

# Community Health Survey



**Rafters on the Rogue River**  
Courtesy of Jim Shames

# Introduction

From April through July 2023, a community survey was developed and distributed in both paper and electronic formats across Jackson and Josephine Counties. The survey focused on community members' and providers' perceptions of the community, top health concerns, and barriers to accessing health and social services. Through the All in for Health (AIFH) organization both Jackson and Josephine collaboration with local partners have regularly conducted Community Health Assessments (CHA) to evaluate the health of the community. As a result of a CHA, priorities are selected as areas of focus in a five-year Community Health Improvement Plan (CHIP). The overarching framework guiding these local efforts is referred to as Mobilizing for Action through Planning and Partnerships (MAPP) and is considered the gold standard for community health improvement. This report documents the methods that were used for conducting the survey, results, and ultimately conclusions for moving forward with improving the health of the community.

## Background & Methods

The survey was developed by the Southern Oregon University Research Center (SOURCE) in collaboration with the AIFH CHA Core Team and used both Likert-type scales, multiple choice, and open-ended response questions. Skip patterns were embedded within the electronic survey so respondents were able to skip questions that they did not want to answer. The only questions that could not be skipped were the 18 years or older question and County residency. English and Spanish versions of the survey were made available to all respondents. The Spanish translations were done through SOU. The survey was available online for three months and was primarily electronic, however, paper versions were made available for distribution and collection by community partners at local businesses, events, and canvassing. The survey was distributed with a link to SurveyMonkey™ by various community partners. Initially, the survey was available in April of 2023 but was closed to expand on missing questions that the AIFH Core team deemed necessary. These questions that were updated or added after the initial release of the survey were race, ethnicity, language, sexual orientation, and gender following the Oregon Health Authority REALD and SOGI format. During that initial opening 67 responses were collected. These responses were kept and included where relevant. Upon survey close, data was exported from SurveyMonkey™, reconciled, and analyzed by Jackson County Health & Human Services epidemiologist. Statistical analysis was performed with STATA™ software and tests.

## Survey Respondent Key Findings:

- **Cost of Living:** Being able to afford healthy food, housing costs, such as utilities, and debt.
- **Lack of Affordable Housing** is making it difficult for people to be healthy; community members believe this issue is worse where they live than in other areas. They also believe the lack of affordable housing is contributing to homelessness.
- **Access to Care:** Community members are having a hard time getting needed care such as primary care, dental care, and vision.
- **Affordable Healthcare**, often due to insurance limitations and out-of-pocket expenses, was a significant barrier to receiving necessary treatments, particularly in dental care, mental health services, and comprehensive medical treatments.
- **Lack of Behavior Health Services** has led to the need for more mental health services and providers which include substance use treatment.
- **Provider Shortage:** Community members expressed difficulty in accessing specialized care, with reports of extended waiting times for appointments and a shortage of providers, particularly in fields like neurology, gastroenterology, and reproductive health.
- **Environmental Risks:** Respondents were worried about their health because of things like wildfires and bad air caused by smoke.
- **Public Safety** was raised as an issue due to the increase of community members experiencing homelessness and substance use.
- **Community Building:** A desire for initiatives fostering community well-being and support such as community spaces and increasing public transportation.

## The Health Behaviors Most Affecting the Community Are:

- **COVID-19**
- **Mental Health Issues**
- **Substance Use**
- **Obesity/Overweight**
- **Asthma**

## Demographics

In total, **1,634** community members took the survey, which was an increase of 49% compared to 2018 (1,100 responses). Most respondents (74.8%) finished the online survey, and it took on average 13 minutes to complete even though it was marketed as 15 minutes based on internal testing.

**Table 1. Survey Respondents**

<b>Responses</b>	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
Total	1634 (100%)	1244 (76%)	390 (24%)
<b>Survey Language</b>			
English	1582 (97%)	1197 (96%)	385 (97%)
Spanish	52 (3%)	47 (4%)	1-5 (3%)
<b>Educational Achievement</b>			
	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
Less than high school	48 (3%)	39 (3%)	9 (2%)
High school diploma/GED	177 (11%)	141 (11%)	36 (9%)
Some college/university education	243 (15%)	166 (13%)	77 (20%)
College/University Bachelor's degree	487 (30%)	367 (30%)	120 (31%)
Vocational or Associate's degree	275 (17%)	209 (17%)	66 (17%)
Graduate degree/post-graduate	376 (23%)	302 (24%)	74 (19%)
<b>Sexual Orientation</b>			
Aromantic or Asexual	1-5 (**)	1-5 (**)	**
Bisexual	45 (3%)	33 (3%)	12 (4%)
Gay	7 (1%)	6 (1%)	1 (**)
Heterosexual/Straight	1142 (84%)	878 (85%)	264 (80%)
Lesbian	19 (1%)	14 (1%)	1-5 (2%)
Pansexual	17 (1%)	11 (1%)	6 (2%)
Queer	19 (1%)	17 (2%)	1-5 (**)
Questioning	**	**	**
2 or more Identities	110 (8%)	69 (7%)	41 (12%)
<b>Gender</b>			
Agender	1-5 (**)	1-5 (**)	1-5 (**)
Cisgender	12 (1%)	9 (1%)	3 (1%)
Gender Queer	1-5 (**)	1-5 (**)	**
Man	507 (33%)	423 (36%)	84 (22%)
Non-binary	18 (1%)	11 (1%)	7 (2%)
Transgender	10 (1%)	7 (1%)	3 (1%)
Two-spirit	6 (**)	6 (1%)	**
Woman	838 (55%)	604 (52%)	234 (63%)

*\*\* - Data suppressed due to small counts, counts less than 6, not including zero, are suppressed to maintain confidentiality*

- Most survey respondents took the survey in English (**97%**), followed by Spanish (**3%**).
- **Jackson** County had a higher percentage of respondents compared to **Josephine** County. This was expected
- A large percentage of respondents had at least a College/University Bachelor's degree (**30%**) followed by a Graduate degree/post-graduate certification (**23%**).
- When asked about sexual orientation(s), most respondents identified as straight/heterosexual (**84%**).
- Most respondents identified regarding gender(s) as woman (**55%**), followed by man (**33%**), and then other gender(s).

**Table 2. Survey Respondents Demographics Continued**

<b>Race</b>	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
American Indian and Alaska Native	55 (4%)	36 (3%)	19 (6%)
Asian	6 (**)	5 (**)	1-5 (**)
Black and African American	1-5 (**)	1-5 (**)	1-5 (1%)
Hispanic and Latino/a/x	97 (7%)	90 (8%)	7 (2%)
Middle Eastern/North African	1-5 (**)	1-5 (**)	**
Multiracial	611 (43%)	518 (48%)	93 (27%)
Native Hawaiian and Pacific Islander	1-5 (**)	1-5 (**)	1-5 (1%)
White	648 (46%)	431 (40%)	217 (64%)
<b>Age</b>			
18-29 years	325 (20%)	282 (23%)	43 (11%)
30-39 years	566 (35%)	449 (36%)	117 (30%)
40-49 years	207 (13%)	144 (12%)	63 (16%)
50-65 years	269 (17%)	189 (15%)	80 (21%)
66-75 years	163 (10%)	103 (8%)	60 (16%)
76+ years	95 (6%)	72 (6%)	23 (6%)

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- Most survey respondents identified as White (**46%**), which was much lower than county estimates.
- Respondents who identified as Other or Multiracial (**43%**) were higher than local estimates.
- American Indian and Alaska Native (**4%**) were higher than expected. however, compared to county estimates there was a smaller proportion who identified as Asian (<**1%**), African American/Black (<**1%**), or Native Hawaiian/Pacific Islander (<**1%**).

- Additionally, those who identified as Hispanic or Latino/a/x accounted for (7%) and this was lower than expected.
- It should be noted that these only indicate single race/ethnic identities (See images 1-7).
- Considering age, respondents in all age groups were represented with most respondents falling into middle-aged (30-39 years) adulthood.

## Respondent Race & Ethnicity RealD

Image 1. American Indian and Alaska Native

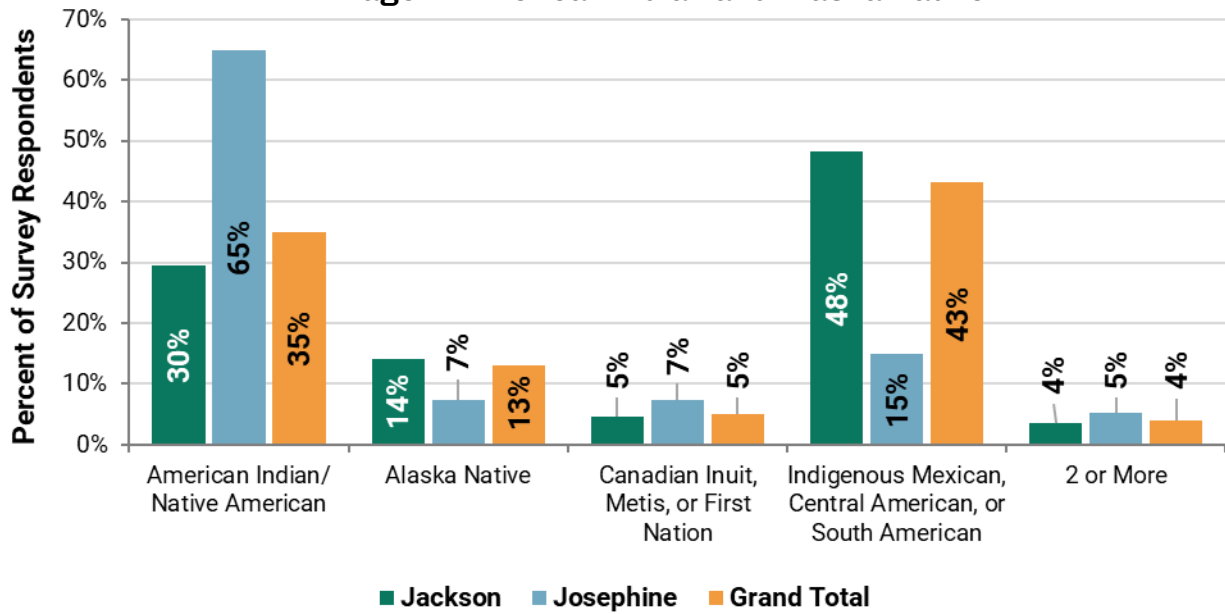
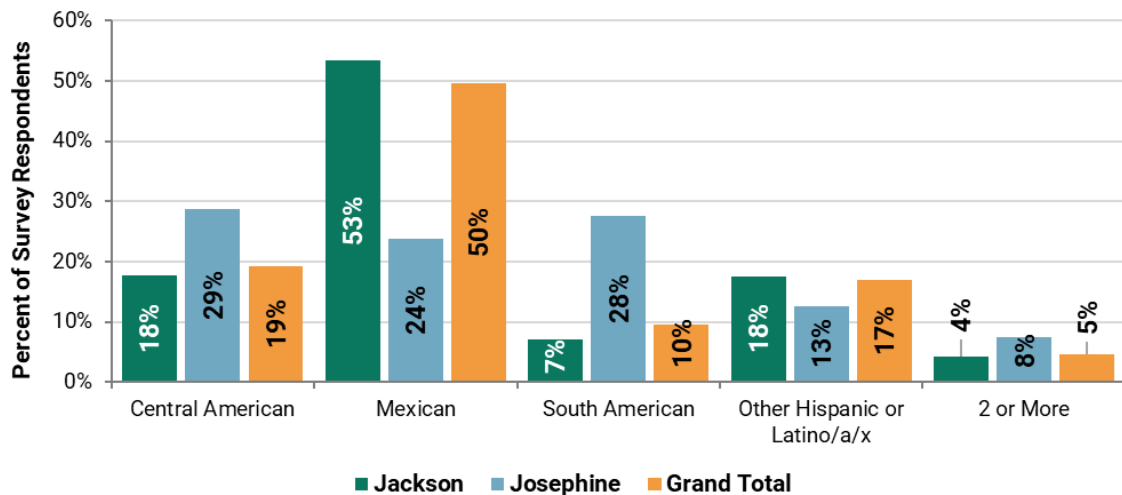
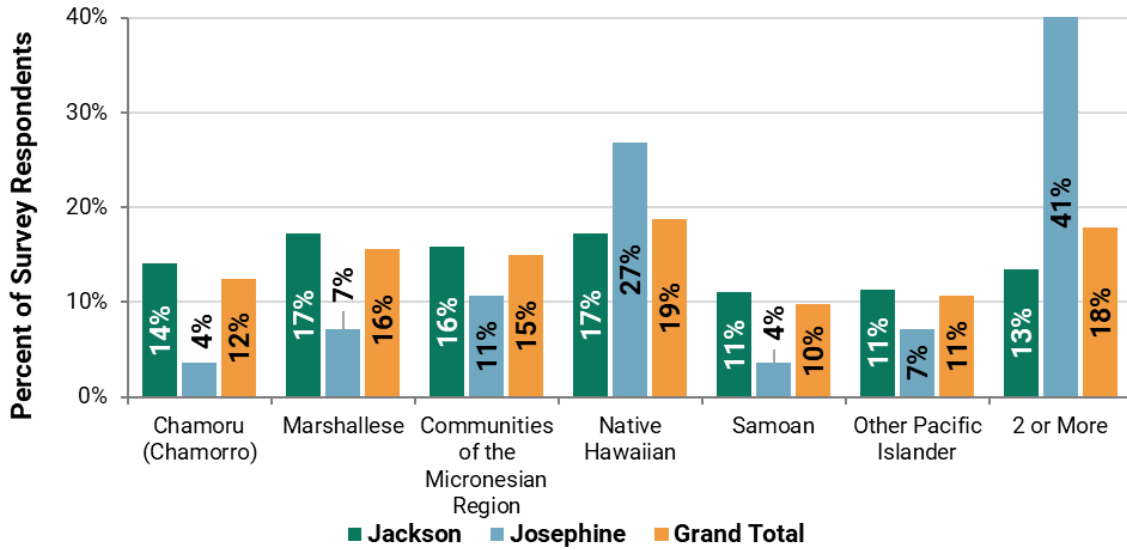


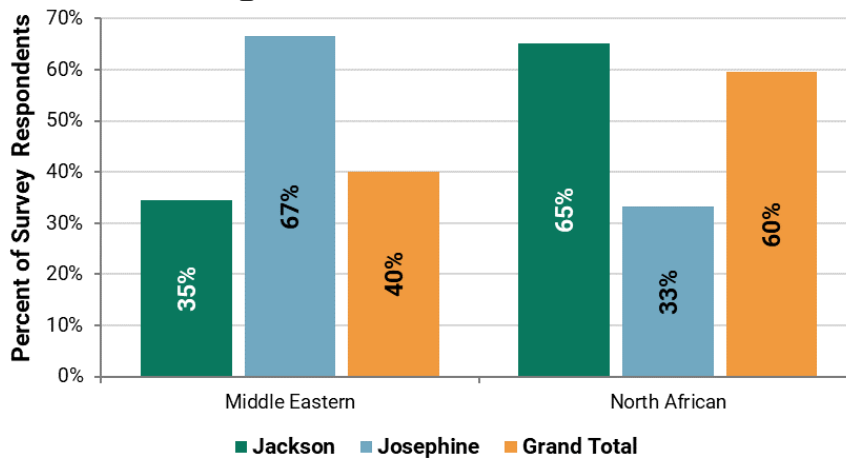
Image 2. Hispanic and Latino/a/x



**Image 3. Native Hawaiian and Pacific Islander**



**Image 4. Middle Eastern/North African**



**Image 5. Black and African American**

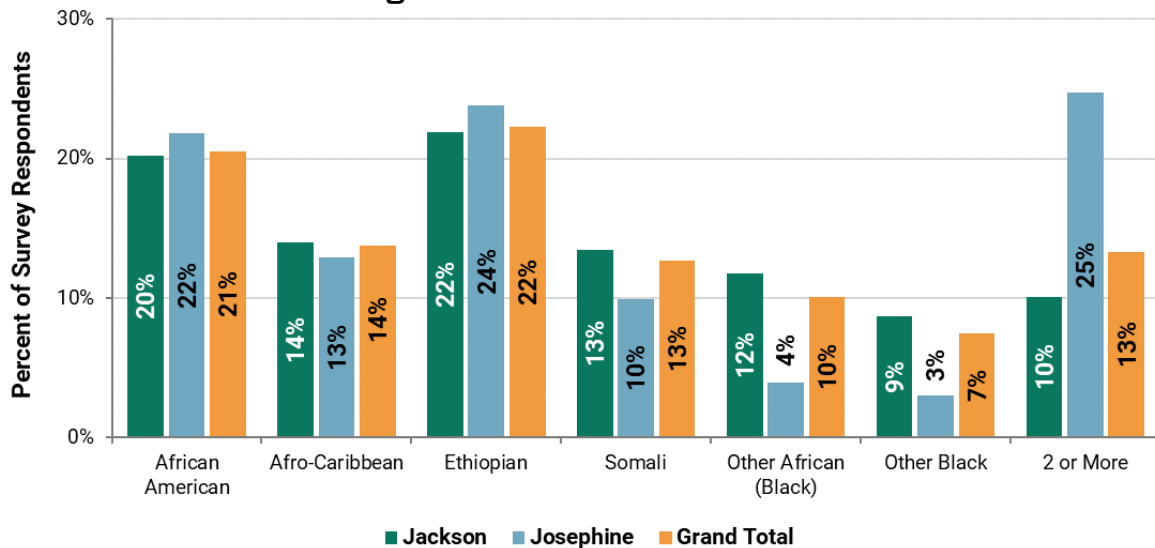
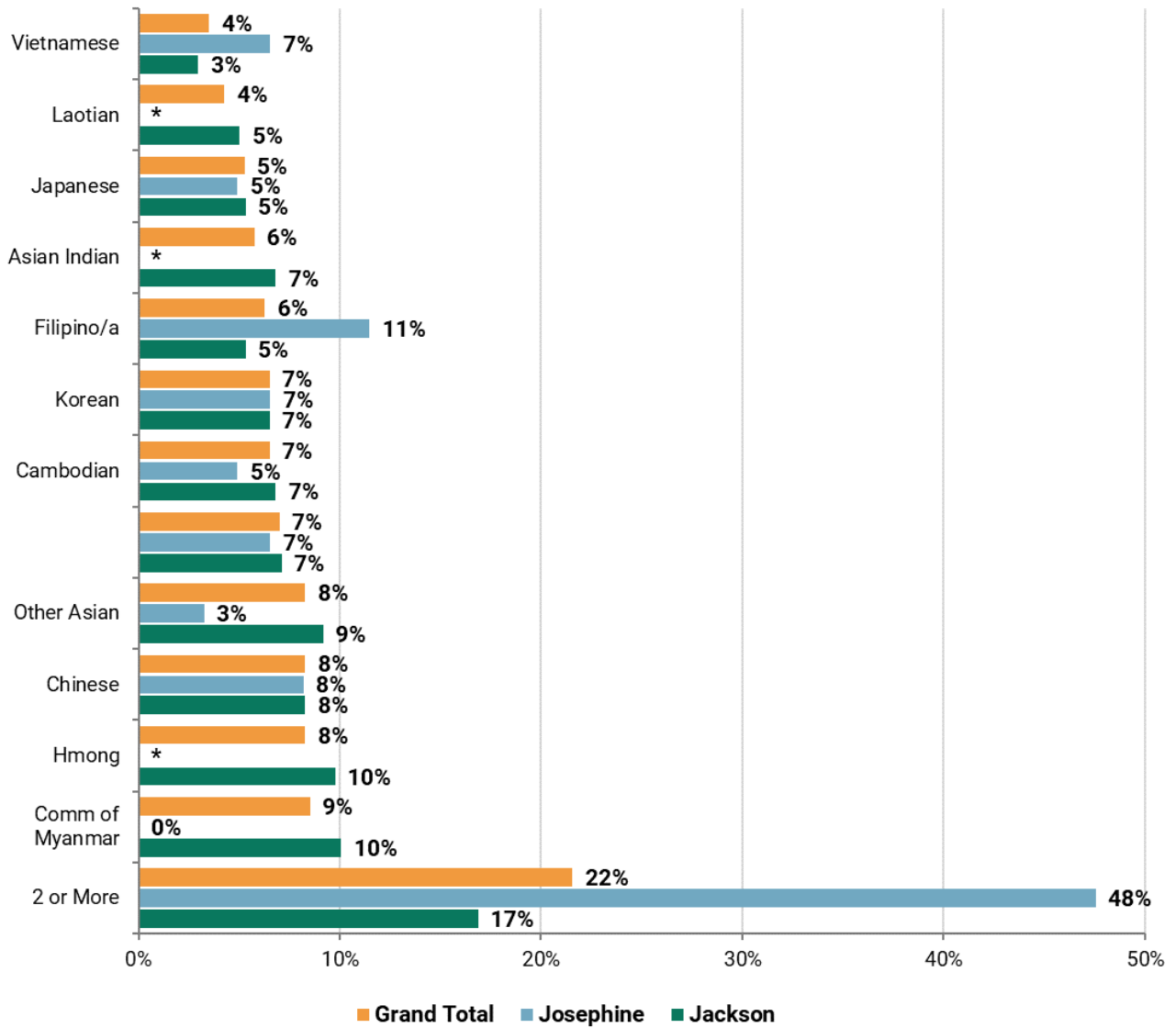
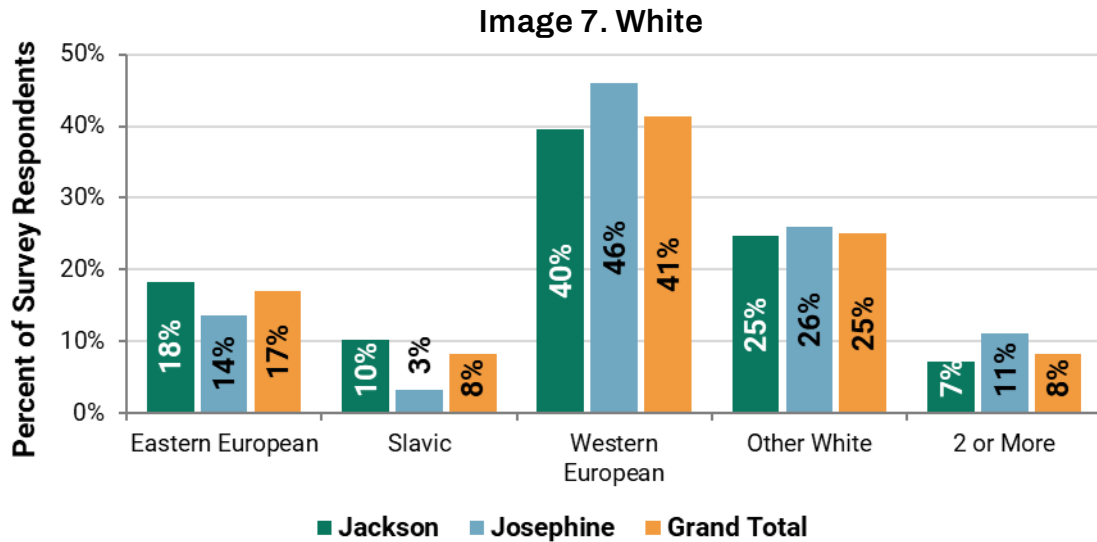


Image 6. Asian







- Within the American Indian and Alaska Native most survey respondents identified as Indigenous Mexican, Central American, or South American (**43%**) followed by American Indian/Native American. **Josephine** County had a much higher proportion of those who identified as American Indian/ Native American compared to **Jackson** County.
- Hispanic and Latino/a/x had a large proportion of those who identified as Mexican (**50%**). **Josephine** County had large proportion of survey respondents who identified as South American and Central American.
- A majority of survey respondents identified as Native Hawaiian in total. Across all subcategories, the Native Hawaiian and Pacific Islander categories were similarly represented. **Josephine** saw a high proportion of survey respondents who identified as 2 or More, and Native Hawaiian compared to **Jackson** County.
- Within the Black and African American identities most survey respondents identified as Ethiopian, (**22%**) followed by African American (**21%**). **Josephine** had a much higher proportion of survey respondents who identified as 2 or more compared to **Jackson** County.
- Among those who identified as Asian most survey respondents identified as 2 or more racial identities (**22%**). The next most common identities were Communities of Myanmar, Hmong, and Chinese. **Josephine** had a much higher proportion of survey respondents who identified as 2 or more, Filipino/a, and Vietnamese compared to **Jackson** County.
- Among Middle Eastern/North African the most common identity was North African (**60%**).
- In the White category those who identified as Western European were the most common among survey respondents (**41%**).

**Table 3. Survey Respondents Demographics Continued**

<b>Employed</b>	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
Employed	1268 (79%)	992 (81%)	276 (72%)
Unemployed	347 (21%)	239 (19%)	108 (28%)
<b>Income</b>			
\$15,000 or less	130 (8%)	85 (7%)	45 (12%)
\$15,001-\$30,000	177 (11%)	130 (11%)	47 (13%)
\$30,001-\$45,000	256 (16%)	194 (16%)	62 (17%)
\$45,001-\$75,000	395 (25%)	309 (26%)	86 (23%)
\$75,001-\$90,000	322 (20%)	253 (21%)	69 (19%)
\$90,001 or more	306 (19%)	242 (20%)	64 (17%)
<b>Housing</b>			
Own my home	1031 (65%)	799 (66%)	232 (61%)
Rent (with subsidy/assistance)	87 (5%)	64 (5%)	23 (6%)
Rent (no subsidy/assistance)	253 (16%)	196 (16%)	57 (15%)
Unhoused/homeless	24 (2%)	19 (2%)	1-5 (1%)
Unhoused (living in a vehicle)	32 (2%)	17 (1%)	15 (4%)
Hotel/motel (with assistance)	14 (1%)	11 (1%)	1-5 (1%)
Hotel/motel (emergency shelter voucher)	11 (1%)	9 (1%)	1-5 (1%)
Hotel/motel (paid by self)	11 (1%)	10 (1%)	1-5 (**)
Short-term shelter/transitional housing	31 (2%)	25 (2%)	6 (2%)
Staying/living with family member(s)	86 (5%)	55 (5%)	31 (8%)
Staying/living with friend(s)	7 (0%)	1-5 (**)	1-5 (1%)

- A majority of survey respondents were Employed (79%). **Josephine** county had a lower percentage of survey respondents who were employed compared to **Jackson** County.
- Respondents also had higher household incomes compared to county estimates.
- A majority of respondents Owned their own home at the time of the survey. A small proportion of respondents were houseless or unstably housed at the time they took the survey, which was similar to expected estimates.

Table 4 & 5. Survey Respondent City/Town and Zip code

City/Town	# (%)	Zip code	# (%)
Ashland	184 (12%)	97497	8 (1%)
Butte Falls	7 (0%)	97501	254 (17%)
Cave Junction	80 (5%)	97502	175 (12%)
Central Point	74 (5%)	97503	82 (6%)
Eagle Point	38 (3%)	97504	228 (15%)
Gold Hill	15 (1%)	97520	220 (15%)
Grants Pass	180 (12%)	97522	7 (0%)
Jacksonville	18 (1%)	97523	78 (5%)
Kerby	8 (1%)	97524	38 (3%)
Medford	615 (42%)	97525	15 (1%)
Merlin	8 (1%)	97526	96 (6%)
Murphy	3 (0%)	97527	85 (6%)
O'brien	13 (1%)	97530	34 (2%)
Phoenix	27 (2%)	97531	33 (2%)
Prospect	4 (0%)	97532	7 (0%)
Rouge River	14 (1%)	97534	14 (1%)
Ruch	2 (0%)	97535	28 (2%)
Rural	4 (0%)	97537	12 (1%)
Selma	15 (1%)	97538	13 (1%)
Shady Cove	16 (1%)	97539	16 (1%)
Sunny Valley	2 (0%)	97540	34 (2%)
Takilama	6 (0%)	97541	7 (0%)
Talent	35 (2%)		
Trail	7 (0%)		
White City	40 (3%)		
Wilderville	5 (0%)		
Williams	5 (0%)		
Wolf Creek	6 (0%)		

- Response rates were highest in the cities of **Medford, Ashland, and Grants Pass.**
- The response rates were highest in the following zip codes **97501, 97504, 97520,** and **97502** which reflect the city distribution above.

**Table 6. Survey Respondent Number of Individuals Currently Living in Household by Age Group**

<b>Household</b>	<b>Total Response</b>	<b>Jackson</b>	<b>Josephine</b>
Average Number of Children (0-17 years)	<b>1.5</b>	<b>1.4</b>	<b>1.4</b>
Average Number of Adults (18-64 years)	<b>2.4</b>	<b>2.4</b>	<b>2.4</b>
Average Number of Older Adults (65 years +)	<b>1.3</b>	<b>1.5</b>	<b>1.3</b>

- On average respondent households had more Adults 18-64 years of age compared to younger and Older household members.

**Table 7. Survey Respondent Language Spoken Mostly at Home**

<b>Language</b>	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
<b>English</b>	<b>1215 (96%)</b>	<b>903 (95%)</b>	<b>312 (98%)</b>
<b>Spanish</b>	<b>31 (2%)</b>	<b>30 (3%)</b>	<b>**</b>
<b>Other</b>	<b>7 (1%)</b>	<b>3 (**)</b>	<b>4 (1%)</b>
<b>2 or more</b>	<b>15 (1%)</b>	<b>14 (1%)</b>	<b>**</b>

*Other includes Russian, German, Italian, Korean, Samoan, & Hebrew*

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- Most respondents indicated that they only speak English in their household (**96%**), followed by Spanish (**2%**). Compared to county estimates, respondents from households speaking only English were overrepresented, while Spanish and Other language households were underrepresented.
- Those who indicated to speak 2 or more languages was primarily composed of being bilingual in English and Spanish.

**Table 8. Survey Respondent How Well do you Speak English**

<b>How Well</b>	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
<b>Very Well</b>	<b>8 (17%)</b>	<b>6 (15%)</b>	<b>1-5 (29%)</b>
<b>Well</b>	<b>15 (31%)</b>	<b>11 (27%)</b>	<b>4 (57%)</b>
<b>Not Well</b>	<b>20 (42%)</b>	<b>20 (49%)</b>	<b>**</b>
<b>Not at all</b>	<b>1-5 (4%)</b>	<b>1-5 (5%)</b>	<b>**</b>

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- A majority of respondents who did not speak English as their primary language at home indicated that they could speak English Not Well (42%).

**Table 9. Survey Respondent Disabilities**

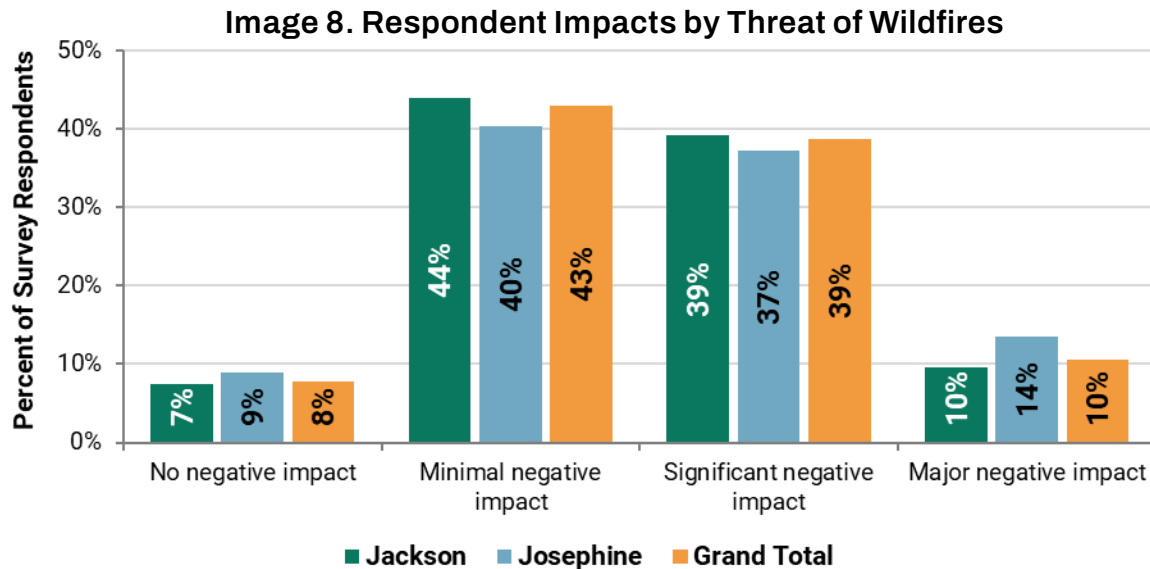
<b>Disability</b>	<b>Total Response (%)</b>	<b>Jackson (%)</b>	<b>Josephine (%)</b>
Deaf or do you have difficulty hearing	142 (10%)	92 (8%)	50 (14%)
Blind or difficulty seeing	99 (7%)	70 (6%)	29 (8%)
Difficulty walking or climbing stairs	151 (10%)	105 (10%)	46 (13%)
Difficulty concentrating, remembering or making decisions	202 (14%)	133 (12%)	69 (19%)
Dressing or bathing	104 (7%)	74 (7%)	30 (8%)
Difficulty learning how to do things most people your age can learn	97 (7%)	64 (6%)	33 (9%)
Using your usual (customary) language, do you have serious difficulty communicating	88 (6%)	58 (5%)	30 (8%)
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone	125 (9%)	82 (8%)	43 (12%)
Difficulty with mood, intense feelings, controlling your behavior, or experiencing delusions/ hallucinations	146 (10%)	96 (9%)	50 (14%)

**Table 10. Survey Respondent Age when Condition Began**

<b>Disability</b>	<b>&lt; 18 Years</b>	<b>19-40 Years</b>	<b>41-65 Years</b>	<b>65+ Years</b>
Deaf or do you have difficulty hearing	6 (12%)	11 (22%)	18 (36%)	15 (30%)
Blind or difficulty seeing	7 (54%)	1-5 (31%)	**	1-5 (15%)
Difficulty walking or climbing stairs	8 (14%)	17 (29%)	19 (33%)	14 (24%)
Difficulty concentrating, remembering or making decisions	32 (36%)	32 (36%)	17 (19%)	8 (9%)
Dressing or bathing	1-5 (8%)	12 (48%)	7 (28%)	4 (16%)
Difficulty learning how to do things most people your age can learn?	6 (27%)	9 (41%)	5 (23%)	2 (9%)
Using your usual (customary) language, do you have serious difficulty communicating	2 (18%)	6 (55%)	1-5 (9%)	2 (18%)
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone	14 (29%)	20 (41%)	7 (14%)	8 (16%)
Difficulty with mood, intense feelings, controlling your behavior, or experiencing delusions/ hallucinations	32 (53%)	21 (35%)	6 (10%)	1-5(2%)

- Among survey respondents the most common disability was Difficulty concentrating, remembering or making decisions (**14%**) with a majority of those developing this while younger in life.
- Additionally, Deaf or having difficulty hearing (**10%**) and Difficulty with mood, intense feelings, controlling your behavior, or experiencing delusions/ hallucinations (**10%**) were the next most frequent disabilities that respondents reported.
- Deaf/Hard of hearing was reported more frequently later in life **41-65** and **65+** years of age. Difficulty with mood, intense feelings, controlling your behavior, or experiencing delusions/ hallucinations was reported in a large majority to start in a very young age (**< 18 years of age**).

# Health, Quality of Life, Community Support, and Assets



- When asked to assess their sense of safety and well being and how it has been impacted by the threat of wildfires most respondents indicated that they have had Minimal negative impact. While over half of respondents indicated that they have had significant to major negative impact.
- **Josephine** County had a higher percentage of respondents to have Major Negative Impact from wildfires than **Jackson** County.

**Table 11. Survey Respondent Top Big Concern Issues**

<b>Issues</b>	<b># (%)</b>
<b>Cost of living</b>	<b>685 (42%)</b>
<b>Air quality (wildfire smoke, pollution)</b>	<b>574 (35%)</b>
<b>Affordable housing</b>	<b>479 (30%)</b>
<b>Dental/oral health</b>	<b>423 (26%)</b>
<b>Public safety</b>	<b>419 (26%)</b>
<b>Accessing health care</b>	<b>416 (26%)</b>
<b>Covid-19</b>	<b>402 (25%)</b>
<b>Mental health issues</b>	<b>400 (25%)</b>
<b>Obesity/overweight</b>	<b>377 (23%)</b>
<b>Asthma or COPD</b>	<b>370 (23%)</b>

- Respondents were asked to identify issues that they have had problems or concerns for themselves or their household. In the table above the top 10 issues that were identified as a big concern to survey respondents. The Top three biggest concerns were: Cost of living (**685, 42%**), Air quality (wildfire smoke, pollution) (**574, 35%**), and Affordable housing (**479, 30%**).



**Table 12. Survey Respondent Expenses Most Worried About Paying**

<b>Expenses</b>	<b># (%)</b>
<b>Food: (groceries)</b>	<b>564 (35%)</b>
<b>Housing: (rent or mortgage)</b>	<b>524 (32%)</b>
<b>Utilities: (electricity, water, gas, heating)</b>	<b>502 (31%)</b>
<b>Debt: (credit card debt, medical debt)</b>	<b>482 (29%)</b>
<b>Vehicle: (lease, car loan payment, car insurance, gasoline)</b>	<b>462 (28%)</b>
<b>I'm not worried about paying bills or expenses in the next month</b>	<b>443 (27%)</b>
<b>Insurance: (health insurance, disability insurance, life insurance)</b>	<b>377 (23%)</b>
<b>School tuition</b>	<b>208 (13%)</b>
<b>Childcare</b>	<b>200 (12%)</b>

- Survey respondents were asked to assess the types of expenses that they are most worried about paying in the next month. The table above shows the top expenses that respondents were most worried about affording. The top three concerns were Food: (groceries) (**564, 35%**), Housing: (rent or mortgage) (**524, 32%**), and Utilities: (electricity, water, gas, heating) (**502, 31%**).
- Survey respondents expressed diverse financial concerns in the "Other" category.
  - Health-related worries included medical bills and veterinary costs.
  - Financial stability concerns encompassed job loss fears and credit card debt challenges.
  - Financial planning matters, like tax payments and legal issues, were also highlighted.
  - Housing worries ranged from maintenance to affordability.

Table 13. Survey Respondent Barriers to Healthy Food

Barrier	# (%)
Price of healthy food	761 (47%)
Limited time for food preparation	383 (23%)
I or members of my household have no barriers to eating affordable and healthy food	346 (21%)
Distance and time to shop for healthy food	342 (21%)
Healthy foods don't last as long	341 (21%)
Availability of healthy food	338 (21%)
It is hard to change eating habits	306 (19%)
Irregular work hours	274 (17%)
Special dietary restrictions	273 (17%)
Limited cooking skills	217 (13%)
Transportation	210 (13%)
Limited knowledge about healthy eating	194 (12%)

- Survey respondents were asked to assess the barriers they have to eating affordable and Healthy food. The table above shows the most common barriers selected by respondents. Price of healthy food (**761, 47%**), Limited time for food preparation (**383, 23%**), and I or members of my household have no barriers to eating affordable and healthy food (**346, 21%**).
- Survey respondents highlighted diverse challenges to healthy eating in the "Other" category.
  - Financial barriers, including the high cost of healthy food and limited budgets, featured prominently.
  - Physical limitations, emotional and mental health issues, logistical challenges (especially for the homeless), and family dynamics were significant. Time constraints due to busy lifestyles and work-related challenges also emerged.

- Limited access to healthy options, health conditions, environmental factors, and a lack of awareness.

**Table 14. Survey Respondent Health and Social Services that were Needed and went Without**

<b>Health/Social services</b>	<b># (%)</b>
<b>Mental health services</b>	<b>368 (28%)</b>
<b>Affordable housing</b>	<b>352 (27%)</b>
<b>Health care services</b>	<b>335 (25%)</b>
<b>Exercise and physical activity opportunities</b>	<b>288 (22%)</b>
<b>Food services (e.g. food stamps, food pantries, nutrition education)</b>	<b>276 (21%)</b>
<b>Financial assistance services</b>	<b>239 (18%)</b>
<b>Services for people with disabilities</b>	<b>232 (18%)</b>
<b>Services for youth</b>	<b>224 (17%)</b>
<b>Employment services (e.g. job training readiness)</b>	<b>221 (17%)</b>
<b>Housing services (e.g. services for homelessness)</b>	<b>218 (16%)</b>
<b>Services for older adults</b>	<b>210 (16%)</b>
<b>Child care services</b>	<b>195 (15%)</b>
<b>Education support service</b>	<b>171 (13%)</b>
<b>Transportation services</b>	<b>170 (13%)</b>
<b>Substance use services</b>	<b>150 (11%)</b>
<b>Services for immigrants</b>	<b>133 (10%)</b>
<b>Services for veterans</b>	<b>118 (9%)</b>

- Survey respondents were asked to assess the health and social services that they needed but had difficulty accessing in the past 12 months. The table above shows the most needed services selected by respondents. The top 3 services needed were: Mental health services (**368, 28%**), Affordable housing (**352, 27%**), and Health care services (**335, 25%**).
- Survey respondents noted diverse challenges in unmet healthcare needs in the "Other" category.

- Financial barriers in care expenses.
- General healthcare access issues involved finding providers, extended wait times, and limited reproductive health access. Specialized care faced difficulties accessing services.

**Table 15. Topics with the Highest Disagreement Among Respondents on Quality of Life in the Community**

<b>Question</b>	<b>Disagree # (%)</b>
<b>People of all races, ethnicities, background and beliefs are treated fairly</b>	<b>461 (28%)</b>
<b>People in my community can access mental health services and substance use treatment</b>	<b>413 (25%)</b>
<b>My community has healthcare options available</b>	<b>331 (21%)</b>
<b>I feel prepared for an emergency</b>	<b>322 (20%)</b>
<b>My community is a good place to grow old</b>	<b>272 (17%)</b>
<b>Healthy food is available in my community</b>	<b>264 (16%)</b>
<b>I have enough financial resources to meet my basic needs</b>	<b>264 (16%)</b>
<b>My community is a good place to raise kids</b>	<b>236 (15%)</b>
<b>I feel safe in my home</b>	<b>204 (13%)</b>
<b>There are places to be physically active near my home</b>	<b>202 (12%)</b>

- Respondents were asked to evaluate the quality of life in the community. Most respondents were satisfied with the quality of life in the community, as a smaller portion (indicated that they were dissatisfied (*Table 14*). The top statements that respondents disagreed are listed above. The highest area where respondents disagreed with was the feelings of inclusivity of diverse backgrounds and appearances including race in their community (**28%**). The next highest area of disagreement was community members having access to mental health care/substance use services (**25%**).
- Most respondents agreed that the community had places to be physically active, a good place to raise children, and was a safe place to live.

# Health Care

Table 16. Survey Respondent Health Insurance

Status	# (%)
Insured	1426 (87%)
Uninsured	207 (13%)

- The vast majority of respondents had health insurance (87%) and this was lower than expected.

Table 17. Survey Respondent Reason for No Health Insurance

Reason	# (%)
It costs too much	78 (38%)
Immigration status	54 (26%)
Signing up for health insurance is confusing	32 (15%)
I don't know how to get or access health insurance	30 (14%)
I don't think I need insurance	29 (14%)
I am waiting to get coverage through my job	23 (14%)
Health insurance information not shared in my preferred language	11 (5%)

- The respondents who indicated that they were uninsured were asked what the main reasons were for not having any health insurance. The reasons are listed in the table above. The top three reasons: It costs too much (78, 38%), Immigration status (54, 26%), and Signing up for health insurance is confusing (32, 15%).

**Table 18. Survey Respondent Medical, Dental, Vision, Mental Health Appointment/ Treatment Needed but went Without**

<b>Needed/Went Without</b>	<b># (%)</b>
<b>All my medical, dental, vision, mental health care or substance use treatment needs were met.</b>	<b>402 (26%)</b>
<b>Dental checkup or teeth cleaning</b>	<b>378 (24%)</b>
<b>Checkup or physical exam</b>	<b>281 (18%)</b>
<b>Treatment for a mental health issue</b>	<b>263 (17%)</b>
<b>Vision check or tests</b>	<b>247 (16%)</b>
<b>Eye exam</b>	<b>246 (16%)</b>
<b>Visits about a chronic health condition (e.g. diabetes)</b>	<b>244 (16%)</b>
<b>Toothache or mouth pain</b>	<b>232 (15%)</b>
<b>Visits for an illness or injury</b>	<b>225 (14%)</b>
<b>Support for personal problem</b>	<b>210 (13%)</b>
<b>Root canal or fillings</b>	<b>141 (9%)</b>
<b>I did not need any medical, dental, vision, mental health care or substance use treatment</b>	<b>141 (9%)</b>
<b>Contact lens</b>	<b>129 (8%)</b>
<b>Counseling to quit tobacco, alcohol, or drug use</b>	<b>119 (8%)</b>
<b>Substance use counseling</b>	<b>108 (7%)</b>
<b>Substance use treatment</b>	<b>101 (6%)</b>

- Respondents were asked to evaluate if there were any medical, dental, vision, mental healthcare or substance use treatments that they needed but went without in the past 12 months. The table above shows the most needed services selected by respondents. The top 3 services needed were: All needs were met (**402, 26%**), Dental checkup or teeth cleaning (**378, 24%**), and Checkup or physical exam (**281, 18%**).
- Survey respondents identified various themes and issues when reporting unmet healthcare needs in the ‘Other’ Category.

- High costs, often due to insurance limitations and out-of-pocket expenses, were a significant barrier to receiving necessary treatments, particularly in dental care, mental health services, and comprehensive medical treatments.
- A prevalent theme was the difficulty in accessing specialized care, with stories of extended waiting times for appointments and a shortage of providers, particularly in fields like neurology, gastroenterology, and reproductive health.
- The intersection of affordability, accessibility, and the adequacy of insurance coverage underscored the multifaceted nature of unmet healthcare needs reported by the survey respondents and the need for better payment options.

**Table 19. Survey Respondent What Would Help Receive Medical, Dental, Vision, Mental Health Appointment/ Treatment**

<b>What would have helped</b>	<b># (%)</b>
<b>Shorter wait time for appointments</b>	<b>468 (31%)</b>
<b>More services in my area or community</b>	<b>409 (27%)</b>
<b>Reduced healthcare cost</b>	<b>378 (25%)</b>
<b>I got all the health care I needed</b>	<b>375 (25%)</b>
<b>Local therapists/ counselors or health care providers who accept my insurance</b>	<b>346 (23%)</b>
<b>Evening or weekend appointments</b>	<b>278 (18%)</b>
<b>More supportive health care providers and office staff</b>	<b>257 (17%)</b>
<b>More health care providers who understand my culture, lifestyle, identity and/or language</b>	<b>238 (16%)</b>
<b>Better information on where to get services</b>	<b>220 (14%)</b>
<b>Paid time off from work for appointments</b>	<b>199 (13%)</b>
<b>Health care insurance</b>	<b>198 (13%)</b>
<b>Virtual appointments</b>	<b>171 (11%)</b>
<b>Transportation</b>	<b>154 (10%)</b>
<b>Support with my immigration status</b>	<b>149 (10%)</b>
<b>Childcare</b>	<b>135 (9%)</b>

- Respondents were asked to evaluate what would have helped receive medical, dental, vision, mental healthcare or substance use treatments that they needed but went without in the past 12 months. The table above shows the most needed services selected by respondents. The top 3 services needed were: Shorter wait time for appointments (**468, 31%**), More services in my area or community (**409, 27%**), and Reduced healthcare cost (**378, 25%**).
- Survey respondents identified several key themes and issues in the "other" category regarding the barriers to accessing necessary medical, dental, vision, mental healthcare, and substance use treatments in the past 12 months.
  - Accessibility and accommodations, such as tailored options for individuals with physical disabilities.
  - Provider availability and diversity were highlighted, with a call for more local healthcare providers and diverse therapists.
  - Affordability issues encompassed the desire for lower premiums, subsidized/free vision insurance, and reduced dental costs.

**Table 20. Survey Respondents who had health Appointment in Preferred Language**

<b>Appointment language</b>	<b># (%)</b>
<b>Not preferred</b>	<b>152 (9%)</b>
<b>Preferred</b>	<b>1542 (91%)</b>

- Respondents were asked if their medical, dental or mental health appointments were conducted in their preferred language. About 10% of respondents indicated that they did not have their preferred language while receiving care.



**Table 21. Who Provided Health Information in Preferred Language.**

<b>Who Provided Information</b>	<b># (%)</b>
<b>Health care provider</b>	<b>1167 (65%)</b>
<b>Family</b>	<b>231 (13%)</b>
<b>Trained interpreter</b>	<b>214 (12%)</b>
<b>Friend</b>	<b>128 (7%)</b>
<b>Other</b>	<b>42 (2%)</b>

- The respondents who indicated that they did not have their appointment in their preferred language were asked who provided the information in their preferred language. A majority of respondents indicated that a Health care provider (**65%**) provided the information in a preferred language. Family members (**13%**) were the second most common to provide health information in preferred language.

## Short Answer

In analyzing the short-answer responses where respondents were asked to share anything regarding health and wellness for themselves or in the community, several key themes and issues emerged:

1. **Physician/Practitioner Shortage:** Concerns about the scarcity of healthcare professionals affecting accessibility.
2. **Mental Health & Provider Shortage:** Highlighting the need for more mental health services and providers.
3. **Access to Care:** Encompassing affordability, the cost of living, and accessibility to healthy food.
4. **Affordable Healthcare:** Expressing worries about the cost of healthcare services.
5. **Community Building:** A desire for initiatives fostering community well-being and support.

## Summary

In summary, this study served to identify the key health issues of interest in Jackson and Josephine County along with measuring various aspects of quality of life and healthcare access locally. Overall, the community agreed that the health was generally good. With a large portion feeling that the health and inclusivity of the community was not shared by all. Quality of life was considered high in the community, but some sectors, especially living cost and housing affordability, indicated a high level of dissatisfaction among many survey respondents. Healthcare continues to be in high demand and many community members were not able to get all the care that they needed. Lack of providers, timely/convenient appointments, cost, and healthcare plan coverage continue to be barriers to care. Along with that a large need for more mental health providers and treatments were lacking in the community. Many respondents also voiced the concern of a lack of community; meaning that public transportation, community centers, and support were missing from respondent's lives. This information, along with other local data, will be used to inform the CHIP and CCO initiatives going forward.