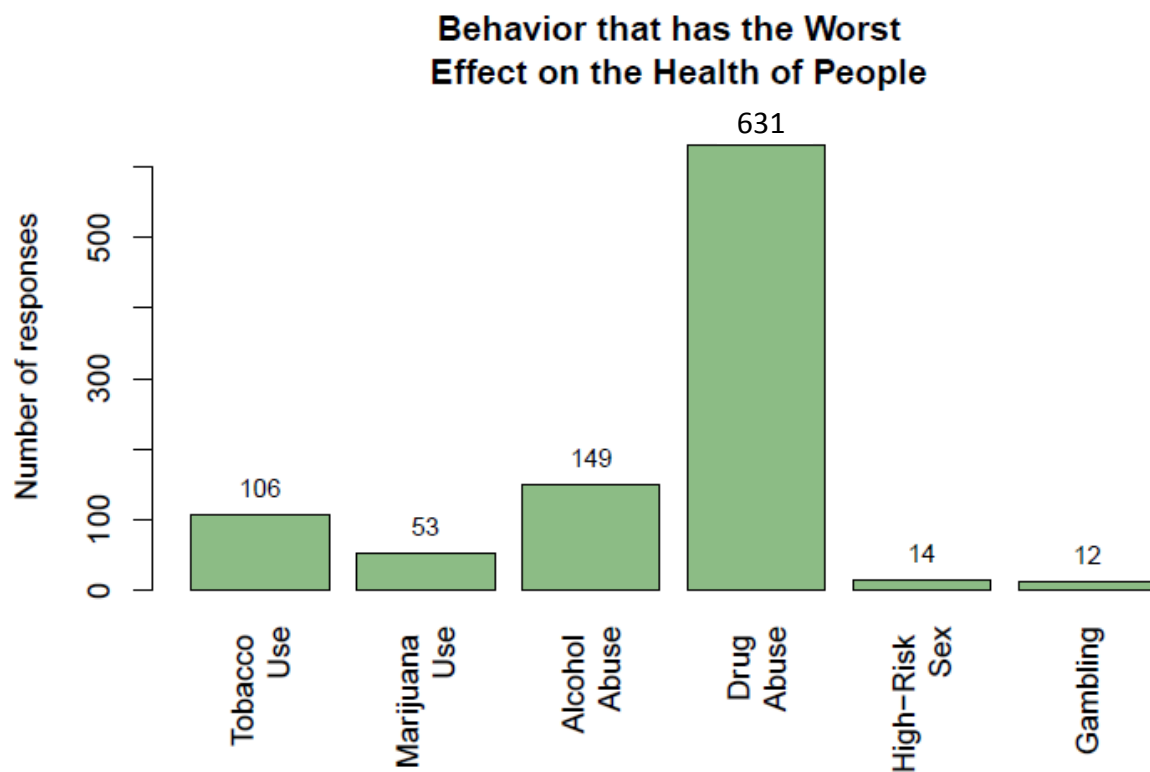
Which of the following has the worst effect on the health of families in your community? (Stratified by ethnicity)

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)

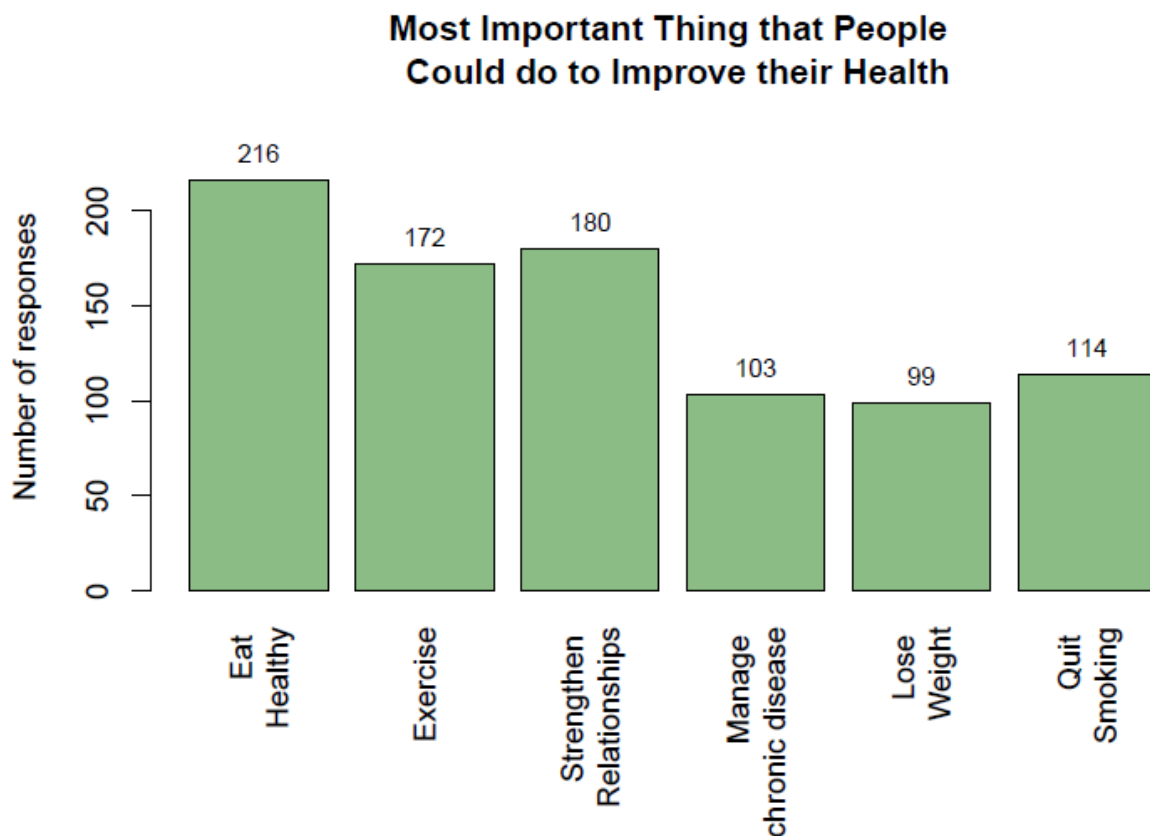
What behavior has the worst effect on the health of people in your community? (Stratified by **ethnicity**)

<b>Ethnicity</b>	<b>Tobacco Use</b>		<b>Marijuana Use</b>		<b>Alcohol Abuse</b>		<b>Drug Abuse</b>		<b>High-Risk Sex</b>		<b>Gambling</b>	
	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**)

<b>Residence</b>	<b>Tobacco Use</b>		<b>Marijuana Use</b>		<b>Alcohol Abuse</b>		<b>Drug Abuse</b>		<b>High-Risk Sex</b>		<b>Gambling</b>	
	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)
------------------	---------	---------	---------	---------	---------	---------

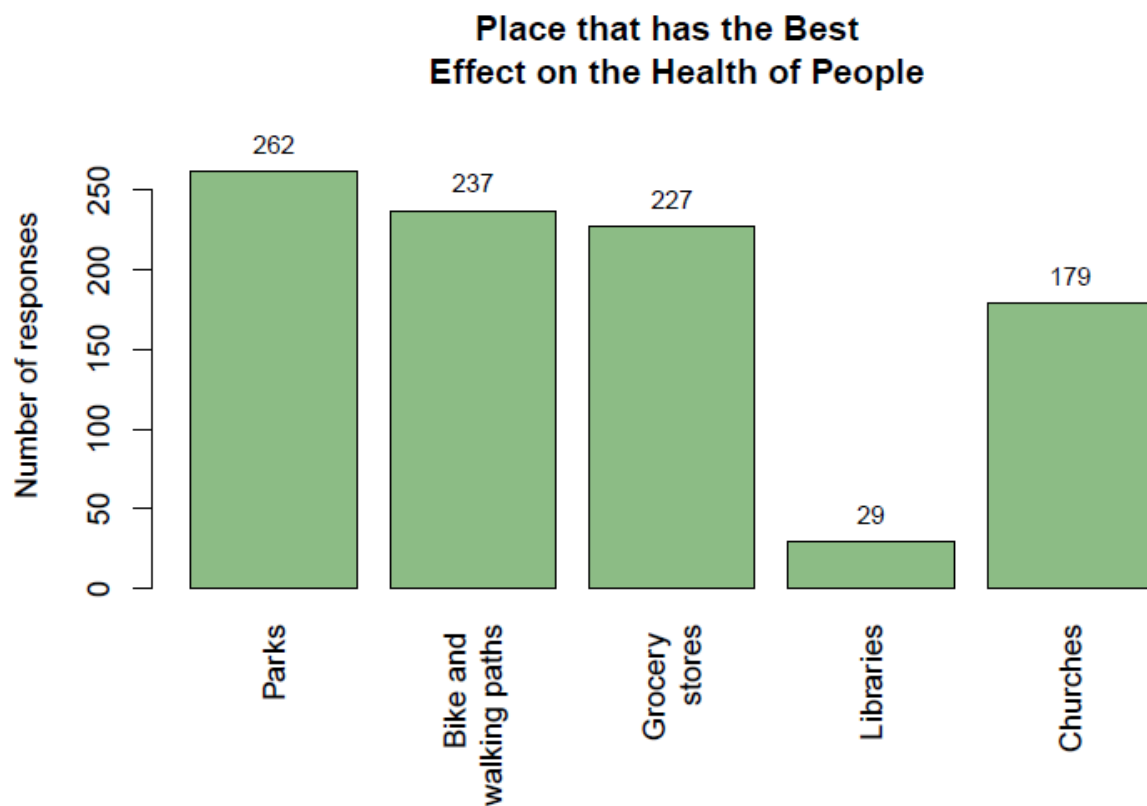
What is the most important thing that people in your community could do to improve their health? (Stratified by **ethnicity**)

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)

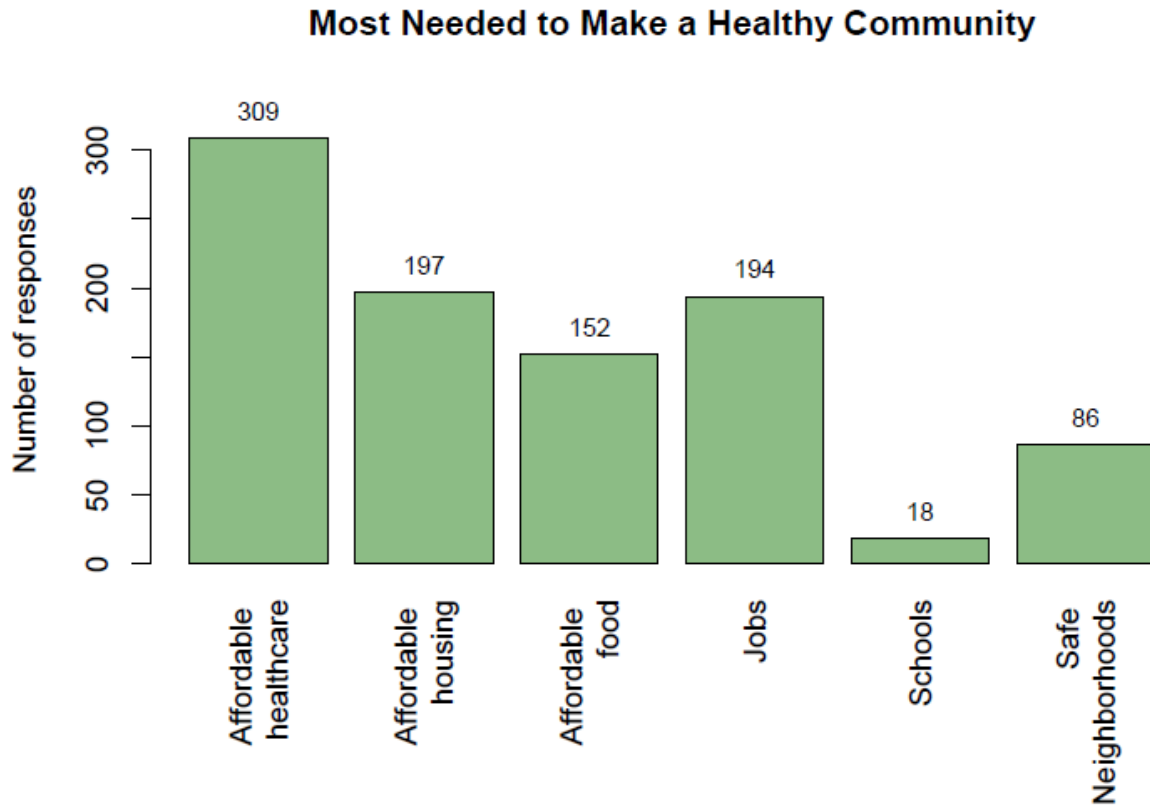
What kind of place has the best effect on the health of people in your community? (Stratified by ethnicity)

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**)

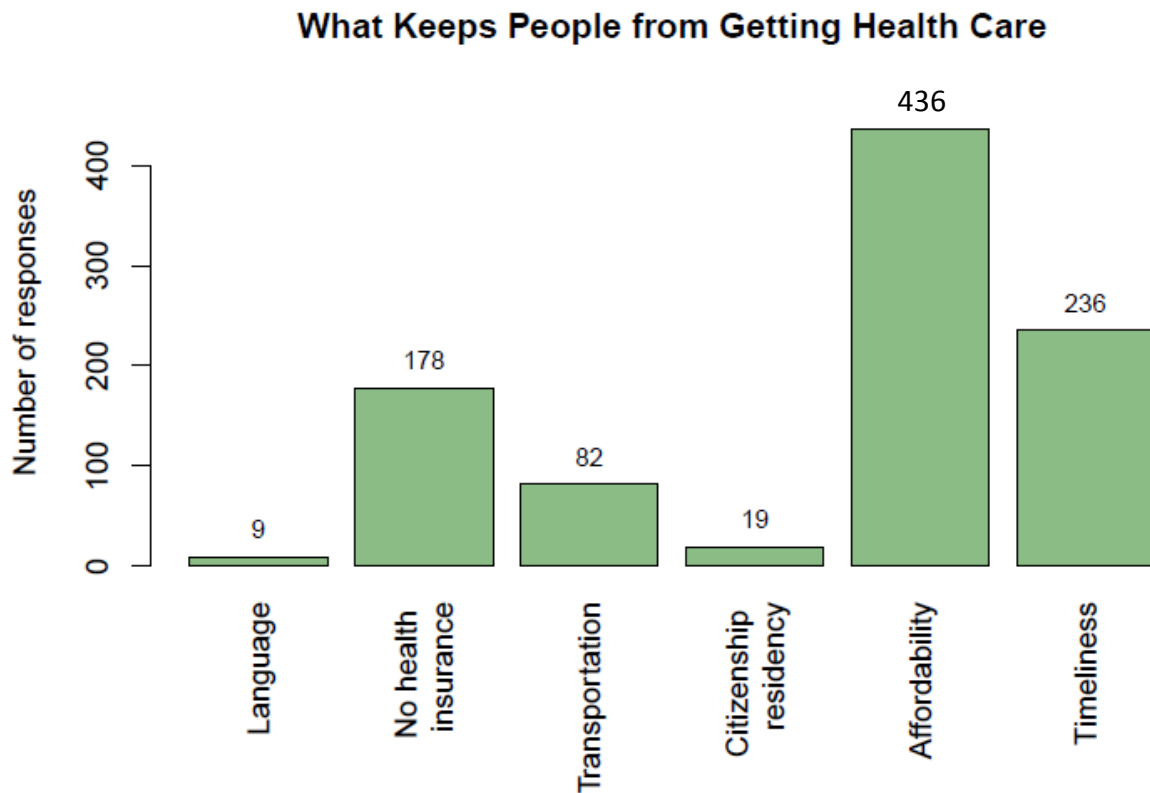
Ethnicity	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	293	(32)	190	(21)	143	(16)	183	(20)	17	(2)	80	(9)
Non-Hispanic or Latino	16	(32)	7	(14)	9	(18)	11	(22)	1	(2)	6	(12)

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)
------------------	-------	--------	---------	-------	---------	---------

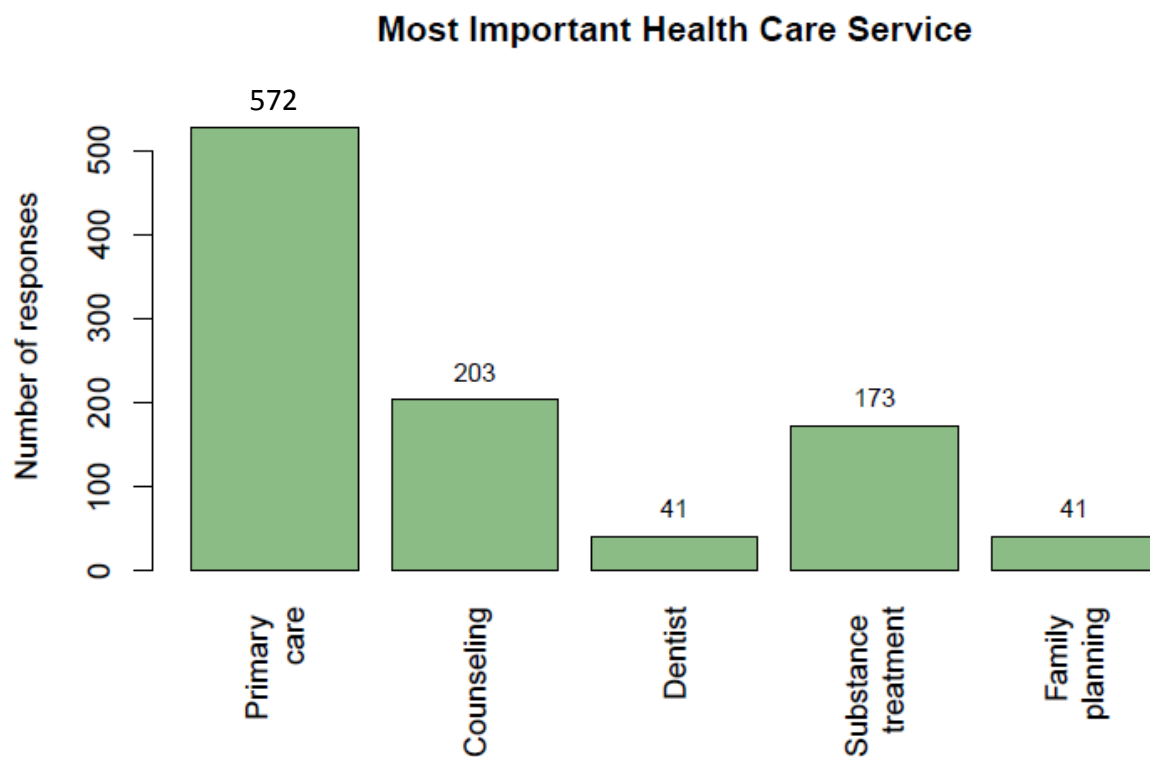
What keeps people in your community from getting health care? (stratified by **ethnicity**)

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**).

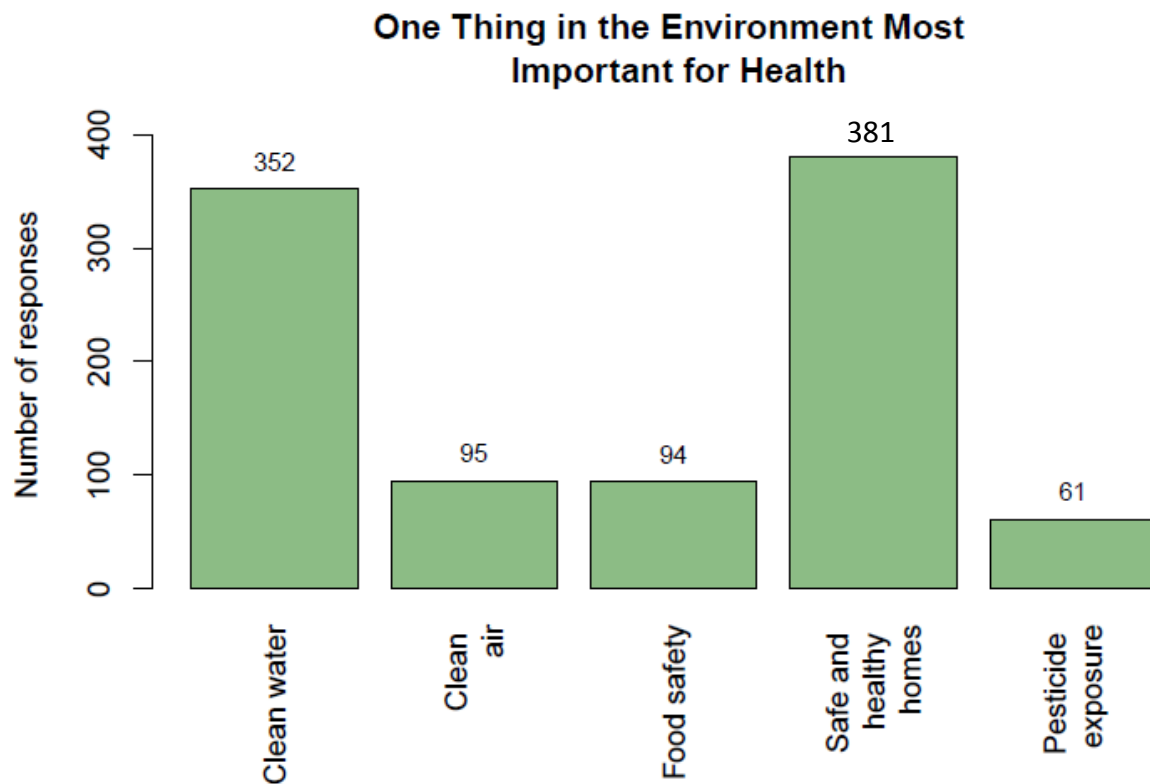
Table A.10: What health care service is the most important for people in your community?

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)

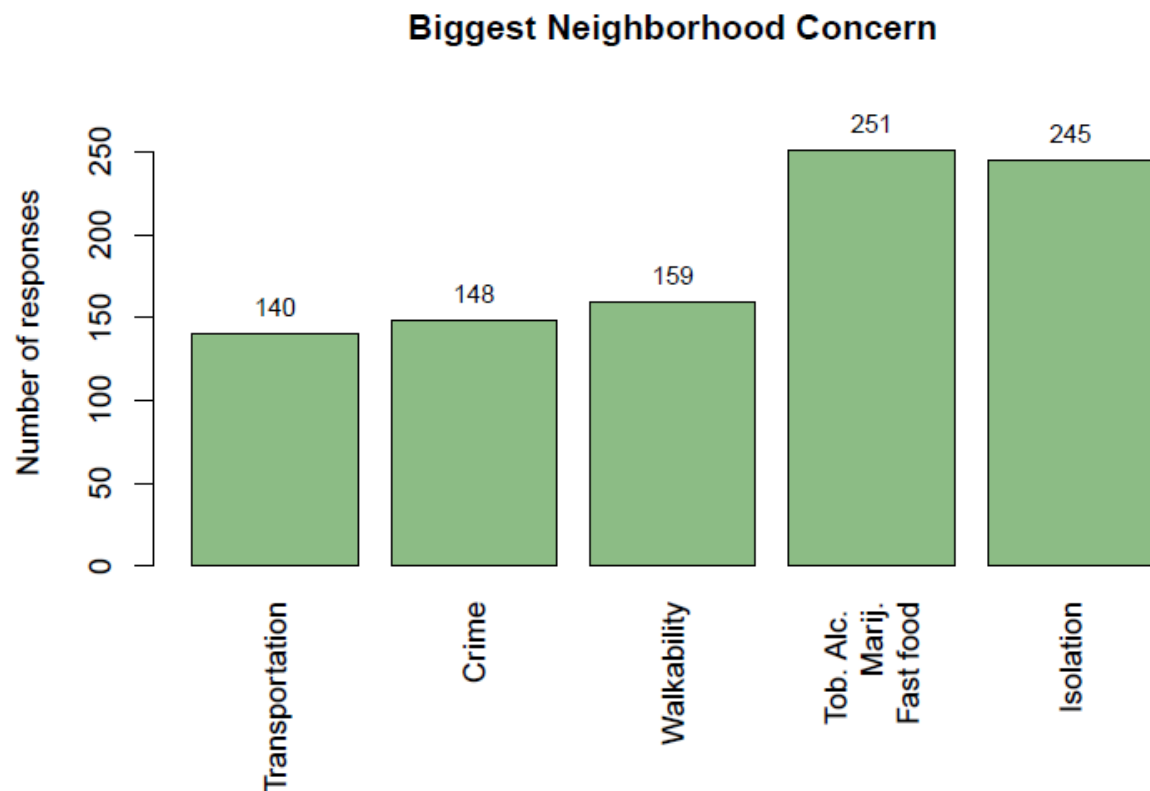
Ethnicity	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	336	(36)	94	(10)	87	(9)	363	(39)	55	(6)
Non-Hispanic or Latino	16	(33)	1	(2)	7	(15)	18	(38)	6	(13)

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**)

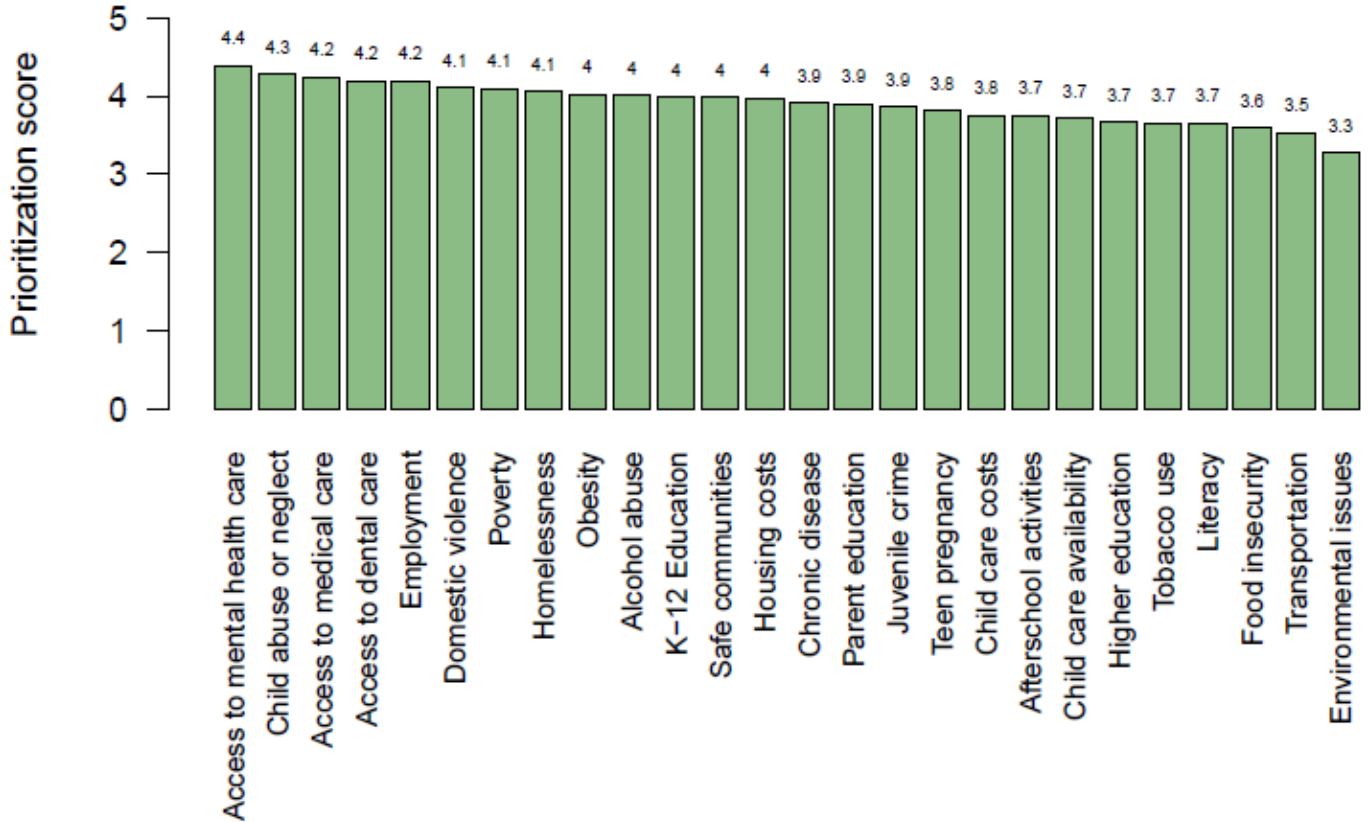
Ethnicity	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	134	(15)	143	(16)	148	(17)	236	(26)	234	(26)
Non-Hispanic or Latino	6	(13)	5	(10)	11	(23)	15	(31)	11	(23)

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

### 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**”.