

HARNEY COUNTY Community Health Needs Assessment




Harney District Hospital
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June 2016

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Introduction

JUNE 2016 – Harney County Health District (HCHD), in collaboration with the Harney County Health Department (Health Department) and the Harney County Local Community Advisory Council (LCAC), submits for public review the Harney County Community Health Needs Assessment, the final product of a process involving a community survey, discussion with community representatives, and the collection and analysis of data compiled by the Eastern Oregon Coordinated Care Organization (EOCCO) and the Oregon Office of Rural Health (ORH).

The intent of this assessment was to gauge the health status, concerns and needs of Harney County residents in order to plan and implement actions that will benefit the overall health of the community. As organizations with stated missions to serve the community, this assessment is an effort to fulfill those goals by attempting to pinpoint where sometimes limited resources are best directed to make the most difference.

Harney County Health District (HCHD)

HCHD was established in 1990, after 70 years as a county hospital. In 2016, it is comprised of Harney District Hospital (HDH), HDH Family Care, HDH Physical and Sports Therapy, and HDH Emergency Medical Services (EMS). The district currently employs around 190 full-time, part-time, and casual workers.

A nonprofit corporation, HCHD's mission is to serve the community by 1) Providing services with integrity, compassion, and confidentiality; 2) Leading the way in promoting wellness and improving health care in Harney County; 3) Recruiting, nurturing and retaining qualified, dedicated health care professionals; and, 4) Prudent stewardship of the district's capital and financial assets. In the past year, a "True North" statement was identified: "Earning trust through compassion, quality and value."

From its 24/7 surgical coverage provided by rotating locum surgeons and permanent surgical staff, to the visiting specialist schedule made possible by collaboration with partners in Central Oregon, HCHD makes every effort to provide the roughly

HCHD OVERVIEW OF SERVICES

- Acute Inpatient Care
- Ambulance & Paramedic Emergency Services with 24/7 coverage, AirLink helipad, First Responder program, county-wide communication system
- Clinical Laboratory
- Diagnostic Imaging Care
- Family clinic
- Inpatient & Outpatient Physical Therapy
- Intensive Care Unit
- Negative Pressure Isolation Unit
- Obstetrics & Nursery
- Post-Acute Care & Rehabilitation - Swing Bed
- Wide range of therapy services

Introduction

7,000 residents in its 10,000-square-mile service area (Harney County) with quality health care that is close to home.

Previous Assessments

HCHD conducted and completed its first Community Health Needs Assessment (CHNA) in the first half of 2013. That process was a collaboration of HCHD and a Healthy Eating Active Living (HEAL) grant project, involving a community survey that was especially focused on addressing local issues regarding activity, nutrition and health care services.

Process

Beginning in December 2015, a CHNA Steering Committee made up of two representatives from HCHD and two from the Health Department set out to determine how public input would be gathered on health needs in Harney County. It was determined based on past experiences of both organizations that a community survey, offered both in paper form and online, would be the best method to reach the most people. It was also determined that an advisory group of community members and representatives of health services in the area would be necessary to help oversee the process and offer input throughout the duration. For HCHD's 2013 CHNA, a group was created specifically for this purpose. In 2016, such a group already existed in the form of the Harney County Local Community Advisory Council (LCAC).

The process of creating the survey questions involved looking to previously completed CHNAs, both in Harney County and regionally, speaking with local and regional health care professionals, and conducting a test run of the draft survey among HCHD and Health Department participants. When completed, it was launched February 9, 2016 at the first in a series of four LCAC meetings, and the survey period lasted for one month.

During this one-month period, the survey was publicized in the local newspaper, online, and at a variety of businesses, offices, and agencies in the community. The steering committee, along with additional help, reached out to residents in person at the local senior center, grocery store, and sporting events to recruit survey participants. A prize drawing for gift cards was offered as an incentive to take the survey. In the end, 237 responses were received.

The results of the survey were initially presented on April 12, 2016 at the third LCAC meeting. From these results, LCAC input, and other available data, community health needs and concerns were identified, and implementation plans were created.

Community Involvement

HCHD Administrators: Dan Grigg, CEO

Steering Committee: Steve Howe, Denise Rose, Darbie Kemper, Barbara Rothgeb

Facilitator: Steve Howe

Harney County Local Community Advisory Council (LCAC) members (as of June 2016):

Stacie Rothwell, Oregon Office of Rural Health (ORH)
Donna Schnitker, Early Learning Education
Kim Needham, Department of Human Services, Self Sufficiency
Barbara Rothgeb, Harney County Health Department
Carolyn Bauer, Burns Dental Group
Tim Colahan, Law Enforcement
Shauna Hammon, Department of Human Services, Adults and People with Disabilities
Angie Lamborn, Harney County Senior and Community Services Center
Kathy Rementeria, Department of Human Services, Community Development Coordinator
Pete Runnels, Harney County Court
Jenn Yekel
Dan Brown, HCHD Board of Directors
Chris Siegner, Symmetry Care, Community Mental Health
Darbie Kemper, Harney County Health Department
Michelle Bradach
Dan Grigg, HCHD
Jeni Stevens
Lynda Haakenson, HDH Family Care
Ron Wulff, HDH Family Care
Toni Feist, HDH Family Care
Barb Crafts, Burns Dental Group
Melinda Bentley, Advantage Dental
Evelyn Neasham, HCHD

Community Meetings

Harney County Local Community Advisory Council (LCAC)

Meeting 1: Tuesday, February 9, 2016

The community survey, developed collaboratively by the CHNA Steering Committee and with other input, was introduced to the group. Each member of the group was asked to distribute at least five surveys (either via paper copy or by giving out the website link). Plans for the following meetings were discussed.

Harney County Local Community Advisory Council (LCAC)

Meeting 2: Tuesday, March 8, 2016

The end of the survey period was announced, and group members turned in any paper copies they had received. Steve Howe gave a presentation on what services HCHD currently offers, and the current economic impact it has on the area*.

Harney County Local Community Advisory Council (LCAC)

Meeting 3: Tuesday, April 12, 2016

Steve Howe presented the raw data for the survey results. Paul McGinnis (Greater Oregon Behavioral Health, Inc.) presented updated health assessment data from the EOCCO. Group members were asked to prioritize health needs for the county and which needs HCHD should focus on.

Harney County Local Community Advisory Council (LCAC)

Meeting 4: Tuesday, May 10, 2016

A discussion was held on implementation ideas to meet community health needs. The subject of a directory of community health resources, particularly in the form of a website or print publication, was well-received, with several volunteering to be a part of the project.

*See appendix.

Survey Results

Who took the survey? (Q30-37)

- ▶ 237 responses
- ▶ Zip code:
 - ▶ **97720: 63%**
 - ▶ 97738: 33%
 - ▶ Other (Harney County): 4%
- ▶ Male/**Female: 20%/80%**
- ▶ Age categories:
 - ▶ <20: 1%
 - ▶ 21-29: 11%
 - ▶ 30-39: 20%
 - ▶ 40-49: 17%
 - ▶ **50-64: 32%**
 - ▶ 65+: 19%
- ▶ Race:
 - ▶ **White/Caucasian: 93%**
 - ▶ American Indian/Alaskan Native: 4.3%
 - ▶ Hispanic or Latino: 4.3%
 - ▶ Asian: 1.3%
- ▶ Health insurance status:
 - ▶ Don't have it: 3.5%
 - ▶ OHP/Medicaid: 11.5%
 - ▶ Medicare: 24%
 - ▶ **Employer plan: 59%**
 - ▶ Private plan: 11%
 - ▶ VA: 2%
 - ▶ Don't know or other: 6%

Who took the survey?

- ▶ Employment status
 - ▶ **Full time: 50%**
 - ▶ Part time: 12%
 - ▶ Self-employed: 10%
 - ▶ Unemployed: 7.5%
 - ▶ Retired: 20%
- ▶ Education level
 - ▶ Less than high school: 3%
 - ▶ HS Diploma/GED: 25.5%
 - ▶ Vocational/2-year: 32%
 - ▶ **4-year degree+: 39%**
- ▶ Gross Household Income
 - ▶ Less than \$10,000: 7.5%
 - ▶ \$10-14,999: 5.5%
 - ▶ \$15-24,999: 9%
 - ▶ \$25-34,999: 8%
 - ▶ \$35-49,999: 15%
 - ▶ **\$50-74,999: 20%**
 - ▶ \$75-100,000: 16%
 - ▶ \$100,000+: 18%

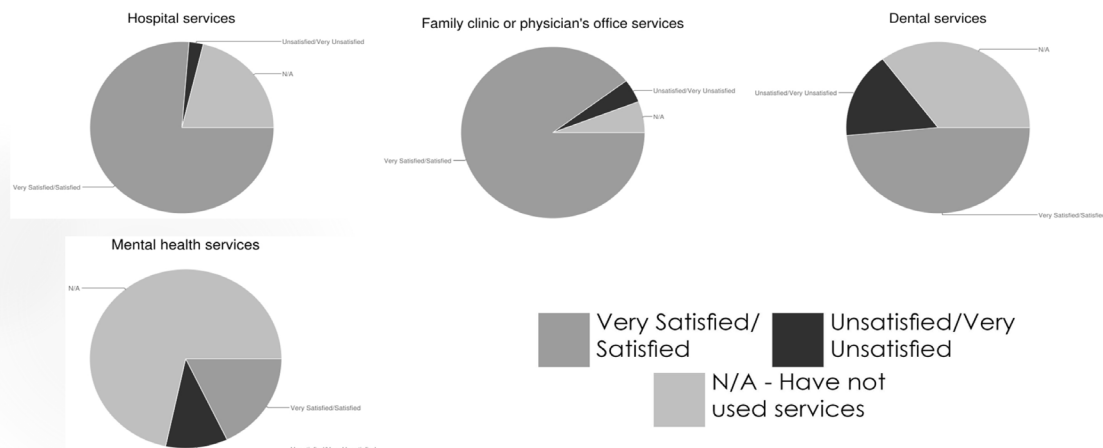
(about 10% of all respondents chose not to answer this question)

Survey Results

Health Services Received (Q1-13)

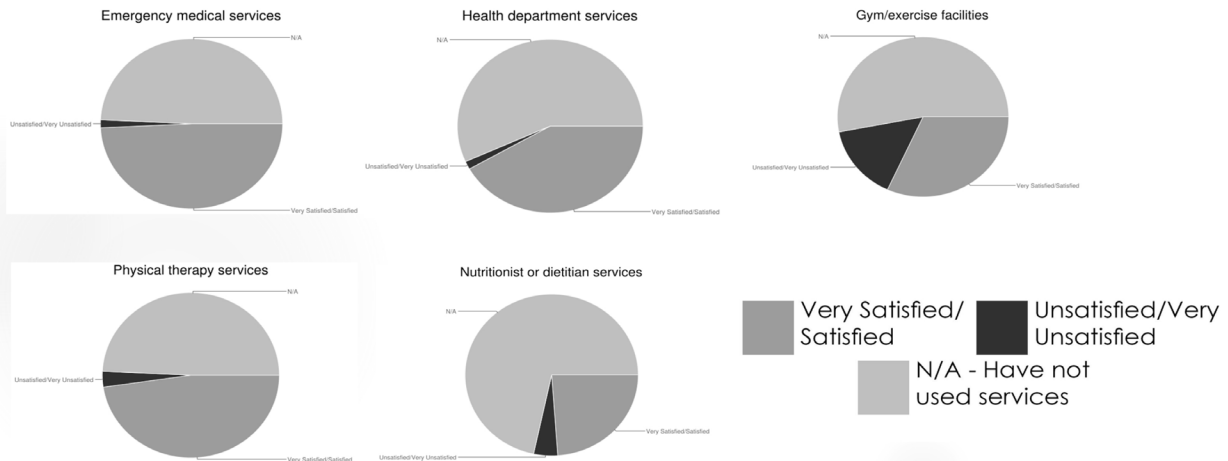
- ▶ **83% have used health services of any kind in the past 6 months**
- ▶ **78.5% received the majority of those health services in Burns,** 12% in Bend, and 9.5% listed another or multiple cities
- ▶ Reasons for seeking health services outside of Harney County:
 - ▶ **Specialist availability: 77%**
 - ▶ Referred by a physician: 28.5%
 - ▶ Confidentiality/Privacy: 9%
 - ▶ Quality of care concerns: 7%
 - ▶ Appointment availability: 5%
 - ▶ Insurance issues: 3%
 - ▶ Other: 21% (specialist availability, habitual/emotional reasons)

How satisfied are you with the following health services in Harney County?



Survey Results

How satisfied are you with the following health services in Harney County?



Health Services Received

- ▶ Which types of specialty care have you received in the last six months?
 - ▶ **No specialty care: 38%**
 - ▶ Obstetrics/Gynecology: 10%
 - ▶ Mammography/Breast health: 10%
 - ▶ Dermatology/skin health: 9%
 - ▶ Chiropractic: 8%
 - ▶ Orthopedics/musculoskeletal system health: 7.5%
 - ▶ Pain management/Physical medicine: 7.5%
 - ▶ Cardiology/Heart health: 7%
 - ▶ Urology/Urinary health: 6%
 - ▶ General surgery: 6%
 - ▶ Rheumatology/joint and tissue health: 5%
 - ▶ Endocrinology/hormone health: 5%
 - ▶ Neurology/nervous system health: 4.5%
 - ▶ Psychiatry/mental health: 3.5%
 - ▶ Oncology/Cancer care: 3%
 - ▶ Colorectal/Colonoscopy: 3%
 - ▶ Sleep disorder: 3%
 - ▶ Other: 19% (ENT, eye health)

Survey Results

Health Services Received

- ▶ In the last 6 months, have you received any diagnostic tests (x-rays, CT, ultrasound, MRI, lab tests)?
 - ▶ **Yes – 55%**
 - ▶ No – 45%
- ▶ If yes, in which city was your last diagnostic test received?
 - ▶ **Burns – 79%**
 - ▶ Bend – 8.5%
 - ▶ Other or multiple listed – 12.5%

Health Services Received

- ▶ Where do you usually go for routine care?
 - ▶ **Family clinic/Hospital-based clinic: 63%**
 - ▶ Provider's office: 23%
 - ▶ I do not receive routine health care: 10%
 - ▶ Other: 4% (listed specific locations)
 - ▶ Grocery or drug store clinic: 0.5%
- ▶ In which city do you usually receive routine care?
 - ▶ **Burns: 98%**
 - ▶ Other: 2%

Survey Results

Health Services Received

- ▶ Why are you satisfied or unsatisfied with the quality of care you have received for your routine health care?

Satisfied (84.5%)

- Compassionate, kind, caring staff
- Good appointment availability
- Medical staff listen, understand needs
- Trust, confidence in medical staff
- Staff/providers take time and are thorough
- "My provider knows me and cares about me."

Unsatisfied (6%)

- Hard to get appointment
- Misdiagnoses
- Don't feel that medical staff really care
- Have to travel far to get care (VA)

Health Services Received

- ▶ Have you gone without needed health care anytime within the last 6 months for any reason?
 - ▶ **No: 78.5%**
 - ▶ Yes: 21.5%
- ▶ Thinking of the most recent time within the last 6 months you went without needed health care, what were the main reasons?
 - ▶ **It cost too much: 43.5%**
 - ▶ Couldn't get appointment quickly enough: 17.5%
 - ▶ No doctor locally for the care I need: 13%
 - ▶ Didn't have insurance: 10%
 - ▶ Office wasn't open when I could go: 7.5%
 - ▶ I was concerned about privacy/confidentiality: 7.5%
 - ▶ Didn't know where to go to get the care: 6%
 - ▶ I don't like doctors: 4.5%
 - ▶ I didn't have transportation: 3%
 - ▶ I didn't have childcare: 3%
 - ▶ The doctor wouldn't take the insurance: 1.5%
 - ▶ Other: No time (personally)

Survey Results

Individual Health (Q14-23)

Overall Health

- | | |
|---------------------------|--|
| ▶ My overall health is... | ▶ My overall mental/emotional health is... |
| ▶ Excellent: 16% | ▶ Excellent: 28% |
| ▶ Very Good: 38% | ▶ Very Good: 37% |
| ▶ Good: 38% | ▶ Good: 27% |
| ▶ Fair: 6% | ▶ Fair: 7% |
| ▶ Poor: 1% | ▶ Poor: 1% |

Individual Health

Mental Health Follow-up

- | | |
|---|---|
| ▶ Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things? | ▶ Over the past two weeks, how often have you been bothered by feeling down, depressed or hopeless? |
| ▶ Not at all: 73% | ▶ Not at all: 76% |
| ▶ Several days: 21% | ▶ Several days: 21% |
| ▶ More than half the days: 3.5% | ▶ More than half the days: 1% |
| ▶ Nearly every day: 2.5% | ▶ Nearly every day: 2% |

Survey Results

Individual Health Dental Health

- ▶ How often do you visit a dental office for routine care?
 - ▶ **Twice a year: 52%**
 - ▶ Once a year: 23%
 - ▶ At least once every three years: 9%
 - ▶ At least once every five years: 7.5%
 - ▶ Never: 4.5%
 - ▶ Don't know or can't remember: 4%
- ▶ My overall dental health is...
 - ▶ Excellent: 16.5%
 - ▶ Very Good: 31%
 - ▶ **Good: 34.5%**
 - ▶ Fair: 14%
 - ▶ Poor: 4%

Individual Health Health Statements

- ▶ **I use sunscreen or protective clothing for planned time in the sun: 58.5%**
- ▶ **I receive a flu shot each year: 58.5%**
- ▶ I exercise at least three times per week: 44%
- ▶ I eat at least five servings of fruit and vegetables each day: 37%
- ▶ I have access to a wellness program through my employer: 35%
- ▶ I eat fast food more than once per week: 19%
- ▶ I smoke cigarettes: 5.5%
- ▶ I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) in 1 day at least once in the past 30 days: 5%
- ▶ I have used a prescription medication for nonmedical reasons at least once in the past year: 3.5%
- ▶ I use cannabis/marijuana/pot: 3.5%
- ▶ None of the above statements apply to me: 3.5%
- ▶ I chew tobacco: 2.5%
- ▶ I use illicit drugs: 0%

Survey Results

Individual Health Obstacles

- ▶ What obstacles, if any, prevent you from exercising at least three times per week?
 - ▶ **Lack of motivation: 39.5%**
 - ▶ I do exercise at least three times per week: 33.5%
 - ▶ Lack of time: 32%
 - ▶ Pain: 17%
 - ▶ Lack of access to indoor exercise facilities: 10%
 - ▶ Cost (exercise materials, gym membership, etc.): 8%
 - ▶ Disability: 6.5%
 - ▶ Lack of access to outdoor, exercise-friendly environments: 6.5%
 - ▶ Other: 14% (weather, disability, time/work schedule)

Individual Health Obstacles

- ▶ What obstacles, if any, prevent you from eating at least 5 servings of fruits and vegetables per day?
 - ▶ **I do eat at least 5 servings of fruits and vegetables per day: 33%**
 - ▶ Lack of preparation time: 26%
 - ▶ Cost: 20.5%
 - ▶ Convenience of fast food: 8%
 - ▶ Taste: 7%
 - ▶ Unsure of how to incorporate them into my diet: 6.5%
 - ▶ Other: 23% ("I do - but not 5 servings", "5 servings is too much food", "not a habit")

Survey Results

Individual Health Obstacles

- ▶ What obstacles, if any, prevent you from seeking help for tobacco addiction, alcohol abuse, prescription drug abuse, or use of illicit drugs?
 - ▶ **This question does not apply to me: 91%**
 - ▶ I don't want to quit: 4.5%
 - ▶ I am unaware of what resources are available to help: 1%
 - ▶ I am worried about confidentiality/privacy issues: 0.5%
 - ▶ There are no in house treatment centers near me: 0.5%
 - ▶ Other: 4% (not ready, stress)

Health Education (Q24-25) Source of Health Information

- ▶ Where do you get most of your health information?
 - ▶ **Doctor/health care provider: 83%**
 - ▶ Internet: 53.5% (67.5% with social media included)
 - ▶ Family or friends: 24%
 - ▶ Newspaper/Magazines: 18%
 - ▶ Hospital: 16.5%
 - ▶ Workplace: 13%
 - ▶ Health department: 11.5%
 - ▶ TV: 10%
 - ▶ Facebook or Twitter: 8%
 - ▶ Other social media: 6%
 - ▶ Brochures: 6%
 - ▶ School or college: 4%
 - ▶ Radio: 2.5%
 - ▶ Library: 2%
 - ▶ Church group: 2%

Survey Results

Health Education

What would you like more education about?

- ▶ **Exercise/physical activity: 31%**
- ▶ **Nutrition: 28.5%**
- ▶ **Diabetes: 21.5%**
- ▶ Blood pressure: 21%
- ▶ Eye health: 20.5%
- ▶ Emergency preparedness: 20.5%
- ▶ Pain management: 17.5%
- ▶ Cholesterol: 16%
- ▶ Sleep disorders: 15%
- ▶ Other: 14.5% (neurological issues, digestive health)
- ▶ Mental health/depression: 13.5%
- ▶ Dental screenings: 12.5%
- ▶ Heart disease: 11.5%
- ▶ Routine well checkups: 11.5%
- ▶ Cancer: 11%
- ▶ Fall prevention for the elderly: 11%
- ▶ Parenting: 9%
- ▶ Mammography: 7%
- ▶ Adolescent well visits/Developmental screening: 6.5%
- ▶ Colon screening: 6.5%
- ▶ Disease outbreak prevention: 5%
- ▶ Contraception/Family planning: 4.5%
- ▶ Quitting tobacco use: 5%
- ▶ Eating disorders: 4%
- ▶ Vaccination/immunizations: 4%
- ▶ Prenatal care: 2.5%
- ▶ Drug and alcohol abuse: 2%
- ▶ Suicide prevention: 2%
- ▶ HIV/AIDS and STDs: 1%

Community Needs (Q26-29)

MOST important community concern

- ▶ Which of the following would you say is the MOST important health concern our community is facing today?
 - ▶ **Substance or drug use/abuse: 32%**
 - ▶ **Obesity / Diabetes / Chronic Illness: 27%**
 - ▶ Other: 9% (mental illness, nutrition, cost of health care)
 - ▶ Tobacco use: 7.5%
 - ▶ Lack of recreational facilities: 7%
 - ▶ Alcohol use: 4%
 - ▶ Lack of awareness of health services: 3.5%
 - ▶ Depression / Other mental illness: 3.5%
 - ▶ Housing and/or food insecurity: 3%
 - ▶ Domestic violence/child abuse or neglect: 2.5%
 - ▶ Accidents or injuries: 0.5%

Survey Results

Community Needs

2ND MOST important community concern

- ▶ Which of the following would you say is the SECOND MOST important health concern our community is facing today?
 - ▶ **Substance or drug use/abuse: 19%**
 - ▶ **Obesity / Diabetes / Chronic illness: 18.5%**
 - ▶ Depression / Other mental illness: 14%
 - ▶ Alcohol use: 13%
 - ▶ Domestic violence/child abuse or neglect: 9%
 - ▶ Lack of recreational facilities: 9%
 - ▶ Housing and/or food insecurity: 5.5%
 - ▶ Tobacco use: 5%
 - ▶ Accidents or injuries: 0%

Community Needs

Improving access to health care

- ▶ If you could do ONE thing to improve our community's access to health care, what would it be?
 - ▶ **More specialists/specialty care: 25%**
 - ▶ Increased awareness of health services: 19%
 - ▶ More health education services: 16%
 - ▶ More primary care providers: 14%
 - ▶ Expanded hours for outpatient services: 13.5%
 - ▶ Something else: 11% (address cost/insurance issues, more specialists)
 - ▶ More culturally sensitive care: 1.5%

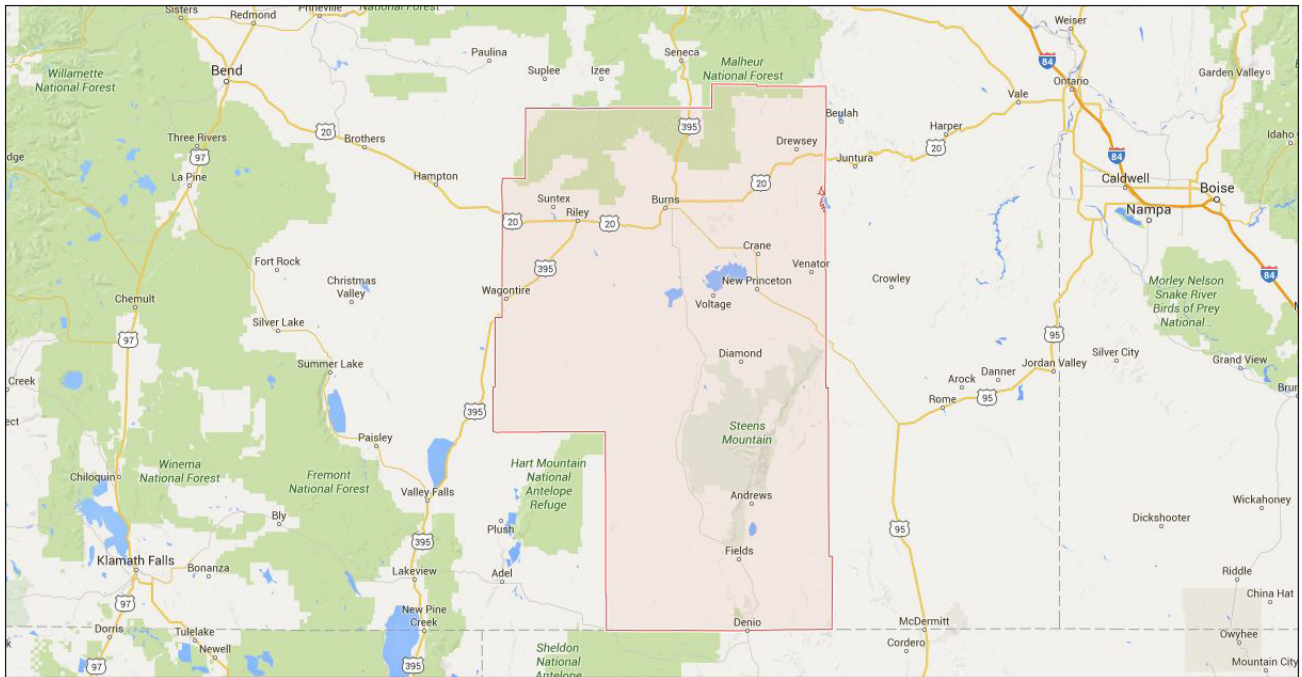
Survey Results

Community Needs

Improving overall community health

- ▶ If you could do one thing to improve the overall health of our community, what would it be? (written comments categorized)
 - ▶ **More recreational facilities or activities: 27.5%**
 - ▶ More health education: 16.5%
 - ▶ Reduce drug use/abuse: 11.5%
 - ▶ Address mental health issues: 7%
 - ▶ More health care providers, facilities: 7%
 - ▶ Access to healthy food: 5%
 - ▶ Address cost/affordability/insurance issues: 4.5%
 - ▶ More specialists/specialty care: 2.5%
 - ▶ More culturally-, age-sensitive care: 2.5%
 - ▶ "Improve the local economy": 2.5%
 - ▶ Address tobacco use: 1.5%
 - ▶ Misc.: 6%

Service Area



Harney County, Oregon. Image Credit: Google Maps.

Harney County, Oregon

Geographic Description and Location

Cities: Burns, Hines

ZIP Codes: 97710, 97720, 97721, 97732, 97738, 97758, 97904, 97917

Major Geographic Features: Mountains – 9,700 feet, two rivers, marshes.

Climate Zone: High Plateau

Average Temperature (Winter): 28 degrees F

Average Temperature (Summer): 69 degrees F

Harney County Community Health Needs Assessment

June 2016

Service Area

General Demographics

The population of Harney County is decreasing and aging. The general population has decreased by 4.1 percent since 2010, to 7,152. It is projected to decrease by another 1.2 percent by 2021. The largest decrease was in the 14 and under age group, with an 11.9 percent decrease. The largest increase was in the 65 and over age group, with a 16 percent increase.

The population is primarily white, at 87.6 percent. The next largest groups are Hispanic (5.1 percent) and American Indian (3.38 percent).

DEMOGRAPHY (Nielsen 2016)

	Population	% Change	% Change RURAL	% Change URBAN	% Change OREGON
2000	7,642	n/a	n/a	n/a	n/a
2010	7,458	-2.4%	9.0%	13.8%	12.0%
2016	7,152	-4.1%	2.7%	6.4%	5.1%
2021	7,065	-1.2%	3.1%	5.2%	4.4%

CHANGE FROM 2010 TO 2016

Age	2010 Pop	2016 Pop	% Change	% Change RURAL	% Change URBAN	% Change OREGON
0-14	1,316	1,160	-11.9%	-3.0%	1.4%	-0.2%
15-44	2,396	2,282	-4.8%	2.7%	3.2%	3.1%
45-64	2,337	2,076	-11.2%	-4.1%	4.8%	1.3%
65+	1,409	1,634	16.0%	20.1%	29.3%	25.1%
Total	7,458	7,152	-4.1%	2.7%	6.4%	5.1%

DEMOGRAPHY (Nielsen 2016 - continued)

2016 POPULATION BREAKDOWN BY AGE

Age	Service Area				OREGON			
	Male	Female	Total	Percent	Male	Female	Total	Percent
0-14	630	530	1,160	16.2%	366,239	349,940	716,179	17.8%
15-20	312	227	539	7.5%	158,384	151,332	309,716	7.7%
21-24	186	143	329	4.6%	108,856	103,718	212,574	5.3%
25-34	321	346	667	9.3%	270,867	265,515	536,382	13.3%
35-44	389	358	747	10.4%	262,238	257,599	519,837	12.9%
45-64	1,012	1,064	2,076	29.0%	521,383	541,161	1,062,544	26.4%
65-74	515	472	987	13.8%	191,950	208,530	400,480	10.0%
75-84	220	252	472	6.6%	81,732	101,317	183,049	4.5%
85+	70	105	175	2.4%	30,144	53,825	83,969	2.1%
Total	3,655	3,497	7,152	100.0%	1,991,793	2,032,937	4,024,730	100.0%

OTHER POPULATION CHARACTERISTICS (Nielsen 2016)

	Service Area	Oregon
Hispanic (all, including other and 2 or more, races)	5.1%	12.8%
Asian/Pacific Islander only (non-Hispanic)	0.5%	4.6%
African-American only (non-Hispanic)	0.6%	1.8%
Native American only (non-Hispanic)	3.6%	1.1%
Other, including 2 or more races (non-Hispanic)	3.2%	3.3%

Credit: Oregon Office of Rural Health.

Service Area

Socioeconomics

Harney County has higher levels of those living below the poverty level than the Oregon average (21.1 percent versus 16.7 percent), and an even larger disparity when one looks at the population below 200 percent of the poverty level (47.4 percent in Harney County, versus 37 percent in Oregon). Unemployment hovers somewhere between 9.8 and 13.5 percent, significantly higher than the statewide measure of 6.9 to 10.7 percent.

Harney County also comes in slightly above the state average for free/reduced lunch eligibility (51.7 percent), receipt of food stamps (19.3 percent), and rate of uninsurance (6.6 percent).

SOCIOECONOMICS (2010 - 2014 American Community Survey)

	Service Area	County	Rural	Oregon
Population below Poverty Level (\$19,055 per year for 2 adults/1 child<18 in 2014)	21.5%	21.1%	17.3%	16.7%
Population below 200% of Poverty Level	47.6%	47.4%	40.1%	37.0%
Population <18 below Poverty Level	34.5%	33.7%	24.9%	22.1%
Population 16+ Unemployed	14.2%	13.5%	11.8%	10.7%
Population 18-64 with Disability	15.8%	15.3%	15.0%	12.0%
Population 65+ with Disability	47.5%	46.3%	39.5%	37.7%
Households receiving Cash Public Assistance	1.9%	1.8%	4.0%	3.9%
Population 25+ w/o High School Diploma	12.2%	12.4%	12.2%	10.5%
Population >5 who Speak English Less than "very well"	1.8%	1.9%	4.0%	6.1%
Uninsured Civilian Non-institutionalized Population	14.9%	15.0%	15.0%	14.4%
Total OHP Eligibles (DMAP, Jan 2016)	31.9%	31.8%	31.0%	27.9%

SOCIOECONOMICS (various)

	County	Oregon
Receiving Temporary Assistance for Needy Families (9/2015)	0.9%	1.3%
Children Eligible for Free/Reduced Lunch (14-15 School Yr)	51.7%	51.1%
Receiving Food Stamps (9/2015)	19.3%	18.9%
Government Employees as % of Total Employment (9/2015)	47.6%	16.3%
Uninsurance (2014 CHSE/OHSU)	6.6%	5.6%
Medicare Eligibles (3/2015-RUPRI)	25.5%	18.3%

UNEMPLOYMENT RATES

	County	Oregon	U.S.
2000	9.5 %	4.9 %	4 %
2010	15.5 %	10.7 %	9.6 %
2014	9.8 %	6.9 %	6.2 %

Per Capita Income, 2013	\$33,536	\$39,848	\$44,765
Median Household Income, 2013	\$37,041	\$50,228	\$52,250

Credit: Oregon Office of Rural Health.

Service Area

Health Indicators

The percentage of those with a disability (ages 18-64) in Harney County is higher than the state-wide rate at 14.1 percent (11.6 percent statewide), and is considerably higher among the 65 and over population (52.1 percent versus 37.7 percent)

Although the prevalence of tobacco smoking is lower than the statewide average by about 8 percentage points, the use of smokeless tobacco by males is about 18 percentage points higher than the state.

The obesity rate in Harney County is the highest of all 12 Eastern Oregon counties, at 38.7 percent of the population.

The mortality rate among nine of 10 causes of death is higher than the statewide average.

The leading causes of death in Harney County are 1) Cancer, 2) Heart Disease, 3) Unintended Injuries, 4) Cerebrovascular Disease, and 5) Chronic Lower Respiratory Disease.

VITAL STATISTICS (Oregon Health Authority)

Maternity Characteristics		2010-2014 (Avg per year--rates per 1000 births)						
		TOTAL	Race					Ethnicity
			White	Black	NatAm	Asian	Other	
S E R V I C E A R E A	Average Total Births per Year	82	69.2	0.0	4.6	0.4	2.2	5.0
	Low Birth Weight Rate	80.5	86.7	0.0	43.5	0.0	0.0	80.0
	Inadequate Prenatal Care Rate	46.3	37.6	0.0	217.4	0.0	0.0	40.0
	Infant Mortality Rate	9.8						
	Teen (15-19) Birth Rate	82.9	83.8	0.0	43.5	0.0	181.8	80.0
O R E G O N	Average Total Births per Year	45,297	30,967	931	514	2423	1661	8,687
	Low Birth Weight Rate	62.3	59.5	102.0	77.8	76.8	73.0	61.5
	Inadequate Prenatal Care Rate	54.1	46.4	96.5	110.1	73.3	75.6	64.2
	Infant Mortality Rate	5.0						
	Teen (15-19) Birth Rate	63.9	50	91	110	18	90.2	115

VITAL STATISTICS (Oregon Health Authority--continued)

MORTALITY FIGURES (rates are per 100,000 persons [2016 pop])

CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2010-2014):

	Service Area	County	Rural	OR	Deaths per Year in Service Area (Average of 2010-14):
Total:	1110.2	1117.7	1018.2	820.9	
Cancer:	260.1	261.8	244.4	192.9	79
Heart Disease:	187.4	188.6	199.2	156.7	
Chronic Lower Resp Disease	61.5	61.9	67.8	49.1	
Cerebrovascular Disease	67.1	67.6	55.4	44.9	
Unintended Injuries:	72.7	73.2	51.1	42.0	
Alzheimer's:	16.8	16.9	36.4	33.1	
Diabetes:	39.1	39.4	35.0	27.2	
Suicide:	39.1	39.4	20.8	17.5	
Alcohol Induced:	33.6	33.8	20.5	16.7	
Flu and Pneumonia:	14.0	14.1	13.0	10.7	

HEALTH RISK FACTORS (2010-2013 BRFSS; age-adjusted)

	County 10-13	Oregon 10-13
% of Adults who have Cardiovascular Disease	8.0%	7.0%
% of Adults who have Depression	23.2%	24.8%
% of Adults who have Diabetes	15.7%	8.2%
% of Adults who are Cigarette Smokers	10.8%	19.0%
% of Adults who are Obese	38.7%	25.9%
% of Adults with High Blood Pressure	9.4%	36.0%
% of Adults with No Physical Activity Outside of Work	22.8%	18.0%

Credit: Oregon Office of Rural Health.

Service Area

Health Resources

PRACTITIONERS IN SERVICE AREA		
Primary Care	Licensed	(Adjusted 6/2016)
Family Med Physicians (2015 FTE)	4.9	5.0
General Practice Physicians (2015 FTE)	0.0	
Internal Med Physicians (2015 FTE)	0.0	
Obstetricians/Gynecologists (2015 FTE)	0.0	
Pediatricians (2015 FTE)	0.0	
Nurse Practitioners (2015 FTE Rural only)	2.6	
Physician Assistants (2015 FTE Rural only)	1.0	
Dental		
Dentists (2015)	4	
Dental Hygienists (2015)	2	
Mental		
Psychiatrists (2015 FTE)	0.0	
Psychologists (2015)	0	
Licensed Prof Counselors & LMFT (2015)	2	
Licensed Social Workers (2015)	5	
Other		
Certified Nurse Midwives (2015)	0	(subset of NP and not added to Total)
Chiropractors (2013)	2	1.0
Direct Entry Midwives (2013)	0	
General Surgeons (2015 FTE)	5.2	
Naturopaths (2014)	0	
Nurse Anesthetists-CRNA (2015)	1	2.5
Optometrists (2013)	2	1.0
Other Surgeons (2015 FTE)	0.0	
Pharmacists (2014)	6	
Registered Nurses (2015)	48	(non-NPs/CRNAs; home address only)
Total	81.7	

Credit: Oregon Office of Rural Health.

Service Area

Health Resources

CLINICS IN SERVICE AREA

Number

Rural Health Clinics (RHC): 1

Federally Qualified Health Clinics (FQHC):

School-Based Clinics:

HOSPITALS IN SERVICE AREA (2014 Calendar Year)

Name: Harney District Hospital

of Staffed Beds: 23

Type: A

CAH: Yes

of Inpatient Discharges: 329

of ER Visits: 3,240

% Occupancy: 10.0%

of Births: 51

Avg IP Length of Stay: 2.6

Credit: Oregon Office of Rural Health.

Community Needs

Need / Concern Identified	Relevant Data
Obesity / Diabetes / Chronic Illness	<ul style="list-style-type: none"> • Survey respondents noted that they wanted more education on exercise/physical activity (31 percent), nutrition (28.5 percent), and diabetes (21.5 percent) • Nearly one in five survey respondents noted that they eat fast food more than once a week. • Twenty-seven percent of survey respondents ranked Obesity / Diabetes / Chronic illness as the most important health concern the community faces, and 18.5 percent ranked it the second most. • Other data (BRFSS 2010-2013) show that 38.7 percent of Harney County adults are obese, compared to 25.9 percent statewide.
Substance or drug use / abuse	<ul style="list-style-type: none"> • Substance or drug use/abuse ranked highest as most important and second most important community health concern (32 and 19 percent, respectively). It was ranked the second highest concern by LCAC members.
Depression / other mental illness	<ul style="list-style-type: none"> • Fourteen percent of survey respondents noted that depression/other mental illness was the second most important community health concern. LCAC members ranked it third of their top five concerns. • Eight percent of survey respondents reported that their mental/emotional health was "fair" or "poor." • When asked how often they had been bothered by little interest or pleasure in doing things in the preceding two weeks, 27 percent reported "several days" to "nearly every day." Twenty-four percent said they been bothered by feeling down, depressed or hopeless "several days" to "nearly every day" in the past two weeks. • Other data (Oregon Health Authority 2010-2014) show 39.1 suicide deaths per 100,000 persons in Harney County, compared to 17.5 per 100,000 in Oregon. • Other data (BRFSS 2010-2013) show that 23.2 percent of adults in Harney County have depression

Community Needs

NEED / CONCERN IDENTIFIED	RELEVANT DATA
Tobacco use	<ul style="list-style-type: none"> • Five-and-a-half percent of survey respondents noted that they smoke cigarettes, and two-and-a-half percent said they chew tobacco. Other data (BRFSS 2010-2013) indicates a 10.8 percent rate of cigarette smoking in the county, and 25.3 percent male usage of smokeless tobacco (7.7 percent statewide) • Tobacco use ranked third for survey respondents' most important community health concern (7.5 percent)
Lack of recreational facilities and opportunities	<ul style="list-style-type: none"> • In an open-ended question, 27.5% of survey respondents noted the need for more recreational facilities/opportunities to improve overall community health • "Lack of recreational facilities" was ranked fourth under most important community health concern (7 percent), and fifth in the top five concerns identified by LCAC members.
Alcohol use	<ul style="list-style-type: none"> • Four percent of survey respondents ranked alcohol use the most important community health concern, and 13 percent ranked it as the second-most important health concern. • Five percent of survey respondents said they have had five or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) in one day at least once in the past 30 days • Other data (Oregon Health Authority) show alcohol-induced death rates in Harney County at 33.8 per 100,000 persons, compared to 16.7 statewide.
Domestic violence / child abuse or neglect	<ul style="list-style-type: none"> • Nine percent of survey respondents said domestic violence/child abuse or neglect was the second most community health concern. LCAC members ranked the concern fourth of their top five concerns. • Other data (Department of Human Services, 2014) show child maltreatment rates at 21.2 per 1,000 persons under 18, compared to 11.7 statewide.
Lack of awareness of health services	<ul style="list-style-type: none"> • Asked to identify one thing to improve the community's access to health care, 19 percent of survey respondents said "increased awareness of health services." • LCAC members ranked "Increasing awareness of health services" number two in their top four recommended focus areas for HCHD

Community Needs

NEED / CONCERN IDENTIFIED	RELEVANT DATA
Cost / affordability of health care	<ul style="list-style-type: none"> • Slightly over one in five (21.5 percent) of survey respondents said they had gone without needed health care anytime within the last 6 months for any reason. The most selected reason (43.5 percent) was "It cost too much." • Three-and-half percent of survey respondents reported that they had no insurance. Other data (2014 CHSE/OHSU) shows a 6.6 percent rate of uninsurance in Harney County.
More specialists / specialty care	<ul style="list-style-type: none"> • Twenty-five percent of survey respondents said if they could do one thing to improve the community's access to health care, it would be to add more specialists/specialty care. • LCAC members ranked "Adding more specialists/specialty care" first in their top four recommended focus areas for HCHD. • Survey respondents noted the main reason for seeking health care services outside of Harney County is "specialist availability" (77 percent). • Thirty-eight percent of survey respondents said they had not received any specialty care in the last six months. For those that had, the top three specialty care categories were obstetrics/gynecology (10 percent), mammography/breast health (10 percent), dermatology/skin health (9 percent).
Teen pregnancy	<ul style="list-style-type: none"> • Other available data (2009-2013 OHA) show 81.4 births to mothers younger than 18 per 1,000 births in Harney County, compared to 70.9 per 1,000 births statewide.

HCHD Implementation Plan

Introduction

After identifying a list of Harney County community health needs and concerns based on survey data, LCAC input, and other available data, an implementation plan was developed. The plan describes what HCHD will do to address these needs and concerns. Though solutions to these issues are neither simple nor short-term in nature, HCHD's goal is to tackle them on a variety of fronts and to make a positive impact wherever possible.

Needs that will not be addressed

There are needs that simply cannot be directly addressed by HCHD – logistically, financially, and otherwise. In many cases, these needs are social determinants of health – life factors that directly impact physical and mental health, including housing/homelessness, poverty, and food insecurity. HCHD will continue to do what it can to refer or direct its patients that may face these needs to the appropriate agency or organization for assistance.

Several survey comments made reference to “improving the local economy” or “creating jobs” as solutions to improving community health. While HCHD itself seeks to be a positive impact on the local economy, it is not directly involved in business development efforts.

Many survey comments made reference to building new recreational facilities. While the value of this is recognized, HCHD itself is unable to take on an infrastructure project of that type. HCHD may be involved peripherally in building partnerships or seeking grants that support recreational needs in the community.

Partnerships

Wherever possible, HCHD will seek to partner with local agencies and organizations in its efforts to improve community health. Some efforts, such as creating a community health resource directory, will require a broad collaboration in order to be successful.

Descriptions of strategies

In the implementation chart on the following pages, specific strategies are briefly listed. Those that require more detailed explanation are listed below.

5-1-1-0 Parent/Child Education Campaign

A communications campaign spreading the message that children should have five servings of

HCHD Implementation Plan

fruits and vegetables per day, one hour or less of screen time, one hour or more of physical activity, and zero sugary drinks.

Community health resource directory

A community health resource directory would serve as a “one stop shop” for finding information on everything from where to get a physical to where to find housing assistance. It could include a paper publication, website, and possibly a hotline phone number, depending on resources. Work has been done on this in the past at HCHD and Symmetry Care – the goal will be to update, build upon, and widely distribute this resource information in a variety of ways.

Health Half-Hours

A program run by HCHD’s Outreach Department, which involves bringing health topics and activities to the local youth afterschool programs.

Slater Elementary Health Fair

A setup of presenters including topics on everything from dental health to electrical safety. It reaches 400 students at Slater Elementary each time it is held.

“Tar Wars”

A tobacco-free education program (created by the American Academy of Family Physicians) for fourth- and fifth-grade students. The program has been put on in the past by HCHD primary care providers.

“Walk With Ease” / “Walk With A Doc”

An indoor walking program developed by the Arthritis Foundation for anyone (with or without arthritis) that wants to walk comfortably and safely to improve flexibility, strength, and stamina and reduce pain. At times, HCHD primary care providers will be available to walk and chat with participants.

“Health Is Primary” Campaign

A communications campaign developed by America’s Family Physicians to advocate for the values of family medicine, demonstrate the benefits of primary care, and engage patients in the health care system.

HCHD Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2016-2019)
Obesity / Diabetes / Chronic Illness	<ul style="list-style-type: none"> • 5-1-1-0 Parent/Child Education Campaign • Continue to offer nutrition and diabetes classes and support groups • Hire a full-time registered dietitian, contingent upon resources • Create a community health resource directory • Expand "Health Half-Hours" and "Slater Elementary Health Fair" 	<ul style="list-style-type: none"> • Increase awareness of healthy habits among parents and their children • Increase participation in classes and support groups • Increase use of nutritional therapy services • Increase awareness of health resources related to this issue • Increase awareness of healthy habits among children ages 5-11
Substance or drug use / abuse	<ul style="list-style-type: none"> • Create a community health resource directory • Investigate feasibility of providing "Narcan" through our pharmacy • Continued consideration and revision to prescribing policies 	<ul style="list-style-type: none"> • Increase awareness of health resources related to this issue • Enable quick treatment by bystanders to reverse opiate overdoses • Discourage and decrease prescription drug abuse
Depression / other mental illness	<ul style="list-style-type: none"> • Continue to employ a Behavioral Health Consultant at HDH Family Care • Create a community health resource directory • Expand "Health Half-Hours" and "Slater Elementary Health Fair" • Develop a walking group 	<ul style="list-style-type: none"> • Increase integration of physical and mental health services • Increase awareness of health resources related to this issue • Increase awareness of and reduce stigma toward mental health issues among children ages 5-11 • Encourage exercise and socialization as an important part of mental health and overall well-being

HCHD Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2016-2019)
Tobacco use	<ul style="list-style-type: none"> • Create a community health resource directory • Expand “Health Half-Hours” and “Slater Elementary Health Fair,” restart “Tar Wars” anti-smoking program geared toward 4th/5th graders • Offer oral health screenings 	<ul style="list-style-type: none"> • Increase awareness of health resources related to this issue • Discourage tobacco use before it starts • Increase early detection of cancer
Lack of recreational facilities and opportunities	<ul style="list-style-type: none"> • Create a community health resource directory • “Walk With Ease” / “Walk With A Doc” program • Revisit partnership opportunities with local hotel pools for possible community use hours • Look into bringing together community groups to investigate grants or partnerships that would fund the transformation of the current summer-only community pool to a year-round facility 	<ul style="list-style-type: none"> • Increase awareness of recreational opportunities that already exist in the community • Increase participation and provide indoor exercise opportunities • Create an indoor recreation opportunity for the community • Create an indoor recreation opportunity for the community
Alcohol use	<ul style="list-style-type: none"> • Create a community health resource directory 	<ul style="list-style-type: none"> • Increase awareness of treatment options and support groups in the community
Domestic violence / child abuse or neglect	<ul style="list-style-type: none"> • Create a community health resource directory 	<ul style="list-style-type: none"> • Increase awareness of resources available locally to help
Lack of awareness of health services	<ul style="list-style-type: none"> • Create a community health resource directory • Redesign HCHD website (harneydh.com) 	<ul style="list-style-type: none"> • Increase awareness of health resources available locally • Make HCHD services and information more accessible to the public

HCHD Implementation Plan

NEED / CONCERN IDENTIFIED	STRATEGIES	GOALS (2016-2019)
Lack of awareness of health services, cont.	<ul style="list-style-type: none"> • Set up a TV system in the hospital and clinic lobbies, contingent upon resources • Enhance "Guest Services" offerings through volunteer training and printed or digital materials 	<ul style="list-style-type: none"> • Increase awareness of HCHD services and news among our patient population • Create greater ease of access to HCHD services
Cost / affordability of health care	<ul style="list-style-type: none"> • Create a community health resource directory • Launch "Health is Primary" (Family Medicine for America's Health) campaign • Launch an education campaign on appropriate usage of the emergency room and Emergency Medical Services 	<ul style="list-style-type: none"> • Increase awareness of financial options and resources related to health care • Encourage regular use of primary care providers as a cost-saving mechanism, among its many benefits • Provide education for the community on what situations call for emergency medicine, and how appropriate usage contributes to lower health care costs
More specialists / specialty care	<ul style="list-style-type: none"> • Continue to work closely with St. Charles Health System, The Center, Bend Memorial Clinic, Bend Urology Associates, Bend Neurological Associates, Northwest Foot Care, and others to maintain and expand specialist provider coverage and specialty care offerings • Develop and offer skin cancer screening opportunities 	<ul style="list-style-type: none"> • As financial resources and partnership opportunities allow, continue to work toward making more specialists and specialty care available in Harney County • Increase early detection of skin cancer
Teen pregnancy	<ul style="list-style-type: none"> • Look into restarting a mentorship program for teenagers 	<ul style="list-style-type: none"> • Reduce rate of births to mothers younger than 18

Moving Forward

Implementation Committee

In order to move forward with our implementation plan, a committee made up of the original CHNA Steering Committee and others will meet regularly to discuss progress and coordinate efforts for action items that will require collaboration on the part of a variety of community members and groups. Other members of the committee may include HCHD board members and employees, and community members.

Awareness of Assessment

This report will be made available online at www.harneydh.com, and physical copies will be available at Harney District Hospital, HDH Family Care, and the Health Department. A summary report will be released to local media.

For questions or more information, please contact:

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Community Advisory Council Needs Assessment

Data Elements- March, 2016

Data Elements for CCOs	Statewide:	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
POPULATION: (Age PSU 2014 estimates)													
Total	3,962,710	16,325	1,975	7,425	7,265	7,990	31,470	11,525	1,785	78,340	26,485	7,070	1,440
Ages 0 - 17	866,518	3,213	357	1,280	1,547	1,423	7,810	3,089	346	20,500	6,025	1,374	258
% of population under age 18 (PSU 2015)	21.9%	19.7%	18.1%	17.2%	21.3%	17.8%	24.8%	26.8%	19.47%	26.2%	22.7%	19.4%	18.0%
Ages 18 - 64	2,463,437	9,037	1,106	4,007	4,108	4,702	18,396	6,722	1,002	46,703	15,359	3,777	728
Ages 65+	632,755	4,075	512	2,138	1,610	1,865	5,264	1,714	437	11,137	5,101	1,920	454
Race & Gender													
White (2015 Nielsen)	76.7%	91.3%	89.1%	91.1%	87.6%	85.1%	61.0%	60.5%	87.9%	66.9%	88.8%	93.4%	88.4%
African American / Black (2015 Nielsen)	1.8%	0.44%	0.26%	0.34%	0.35%	0.57%	1.10%	0.60%	0.17%	0.81%	0.37%	0.49%	0.0%
American Indian (2015 Nielsen)	1.1%	1.28%	1.29%	1.37%	3.38%	1.94%	0.83%	0.91%	1.82%	3.19%	1.24%	0.8%	1.20%
Asian* (2015 Nielsen)	4.40%	0.64%	1.19%	0.64%	0.56%	1.03%	1.66%	0.72%	0.17%	1.14%	2.37%	0.51%	1.06%
Pacific Islander (2010-2014 ACS)	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.9%	0.0%	0.0%
Other	3.30%	2.08%	1.7%	2.4%	2.9%	3.0%	1.8%	1.9%	2.0%	2.1%	2.4%	2.1%	4.3%
2 or More (2010-2014 ACS)	3.9%	1.8%	0%	3.2%	1.4%	3.8%	4.7%	3.4%	4.7%	5.0%	2.9%	2.4%	2.9%
Ethnicity Hispanic (2015 Nielson)	12.7%	4.2%	6.4%	4.0%	5.1%	8.3%	33.5%	35.2%	7.8%	25.7%	4.7%	2.6%	4.9%
Gender (2010-2014 ACS (M/Male))	49.5%	50.5%	51.7%	49.8%	50.7%	53.3%	54.6%	51.4%	49.3%	52.1%	49.0%	48.9%	48.3%
SOCIAL DETERMINANTS OF HEALTH:													
Language (2010-2014 ACS) speak English less than "very well"	6.2%	1.3%	0.2%	.6%	1.9%	1.9%	10.0%	14.7%	1.7%	9.1%	1.5%	0.6%	1.3%
Family size (2010-2014 ACS)	3.05	2.77	2.77	2.79	2.75	2.67	3.24	3.50	2.83	3.25	2.96	2.88	2.46
2014 Unemployment (OR Employment Dept.)	6.2%	8.6%	8.0%	10.8%	9.8%	9.8%	8.2%	7.1%	7.5%	7.9%	7.4%	10.2%	6.4%
% of population in poverty (2013 Small Area Income)	16.5%	14.5%	11.9%	18.0%	18.1%	20.9%	29.4%	16.8%	17.1%	17.1%	19.4%	15.1%	22.6%
# or % of children on school lunch program 2014-2015 School Year (OR Dept. of Education)	51.1%	43.2%	61.8%	58.1%	51.7%	44.9%	70.9%	71.3%	48.1%	64.0%	52.4%	37.9%	30.3%
% of population without high school diploma (2010-2014 ACS)	6.6%	8.1%	6.2%	9.0%	7.3%	11.8%	10.0%	12.4%	5.9%	9.2%	5.7%	4.9%	7.8%
Households Homeless (2010-2013 ACS)	N/A	4	8	N/A	3	31	31	5	N/A	107	20	0	1
Renters (2010-2014 ACS)	38.5%	34.1%	38.2%	26.4%	32.3%	36.6%	39.6%	30.2%	35.3%	38.4%	35.9%	29.7%	29.1%
% of population without personal transportation (2010-2014 ACS)	8.0%	6.8%	4.0%	4.6%	4.0%	5.4%	9.1%	5.1%	2.0%	7.0%	6.6%	5.6%	2.3%
% of population without access to phone (2010-2014 ACS)	2.5%	3.5%	1.5%	3.4%	3.0%	3.8%	2.7%	1.8%	0.5%	3.0%	2.9%	2.9%	2.4%

S = Suppressed Data

Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

Bold For "Hispanic" indicates higher than state without positive / negative implication

Community Advisory Council Needs Assessment

Data Elements- March, 2016

Data Elements for CCOs	Statewide:	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
HEALTH STATUS:													
% 18-64 w/Disability (ASC 2010-2014)	11.6%	15.2%	18.4%	16.2%	14.1%	18.4%	15.2%	12.6%	16.1%	12.3%	13.2%	17.3%	11.6%
% 65+ w/Disability (ACS 2010-2014)	37.7%	43.1%	46.3%	45.7%	52.1%	44.0%	41.7%	46.7%	37.4%	39.3%	45.9%	37.2%	42.9%
Overall health Good, Very Good, or Excellent (BRFSS 2008-2011)	86.3%	84.5%	83.6%	90.3%	83.1%	89.3%	82.4%	82.7%	83.6%	78.9%	86.0%	89.0%	79.9%
Tobacco use Smoking (BRFSS 2010-2013)	19.0%	23.2%	19.6%	16.3%	10.8%	13.4%	22.5%	15.8%	19.6%	22.9%	18.6%	8.6%	10.7%
Tobacco use Smokeless (BRFSS 2010-2013 by males)	7.7%	19.9%	S	S	25.3%	13.2%	15.3%	17.9%	S	11.1%	23.2%	11.7%	S
Obesity (BRFSS 2010-2013)	25.9%	29.0%	33.3%	23.8%	38.7%	34.1%	31.0%	29.5%	33.6%	33.2%	27.7%	22.2%	37.7%
Heart disease (OHA 2009-2013 Death Rate per 100,000)	157.2	278.7	247.5	241.3	205.3	170.0	234.4	108.8	170.6	150.6	170.1	257.5	409.6
Stroke (OHA 2009-2013 Death Rate per 100,000)	45.8	75.2	51.5	46.6	73.1	68.5	60.2	38.6	22.7	47.3	59.5	66.5	84.7
Unintentional injuries (OHA 2009-2013 Death Rate per 100,000)	41.4	85.1	41.2	38.4	81.5	45.6	45.3	43.8	22.7	44.0	47.3	69.4	42.3
Suicide (OHA 2010-2013 Death Rate per 100,000)	17	19.7	30.9	24.6	33.7	30.4	14.9	5.2	11.3	15.6	18.3	28.9	28.2
Mental health conditions Good (BRFSS 2008-2011)	64.7	69.2%	64.5%	74.0%	69.7%	80.7%	76.0%	76.2%	64.5%	70.7%	62.5%	77.3%	92.5%
DUI Rates Arrests (2012 Criminal Justice Commission per 100,000)	444.2	215.9	736.8	523.5.8	369.1	303.0	535.1	194.7	566.0	405.9	435.5	99.8	0.0
PREVENTION - EARLY DETECTION													
% of children (2014 OHA) current with immunizations by age 3	65.0%	73.0%	72.0%	65.0%	62.0%	62.0%	75.0%	74.0%	72.0%	73.0%	75.0%	56.0%	S
% of children screened with a developmental tool (by 36 months of age) Total % = EOCCO	43%	63%	8%	30%	71%	19%	74%	13%	43%	22%	73%	40%	47%
PRENATAL AND MATERNAL HEALTH													
Births to mothers younger than 18 (2009-2013 OHA per 1000 births)	70.9	94.4	22.9	93.2	81.4	80.0	141.7	106.4	63.2	121.6	89.4	27.9	92.3
Low birth weight infants (2009-2013 OHA per 1000 births)	62.4	49.6	34.4	61.0	64.2	62.8	54.0	41.2	75.9	53.5	60.5	48.9	61.5
Mothers receiving inadequate prenatal care (2009-2013 OHA per 1000)	54.5	60.5	34.4	90.0	41.9	65.7	118.4	138.3	63.2	90.6	65.1	59.4	46.1
Infant mortality rate (2009-2013 OHA per 1000 births)	4.9	8.4	0.0	0.0	7.4	2.8	3.5	3.9	0.0	4.6	6.5	10.4	0.0
Child Maltreatment Rates Abuse (DHS 2014 per 1000 under 18)	11.7	18.4	S	9.6	21.2	41.2	24.8	9.2	S	9.0	18.0	13.6	S

S = Suppressed Data

Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)



GEOGRAPHY

County: Harney

Major Town: Burns

Service area includes the following ZIP Codes: 97710, 97720, 97721, 97732, 97738, 97758, 97904, 97917

Major Geographic Features: Mountains: 6,600 feet; Two rivers; Marshes

Elevation: 4148

TRANSPORTATION

		TYPE OF ROAD
Miles from Burns	to:	
Nearest Larger Town: Ontario	130	Primary
County Seat: Burns	0	n/a
Nearest Hospital: Burns	0	n/a

Special Transportation Barriers: Mountains, Unimproved Roads

Systems: Harney County Dial-a-Ride, Tribal Transit Services Bus, Eastern POINT regional bus

WEATHER

Climate Zone: High Plateau

Average Temperature (Winter): 28

Average Temperature (Summer): 69

DEMOGRAPHY (Nielsen 2016)

	Population	% Change	% Change RURAL	% Change URBAN	% Change OREGON
2000	7,642	n/a	n/a	n/a	n/a
2010	7,458	-2.4%	9.0%	13.8%	12.0%
2016	7,152	-4.1%	2.7%	6.4%	5.1%
2021	7,065	-1.2%	3.1%	5.2%	4.4%

CHANGE FROM 2010 TO 2016

Age	2010 Pop	2016 Pop	% Change	% Change RURAL	% Change URBAN	% Change OREGON
0-14	1,316	1,160	-11.9%	-3.0%	1.4%	-0.2%
15-44	2,396	2,282	-4.8%	2.7%	3.2%	3.1%
45-64	2,337	2,076	-11.2%	-4.1%	4.8%	1.3%
65+	1,409	1,634	16.0%	20.1%	29.3%	25.1%
Total	7,458	7,152	-4.1%	2.7%	6.4%	5.1%

DEMOGRAPHY (Nielsen 2016 - continued)**2016 POPULATION BREAKDOWN BY AGE**

Age	Service Area				OREGON			
	Male	Female	Total	Percent	Male	Female	Total	Percent
0-14	630	530	1,160	16.2%	366,239	349,940	716,179	17.8%
15-20	312	227	539	7.5%	158,384	151,332	309,716	7.7%
21-24	186	143	329	4.6%	108,856	103,718	212,574	5.3%
25-34	321	346	667	9.3%	270,867	265,515	536,382	13.3%
35-44	389	358	747	10.4%	262,238	257,599	519,837	12.9%
45-64	1,012	1,064	2,076	29.0%	521,383	541,161	1,062,544	26.4%
65-74	515	472	987	13.8%	191,950	208,530	400,480	10.0%
75-84	220	252	472	6.6%	81,732	101,317	183,049	4.5%
85+	70	105	175	2.4%	30,144	53,825	83,969	2.1%
Total	3,655	3,497	7,152	100.0%	1,991,793	2,032,937	4,024,730	100.0%

OTHER POPULATION CHARACTERISTICS (Nielsen 2016)

	<u>Service Area</u>	<u>Oregon</u>
Hispanic (all, including other and 2 or more, races)	5.1%	12.8%
Asian/Pacific Islander only (non-Hispanic)	0.5%	4.6%
African-American only (non-Hispanic)	0.6%	1.8%
Native American only (non-Hispanic)	3.6%	1.1%
Other, including 2 or more races (non-Hispanic)	3.2%	3.3%

SOCIOECONOMICS (2010 - 2014 American Community Survey)

	<u>Service Area</u>	<u>County</u>	<u>Rural</u>	<u>Oregon</u>
Population below Poverty Level (\$19,055 per year for 2 adults/1 child<18 in 2014)	21.5%	21.1%	17.3%	16.7%
Population below 200% of Poverty Level	47.6%	47.4%	40.1%	37.0%
Population <18 below Poverty Level	34.5%	33.7%	24.9%	22.1%
Population 16+ Unemployed	14.2%	13.5%	11.8%	10.7%
Population 18-64 with Disability	15.8%	15.3%	15.0%	12.0%
Population 65+ with Disability	47.5%	46.3%	39.5%	37.7%
Households receiving Cash Public Assistance	1.9%	1.8%	4.0%	3.9%
Population 25+ w/o High School Diploma	12.2%	12.4%	12.2%	10.5%
Population >5 who Speak English Less than "very well"	1.8%	1.9%	4.0%	6.1%
Uninsured Civilian Non-institutionalized Population	14.9%	15.0%	15.09%	14.4%
 Total OHP Eligibles (DMAP, Jan 2016)	 31.9%	 31.8%	 31.0%	 27.9%

SOCIOECONOMICS (various)

	<u>County</u>	<u>Oregon</u>
Receiving Temporary Assistance for Needy Families (9/2015)	0.9%	1.3%
Children Eligible for Free/Reduced Lunch (14-15 School Yr)	51.7%	51.1%
Receiving Food Stamps (9/2015)	19.3%	18.9%
Government Employees as % of Total Employment (9/2015)	47.6%	16.3%
Uninsurance (2014 CHSE/OHSU)	6.6%	5.6%
Medicare Eligibles (3/2015--RUPRI)	25.5%	18.3%

UNEMPLOYMENT RATES

	<u>County</u>	<u>Oregon</u>	<u>U.S.</u>
2000	9.5 %	4.9 %	4 %
2010	15.5 %	10.7 %	9.6 %
2014	9.8 %	6.9 %	6.2 %

Per Capita Income, 2013	\$33,536	\$39,848	\$44,765
Median Household Income, 2013	\$37,041	\$50,228	\$52,250

VITAL STATISTICS (Oregon Health Authority)

Maternity Characteristics		2010-2014 (Avg per year--rates per 1000 births)						
		TOTAL	Race					Ethnicity
			White	Black	NatAm	Asian	Other	Hispanic
S E R V I C E A R E A	Average Total Births per Year	82	69.2	0.0	4.6	0.4	2.2	5.0
	Low Birth Weight Rate	80.5	86.7	0.0	43.5	0.0	0.0	80.0
	Inadequate Prenatal Care Rate	46.3	37.6	0.0	217.4	0.0	0.0	40.0
	Infant Mortality Rate	9.8						
	Teen (15-19) Birth Rate	82.9	83.8	0.0	43.5	0.0	181.8	80.0
O R E G O N	Average Total Births per Year	45,297	30,967	931	514	2423	1661	8,687
	Low Birth Weight Rate	62.3	59.5	102.0	77.8	76.8	73.0	61.5
	Inadequate Prenatal Care Rate	54.1	46.4	96.5	110.1	73.3	75.6	64.2
	Infant Mortality Rate	5.0						
	Teen (15-19) Birth Rate	63.9	50	91	110	18	90.2	115

*race numbers do not add up to total due to rounding and noninclusion of "unknown" race

VITAL STATISTICS (Oregon Health Authority--continued)

MORTALITY FIGURES (rates are per 100,000 persons [2016 pop])

CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2010-2014):

	Service Area	County	Rural	OR	Deaths per Year in Service Area (Average of 2010-14):
Total:	1110.2	1117.7	1018.2	820.9	
Cancer:	260.1	261.8	244.4	192.9	79
Heart Disease:	187.4	188.6	199.2	156.7	
Chronic Lower Resp Disease	61.5	61.9	67.8	49.1	
Cerebrovascular Disease	67.1	67.6	55.4	44.9	
Unintended Injuries:	72.7	73.2	51.1	42.0	
Alzheimer's:	16.8	16.9	36.4	33.1	
Diabetes:	39.1	39.4	35.0	27.2	
Suicide:	39.1	39.4	20.8	17.5	
Alcohol Induced:	33.6	33.8	20.5	16.7	
Flu and Pneumonia:	14.0	14.1	13.0	10.7	

	Service Area	County	Oregon
Age-adjusted Death Rate, (Avg per year 12-14)	907.7	911.5	832.9
Comparative Mortality Figure, (Avg per year 12-14)	1.3	1.3	1.0
Years of Life Lost Index, (Avg per year 12-14)	1.7	1.7	1.0
Preventable Hospitalizations per 1000 Pop: (2012-2014, COMPdata)	11.6	11.6	9.5

HEALTH RISK FACTORS (2010-2013 BRFSS; age-adjusted)

	County 10-13	Oregon 10-13
% of Adults who have Cardiovascular Disease	8.0%	7.0%
% of Adults who have Depression	23.2%	24.8%
% of Adults who have Diabetes	15.7%	8.2%
% of Adults who are Cigarette Smokers	10.8%	19.0%
% of Adults who are Obese	38.7%	25.9%
% of Adults with High Blood Pressure	9.4%	36.0%
% of Adults with No Physical Activity Outside of Work	22.8%	18.0%

ECONOMIC CONTRIBUTION OF HEALTH CARE EMPLOYMENT (2008)

Total Employment Contribution (Jobs in county)	302
Total Value-Added Contribution to County GDP (in \$Millions)	\$14.6

HEALTH CARE RESOURCES**PRACTITIONERS IN SERVICE AREA**

Primary Care	Licensed	
Family Med Physicians (2015 FTE)	4.9	
General Practice Physicians (2015 FTE)	0.0	
Internal Med Physicians (2015 FTE)	0.0	
Obstetricians/Gynecologists (2015 FTE)	0.0	
Pediatricians (2015 FTE)	0.0	
Nurse Practitioners (2015 FTE Rural only)	2.6	
Physician Assistants (2015 FTE Rural only)	1.0	
Dental		
Dentists (2015)	4	
Dental Hygienists (2015)	2	
Mental		
Psychiatrists (2015 FTE)	0.0	
Psychologists (2015)	0	
Licensed Prof Counselors & LMFT (2015)	2	
Licensed Social Workers (2015)	5	
Other		
Certified Nurse Midwives (2015)	0	(subset of NP and not added to Total)
Chiropractors (2013)	2	
Direct Entry Midwives (2013)	0	
General Surgeons (2015 FTE)	5.2	
Naturopaths (2014)	0	
Nurse Anesthetists-CRNA (2015)	1	
Optometrists (2013)	2	
Other Surgeons (2015 FTE)	0.0	
Pharmacists (2014)	6	
Registered Nurses (2015)	48	(non-NPs/CRNAs; home address only)
Total	81.7	

SUPPLY AND DEMAND FOR PRIMARY CARE VISITS IN SERVICE AREA

	<u>Service Area</u>	<u>County</u>	<u>State</u>
Number of Persons Per Primary Care Physician:	1,460	1,450	1,250
Number of Visits Accommodated by:			
Primary Care Physicians (2015):	13,490		
PA and NP (2015):	9,282		
Total:	22,772		
Number of Primary Care Visits Needed by 2016 Service Area Population:	19,217		

HEALTH CARE RESOURCES (continued)

CLINICS IN SERVICE AREA

Number

Rural Health Clinics (RHC): 1
 Federally Qualified Health Clinics (FQHC):
 School-Based Clinics:

HOSPITALS IN SERVICE AREA (2014 Calendar Year)

Name: Harney District Hospital
 # of Staffed Beds: 23
 Type: A
 CAH: Yes
 # of Inpatient Discharges: 329
 # of ER Visits: 3,240
 % Occupancy: 10.0%
 # of Births: 51
 Avg IP Length of Stay: 2.6

DESIGNATIONS OF SHORTAGE BY SERVICE AREA

1. Geographic/Population HPSA*: Low income only
2. MUA/MUP*: No
3. Mental Health HPSA*: Yes
4. Dental HPSA*: Yes

Office of Rural Health Unmet Need Area? No

M(S)FW = Migrant (seasonal) farm worker

GOV = Designated at the request of the state governor due to local barriers and/or health conditions

*Service Area geographies do not match exactly with Census Tracts or Sub-County Areas. Please check <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> for the latest and most accurate data using your specific address.

"Urban" and "Rural" refer to ORH Rural definitions:

www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm

This report has been prepared by the Oregon Office of Rural Health at Oregon Health and Science University.

Printed on 3/9/2016

Additional information, maps, and lists are available at:

www.ohsu.edu/xd/outreach/oregon-rural-health/data/health-care-shortage.cfm

For questions, comments, or sources, please contact Emerson Ong at: ong@ohsu.edu

Sources for ORH Service Area Profiles

Geography [Geography and Weather](#)

1 Oregon Economic and Community Development Department, Community Profiles

Geography [Distances](#)

2 3/2015 Google Maps

Geography [Transportation](#)

3 2/2014 Tripcheck

Demography [Population, Ethnicity, Race](#)

4 2016 Purchased annually from Nielsen [by ZIP]

Socioeconomics [American Community Survey](#)

5 2010-2014 American Community Survey website [by ZIP]

Socioeconomics [Percent Total OHP Eligibles by Zip](#)

6 1/2016 Division of Medical Assistance Programs (DMAP), Department of Human Services

Socioeconomics [TANF, Food Stamp Eligibles by County](#)

7 9/2015 Oregon Department of Human Services, Public Assistance Branch and Service Delivery Area Data, Oregon Public Assistance Programs, Historical Program Information by Branch and County

Socioeconomics [Reduced/Free Lunch Eligibles](#)

8 2014-2015 Oregon Department of Education, Statistics and Reports, School Finance Data and Analysis, School Yr Reports, Students [by school]

Socioeconomics [Government Employees](#)

9 2015 Sept Oregon Employment Department, Current Employment by Industry [by county]

Socioeconomics [Uninsurance](#)

10 2014 2014 Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon, by CHSE [by county]

Socioeconomics [Unemployment Rates](#)

11 2014 Oregon Employment Department, Unemployment Rates [by county]

Socioeconomics [County Per Capita Income](#)

12 2013 Bureau of Economic Analysis, Annual State Personal Income

Socioeconomics *County Median Household Income*

13 2013 Census Small Area Income & Poverty Estimates

Vital Statistics *Medicare Eligibles*

14 3/2015 RUPRI Center for Rural Health Policy Analysis

Vital Statistics *Birth/Maternity Characteristics by Race*

15 2010-2014 Purchased annually from Center for Health Statistics, Oregon Health Authority [by ZIP] Teen Births: 15-19

Vital Statistics *Cause-Specific Crude Death Rates and Deaths per Year*

16 2010-2014 Purchased annually from Center for Health Statistics, Oregon Health Authority. Denominator is current Nielsen population. [by ZIP]

Vital Statistics *Age-Adjusted Death Rate, Mortality Figure, Years of Life Lost*

17 2012-2014 Purchased annually from Center for Health Statistics, Oregon Health Authority. Denominator is current Nielsen population. [by ZIP]

Vital Statistics *Preventable Hospitalizations (ACSC)*

18 2012-2014 INFOH [by hospital and ZIP]. These are also known as Ambulatory Care Sensitive Conditions.

Health Risk Factors *BRFSS*

19 2010-2013 Oregon Health Authority Chronic Disease Data [by County]
<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/CountyData.aspx>

Economic Contribution *Economic Contribution*

20 2008 Oregon Healthcare Workforce Institute. The Economic Contributions of Oregon's Health Care Workforce, March 2011,
<http://oregonhwi.org/resources/documents/FinalEconORHCW211.pdf>

Health Care Resources *Primary Care Physicians, Physician Specialists, and Psychiatrists*

21 12/2015 FTE data purchased from Oregon Medical Board, [by Work ZIP]

Health Care Resources *Physician Assistants and Nurse Practitioners*

22 2014 Oregon Office of Rural Health Tax Credit Database. By work ZIP, all PAs and NPs in ORH rural areas.

Health Care Resources *RNs, Certified Nurse Midwives, and Nurse Anesthetists*

23 12/2015 Purchased annually from Oregon State Board of Nursing [by Home ZIP]

Health Care Resources	<i>Dentists and Dental Hygenists</i>
24 2015	Purchased from Oregon Board of Dentistry [by ZIP]
Health Care Resources	<i>Pharmacists</i>
25 2014	Purchased from State Board of Pharmacy [by ZIP]
Health Care Resources	<i>Chiropractors</i>
26 2013	State Board of Chiropractic Examiners [by ZIP]
Health Care Resources	<i>Naturopaths</i>
27 2014	Purchased from Board of Naturopathic Examiners [by ZIP]
Health Care Resources	<i>Direct Entry Midwife</i>
28 2013	Oregon Board of Direct Entry Midwifery [by ZIP]
Health Care Resources	<i>Optometrists</i>
29 2013	Purchased from Oregon Board of Optometry [by ZIP]
Health Care Resources	<i>Psychologists</i>
30 2015	Purchased from State Board of Psychologist Examiners [by Zip]
Health Care Resources	<i>Licensed Clinical Social Worker</i>
31 2015	Purchased from State Board of Clinical Social Workers [by ZIP]
Health Care Resources	<i>Professional Counselor/Marriage & Family Therapist</i>
32 2015	Oregon Board of Licensed Professional Counselors and Therapists [by ZIP]
Health Care Resources	<i>Number of Visits Accommodated by PCP</i>
33 2005-2006	Hing E, Burt CW. Characteristics of office-based physicians and their medical practices: United States, 2005-2006. National Center for Health Statistics. Vital Health Stat 13(166). 2008.
Health Care Resources	<i>Number of Visits Accomodated by PA/NP</i>
34	The average of the the figures derived by CMS (Centers for Medicare and Medicaid Services [formerly HCFA]): Form HCFA-222-92, "Visits and Overhead Cost for RHC/FQHC," Worksheet B-- and a study done by the Idaho Rural Health Education Center: Pryzbilla, J. (1996). A Step-by-Step Training Guide to Primary Care Provider Recruitment and Retention, 22-23.
Health Care Resources	<i>Primary Care Visits Needed</i>

35	2012	National Ambulatory Medical Care Survey: 2012 Summary Tables: http://www.cdc.gov/nchs/data/ahcd/namcs_summary/2012_namcs_web_tables.pdf
<hr/>		
Health Care Resources		<i>Clinics in Service Area</i>
36	Current	OHA: http://public.health.oregon.gov/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Documents/RHC_List.pdf
<hr/>		
Health Care Resources		<i>Hospitals in Service Area</i>
37	2014	Apprise website-- http://apprisehealthinsights.com/public-reports/oregon-hospital-utilization-data/
<hr/>		
Designations of Shortage		<i>HPSA</i>
38	Current	U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Health Professional Shortage Areas Database Query
<hr/>		
Designations of Shortage		<i>MUA/P</i>
39	Current	U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Medically Underserved Areas/Populations Database
<hr/>		
Designations of Shortage		<i>ORH Unmet Need</i>
40	2015	Oregon Office of Rural Health Unmet Need Designation
<hr/>		

Data for Hospital Economic Impact Study

CATEGORIES	EMPLOYMENT (as of March 1, 2015)
Full-time employees	137
Part-time employees	27
Casual employees	26
TOTAL	190

HDH Human Resources Department

CATEGORIES	AMOUNTS
Wages & Salaries	\$9,841,831
Employee Benefits	\$2,930,154
TOTAL	\$12,771,985

Harney District Hospital Operating Fund Income Statement, year ending June 30, 2015.

Average Employment Impact of Harney District Hospital

Hospital Employment	Employment Multiplier	Total Employment Impact
190	1.45	275

Employment multiplier indicates that for each job created at Harney District Hospital, another 0.45 jobs are created in other businesses in the community.

ECONorthwest, Economic Contributions of Oregon's Community Hospitals, June 2015

Average Income Impact of Harney District Hospital

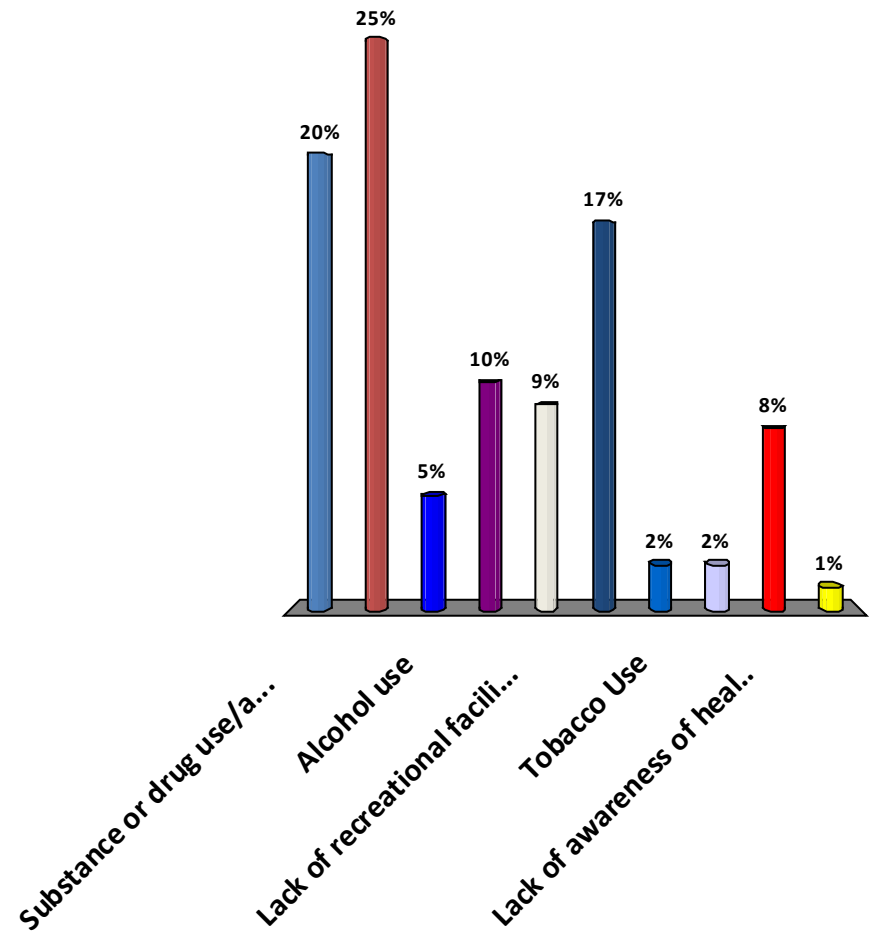
Payroll + Benefits for Employees	Income Multiplier	Total Income Impact
\$12,771,985	1.29	\$16,475,860

Income multiplier indicates that for each \$1 created in payroll + benefits, another .29 is created in other businesses in the community.

ECONorthwest, Economic Contributions of Oregon's Community Hospitals, June 2015

Which do you see as the greatest health concerns for Harney County? Rank 5

- A. Substance or drug use/abuse
- B. Obesity/Diabetes/Chronic Illness
- C. Alcohol use
- D. Domestic Violence/child abuse or neglect
- E. Lack of recreational facilities
- F. Depression/Other Mental Illness
- G. Tobacco Use
- H. Housing and/or Food Insecurity
- I. Lack of awareness of health services
- J. Accidents or injuries



What should Harney County Health District focus on or continue to focus on? Rank 4

- A. Adding more specialists / specialty care
- B. Increasing awareness of health services
- C. Providing more health education services
- D. Adding more primary care providers
- E. Expanding hours for outpatient services
- F. Providing more culturally-sensitive care
- G. Addressing cost/affordability issues
- H. Developing healthy recreational opportunities

