

Samaritan Pacific Communities Hospital

2016 Community Health Needs Assessment

Appendix

Community Perceptions on the Health of South Lincoln County

Table of Contents

Key informant interviews	1
Focus Groups.....	7
Community Health Perceptions Survey	14

Community Perceptions on the Health of South Lincoln County

Samaritan Health Services reached out to residents of Lincoln County for their input on the health of Lincoln 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, nine interviews were conducted with key informants who live or work in Lincoln County. Additional information came from a Linn-based informant whose agency serves Lincoln County residents. Informants included community advocates, government leaders, care providers and other experts who have firsthand knowledge of local health care needs and issues. The first nine questions followed the Community Health Needs Assessment survey distributed throughout the tri-county region. Subsequent questions dealt with professional topics such as community health indicators, data collection, and opportunities for interagency collaboration. The following qualitative narrative describes the issues reported by key informants and includes recommendations for improving health and quality of life.

Community Health Status

All informants described their county or community as *sort of healthy, unhealthy, or very unhealthy*. Lincoln County informants were more likely than others to express anger, frustration or distress in regard to the county's unmet needs and lack of resources: "To see these problems in a beautiful county like Lincoln, problems that frankly are worse than I would see on the south side of Chicago...that's pretty jarring to me."

Key Themes

When asked to identify the most important community health issue, most informants cited access issues and mental health. Other major concerns include food insecurity; drug, alcohol and tobacco use; and for the Hispanic/Latino population, a lack of health management education for chronic conditions like diabetes and heart disease. One informant suggested that poverty is at the root of most community health issues. When asked what is most needed to make a healthy community, most informants focused on ensuring access to basic needs such as housing, employment, healthy food, recreation and exercise areas, and transportation.

Exercise and Fitness

Although Lincoln County has attractive trails and parks, they are not necessarily suitable for exercise and fitness activities, especially during the long rainy season. Lower-income residents lack access to indoor fitness and recreation facilities. In larger coastal communities, high-speed traffic poses a hazard to pedestrians, joggers and bike riders: “Most communities have freeways going through them.”

Vulnerable Populations

Low-income residents are the most likely to have health problems. Other at-risk populations include children, seniors, and people with mental health and addiction issues.

Children

Lincoln County has the state’s “second-highest” rate “of child abuse and child maltreatment,” which informants attributed in part to the stresses of poverty and inequity. Despite the severity of this problem, Lincoln County does not have a child abuse prevention program. It also lacks mental health services for children and teens, as well as services for children with developmental disabilities. In addition, many parents and caregivers lack parenting skills and knowledge of health and nutrition issues.

Seniors

Low-income seniors are a particularly vulnerable population. One informant noted that flu deaths in Lincoln County nursing homes were higher than average and suggested that “the county may not be doing a very good job of monitoring these facilities.”

Low-Income and Homeless Populations

Lincoln County’s homeless and low-income population is the most likely to have health problems: “We have a huge homeless population...followed by the bottom of the economic ladder, who may be domiciled, but their access to treatment and their ability to follow through with treatment is very limited.” The large homeless population has put an intense strain on Lincoln County’s few homeless shelters. Due to this “extreme lack of services,” many homeless residents are “living out in the woods in winter, in coastal weather, with their kids.”

Communities of Color

An informant who works with the Hispanic/Latino community identified diabetes and alcoholism as major health issues. However, this community lacks information on chronic disease prevention and management. Furthermore, there is a cultural reluctance to seek preventive care: “We don’t go to the doctor unless we’re sick, because that’s the way we were brought up.” Adults who are middle-aged and older are the most likely to have poor health. Unlike children, they usually “don’t have access to health insurance” and preventive care. Undocumented residents are often reluctant or unable to seek care: “Sometimes they can’t access Oregon Health Plan because the children weren’t born here, and the same thing with the families.”

There is also a strong need for bilingual services. Due to the lack of trained interpreters, children often end up interpreting for parents. This is problematic not only because children often lack the necessary vocabulary and concepts, but also because sharing personal health concerns may be “uncomfortable” for parents and children. One informant reported that as many as a third of Hispanic/Latino residents may be functionally illiterate in Spanish as well as in English. This underscores the need for trained interpreters who are able to recognize when their clients need additional help to understand medical language and concepts.

Mental and Behavioral Health

Mental and behavioral health care—including addiction services—was the most commonly cited need for Lincoln County. This response encompasses various fields and client populations. Informants working with children noted “the abysmal state of community mental health services for children and adolescents.” Families seeking care through the county mental health clinic have to wait for months. In addition, a lack of education and the stigma associated with mental health care often discourage residents from seeking help.

Drugs, Alcohol and Tobacco

An informant reported that “substance abuse is a very big problem here.” This is partly due to the fact that residents “use substances to cope with all those mental health issues.” The county also has a very high rate of tobacco use, which one informant related to cultural norms; many parents are modeling tobacco use at home.

Dental Health

Lack of dental care was cited by multiple informants as a serious problem. Currently, only one dental office accepts children on OHP: “For dental, there’s a three- to six-month waiting list for children to get access.” Transportation is of particular concern for people needing pediatric dental care: “How do you get your kids started off on a dental health program if you have to figure out a way to drive into Salem or Corvallis?” These problems are compounded by the fact that none of Lincoln County’s communities has fluoridated water.

Housing

The lack of affordable housing is a major issue in coastal communities. In addition to being a cause of homelessness, stress and ill health for residents, it’s an obstacle to attracting providers. Housing on the coast often costs as much as it would in Portland, making it difficult for new providers and support staff to move into an area typified by higher unemployment and lower wages: “I hate to say the most important thing you can do for health care is housing, but you don’t get anywhere if you can’t get people to come to your county.” Another informant said, “The data linking stable housing and good health outcomes is pretty overwhelming.”

Barriers to Access

When asked what keeps people in the community from getting health care, informants cited barriers ranging from cost to a lack of transportation or child care. In particular, county residents lack access to primary care. One informant sees this as a lack that undermines all other health efforts: “We’re underserved for dental, we’re underserved for mental health and addiction. But primary care is the base that it’s all built on.” Multiple informants cited “the limited resources and capacity of the entire health care system in this county.”

Cost

Despite the expansion of insurance eligibility under the Affordable Care Act, timely care remains out of reach for many residents: “People are supposedly covered under OHP...but the cost of insurance and the cost of deductibles is a real barrier to access for the working poor.” Other residents may earn too much to qualify for assistance without being able to afford insurance premiums.

Lack of Providers

Even if a resident has insurance, doctors may not be taking new patients. The hospital is the region’s major health care provider, but several informants stressed its lack of resources and its difficulty in recruiting and retaining staff. The high turnover rate for doctors also prevents patients from building a relationship with a trusted provider. As a result, residents who can travel often go to Corvallis, Albany or Portland for care.

Long Waiting Times

Residents who are on OHP may have to wait several months or more for a medical appointment. Even among higher-income residents, long waiting times are common: “Pre-ACA and Medicaid expansion, Lincoln County was something like 16-percent uninsured. Now, we’re down to 4 percent. But I still frequently hear from folks who are...told that an initial appointment is going to be three months away.”

Transportation

Most informants cited transportation as a primary barrier to access. Many residents lack access to a car, and those who do have a vehicle may not be physically, logistically or financially able to drive the distance necessary to receive care: “They could spend all day traveling just to get to one appointment. And if they don’t have the time or the money to do that, they just don’t.” In winter, travelers are also subject to road closures and unsafe driving conditions. When buses are available, they tend to offer limited and slow service.

Lack of Awareness

Even in cases where resources are available, lack of awareness of these options, and lack of understanding of how to qualify for them and use them, prevents many residents from accessing care.

Other Financial and Logistical Barriers

Many medical offices are open only during standard work hours. Because the county's economy is largely service-based, patients often have to take time off work to be seen. Residents facing a long trip to a provider and a long office wait may also have trouble finding and paying for child care. Such obstacles discourage residents from seeking preventive care, making it likelier that they will face larger health problems later on.

Informant Recommendations

When asked what they would do to improve community health, informants chose improving access to care, providing mental health and addiction services, strengthening community and political engagement, and expanding bilingual services. When asked what local and regional health care facilities could do, informants suggested improving access, recruiting and retaining providers, and developing cross-cultural competence.

Access

Suggestions for improving access include mobile services, telemedicine, telepsychiatry, opening additional facilities, and more screening and other preventive services for low-income residents.

Mobile and Remote Services

To overcome barriers to access, "you've got to take a lot of services" directly to residents in remote areas. This effort should include a "community mobile team" that can reach residents who can't or won't travel. Telemedicine and telepsychiatry would also be helpful.

Recruitment and Retention

Allowing medical staff to work flexible, part-time hours could help to recruit new staff, because people who choose to live on the coast tend to want daytime access to natural and recreational attractions. One informant's agency tried this approach and was better able to attract and retain qualified staff. More flexible work hours could also improve access, because patients "wouldn't have to try to get there by 5 o'clock."

Communication and Quality of Care

One informant suggested doctors should allow more time for discussion during appointments: "I get this feeling that they have very little time with patients, so they can't go very deep on issues."

One informant cited the housing shortage as the primary cause of the county's lack of health care services and added that it will take political will to "support the development of low-income and workforce housing."

Data Collection and Research

Two informants felt that available data were adequate and suggested that more needs to be done to communicate or act on the findings. One informant would like to see more longitudinal data on the results of interventions, but noted that such data are “really challenging to get.” Another informant suggested that more could be done to collect information from residents who don’t speak English. Also, one informant suggested monitoring excess mortality in county nursing homes.

Diversity and Cultural Competence

An informant who works with the Hispanic/Latino population emphasized the county’s need to “have more services in the native language.” In addition, “there are a lot of cultural barriers we have to work on... For some people, it’s really hard to understand that you can still go to the doctor even if you’re not sick.” Changing this situation requires educating people on both sides of the conversation: All providers need to understand cultural norms and preferences, and all community members need to understand the importance of primary and preventive care to community health and quality of life.

Education

When asked what residents could do to improve their own health, almost all informants specified a strong need for better health education and awareness. Preventive education is particularly important, as are nutrition education, smoking cessation, and information on chronic disease prevention and management. There’s also a need for instruction on how to use the health system effectively (e.g., understanding the difference between “preventive health versus an urgent or emergent health crisis”).

Health education should counteract stigmas and misconceptions that prevent people from seeking mental health care. It should also help residents to understand that “they really do have some control over their destiny” and empower them to act in their own best interests: “I think this is about the work we do with people one on one—listening to people, giving them a voice instead of us telling them.”

Parenting education is also crucial: “A lot of families don’t have that knowledge [of] parenting, health and nutrition skills. We see a lot of families that don’t go to those yearly well-child exams, or they think they don’t need programs such as WIC or food stamps.”

Health messaging should be “aimed at folks with limited time, limited attention spans, and limited comprehension skills.” Illiterate residents need to be targeted with radio spots, in-person communication, and other methods that don’t rely on written language. And of course, educational efforts must be complemented by accessible services: “You can talk to people about good health all you want. If there’s nothing there, you’re blowing smoke.”

Interagency Collaboration

Informants discussed opportunities for collaboration including interagency planning teams, regional food banks, community resource networks, resource sharing, information sharing and teaching around adverse childhood events.

Mental and Behavioral Health

Mental health and addiction services are major needs; the county needs more facilities and providers for both services. One informant strongly believes that opening a relief nursery would also help to address these issues. Coupled with parenting education, a relief nursery could prevent the traumas that often lead to mental health problems, child abuse, and substance use: “Prevention with the young kids and the young families, right now, will make a huge difference a little later on in the community.”

Focus Groups

Between December 2015 and February 2016, five focus groups were conducted in south Lincoln County:

- Newport: Health and community service professionals
- Newport: Low-income residents of a transitional housing facility
- Yachats: Seniors
- Newport: Low-income, Spanish-speaking residents
- Siletz: Educators and school administrators

In total, 30 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 issues reported by participants and includes their recommendations for improving health and quality of life.

Community Health Status

As one participant pointed out, Lincoln County’s poor health status is well known: “I mean, we rank 23rd in the state.” All participants in the Newport area described it as *unhealthy* or *sort of healthy*. Most other participants rated their communities as *sort of healthy*, although some Yachats residents said the town is *healthy* considering the size of its senior population.

Key Themes

When asked to identify the most important community health issue, most participants chose mental and behavioral health or access to health care and resources. Diabetes was chosen by a majority of the Siletz group. Other major issues include drug and alcohol abuse, poor nutrition and obesity, and poverty/inequity. When asked what health service is most important for the community, most participants chose primary/preventive care or improved access. Members of the low-income group in Newport were more likely to select mental health. Other cited needs include dental care, healthy food, senior services, and health education.

Poor Nutrition and Obesity

All groups described access to healthy food as inadequate. Smaller communities like Siletz and Yachats only have convenience stores. For residents who want healthier options, “it’s a 50-mile trip to go to the grocery store.” In Siletz, poor diet and food insecurity are major problems, especially for children, many of whom only have access to healthy food at school. In these food deserts, services like Meals on Wheels and local food banks are vital to keeping residents fed. In Newport, transportation difficulties and cost make it difficult for low-income residents to maintain a healthy diet: “It’s so much more expensive to buy healthy food! You could go buy Little Debbie’s for a buck a box, and then we wonder why we have obesity problems.”

Vulnerable Populations

When asked which community members were most likely to have poor health, most participants chose homeless and low-income residents, with seniors and children at the highest risk. Members of the Spanish-speaking group unanimously chose people who don’t maintain a healthy diet. Drug users and their children were also identified as an unhealthy population, especially in Siletz.

Children

The state of children’s health was a major concern of participants in most groups. A resident of Yachats reported that many preschool children lack access to health care and other necessary services. In Siletz, many children are “couch surfing” because they don’t have a stable home. They also tend to have an unhealthy diet: “They don’t eat breakfast, they don’t eat lunch, they love energy drinks, and they don’t understand the adverse effects of that.”

Children are at risk in part because they lack education on health risks. Participants in Newport stressed the importance of parenting education and prevention of teen parenthood. A participant in Siletz cited a dangerous lack of sex education, noting that local high-school teens “really, truly do not know anything about their own bodies.” Another said that the health education offered in schools “isn’t realistic to today’s society.” This participant cited nutrition and drug use as examples of topics that are not being realistically addressed.

Seniors

Members of the Yachats group suggested that seniors are often “trapped” in remote communities due to health issues, limited finances and a lack of transportation. Although most Yachats participants considered the town’s seniors to be healthier than the norm, mental health was a concern. Several participants expressed concern for isolated seniors who lack visitors and social activities: “Loneliness is one of the biggest killers.”

Low-Income and Homeless Populations

Low-income and homeless residents were frequently cited as having poor health, in addition to problems like mental illness or addictions. The coastal migration of transients boosts the homeless population, straining social services and, in some cases, bringing additional problems with substance use or mental illness.

Communities of Color

Spanish-speaking Newport residents cited diabetes, obesity and alcoholism as major health problems in the Hispanic/Latino community. Generally, they face the same barriers to care reported by other local populations, such as cost and lack of transportation. However, these problems are exacerbated by language barriers and, in some cases, very long working hours. There is also a cultural tendency to avoid seeking care until the situation is very bad: “As Hispanics, we don’t go and get ourselves checked until we’re really sick.”

Participants in Siletz identified tribal members as having the community’s best access to health care, thanks to the Tribal Clinic. Regardless, tribal residents face many of the same health risks as their non-tribal peers, including obesity, poor nutrition, drug and alcohol use, and lack of parental education on health needs. The specific health needs and risks of this population should be a focus of future research efforts.

Several participants described beliefs, fears or attitudes that prevent residents from accessing care or services. For example, a Hispanic/Latino senior said, “I don’t want to get embarrassed because I go to the doctor, and then he tells me there’s nothing wrong with me.” Spanish-speaking residents also described themselves as culturally less likely to seek preventive or non-urgent care.

A participant in Newport observed that our health care system is not set up to deliver a timely response to urgent needs: “There’s maybe some frustration with that process, and so there’s a disengagement or a jumping out of the loop.” In addition, low-income residents may feel discouraged from seeking care: “In a world where you are already shamed for that culture of poverty, why would you engage in a process of learning where you know that you’re going to be identified as poor because you don’t understand the way that the system works?”

Mental and Behavioral Health

Mental and behavioral health care was cited by participants in most groups as a crucial need: “No matter what agency, what entity I speak with—whether it’s domestic violence, whether it’s schools and teens, whether it’s families...we just really need to be able to have that social service of mental health come in.” Although the lack of this service disproportionately affects low-income residents, it’s also a problem for affluent residents: “There aren’t any private-practice psychiatrists in Lincoln County...so it’s not just mental health for the very poor. It’s mental health for all the rest of us, too.” The effects of this lack are not limited to the individual who needs service: “It ripples out and affects everybody surrounding them when that need isn’t met.”

Isolation is another cause of mental health problems, especially for seniors facing bereavement. Although it's not clear whether there is a connection, two participants in Yachats remarked that the community has a high suicide rate: "Maybe it's just because it's a small town...but it sure seems larger than you would expect."

Drugs, Alcohol and Tobacco

Drug and alcohol abuse are major problems in Lincoln County, not just among residents but also among the transient population. This is partly because "there are some long-accepted and maybe even celebrated social traditions here that have to do with tobacco and alcohol use." Participants in Newport cited the lack of alcohol and drug detox facilities as a major service gap. Newport lost its "in-county drug and alcohol detox facility about three years ago," which left "a big chasm." One Spanish-speaking participant reported that "alcoholism in the Latino community" is a "big problem," and added that Hispanic/Latino residents often don't know where or how to access addiction services.

Dental Health

Due to a lack of providers and insurance coverage, there is limited dental care for children and adults in Lincoln County. Dental disease is "one of the major reasons people end up in emergency rooms." It was also "the number-one cited reason for missed school days at the elementary schools in Lincoln County last year." Regardless, there is only one dentist in Newport who will take OHP. This has led to extremely long waiting lists for care. Although dental vouchers are available through county community health clinics, many residents are unaware of this resource.

Quality of Care

Many participants expressed anger, frustration or distress at the poor quality of care in the region. The high rate of doctor turnover on the coast was a major complaint that crossed education, occupation and income levels. As one participant said, "familiarity is valued" by medical patients.

Low-income/OHP participants in Newport strongly feel that they receive a lower standard of care: "Just because you have OHP doesn't mean you should get less care or inadequate care, but that's what happens." They believe they are subject to a high rate of misdiagnosis from providers who are "just doing things in a rush." Because providers do not value lower-income patients as people, they do not carefully examine or listen to them. Participants who described themselves as recovering addicts also feel singled out for poor treatment: "My mom told me, 'You can lie to anyone you want, but don't lie to your doctor, because they can't treat you properly unless they know what's going on.' But then if you say that, they're so judgmental."

Participants in multiple groups expressed intense frustration with the lack of communication between providers and patients, and between regional providers who are jointly treating the same patient. Given the isolation of many Lincoln County communities, it's crucial for health providers to build and maintain strong, reliable communication links: "You need it a lot more [here] than you do in the city."

Barriers to Access

When asked what keeps people in the community from getting health care, most participants cited long waiting times for appointments. Other barriers include cost, lack of transportation, psychological or cultural factors, lack of knowledge, lack of services and resources, and the difficulty of navigating the health care system. Many of these problems have been exacerbated by what one participant called “the tidal wave of folks that have been bottling up this need for years and years, prior to their insured status.”

Lack of Providers

Currently, there are not enough primary care providers to meet basic medical needs. Although Urgent Cares are available in Depoe Bay and Newport, they will only see patients older than 14. Also, waiting times are often long, and some locations are only open until 5 p.m.

The shortage of providers is due in part to the difficulty of recruiting and retaining staff. One Newport resident attributed this issue to the area’s poor prospects for younger professionals: “If you’re a newly graduated, newly certified doctor—especially if you’re single—and you come over here, the social incentive is not here, the professional incentive maybe wanes after a while. And the price of living for a young professional living on your own here is *really* exorbitant.” There are also disincentives for professional couples: “A physician will typically have a professional spouse. So one professional will come here, but there’s nothing for the other to do. And those professionals look at the school system, if they have children, and they run away! There’s no music, there’s no art. There’s no incentive for a professional to raise a family here.”

Long Waiting Times

Long waiting times were the most commonly cited barrier to access: “Sometimes you go and see the doctor and he asks you, ‘How come you didn’t come before?’ Well, I tried to, but you wouldn’t see me!” This often drives patients with immediate needs to seek emergency care. Long waiting times may affect access to other services, such as Head Start. They can also aggravate problems for people who are coping with mental illness or addictions. In Siletz, the Tribal Clinic provides some care to non-tribal members. However, “a lot of people don’t know that.” Even for tribal members, “it takes three weeks to get a regular appointment.” There can also be a long wait to qualify for OHP; one participant claimed that the process took six months.

Navigation

Low-income/OHP participants described the difficulty of understanding rules and completing paperwork while dealing with the day-to-day stresses that are common to people living in poverty. Some participants also suspect that health care information is purposefully being withheld from them, “because they feel like maybe we’re not worthy of the information...because of our past, what we may have chosen to do in our past.”

Educated, affluent participants also found navigating the health care system to be confusing and noted that navigation assistance is lacking: “We have professionals who don’t understand how the system works, so they can’t even explain it to the clients.”

Cost

Cost was cited as a major barrier in most groups. For patients on OHP/Medicare, out-of-pocket costs are often high enough to discourage them from seeking care. Higher-income residents often earn too much for premium assistance, but too little to cover premiums without assistance. A professionally employed, educated participant in Siletz complained that health insurance is “not affordable for anybody.”

Transportation

Transportation is a major barrier to access, especially in small towns like Yachats, where the lack of local options can make the relatively short trip to the Waldport clinic unfeasible. For services that can’t be provided in Waldport, patients in Yachats may need to travel 30 miles or more. Given the region’s rugged terrain and poor weather, this can present an impassible barrier even for residents who have a vehicle. The cost of bus fare is also a barrier for low-income Newport residents.

Other Logistical and Financial Barriers

Medical office hours often conflict with people’s work schedules, especially at Urgent Care facilities where there may be a long wait to see a provider. Child care was also cited as a significant problem: “It has happened to me that sometimes I don’t actually find a place where I can leave my kids while I’m at the ER.”

Participant Recommendations

When asked what they would do to improve community health, most participants chose health education. In particular, all Spanish-speaking participants expressed a desire for basic health education and information. Other recommendations include improving access, providing mental health care and addiction services, improving nutrition, and improving the quality of care. When asked what local and regional health care facilities could do, most participants recommended improving care and communication, adding or expanding facilities, or providing mobile services.

Access

Suggestions for improving access included opening or expanding facilities, opening a weekly or monthly clinic in Yachats, recruiting more providers, expanding mental health services, improving transportation, providing mobile or remote services (i.e., telemedicine), increasing services for low-income residents, expanding dental van services for adults, and providing navigation assistance. Specific recommendations included expanding the SCREEN program, which provides women’s health screening for low-income and vulnerable populations; bringing the 211info service to the Lincoln City/Newport area; opening an

alcohol and drug detox facility; and ensuring that the new hospital in Newport is designed in a way that “will attract and allow various specialists to come here.”

Communication and Quality of Care

For many participants, improving quality of care would entail improving doctor retention, so that patients can build a trusting relationship with a provider who understands their evolving needs. Two participants suggested a “collective impact” approach to retention, in which employers would take “some responsibility for the quality of life of...employees” by working to improve “housing and extracurricular engagement” in the area. The low-income group in Newport was unanimous in calling for better attitudes, more compassion, and medical professionals who show patients that they “care about what they do.”

Getting the word out about programs and services is a challenge, especially in small, isolated towns like Yachats: “Information should be in a central place where the general public can get to it.” One participant suggested a provider newsletter or access port that informs subscribers about resources, classes, events, and plans: “They could build that around the portal of the electronic record, so that you see that first.”

Community Health Resources and Infrastructure

Multiple participants suggested investing in resources, initiatives and infrastructure that would improve community health or access to health. A recovering addict who has hepatitis C noted that a needle exchange “would save a lot of lives.” Other suggestions include offering “child care inside the hospital,” creating “some more recreational places, sports-wise,” expanding the food bank in Siletz, providing better medical transportation for the elderly, and expanding housing for the homeless.

Diversity and Cultural Competence

The Spanish-language participants repeatedly mentioned not knowing where to turn for resources and information on topics like “how to eat healthier, how to exercise.” However, if they were given this information through Spanish-language television and social media, they could share it with other community members. There should also be printed materials for older residents who lack computer access.

Education

Health education was seen by members of most focus groups as a strong need. In addition to basic health education, there is a need for education about “what services are available” and how to “appropriately use the practitioners that you’re now privy to because of this insurance status.”

Childhood health education is crucial, especially nutrition information, sex education and prevention of teen parenthood. At the same time, parenting education is necessary so that parents and caregivers can reinforce these lessons and help children understand when to seek care: “Even though they have easy access to health care, it still takes a parent to access that health care.”

Community Health Perceptions Survey

Samaritan Health Services designed and distributed a community health perceptions survey to residents of Lincoln County between December 2015 and February 2016. The survey was provided in an online format and a paper format. 23 locations received paper copies of the survey. 603 surveys were completed by Lincoln 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 Lincoln County Community Health Perceptions Survey

Do you live in a city, town, or rural area?	<i>number</i>	<i>(percent)</i>
City	149	(25)
Town	224	(37)
Rural area	224	(37)
Did not answer	6	(1)

How old are you?		
Under 18 years old	5	(1)
18 to 24 years old	21	(3)
25 to 44 years old	187	(31)
45 to 64 years old	259	(43)
65 to 84 years old	111	(18)
85 years or older	18	(3)
Did not answer	2	(0)

What language do you usually speak at home?		
English	590	(98)
Spanish	3	(0)
Arabic	0	(0)
Another language	10	(2)
Did not answer	0	(0)

What is your race and/or ethnicity?*		
African American or Black	4	(1)
American Indian or Alaskan Native	36	(6)
Asian	12	(2)
Pacific Islander	5	(1)
White or Caucasian	523	(81)
Hispanic or Latino	23	(4)

Middle Eastern, North African, or Arab	0	(0)
Another race or ethnicity	11	(2)
Did not answer	28	(4)

What is your gender or gender identity?

Male	123	(20)
Female	457	(76)
Transgender	0	(0)
Did not answer	23	(4)

Are you (sexual orientation):

Straight/Heterosexual	511	(85)
Gay or Lesbian	19	(3)
Bisexual	18	(3)
Did not answer	55	(9)

Are there children under 18 living with you?

Yes	189	(31)
No	398	(66)
Did not answer	16	(3)

What is your annual income?

Less than \$20,000	106	(18)
\$20,000 to \$39,000	120	(20)
\$40,000 to \$79,000	164	(27)
\$80,000 or more	124	(21)
Did not answer	89	(15)

Where do you get your health insurance?*

My job	308	(45)
HealthCare.gov (the health insurance marketplace)	28	(4)
A private insurance company	51	(7)
Medicare	110	(16)
Oregon Health Plan (Medicaid)	99	(14)
Tribal health services	14	(2)
Active military (TRICARE)	6	(1)
Veteran's Administration	15	(2)
Student health insurance	0	(0)
I don't have health insurance	18	(3)
I don't know	3	(0)
Somewhere else	29	(4)

Did not answer	5	(1)
----------------	---	-----

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

Yes	510	(85)
No	76	(13)
Did not answer	17	(3)

Do you have enough dental insurance?

Yes, I have enough dental insurance to help me stay healthy	410	(68)
Yes, but it is not enough to help me stay healthy	40	(7)
No	137	(23)
Did not answer	16	(3)

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

My regular doctor's office	430	(71)
A health clinic or other walk-in center	98	(16)
A hospital emergency room	16	(3)
I do not go anywhere to get care	5	(1)
Somewhere else	21	(3)
Did not answer	33	(5)

How much school have you had?

I have not finished high school	16	(3)
High school graduate or GED	88	(15)
Some college	140	(23)
Associate's or trade degree	97	(16)
Bachelor's degree	126	(21)
Graduate or professional degree	107	(18)
Did not answer	29	(5)

Are you (employment status)*:

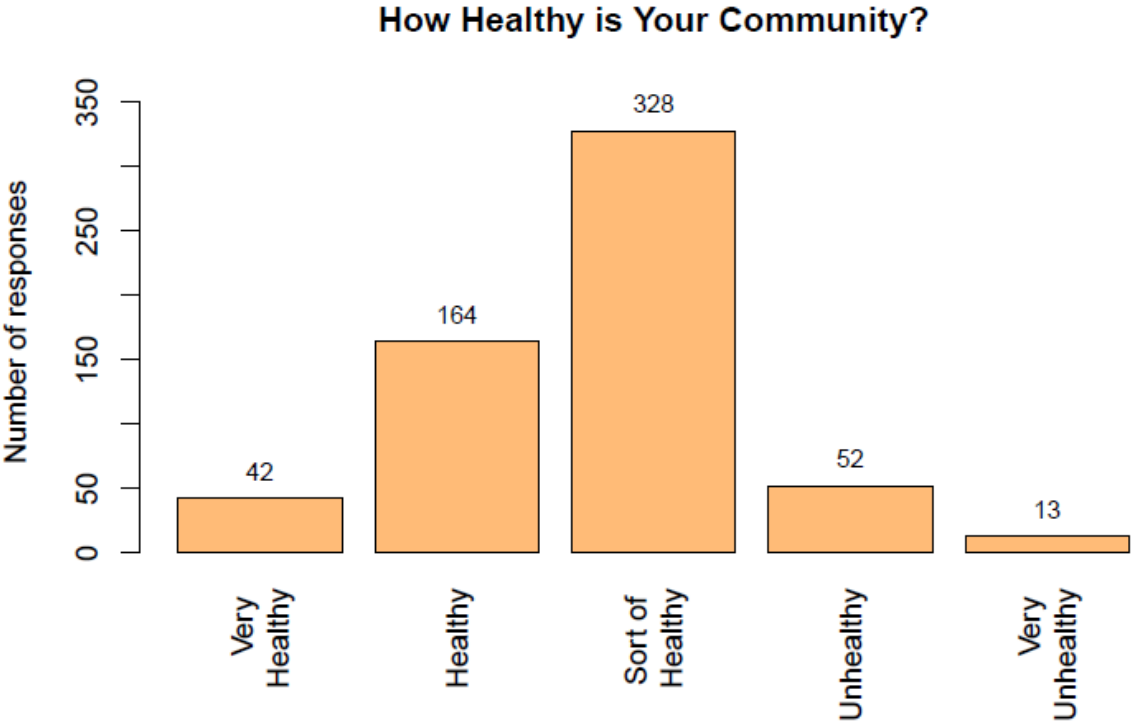
Employed full time	314	(49)
Employed part time	95	(15)
Unemployed	25	(4)
Disabled or on disability	31	(5)
Student	22	(3)
Retired	114	(18)
Other	19	(3)
Did not answer	17	(3)

Are you (marital status):

Married	327	(54)
Partnered	54	(9)
Divorced	68	(11)
Widowed	45	(7)
Single	85	(14)
Did not answer	24	(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 **599** respondents from Lincoln County answered the question: “How healthy is your community?” from the Community Health Survey. The majority of respondents (n= **328**) indicated that their community is “Sort of healthy”. A total of **164** respondents indicated their community is “Healthy”; **52** respondents indicated “Unhealthy”; followed by **42** respondents indicating “Very Healthy”. A negligible number of respondents (n=**13**) 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.	(%)
Depoe Bay	1	(4)	6	(21)	17	(61)	3	(11)	1	(4)
East Lincoln County	3	(3)	11	(13)	60	(68)	11	(13)	3	(3)
Lincoln City	18	(11)	58	(35)	76	(45)	14	(8)	2	(1)
Newport	13	(8)	48	(28)	90	(53)	13	(8)	5	(3)
Other	2	(13)	7	(47)	5	(33)	0	(0)	1	(7)
South Lincoln County	5	(4)	32	(26)	75	(61)	9	(7)	1	(1)

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	5	(5)	27	(26)	64	(61)	7	(7)	2	(2)
\$20,000 to \$39,000	7	(6)	36	(30)	57	(48)	14	(12)	5	(4)
\$40,000 to \$79,000	12	(7)	39	(24)	91	(55)	19	(12)	3	(2)
\$80,000 or more	13	(11)	39	(32)	62	(50)	8	(7)	1	(1)

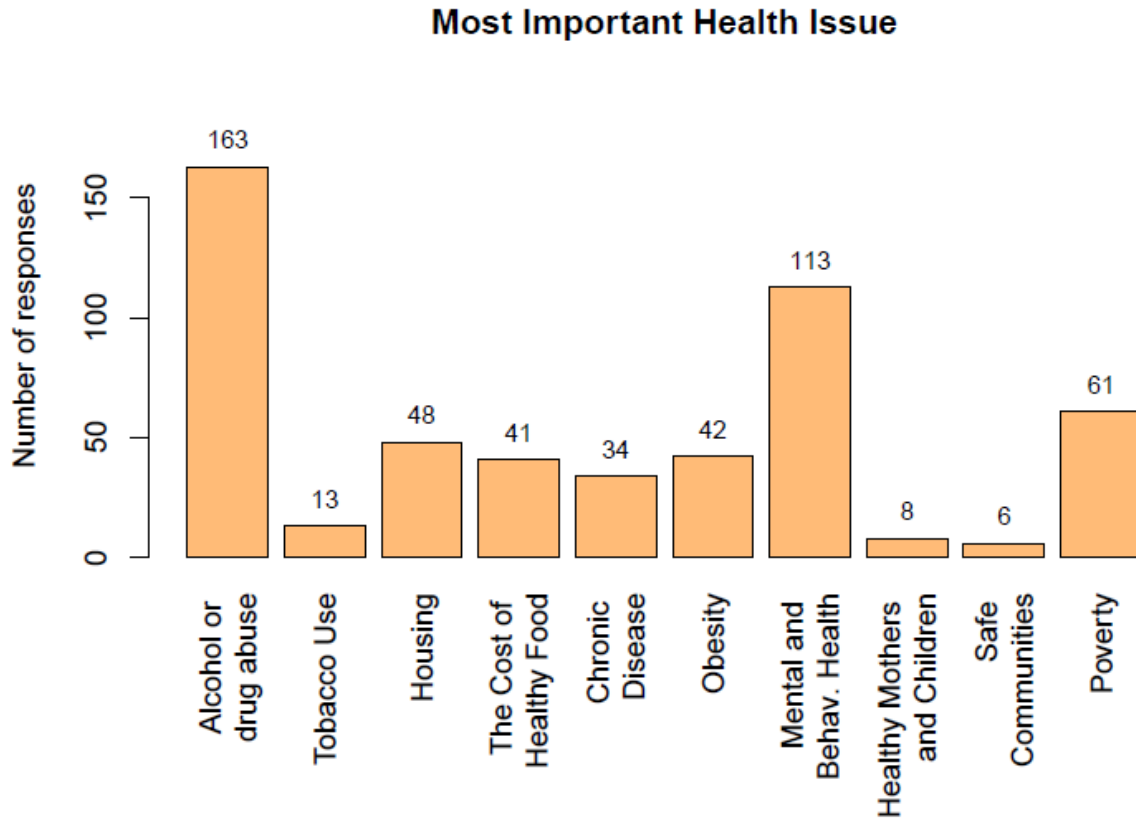
How healthy is your community? (Stratified by **ethnicity**)

Ethnicity	Very Healthy		Healthy		Sort of Healthy		Unhealthy		Very Unhealthy	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	38	(7)	160	(28)	315	(55)	50	(9)	13	(2)
Non-Hispanic or Latino	4	(17)	4	(17)	13	(57)	2	(9)	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	11	(7)	41	(28)	78	(52)	15	(10)	4	(3)
Town	14	(6)	63	(28)	121	(54)	20	(9)	5	(2)
Rural Area	17	(8)	58	(26)	125	(57)	17	(8)	4	(2)

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



A total of **529** respondents from Lincoln County answered the question: “What is the most important health issue in your community?” from the Community Health Survey. The majority of respondents (n=**163**) indicated “Alcohol or Drug Abuse” as the most important health issue in their community. A total of **113** respondents indicated “Mental and behavioral health”; followed by **61** respondents indicating “Poverty”. A total of **48** respondents indicated “Housing”; **42** respondents indicated “Obesity”; **41** respondents indicated “The cost of healthy food”; and **34** respondents indicated “Chronic disease”. A negligible number of respondents indicated “Tobacco use “(n=**13**); “Healthy mothers and children” (n=**8**); and “Safe communities” (n=**6**).

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.	(%)
Depoe Bay	9	(33)	0	(0)	2	(7)	3	(11)	1	(4)
East Lincoln County	46	(54)	1	(1)	2	(2)	3	(4)	6	(7)
Lincoln City	38	(26)	3	(2)	16	(11)	4	(3)	14	(10)
Newport	41	(28)	5	(3)	14	(10)	7	(5)	5	(3)
Other	2	(15)	0	(0)	1	(8)	5	(38)	1	(8)
South Lincoln County	23	(22)	4	(4)	13	(12)	18	(17)	6	(6)

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.	(%)
Depoe Bay	3	(11)	4	(15)	1	(4)	1	(4)	3	(11)
East Lincoln County	6	(7)	13	(15)	4	(5)	1	(1)	3	(4)
Lincoln City	10	(7)	34	(24)	0	(0)	1	(1)	24	(17)
Newport	12	(8)	40	(27)	1	(1)	1	(1)	20	(14)
Other	1	(8)	2	(15)	1	(8)	0	(0)	0	(0)
South Lincoln County	9	(8)	20	(19)	1	(1)	1	(1)	11	(10)

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	29	(33)	2	(2)	14	(16)	12	(14)	0	(0)
\$20,000 to \$39,000	34	(33)	2	(2)	7	(7)	8	(8)	8	(8)
\$40,000 to \$79,000	42	(29)	1	(1)	17	(12)	7	(5)	9	(6)
\$80,000 or more	32	(29)	4	(4)	2	(2)	2	(2)	10	(9)

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

Income	Obesity		Mental and Behav. Health		Healthy Mothers and Children		Safe Communities		Poverty	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	9	(10)	11	(13)	5	(6)	0	(0)	5	(6)
\$20,000 to \$39,000	7	(7)	25	(25)	0	(0)	1	(1)	10	(10)
\$40,000 to \$79,000	9	(6)	35	(24)	1	(1)	2	(1)	21	(15)
\$80,000 or more	11	(10)	32	(29)	1	(1)	1	(1)	17	(15)

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. (%)
Hispanic or Latino	155 (30)	12 (2)	47 (9)	38 (7)	33 (6)
Non-Hispanic or Latino	8 (42)	1 (5)	1 (5)	3 (16)	1 (5)

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. (%)
Hispanic or Latino	42 (8)	110 (22)	8 (2)	6 (1)	59 (12)
Non-Hispanic or Latino	0 (0)	3 (16)	0 (0)	0 (0)	2 (11)

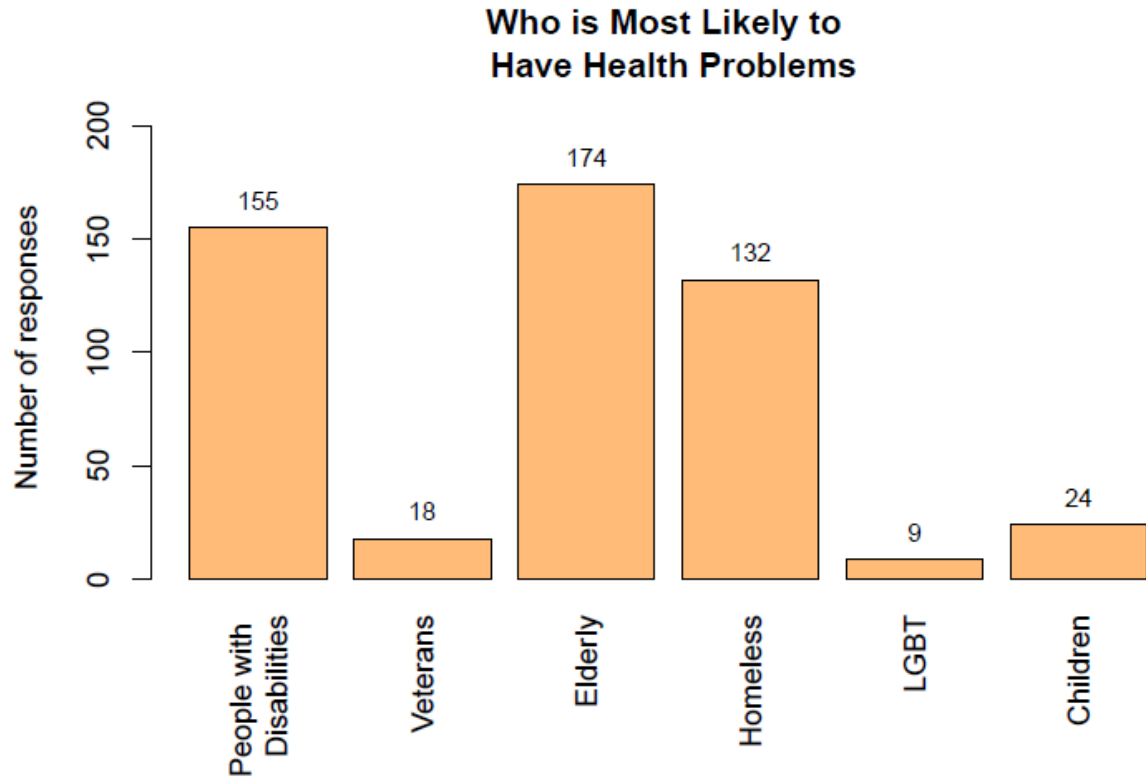
What is the most important health issue in your community (part 1)? (Stratified by **residence**)

Residence	Alcohol or drug abuse	Tobacco Use	Housing	The Cost of Healthy Food	Chronic Disease
	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)
City	37 (28)	5 (4)	11 (8)	8 (6)	11 (8)
Town	62 (31)	2 (1)	21 (11)	18 (9)	10 (5)
Rural Area	63 (32)	6 (3)	15 (8)	14 (7)	12 (6)

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	12 (9)	30 (23)	1 (1)	1 (1)	15 (11)
Town	14 (7)	45 (23)	4 (2)	2 (1)	21 (11)
Rural Area	16 (8)	37 (19)	3 (2)	3 (2)	25 (13)

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



A total of **512** respondents from Lincoln County answered the question: “Who is most likely to have health problems in your community?” from the Community Health Survey. The majority of respondents (n=**174**) indicated “Elderly individuals” are most likely to have health problems in their community. A total of **155** respondents indicated “People with disabilities; **132** respondents indicated “Homeless individuals”; followed by **24** respondents indicating “Children”. A negligible number of respondents indicated “Veterans” (n=**18**) and “LGBT individuals” (n=**9**).

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.	(%)		
Depoe Bay	5	(19)	2	(8)	7	(27)	10	(38)	0	(0)	2	(8)
East Lincoln County	30	(41)	4	(5)	18	(25)	12	(16)	3	(4)	6	(8)
Lincoln City	48	(33)	1	(1)	55	(38)	34	(23)	0	(0)	7	(5)
Newport	42	(30)	4	(3)	38	(27)	50	(35)	3	(2)	5	(4)
Other	5	(45)	0	(0)	2	(18)	2	(18)	0	(0)	2	(18)
South Lincoln County	24	(22)	7	(6)	50	(46)	23	(21)	3	(3)	1	(1)

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	29	(32)	7	(8)	21	(23)	24	(27)	1	(1)	8	(9)
\$20,000 to \$39,000	31	(32)	3	(3)	34	(35)	21	(22)	3	(3)	5	(5)
\$40,000 to \$79,000	39	(28)	2	(1)	52	(38)	40	(29)	1	(1)	4	(3)
\$80,000 or more	40	(37)	3	(3)	40	(37)	21	(19)	1	(1)	3	(3)

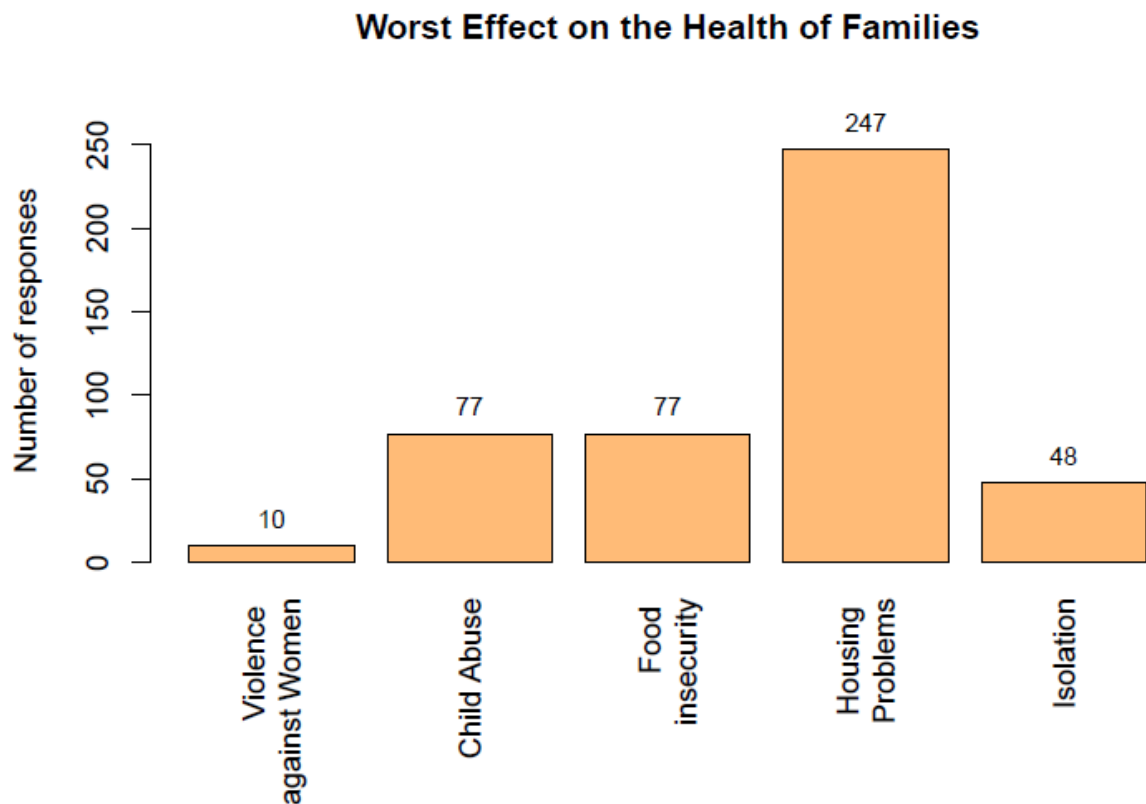
Who is most likely to have health problems in your community? (Stratified by **ethnicity**)

Ethnicity	People with Disabilities		Veterans		Elderly		Homeless		LGBT		Children	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	146	(30)	17	(3)	168	(34)	129	(26)	8	(2)	22	(4)
Non-Hispanic or Latino	9	(41)	1	(5)	6	(27)	3	(14)	1	(5)	2	(9)

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.	(%)		
City	38	(30)	2	(2)	44	(35)	34	(27)	0	(0)	8	(6)
Town	57	(29)	13	(7)	60	(30)	53	(27)	5	(3)	10	(5)
Rural Area	58	(32)	2	(1)	69	(38)	43	(24)	4	(2)	6	(3)

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



A total of **459** respondents from Lincoln County answered the question: “Which of the following has the worst effect on the health of families in your community?” from the Community Health Survey. The majority of respondents (n=**247**) indicated “Housing Problems” as the worst effect on the health of families in their community. A total of **77** respondents indicated “Child abuse or neglect” as well as **77** respondents indicating “Not having enough food”; followed by **48** respondents who indicated “Feeling separated from the community or discriminated against”. A negligible number of respondents (n=**10**) 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.	(%)
Depoe Bay	0	(0)	3	(14)	6	(29)	10	(48)	2	(10)
East Lincoln County	3	(4)	20	(28)	11	(15)	30	(42)	7	(10)
Lincoln City	1	(1)	25	(20)	20	(16)	69	(54)	12	(9)
Newport	3	(2)	18	(14)	16	(13)	75	(60)	14	(11)
Other	0	(0)	0	(0)	6	(50)	5	(42)	1	(8)
South Lincoln County	3	(3)	9	(10)	17	(18)	55	(59)	10	(11)

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

Income	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Less than \$20,000	4	(5)	10	(12)	17	(20)	38	(45)	16	(19)
\$20,000 to \$39,000	1	(1)	18	(19)	14	(15)	49	(53)	11	(12)
\$40,000 to \$79,000	1	(1)	23	(18)	21	(17)	64	(51)	16	(13)
\$80,000 or more	3	(4)	17	(20)	12	(14)	50	(59)	3	(4)

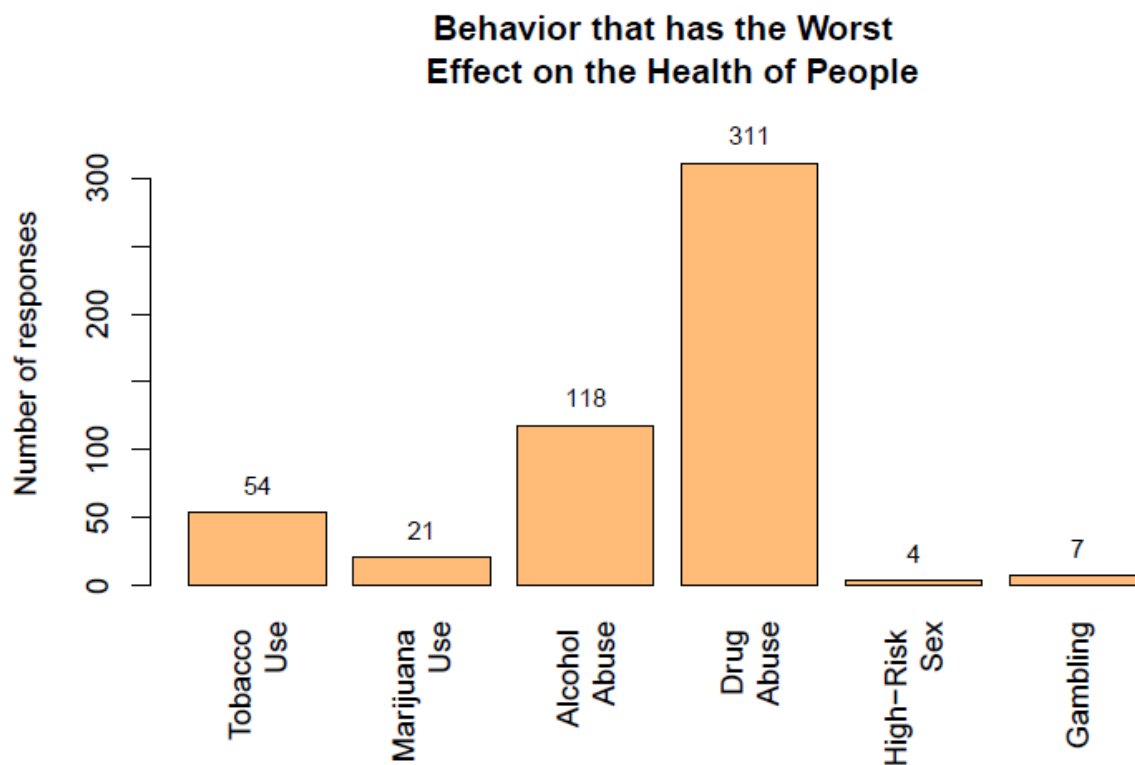
Which of the following has the worst effect on the health of families in your community? (Stratified by **ethnicity**)

Ethnicity	Violence against Women		Child Abuse		Food insecurity		Housing Problems		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	9	(2)	72	(16)	77	(18)	235	(54)	46	(10)
Non-Hispanic or Latino	1	(5)	5	(25)	0	(0)	12	(60)	2	(10)

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	2	(2)	24	(22)	17	(16)	54	(50)	11	(10)
Town	4	(2)	27	(16)	29	(17)	98	(57)	13	(8)
Rural Area	4	(2)	25	(14)	30	(17)	93	(53)	24	(14)

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



A total of **515** respondents from Lincoln County answered the question: “What behavior has the worst effect on the health of people in your community?” from the Community Health Survey. The majority of respondents (n =**311**) indicated “Drug abuse” as the behavior that has the worst effect on the health of people in their community. A total of **118** respondents indicated “Alcohol abuse”; **54** respondents indicated “Tobacco use”; followed by **21** respondents indicating “Marijuana use”. A negligible number of respondents indicated “Gambling” (n = **7**) and “High-risk sex” (n =**4**).

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.	(%)
Depoe Bay	4	(17)	0	(0)	5	(22)	14	(61)	0	(0)	0	(0)
East Lincoln County	5	(6)	2	(3)	17	(21)	56	(70)	0	(0)	0	(0)
Lincoln City	9	(7)	5	(4)	31	(22)	85	(62)	2	(1)	6	(4)
Newport	20	(14)	9	(6)	22	(15)	90	(63)	2	(1)	1	(1)
Other	1	(8)	1	(8)	5	(42)	5	(42)	0	(0)	0	(0)
South Lincoln County	14	(13)	3	(3)	36	(32)	58	(52)	0	(0)	0	(0)

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	11	(14)	5	(6)	18	(22)	46	(57)	0	(0)	1	(1)
\$20,000 to \$39,000	11	(11)	3	(3)	17	(17)	69	(67)	2	(2)	1	(1)
\$40,000 to \$79,000	14	(10)	4	(3)	35	(24)	87	(60)	2	(1)	4	(3)
\$80,000 or more	7	(6)	4	(4)	31	(28)	67	(61)	0	(0)	0	(0)

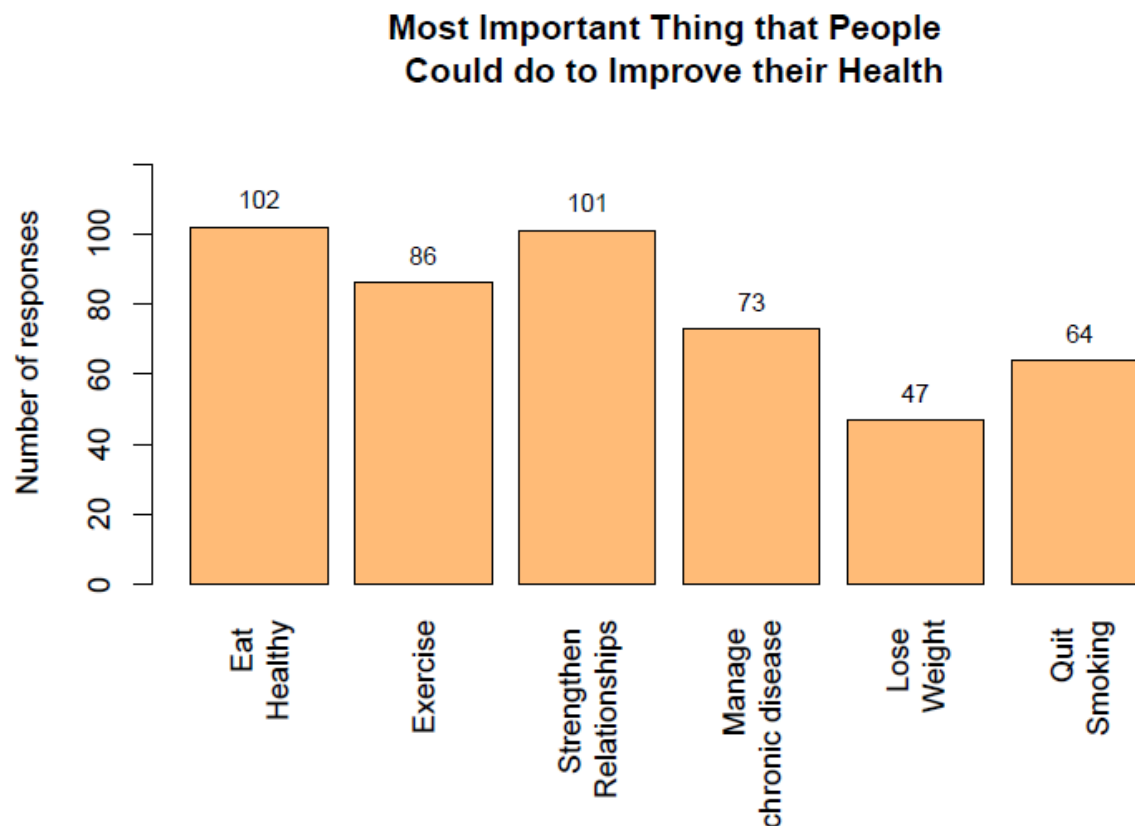
What behavior has the worst effect on the health of people in your community? (Stratified by **ethnicity**)

Ethnicity	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	51	(10)	20	(4)	116	(23)	298	(60)	4	(1)	7	(1)
Hispanic or Latino	3	(16)	1	(5)	2	(11)	13	(68)	0	(0)	0	(0)

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

Residence	Tobacco Use		Marijuana Use		Alcohol Abuse		Drug Abuse		High-Risk Sex		Gambling	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	13	(10)	6	(5)	28	(22)	74	(59)	0	(0)	4	(3)
Town	24	(12)	5	(3)	46	(23)	118	(60)	3	(2)	1	(1)
Rural Area	17	(9)	10	(5)	44	(23)	117	(61)	1	(1)	2	(1)

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



A total of **473** respondents from Lincoln County answered the question: “What is the most important thing that people in your community could do to improve their health?” from the Community Health Survey. The majority of respondents indicated “Eat healthy food” (n =**102**) and “Strengthen relationships with friends and family” (n =**101**) as the most important things people could do to improve their health. A total of **86** respondents indicated “Exercise”; **73** respondents indicated “Do things that help treat diseases like cancer, diabetes, or asthma”; **64** respondents indicated “Quit smoking”; and lastly a total of **47** 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.	(%)
Depoe Bay	6	(26)	3	(13)	3	(13)	5	(22)	2	(9)	4	(17)
East Lincoln County	14	(18)	15	(19)	28	(35)	11	(14)	4	(5)	7	(9)
Lincoln City	30	(25)	21	(17)	27	(22)	18	(15)	14	(12)	11	(9)
Newport	21	(16)	27	(21)	26	(20)	19	(15)	14	(11)	24	(18)
Other	5	(38)	3	(23)	1	(8)	1	(8)	1	(8)	2	(15)
South Lincoln County	24	(24)	16	(16)	14	(14)	19	(19)	12	(12)	15	(15)

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	21	(27)	16	(20)	19	(24)	5	(6)	4	(5)	14	(18)
\$20,000 to \$39,000	22	(23)	22	(23)	20	(21)	14	(14)	13	(13)	6	(6)
\$40,000 to \$79,000	22	(17)	20	(15)	31	(23)	26	(20)	15	(11)	18	(14)
\$80,000 or more	17	(19)	17	(19)	16	(18)	14	(15)	9	(10)	18	(20)

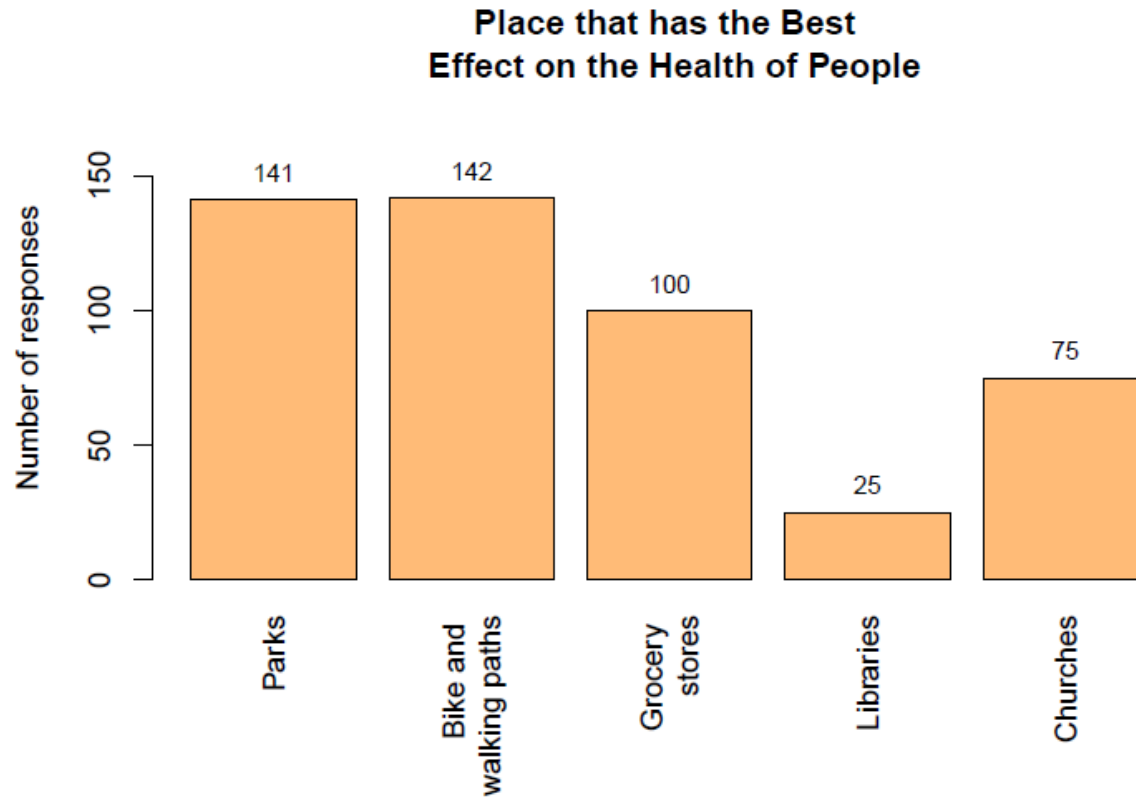
What is the most important thing that people in your community could do to improve their health? (Stratified by **ethnicity**)

Ethnicity	Eat Healthy		Exercise		Strengthen Relationships		Manage chronic disease		Lose Weight		Quit Smoking	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	100	(22)	82	(18)	97	(21)	69	(15)	46	(10)	59	(13)
Hispanic or Latino	2	(10)	4	(20)	4	(20)	4	(20)	1	(5)	5	(25)

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	22	(19)	27	(23)	21	(18)	18	(15)	13	(11)	16	(14)
Town	48	(27)	23	(13)	35	(20)	28	(16)	18	(10)	26	(15)
Rural Area	31	(18)	36	(20)	45	(25)	27	(15)	16	(9)	22	(12)

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



A total of **483** respondents from Lincoln County answered the question: “What kind of place has the best effect on the health of people in your community?” from the Community Health Survey. The majority of respondents indicated “Bicycle and walking paths and trails” (n=**142**) and “Parks, playgrounds, and sports fields” (n=**141**) as the places that have the best effect on the health of people in their community. A total of **100** respondents indicated “Stores that sell fresh and healthy food” followed by **75** respondents indicating “Churches”. A negligible number of respondents (n=**25**) 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.	(%)
Depoe Bay	5	(22)	9	(39)	6	(26)	0	(0)	3	(13)
East Lincoln County	43	(57)	19	(25)	3	(4)	2	(3)	9	(12)
Lincoln City	41	(31)	32	(24)	27	(20)	6	(4)	28	(21)
Newport	26	(20)	43	(33)	32	(25)	7	(5)	21	(16)
Other	1	(8)	4	(33)	4	(33)	1	(8)	2	(17)
South Lincoln County	24	(24)	33	(32)	26	(25)	7	(7)	12	(12)

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	21	(25)	23	(27)	20	(24)	11	(13)	10	(12)
\$20,000 to \$39,000	27	(28)	25	(26)	27	(28)	2	(2)	15	(16)
\$40,000 to \$79,000	44	(32)	40	(29)	26	(19)	4	(3)	22	(16)
\$80,000 or more	30	(31)	33	(34)	13	(14)	4	(4)	16	(17)

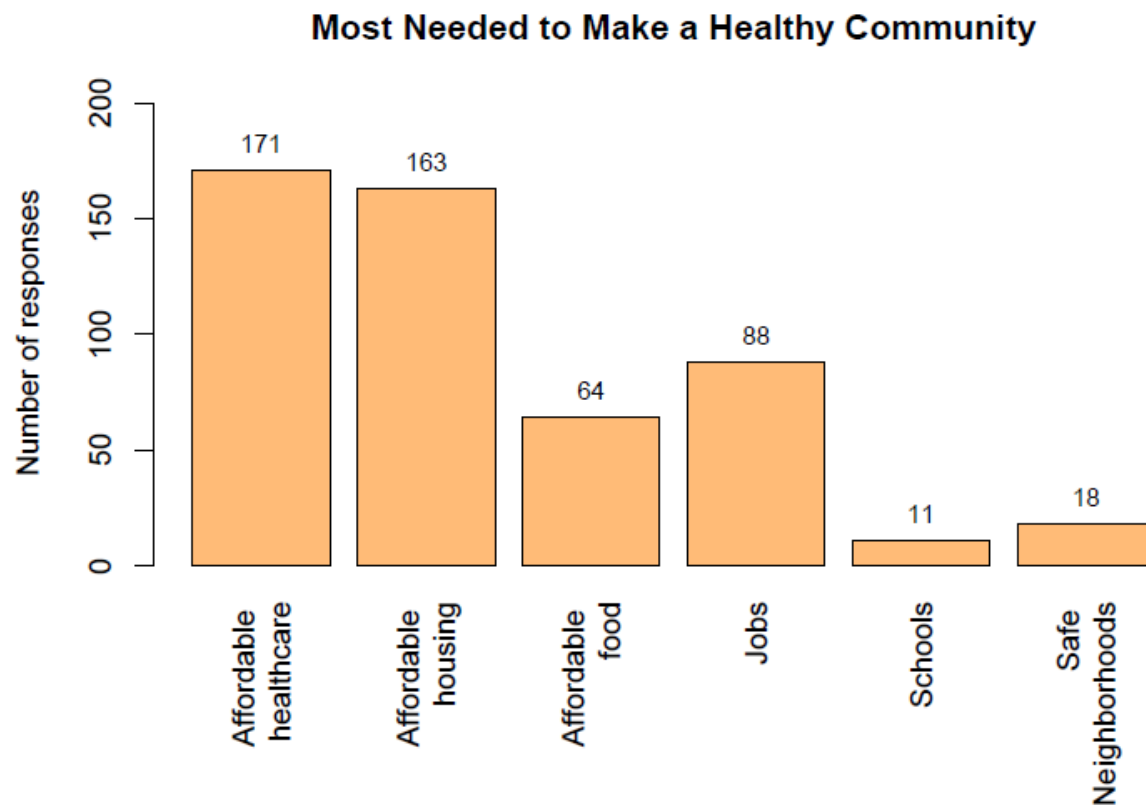
What kind of place has the best effect on the health of people in your community? (Stratified by **ethnicity**)

Ethnicity	Parks		Bike and walking paths		Grocery stores		Libraries		Churches	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Non-Hispanic or Latino	136	(29)	137	(30)	95	(21)	23	(5)	72	(16)
Hispanic or Latino	5	(25)	5	(25)	5	(25)	2	(10)	3	(15)

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	27	(22)	46	(37)	20	(16)	9	(7)	21	(17)
Town	53	(29)	46	(25)	46	(25)	5	(3)	32	(18)
Rural Area	60	(35)	48	(28)	33	(19)	11	(6)	21	(12)

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



A total of **515** respondents from Lincoln County answered the question: “What is most needed to make a healthy community?” from the Community Health Survey. The majority of respondents (n=**171**) indicated “Health care that people can afford” as most needed to make a healthy community. A total of **163** respondents indicated “Housing that people can afford”; **88** respondents indicated “Good jobs”; followed by **64** respondents indicating “Healthy food that people can afford”. A negligible number of respondents indicated “Safe neighborhoods” (n=**18**) and “Good schools” (n=**11**).

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.	(%)
Depoe Bay	6	(27)	7	(32)	2	(9)	4	(18)	0	(0)	3	(14)
East Lincoln County	29	(36)	21	(26)	10	(13)	11	(14)	5	(6)	4	(5)
Lincoln City	36	(26)	53	(38)	20	(14)	29	(21)	1	(1)	2	(1)
Newport	48	(34)	56	(39)	14	(10)	19	(13)	2	(1)	4	(3)
Other	3	(21)	1	(7)	2	(14)	6	(43)	2	(14)	0	(0)
South Lincoln County	45	(42)	25	(24)	13	(12)	18	(17)	0	(0)	5	(5)

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	24	(27)	37	(42)	6	(7)	10	(11)	4	(5)	7	(8)
\$20,000 to \$39,000	35	(35)	27	(27)	18	(18)	14	(14)	2	(2)	4	(4)
\$40,000 to \$79,000	53	(37)	40	(28)	17	(12)	31	(22)	0	(0)	2	(1)
\$80,000 or more	34	(33)	32	(31)	11	(11)	22	(21)	3	(3)	2	(2)

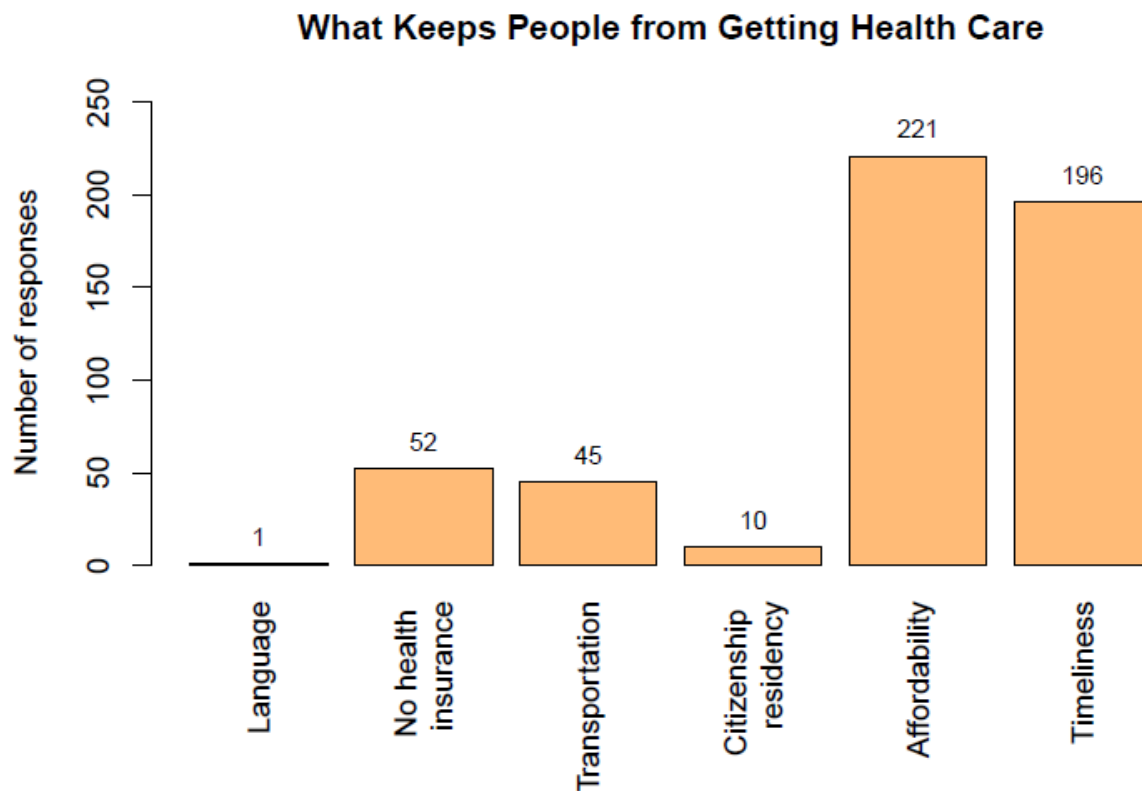
What is most needed to make a healthy community? (stratified by ethnicity)

Ethnicity	Affordable healthcare		Affordable housing		Affordable food		Jobs		Schools		Safe Neighborhoods	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	164	(33)	156	(32)	61	(12)	86	(17)	11	(2)	15	(3)
Non-Hispanic or Latino	7	(32)	7	(32)	3	(14)	2	(9)	0	(0)	3	(14)

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	39	(31)	40	(31)	15	(12)	24	(19)	4	(3)	5	(4)
Town	66	(35)	56	(29)	23	(12)	34	(18)	3	(2)	9	(5)
Rural Area	65	(34)	64	(33)	25	(13)	30	(16)	4	(2)	4	(2)

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



A total of **525** respondents from Lincoln County answered the question: “What keeps people in your community from getting health care?” from the Community Health Survey. The majority of respondents (n=**221**) indicated “Not being able to afford health care” keeps people from getting health care. A total of **196** respondents indicated “Not being able to get care when it is needed”; **52** respondents indicated “No Health Insurance”; followed by **45** 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=**10**) and “Health care services are not provided in languages other than English” (n=**1**).

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.	(%)
Depoe Bay	0	(0)	1	(4)	1	(4)	0	(0)	15	(58)	9	(35)
East Lincoln County	0	(0)	11	(13)	3	(4)	1	(1)	38	(46)	29	(35)
Lincoln City	0	(0)	19	(13)	12	(8)	1	(1)	73	(51)	39	(27)
Newport	1	(1)	16	(11)	8	(6)	5	(4)	45	(32)	67	(47)
Other	0	(0)	0	(0)	1	(7)	1	(7)	11	(79)	1	(7)
South Lincoln County	0	(0)	5	(5)	15	(14)	1	(1)	39	(36)	49	(45)

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	0	(0)	10	(11)	8	(9)	4	(5)	40	(45)	26	(30)
\$20,000 to \$39,000	0	(0)	10	(9)	11	(10)	0	(0)	49	(46)	36	(34)
\$40,000 to \$79,000	0	(0)	16	(11)	12	(8)	2	(1)	61	(42)	54	(37)
\$80,000 or more	1	(1)	6	(6)	7	(7)	3	(3)	40	(37)	50	(47)

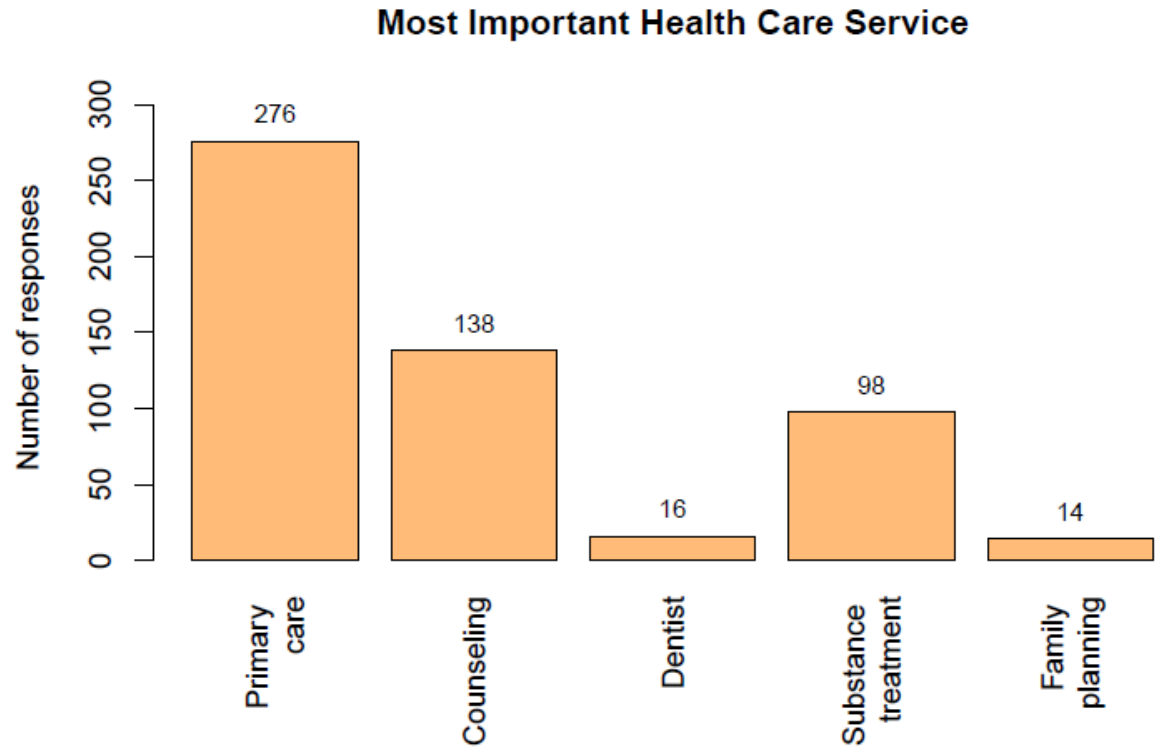
What keeps people in your community from getting health care? (stratified by **ethnicity**)

Ethnicity	Language		No health insurance		Transportation		Citizenship residency		Affordability		Timeliness	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	1	(0)	50	(10)	45	(9)	8	(2)	210	(42)	190	(38)
Non-Hispanic or Latino	0	(0)	2	(10)	0	(0)	2	(10)	11	(52)	6	(29)

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	0	(0)	12	(9)	10	(8)	6	(5)	58	(44)	45	(34)
Town	1	(1)	19	(10)	15	(8)	2	(1)	83	(42)	77	(39)
Rural Area	0	(0)	19	(10)	20	(10)	2	(1)	78	(40)	74	(38)

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



A total of **542** respondents from Lincoln County answered the question: “What health care service is the most important for people in your community?” from the Community Health Survey. The majority of respondents (n=**276**) 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 **138** respondents indicated “Counseling and mental health services”; followed by **98** respondents indicating “Drug or alcohol treatment”. A negligible number of respondents indicated “Regular dentist visits” (n=**16**) and “Family Planning” (n=**14**).

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.	(%)
Depoe Bay	14	(52)	9	(33)	0	(0)	3	(11)	1	(4)
East Lincoln County	39	(47)	20	(24)	0	(0)	22	(27)	2	(2)
Lincoln City	64	(43)	39	(26)	8	(5)	33	(22)	6	(4)
Newport	77	(51)	47	(31)	7	(5)	17	(11)	4	(3)
Other	5	(45)	3	(27)	0	(0)	2	(18)	1	(9)
South Lincoln County	71	(65)	18	(16)	1	(1)	20	(18)	0	(0)

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	54	(60)	19	(21)	6	(7)	9	(10)	2	(2)
\$20,000 to \$39,000	53	(50)	31	(29)	2	(2)	18	(17)	2	(2)
\$40,000 to \$79,000	74	(49)	37	(25)	3	(2)	32	(21)	5	(3)
\$80,000 or more	55	(47)	33	(28)	0	(0)	25	(22)	3	(3)

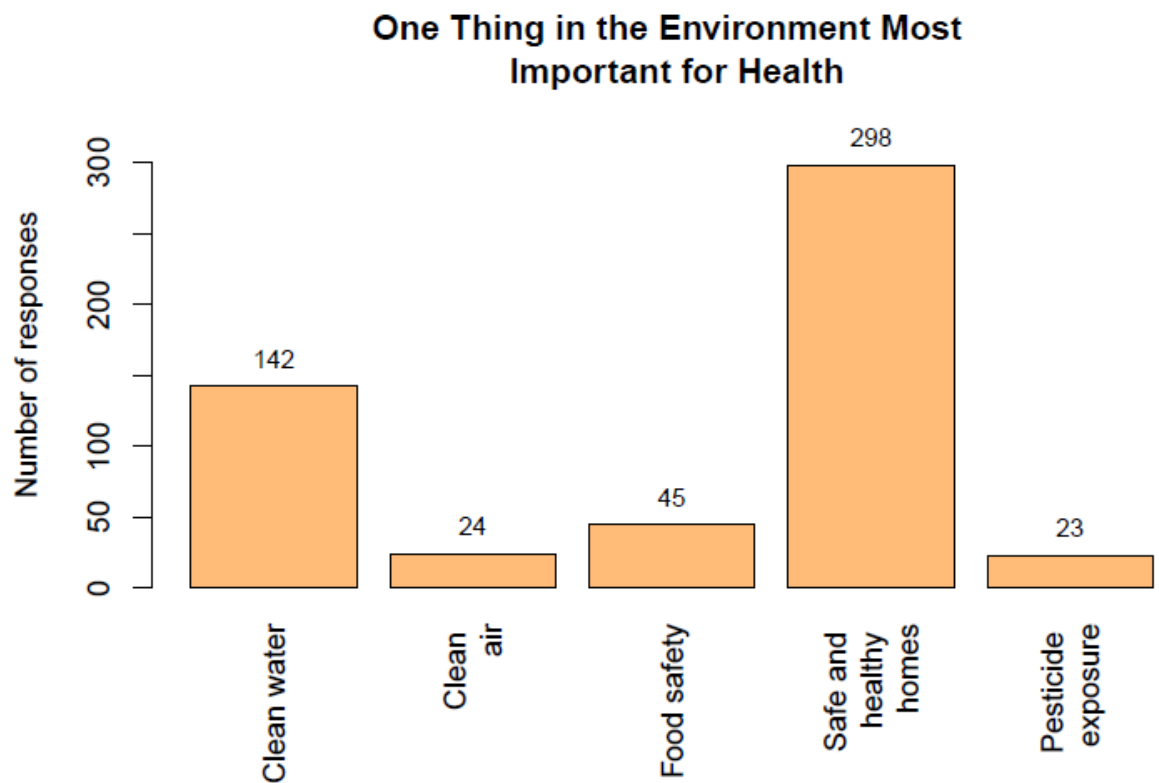
What health care service is the most important for people in your community? (stratified by **ethnicity**)

Ethnicity	Primary care		Counseling		Dentist		Substance treatment		Family planning	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	264	(51)	133	(26)	14	(3)	96	(18)	14	(3)
Non-Hispanic or Latino	12	(57)	5	(24)	2	(10)	2	(10)	0	(0)

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

Residence	Primary care		Counseling		Dentist		Substance treatment		Family planning	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
City	70	(52)	32	(24)	4	(3)	23	(17)	5	(4)
Town	96	(47)	58	(29)	4	(2)	40	(20)	5	(2)
Rural Area	108	(54)	47	(24)	6	(3)	35	(18)	4	(2)

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



A total of **532** respondents from Lincoln County answered the question: “What one thing in the environment is most important for the health of your community?” from the Community Health Survey. The majority of respondents (n=**298**) 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 **142** respondents indicated “Water that is safe to drink”; followed by **45** respondents indicating “Food that doesn’t make people sick”. A negligible number of respondents indicated “Clean Air” (n=**24**) and “Protecting people from pesticides” (n=**23**).

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.	(%)
Depoe Bay	9	(33)	0	(0)	1	(4)	15	(56)	2	(7)
East Lincoln County	24	(30)	7	(9)	6	(8)	41	(51)	2	(3)
Lincoln City	35	(24)	3	(2)	8	(6)	97	(67)	2	(1)
Newport	36	(24)	7	(5)	12	(8)	85	(58)	7	(5)
Other	6	(43)	0	(0)	3	(21)	4	(29)	1	(7)
South Lincoln County	29	(26)	7	(6)	12	(11)	55	(50)	7	(6)

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	23	(25)	8	(9)	11	(12)	45	(49)	4	(4)
\$20,000 to \$39,000	30	(29)	3	(3)	11	(10)	57	(54)	4	(4)
\$40,000 to \$79,000	40	(27)	2	(1)	10	(7)	94	(63)	4	(3)
\$80,000 or more	23	(22)	1	(1)	9	(8)	67	(63)	6	(6)

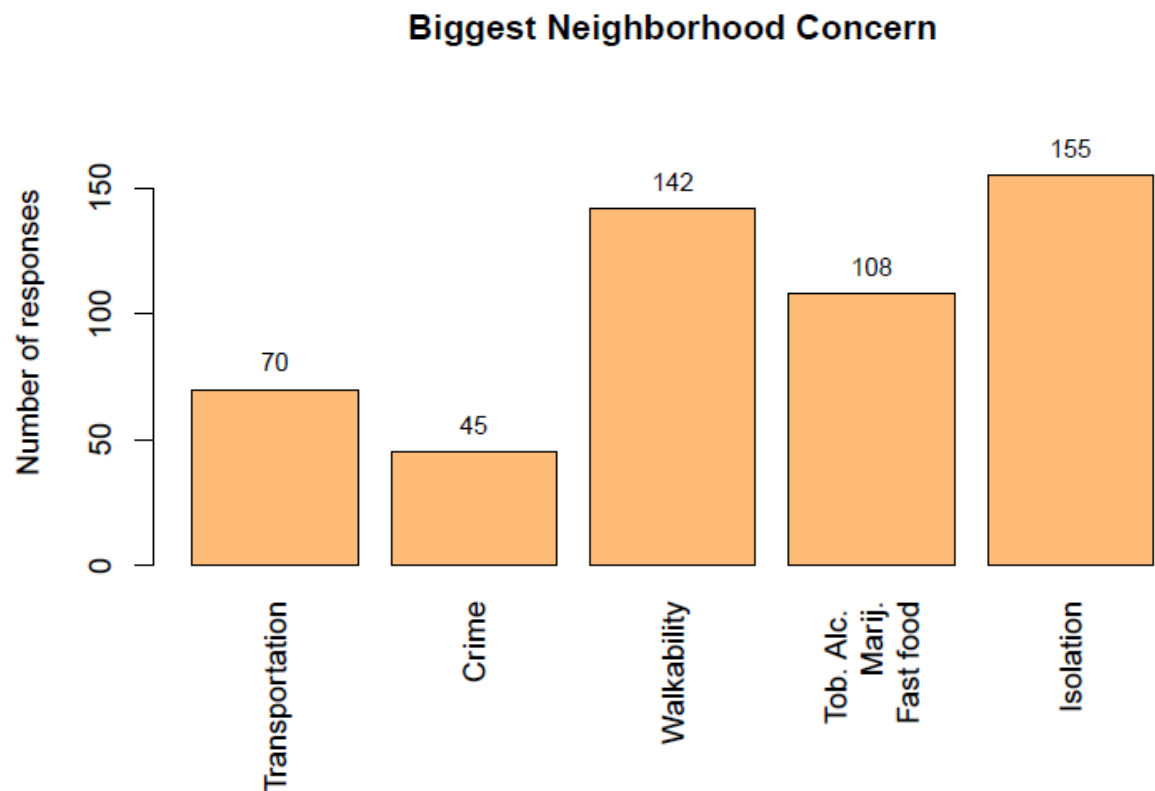
What one thing in the environment is most important for the health of your community? (Stratified by **ethnicity**)

Ethnicity	Clean water		Clean air		Food safety		Safe and healthy homes		Pesticide exposure	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	135	(26)	24	(5)	45	(9)	285	(56)	23	(4)
Non-Hispanic or Latino	7	(35)	0	(0)	0	(0)	13	(65)	0	(0)

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	38	(28)	1	(1)	11	(8)	81	(60)	5	(4)
Town	51	(26)	17	(9)	15	(8)	108	(54)	9	(5)
Rural Area	51	(27)	6	(3)	19	(10)	106	(55)	9	(5)

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



A total of **520** respondents from Lincoln County answered the question: “What is the biggest concern in your neighborhood?” from the Community Health Survey. The majority of respondents (n=**155**) indicated “People are socially separated from their community” as the biggest concern in their neighborhood. A total of **142** respondents indicated “It is hard to walk or bike around because there are busy streets, no crosswalks, or bad street lighting”; **108** respondents indicated “It is easy to get to a store that sells tobacco, marijuana, alcohol, or fast food”; **70** respondents indicated “There are no buses or other public transportation”; and lastly **45** respondents indicated “There is crime and it is not safe”.

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

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

Zip Code	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Depoe Bay	3	(12)	1	(4)	8	(32)	3	(12)	10	(40)
East Lincoln County	11	(14)	18	(22)	14	(17)	12	(15)	26	(32)
Lincoln City	12	(8)	9	(6)	54	(38)	34	(24)	34	(24)
Newport	21	(14)	13	(9)	33	(22)	30	(20)	51	(34)
Other	4	(31)	0	(0)	0	(0)	6	(46)	3	(23)
South Lincoln County	18	(18)	2	(2)	33	(32)	21	(21)	28	(27)

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	17	(20)	13	(15)	18	(21)	10	(12)	26	(31)
\$20,000 to \$39,000	12	(12)	10	(10)	28	(27)	25	(24)	29	(28)
\$40,000 to \$79,000	16	(11)	8	(6)	34	(24)	32	(23)	50	(36)
\$80,000 or more	13	(12)	7	(6)	40	(35)	22	(19)	31	(27)

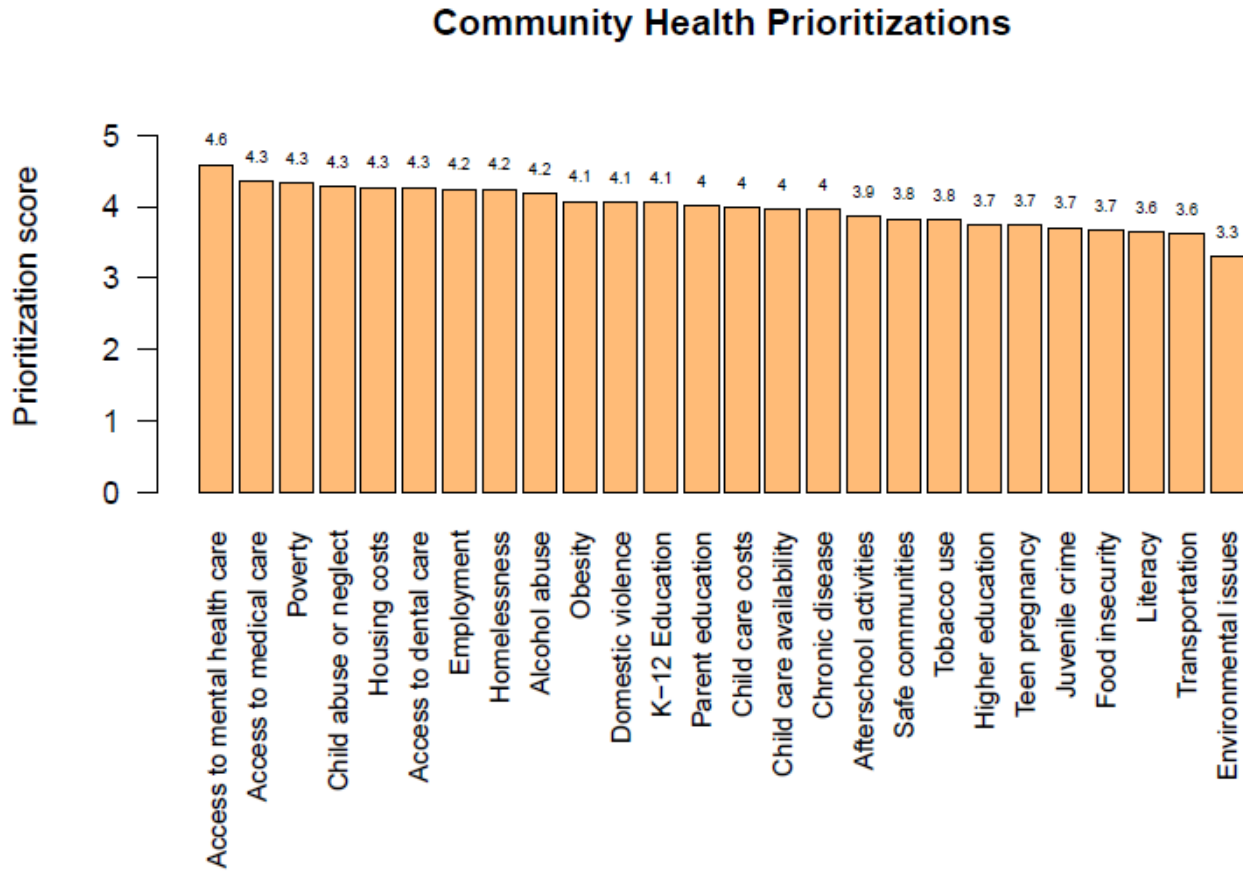
What is the biggest concern in your neighborhood? (Stratified by **ethnicity**)

Ethnicity	Transportation		Crime		Walkability		Tob. Alc. Marij. Fast food		Isolation	
	no.	(%)	no.	(%)	no.	(%)	no.	(%)	no.	(%)
Hispanic or Latino	69	(14)	44	(9)	137	(27)	104	(21)	146	(29)
Non-Hispanic or Latino	1	(5)	1	(5)	5	(25)	4	(20)	9	(45)

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	14	(11)	12	(10)	38	(30)	26	(21)	36	(29)
Town	26	(14)	22	(12)	39	(20)	42	(22)	62	(32)
Rural Area	29	(15)	10	(5)	64	(32)	39	(20)	56	(28)

Figure A.13: Community Health Prioritizations



A total of **633** respondents from Lincoln 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 **4.6**; “Access to medical care” with a mean value of **4.3**; “Poverty” with a mean value of **4.3**; “Child abuse or neglect” with a mean value of **4.3**; and lastly “Housing costs” with a mean value of **4.3**”.