2023

Community Health Assessment
Jackson and Josephine Counties

ALL IN FOR HEALTH
JACKSON & JOSEPHINE COUNTIES
A healthy community is everyone's business

From Top to Bottom:

Lone Pine Park
Courtesy of City of Medford

Medford Multicultural Fair
Courtesy of So Health-E

Medford Pride
Courtesy of So Health-E

Rogue River
Courtesy of Josephine County

Greenway
Courtesy of So Health-E

Contents

All in For Health Partnership

All in For Health is a partnership between the Coordinated Care Organizations that serve Jackson and Josephine county community members, and the counties respective Public Health departments. The four core organizations provide the funding, staff, and other necessary resources to complete the CHA and CHIP on a 5-year cycle. The organizations are as follows:

The partnership is further supported by several community partners and members. Staff from partner organizations sit on, as well as chair and co-chair, the Steering Committee, CHIP Networking Groups, CHIP Action Teams, and subcommittees as needed. All in For Health is grateful to the following organizations for their contribution and insights to the partnership:

- Asante
- Providence
- La Clinica
- Rogue Community Health
- Options for Southern Oregon
- Kairos
- SO Health-E
- Hearts with a Mission
- Jackson County Community Long Term Recovery Group
- Rogue Retreat
- Addictions Recovery Center
- Health Care Coalition of Southern Oregon
- Cow Creek Band of Umpqua Tribe of Indians
- The Children's Museum of Southern Oregon
- Rogue Community College
- Rogue Valley Mentoring
- Rogue Valley Food System Network
- Rogue Valley Council of Governments
- Southern Oregon Education Service District
- Illinois Valley Community Development Organization

Executive Summary

Every five years, the All in for Health (AIFH) in partnership with local health professionals and community organizations, come together to describe and understand the health of the community of Southern Oregon by conducting a Community Health Assessment (CHA). The CHA gathers data from various reliable sources to identify local strengths and the most pressing health challenges using an evidence-based framework. This information is then used to create a Community Health Improvement Plan (CHIP), which focuses efforts on key priority areas, turning data into action.

The priority areas for the previous CHIP were:

- Behavioral health (including mental health and substance use)
- Housing
- Parenting Support & Life Skills
- Health Equity

The CHA is the result of the efforts and input of many community members who came together in 2023 to assess and ultimately aim to improve local health. More than 1700 people participated in this CHA. Community voices were incorporated into the CHA along with health statistics and other assessment data to identify key priority areas to work on over the next five years in the new CHIP.

To advance the vision of AIFH and create a healthy community for Jackson and Josephine counties, AIFH undertook a collaborative community health assessment (CHA). Many of AIFH partners have state, federal, or accreditation requirements as stated below:

- Section 501(r) of the Internal Revenue Service Code was added in 2012 by the 2010 enactment of the Affordable Care Act and requires tax-exempt 501(c)(3) organizations that operate one or more hospital facility to conduct a community health needs assessment (CHNA) at least once every 3 years.
- The Oregon Health Authority requires Coordinated Care Organizations (CCO) to create a CHIP every 5 years. The CHIP is derived from the most recent CHA.
- Community Mental Health Programs (CMHP) are required to have a Biennial Implementation Plan (BIP) informed by this CHA
- Department of Health and Human Services – Health Resources and Services Administration (HRSA) requires Federally Qualified Health Centers (FQHC) to complete Form 9: Need for Assistance Worksheet every 3 years which makes use of the most recent CHA.

This 2023 CHA for Jackson and Josephine counties aims to meet the requirements of partners as well as develop a shared understanding of community health in order to guide collaborative community health improvement efforts.

Introduction

In December 2023, AIFH initiated a new MAPP (Mobilizing for Action through Planning and Partnerships) cycle aimed at evaluating and enhancing the community's health. MAPP, a versatile and evidence-based framework developed by the National Association of County and City Health Officials (NACCHO), guides this process. Each community employing MAPP conducts a comprehensive Community Health Assessment (CHA) employing diverse data collection methods to gain insights into local health determinants. The gathered information serves to pinpoint key priority areas, known as Strategic Issues, which are addressed in the Community Health Improvement Plan (CHIP) spanning a five-year timeframe.

The CHA intends to include as much information about the community as we can, but it doesn't include every single detail about the community. Instead, it carefully chooses specific measures that best show what's happening with the community's health.

Approach and Methods

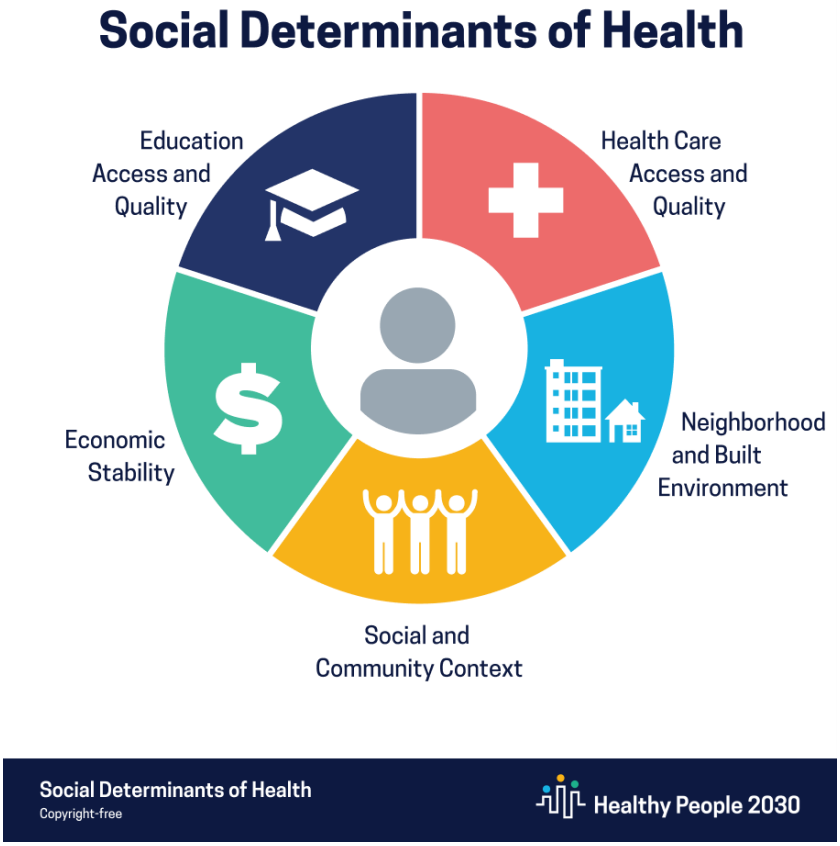
The following section describes the frameworks used to guide the assessment process, as well as how data for the assessment were collected.

Social Determinants of Health Framework

It is important to recognize that multiple factors have an impact on health, and that there is a dynamic relationship between community members and our lived environments. The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors are influenced by more upstream factors, such as employment opportunities and housing.

The World Health Organization further defines the social determinants of health as "the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources." Social determinants of health can affect individual and community health directly and indirectly, including influence on health promoting behaviors. Policies and other interventions influence the availability of these determinants and how they are distributed among different social groups, including those groups defined by socioeconomic status, race and ethnicity, gender identity, sexual orientation, disability status, and geographic location.

The inequitable distribution of social determinants contributes to health inequities. A stronger understanding of how local societal conditions, health behaviors, and access to health care affect health outcomes in the community can increase awareness and understanding of what is needed to move toward health equity.



Health Equity Statement

Health equity means everyone has the opportunity to attain their highest level of health, regardless of their background or social circumstances. Each member of our community has different health needs which require different health solutions. It's about fairness in health, ensuring that all individuals have equal access to resources and opportunities that contribute to well-being. Achieving health equity is crucial for community health because disparities in health outcomes often stem from social determinants such as income, education, and access to healthcare. Addressing social determinants is a key strategy in promoting health equity.

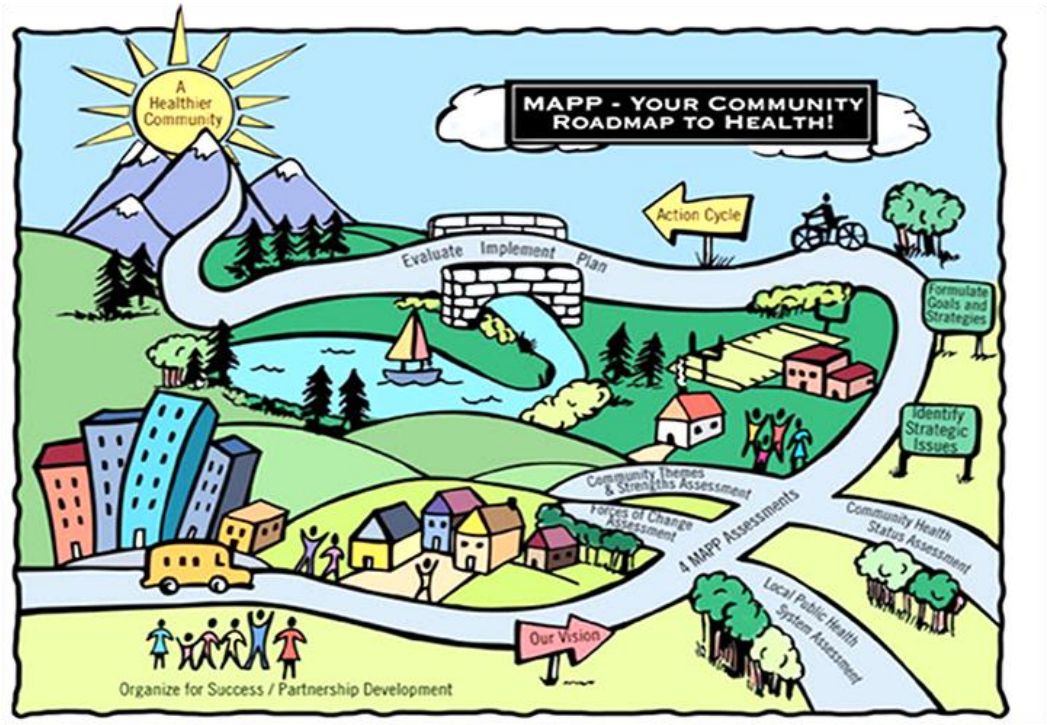
Efforts to better implement health equity focus on policies and interventions that target these underlying social factors. This involves creating environments that support healthy choices, improving access to quality healthcare, and addressing social and economic inequalities. By prioritizing health equity and considering social determinants, we aim to create a fairer and healthier community where everyone has the opportunity to lead a fulfilling and healthy life.

The main aim of conducting a CHA is to promote health equity right here in our community. By focusing on our local area, we aim to ensure that everyone, regardless of their background or circumstances, has a fair chance to be healthy. AIFH is guided by a commitment to equity, making it a core value in our efforts to understand and improve the health of our community. Through the CHA, we have worked towards identifying and addressing the specific needs and challenges that different groups in our local population may face, ultimately striving for a more equitable and healthier community for all. Of course, this is only doable due to the community participation and voices.

Health Equity – *"Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: The equitable distribution or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices." - Oregon Health Authority*

Local MAPP

The Local MAPP Process As mentioned above, MAPP is a collaborative strategic planning tool for improving the health of a community. MAPP is composed of six phases, illustrated below; however, MAPP is an ongoing effort with no true end point.



(Courtesy of the National Association of City and Community Health Officials (NACCHO))

The Six Phases of MAPP

1. Organize for Success/Partnership Development
2. Visioning
3. Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies to Address Issues 6. Action Cycle

All in for Health: Organizing & Visioning

Jackson and Josephine counties began MAPP by building a diverse partnership from various health sector areas to ensure adequate representation and input into the process. This included the formation of the Core Group and Steering Committee, which served two separate and distinct roles. Additionally, four subcommittees were created for each of the community assessments.

Core Team

The Core Group was made up of staff from Jackson County Health & Human Services, Josephine County Public Health, and the local CCO Jackson Care Connect & Allcare Health. This group was primarily concerned with the planning and managing of the MAPP process, which included creating agendas, gathering/reviewing data, and broadly coordinating efforts to complete the Community Health Assessment.

Steering Committee

The Steering Committee provided direction and guidance for the MAPP process. It was comprised of members from local public health, CCOs, hospitals, academia, community-based organizations, and local authorities. This group was responsible for providing input to the assessments and creating the vision and values for the MAPP process.

Subcommittees

The Subcommittees included Equity, Data, Lived Experience, and Community Engagement. They provided direction and guidance for the MAPP processes and data collection tools. These subcommittees had members from community members, local public health, CCOs, hospitals, academia, community-based organizations, and local authorities. They had a direct impact on the creation of the survey, focus group & key informant questionnaire, and the implementation of MAPP processes.

Vision

Our communities are healthy, inclusive, engaged, and empowered. Everyone lives in an environment that supports health and has access to the resources they need for well-being.

Values

Equity. Committing to tackling root causes of inequity to ensure health and well-being are within everyone's reach.

Inclusive community voice. Engaging diverse populations and perspectives to keep community voice central throughout our process.

Collaboration. Working together respectfully to seek common ground and build meaningful partnerships for the benefit of the community.

Accountability. Meeting responsibilities to partners and the community by acting with transparency and integrity.

Communication. Communicating openly, honestly, and respectfully with partners and the public.

Data Collection and Analysis Methods

To better understand the health of Jackson and Josephine counties, the following data collection methods were used.

- Community Survey
- Focus Groups
- Key Informants
- Review of secondary data

Please see the Supporting Assessments section for more details on the CHA data collection process and findings.

Selected focus groups and key informant interview participants were determined based on the population of interest. The Core team, Subcommittees, and Steering Committee collectively identified and prioritized nearly 100 populations for data collection, with the top 30 choices determined through committee ranking votes. All 30 groups that were identified were included in the CHA data collection.

Limitations

As with all assessment efforts, there are some information gaps related to the assessment methods that should be acknowledged. First, for quantitative (secondary) data sources, most data could not be provided at geographic levels smaller than county due to the small population size in the region. Similarly, there were limited data available stratified by subgroup (age, race/ethnicity) for the area. It should be noted that while comparisons are made between geographies and demographic groups, these do not reflect tests of statistical significance.

While examining data across multiple time points provides important information about health patterns over time, there were some indicators for which data may not have been available for the same geographic unit across multiple time points. There were also a few indicators that changed slightly since previous assessments. Accordingly, direct comparisons across time points should be interpreted conservatively or with caution.

Efforts were made throughout this assessment to engage and limit barriers to participation for underrepresented groups in focus groups, key informants, and surveys, such as producing community messages/surveys in both English and Spanish, however, not every group was reached. People who experience health disparities might face time constraints or other barriers to participation. Therefore, the health concerns identified might not necessarily be the concerns of these communities. Additionally, to participate in the community survey required an internet connection, which is not available to everyone. While this report strived to use the most reliable, valid, and up-to-date data available; it is important to acknowledge these limitations and seek to address them in future studies.

Next Steps

In 2024, we will choose priority areas for the Community Health Improvement Plan (CHIP) based on the essential health discoveries from the Community Health Assessment (CHA). The community will then work on creating strategies, goals, and objectives to tackle these identified issues. While there's no set limit to the number of strategies a community can adopt, practical constraints mean we'll need to prioritize them. The process of developing the CHIP will kick off in early 2024, and we anticipate publishing the finalized plan later in the year.

How This Assessment Can Be Used

The 2023 Community Health Assessment of Jackson and Josephine counties serves multiple purposes for a variety of audiences. Among these purposes, the assessment enables AIFH and its partners to:

- Explore current health status and SDOH, health priorities, and new and emerging concerns among Jackson and Josephine County community members and service providers
- Hear individual and group voices to provide a deeper understanding of the “why” and “how” of current and emerging health issues
- Identify assets and resources as well as gaps and needs in services to help partners set funding and programming priorities
- Fulfill the community health needs assessment requirements for Jackson and Josephine County Public Health Departments, and CCO’s
- Use the data gathered to engage AIFH members, partners, and the community in the community health improvement process.

Jackson and Josephine Counties

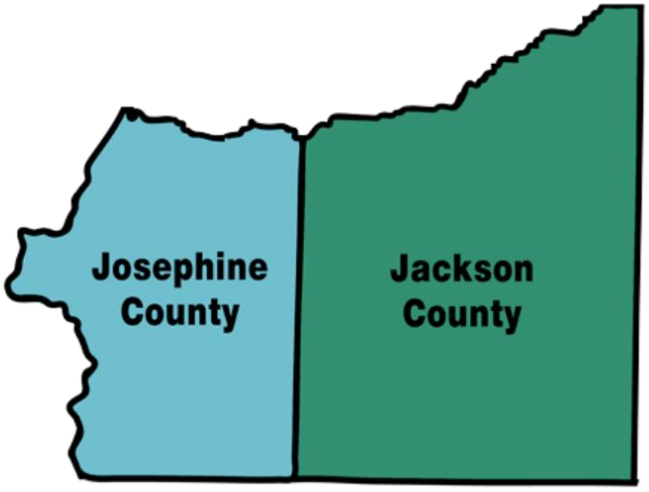
Jackson and Josephine counties are located in southwestern Oregon, along the northern border of California. The two counties cover a total land area of over 4,420 square miles and are home to an estimated total population of 309,374 (2023). Jackson is the 6th and Josephine is the 13th largest county in Oregon. Interstate 5 runs through both counties and the larger population centers of the region all lie along its corridor.

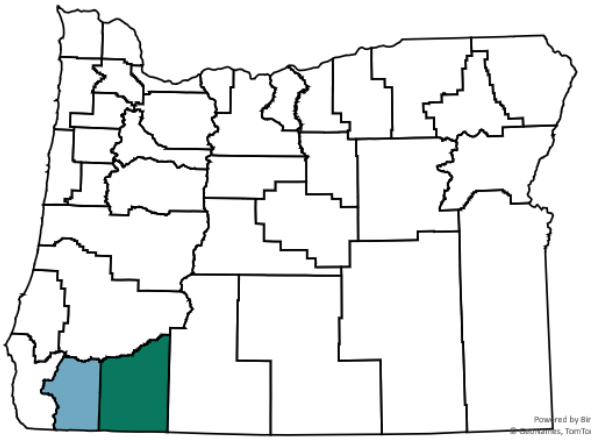
In Southern Oregon, Jackson and Josephine counties are characterized by rolling hills, dense forests, and the imposing Siskiyou Mountains. The region is intersected by the meandering Rogue River, offering a haven for outdoor enthusiasts. The landscape, marked by winding roads and diverse ecosystems, invites exploration, making it a distinctive part of Southern Oregon.

The two counties have a tradition of working together and sharing many resources, such as higher education services, a council of governments, and an Early Learning HUB. Several healthcare organizations provide services within both counties.

The 2023 Community Health Assessment of Jackson and Josephine counties also revealed that the two counties share the same top health issues and concerns, which supports taking a regional approach to health improvement planning.

For more information on both counites demographic characteristics please see *





AIFH Land Acknowledgment Statement

All in for Health acknowledges that Jackson and Josephine Counites are located within the traditional lands of the Cow Creek Band of Umpqua Tribe of Indians, and the Modoc Nation; as well as the Shasta, Takelma, and Latgawa people, whose descendants are now identified as members of the Confederated Tribes of Siletz Indians and the Confederated Tribes of Grand Ronde. These Tribes were displaced during rapid Euro-American colonization, the Gold Rush, and armed conflict between 1851 and 1856.

We recognize the pre-existing and continued sovereignty of the Tribes and thank them for continuing to share their indigenous knowledge and perspective on how we might work together to manage and care for these shared resources sustainably, with mutually beneficial outcomes.[124]

We commit to engaging in a respectful, meaningful, and successful partnership as we explore shared stewardship of these lands and increase the community's health together. Tribal support throughout the CHA process helped AIFH achieve our goals in understanding health and wellness for our community.

More about Southern Oregon Tribal Groups[123]:

- Confederated Tribe of Siletz Indians: **https://www.ctsi.nsn.us/**
- Confederated Tribes of Grand Ronde: **https://www.grandronde.org/**
- Cow Creek Band of the Umpqua Tribe of Indians: **https://www.cowcreek-nsn.gov/**
- Modoc Nation: **https://modocnation.com/**
- Interactive Land Map: **https://native-land.ca/**

Original Inhabitants of the Area that is now Oregon

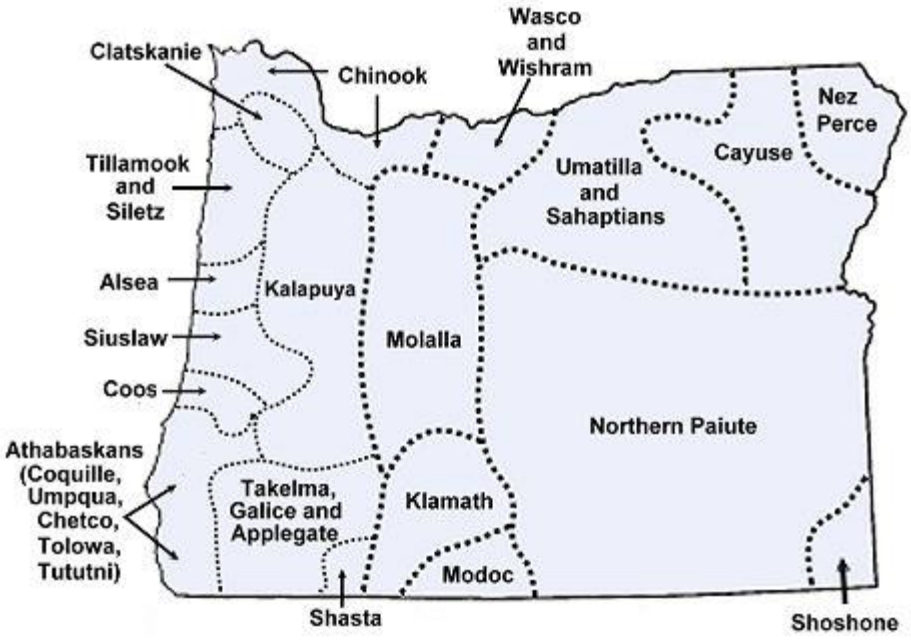


Image From: Oregon Indian Tribes and Languages, https://www.native-languages.org/oregon.htm

Supporting Assessments

Cave Junction
Courtesy of Illinois Valley Community Development Organization

Supporting Assessments

Introduction

This assessment sought to determine what's important to the community with regard to health, quality of life, and assets that are available to improve health.

To capture the voice of the community across Jackson and Josephine counties several data collection projects were initiated by All in for Health which include:

- A community-wide online and paper survey was disseminated which engaged **1,634** community members.
- 12 focus groups* which engaged 94 community members and the 20 key informants[A] interviews conducted by the Southern Oregon University Research Center (SOURCE).
- 5 focus groups which engaged 33 community members and the 5 key informant interviews that was conducted by Sparrow Strategy.

The discussions were recorded, and survey data was analyzed for themes to inform the selection of the CHIP priority areas.

***Focus Group:** *A focus group is a small gathering of 6 to 10 people who talk about a specific topic with a leader called a moderator. This leader guides the conversation using a set of questions. The goal is to learn more about what people think and feel about things like health programs or services. The discussion usually lasts 1 to 2 hours. Researchers watch or record the conversation to understand what people say and how they act. Afterward, they study the information to find common ideas and opinions. Focus groups help us get a better understanding of what the community thinks and feels about different health issues or programs.*

[A]Key Informant: *A key informant interview is a one-on-one talk between a researcher and someone who knows a lot about a specific topic. This expert, called the key informant, shares valuable insights and information based on their experience. Unlike group discussions, these interviews focus on getting detailed information from one person. They are useful in public health and epidemiology to gather expert opinions on health issues, programs, or communities. The researcher asks prepared questions to learn from the key informant's unique perspective, gaining a deeper understanding of the subject.*

For full reports on the findings from each supporting assessment, please visit the All in for Health website: www.allin4health.org

Community Health Survey

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' perceptions of the community, top health concerns, and barriers to accessing health and social services.

The survey was developed by SOURCE in collaboration with the AIFH CHA Core Team and used both Likert-type scales, multiple choice, and open-ended response questions. 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.

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 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 Behavriol 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:** concerns about community health regarding wildfires and poor air quality due to 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.

The health behaviors in order most affecting the community are:

- **COVID-19**
- **Behavioral 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).

Table 1. Survey Respondents

Responses	Total Response (%)	Jackson (%)	Josephine (%)
Total	1634 (100%)	1244 (76%)	390 (24%)
Survey Language			
English	1582 (97%)	1197 (96%)	385 (97%)
Spanish	52 (3%)	47 (4%)	1-5 (3%)

Table 2. Survey Respondents Demographics

Employeed	Total Response (%)	Jackson (%)	Josephine (%)
Employed	1268 (79%)	992 (81%)	276 (72%)
Unemployed	347 (21%)	239 (19%)	108 (28%)
Income			
$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%)
Housing			
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%)

- 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 majority of survey respondents were Employed (**79**%). **Josephine** County had a lower percentage of survey respondents who were employed.
- 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 3. Survey Respondents Demographics Continued

Educational Achievement	Total Response (%)	Jackson (%)	Josephine (%)
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%)
Sexual Orientation			
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%)
Gender			
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*

- 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 4. Survey Respondents Demographics Continued

Race	Total Response (%)	Jackson (%)	Josephine (%)
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%)
Age			
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%)

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

- Most survey respondents identified as White (**46**%), which was much lower than county estimates.
- Respondents who identified as Other or Multiracial (**43**%) was higher than local estimates. American Indian and Alaska Native was higher than expected. however, compared to county estimates there was a smaller proportion who identified as Asian, African American/Black or Native Hawaiian/Pacific Islander. Additionally, most respondents identified as Non-Hispanic or Non-Latino/a/x (**7**%) and this was lower than expected. It should be noted that these only indicates for 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.

Table 5 & 6. Survey Respondent City/Town and Zip code

City/Town	# (%)
Ashland	184 (12%)
Butte Falls	7 (0%)
Cave Junction	80 (5%)
Central Point	74 (5%)
Eagle Point	38 (3%)
Gold Hill	15 (1%)
Grants Pass	180 (12%)
Jacksonville	18 (1%)
Kerby	8 (1%)
Medford	615 (42%)
Merlin	8 (1%)
Murphy	3 (0%)
O'brien	13 (1%)
Phoenix	27 (2%)
Prospect	4 (0%)
Rouge River	14 (1%)
Ruch	2 (0%)
Rural	4 (0%)
Selma	15 (1%)
Shady Cove	16 (1%)
Sunny Valley	2 (0%)
Takilama	6 (0%)
Talent	35 (2%)
Trail	7 (0%)
White City	40 (3%)
Wilderville	5 (0%)
Williams	5 (0%)
Wolf Creek	6 (0%)

Zip code	# (%)
97497	8 (1%)
97501	254 (17%)
97502	175 (12%)
97503	82 (6%)
97504	228 (15%)
97520	220 (15%)
97522	7 (0%)
97523	78 (5%)
97524	38 (3%)
97525	15 (1%)
97526	96 (6%)
97527	85 (6%)
97530	34 (2%)
97531	33 (2%)
97532	7 (0%)
97534	14 (1%)
97535	28 (2%)
97537	12 (1%)
97538	13 (1%)
97539	16 (1%)
97540	34 (2%)
97541	7 (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 7. Survey Respondent Disabilities

Disability	< 18 Years	19-40 Years	41-65 Years	65+ Years
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.

Table 8. Survey Respondent Age when Condition Began

Disability	< 18 Years	19-40 Years	41-65 Years	65+ Years
Deaf or do you have difficulty hearing	6 (12%)	11 (22%)	18 (36%)	15 (30%)
Blind or difficulty seeing	7 (54%)	4 (31%)	0 (0%)	2 (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	2 (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 (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 (2%)

- 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**).

Table 9. Survey Respondent Language Spoken Mostly at Home

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

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

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

- 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.

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.

For full reports on the findings from each supporting assessment, please visit the All in for Health website: www.allin4health.org

SOURCE Focus Group and Interview Data And Analysis

Southern Oregon University Research Center

This Community Health Assessment (CHA) research was conducted by an interdisciplinary team from the Southern Oregon University Research Center (SOURCE). The team consisted of Dr. Eva Skuratowicz, SOURCE director and sociologist; Dr. Katherine Fox, assistant professor of anthropology and healthcare administration, and medical anthropologist; Dr. Larry Gibbs, associate professor of sociology and healthcare administration, and demographer; and Dr. Trish Styer, assistant professor of business administration and healthcare administration, and data scientist. The research team also included student research assistants Zoe Bull, Brooke Carlton, Jordyn Kern, Milagros Morales, Lizbeth Parra, Susanna Perillat, Clark Serra, Katie Sheely, and Sophia Tribelhorn.

In this brief overview of our research, we present the overall themes found after a comprehensive analysis of the 12 focus groups and the 20 key informant interviews that we conducted. In addition, we explain the methodologies used to generate and analyze the findings from those sources of data. For a complete report that includes specific information from each focus group and interview, the ways in which the various focus groups and interview respondents were recruited by members of the CHA subcommittees, and the focus group and interview questions, please go to www.allin4health.org.

OVERALL THEMES

There were several overall themes that emerged from our analysis of the focus groups and the key informant interviews.

Discrimination

People of color, those whose primary language is not English (including those whose primary language is American Sign Language), people living with disabilities, those with substance use disorders, and people experiencing mental health issues reported both overt and covert discrimination from their healthcare providers. This differential treatment has led to distrust and fear, as well as a feeling of hopelessness. Attention and resources should be committed to efforts to directly address the interactions between these groups of people and medical staff.

Understaffing, Lack of Providers, and Wait Times

The pervasive problems of medical staffing in Jackson and Josephine Counties affect all residents. However, the populations represented by our focus groups and key informants are already more vulnerable to issues with continuity of care. This is only exacerbated by the post-COVID reduction of healthcare and mental healthcare workers in the valley.

Transportation

For those people who are elderly or live in more rural areas, transportation to healthcare appointments and services can be very challenging. While many did report that they knew of or had used medical transportation services, they also noted that those services were very limited. Participants could not always meet eligibility requirements or obtain transportation from the services when they needed them.

Hard to Find Information and Resources

This theme was omnipresent across all geographic areas, ages, racial/ethnic groups, income levels, education levels, and other categories. At minimum, participants expressed that health and social services were difficult to navigate, that it took many

steps and phone calls to get answers to questions, and it was exhausting and time consuming to find information. Some groups need more sensitive information; for example, they need to be able to find providers who are truly “queer-friendly”, or who have experience working with diverse cultures. This information was nonexistent outside of word-of-mouth recommendations. For those who were not plugged into a thriving social network, this was an impossible task. Even key informants who spoke on behalf of social service organizations frequently commented that it was difficult to know where to refer people or to find out what other organizations were doing. The lack of local data and information is a problem not just for individual community members, but for institutions and public health more broadly.

Housing

Participants in every modality referred to the often insurmountable cost of the local housing market and the lack of available housing.

Universal Healthcare

Almost all the focus group participants had OHP or Medicare. Those few who did not wished for a universal healthcare system that would alleviate the stresses around insurance coverage and medical bills.

Cost of Daily Living

Most of the focus groups included discussion of the rising costs of daily life, particularly surrounding recent inflation of food prices. Food assistance, and raising the income limits to receive such assistance, would be helpful to many. Gas prices and transportation costs were another key concern, and many participants have changed their activities in order to save money.

METHODOLOGY

The SOURCE team was tasked with constructing the survey questionnaire, focus group guide, photovoice group guide, and interview protocol for the Jackson and Josephine Counties CHA. Dr. Gibbs and Dr. Styer concentrated on the survey questionnaire while Dr. Fox and Dr. Skuratowicz worked on the focus group guide, photovoice guide, and interview protocol. All instruments were reviewed by the CHA committees. The survey included validated questions from other health assessment instruments. SOURCE administered the focus groups, photovoice groups and the interviews, and analyzed the resulting data. Jackson County Public Health administered the survey and analyzed the resulting data. It is important to note that focus group(s) conducted by a private consultant that are described in another section of this CHA report were not done in conjunction with SOURCE.

Priority Populations

Below is a table of the 19 priority populations of interest identified by the All in For Health (AIFH) Steering Committee and CHA subcommittees and how data were gathered from those groups. There are three ways in which the SOURCE team gathered data regarding a priority population: a focus group composed of members from that population, interviews with people who either work professionally with that population and/or are a member of that population, and people who were in other focus groups but could also speak to their own experiences being a member of that population (see Table 1). The SOURCE researchers did not determine the priority populations selected for focus or photovoice groups nor the individuals chosen for the interviews. The AIFH Steering Committee and CHA subcommittees determined which priority populations were of interest and they recruited the participants.

Table 1: Priority Populations and Methods of Gathering Data

Priority population of interest	Focus Group	Key Informant Interview	Data from person in another focus group who shares priority population membership
Black community	Yes	Yes	No
Children's well-being	No	Yes	Yes
Deaf/hard of hearing	Yes	Yes	Yes
Children and young adults with developmental disabilities	No	Yes	No
Domestic violence	No	Yes	No
Immigrants	No	Yes	Yes
Indigenous/Native American	Initially as a photovoice group, but unable to recruit enough people	Yes	Yes
Justice-involved	No	Yes	No
LGBTQIA+	Yes	Yes	Yes
Low-income/edge parents*	Yes	No	No
Mental health diagnosis	Yes	No	Yes
Pacific Islander community	Yes	Yes	No
People with physical disabilities	Yes	Yes	No
Rural low-income	Yes	No	No
Rural older adults/seniors	Yes	No	No
Spanish speaking (primary language) Latino/a/x people	Yes	Yes	No
People with substance abuse disorders	No	Yes	Yes
Unhoused	Yes	Yes	Yes
Young adults (18-25)	Yes	No	Yes

*For the purposes of this assessment, the term "edge income" refers to those who make too much money to receive benefits from the state (such as the supplemental nutrition assistance program) but do not make enough money to comfortably afford basic necessities.

Ethical Research

Informed consent is a critical part of the ethical research of human subjects. Every focus group participant and interviewee received and signed (or in the case of online

interviews verbally consented to) a document outlining the SOURCE team's responsibilities as researchers and a description of how the respondent's data would be used. In addition, our process and our protocols were examined and approved by the SOU Institutional Review Board. The role of the Institutional Review Board is to protect research participants and ensure that the study complies with applicable regulations and meets with ethical standards.

Data Collection Process

Eleven focus groups and two initial photovoice sessions were conducted in April and May 2023. Very few photovoice participants actually took photographs, so the indigenous young adult photovoice group transitioned into a key informant interview group and the Josephine young adult photovoice group transitioned into a focus group (for a total of twelve focus groups). Focus groups were one and a half hours long and the average focus group size was eight people, with the smallest at three people and the largest at ten people. The groups were recorded and the research assistants took notes during the groups to aid in transcription. Dr. Katherine Fox and Dr. Eva Skuratowicz facilitated the focus and photovoice groups.

The Spanish-speaking Latino/a/x focus group was conducted by Dr. Fox, who is bilingual in English and Spanish. Milagros Morales and Lizbeth Parra, who are both bicultural Latinas and bilingual Spanish/English speakers, were the research assistants who worked at the focus groups. They transcribed the Spanish audio files and translated the focus group questions and answers into English for data analysis by the rest of the team.

Interviews with 19 key informants were held in May 2023. An additional interview was held in August 2023 for a total of 20 interviews. Dr. Fox, Dr. Gibbs, Dr. Skuratowicz, and Dr. Styer all conducted either online or in-person interviews with the key informants.

DATA ANALYSIS

Data were gleaned from the focus groups and interview recordings in the same manner. The research assistants used Trint software to assist in transcription of the recordings. Together with the audio recordings, the research assistants used their notes from the focus groups to correct any mistakes or gaps in those transcriptions and used online recordings from Zoom to correct mistakes in the interview transcriptions.

The entire team met to review the transcripts and determine the thematic codes that would be used to sort the interview and focus group findings. The transcripts were entered into Dedoose, which is a qualitative software program that enabled the research team to search and classify interview and focus group data into thematic codes. Dedoose kept track of the frequency, prevalence, and co-occurrence of each thematic code, thus making it easier to ascertain which factors were most significant and among which populations. This process was headed by Dr. Fox. The thematic codes from the interviews and focus groups were used in this report to present what participants identified as the most significant issues for their subpopulation regarding community health and enabled us to look for universal themes across subpopulations.

Photovoice projects are typically conducted in multiple sessions in small groups. However, only three participants in total completed the photovoice project. Dr. Fox met with these participants individually to discuss the significance of the photos and the information that would caption them.

For a full report on the findings from each focus group and the interviews, please see www.allin4health.org

Sparrow: Jackson and Josephine Counties Community Health Assessment Phase Two: Qualitative Research Executive Summary

1. Background

To complement phase one of their Community Health Assessment (CHA), All in for Heath (AIFH) hired Sparrow Strategy to conduct qualitative research[1] in August of 2023, aiming to authentically reflect the voices of specific underserved subpopulations across Jackson and Josephine County communities: Youth, Spanish-speaking Latino/a/x, Native Americans and Veterans.-This Executive Summary is a high-level distillation of the learnings from that research.

Research Objectives

To identify the perceived health needs and assets in Jackson and Josephine Counties

To gain an understanding of people's barriers to health and how these barriers can be addressed

To identify areas of opportunity to address needs

Methodology

Across a mix of two qualitative methodologies (Key Informant interviews and focus groups with community members), Sparrow engaged a total of 48 people. For each focus group, AIFH identified one Key Informant who had a culturally-sensitive understanding of and deep connections with that respective subpopulation.

2. Sample

Key Informants (n = 5)

- 45-minute individual interviews (moderated by Sparrow)

[1]This Executive Summary summarizes the findings of a significant but limited number of interviews and focus groups. Conversations, rather than statistics, allowed us to explore the community health dynamics. With this kind of research, the learning is best used in conjunction with quantitative survey data.

- Recruited community members for a focus group discussion
- All but one attended the focus groups as an observer, and after the group, shared their perspective on what they heard

Focus Groups (n=5 groups; 33 community members)

- Highly iterative and interactive two-hour focus groups with community members, moderated by Sparrow

Youth (n=5)	**Youth** (n=10)	**Native Americans** (n=3)	**Spanish-speaking Latino/a/x** (n=7)	**Veterans** (n=8)
Josephine County Age: 16-18 5 Caucasian descent	Jackson County Age: 16-18 3 Latino/a/x; 7 Caucasian descent	Josephine County Blackfoot or Lakota tribes 2 were a mother-daughter pair 1 was a tribal "knowledge keeper"	Jackson County 6 were undocumented All had children All employed	Jackson County Age: 40s-80s All but 1 were in a Jackson County homeless and/or substance use program Mix of employment status

3. Social Determinants of Health

The following table (Table A-ES) depicts how the Social Determinants of Health (SDOH)[2] are expressed in Jackson and Josephine Counties. Of these five areas, it is important to point out the profound impact economic stability has on the health and wellness of community members, and the negative domino effect that poverty has over many of the other SDOH.

[2] Source: Healthy People 2030 Initiative

EXECUTIVE SUMMARY TABLE A

SDOH	Economic Stability	Education Access & Quality	Health Care Access & Quality	Neighborhood & Built Environment	Social & Community Context
ISSUES	Overall cost of living Unaffordability of basic life needs (food, shelter, utilities) Low wages Lack of employment opportunities Persistent inflation Poor preparation for post-high school life	Unequal distribution of resources/ Prioritization health curriculum & counseling (mental health/career guidance). Jackson provides, Josephine lacks Rise in homeschooling Higher failure and lower graduation rates due to COVID and fires Bullying and discrimination	High perceived cost of care - insurance, co-pays, medicine & opportunity cost - travel, unpaid time off Siloed, insufficient or inconvenient network Shortage of providers especially specialists (mental health) Lack of personnel, training and/or application of culturally responsive care (language, traditions, generational)	Low affordability of housing Exacerbated by Almeda fire (2020) Substandard housing, living in RVs, trailers, multi-family homes, some lacking water and electricity Lack of convenient transportation options, both personal (reliable vehicles) and public (rural nature of the area) Unsafe parks and outdoor spaces due to homelessness and/or open-air drug use	Isolation and loneliness increased during COVID and have yet to stabilize Polarized politics, racism and discrimination on the rise Lack of broad based civic engagement Siloed and separated groups, even within a sub-populations
SUCCESSES	Direct and indirect payments (SNAP, Disability, OHP) Discounts and incentives provided by CCOs (e.g., YMCA memberships) Food pantries Government support during COVID	Student-Mediation Dispute Resolution Program in Phoenix Comprehensive sex-ed in Medford Generally positive support from teachers, coaches and other staff across both Jackson and Josephine Counties	Urgent Care Clinics & LaClinica CCOs/OHP Cover All Kids Healthier Oregon	Public libraries CCO community rooms Recreation Centers (YMCAs and Club Northwest) Youth ministry in Rogue River Convenient access to hiking trails	Close-knit families Rallying of community members in response to fires Dedicated individuals, non-profits, healthcare organizations, and public entities serving & strengthen the communities in both Jackson and Josephine Counties

4. Recommended Strategic Areas for CHP

Five priority areas for the Community Health Improvement Plan (CHP) emerged and coalesced from the qualitative research conducted with the community members:

Like a Gordian Knot[3], the interrelatedness of these issues is complex, resulting in myriad potential combinations and cascading impacts, as articulately explained by a Youth in Jackson County:

> *"What I want to see in the future is more affordable housing. And more widespread and cheaper resources for addicts. Because I feel like a lot of them don't have the access to get help. And then I also want to see more accessible mental health options, because I feel like they all kind of tie in together. If you can't afford housing, and you become homeless and depressed, and you can't get mental health help, you are more likely to turn to drugs."*
>
> — Youth, Jackson County

Focusing on any *one* of these areas could make significant health improvements in Jackson and Josephine Counties, but addressing *all five* could be life-changing, for generations to come.

[3] "The 'Gordian Knot' is a metaphor for an intractable problem eventually solved by the ability to 'think outside the box' to achieve success." (Source)

EXECUTIVE SUMMARY TABLE B

Personal Level ⟷ Systems Level			
Individual *Actions*	Health Care *Delivery*	Healthcare System *Plans & Services*	Governmental *Policies & Programs*
Emotional: Fear of pain, medical care, out of town providers; pride or self-reliance rejecting "handouts;" wary of providers beyond their community. **Cost:** Total cost (time, effort, and especially, money) > the anticipated benefit **Priorities:** Health needs low priority in comparison to other demands on their attention, time, money	**Admin**: Burden of paperwork and scheduling, getting referrals; wait times for appointments; inconvenient hours **Travel:** long distances to places of care **High Turnover**: Inconsistency of care, challenge to trusted relationship building **Cultural Responsiveness:** Lack of training, experience or expertise for working with Latino/a/x (Spanish), Native Americans (traditional beliefs), youth (generational)	**Complexity**: Hard to understand plans (public, private and employer insurance), eligibility requirements, co-pays, premiums, flexibility in income tables (OHP) **Network**: Shifting plans regarding what is covered or which doctor is in network. **Communication:** Overwhelming jargon, acronyms, terms and quantities of information **Silos**: Disconnected and/or competitive healthcare systems focused on own goals vs. individual & community health	**Access:** Lack of universal healthcare **Quality**: Programs & care provided by the VA and Indian Health Services overly bureaucratic, poorly designed or ineffectively communicated

During an exercise to rank barriers to health, all community members except Veterans ranked cost (of care, of medicine) at the top of the list. For every group of community members, additional obstacles were the lack of affordable health insurance, and knowledge about it and the healthcare system in general (the basic what, where, how and whys).

6. Key Differences4 Across the Subpopulations

Youth

Parents or guardians (especially moms) generally look after the health and wellness for their children, including taking them to appointments and making decisions on their behalf. However, youth in both Jackson and Josephine Counties shared that their parents' busy work schedules and/or personal values and beliefs sometimes prevented them from getting the timely care they needed.

Schools are an efficient and effective vector for health and wellness education, communication, and care. But across Jackson and Josephine Counties, they are an under-leveraged point of contact. Community members described a shortage of full-time personnel, and variability in the range of programs and services across their local schools.

Latino/a/x

Latino/a/x community members identified three unique and significant barriers for them: language (e.g., access to bilingual providers or interpreters, or the reliance on "the tablet" to translate); the lack of knowledge about and experience with the US healthcare system; and perceived and/or experienced racism at the provider level.

Additionally, the undocumented immigrants shared that *"everything"* interfered with their ability to proactively and comprehensively address their health needs: economic security in the form of steady and fairly paid work; stable and safe housing; and access to government social programs. When told about their eligibility for OHP through the recently released "Healthier Oregon," program, Latino/a/x community members openly expressed their relief, gratitude, and interest: *"How, where and when can we sign up?!"*

[4] (when it comes to accessing care and achieving healthy outcomes)

Native Americans

The "Open Card" program that provides tribal members a choice of CCO (JCC or AllCare Health) created a high level confusion for the entities involved, often resulting in Native Americans being denied care at the provider level. The instances described by community members were resolved only after frustrating games of phone tag between OHA, the CCOs, and the clinics, or by going to urgent care and sending a claim to a CCO.

Additionally, Native American community members attributed some providers' lack of cultural sensitivity to "ignorance" or "discrimination." The absence of culturally responsive care showed up in providers' outright dismissal of traditional medicine approaches or beliefs, in ethnocentric deference to Western medicine. Especially acute when dealing with mental health issues, these issues resulted in community members' fear or distrust of practitioners, and led to avoidance of seeking treatment altogether.

Veterans

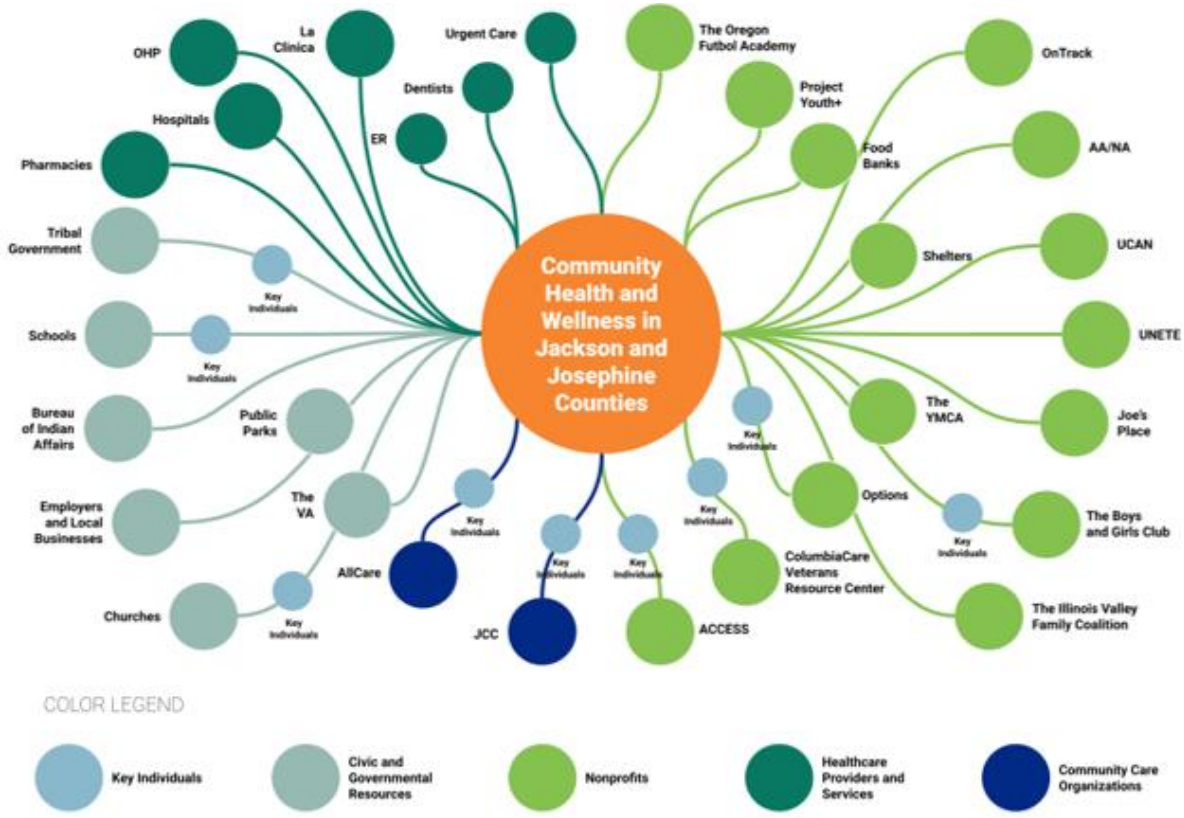
Compared to other community members, the Veterans had access to a wide range of comprehensive health and wellness offerings via the VA. Some supplemented that coverage with Medicare and/or other local healthcare providers (e.g., Providence, La Clinica).

The two key barriers preventing Veterans from accessing care were: 1. being eligible, but not being enrolled in the VA; and 2. fumbles and poor communication between healthcare entities (e.g., VA to Providence) during hand-offs for care, which led to under or late treatment and other continuity of care issues.

7. Key Opportunities

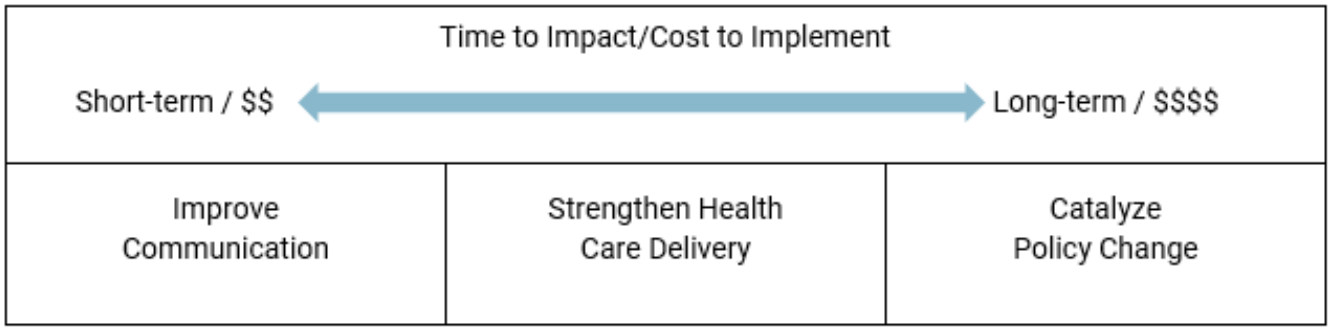
Community health and wellness is not maintained through one single institution, program or resource. Indeed, it takes a village to keep a community thriving, with each individual, organization, and resource playing a distinct role in addressing the needs of the overall community, as well as the unique needs of specific groups within.

The graphic below illustrates Jackson and Josephine Counties' community care ecosystem in its current state, complete with the key health resources and assets cited in the groups. It also depicts the reported critical lack of connection between and across individual organizations and entities (i.e., the silos), as discussed throughout this report.



The AIFH team will need to evaluate and prioritize the opportunities to address community members' key health needs, and to identify the assets that need to be activated. The table below (Table C-ES) provides an evaluation mechanism to consider when the team is working on the CHP.

EXECUTIVE SUMMARY TABLE C



Below are the three key opportunity areas, with selected examples for each area. A complete and more detailed list of opportunities can be found in the full report.

Improve Communication

Inform, Educate, Empower, And Listen To All Community Members

- Clearly communicate resources that contribute to community health (e.g., an updated list of what exists, where to go, why it matters)
- Provide more member-level and community-wide education on the basics of health insurance and the healthcare system
- Proactively announce and/or explain changes to programs, plans, and networks (good and bad), while also offering solutions for any needed transitions
- Keep all materials as simple and straightforward as possible, respectful of cultural, gender, lifestage and education differences
- Meet people where they're at by showing up where they already gather and are comfortable sharing their perspectives and open to learning, while giving them something of meaningful value in return (swag, hand-outs, contact numbers).
- Replicate AIFH's multi-organizational approach to data collection, activation (CHA to CHP), and establishment of metrics of success in future community-wide research, placing special emphasis on engaging with the priority groups identified in the CHP

Strengthen Healthcare Delivery

Improve Access To Services Through Expanded Footprint And Strengthened Partnerships

- For greater efficiency and scale, work to break down the silos and encourage more collaboration across organizations
- Develop additional supply (providers, clinics, pop-up services, etc.) at the local level to meet communities' demand for health and wellness services by innovating on who, where and when services are provided
- Leverage the significant Medicaid funding (improved billing processes, announced in May 2023) to expand CCO healthcare services to all school districts
- Identify and audit the key performance metrics of the service network, rewarding success, and improving accountability through the development and monitoring of improvement plans
- Review and revise the current approach to identifying and funding local non-profit partners to have longer-term impact and increased focus on meaningful outcomes tied to the CHP
- At the member level, regularly incentivize proactive use of the range of preventative care benefits

Catalyze Policy Change

Take On Systemic Inequities At The CCO And Governmental Levels

- Bolster safety net programs, housing assistance, and tax credits to better meet the basic human needs for food, shelter, and clothing
- Push for increases in the minimum wage, enforcement of workplace conditions, and support for undocumented workers
- Identify economic development, to bring more and better employment opportunities
- Push for funds and programs to expand broadband internet service to *all* communities

- To lobby for changes at the state (OHA and legislature) and federal levels (Medicaid, Medicare, US Congress), take an evidence-based approach that identifies the gaps in the current CCO health plan benefits and programs (e.g., use CHA survey results, combined with other sources of community data, such as that collected in schools)
- Prioritize Jackson and Josephine Counties' next generation, by actively seeking more future-facing funding to cover health needs, and by advocating for additional safety net programs that support all children (from birth to age 18)

8. Final Words

> *"It's scary thinking about five years from now. We can either have all these good things. Or, we can be in the same place that we are in now, but we're just digging more of a hole. And it scares me to think about that. If we don't figure this out now, maybe in 10-15 years, maybe five years from now, it's gonna be worse. So, if we figure it out now, we don't have to worry about it. So, it's like, figure it out – now!"*
>
> — Youth, Josephine County

For full report please go to: www.allin4health.org

Sparrow STRATEGY

www.gosparrow.com

Secondary Analysis

Illinois River Swing Bridge
Courtesy of Illinois Valley Development Organization

Secondary Analysis

In the realm of community health assessment, secondary data analysis plays a pivotal role in uncovering crucial insights. Simply put, it involves examining and interpreting existing data collected for purposes other than the specific study at hand. These data sources, ranging from health records to census data, offer a cost-effective and time-efficient way to understand health trends, demographics, and social determinants within a community.

Secondary data analysis allows us to explore patterns over time, compare different groups, and identify health disparities. While it provides a valuable lens into community health, it's important to be aware of potential limitations, such as data quality and biases. As we delve into this section, we aim to harness the power of existing data to make informed decisions and address the health needs of our community effectively.

Differences in Definition

Within the secondary data, there will be differences in variable names that were used in the primary data such as Latino instead of Latino/a/x. The different categories are used depending on where the data comes from. For many data sets out of date terms are still used.

Missing Data

Throughout this section, you may notice that some data points are missing or absent. For example, the collection of Sexual Orientation and Gender Identity (SOGI) data remains limited in many health assessments. Despite the importance of understanding the unique health needs of LGBTQ+ communities, the lack of standardized data collection methods and privacy concerns contribute to the scarcity of this critical information.

On the county level, datasets frequently exhibit missing values for smaller demographic groups, particularly racial minorities. This data gap stems from challenges in capturing the diversity within these communities, leading to underrepresentation. The absence of comprehensive information for these groups hinders accurate assessments of health disparities and impedes targeted interventions.

Demographics

Bear Creek Park, Medford
Courtesy of City of Medford

Demographics

Demographics help to characterize a community's attributes within a specific time and location. Understanding our community's diverse aspects aids in gaining insights into the context of health here in Southern Oregon.

In addition, demographics help us understand the social determinants of health and help us address the areas within our community where health inequalities and disparities exist. Through demographic examination, we can start to recognize health disparities, tailor interventions, allocate resources, and promote policies that work towards increasing health equity across the community.

It is important to acknowledge that demographics, which include race, have historically been used to discriminate in things such as housing, employment, and healthcare. It is critical to approach this analysis with sensitivity and empathy. The demographics are intended to be used to help understand specific health disparities that stem from systemic and structural elements within our community

Key Findings:

Jackson

- A greater percentage of the community is older, **60-75+** years of age, than Oregon
- There is a greater percentage change (*Figure 4*) of the population that identified as Hispanic or Latino than in Oregon. Jackson with a **15.6%** increase and Oregon with an **11.6%** change in population size.
- In the community, approximately **15.3%** of individuals are experiencing disabilities. The prevalent disability types are Ambulatory, Cognitive, and Independent Living. Notably, within Jackson, there is a higher proportion of individuals with Independent Living disability (**7.2%**) compared to the state average (**6.2%**).
- The population of the community is continuing to grow, age, and become more diverse. This trend is predicted to continue into the future.

Josephine

- There is a larger proportion of individuals who are **60-75+** of age in the community. This is much higher when contrasted with Oregon.
- Josephine County has a greater percentage change (*Figure 4*) of the population that identified as Hispanic or Latino (**13.2%)** than the state.
- In Josephine County, a higher proportion of community members (**12.5%**) were veterans compared to the veteran percentage in the state of Oregon (**8.0%**).
- Josephine had a notably larger prevalence of individuals with disabilities (**19.7%**), in contrast to **14.4%** in Oregon. This trend is seen across all categories of disabilities.
- The population of the community is continuing to grow, age, and become more diverse. This trend is predicted to continue into the future.

Population Overview

Population Characteristics, 2017-2021

	Jackson	Josephine	Oregon
Total Population	223,734	88,346	4,246,155
Population change since 2010 (%)	10.0%	10.6%	6.6%
Population per square mile, 2020*	80.4	53.9	44.3

Table 1. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

* **Population Density** means the number of people living in a certain place. We measure it by counting how many people there are in each square mile. This matters for health because it assists us know how many people are living close to each other in one area. This can affect diseases, how people live, and what resources are available.

Jackson

- The population is estimated to be **223,734** people living in Jackson County.
- About **5.1%** of the entire state of Oregon's population.
- Since 2010, the population has increased by **10.0%**.
- There are around **80** people living within every square mile of the county. There is a larger amount of people living per square mile compared to the state.

Josephine

- The population is estimated to be **88,346** people living in Josephine County.
- About **2%** of the entire state of Oregon's population.
- Since 2010, the population has increased by **10.6%.**
- There are around **54** people living within every square mile of the county. There is a larger amount of people living per square mile compared to the state.

Sex (Assigned at Birth)

Sex assigned at birth refers to classifying an individual as Male or Female based on physical characteristics. Sex can be used to identify differences in disease, and heath that affect Males and Females at different rates.
When understanding health, it's important to know that sex and gender are different. While sex refers to our physical bodies, gender is about how we feel and see ourselves. Some people don't fit into just "male" or "female" categories but a wide variety of identities that people can have. [12]
Importantly, it should be noted that there is currently a lack of comprehensive state or federal data collection pertaining to these diverse gender identities among adults.

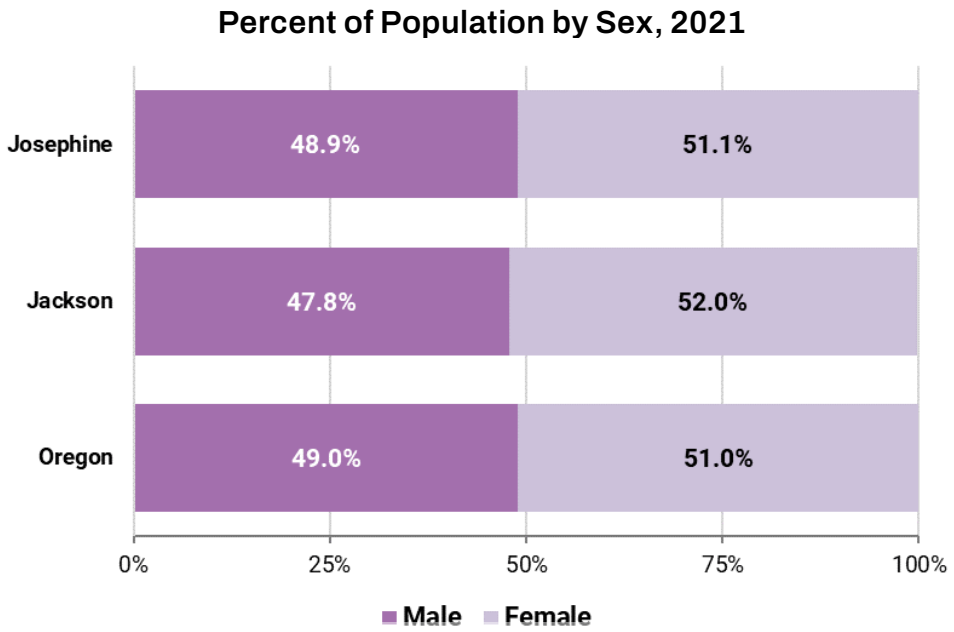


Figure 1. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-20

- Over **50%** of individuals in both **Jackson** and **Josephine** identified as female, which mirrors the gender distribution within Oregon.

Age

As we progress through different life stages, our interactions with the environment and our behaviors can amplify the risk of chronic disease. Each phase of life is associated with distinct health obstacles.

For example, children often encounter issues like respiratory infections and developmental limitations, while the elderly experience conditions like age-related degenerative disorders. Recognizing these age-related health patterns helps tailor healthcare to the needs of the community.

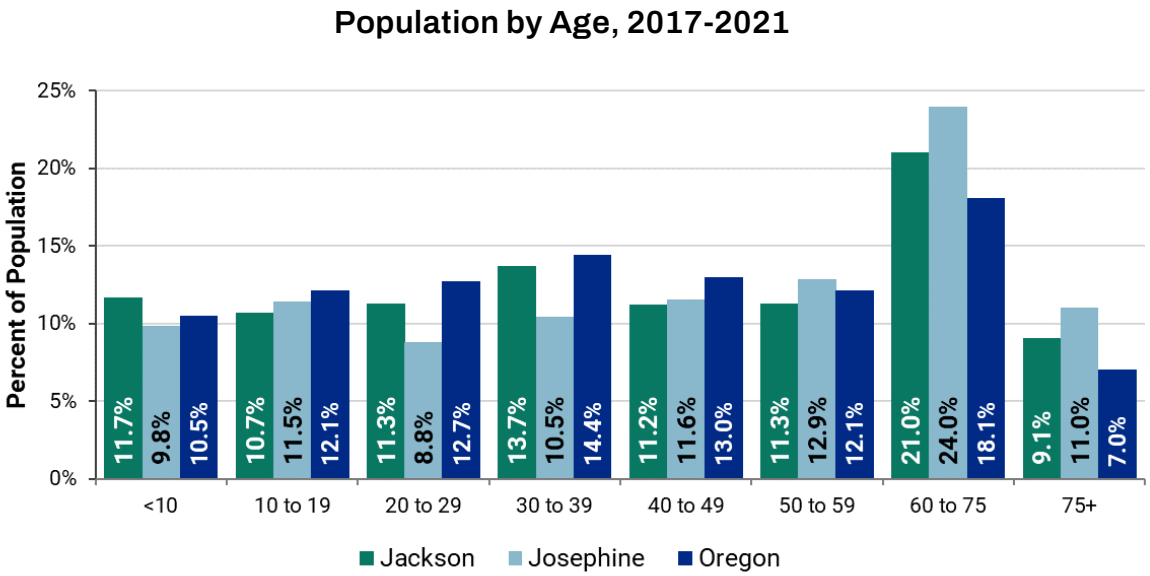


Figure 2, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- **Jackson** County's median age is **42**, which is higher than Oregon's **39.5**.
- **Jackson** has a more significant proportion of people in the age range of **60-75+** and a smaller proportion of working-age adults **20-49** than the state
- **Josephine** County's median age is **47** which is much higher compared to Oregon, median of **39.5**.
- **Josephine** has a large proportion of people in the older age ranges of **60-75+** years of age. In addition to a notable smaller proportion of working-age adults **20-49** than the state
- **Both** counties have a large proportion of aging community members when compared to Oregon.

Race and Ethnicity

Race and ethnicity can affect people's lives in different ways depending on their experiences. This includes the environment, social interactions, and laws and can impact the risk of disease and injury.

In the context of Oregon, historical elements such as the Black Exclusion Laws of 1844 [5], practices like redlining segregation, and instances of racial violence have played a role in creating disparities in health and overall well-being among community members. [6]

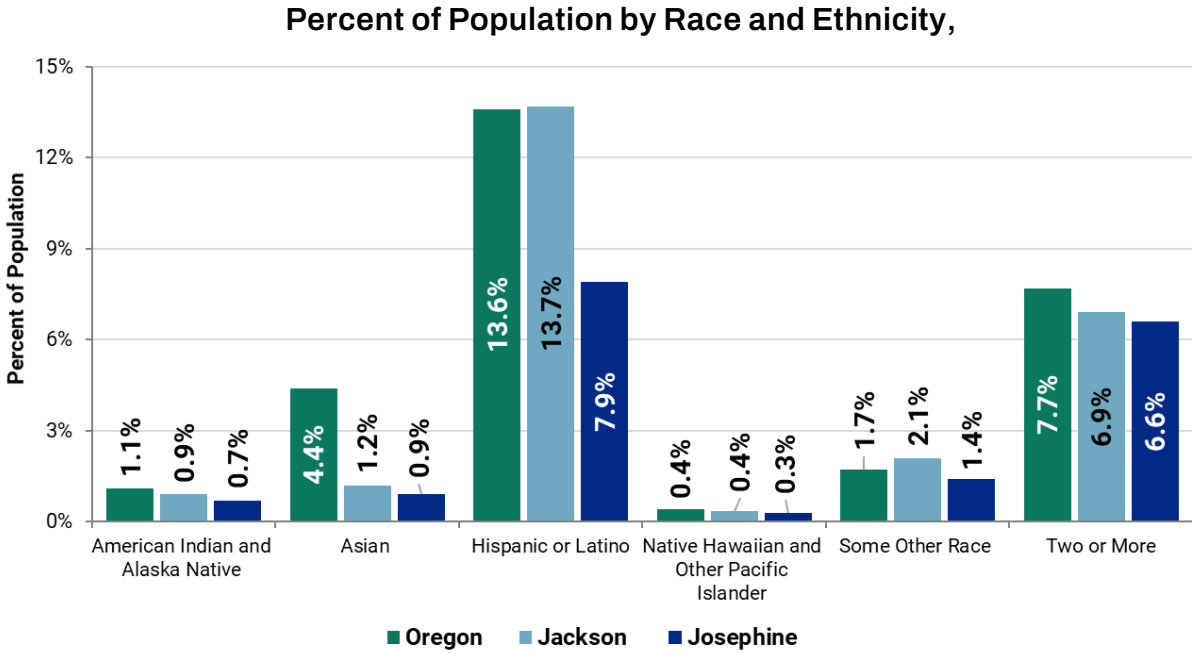


Figure 3, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- **Both** counties had a higher percentage of individuals self-identifying as White, non-Hispanic when compared to the state. This data is not shown to better demonstrate minority racial and ethnic groups.
- **Both** counties second biggest racial/ethnic group are community members who identify themselves as Hispanic or Latino.
- In **Both**, those who identify as Hispanic or Latino make up **13.7%** of the population. This was much higher percentage than the state.
- Those who identify as Two or More race/ethnicities were the third largest community in **both** counties.

Estimated Count of Population by Race and Ethnicity, 2017-2021

	Jackson	Josephine	Oregon
American Indian and Alaska Native	2,084	607	46,075
Asian	2,652	804	186,724
Black or African American	1,345	565	77,913
Hispanic or Latino	30,318	6,904	570,511
Native Hawaiian and Other Pacific Islander	802	43	17,272
Two or More	15,366	5,758	325,612
White , Non-Hispanic	194,669	78,668	3,394,838

Table 2, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- The largest population count in **both** counties are those who identify as White NH, Hispanic/Latino, and Two or More races.

Hispanic or Latino Identity

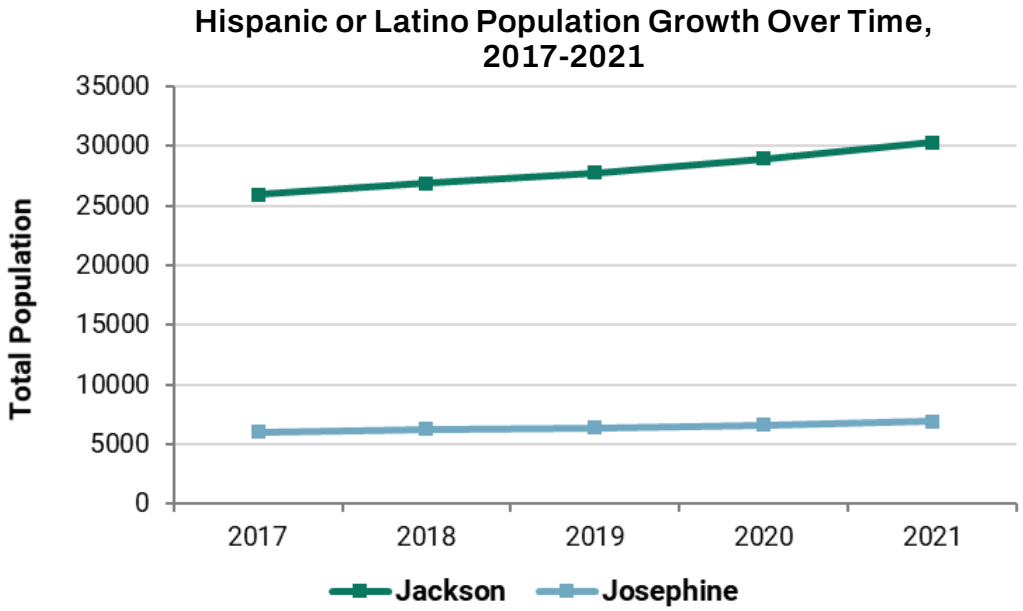


Figure 4, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

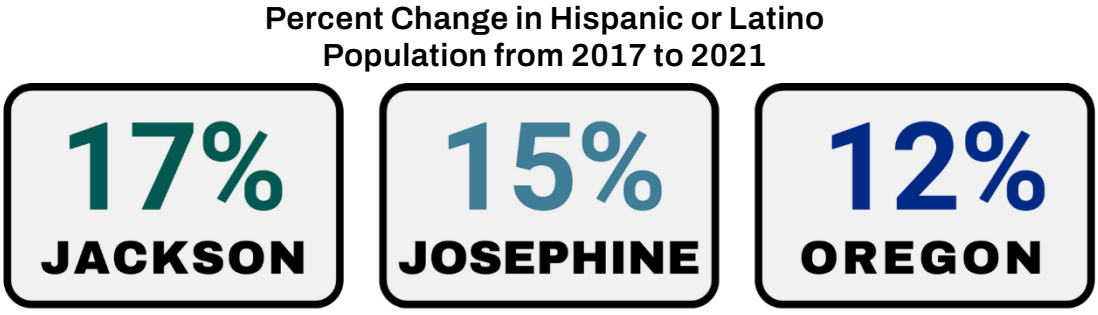


Figure 5, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- **Josephine** saw a **15% increase** in the Hispanic or Latino population between 2017-2021.
- **Jackson** had a **17% increase** in the Hispanic or Latino population between 2017-2021.
- **Both** counties have seen a larger increase of those who identify as Hispanic or Latino than the state.

Language

Both Jackson and Josephine Counties are experiencing a gradual rise in population diversity. One notable area of growth is in the Hispanic and Latino communities. This demographic shift emphasizes the growing necessity for language-specific services relating to healthcare access, seeking assistance, and receiving care.

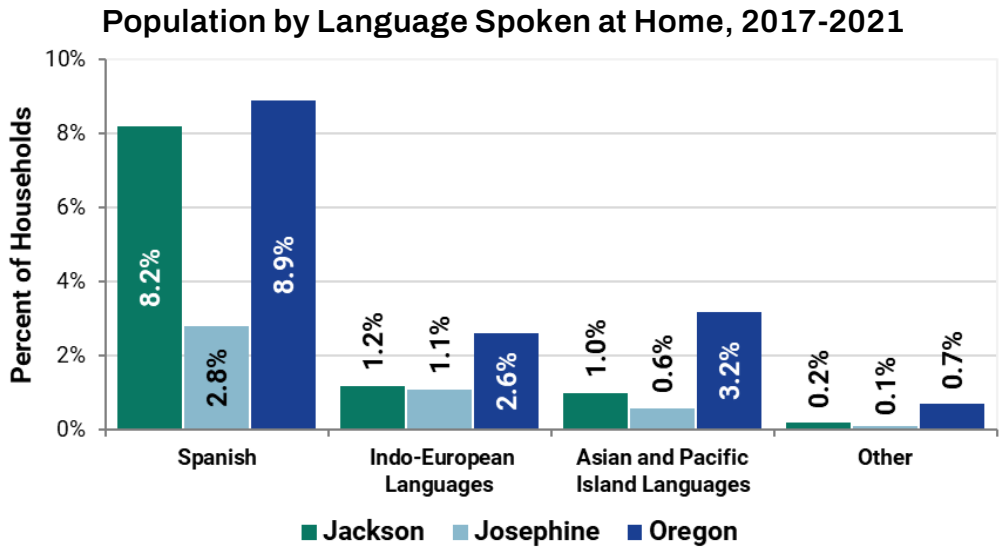


Figure 6, Data Source: U.S. Census Bureau, American Community Survey, 5-year

- In **Jackson**, **1 out of every 10** households communicate in a language other than English within their homes.
- **Josephine** has a much smaller proportion of non-English speakers at home (**4.6%**) when compared to the state (**15.3%**).
- **Both** counties have much larger percentages of English Speakers: **Jackson** (**89.4**%) and **Josephine** (**95.4**%). This data is not shown to highlight minority spoken languages.
- Spanish is the most commonly spoken language at home other than English in **both** Jackson and Josephine.

Country of Foreign Birth

Top Five Common Countries of Foreign-Born Populations, 2021

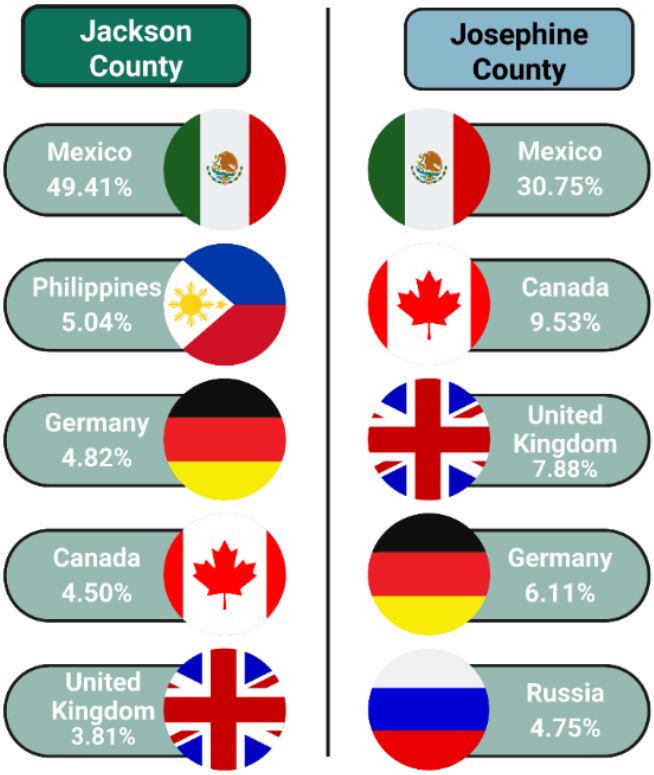


Figure 7, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- The largest proportion of foreign-born community members were born in the country of **Mexico** (**Jackson: 49.41%**, **Josephine: 30.75%**).
- It's important to noted that the countries you see here don't show all the diverse and different backgrounds of people in our community.

Veterans

Veterans who served abroad and domestically may have higher exposures to environmental hazards that can increase the risk of chronic disease, disability, and mental health issues. [60]

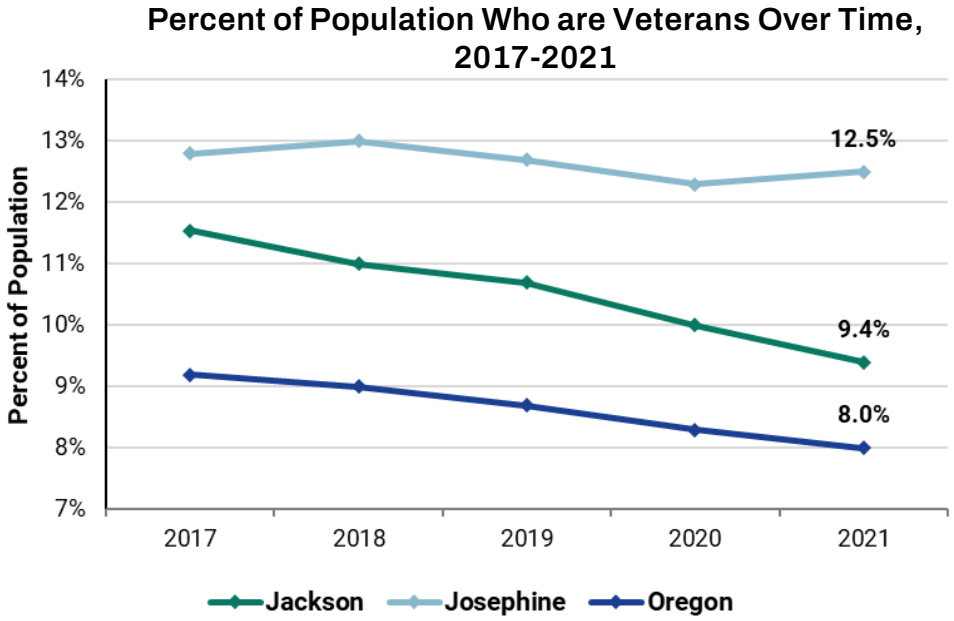


Figure 8, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- About **9.4%** of community members in **Jackson** County are veterans
- About **12.5%** of community members in **Josephine** County are veterans and had a larger proportion of veterans than the state (**8%**).
- **Both** counties' percentage of veterans has been **decreasing** over time.

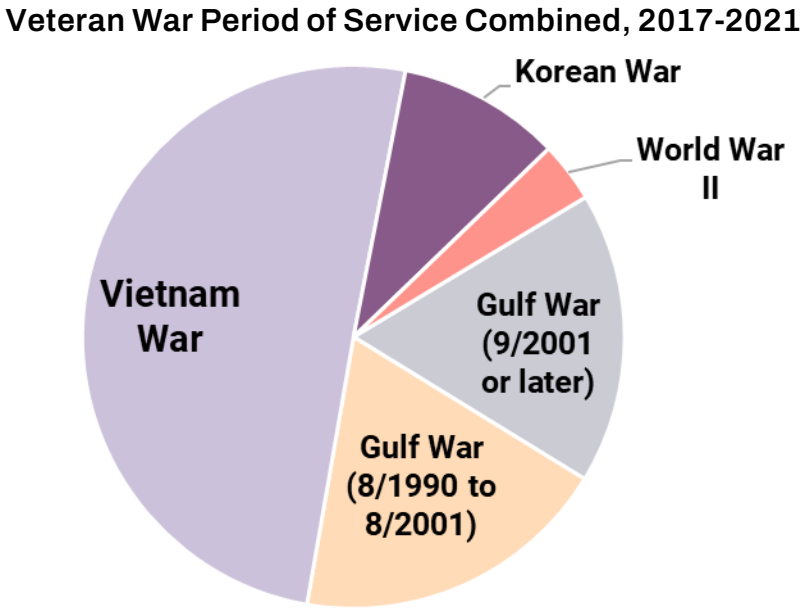


Figure 9, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

Gulf Wars 8/1990 to 8/2001 include conflicts in Iraq and Kuwait and included operations such as Desert Storm.
Gulf Wars 9/2001 or Later include conflicts in Afghanistan and Iraq. This era of the gulf war is marked separately due to the increased military efforts in response to the September 11th, 2001 attacks.

- **Jackson** and **Josephine** the majority of veterans served in the Vietnam War and Gulf War.
- Understanding the era in which a veteran served is crucial due to the significant variations in potential exposures to different environmental hazards and combat situations, which can have profound implications for their health and the specific challenges they may face.

Disabilities

Community members with disabilities have a variety of unique challenges when accessing services and care. Common barriers for people with disabilities come from the built environment, social stigma or discrimination, and limited healthcare access and coverage. There are many types of disabilities that affect people in different ways. People with disabilities have an increased risk of abuse, chronic disease, substance abuse, and mental health issues. [10]

By promoting inclusivity and support, we can reduce the risk of abuse, improve overall health outcomes, and enhance the well-being of individuals with disabilities. Together, we can build a more inclusive and compassionate society where everyone has the opportunity to thrive.

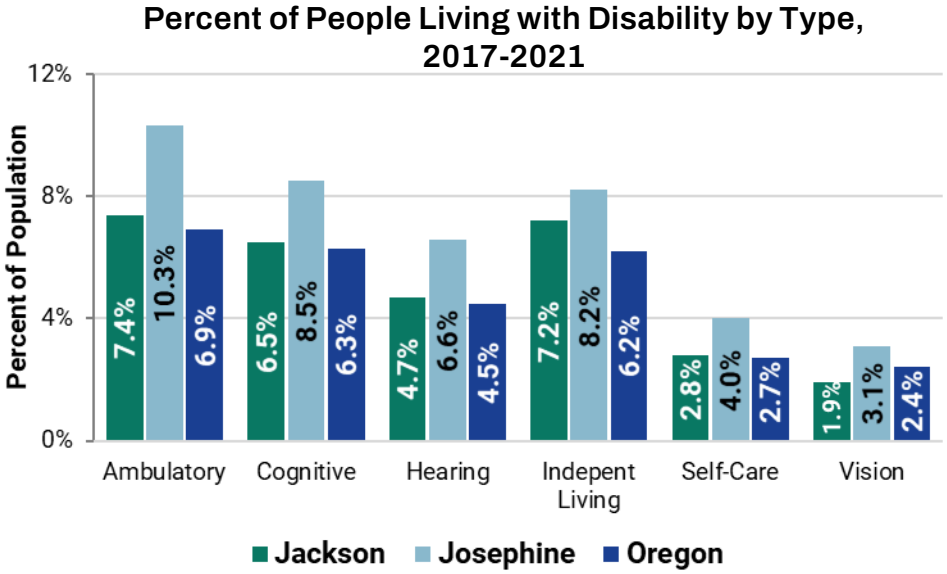


Figure 10, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

Ambulatory disability means having trouble walking, climbing stairs, or moving around on your own. This can make it hard to get from one place to another without help.
An independent living disability means that someone might need help to do regular daily activities like getting around, taking a bath, getting dressed, and doing things at home.
A cognitive disability means that someone might have trouble with things like remembering, concentrating, or making decisions. It can happen because of a physical, mental, or emotional problem. This can make it harder for someone to do regular daily activities.

- **Josephine** has a higher proportion of its population living with a disability at **19.7%**, surpassing the state average of **14.4%**. This proportion of disabilities has remained consistent over the past five years.
- **Josephine** County exhibited elevated levels of disability across various disability categories.
- The percentage of individuals with ***Independent Living disability was higher in **Jackson** (**7.2%**) compared to the overall state (**6.2%**).
- The three most common disabilities in both **Jackson** and **Josephine** are ***Ambulatory, *Cognitive, and Independent living**

Percent of People Living with Disability by Age, 2017-2021

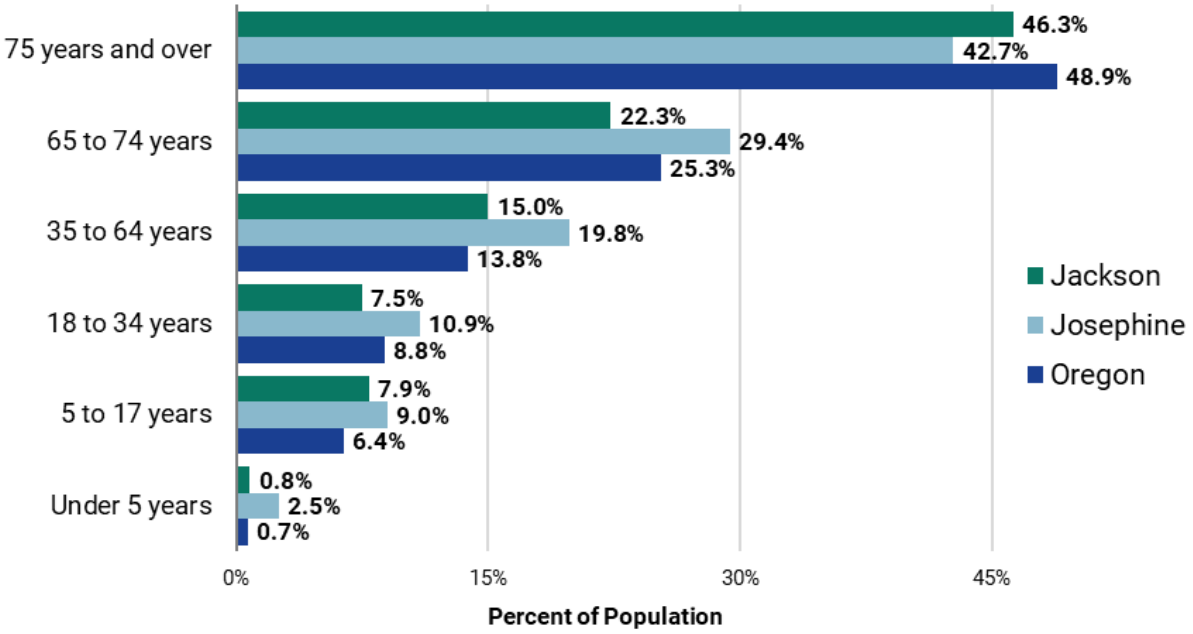


Figure 11, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- The proportion of people living with disabilities in **both** Jackson and Josephine increases with age, similar to the state.
- In **both** counties, close to half of community members, who are **75+** years old, were living with a disability.
- **Josephine** has elevated levels of disability across most age categories.

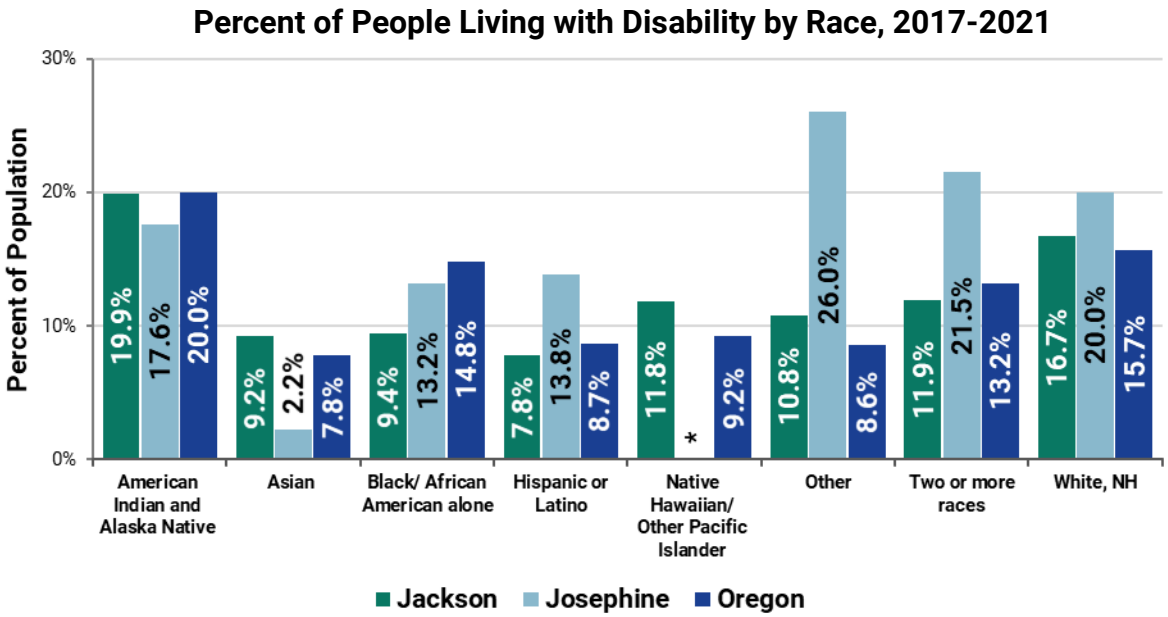


Figure 12, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

Note: Data for Native Hawaiian/Pacific Islanders in Josephine was insufficient and not shown (*)

- **Josephine** has a much higher percentage of disability across multiple race/ethnicity groups when compared to the state. Including **Two or more races, White non-Hispanic, Hispanic or Latino, and Other races.**
- **Jackson** higher percentage of disability among those who identify as **Native Hawaiian/Other Pacific Islander, White NH, Asian, and Other**.

Population Projection

Population forecasting provides insight into our changing communities. This insight can help us plan for healthcare needs, infrastructure, and resource management that will be needed in the future.

Community Population Projections, 2010-2047						
	Historical			Forecast		
	2010	2020	AAGR (2010-2020)	2022	2047	AAGR (2022-2047)
Total Population						
Jackson	203,206	223,259	0.90%	228,380	276,013	0.80%
Josephine	82,713	88,090	0.60%	89,276	101,547	0.50%
Jackson-Age (years)						
< 14	19.2%	17.2%		16.3%	12.6%	
15-64	68.8%	60.8%		59.6%	59.1%	
65+	11.9%	22.0%		24.1%	28.3%	
Josephine-Age (years)						
< 14	16.6%	16.0%		15.4%	15.0%	
15-64	62.1%	58.0%		57.2%	60.2%	
65+	21.3%	26.0%		27.4%	24.9%	

AAGR = Average Annual Growth Rate

Table 3, Data Source: Portland State Retrieved August 12, 2023, from https://www.pdx.edu/population-research/population-forecasts

Both **Jackson** and **Josephine** are forecasted to continue to grow over the next 25 years and to become more diverse.

Jackson

- The county has grown at an average rate of **0.9%** for the past **10** years. Growth will continue for the next **25** years, but it is forecasted that the rate will taper off slightly.
- Shifts in age groups will be occurring over the next 25-year forecast period in this community, with a higher proportion in the older age group (**65+**). This highlights the need to expand the infrastructure for the needs of an aging population.

**Josephine Projections on next page*

Josephine

- The county has grown at an average rate of **0.6%** for the past **10** years. Growth will continue for the next 25 years, but the rate is forecasted to down over time.
- Shifts in age groups will be occurring over the next 25 year forecast period in this community, with a higher proportion in the middle age group (**15-65**). This highlights the possible need to expand the opportunities and infrastructure for a working-age population.

Social Determinants of Health

Hawthorne Park, Medford
Courtesy of City of Medford

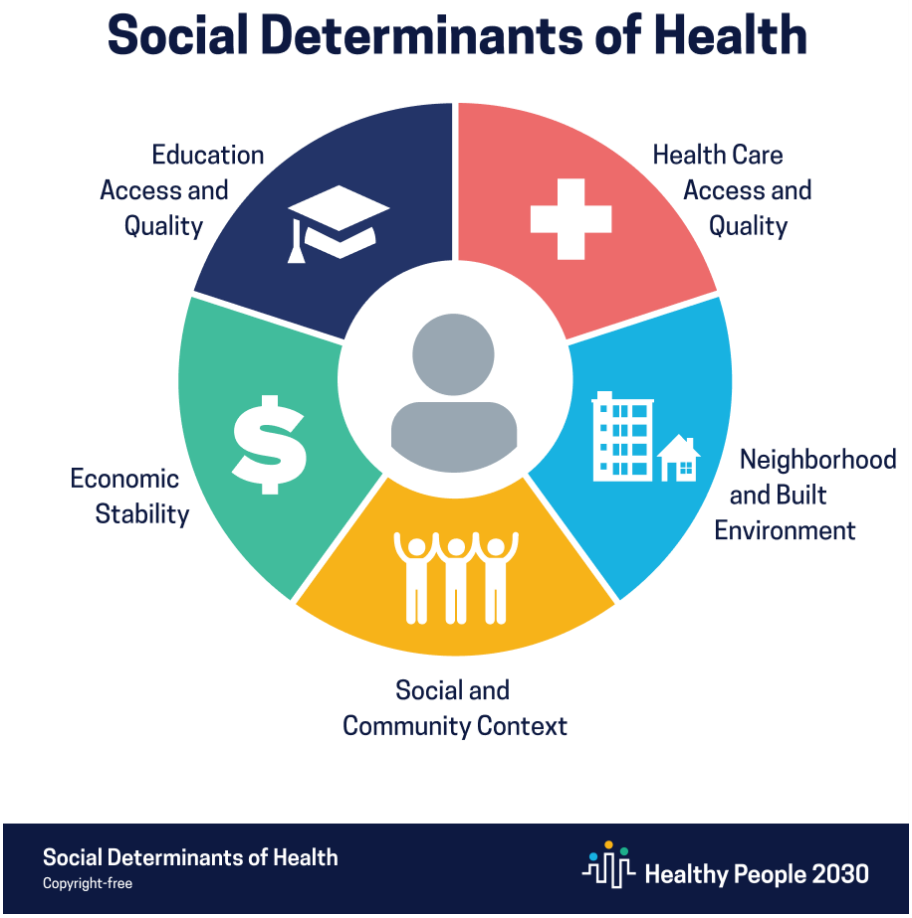
Social Determinants of Health

In this assessment, we're using a framework called the "Social Determinants of Health" or SDOH. The SDOH are the things in our lives that affect our health such as where we live, how we learn, where we work, how we age, and our communities.

These factors don't just impact one person's health but can affect the health of entire communities of people. They're influenced by things like the economy, social norms, and the decisions made by the government.

Some examples of SDOH we will talk about are the costs of living, educational attainment, housing costs, food, how safe the communities are, whether healthcare is easily received, and the quality of the environment where they live.

All of these factors will be used to understand health in our community better. The goal of using SDOH is to make the future healthier, more equitable, and more suitable for everyone.



Key Findings:

- **Jackson** community members had lower household median incomes and a higher percentage of living in poverty than the state. About **17%** of children < 18 years were living in poverty which is higher than the state's **14%.** People who identified as **American Indians or Alaskan Natives** had higher rates of poverty compared to other race/ethnicity groups in the county.
- **Josephine** community members had much lower household median incomes and a higher percentage that were living in poverty than the state. About **22%** of children <18 years were living below the poverty line which is higher than the state's **14%**. **American Indians/Alaska Natives** (**25.6%**), Black/African American (**38.8%**), and **Hispanic/Latino** (**30.0%**) had higher rates of poverty compared to state poverty levels.
- In **both** counties**,** poverty has been decreasing in recent years, but community members still face many challenges economically.
- **Both** counties' educational attainment high school diploma or GED have been increasing over time. The rates of degree attainment are still lower than the state. In **Josephine** **14%** of community members with a Bachelor's Degree or Higher. This is much lower when compared to the state (**37%)**.
- Just over **1 in 10** community members experienced food insecurity in **both** counties similar to the state. Many community members are likely eligible for federal nutrition assistance which is a notably higher percentage than the state.
- **Over half** of the renters in **both** counties are spending more than **30%** of their income on housing costs than Oregon and the U.S. Students who were homeless or in an unstable housing situation totaled in **Jackson** **2,323** and **Josephine** had **910** students.
- **Both** counties saw a higher rate of property crime and Other Sex Crimes than the state.
- **Both** counties had an increase of poor air quality and wildfire occurrences.
- About **93%** of both counties' community members had health insurance, which was similar to the state and has been increasing in recent years. **Both** Jackson **19%** and Josephine **19%** had a higher proportion insured by Medicaid than the state **14%**
- Female community members in **both** counties had a higher percentage of being unable to attend routine checkups due to costs when compared to male community members. A larger percentage of people with disabilities were unable to attend routine checkups due to costs when compared to those without any disabilities in **both** counties.
- In recent years a greater percentage of people have been receiving preventive care through routine checkups in **both** counties. About **3 out of 4** people in **Jackson** went to a routine checkup in 2021.

Socioeconomics

Economic stability is a bridge that connects different aspects of our lives. These include access to healthy food, safe homes, and good healthcare. It also impacts other things that can make us healthy, such as education and job opportunities.

It's necessary to have access to job opportunities that meet expense needs. Stability affects your ability to afford what you need for a healthy life. Even people with steady jobs may not earn enough to afford the cost of housing, healthcare, or food to stay healthy.

What Does it Cost?

Cost of Living Characteristics, 2021

	Jackson	Josephine	Oregon	U.S.
Cost per meal for food secure people[a]	$3.95	$3.91	$3.72	$3.59
Average % of income spent by household on child care**	24%	30%	24%	27%
Renters paying more the 30% of income on housing costs.*	57%	64%	53%	42%
Living Hourly Wage[b]	$17.40	$17.17	$19.38	$25.02

Table 1. Data Source: [a]*Feeding America, Map the Meal Gap, 2021;*
[b]*Living Wage Calculation, 2023, https://www.bestplaces.net/cost_of_living*
**Bureau of Economic Analysis. Personal Consumption Expenditures (PCE by Function (SAPCEa), 2021*
***Census Bureau, American Community Survey, 5-year estimates, 2017-2021*

[b]**Living wage/hourly wage:** The minimum income standard that, if met, draws a very fine line between the financial independence of the working poor and the need to seek out public assistance or suffer consistent and severe housing and food insecurity

- **Both** counties have **a higher cost** per meal when compared to Oregon and the U.S. average meal cost.
- **Both** have a large proportion of renters spending more than **30%** of their income on housing costs than Oregon and the U.S.
- **Jackson** on average spends **24%** of household income on child care which is similar to Oregon.
- **Josephine** spends a larger percentage (**30%**) of household income on child care than in Oregon and the U.S.

- The living hourly wage means the ability to meet all expenses for one adult and no children. The living wage is around **$17** an hour for **both** counties.
- This is about **$45** an hour that is needed for a household of one adult and two children for **both** counties.[b] *(More information can be found at www.countyhealthrankings.org)*

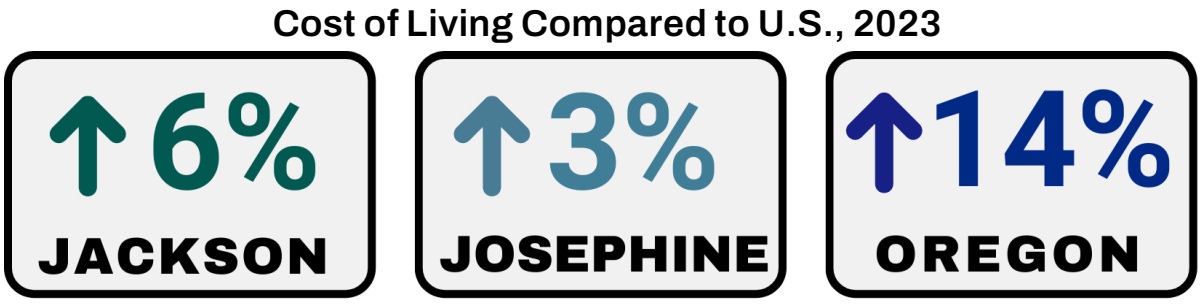


Figure 1. Data Source: bestplaces.net, Sperling's Best Places, 2023

***Note**: The cost of living index is based on a US average of 100. Any percentages above the average indicate that the county or Oregon is more expensive than the US.*

- **Jackson's** overall cost of living is **6%** higher than the U.S. average.
- **Josephine**'s cost of living is **3%** higher than the U.S.
- **Both** counties overall cost of living is higher than the U.S. but lower than Oregon's average cost of living.

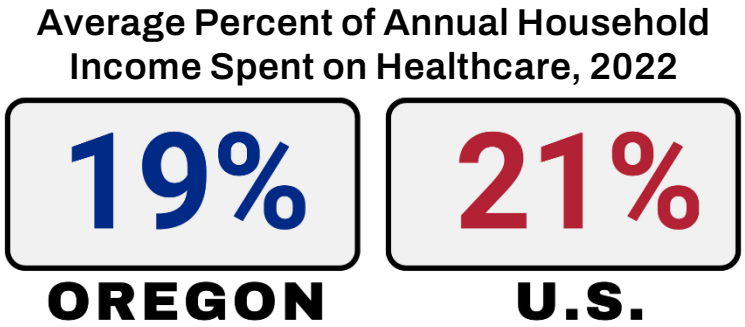


Figure 2. Data Source: Oregon Health Authority, "Impact of Health Care Costs on People in Oregon", 2023

- Health care and health insurance represented **19%** of total household spending for families in Oregon and **21**% of total household spending for the U.S.

Can we Afford it?

Affordability Characteristics, 2021

	Jackson	Josephine	Oregon	U.S.
Median Income	$61,020	$51,733	$70,084	$69,021
Minimum Wage[a]	$14.20	$14.20	$13.72 - $15.45	$7.25
Gini Index	.46	.47	.46	.48
Unemployment Rate	5.4%	6.2%	5.2%	5.4%
% of Households Receiving SNAP	16.6%	23.6%	14.7%	11.4%

Table 2. Data Source: **Bureau of Economic Analysis. Personal Consumption Expenditures (PCE by Function (SAPCEα), 2021 Census Bureau, American Community Survey, 5-year estimates, 2017-2021*

Jackson

- Community members have lower median salaries than the state.
- The Gini Index of Jackson is .**46** indicating the presence of income disparity
- **5.4%** of community members are either seeking employment or are currently without a job.
- A larger proportion of **Jackson** community members were receiving [b]SNAP benefits compared to the state.

Josephine

- The median salary was significantly lower than the state.
- The Gini Index is .**47** indicating the presence of income disparity.
- **Josephine** had a higher unemployment rate (**6.2%**) than the state (**5.2%**) and national unemployment rates (**5.4%**).
- In **both** counties there was a higher proportion (**23.6%**) of community members who had received SNAP (food benefits) or Cash Assistance. This was higher than both Oregon and the U.S.

[a]**The Gini Index** is a summary measure of income inequality. The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1 perfect inequality (where only one recipient or group of recipients receives all the income).[16]

[b]**SNAP** is also known as the Supplemental Nutrition Assistance Program. Provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.[40]

Income

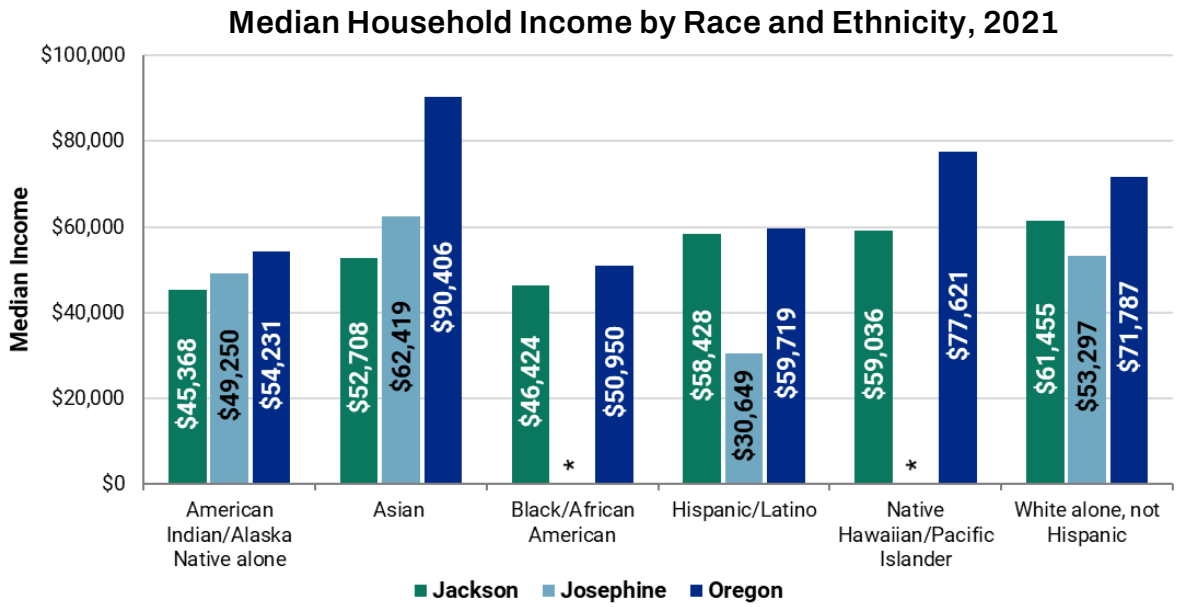


Figure 3. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

Note: Data for Black/African American and Native Hawaiian/Pacific Islanders in Josephine was insufficient and not shown.

- In **Jackson,** all race/ethnicity groups have significantly lower median household incomes when compared to the state.
- **Jackson's White NH** community members have a higher median household income compared to other race/ethnicity groups.
- **Jospehine's Hispanic/Latino** population makes significantly less **($30,649)** when compared to the **Hispanic/Latino** communities in the state **($59,719).**
- **Josephine's White NH** community members have a much lower median household income compared to the state.

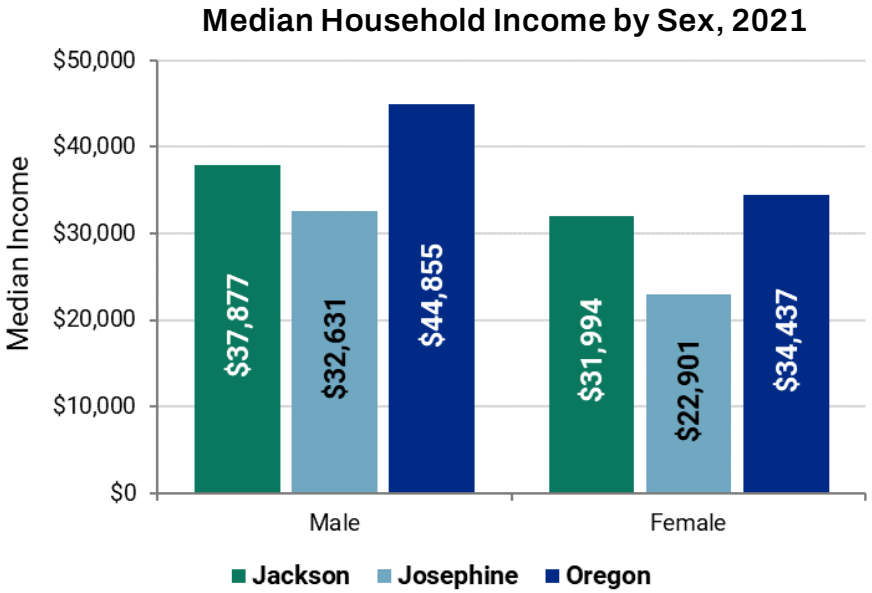


Figure 4. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- Female community members in **Jackson** experience about a **$6,000** gap in median household income compared to male community members.
- In **Jackson** female residents earned an average of **$0.81** for every **$1.00** male residents earned in annual income.[2]
- Female community members in **Josephine** experience nearly a **$10,000** gap in median household income compared to men.
- In **Josephine,** female residents earned an average of **$0.84** for every **$1.00** male residents earned in annual income. [2]

Industries

Percent Population (16 Years and Over) Employed by Industry, 2021

	Jackson	Josephine	Oregon
Educational services, health care and social assistance	25.7%	24.9%	23.4%
Retail trade	13.7%	11.8%	11.6%
Professional, scientific, management, administrative & waste management services	8.3%	9.5%	11.5%
Manufacturing	8.0%	10.3%	11.0%
Arts, entertainment, recreation, accommodation and food services	10.4%	11.2%	9.4%
Construction	6.4%	6.2%	6.6%
Finance, insurance, and real estate and rental and leasing	5.3%	4.8%	5.5%
Public administration	4.3%	5.7%	4.7%
Transportation and warehousing, and utilities	3.8%	3.8%	4.6%
Agriculture, forestry, fishing and hunting, and mining	3.5%	4.1%	2.9%

Table 3. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- There is a link between education and employment. With the cost of college increasing substantially many students are having difficulty paying and accessing higher education.
- Well-paying jobs for individuals with only a high school degree are limited. Across **both** Jackson and Josephine.
- The leading industries of employment were **educational services, health care, and social assistance; retail trade; arts, entertainment and recreation, and accommodation and food services; manufacturing; & professional, scientific and management, and administrative and waste management services.**
- The region experiences relatively similar unemployment to the state; however, jobs are not generally well-paying and median household income is lower than the state and nation.

Poverty

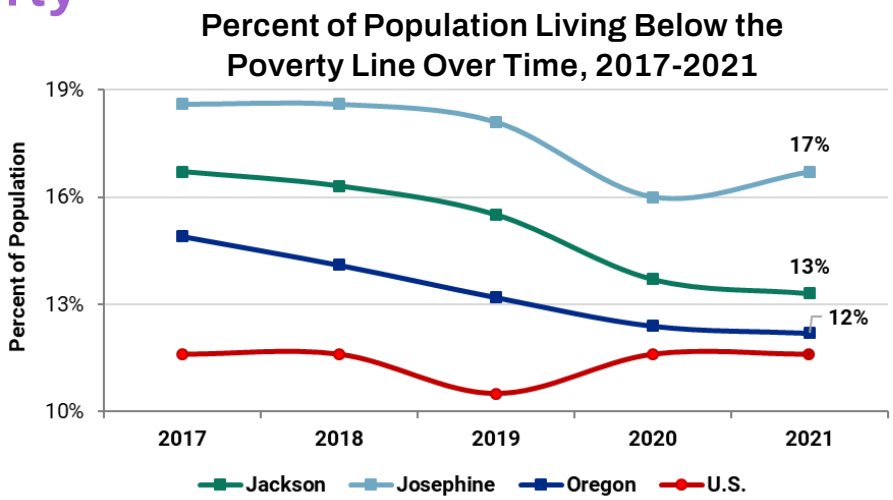


Figure 5. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- Poverty rates in **both** counties have had a small decrease in overall trend in the percentage of community members living below the poverty line in recent years.
- The U.S. poverty rate was **11.6%** in 2021, **both** counties and Oregon have a higher percentage of people living below the poverty line.
- **Josphine** has a much higher proportion of community members living below the federal poverty line than the state.
- It is important to keep in mind that current events in the U.S. such as prices for food, housing, and healthcare have been exacerbating the poverty situation in recent years. [2]

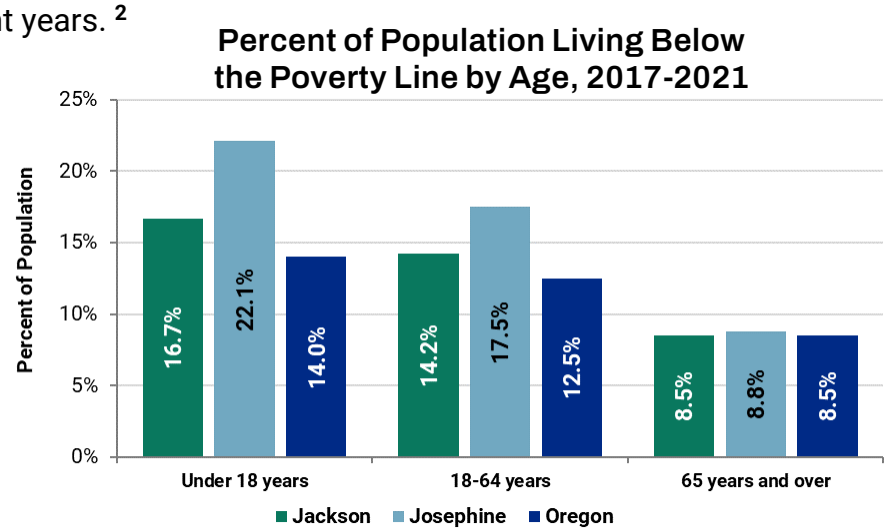


Figure 6. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- About **1 in 6** children in **Jackson** (**16.7%)** are living in poverty which is higher than the state level (**14.0%**).
- Over **1 in 5** children in **Josephine** (**22.1%)** are living in poverty which is higher than the state level (**14.0%**)

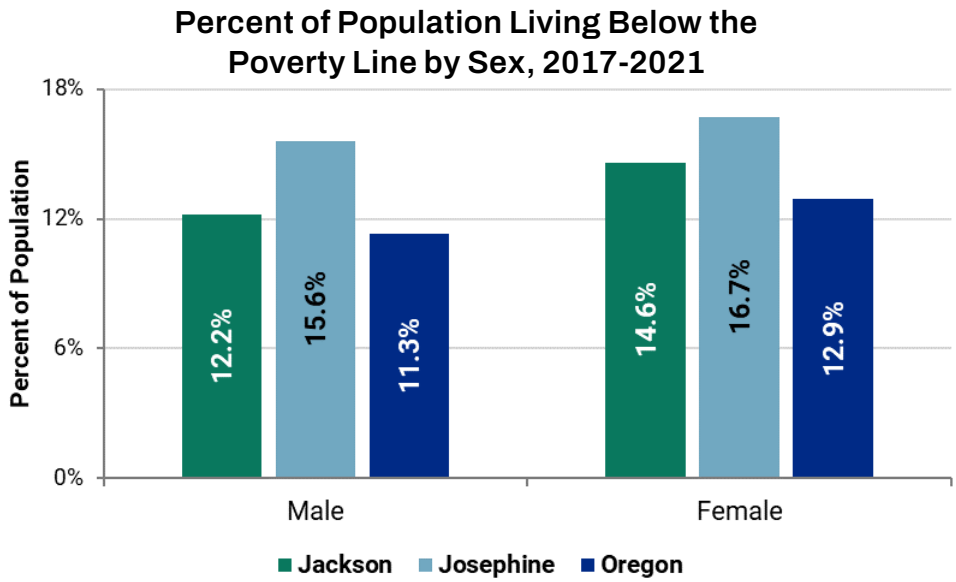


Figure 7. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- **Both** counties had a higher percentage of female community member Living Below the Poverty Line than male community members. In addition, both counties had higher rates of poverty for female community members than the state.

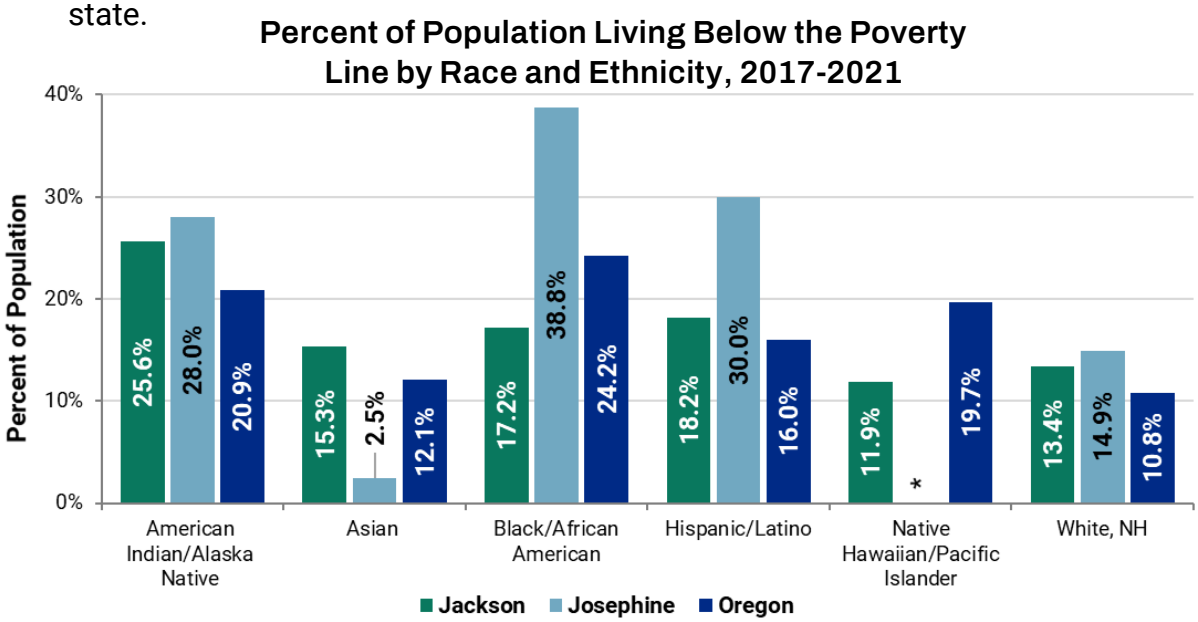


Figure 8. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.
Note: Data for Native Hawaiian/Pacific Islanders in Josephine was insufficient and not shown.

- In **Jackson** **American Indians/Alaska Natives** (**25.6%**) had higher rates of poverty compared to other race/ethnicity groups in the county.
- In **Josephine** **American Indians/Alaska Natives** (**25.6%**), **Black/African American** (**38.8%**), and **Hispanic/Latino** (**30.0%**) had higher rates of poverty compared to state poverty levels.

Education

Education and health are closely related in the broader concept of Social Determinants of Health. Access to quality education can empower individuals with knowledge and skills to better understand their health and how it relates to the world around them. Education equips people to make informed decisions about their health, leading to healthier lifestyle choices and better health outcomes.[14]

Education Status in Community, 2020-2021

	Jackson	Josephine	Oregon
High School Graduation Rate	82.0%	77.0%	81.0%
High School Graduate/GED or Higher (25+)	90.9%	90.8%	92.9%
Bachelors Degree or Higher (25 or older)	30.0%	18.1%	35.0%

Table 4. Data Source: Oregon Department of Education, Cohort Graduation Rate, 2019-2020
U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- **Jackson** had a slightly higher High School graduation rate than the state.
- **Josephine** had a lower graduation rate when compared to the state.
- **Both** have a lower proportion of community members 25 years old and over with high school diplomas, GED, or equivalent and Bachelors degrees than Oregon.
- **Jackson** has slightly lower percentage of adults 25 years or older with a Bachelor's Degree or Higher compared to the state.
- **Josephine** has a much smaller proportion (**18.1**%) of adults 25 years or older with a Bachelor Degree or Higher compared to the state. The percentage of adults was half that of the state

High School Graduate/GED

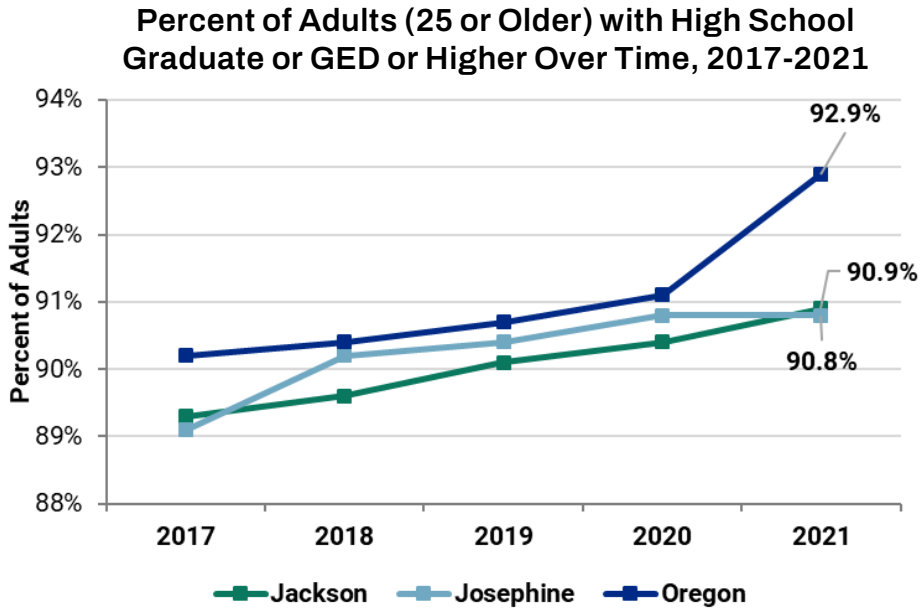


Figure 9. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- **Both** counties have seen an increase in the percentage of the community with a High School Diploma/GED or Higher in recent years.
- **Both** have a lower percentage of community members with a High School Diploma/GED or Higher compared to the state.

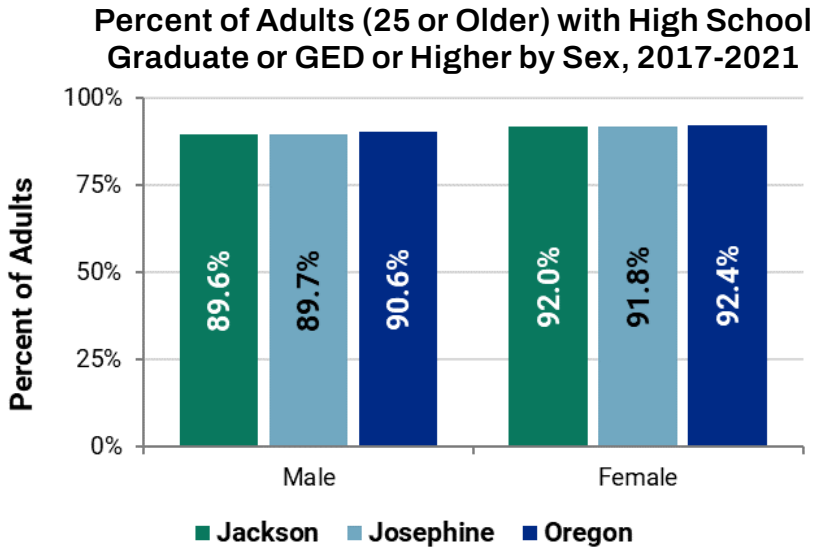


Figure 10. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- A greater proportion of female community members (**Jackson**: **92%**, **Josephine**: **92%**) had a high school diploma, GED, or higher than compared to male community members (**Jackson**: **90%**, **Josephine**: **90%**).

Percent of Adults (25 or Older) with High School Graduate or GED by Race, 2021

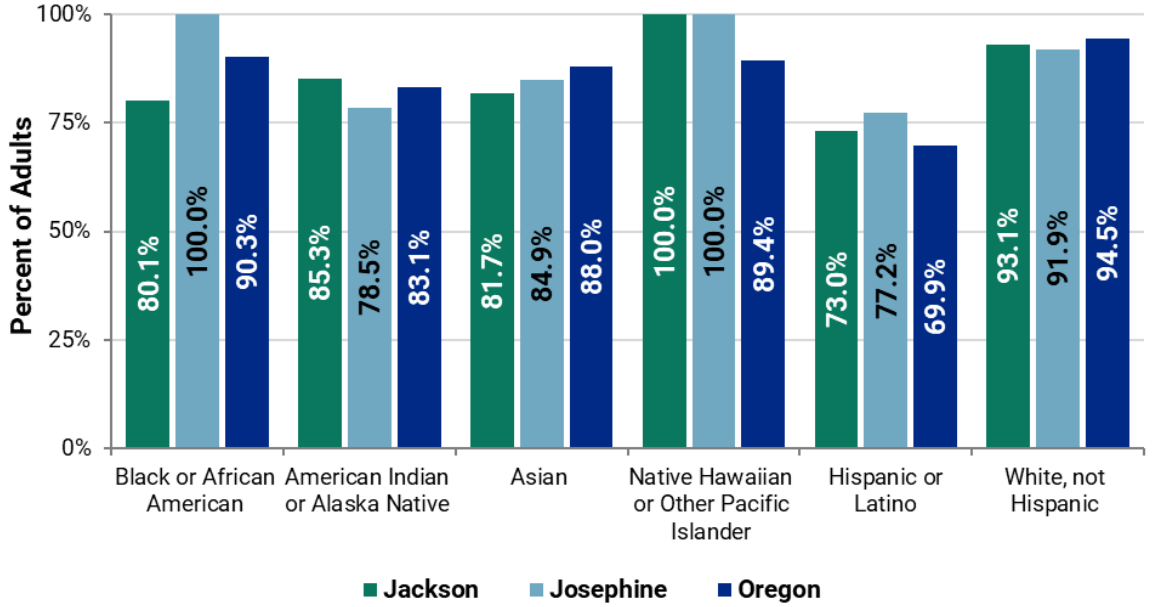


Figure 11. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

Note: Please note that in some cases, like Josephine (Black or African American) and Jackson (Native Hawaiian and Other Pacific Islander), 100% of the population 25 or older have a high school diploma or GED. However, due to small sample sizes and potential data inaccuracies, these figures should be interpreted cautiously and may not accurately reflect these communities.

- Adult community members who identified as **White Non-Hispanic, Asian, American Indian or Alaska Native** were more likely to have a high school diploma, GED, or higher-level degree than their peers.

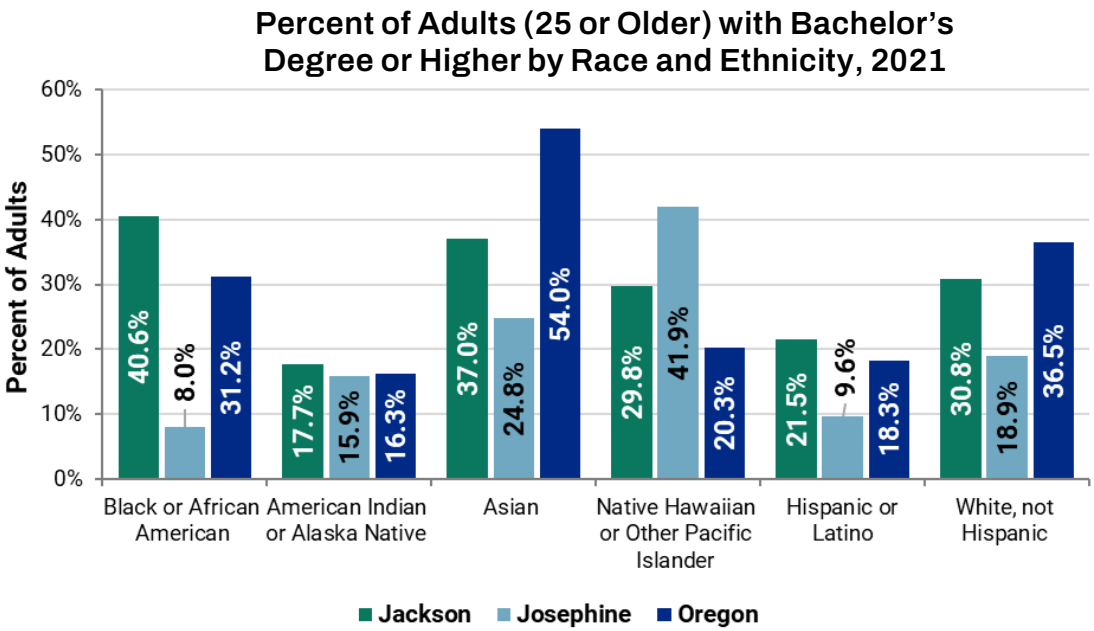


Figure 12. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- **Josephine** adult community members who identified as **Native Hawaiian** or **Other Pacific Islander** had a higher percentage of having earned a Bachelor's or higher degrees than the state.
- In **Josephine** several racial groups had smaller rates of receiving a Bachelor's degree or higher when compared to the state (**Black or African American, Asian, Hispanic or Latino, and White**).
- In **Jackson** individuals who identified as **Black or African American** were more likely to graduate with a bachelor's degree or higher than their peers.

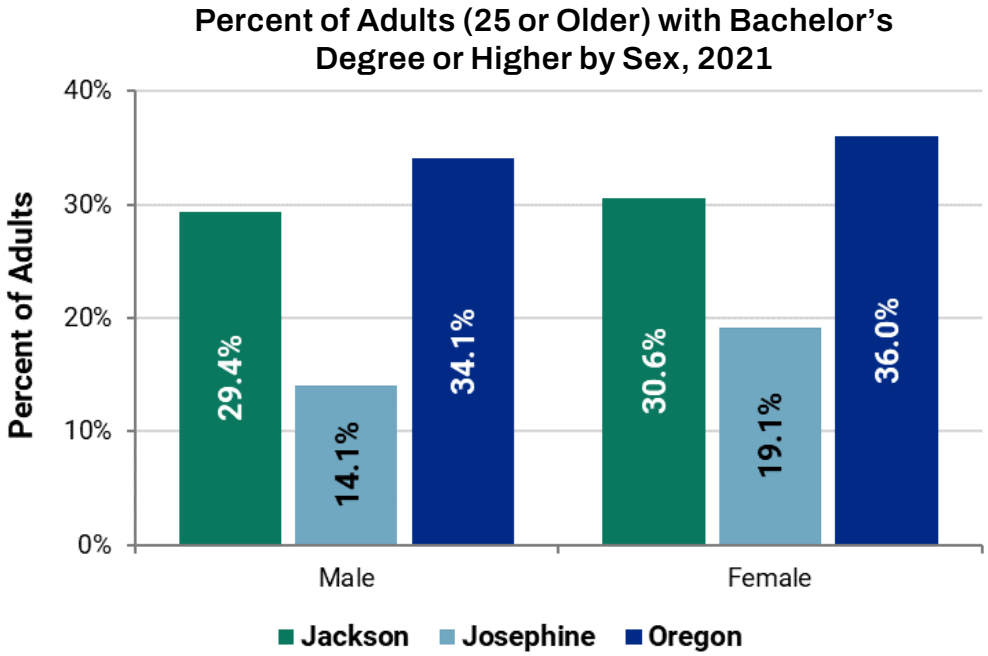


Figure 13. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- Female community members in **both** counties had a higher percentage of having a Bachelor's Degree or Higher compared to male community members.
- **Josephine** has a much lower percentage of both female and male community members with a Bachelor's Degree or Higher compared to Oregon.

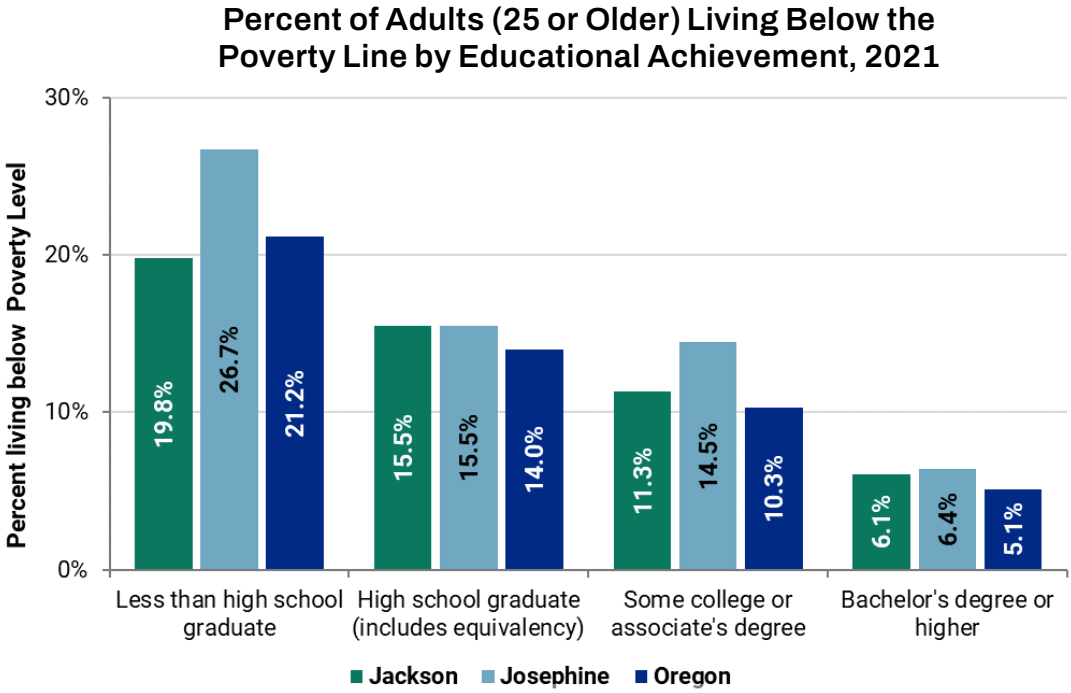


Figure 14, Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- A greater proportion of community members living under the poverty level had **Less than a High School Diploma**. The second proportion was those who had **High School Graduate or Equivalency Degrees**.
- In **Josephine** those who had **Less than a High School Diploma** had a much higher proportion of community members living under the poverty line than the state.
- In **Josephine** those who had Some College or Associate's Degree were living below the poverty level (**14.5%**) at much higher rates when compared to Oregon (**10.3%**).

Food Security

Food security is a necessary part of living a healthy life. This means that everyone has access to the food they need. We must ensure that people in our community have enough access to safe, affordable, and nutritious food. The communities' food security is affected by things like the amount of money for food a family has and how far away the grocery store is from their home. When children and adults do not have enough food, it affects every aspect of their lives.[38]

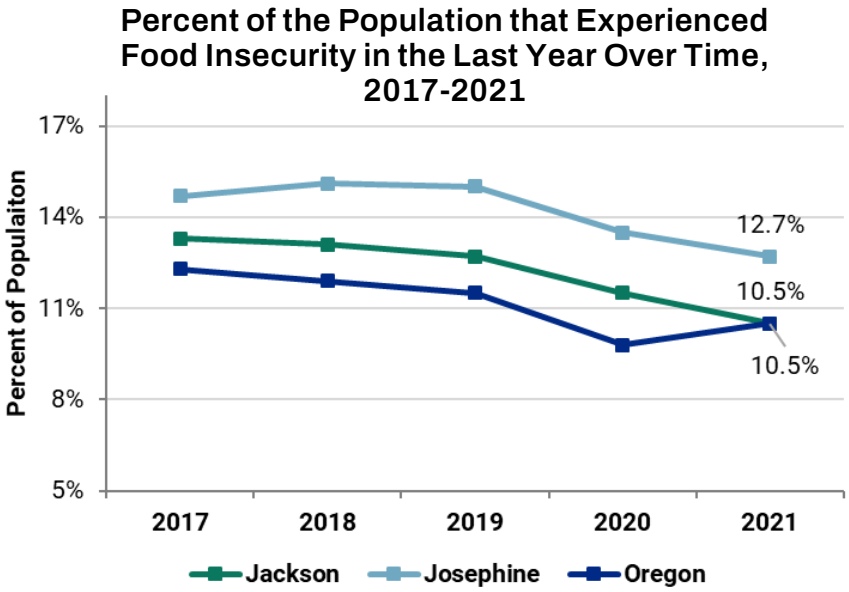


Figure 15. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021.

- **Josephine** had a higher rate of community members experiencing food insecurity than the state
- Food Insecurty has been decreasing in **both** counties and the state in recent years.

Percent of Seniors (65+) who are Food Insecure, 2021

6.9%

OREGON

Figure 16. Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2022
https://www.countyhealthrankings.org

- In **Oregon 7%** of seniors, 65 years and over, experience food insecurity. [38]

Food Insecurity

Food Insecurity in the Community, 2021

	Jackson	Josephine	Oregon
Food Environment Index	7.9	7.2	8.1
Overall Food Insecurity Rate	10.5%	12.7%	10.5%
Percentage of Children (<18 years) who are Food Insecure	13.6%	17.3%	12.4%
Children Likely Eligible for Federal Nutrition Assistance*	81.0%	86.0%	74.0%
Adults Likely Eligible for Federal Nutrition Assistance*	78.1%	89.4%	58.4%

*Table 5. Data Source: *U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021;*
[a]Feeding America, Map the Meal Gap, 2021; USDA, Food Access Research Atlas, 2015.
[b]County Health Rankings & Roadmaps, County Health Ranking Report, 2022;

- **Josephine** has a **lower** Food Environment index and has a **higher** food insecurity rate than the state. This could indicate that food access is harder for county residents.
- **Both** counties have a higher percentage of children who are food insecure and a higher percentage of children who are likely eligible for federal nutrition assistance than the state.
- **Josephine's** proportion of child food insecurity is much larger than the state.
- The percentage of adults who were food insecure who are Likely Eligible for Federal Nutrition Assistance is notably higher in both **Jackson** at **78%** and **Josephine** at **89%** compared to eligible adults across the entire state (**58**%).
- Just over **1 in 10** community members experienced food insecurity in **both** counties similar to the state.
- There is increasing demand and need for accessible food in **both** counties. [38]

Food Index: This is an index of factors that contribute to a healthy food environment, from **0 (worst)** to **10 (best)**
[b] **Food insecurity rates** are determined using data from the 2001-2018 Current Population Survey on individuals in [a] food insecure households; data from the 2018 ACS on median household incomes, poverty rates, homeownership, and race and ethnic demographics; and the 2018 data from the Bureau of Labor Statistics on unemployment rates. **Likely Eligible Estimates** reflect percent of food-insecure individuals living in households below the 185% poverty threshold and eligibility for assistance can vary by state. Federal Nutrition Assistance programs which include SNAP. [16]

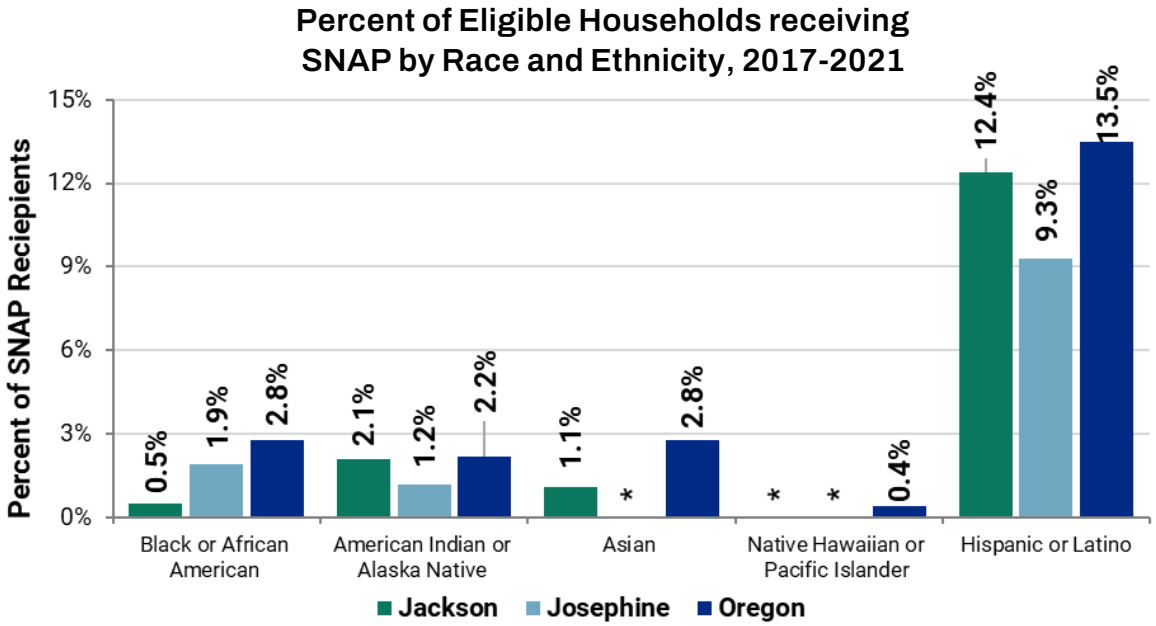


Figure 17. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021
**Note: Data for Asian and Native Hawaiian/Pacific Islanders in Josephine was insufficient and not shown.*

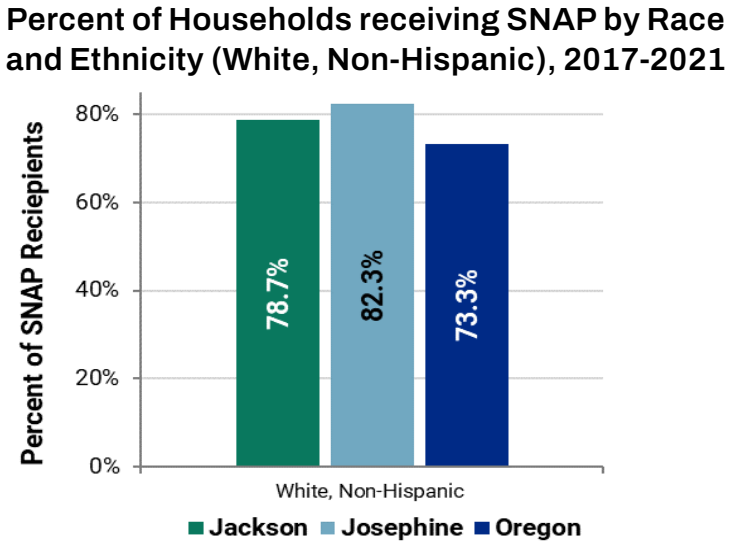


Figure 18. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- In **both** counties, the majority of households receiving SNAP benefits were made up of individuals who identified as **White NH** and **Hispanic or Latino.**
- **White Non-Hispanic** represented the majority of eligible SNAP Benefit recipients for both counties and the state. This group is shown separately to better highlight the differences in minority race and ethnicity groups.

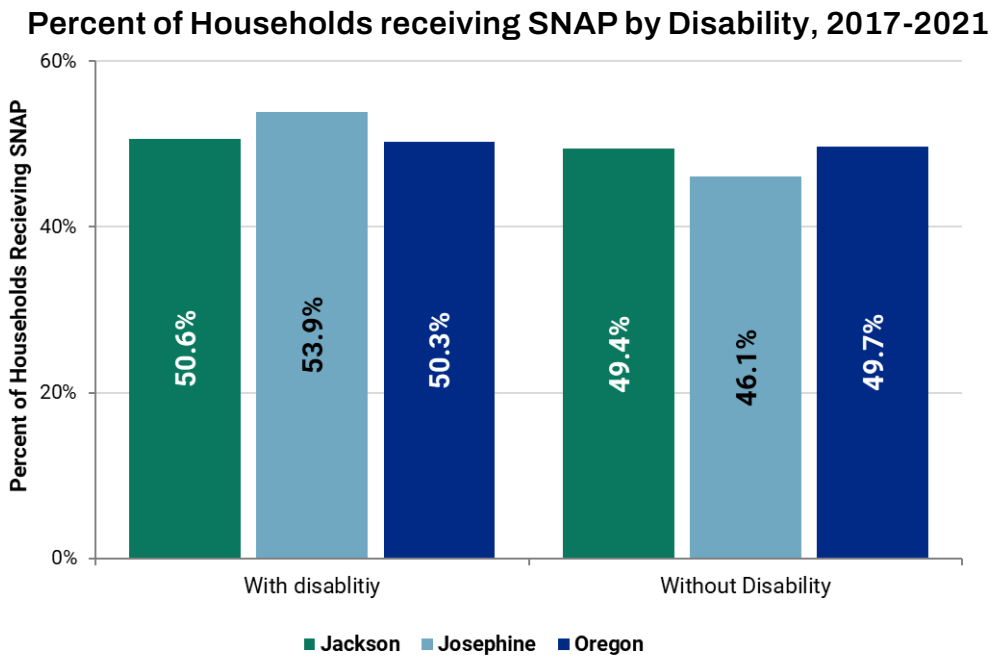


Figure 19. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- In **both** counties individuals with disabilities only had a slightly higher percentage of receiving SNAP benefits compared to those without disabilities

Food Deserts by Census Tracts, 2019

Josephine County | **Jackson County**

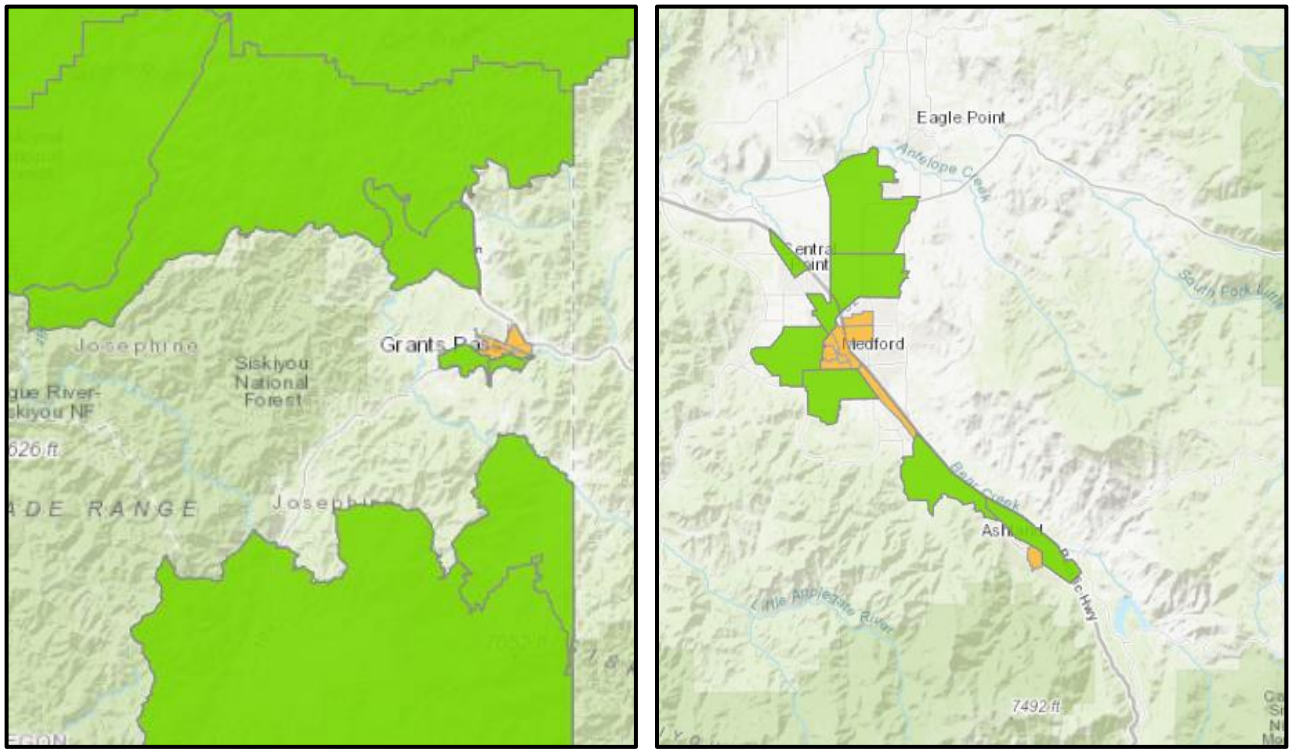


Figure 20. Data Source: U.S. Department of Agriculture, Food Access Research Atlas, 2023
Generated August 22, 2023

LI = low income, LA = low access
(Green is worse than orange)

Low Income (LI) & Low Access (LA) Layers 2019	
LI and LA at 1 and 10 Miles	
LI and LA at 1/2 and 10 Miles	

Food Desert: To be considered a food desert, a census tract must be designated as both Low-Income (**LI**) and have Low Access (**LA**) to supermarkets or large grocery stores where healthy foods are available.

- Rural towns and cities are not included due to the sample size of the census tracts.
- In 2019, in **Jackson**, **40%** of community members in metro areas were living in a food desert.
- In 2019, in **Josephine** **56%** of community members were living in a food desert.

Note: This data is from before the COVID-19 pandemic. COVID-19 could have disrupted things such as food supply, economic stability, and reduced access to fresh and affordable groceries for many people.[58]

Housing and Homelessness

Housing and homelessness are critical issues directly related to health. Having a safe and stable place to call home is not just a matter of basic comfort but also a matter of health which affects an individual's physical and mental well-being.
Homelessness, which denotes the lack of a permanent and secure residence, exposes individuals to increased health risks. Recognizing the important connection between housing and health is pivotal in addressing housing disparities. This relationship underscores the need for comprehensive strategies that consider housing as a fundamental determinant of health and work towards ending homelessness to promote overall well-being within communities. [4]

Housing Characteristics in the Community, 2022

	Jackson	Josephine	Oregon
Number of Homes[a]	97,772	38,704	1,798,864
Percent Vacant Homes[a]	6.3%	6.6%	7.8%
Rental Vacancy Rate[a]	2.1%	2.6%	3.6%
Severe Housing Problems*	20.4%	22.1%	18.4%
Residential Segregation-Black/White*	73	66	64

Table 6. Data Source: [a]U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021;
** County Health Rankings & Roadmaps, County Health Ranking Report, 2022*

***Residential Segregation Index**: Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents. This index can range from 0 to 100, with lower values representing less residential segregation and a value of 100 representing complete segregation. [2]
***Severe housing** means at least one of the following: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

- Due to the increasing frequency in wildfires, such as the Almeda Fire, many homes have been lost to fire or are in areas with increased risk of burning.

- The percentage in **both** counties of vacant homes **(about 6%)** was less than the state.
- **Over half** of renters in **both** counties are spending more than **30%** of their income on housing costs than Oregon and the U.S.
- In **both** counties about **1 out of every 16 houses** are currently unoccupied and available for rent. This rate is lower than the state.
- **In Jackson and Josephine, 1 out of 5 homes** experienced a severe housing problem. This rate is slightly higher than in Oregon.
- **Jackson** had a **Residential Segregation Index* of **73** for Black and white residents which was higher than the state. This indicates some residential segregation.

Estimated Homeless Count, 2021

	Jackson	Josephine	Oregon
Estimated Count of Sheltered Homeless	364	246	6,871
Estimated Count of Unsheltered Homeless	424	400	5,437

Table 7. Data Source: Portland State University, Oregon Statewide Homelessness Estimates, 2021

***Note:** Homeless counts have been majorly affected by the COVID-19 pandemic. This has affected the methods of counts as well as the number of individuals experiencing homelessness.

- Reasons people in the U.S. have listed as causes of homelessness were: unaffordable housing, unemployment, domestic violence, and mental illness.[2]
- **Oregon** has seen one of the largest increases (**22% increase**) in homelessness between 2020-2022. [2]
- The **Jackson** homeless population estimates for 2021 were **364** sheltered and **424** unsheltered individuals.
- The **Josephine** homeless population estimates for 2021 were **246** sheltered and **400** unsheltered individuals.

Estimated Homeless Veteran Count, 2021

Figure 21. Data Source: Portland State University, Oregon Statewide Homelessness

- **Jackson's** homeless veterans accounted for more than **10%** of the state's homeless veteran population.

Estimated Students Grades K-12 who are in an Unstable Housing Situation by School District, 2021

	Total Students	District Enrollment
Jackson County		
Ashland	179	7.4%
Butte Falls	54	28.9%
Central Point	193	4.1%
Eagle Point	167	4.0%
Medford	1,186	8.4%
Phoenix-Talent	464	20.7%
Prospect	220	11.6%
Rogue River	55	11.2%
Josephine County		
Grants Pass	411	7.3%
Three Rivers	499	11.2%

Table 8. Data Source: Oregon Department of Education, Homeless Student Data, 2020-2021

- In **Jackson**, **2,323** students were homeless or in an unstable housing situation during the 2020-2021 school year. The Butte Falls and Phoenix-Talent school districts both had the highest rate of homeless students.
- In **Josephine**, **910** students were homeless or in an unstable housing situation during the 2020-2021 school year.

Safety and Crime

An environment that is safe, and has low crime and violence is important for a community's health. The prevalence of crime, violence, and perceptions of safety can have far-reaching consequences on physical and mental health outcomes. Understanding the complex dynamics between safety and health is essential for devising strategies to mitigate the adverse effects of crime on individuals and address broader societal concerns.[14]

Crime Rates per 10,000 Population, 2021

	Jackson	Josephine	Oregon
Violent Crime Rate	84	115	100
Property Crime Rate	371	327	426
Other Sex Crime Rate	81	78	62

Table 9. Data Source: Oregon State Police: Uniform Crime Reporting Data, 2021

Violent Crime *includes willful murder, forcible rape, robbery, and aggravated assault.*
Property Crimes include burglary and theft as well as vandalism and arson.
Other Sex Crimes *covers offenses such as Statutory Rape, Molestation, Indecent Exposure, Sodomy and, Other offenses against chastity, common decency, morals (does not include Forcible Rape, Prostitution, and Commercialized Vice Sex Crimes).*

- **Jackson** (**84** per **10,000**) had a lower violent crime rate than Oregon (**100** per **10,000**).
- **Josephine** (**115** per **10,000**) had a higher Violent Crime Rate than the state.
- **Both** counties saw a lower rate of property crime than the state.
- **Both** counties had notably higher rates of Other Sex Crimes than Oregon.

Crime and Safety of 18 years or younger, 2021

	Jackson	Josephine	Oregon
Juvenile Arrest Rate *(per 1,000)*	31	24	28
% 11th Graders that Do Not Feel Safe at School	16.8%	17.0%	15.6%

Table 10. County Health Rankings & Roadmaps, County Health Ranking Report, 2022; Oregon Department of Education, Student Health Survey, 2021

- **Jackson** had a higher rate of Juvenile arrests than Oregon.
- More 11th-grade students reported not feeling safe in school in **both Jackson** and **Josephine** (**17%**) than compared to the state (**16%**).

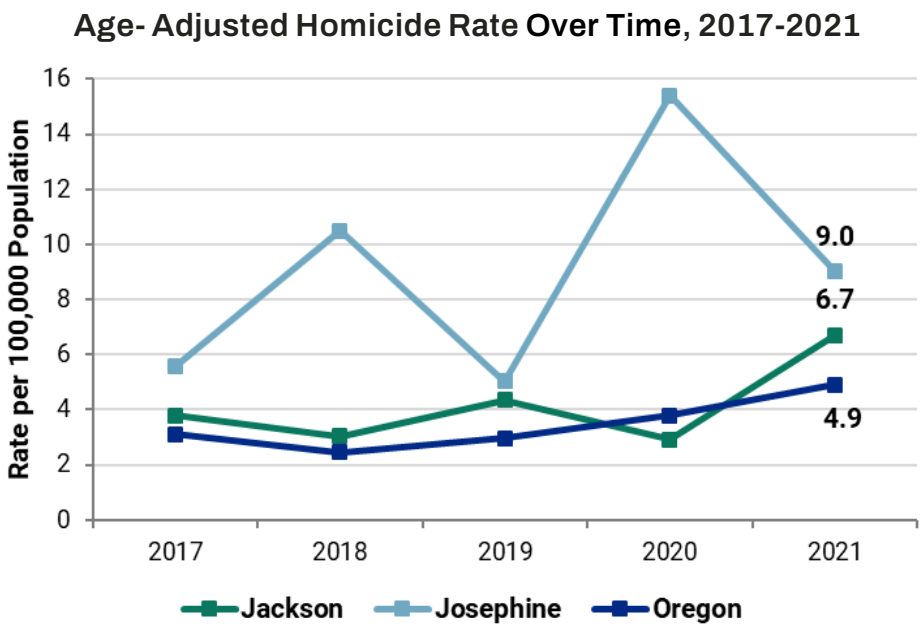


Figure 22. Data Source: Oregon Public Health Assessment Tool, 2021

- The homicide rates were higher in **both** Jackson and Josephine when compared to the state's rates.
- **Both** counties have seen an increase in trend of homicide rates in recent years.

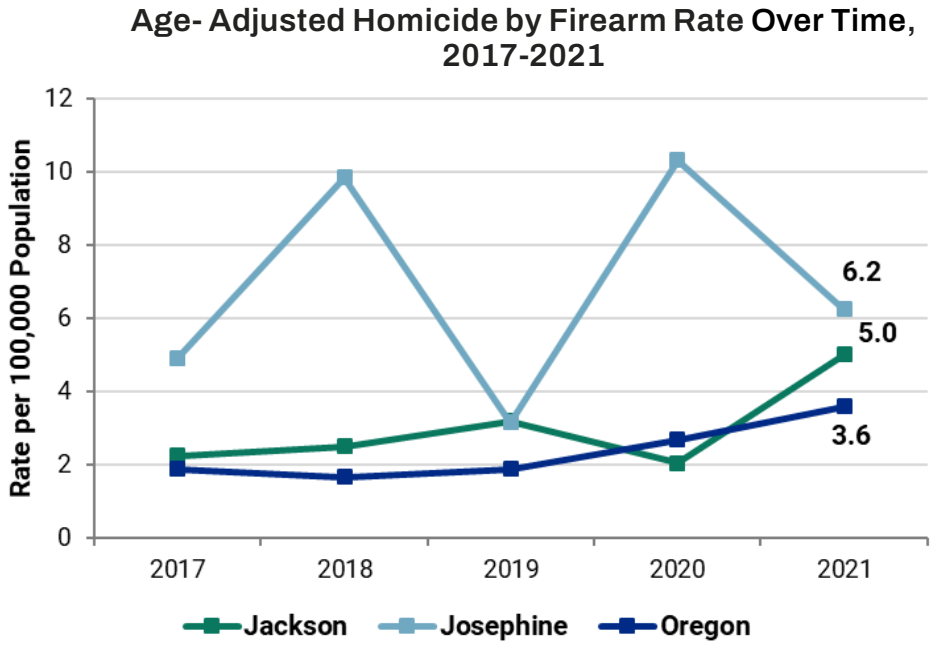


Figure 23. Data Source: Oregon Public Health Assessment Tool, 2021

- **Josephine** (**9** per **100,000**) has had a higher trend in rates of firearm-related homicides than the state (**5** per **100,000**).
- **Both** counties firearm homicide rates have been increasing over recent years.

Environment and Built Environment

Our surroundings, including both natural and human elements, have a deep impact on our well-being. The built environment, consisting of our homes, neighborhoods, workplaces, and infrastructure influences our lifestyle choices and behaviors. The complex relationship between the environment and public health is essential for creating healthier living spaces, preventing disease, and promoting overall well-being. The environment supports healthier lifestyles and mitigates health risks.

Environmental elements such as clean air, water, access to green spaces, and climate change impact our physical and mental health. Clean air is essential for healthy respiratory function, while clean water is crucial for hydration and preventing waterborne diseases. Green spaces and natural areas provide opportunities for physical activity, stress reduction, and social interaction. Climate change can lead to extreme weather events, altered disease patterns, and shifts in environmental conditions that impact human health. Rising temperatures can exacerbate heat-related illnesses, while changes in precipitation patterns can affect water quality and increase the risk of vector-borne diseases. The availability of these natural environmental elements, alongside a well-planned built environment, collectively shapes the health of communities and individuals.[14]

Water Quality

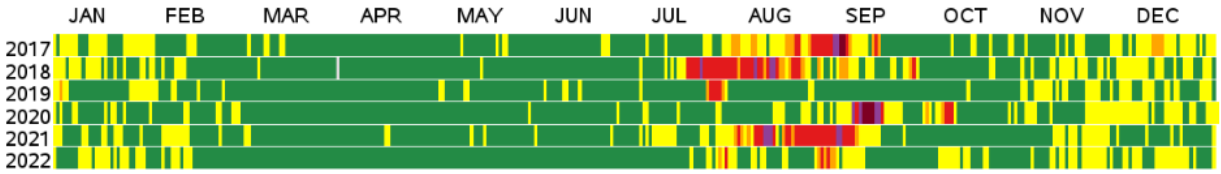
- Ensuring the health of individuals relies on access to safe, high-quality drinking water. While water systems serving larger populations in Oregon generally meet quality standards, smaller systems and private wells face a higher risk of contamination from contaminants such as Arsenic. [27]
- In 2023, **2%** of **Jackson's** ***Community Water System did not meet EPA health standards (EPA). This does not include [a]Transient Non-Community or [b]Non-Transient Non-Community Water Systems.
- Both **Josephine** and the State were meeting the EPA target for water systems health standards (**100%**).
- Community water systems do not include private water systems or wells.

****Community Water System:** means a public water system with 15 or more service connections used by year-round residents or regularly serves 25 or more year-round residents.*
*[a]**Transient Non-Community Water System or "TNC"**: means a public water system that serves a transient population of 25 or more persons.*
*[b]**Non-Transient Non-Community Water System or "NTNC":** means a public water system that regularly serves at least 25 of the same persons over 6 months per year.*

Air Quality

5 Year Daily AQI Values Over Time, 2017-2021

Jackson County



Josephine County

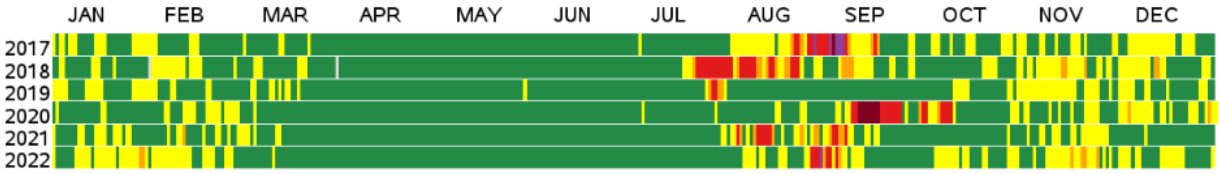
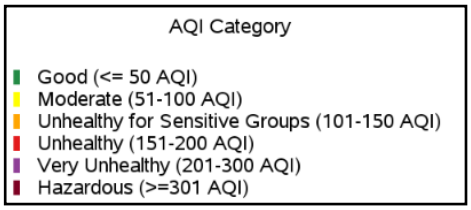


Figure 24 Source: U.S. EPA AirData <https://www.epa.gov/air-data>
Generated: November 3, 2023



- In 2022 the Air Quality Index (AQI) in **Jackson** was good for **74%** days of the year.
- **Josephine** had **67%** days of the year 2022 that had good AQI.
- The days that were the AQI of "unhealthy" or "very unhealthy" were heavily clustered around August and September for both counties. This is likely due to the frequency of wildfires in the area at the time.

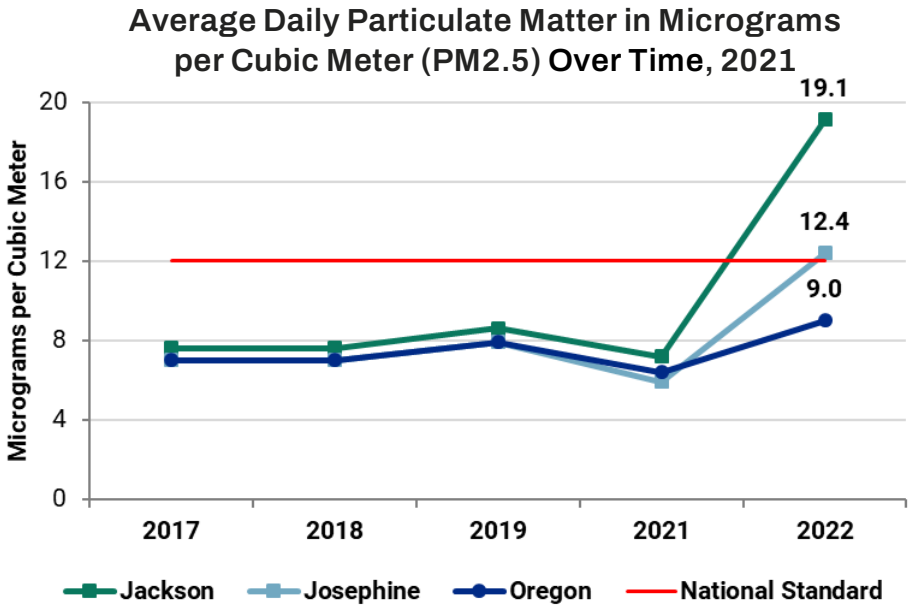


Figure 25. Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2022

***PM2.5**: Fine particulate matter is defined as particles that are 2.5 microns or less in diameter. Breathing in unhealthy levels of PM2.5 can increase the risk of health problems like heart disease, asthma, and low birth weight. Unhealthy levels can also reduce visibility and cause the air to appear hazy.

- Local *PM2.5 average was **higher** in both **Jackson** and **Josephine** than the national standard.
- Both counties have had higher PM2.5 levels than the state in 2022. This may be attributed to the frequency of wildfires in Southern Oregon.

Heat

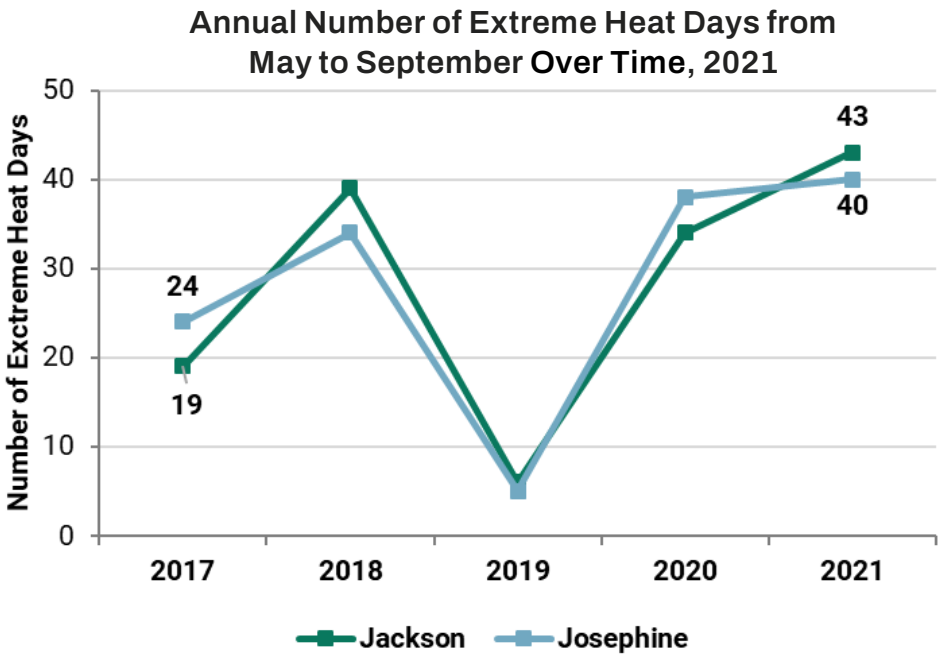


Figure 26. Data Source: Centers for Disease Control and Prevention, Historical Temperature & Heat Index, 2021

[a]**Extreme Heat**: At least two days of temperatures above 100 degrees, or at least two days when heat and humidity feel like 105 degrees or more. The National Weather Service issues alerts to help communities and individuals prepare for excessive heat.

- **Both** Jackson and Josephine have seen **increases** in the annual number of [a]Extreme Heat days from May to September in recent years.
- **Jackson** had 43 days of extreme heat in 2021.
- **Josephine** had 40 days of extreme heat in 2021.

Wildfires

Oregon has experienced a higher frequency of wildfire events, posing significant challenges to public health and safety. This increase draws attention to fire's impacts on the environment, communities, and health. Oregon has seen a surge in wildfires, driven by things such as climate change, forest management practices, and other environmental factors. These fires can endanger lives, destroy homes, disrupt ecosystems, and generate hazardous air quality conditions. Understanding the causes and consequences of wildfires in the state is critical for addressing the growing threat it poses and for developing strategies to protect the well-being of people living in Oregon.[52]

Total Burned Acres from 2003-2021

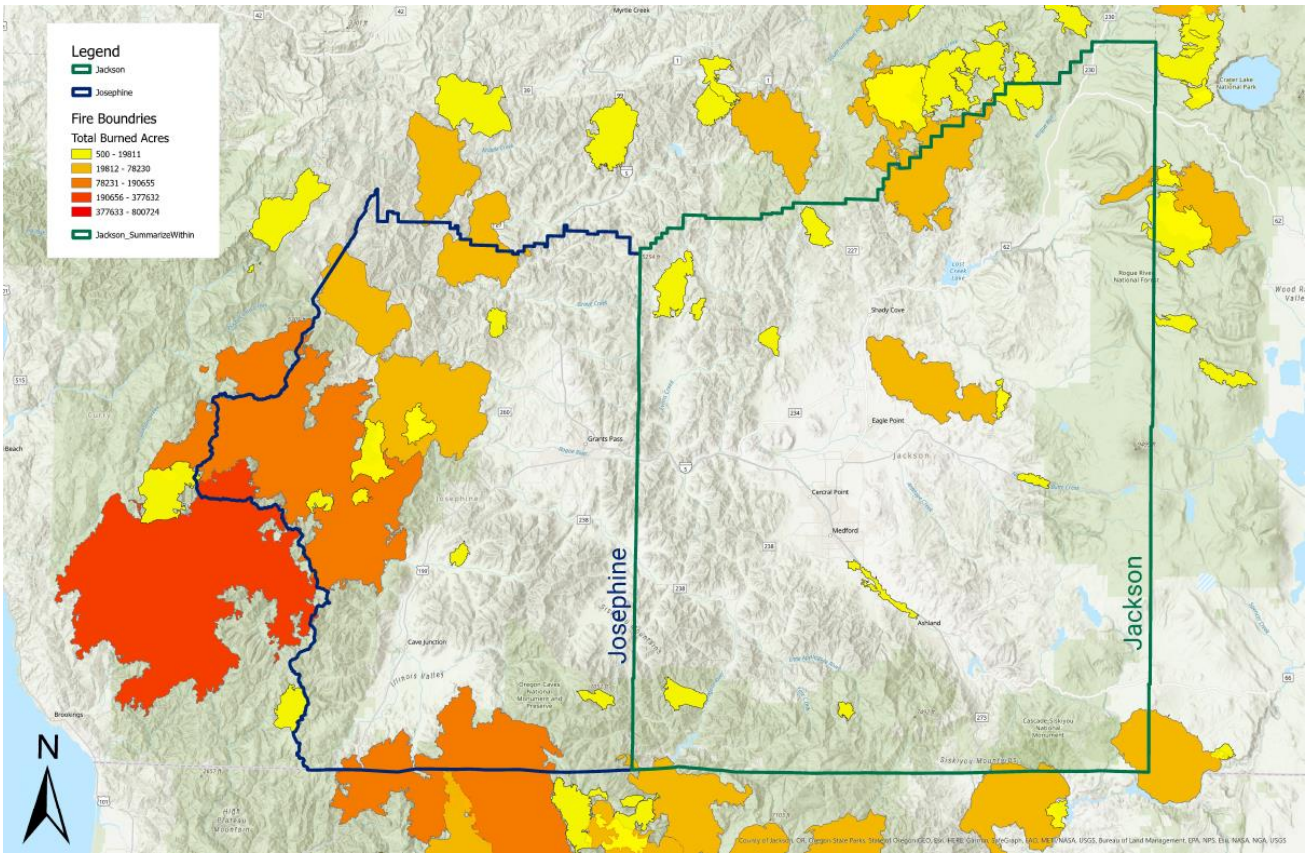


Figure 27. Data Source: Monitoring Trends in Burn Severity (MTBS),: Burned Areas Boundaries Dataset, 2022

- This map depicts the total acres burned in **Jackson** and **Josephine** counties by fires designated as "wildfires" from 2003-2022.
- In 2022, there were **889** total fires burned in **Oregon**. Over **75%** of those fires were human-caused. Humans cause 90% of wildfires in the United States via discarded cigarettes, unattended campfires, equipment malfunctions, or burning debris.

- From 2003-2022 over **321,241** acres have burned due to wildfires in **Josephine** County.
- From 2003-2022 over **115,596** acres have burned due to wildfires in **Jackson** County

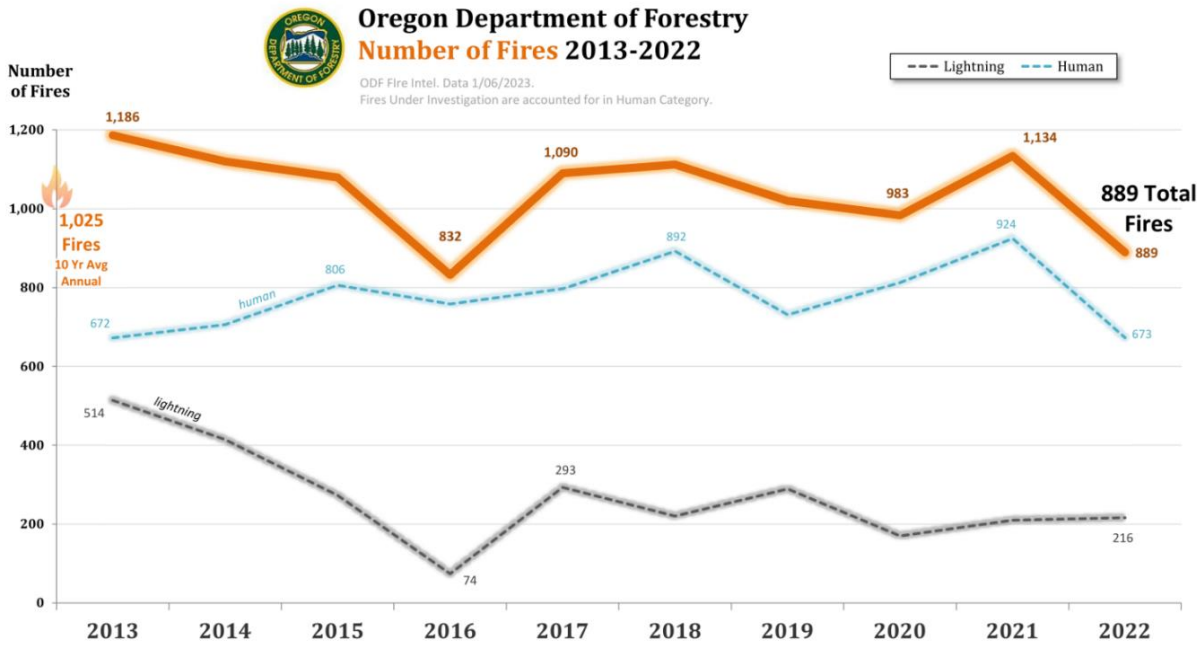


Figure 28. Data Source: Oregon Department of Forestry, Fire information & Statistics, 2022
Graphic Courtesy of Oregon Department of Forestry

Human Caused Wildfires include equipment malfunction, discarded cigarettes, unattended campfires, burning debris, vehicles, prescribed burns, and arson.

- Overall **Oregon** has seen a high frequency of the number of fires. With a 10-year average of **1,025** fires annually.
- In 2022 Oregon reported **889** wildland fires.
- There has been a steady increase of human-caused fires which account for more than **70**% of the wildfires in Oregon. [121]
- In 2022 **673** wild fires were Human Caused Wildfires.

South West Oregon District, 2023

Figure 29. Data Source: Oregon Department of Forestry, Districts map, 2023
Image courtesy of Oregon Department of Forestry

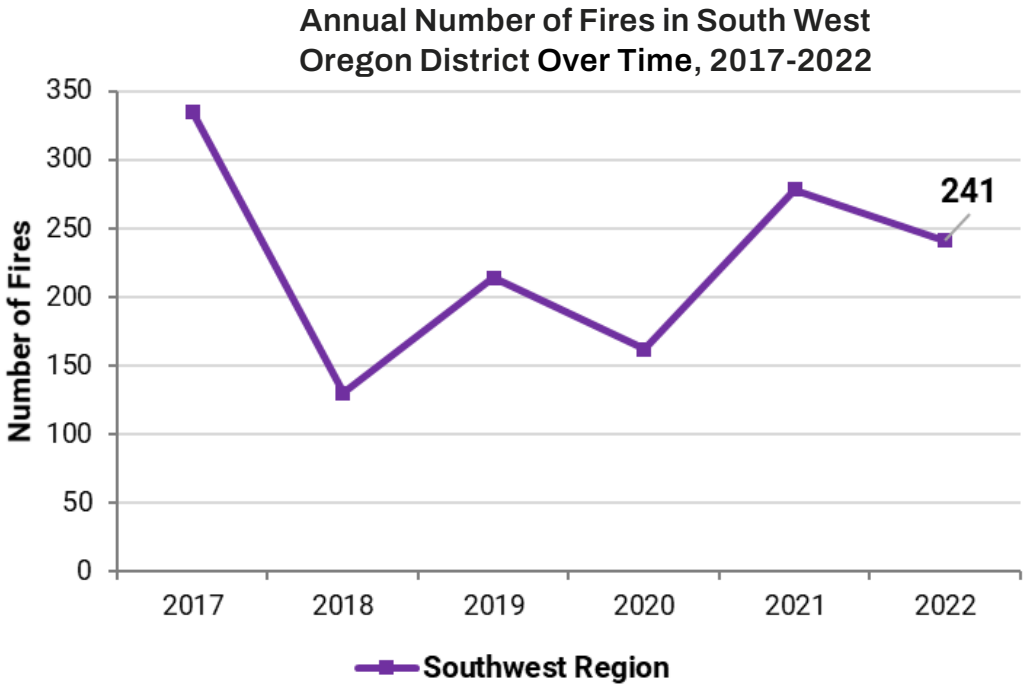


Figure 30. Data Source: Oregon Department of Forestry, Southwest Oregon District Annual Report, 2017-2022

- The Southwest Oregon Districts (SWO) represents **both** Jackson and Josephine counties.
- In 2022 SWO reported **241** wildfires during the fire season that burned about **21,731** acres between **both** counties.[122]

Almeda & South Obenchain Fire

The Almeda Fire of September 2020 is a human-caused fire that damaged or destroyed **2,753 structures** and **3,200 acres** in parts of Talent, Phoenix, and unincorporated Jackson County.

The South Obenchain Fire which also burned during Labor Day in September 2020, began near Lick Creek and Obenchain Road east of Brownsboro near Highway 140. The fire burned much of the area between Butte Falls and Shady Cove, forcing evacuations. This wildfire burned **32,671 acres** and destroyed over **80 structures** in the community.

These fires hold a somber place in the memories of those who witnessed their devastating impacts. They serve as a stark reminder of the fierce and unpredictable nature of wildfires. The Almeda and South Obenchain Fires underscore the pressing need for proactive measures to address the escalating wildfire risk driven by climate change.; as a poignant reminder of the importance of preparedness, early warning systems, and community resilience in the face of disasters.

As we remember the Almeda and South Obenchain Fires, we also honor the resilience of the affected communities who are still dealing with the aftermath today. Their collective spirit and determination continue to inspire us to work towards a future where such tragedies can be prevented, and where communities are better equipped to withstand the challenges of an ever-changing environment. [53,54]

Though these fires brought great challenges, our communities have come together to build back our communities. Rebuilding does not happen overnight, and efforts such as the Rogue Reimagined Regional Long-Term Recovery Plan represent community-wide collaboration in revisioning our valley post-fire. Projects included in the plan address recovering and rebuilding from the fires, adapting to the evolving climate risks, and strengthening collective efforts to increase resiliency for the individuals and families throughout the Rogue Valley. [120]

Photo Courtesy of @JCCLTRG

Transportation

Access to safe and efficient transportation systems can significantly impact our physical and mental health, as well as our overall quality of life. Conversely, transportation-related issues, such as traffic congestion, air pollution, and lack of access to public transportation services, can pose substantial health challenges.

Daily Work Commute Characteristics, 2021

	Jackson	Josephine	Oregon
Average commute time to work one way *(mins)*	19.1	20.1	23.7
Drove alone	74.9%	76.8%	68.7%
Carpooled	9.0%	9.4%	9.0%
Public Transit	0.9%	0.3%	3.5%
Walked or Biked	3.6%	3.2%	5.2%
Worked from home	10.4%	8.9%	12.5%

Table 11. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- On average the daily commute to work for both counties is about **20 mins** each way in **both** counties and the state.
- Majority of people commuting to work drove alone in a car **both** counties and the state.
- In **Josephine** about **1 in 4** workers who drive alone to work commute more than **20 minutes** each way.
- In **both** counties community members were less likely to use alternatives to cars on their daily commute. About **3%** of community members walked or biked and less than **1%** used public transportation. Both counties use car alternative commuting modes of transportation less than the state.
- Since 2017 the rate of work from home workers has increased in **Jackson** and **Josephine.** [1]
- **Jackson** had **10.4%** of its workforce working from home.
- **Josephine** had **8.9%** of its workforce working from home.

Neighborhoods

- **Jackson's** communities are mostly **car-dependent** and require a car for errands like grocery shopping. The most walkable city is Ashland with a walk score of **55**.
- **Josephine** is also very **car-dependent**. The most walkable city is Cave Junction with a walk score of **54**.
- In **Jackson** **87%** of people lived close to a park or recreation facility.[2]
- In **Josephine** **69%** of people lived close to a park or recreation facility.[2]

Walkability Score, 2021

	Walking Score
Jackson County	
Ashland	55
Butte Falls	22
Central Point	32
Medford	38
Josephine County	
Grants Pass	40
Cave Junction	54
O'Brien	16

Table 12. Data Source: Find Apartments for Rent and Rentals - Get Your Walk Score, 2021, Retrieved August 29, 2023

*- **Walking Score** is calculated by the distance between an address and its amenities determines a walkability score. A distance of 0.4 km (5 minutes) or less is most desirable, with further distances considerably less desirable as they get longer. Amenities further than a 30-minute walk don't count toward a walkability score.*
This metric is limited and is not a full picture of walkability in a community and should be considered with the other metrics in this section.

Homes

Homes Built Before 1979, 2021

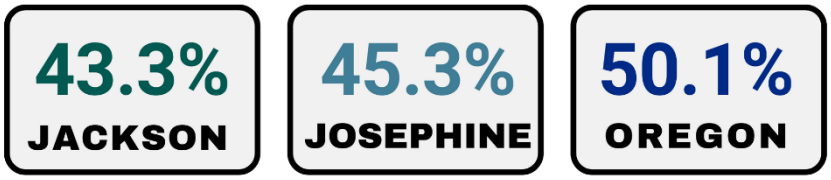


Figure 31. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- Less than **half** of the occupied houses in **both Jackson** and **Josephine** were built in 1979 or before. Houses built in this era are more likely to have lead-based paint or plumbing.

Internet

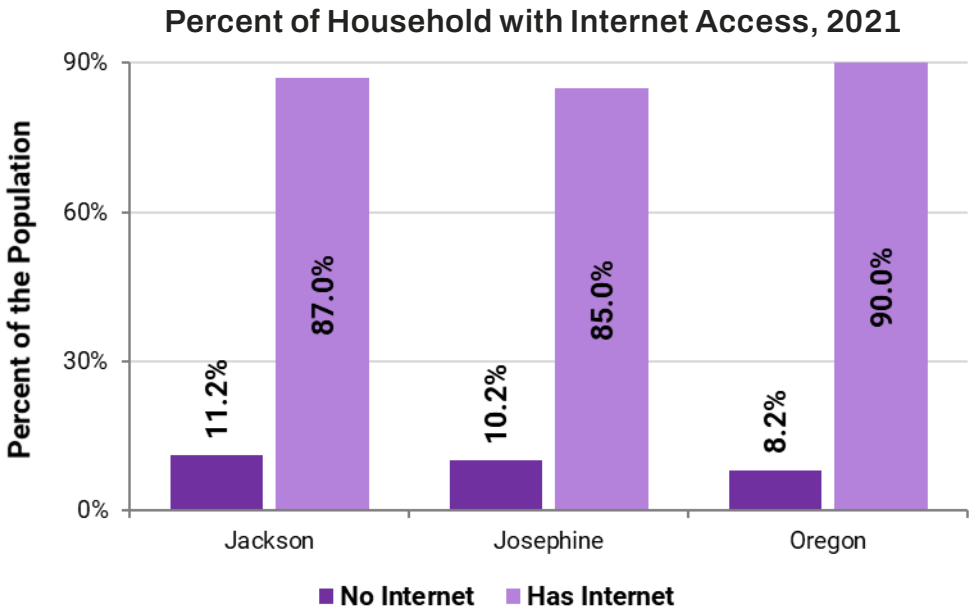


Figure 32. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- **87%** of **Jackson** households have access to internet broadband.
- **85%** of **Josephine** households have access to internet broadband.
- Around city centers like Medford and Grants Pass have the highest concentration of broadband providers. Rural areas have fewer options for internet access.

Access to Care

Access to health care is a fundamental component within the Social Determinants of Health. This means that having access to healthcare can greatly affect how healthy people and their communities are. Some important things to consider are how much it costs to get medical help, how close doctors and hospitals are to where you live, and if you can get preventive care. Making sure that healthcare is easy to get to and affordable money is important for making sure everyone can be healthy.

Insurance

Health insurance helps people receive routine and preventative care. However, not everyone has easy access to health insurance, and this can lead to significant challenges. Some people struggle to afford increasing insurance premiums, which are the monthly payments you make to keep your health coverage. Others might find that even with insurance, they still have high out-of-pocket costs, like copayments and deductibles, which can add up quickly. Legislation such as the Affordable Care Act (*ACA*) have expanded the accessibility and coverage of health insurance which led to more people being covered in the US than in the past.[44]

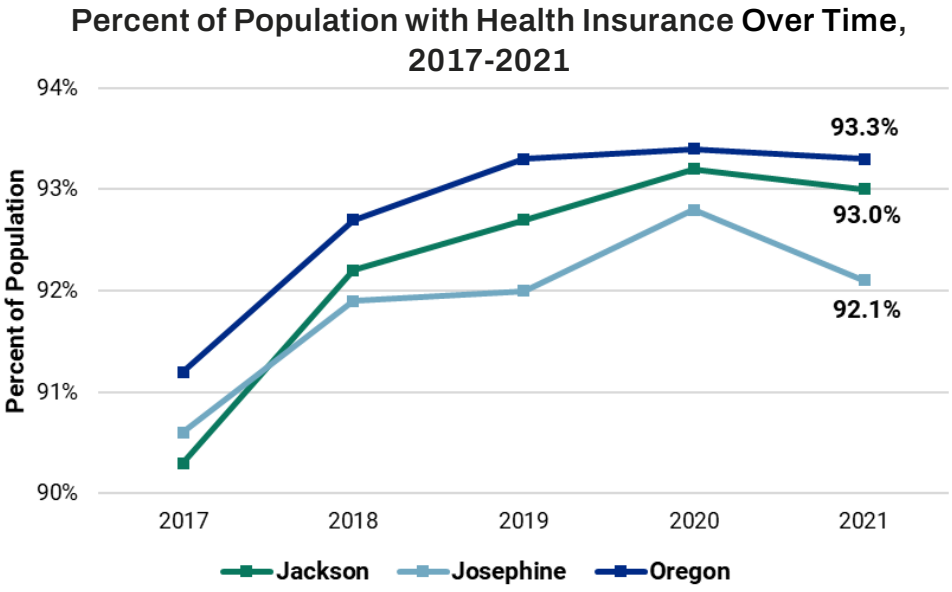


Figure 33. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- About **93%** of **Jackson** community is insured similar to the state.
- A majority of insured people get their insurance through their employer.
- About **92%** of **Josephine** community is insured slightly lower than the state.

Percent with Health Insurance, 2021

	Jackson	Josephine	Oregon
Insured	93.0%	92.1%	93.3%
Uninsured	7.0%	7.9%	6.7%

Type of Insurance, 2021

Employer	37.7%	27.6%	46.0%
OHP (Medicaid)[a]	18.8%	19.4%	13.6%
Medicare	23.7%	28.1%	19.2%
VA Health Care	0.5%	0.8%	0.4%

Table 13 & 14. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021; Oregon Public Health Assessment Tool, 2018-2021

***OHP**: Medicaid coverage in Oregon and includes, Medicaid, Coordinated Care Organizations (CCO), and Fee-For-Service (FFS).*

- A majority of insured people get their insurance through their employer.
- **Both** counites had a larger amount of people insured through Medicare **Jackson** (**23.1%**) and **Josephine** (**28.1%**) than **Oregon** (**19.2%).**
- The most common reasons for Oregonians to be uninsured were: Not interested in health insurance, lost OHP coverage, and premiums too expensive on employer coverage.[42]

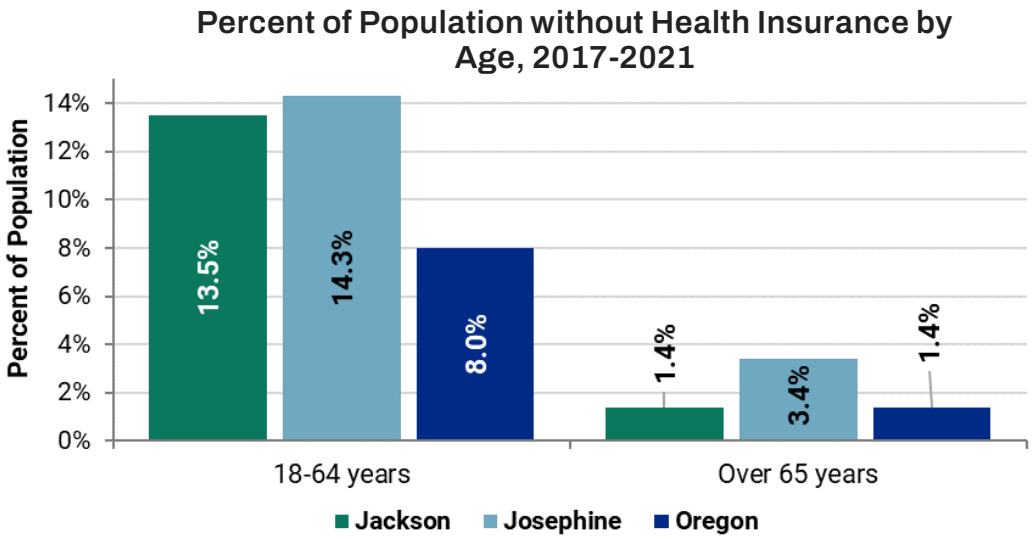


Figure 34. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- In **both** counties the **18-64 age** group had larger percentages of uninsured people when compared to the state.

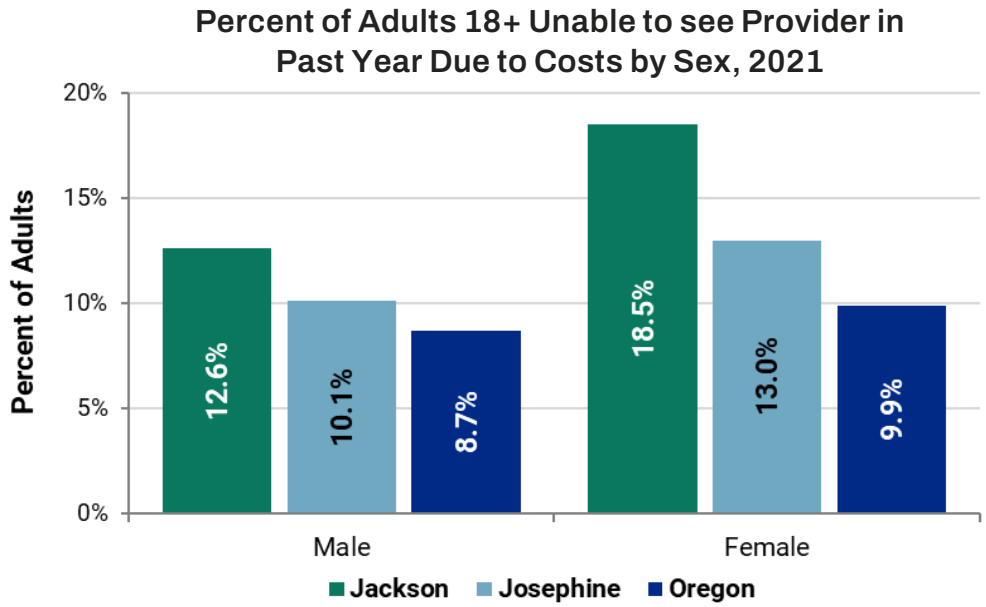


Figure 35. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

- Female community members in **both** counties had a higher percentage of being unable to attend routine checkups due to costs when compared to male community members.
- **Jackson** female community members were more likely not to see a provider due to cost compared to the female community members in the state and Jackson male community members.

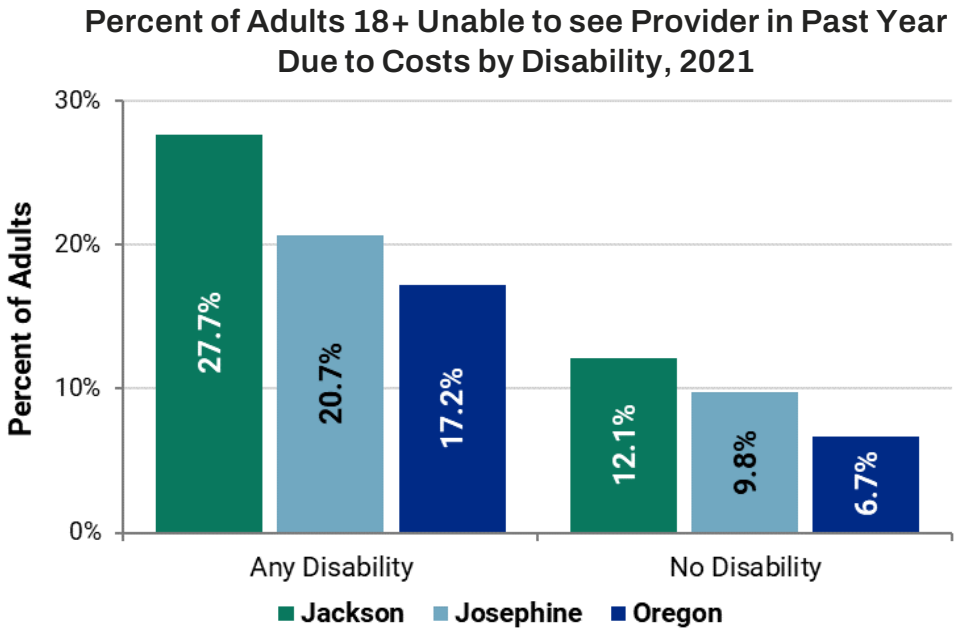


Figure 36. Data Source: U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021

***Any Disability** is classified as: percent of adults reporting 1 or more of 6 conditions--deafness, blindness, cognitive function problems, mobility problems, difficulties taking care of personal care or errands without assistance*

- A larger percentage of people with disabilities were unable to attend routine checkups due to costs when compared to those without any disabilities in **both** counties.
- **Jackson** had a large proportion of individuals with disabilities who could not see a provider due to cost compared to the State.

Providers

Healthcare providers are the doctors, nurses, and medical professionals who make up our community healthcare system. When there aren't enough providers and too many patients for each provider, it causes issues in our communities. This leads to gaps in care, like having to wait a long time for medical help, not being able to see certain specialists, and not having enough preventative care providers [14]. In places where there aren't many healthcare providers, like in rural areas, it can be even harder to get medical help. People might have to travel long distances to see a medical practitioner and may choose not to go for preventative check-ups. The COVID-19 pandemic caused additional challenges for healthcare providers and made the shortages and inequities in healthcare even worse.[45]

Provider Rates: *When the trends of rates are increasing or have high values this means that there is a smaller patient-to-provider ratio.*

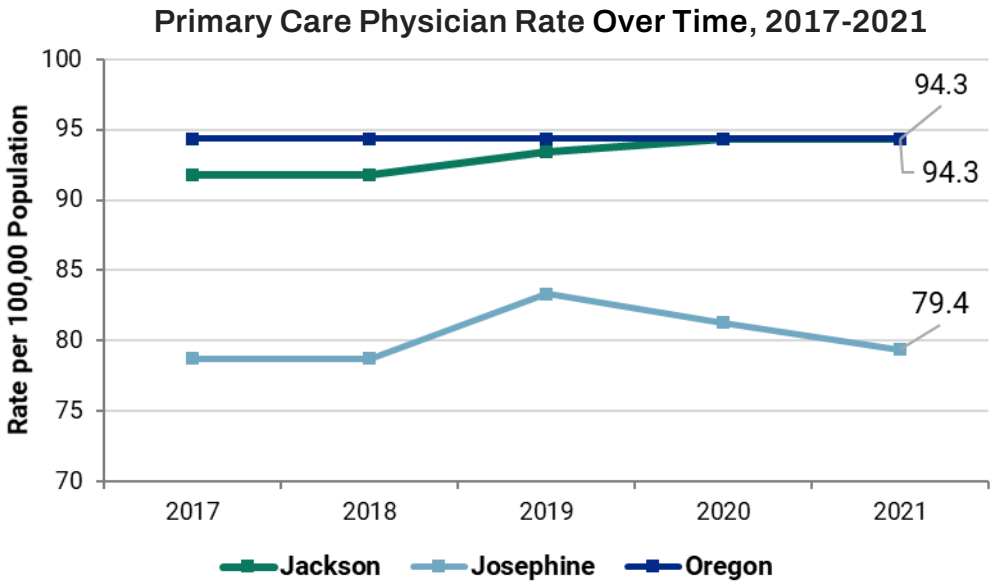


Figure 37. Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2017-2022 https://www.countyhealthrankings.org

- **Josephine** has a lower rate of primary care physicians to serving the community relative to the population size than the state.
- **Jackson** had a similar rate of primary care physicians than the state as a whole.

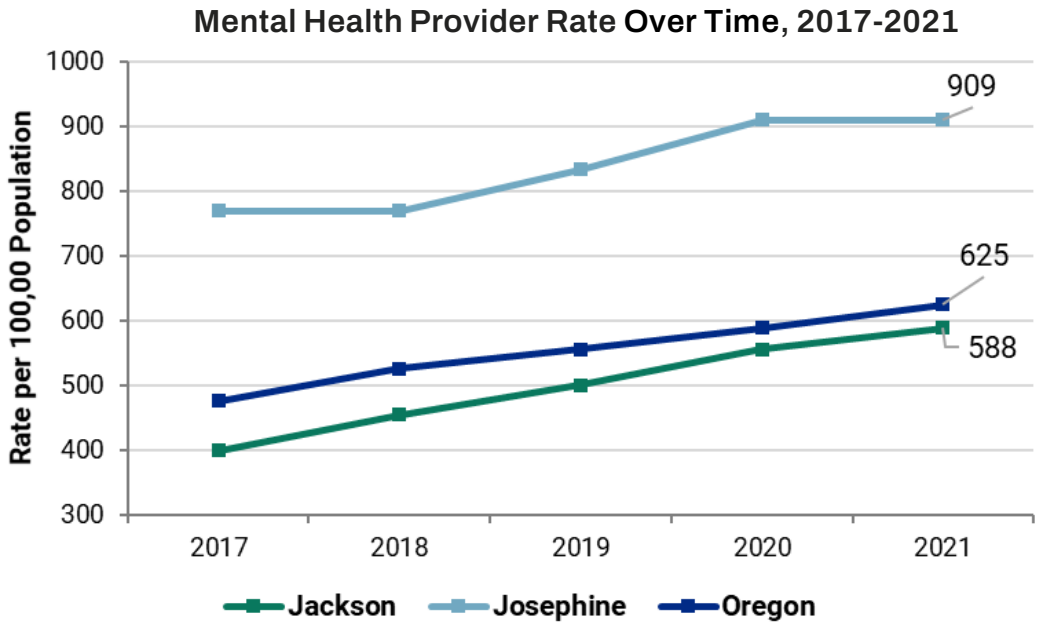


Figure 38. Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2017-2022 https://www.countyhealthrankings.org

- Although **Jackson** has had an **increase** in Mental Health Providers in recent years it still has a lower rate of providers than the state.
- **Josephine** has a much higher rate of Mental Health Providers than the State as a whole.

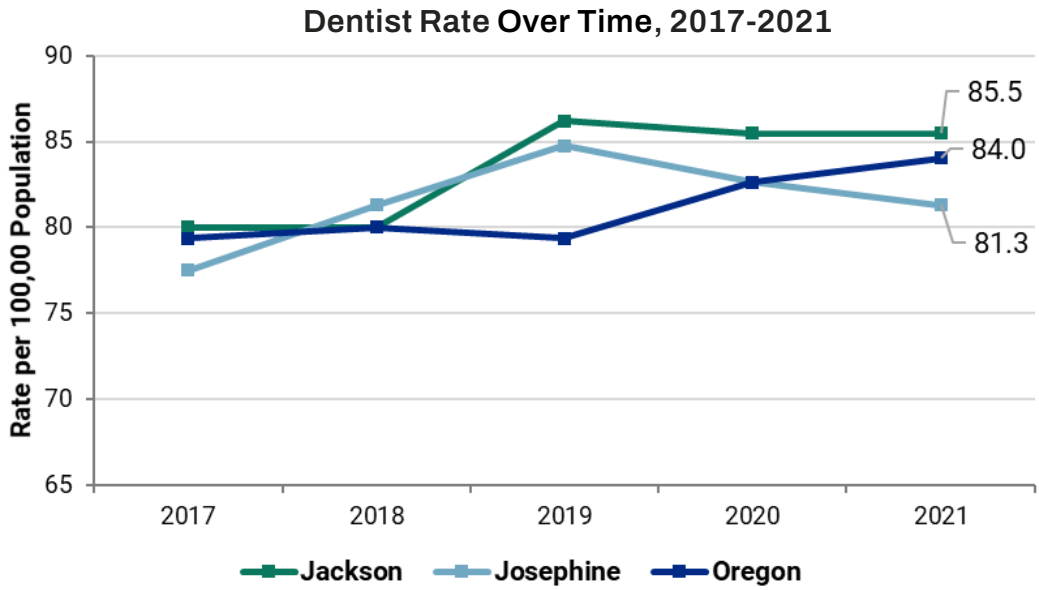


Figure 39. Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2017-2022 https://www.countyhealthrankings.org

- The number of dentists in **both** counties has been increasing in recent years similar to the state.

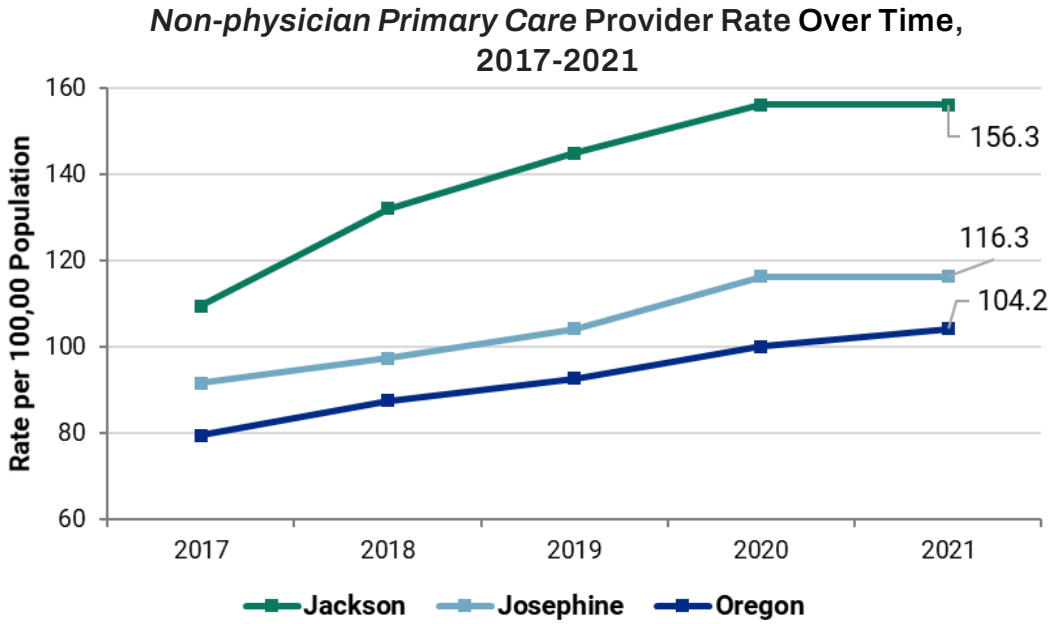


Figure 40. Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2017-2022 https://www.countyhealthrankings.org

Non-physician primary care providers *include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists who can provide routine and preventative care.*

- Both **Jackson** and **Josephine** have a higher rate of non-physician primary care providers than Oregon. **Both** counties have seen an increase in among these providers over the recent years.

Population to Provider Ratio (*lower is better*)
by Provider Type and Practice,2017-2021

	Jackson	Josephine	Oregon
Behavioral/Mental Health			
Psychologists	5,806	29,401	4,169
Counselers & Therapists	1,590	2,250	1,725
Clinical Social Work Associates	6,405	9,587	5,839
Non Clinical Social Worker	47,558	55,128	53,527
Eye Care			
Optometrists	6,009	12,971	7,845
Dental			
Dentist	1,798	1,778	2,978
Dental Hygienists	2,001	2,513	2,087
Medical			
Physicians (MD/DO)	323	613	358
Podiatrists (DPM)	25,692	14,701	27,822
Physician Assistants (PA)	1,729	2,285	2,139
Nursing			
Nurse Practitioner (NP)	786	1,141	1,245
Nurse Anesthetist (CRNA)	31,045	10,757	9,930
Registered Nurses (RN)	128	227	151
Licensed Practical Nurses (LPN)	1,229	1,167	1,400
Cert. Nursing Assistants (CNA)	255	230	351
Pharmacy			
Pharmacists (RPH)	1,502	1,947	1,681
Cert. Pharmacy Technician (CPHT)	1,552	1,693	1,624

Table 15. Data Source: Oregon Health Authority, Health Care Workforce Reporting Program Analytic, 2022

- This table describes the population-to-provider ratio where a lower number is better. The number will vary depending on practice type [42].
- It is important to note that Jackson County serves more people than Josephine County.

***Patient to provider ratios** is based on the estimated patient care Full Time Equivalent (FTE) in the county, except for behavioral/mental health, which is based on counts of providers. Values greater than the county population are due to less than 1.0 FTE. (Ratio= 1 provider per X number of patients)*

Preventative Care

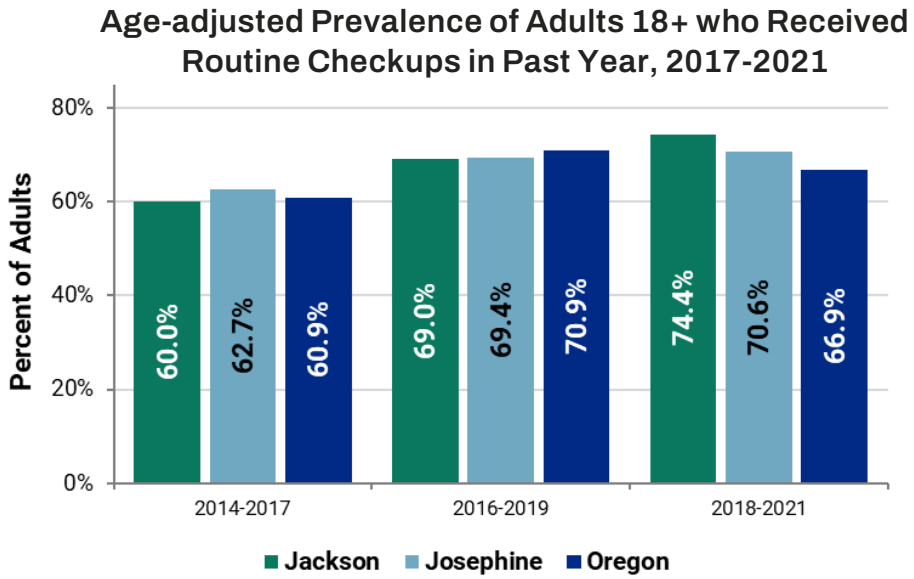


Figure 41. Data Source: Oregon Public Health Assessment Tool, 2018-2021

- Over recent years a greater percentage of people have been receiving preventive care through routine checkups in **both** counties and have higher percentages than the state.
- About **3** out of **4** people in **Jackson** went to a routine checkup in 2021.

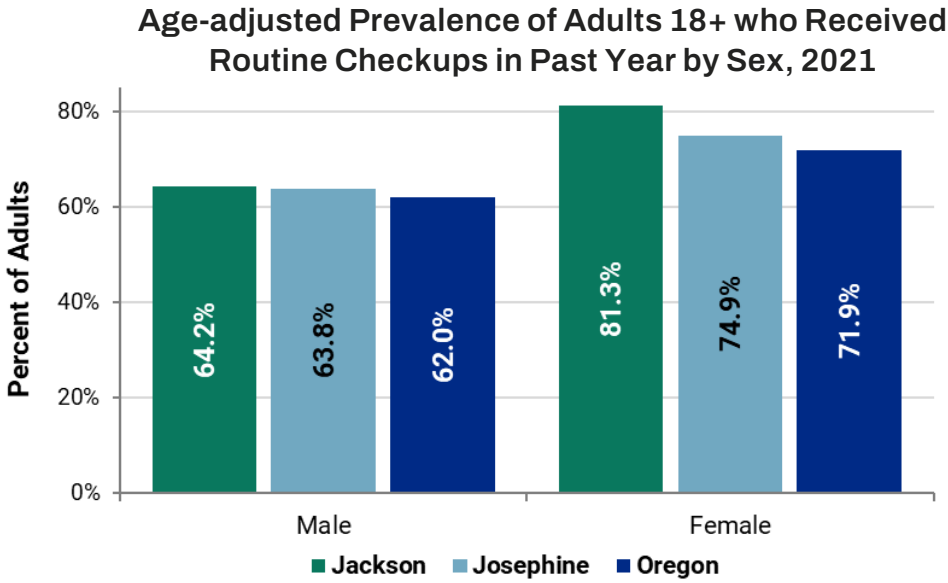


Figure 42. Data Source: Oregon Public Health Assessment Tool, 2018-2021

- Female community members in **both** counties had a higher percentage of attending routine checkups when compared to male community members.
- Female community members in **Jackson** received routine checkups more frequently than female community members in the state.

Oral Health

Oral Health affects our ability to eat, speak, and express emotions. Oral diseases can include cavities, gum disease, and oral cancer which cause millions of Americans pain and discomfort. Although access to oral care has increased many Americans still do not have equal access. Some racial/ethnic and socioeconomic groups have worse oral health as a result of the Social Determinants of Health. Poor oral health is associated with other chronic diseases such as diabetes and heart disease. Oral disease also is associated with risky behaviors such as using tobacco and consuming sugary foods and beverages. It is important to practice daily dental hygiene and care. [113] If you would like to see oral health data for children, please see the Infant, Child, and Adolescent Health section.

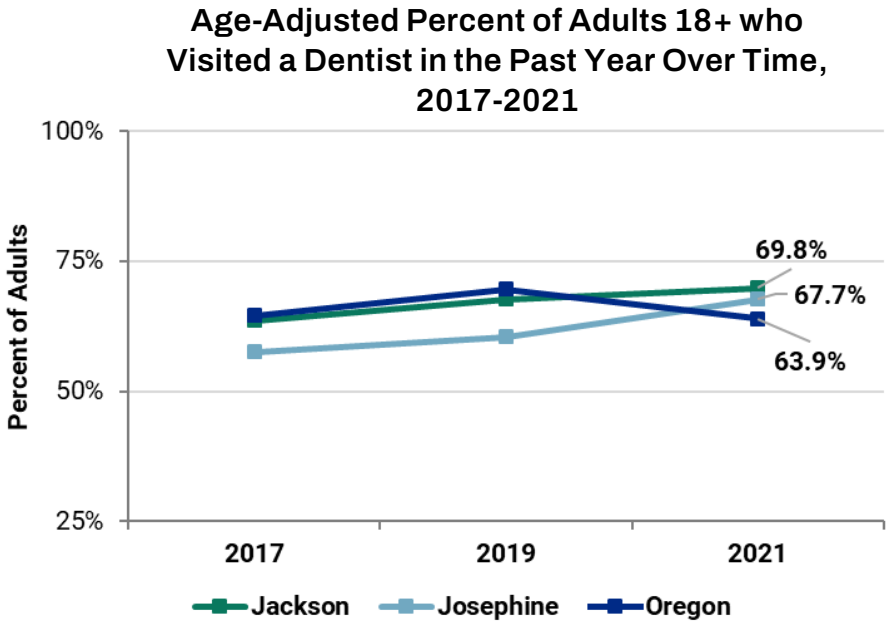


Figure 41. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties have seen an increase in the percentage of people who have seen dentist in the last year. This is similar to the state.

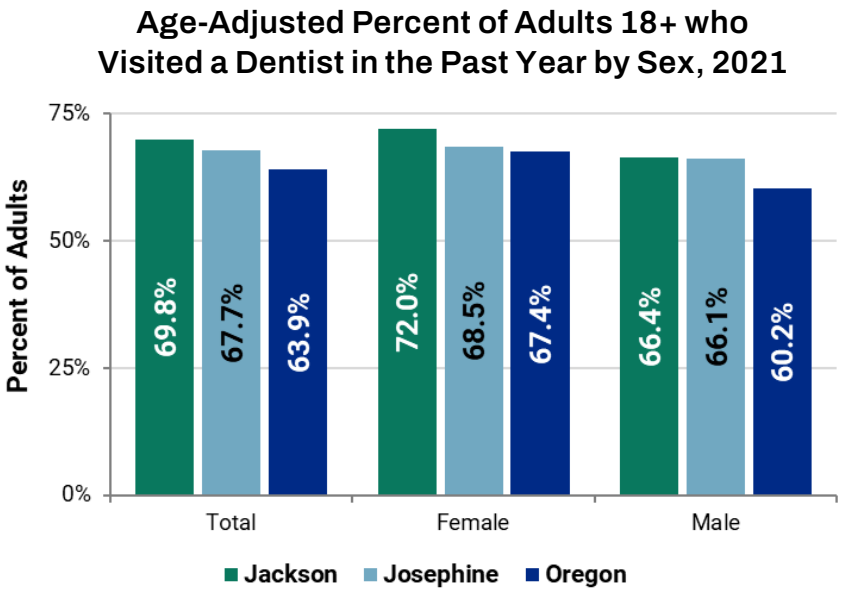


Figure 42. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- About **70**% of adult community members in **Jackson** and **68**% of adult community members in **Josephine** saw a dentist in the last year, which was higher than the state (**64**%)
- In **both** counties female community members were more likely to have seen a dentist in the last year than male community members and in the state.

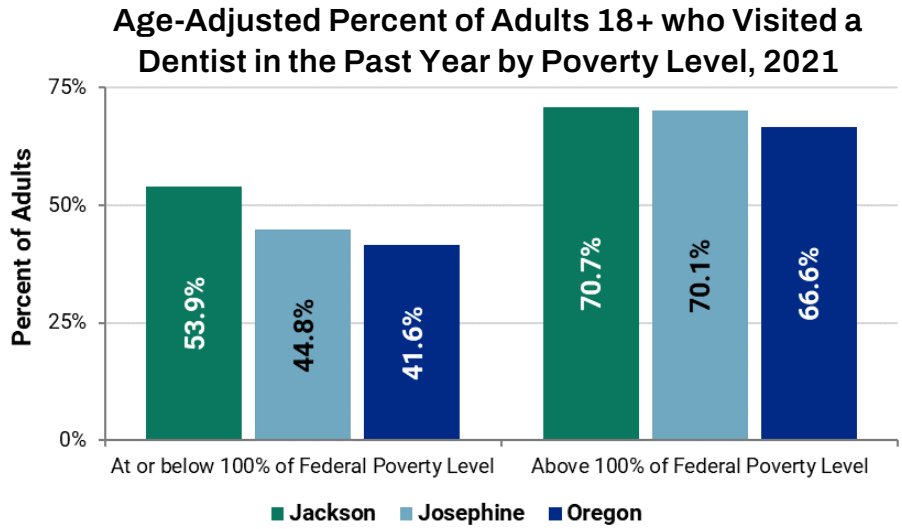


Figure 43. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Adult community members below the Federal Poverty Level were less likely to see a dentist in the last year than community members who lived above it.
- **Both** counties had more community members below the Federal Poverty Level who visited a dentist in the past year than the state.

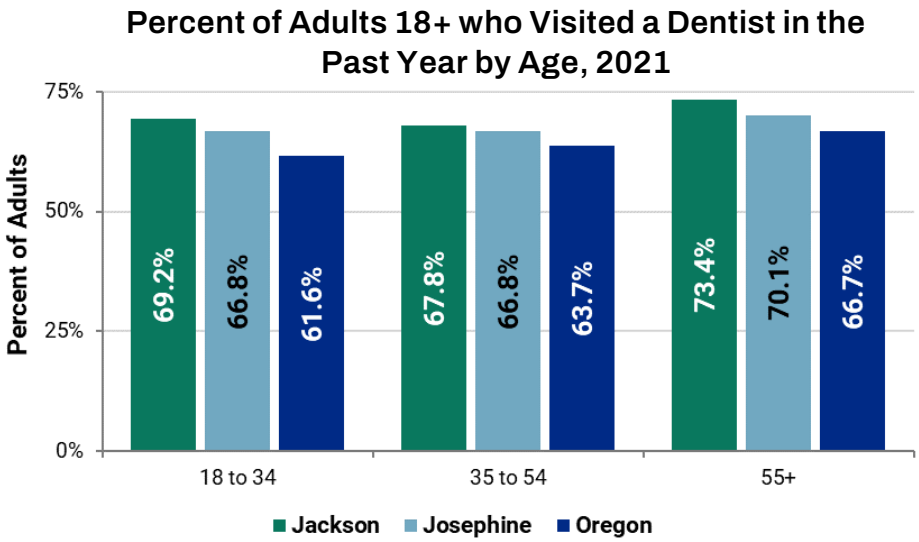


Figure 44. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Older adults 55+ years old were more likely to visit a dentist than younger adults in **both** counties.
- All age groups in **both** counties were more likely to visit a dentist when compared to the state.

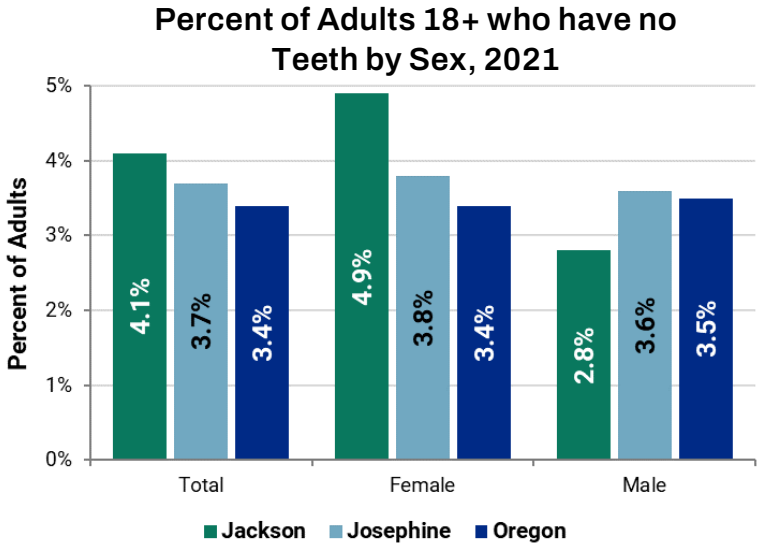


Figure 45. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Jackson** had more community members with no teeth than the state. In addition, female community members had a higher percentage of having no teeth than males in the community and females in the state.
- **Josephine** had a higher prevalence of community members of both sexes missing their teeth than the state.

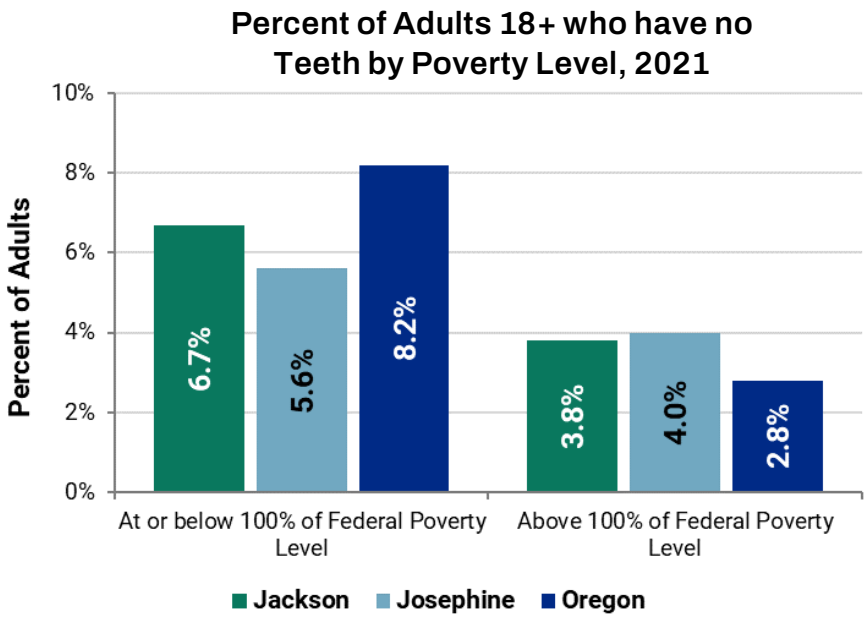


Figure 46. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Adult community members in **both** counties **below** 100% of the Federal Poverty Level were more likely to be missing all of their teeth than those above it. In addition, in **both** counites those who lived **above** 100% of the Federal Poverty Line ha

Quality of Life

Medford Pride
Courtesy of SO Health- E

Quality of Life

Self-reported health status includes the individual's consideration of their own physical and overall health. How we feel and move on a daily basis can be a good indicator of the effects of chronic illness, environmental influences, and short or long-term disabilities. This gives an idea about the communities' perception of their own quality of life.

Key Findings:

- In 2021 about **85**% of adults in **Jackson** and **83**% of adults in **Josephine** reported that their general health was good, very good, or excellent, compared to **85**% in **Oregon**.
- Female community members in **both** counties reported more Poor Physical Health during the past 30 days compared to male community members.
- Younger people in **both** Jackson and Josephine reported having more Poor Physical Health during the past 30 days compared to older people.
- Older adults 55+ in **both** counties reported more Poor Physical Health during the past 30 days than those in the same age group in the state.
- A smaller percentage of community members in **both** counties reported getting an average of 7 or more hours of sleep in a day compared to the state.

Self-Reported Health Status

How individuals rate their own health can be a good indicator of future disability, hospitalization, and death. Those who report poor general health may be more likely to suffer premature death than those who report good or excellent general health.

Age-Adjusted Prevalence of Self-Reported *Excellent, Very Good, or Good* General Health by Sex, 2021

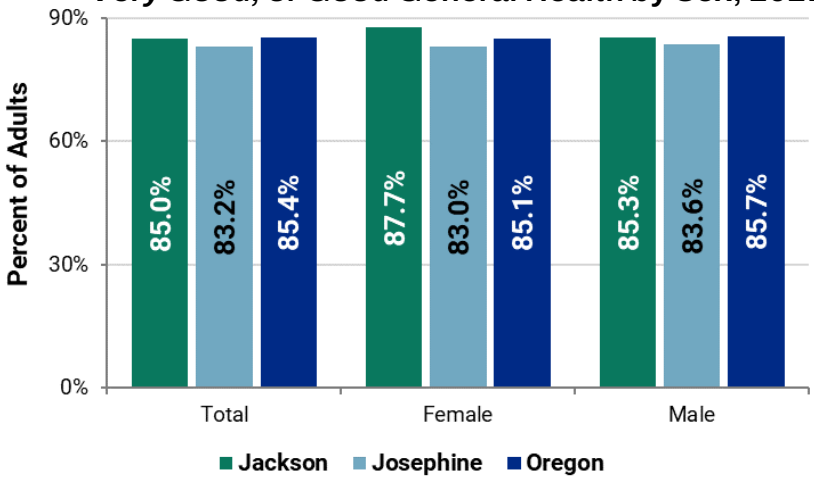


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In 2021 about **85**% of adults in **Jackson** and **83**% of adults in **Josephine** reported that their general health was Good, Very Good, or Excellent, compared to **85**% in Oregon.
- A slightly higher percentage of adult female community members in **Jackson** reported Good, Very Good, or Excellent health than adult male community members.

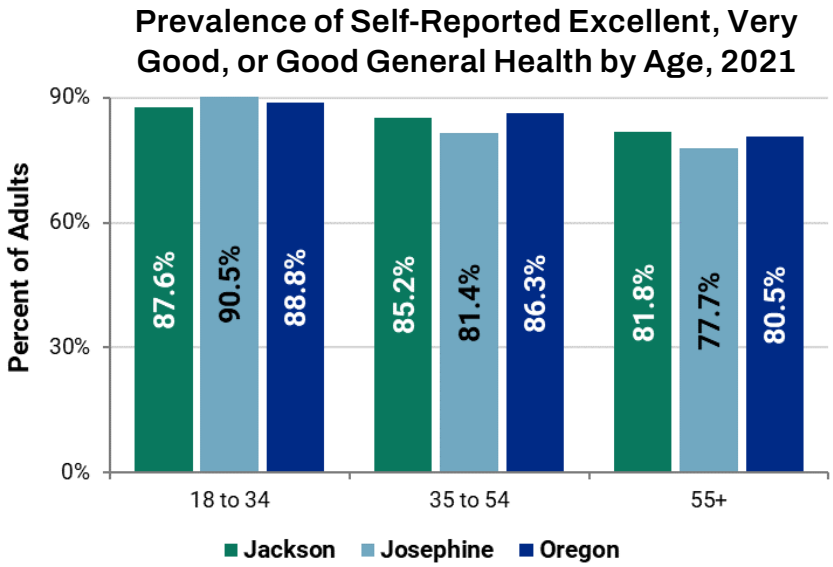


Figure 2. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- A lower percentage of community members of older age groups reported good, very good, or excellent health.

When individuals have **poor physical health,** they have a hard time engaging in everyday activities such as exercise and personal care.

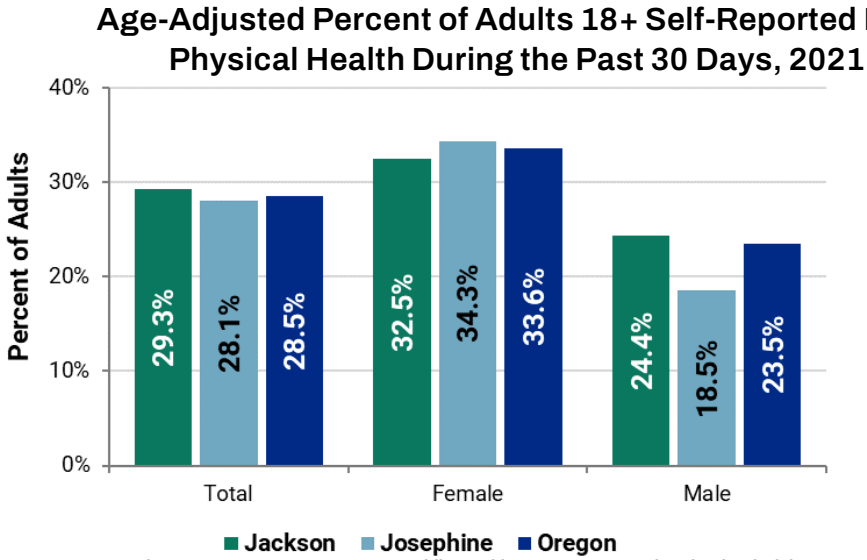


Figure 3. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Female community members in **both** counties and the state reported having Poor Physical Health during the past 30 days more than male community members.
- Overall **Jackson** had a slightly larger percentage of community members who reported Poor Physical Health during the past 30 days than the state.

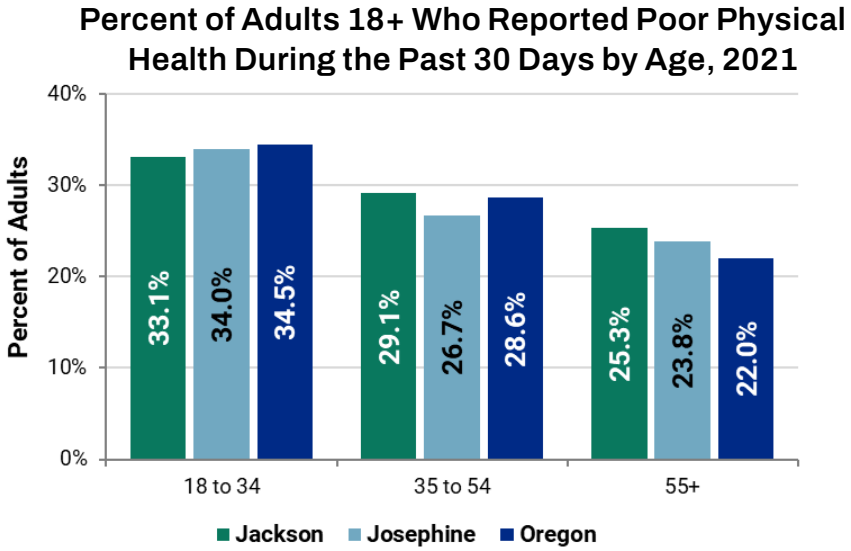


Figure 4. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Younger people reported having Poor Physical Health during the past 30 days more than older aged people.
- Older adults 55+ in **both** counties reported more Poor Physical Health during the past 30 days than those in the same age group in the state.

Physical activity helps keep community members healthy. Regular physical activity is an important factor in being able to minimize risk for chronic disease.

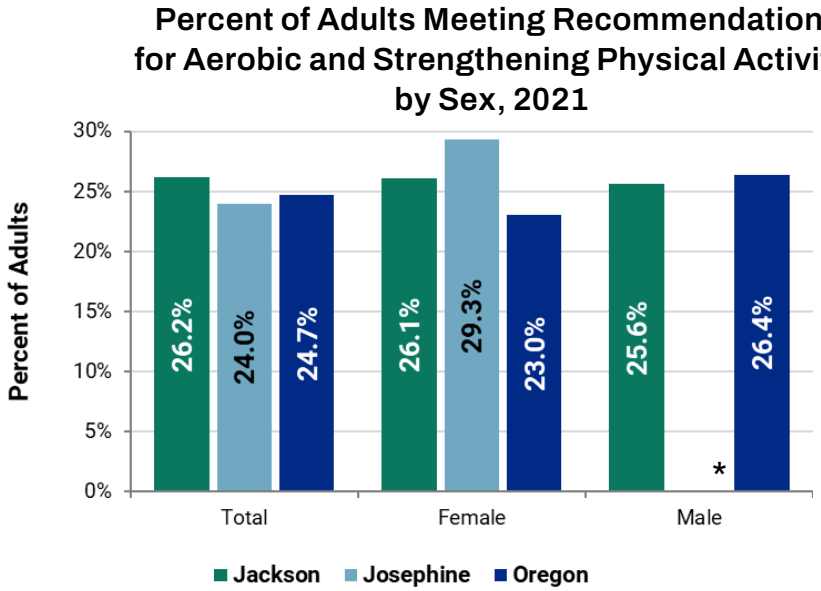


Figure 5. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Percent with (*) were unreliable and not displayed

- More adults in **Jackson** reported meeting the Recommendations for Aerobic and Strengthening Physical Activity than the state.
- Additionally, adult female community members in **both** counties reported meeting the Recommendations for Aerobic and Strengthening Physical Activity than females at the state.

Sufficient sleep is crucial important for overall health, as it is essential for physical and mental well-being, and helps in restoration and brain function.

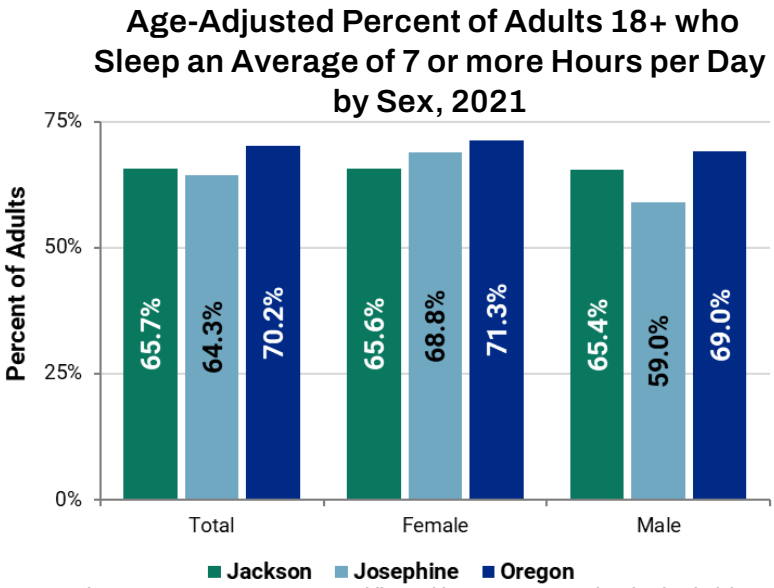


Figure 6. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- A smaller percentage of community members in **both** counties reported getting an Average of 7 or more Hours of Sleep in a Day compared to the state.
- **Both** female and male community members in Jackson and Josephine had a lower proportion of those getting an Average of 7 or more Hours of Sleep in a Day compared to females and males in the state.

Mortality

Eastwood Cemetery, Medford
Courtesy of City of Medford

Mortality

Mortality rates provide insight into the reasons behind deaths within our community. By recognizing the primary causes and patterns associated with death, we gain a clearer picture of our community's health and well-being. This understanding can pave the way for more effective interventions and improved health planning. [89]

Key Findings:

- Top five leading causes of death were:
    - In **Jackson**: Malignant Neoplasms (Cancer), Diseases of the Heart, COVID-19, Accidents (unintentional injuries), and Alzheimer's Disease.
    - In **Josephine**: Malignant Neoplasms (Cancer), COVID-19, Diseases of the Heart, Accidents (unintentional injuries), and Chronic Lower Respiratory Diseases.
- **Both** counites have had a relatively stable mortality rate trend in recent years, but have seen an increase in mortality rate since 2019. This is likely attributed to the COVID-19 pandemic.
- Males in **both** counties had higher mortality rates when compared to females.
- Poisonings, falls, and motor vehicle crashes accounted for the top causes of unintentional injury deaths in **both** counties.
- **Josephine** has had a much higher motor vehicle mortality rate (**23.4** per 100,000) than the state (**13.5** per 100,000).
- Death rates due to falls among 65+ have been increasing over the recent years in both counties.
- **Both** counties have higher death rates of accidental poisonings (Jackson: 38.4, Josephine: 44.7) than the state (25.9 per 100,000).
- On average, for a newborn born in 2021, life expectancy in **Jackson** County is **78** years, while in **Josephine** County, it is **76** years. These figures closely align with the state's overall life expectancy.
- In **Jackson**, 9,468 years of potential life are lost before the age of 75 for every 100,000 community members,
- In **Josephine**, this figure rises to 12,746 years per 100,000 community members.

Leading Causes of Mortality

The leading causes of death show us what is responsible for death in the community. Knowing what our community's leading causes of death are can help us target interventions to improve quality of life, extend life expectancy, and address health disparities.[87]

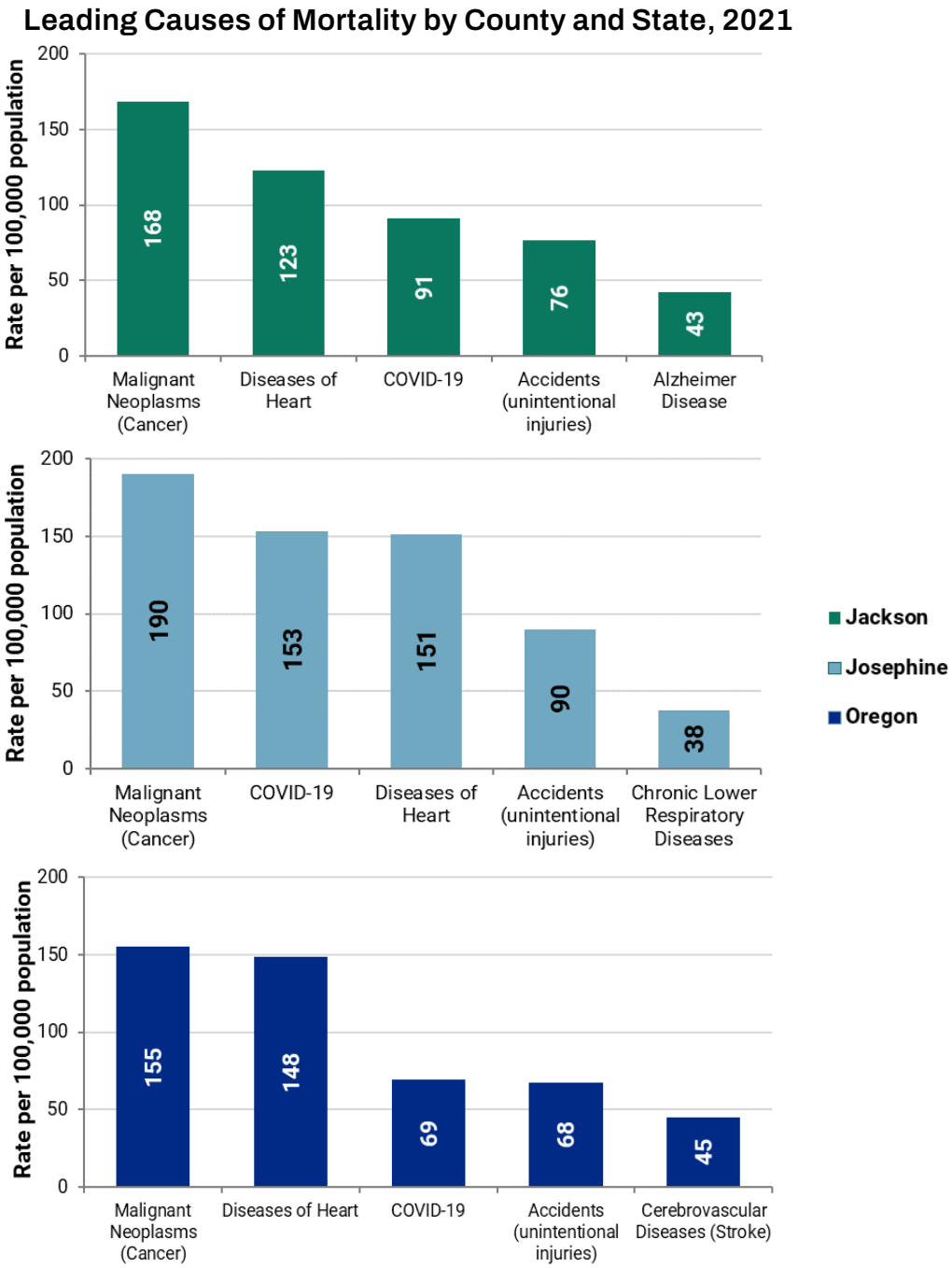


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Jackson** the top five leading causes of death were Malignant Neoplasms (Cancer), Diseases of the Heart, COVID-19, Accidents (unintentional injuries), and Alzheimer's Disease.
- In **Josephine** the top five leading causes of death in order were Malignant Neoplasms (Cancer), COVID-19, Diseases of the Heart, Accidents (unintentional injuries), and Chronic Lower Respiratory Diseases.
- **Oregon** had similar leading causes of death: Malignant Neoplasms (Cancer), Diseases of the Heart, COVID-19, Accidents (unintentional injuries), and Cerebrovascular Diseases (Stroke).

All-Cause Mortality Rate

This measure shows the total amount of people who are dying from all death causes in the community over time, standardized to a population of 100,000, and age-adjusted for comparison purposes.

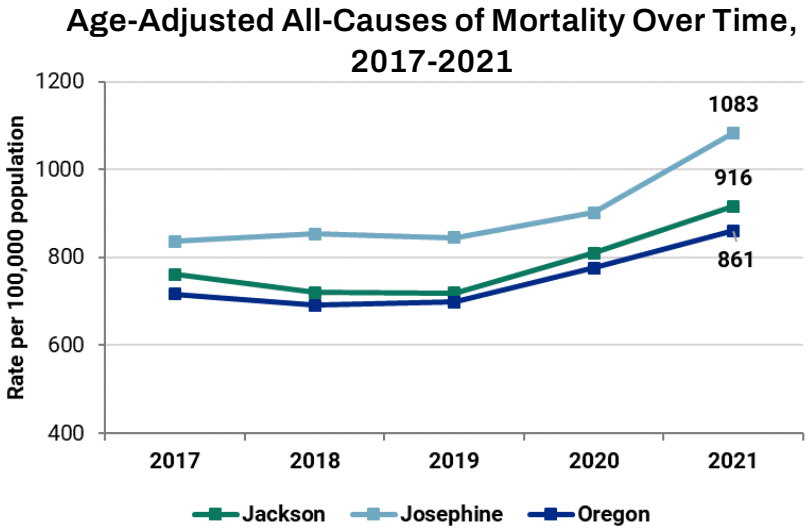


Figure 2. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In 2021, **2,951** **Jackson** community members died. The mortality rate is slightly higher than the state.
- **Josephine** had **1,572** deaths in 2021. The Mortality rate was much higher than the state.
- **Both counites** have had a relatively stable mortality rate trend in recent years, but have seen an increase in mortality rate since 2019. This is likely attributed to the COVID-19 pandemic.

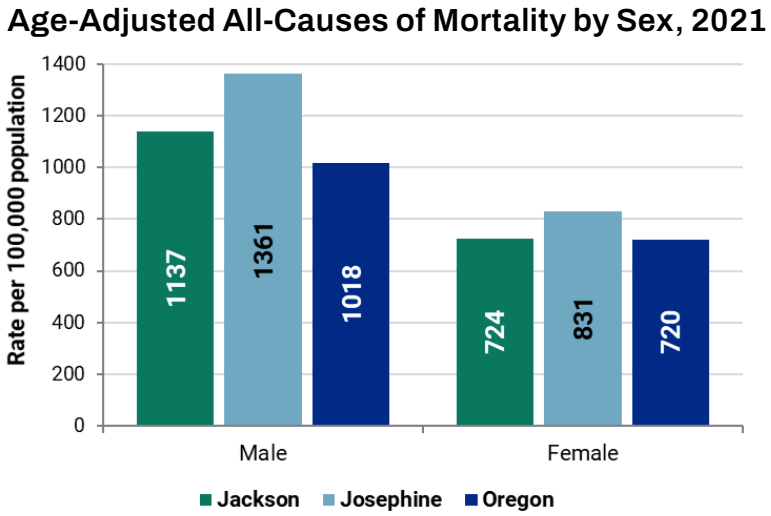


Figure 3. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Males in **both** counties had higher mortality rates when compared to females.
- **Josephine** males had a much higher mortality rate compared to females in the community and the state.

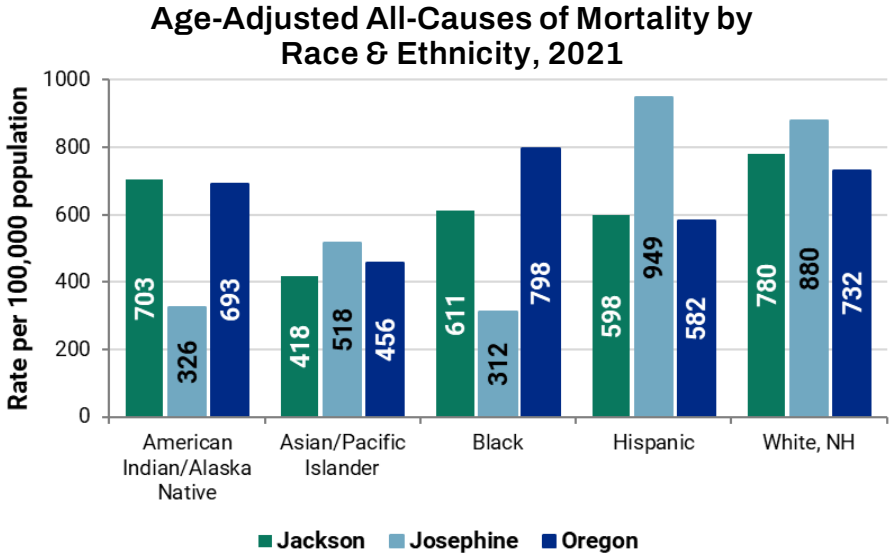


Figure 4. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Jackson** had similar mortality rates by race/ethnicity when compared to the state. White, non-Hispanic, and American Indian/Alaska Native had higher mortality rates than other race/ethnicity groups in the community.
- **Josephine**, Hispanic, and White non-Hispanic had considerably higher mortality rates than the state.
- Both Black and American Indian/Alaska Native had significantly lower mortality rates in **Josephine** than in the state.

Unintentional Injury

Injuries, resulting from unintentional causes, represent a significant leading cause of mortality in both Jackson and Josephine counties, as well as across the entire state. These injuries, which affect a wide range of demographics, are arising from motor vehicle accidents, firearm incidents, falls, and poisonings, which significantly impact our communities. Unintentional injuries not only result in loss of life but also contribute to disability and injury-related injuries. Consequently, there is a pressing need for comprehensive interventions and in-depth examinations to mitigate the adverse effects of unintentional injuries and enhance public health outcomes and safety.[87]

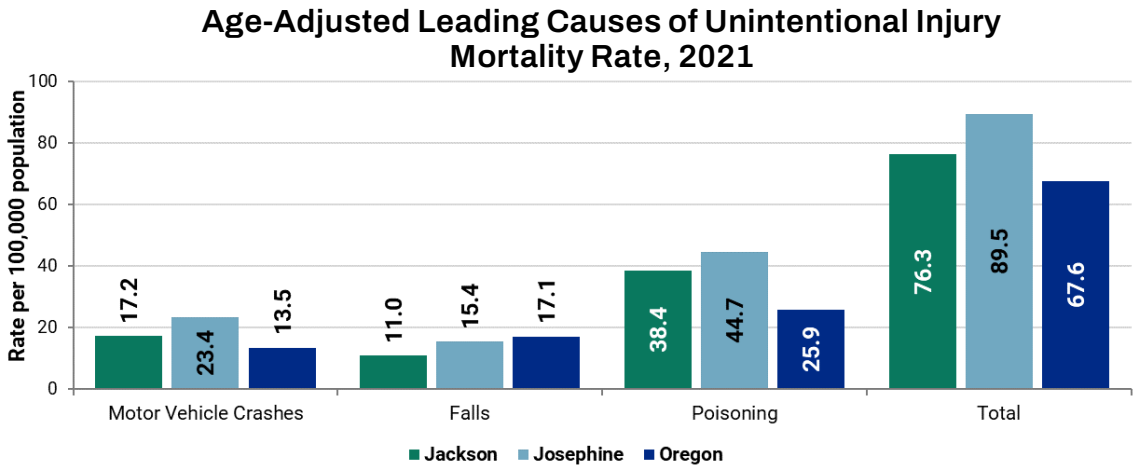


Figure 5. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Poisonings, falls, and motor vehicle crashes were the top causes of death in both counties.
- **Josephine** exhibited elevated rates of deaths related to unintentional injuries, with notably higher occurrences of poisonings and motor vehicle crashes when compared to the state rates.
- **Jackson** had a higher unintentional injury rate compared to the state as a whole. Notably, both falls and motor vehicle crashes had lower rates than the state. In contrast, the mortality rate due to poisonings in Jackson was higher in comparison to the state's rate.

Motor Vehicle Crashes

In 2020, nearly 41,000 people lost their lives due to motor vehicle crashes in the U.S. Which is about 100 deaths per day. In the US unintentional injuries specifically, motor vehicle crashes are a leading cause of death for children and adolescents. Many incidences are related to impaired and distracted driving. [88]

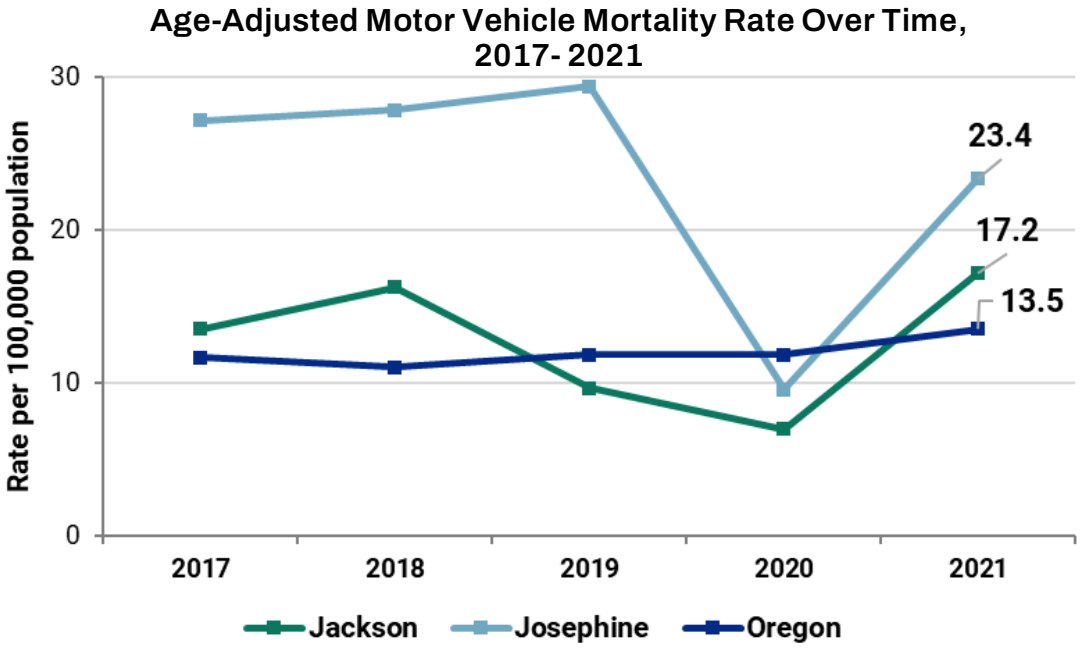


Figure 6. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Jackson** has seen an increase in motor vehicle accidents in recent years and has a higher mortality rate (**17.2 per 100,000**) than the state.
- **Josephine** has had a much higher mortality rate (**23.4 per 100,000**) than the state (**13.5 per 100,000**).

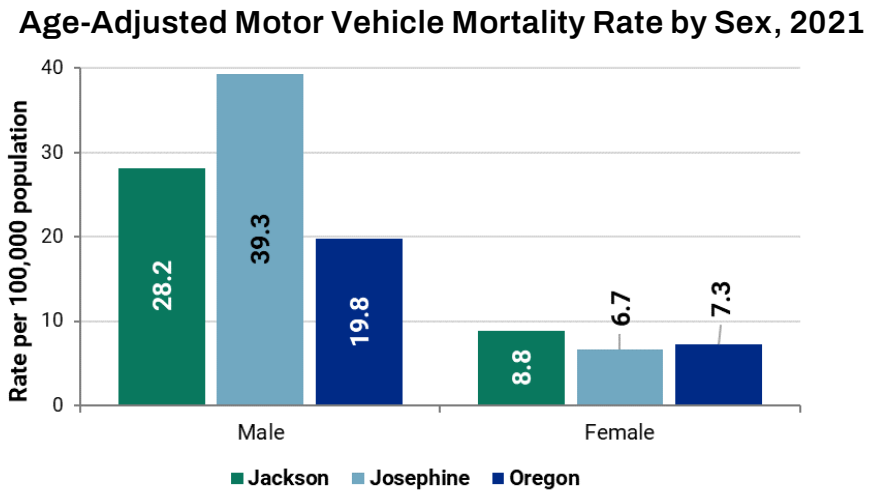


Figure 7. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Males in **both** counties have a significantly higher death rate when compared to females.
- In **Josephine**, males died at nearly twice the rate of males in the state.

Falls (65+ Age Group)

Falls among the older adult population (65 years or older) can cause serious threats to their health and well-being and are the leading cause of injury and death for this group. Falls can lead to death or reduce an individual's ability be live independently and safely. [90]

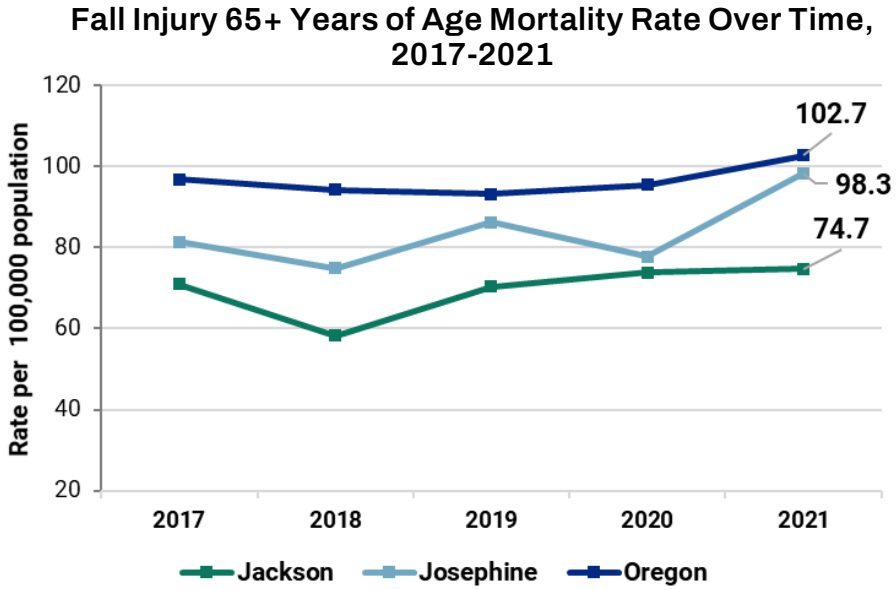


Figure 8. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Falls among 65+ have been slightly increasing in recent years in **both** counties.
- **Both** counites have seen lower mortality rates due to falls than the state.

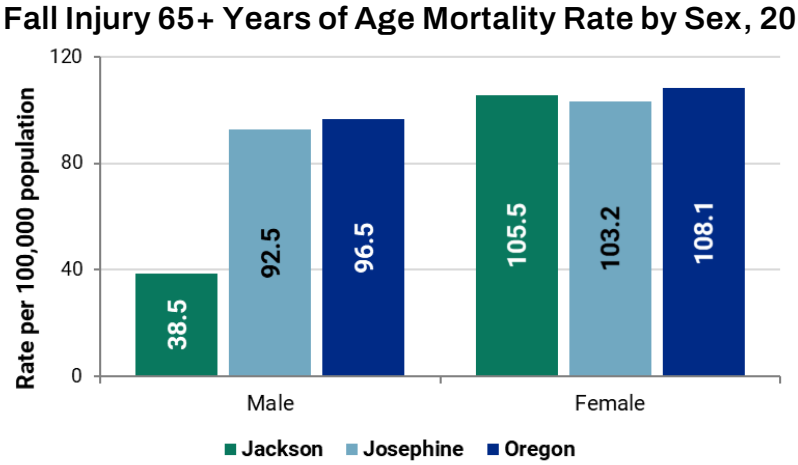


Figure 9. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Female community members (65+ of age) had a higher mortality rate due to falls than males.
- **Jackson** had a much smaller fall-related mortality rate when compared to the state

Poisoning

Poisoning deaths can occur as a result of exposure to hazardous levels of various substances, including household chemicals, occupational toxins, pharmaceuticals, and environmental pollutants. Household chemicals, such as cleaning agents and pesticides, pose a risk when not used or stored properly. Occupational exposures in certain industries may involve contact with dangerous chemicals or materials that can lead to poisoning. Additionally, misuse or overdose of medications, both prescription and over-the-counter, can also contribute to poisoning-related fatalities. [91]

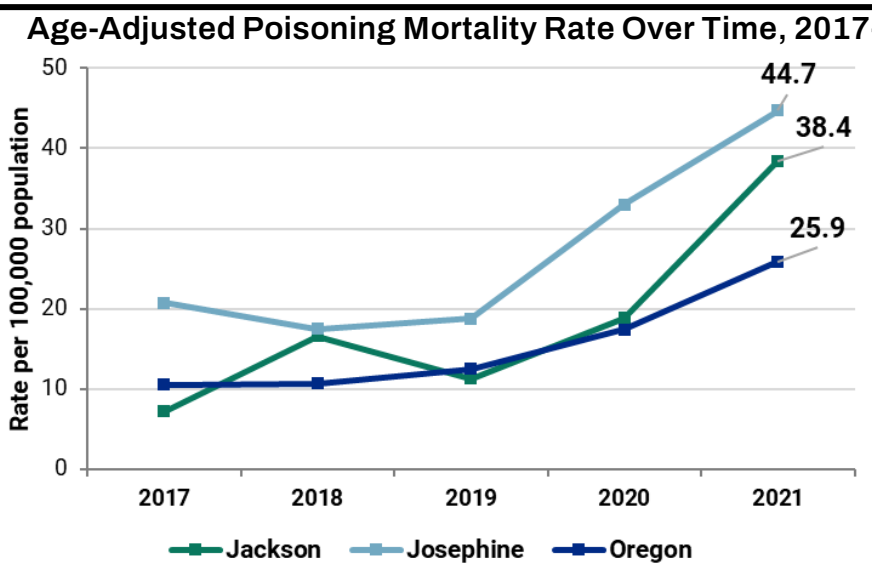


Figure 10. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties have seen a rise in poisoning-related mortalities in recent years.
- **Both** counties have higher death rates (**Jackson**: **38.4**, **Josephine**: **44.7**) than the state (**25.9**).

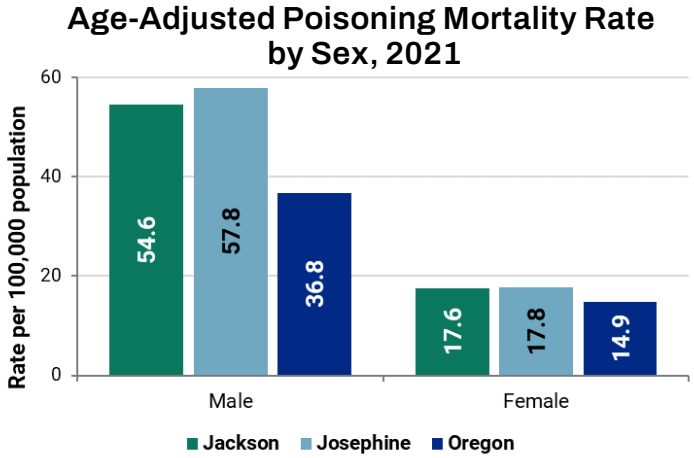


Figure 11. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Male community members died from accidental poisonings more than twice the rate of female community members in **both** Jackson and Josephine.
- Male community members in **both** counties die at higher rates than male community in the state from accidental poisoning.

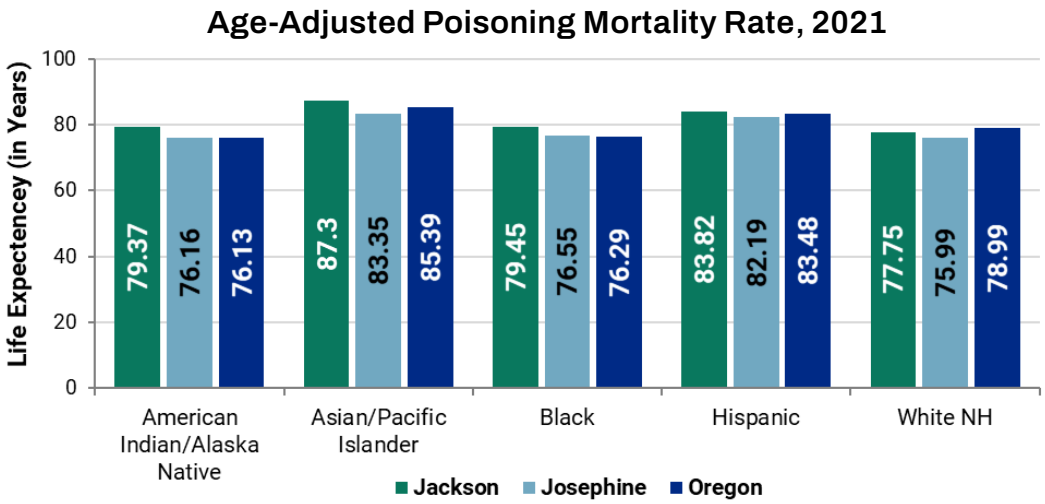


Figure 14. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties White NH newborns in the community had lower life expectancies compared to the total life expectancies for newborns in the community. (Total Life expectancy: **Jackson 78 years, Josephine 76** years)

Life Expectancy

Life expectancy helps us quantify the average number of years a person expects to live and can offer a look at the effectiveness of the healthcare system and community. As we have seen many things can affect the quality and length of an individual's life.

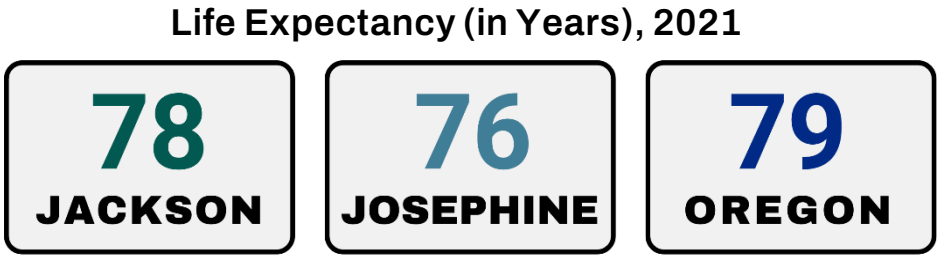


Figure 12. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The life expectancy in **Jackson** is **78** years on average for a newborn born in 2021 which is similar to the state.
- The life expectancy in **Josephine** is **76** years on average for a newborn born in 2021 which is lower than the state.

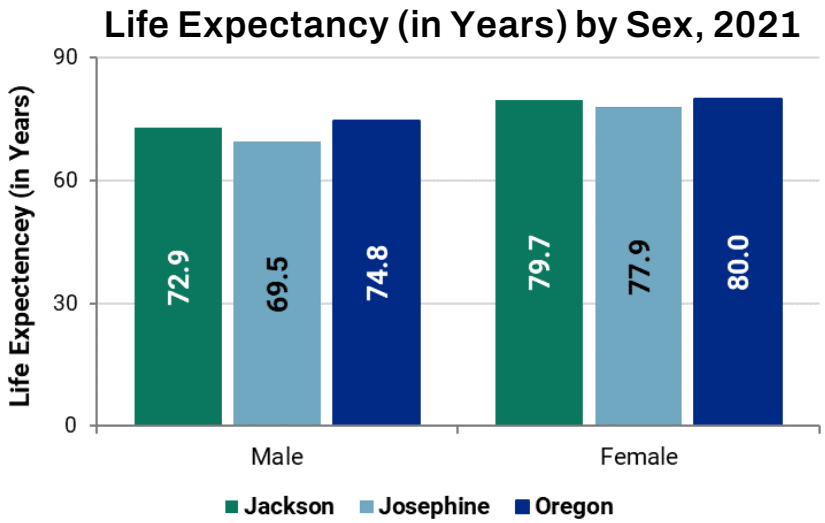


Figure 13. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Male newborns on average had lower life expectancies (*Males*: **Jackson**: **72**, **Josephine**: **70**) than females (**Jackson**: **80**, **Josephine**: **78**) in both counties which is similar to the state.

Years of Potential Life Lost

[a]Years of Potential Life Lost (YPLL) quantifies the years that are cut short due to premature death, serving as a measure to evaluate the burden of untimely mortality. It also signifies the potential time that could be reinstated to the community if these premature deaths were prevented.

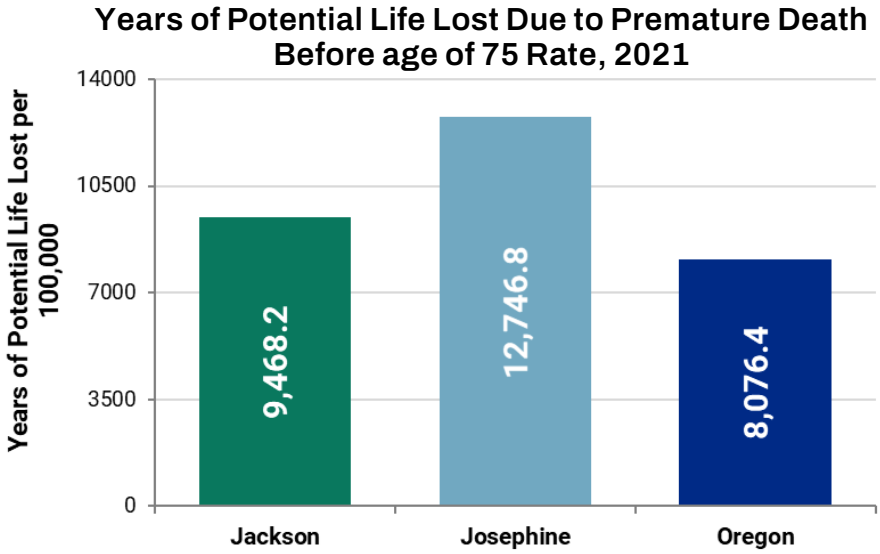


Figure 14. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

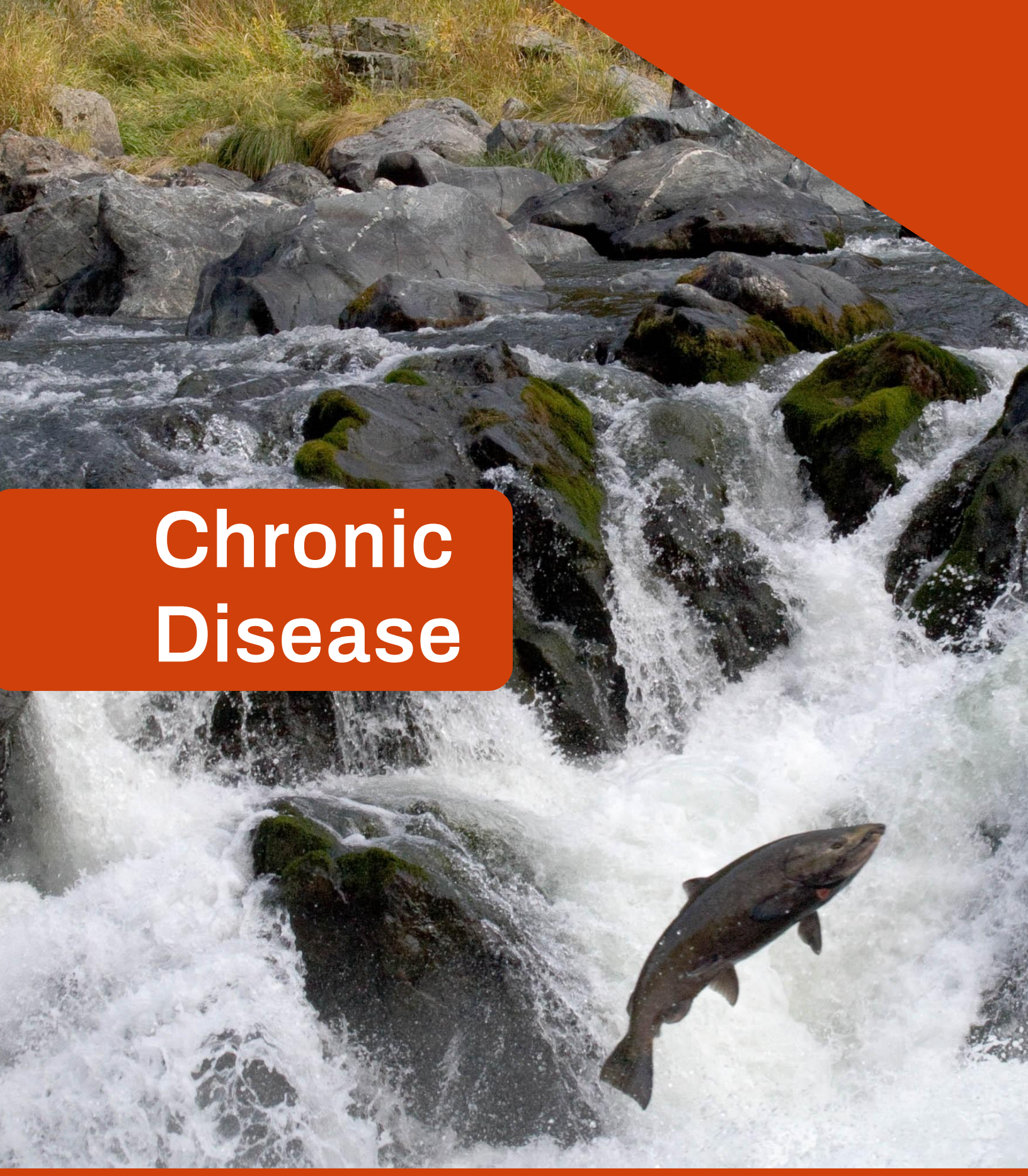
- The YPLL is higher in both counties when compared to the state.
- Community members in **Jackson** would gain **22,208** years and members in **Josephine** would gain **11,306** years, each year if premature death before the age of 75 was avoided.
- For every 100,000 community members, there was be **9,468** in **Jackson** and **8,076** in **Josephine** years of potential life lost each year.

[a]**Year of Potential Life Lost due to Premature Death Before the Age of 75** : is a metric that helps us understand how long people could have lived if they didn't die early. Imagine you have a goal of living up to the age of 75. This metric calculates how many years of life are lost when someone passes away before reaching that age.

For example, if someone was supposed to live until 75 but they died at 55, then they lost 20 years of life (75 - 55 = 20). So, the "Years of potential life lost" in this case would be 20.

This metric is important because it helps us see the impact of early deaths on a community or population. It can be used to identify health issues and understand how we can improve public health to help people live longer, healthier lives.

Chronic Disease



Rogue River (Salmon)
Courtesy of Jim Shames

Chronic Disease

Chronic diseases are long-lasting health problems that affect thousands of people every year. These diseases can require medical attention or limit activities of daily living. These illnesses can include heart disease, diabetes, cancer, and lung problems. Chronic disease can be affected by genetics, lifestyle, and the social determinants of health (SDOH). Understanding the causes, risk factors, and strategies for the prevention and management of chronic diseases is essential for improving overall population health and reducing the burden of these conditions.

Key Findings:

- The most common chronic diseases in **both** counties and the state were disability, arthritis, asthma (current), diabetes and cancer.
- Just over **1 out of 7** adults in both counties had asthma. This is a higher than the state.
- About **1 in 9**, 11th graders in both counties have Asthma. This is similar to the state.
- In **both** counties those who identified as American Indian/Alaska Native and Asian/Pacific Islander had chronic lower respiratory disease (CLRD) mortality rates which were more than double the mortality rates of the same racial communities in the state.
- In the community, the top five cancer incidence rates by type were **Breast** (Female), **Prostate** (Male), **Lung & Bronchus**, **Colon & Rectum**, **Uterus** (*Corpus & Uterus, NOS*) (Female) which is the same as the state.
- **Jackson** had slightly higher rates of Breast (Female), Prostate (Male), and Lung & Bronchus than the state.
- **Josephine** had slightly higher rates of Breast (Female), Prostate (Male), Lung & Bronchus, Colon & Rectum than the state.
- In this community, the top five most common types of cancer death were Lung & Bronchus, Prostate (Male), Breast (Female), Colon & Rectum, and Pancreas which is the same as the state.
- **Both** Jackson and Josephine have seen an increase in Heart Disease mortality rate in recent years unlike the state which was relatively stable. **Both** counties had much higher heart disease-related mortality rates than the state.
- **Both** counties have a higher prevalence of having had a stroke than the state. About **3.5%** of **Josephine** have had a stroke compared to **2.2%** of Oregon population having had a stroke.
- The mortality rate is higher in **Jackson** and **Josephine** than the state and has been increasing in recent years.

Leading Chronic Disease

The leading causes of chronic disease show us what is responsible for chronic illnesses in the community. Knowing what our community's leading causes of chronic diseases are can help us target interventions to improve the quality of life, extend life expectancy, and address health disparities.

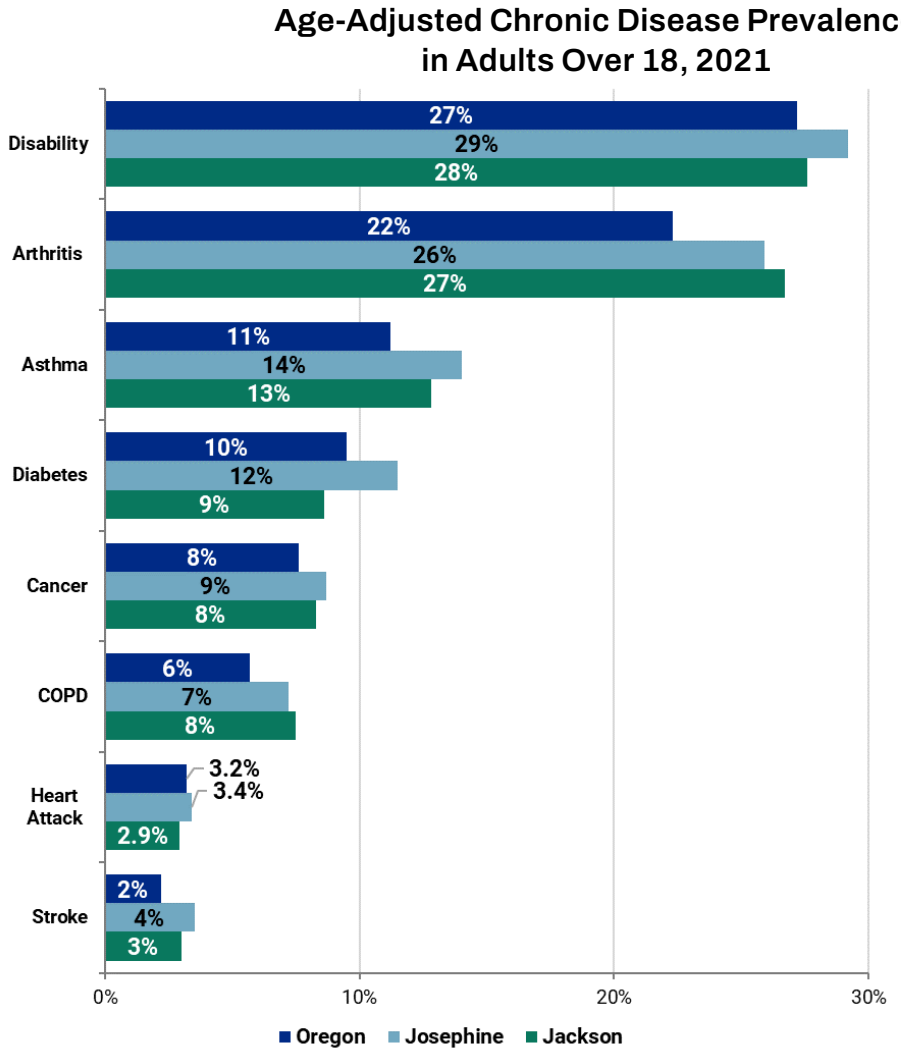


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

***Disability** is classified as: percent of adults reporting 1 or more of 6 conditions--deafness, blindness, cognitive function problems, mobility problems, difficulties taking care of personal care or errands without assistance*

- The most common chronic diseases in **both** counties and the state were disability, arthritis, asthma (current), diabetes and cancer.
- **Both** counties had higher prevalence of chronic diseases in every category than the state.
- **Josephine** had a much higher prevalence of disability, asthma, and diabetes when compare to the state.

Respiratory Diseases

Respiratory diseases affect an individual's airways and other structures of the lungs. This can affect your ability to absorb oxygen and your quality of life. Respiratory disease can include chronic obstructive pulmonary disease (COPD) and asthma. COPD is one of the leading causes of death in the U.S.[92]

Asthma

Asthma is a lung condition that can make it hard to breathe. It can lead to moments when you feel like you can't catch your breath, your chest feels tight, or you start coughing. Things in the environment such as dust, mold, and cigarette smoke can set off asthma. Anyone, young or old, can get asthma, but it's one of the most common long-lasting health problems in kids. According to the CDC, we don't know exactly why asthma happens, but it might be because of our genes or environmental exposures. [75]

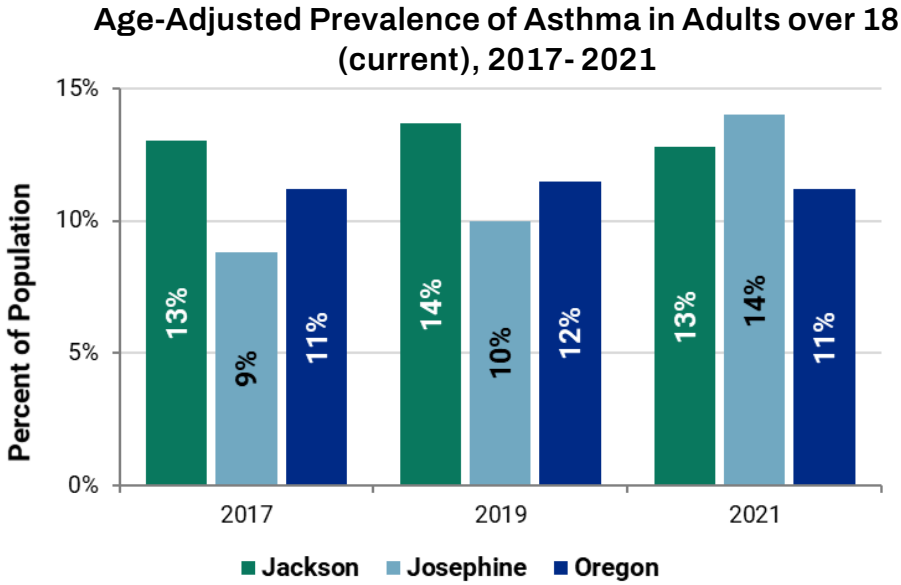


Figure 2. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Josephine** has seen an increase in the prevalence of asthma in recent years and has a higher prevalence than the state.
- **Jackson** has had a higher ongoing increase in the prevalence of asthma among adults compared to the state.

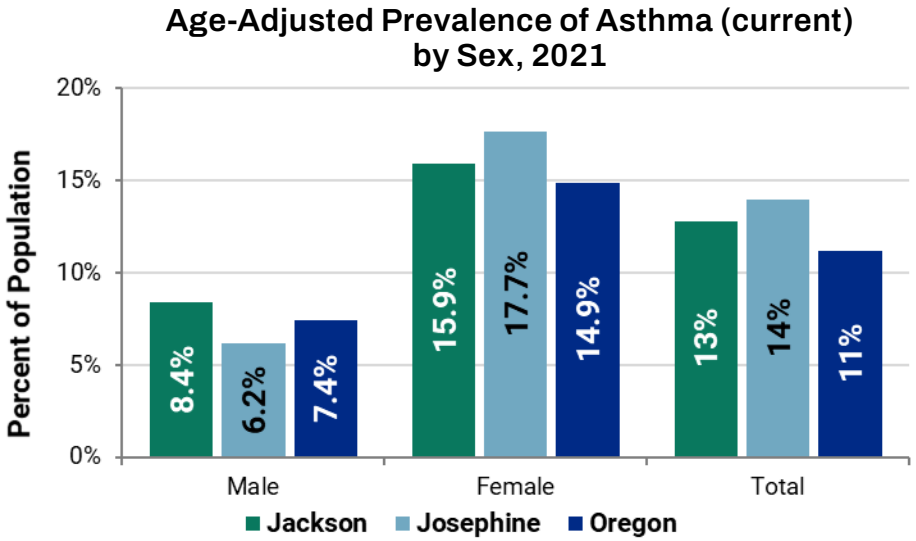


Figure 3. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Just over **1 out of 7** adults in both counties had asthma. This is a higher than the state.
- Female residents have a higher prevalence of asthma when compared to male residents in **both** counties.
- Adult female residents in **both** counties have a higher asthma prevalence than adult females in the state.

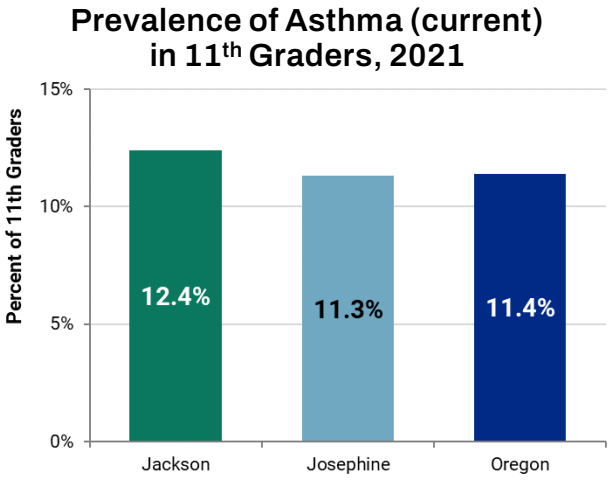


Figure 4. Data Source: *Oregon Health Authority, Student Health Survey, 2021*

- About **1 in 9** 11th graders in both counties have Asthma. This is similar to the state.

Chronic Lower Respiratory Diseases

One of the most common Chronic Lower Respiratory Diseases (CLRD) called Chronic Obstructive Pulmonary Disease, or COPD for short. It includes two main problems: emphysema and chronic bronchitis. People with COPD have a hard time breathing because of this disease. COPD is the fourth leading cause of death in the United States. If you are over 65 years old, are American Indian/Alaska Native or Multiracial non-Hispanic, have had asthma before, or have ever smoked, you are more likely to get COPD. Right now, there is no cure for COPD, but there are medications that can help.[92]

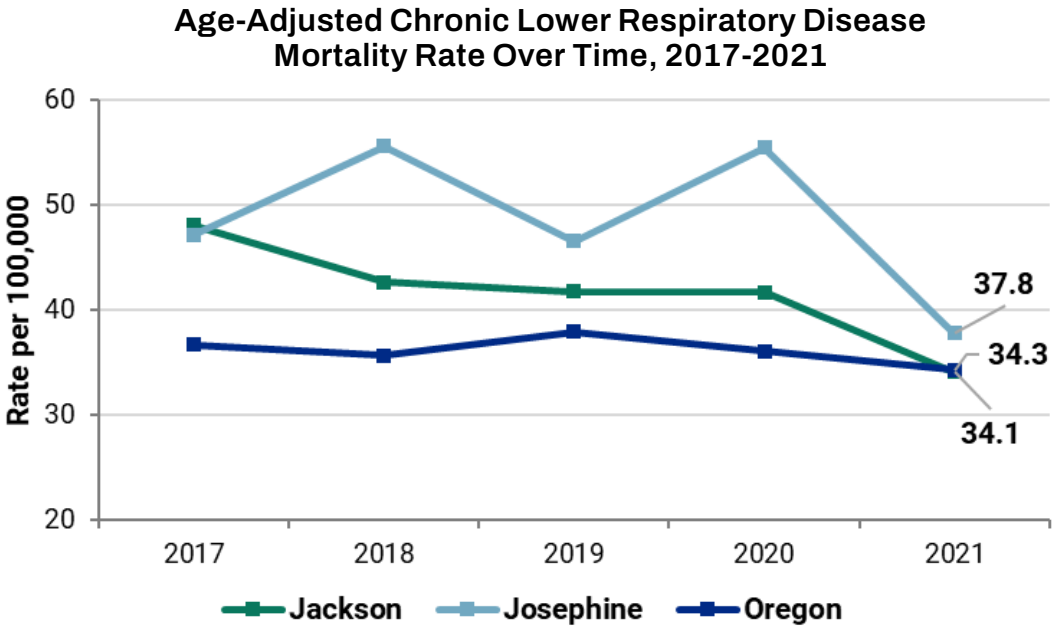


Figure 5. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Both** counites CLRD mortality rates have been decreasing in recent years
- **Josephine** has had historically higher mortality rates of CLRD than the state.

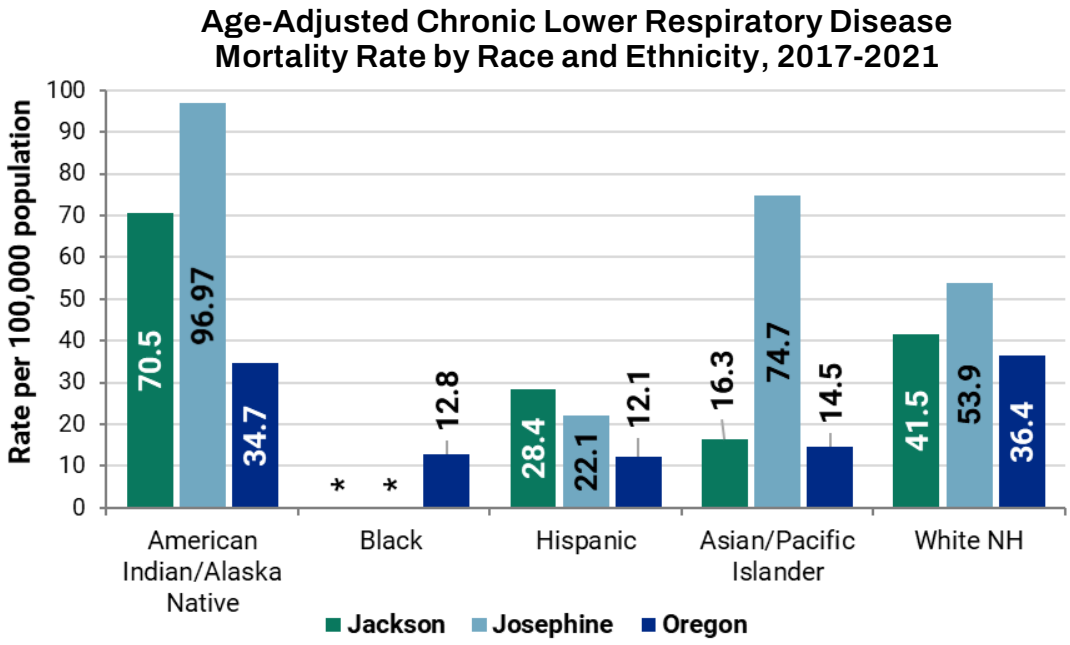


Figure 6. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*
**Note: Data for Black community members was insufficient and not shown.*

- Those who identify as American Indian/Alaska Native in **both** counties had much higher mortality rates of CLRD than the state.
- In **Jackson**, American Indian/Alaska Native, White NH, Asian/pacific islander, and Hispanic have higher mortality rates than the state
- In **Josephine**, American Indian/Alaska Native, White NH, Asian/Pacific Islander, and Hispanic have very high mortality rates when compared to the state.
- Notably, in **both** counties those who identified as American Indian/Alaska Native and Asian/Pacific Islander had CLRD mortality rates which were more than double the mortality rates of the same racial communities in the state.

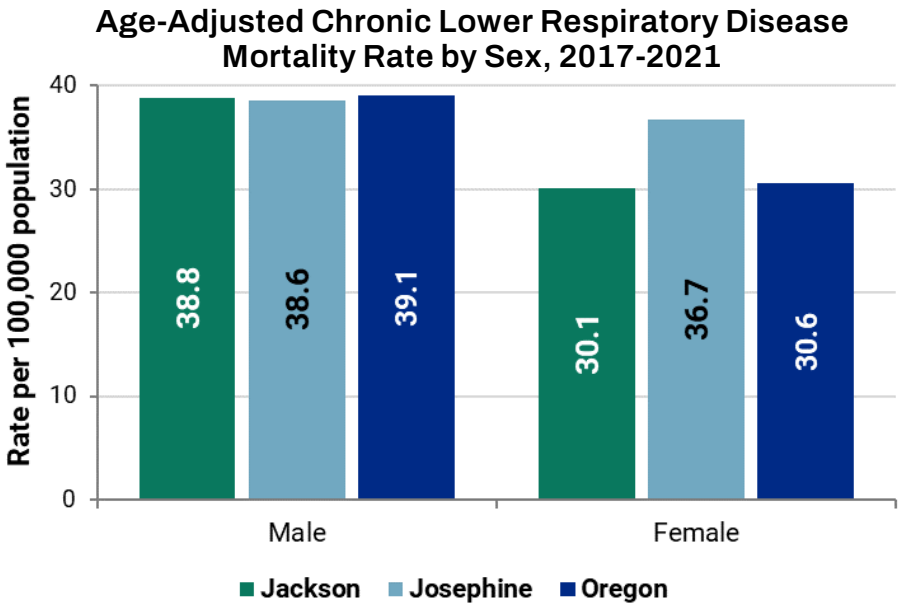


Figure 7. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Male residents in **both** counties had higher CLRD mortality rates when compared to female community residents.
- **Josephine** female Residents had a higher CLRD mortality rate than females in the state.

Cancer

Cancer is a term that covers many diseases. It happens when cells in your body start growing uncontrollably and go into places they shouldn't. These cancer cells can move through your blood and a part of your body's immune system called the lymph system, which helps remove harmful things from your body. There are more than 100 kinds of cancer. Some common ones are lung, breast, colon, and rectum cancer. Cancer is the second most common cause of death in the U.S. Things like spending lots of time in the sun or smoking, as well as your genes, can cause cancer. Each year, about 1.7 million people in the United States get cancer.[62]

Cancer Incidence

Overall cancer incidence tells us how many new cases of cancer are happening in a certain group of people during a set amount of time.

All-site cancer: Uses *overall incidence of cancer* in a population. All types and locations of cancerous growths or tumors that may develop within the body, regardless of their specific origin or site, are included. This broad categorization is often used when analyzing cancer statistics at a population level to provide an overview of the cancer burden within a group of people.

Age-Adjusted All-Site Cancer Incidence Rate, 2016-2020

Figure 8. Data Source: *National Cancer Institute. State Cancer Profiles, 2016-2021*

- **Both** counties have a higher all-site cancer incidence rate than the state.
- In **both** counties all-site cancers have had stable incidence rates between 2016-2020. Unlike the state which has seen a falling incidence in recent years. [67]
- **Josephine** has a higher all-site cancer incidence rate than the state and U.S.
- **Jackson** has had **514** cancer diagnoses on average per year.
- **Josephine** has had **286** cancer diagnoses on average per year.

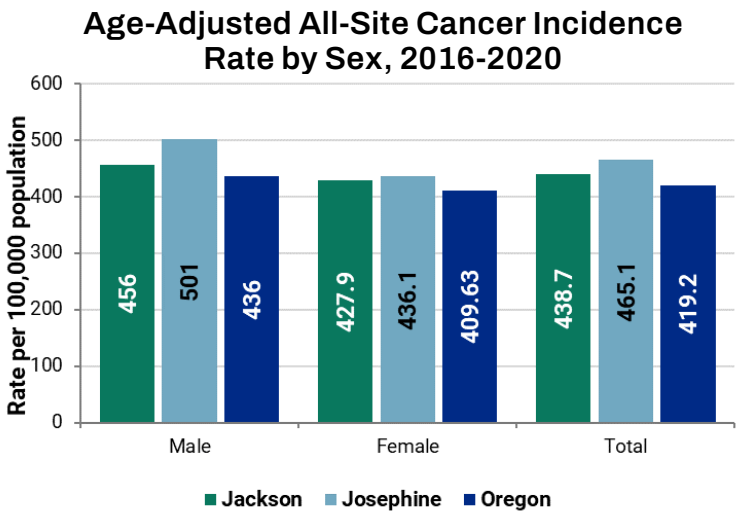


Figure 9. Data Source*: National Cancer Institute. State Cancer Profiles, 2016-2021*

- Male residents in **both** counties had higher rates of cancer than the state and female residents.
- **Josephine** had much higher all-site incidence rates than the state in both male and female residents.
- **Jackson** also had higher all-site incidence rates than the state in both male and female residents.

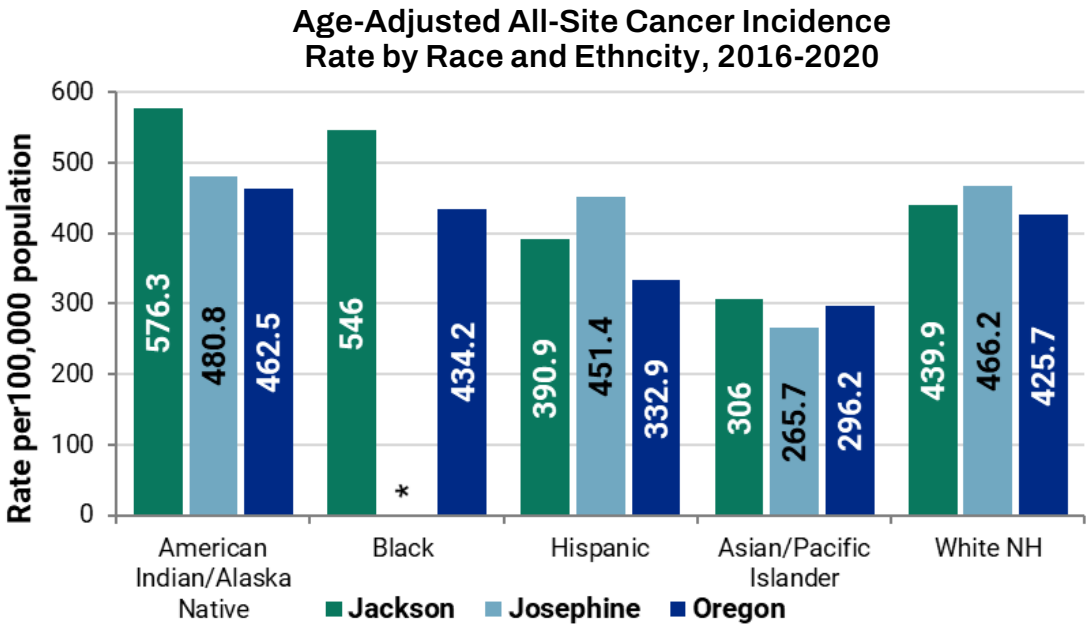


Figure 10. Data Source*: National Cancer Institute. State Cancer Profiles, 2016-2021*
ᴬNH= Non-Hispanic

- In **Jackson** those who identified as American Indian/Alaska Native, Black, Hispanic, Asian/Pacific Island, and White NH had higher all-site cancer incidence rates than the state.
- In **Josephine** those who identified as American Indian/Alaska Native, Hispanic, and White NH had higher all-site cancer incidence rates than the state.
- Those who identified as American Indian/Alaska Native in **Jackson** had the highest rate of cancer.

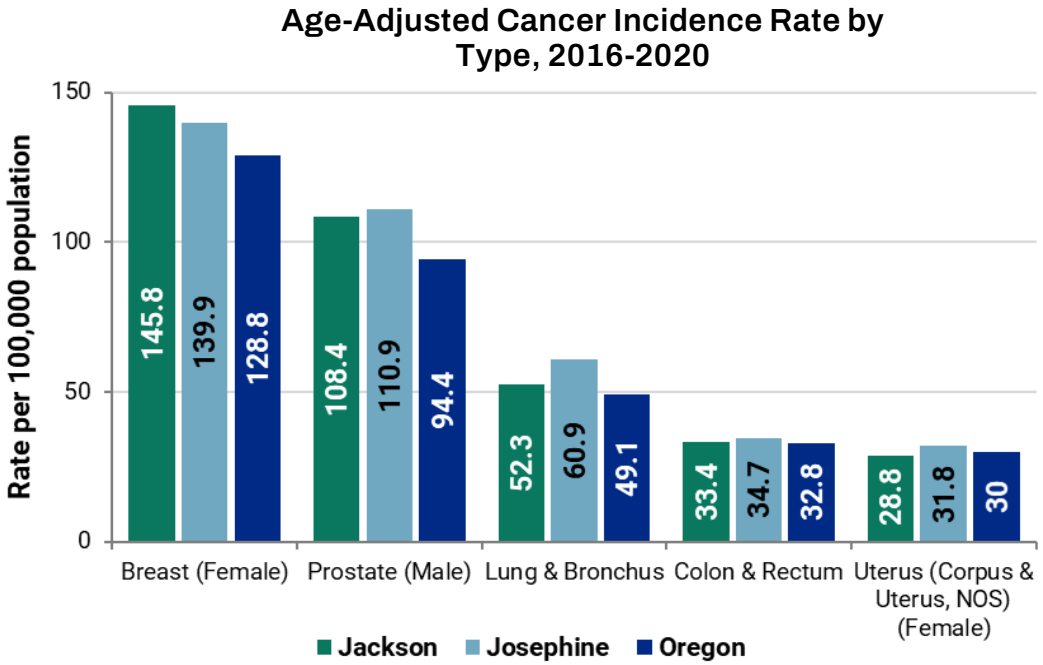


Figure 11. Data Source: *National Cancer Institute. State Cancer Profiles, 2016-2021*

- In the community the top five cancer incidence rates by type were **Breast** (Female), **Prostate** (Male), **Lung & Bronchus**, **Colon & Rectum**, **Uterus** (*Corpus & Uterus, NOS*) (Female) which is the same as the state.
- **Both** counties had slightly higher rates of Prostate (Male) and Lung & Bronchus than the state.
- **Jackson** had higher rates of Breast (Female) than the state.
- **Josephine** had slightly higher rates of Colon & Rectum than the state.

Cancer Mortality

Overall Mortality: Cancer occurs almost everywhere in our bodies. These different types of cancers can range in severity. Cancer mortality is the total number of deaths caused by any form of cancer.

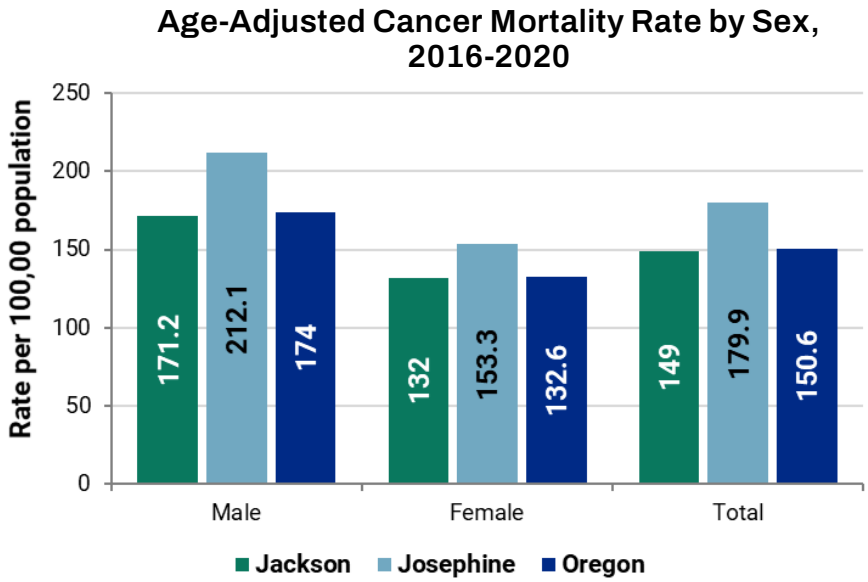


Figure 12. Data Source: *National Cancer Institute. State Cancer Profiles, 2016-2021*

- **Josephine** had a higher overall cancer mortality rate than the state.
- Male residents in **both** counties had higher rates of cancer deaths than female residents.
- Females, males, and total residents in **Josephine** had high cancer death rates when compared to females and males at the state level.

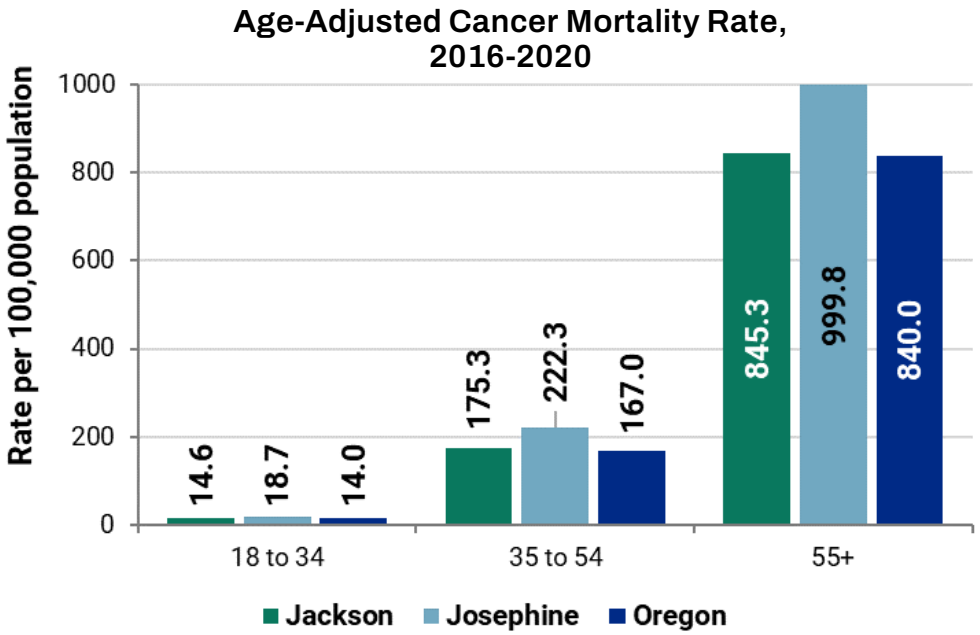


Figure 13. Data Source: *National Cancer Institute. State Cancer Profiles, 2016-2021*

- Community members who are 55+ had the highest rates of cancer-related deaths in **both** counties and the state.
- **Jackson** had higher cancer mortality rates for the age groups of 35 to 54, and 55+ when compared to similar age groups in the state.
- **Josephine** had much higher cancer mortality rates for all age groups compared to those in the same age groups in the state.

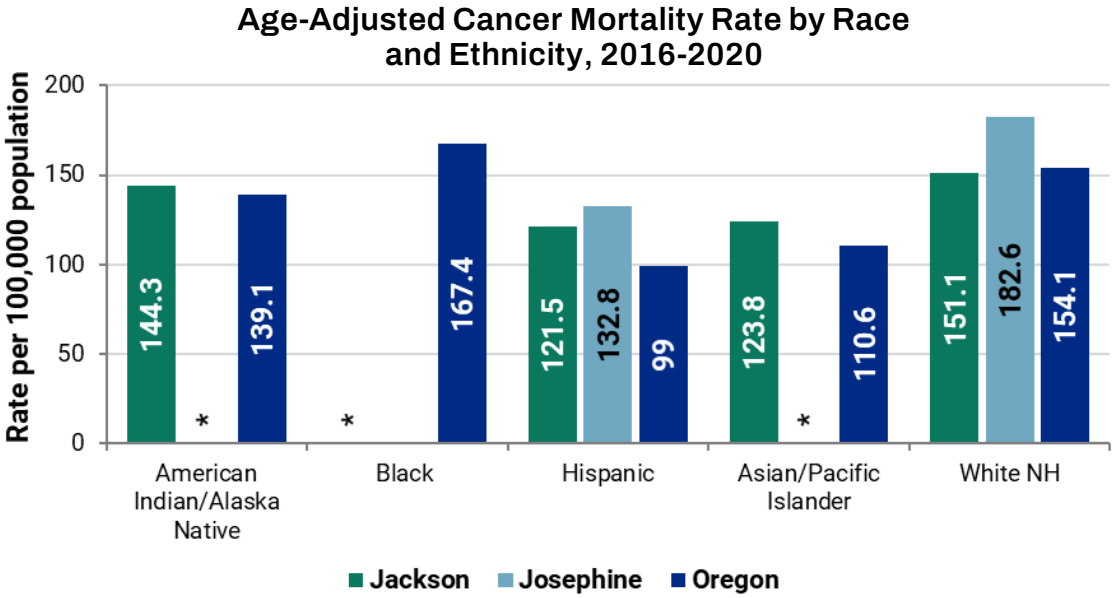


Figure 14. Data Source: *National Cancer Institute. State Cancer Profiles, 2016-2021*

**Note: Data for American Indian/ Alaska Native, Black, and Asian/Pacific Islander community members was insufficient and not shown. [A]NH= Non-Hispanic*

- In **Jackson** those who identified as American Indian/Alaska Native, Hispanic, and Asian/Pacific Islander had higher cancer mortality rates than the state.
- In **Josephine** those who identified as Hispanic, and White NH had higher cancer mortality rates than the state.

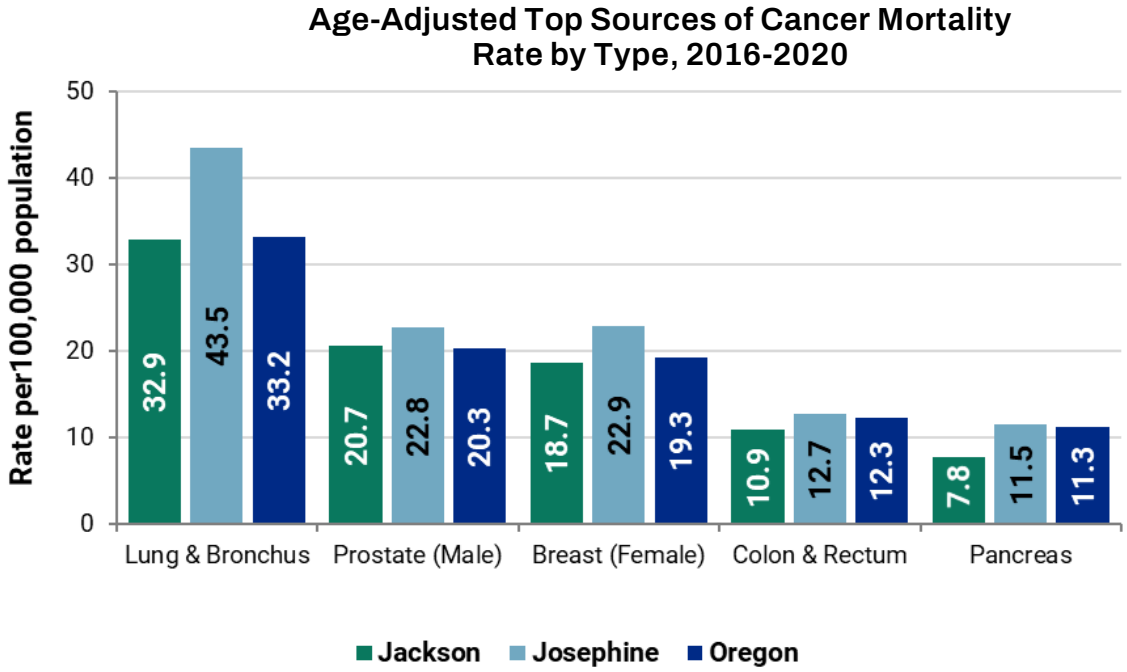


Figure 15. Data Source*: National Cancer Institute. State Cancer Profiles, 2016-2021*

- In this region, the top five most common types of cancer death were Lung & Bronchus, Prostate (Male), Breast (Female), Colon & Rectum, and Pancreas which is the same as the state.
- **Josephine** had higher mortality rates in every top 5 categories when compared to the state.

Lung Cancer

According to the CDC lung cancer is the leading cause of cancer death for both men and women in the United States. People are advised to stop smoking and steer clear of secondhand smoke to reduce their chances of getting lung cancer. The second leading cause of lung cancer is radon, a naturally occurring gas from rocks and dirt that can get trapped in houses and buildings. [64]

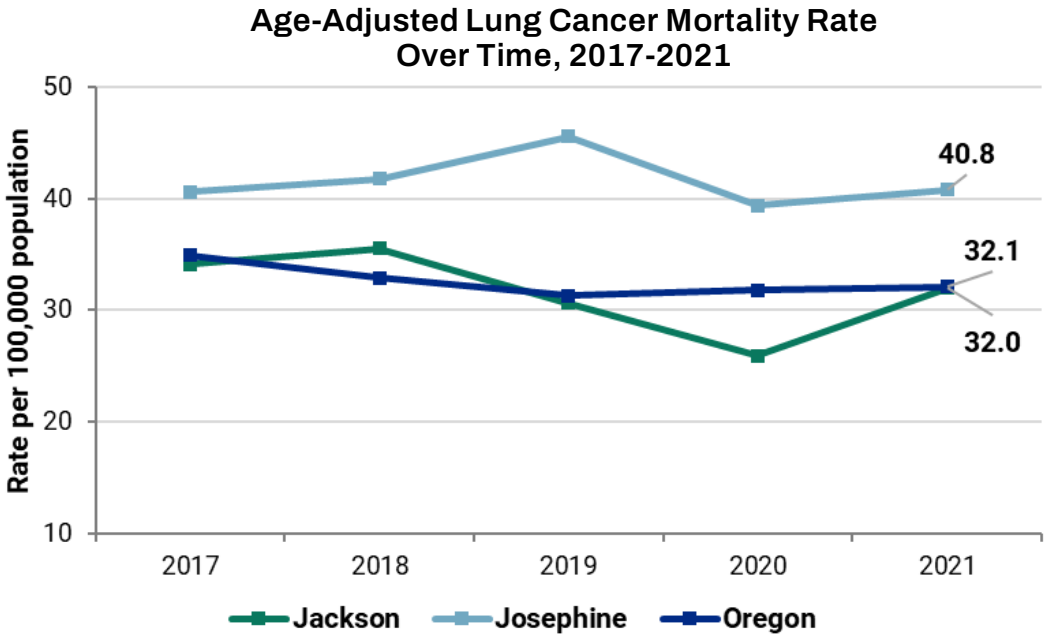


Figure 16. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Lung cancer was the top cause of cancer mortality in the community and the third highest incidence rate of cancers for **both** counties.
- Lung cancer mortality has remained relatively stable in recent years for **both** counties.
- **Josephine** has had higher lung cancer mortality rates than the state in recent years.

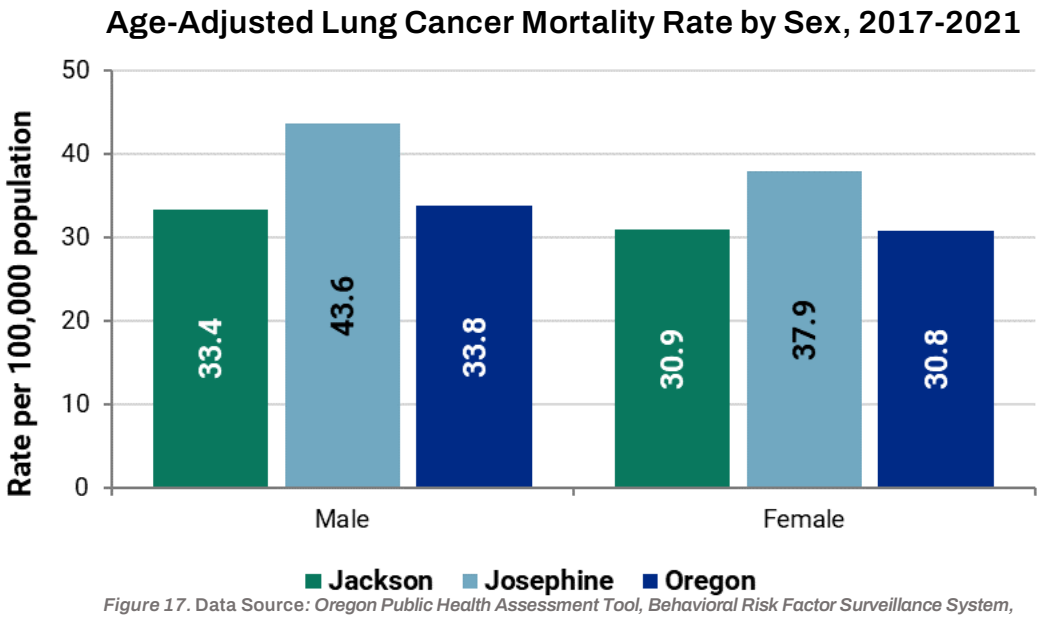


Figure 17. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Male residents in **both** counties had higher mortality rates due to lung cancer than those in the state.
- **Josephine** had much higher mortality rates due to lung cancer for both male and female residents than the state.

Breast Cancer (Female)

According to the CDC breast cancer is the most common type of cancer among women in the United States. Several factors can increase the risk of getting breast cancer, such as old age, white race, drinking alcohol, being overweight/obese, not being physically active, and having a family history of breast cancer. To stay healthy, the U.S. Preventive Services Task Force suggests that women between the ages of 50 and 74 should get a mammogram every two years. If you're between 40 and 49 years old, it's important to have a discussion with your healthcare provider to determine if a mammogram is right for you.[62]

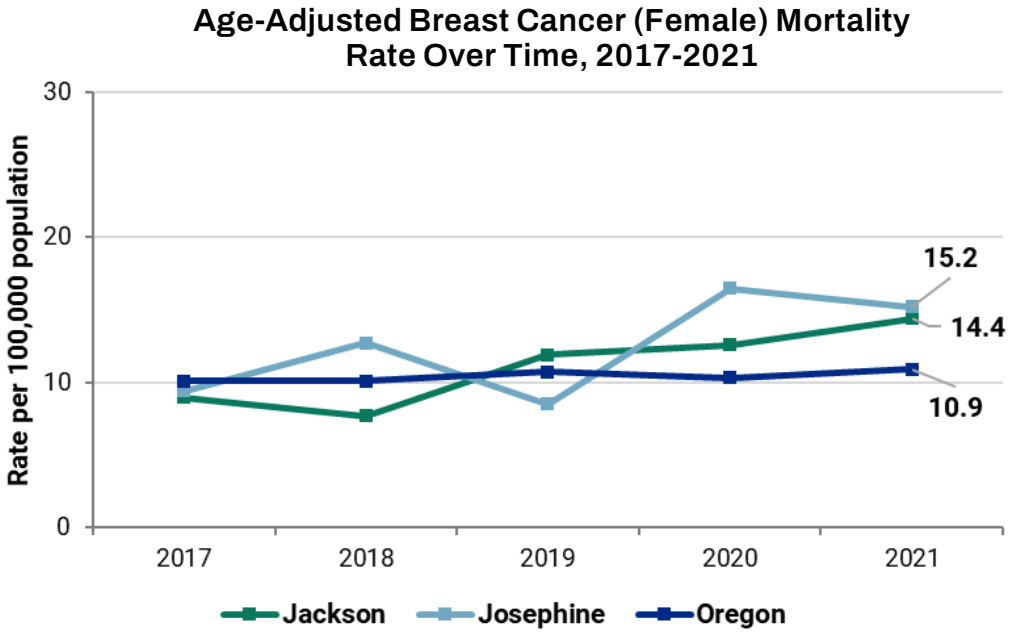


Figure 18. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Breast cancer was the third most common cause of cancer death in this community and had the highest incidence rate of all types of cancer for both counties.
- The mortality rate of breast cancer has been increasing in **both** counties in recent years.
- **Both** counties have had higher breast cancer mortality rates than the state.
- Reliable race and ethnicity data were not available for the county level.

Colon Cancer

The CDC says that colorectal cancer, which is also known as colon cancer, is most common in adults who are older than 50. Some things that make it more likely for someone to get this kind of cancer are being older, being African American or Black, having inflammatory bowel disease, having family members with colon cancer, not being physically active, not eating enough fruits and vegetables, being overweight, and using alcohol and tobacco. When we check for colorectal cancer early, we can prevent it or treat it better. That's why the U.S. Preventive Services Task Force suggests that people aged 50 to 75 get screened for colon cancer regularly. Screening can save lives by finding and removing things that might turn into cancer in the colon, or by finding the cancer early when it's easier to treat.[65]

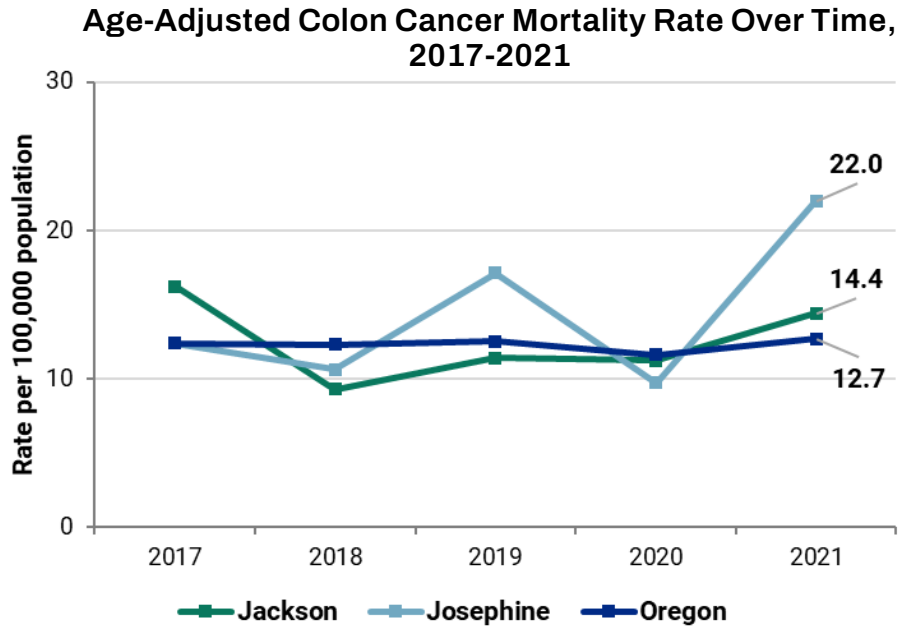


Figure 19. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Colon & Rectum cancer was the fourth most common cause of cancer-related death and the fourth highest incidence rate of all types of cancer for **both** counties.
- In **Jackson** Colon & Rectum cancer mortality rates have been stable in recent years.
- While in **Josephine,** the mortality rate has been increasing for Colon & Rectum cancer.
- Reliable race and ethnicity data were not available for county level.

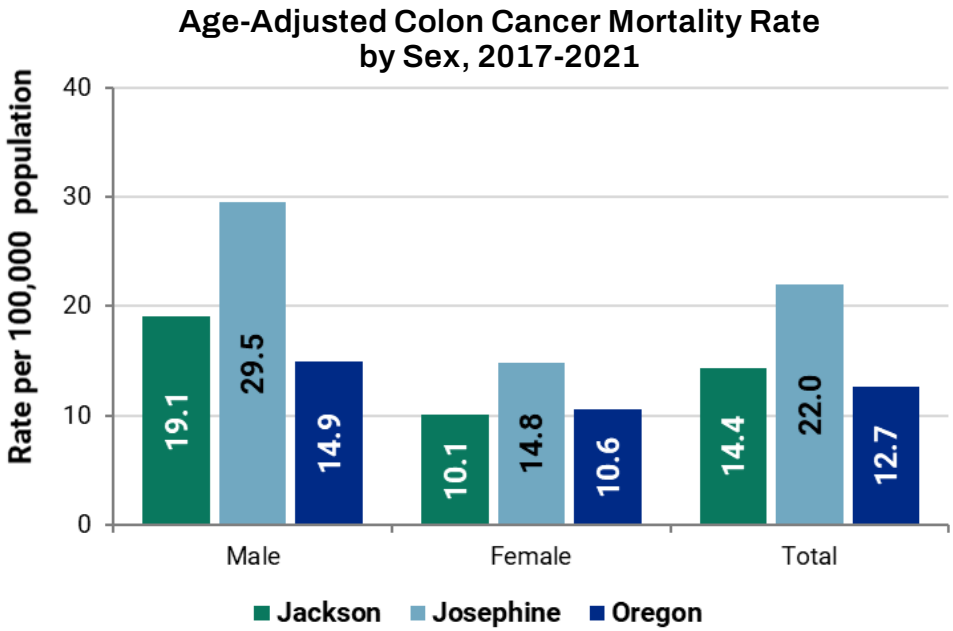


Figure 20. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Male residents in **both** counties and the state had a higher rate of colon cancer than female residents.
- **Josephine** had much higher colon cancer mortality rates than the state in every category.

Pancreatic Cancer

Understanding some key information about pancreatic cancer is important to stay informed and take care of your health. Pancreatic cancer is more common in older adults, and there are certain factors that can increase the risk of developing it. These risk factors include age, family history of pancreatic cancer, smoking, and certain genetic conditions. Early detection and knowledge about pancreatic cancer can be crucial for better treatment and outcomes, so it's important to stay informed and seek regular check-ups.[63]

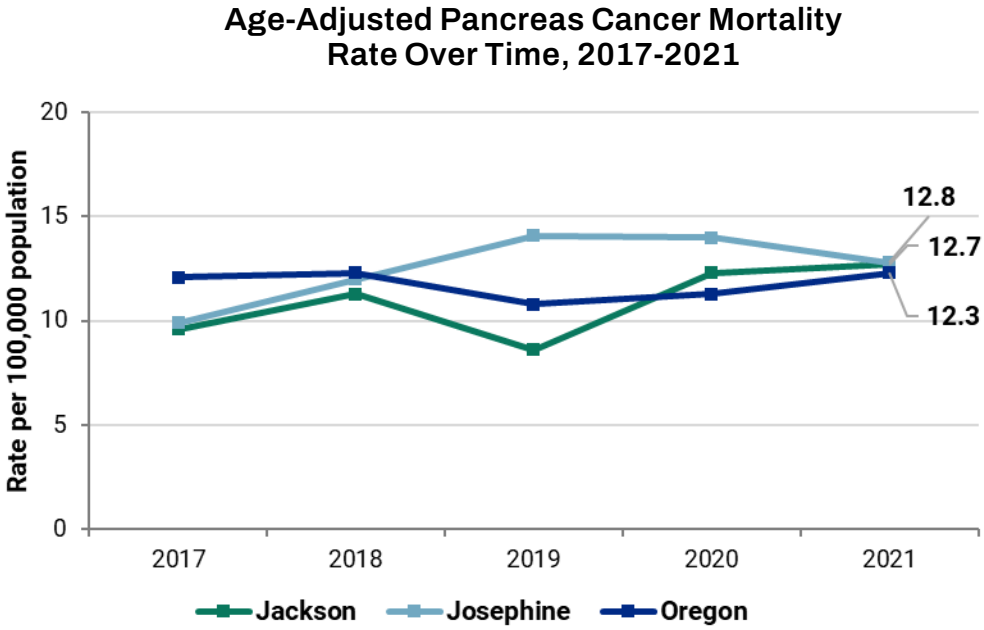


Figure 21. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Pancreatic cancer was the fifth most common cause of cancer-related deaths for the community and state as a whole.
- Pancreatic cancer mortality rates have remained relatively stable in recent years.

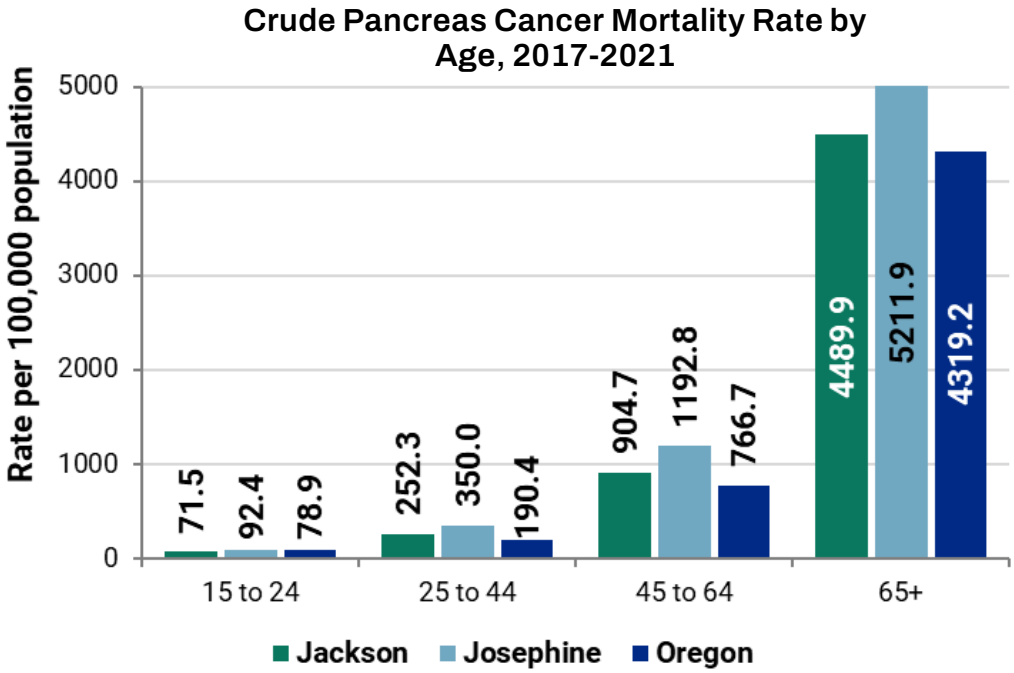


Figure 22. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The older the population gets the higher the mortality rate of pancreatic cancer.
- Adults 65+ have the highest mortality rates of pancreatic cancer compared to young age groups in **both** counties.
- **Josephine** had higher pancreatic mortality rates than the state in every age category.

Cardiovascular Disease

Cardiovascular diseases (CVDs) affect the heart and blood vessels. Some of the most common types of CVDS are heart disease and strokes. Risk factors include older age, uncontrolled high blood pressure, uncontrolled high LDL (low-density lipoprotein) cholesterol, poor nutrition, lack of physical activity, diabetes, obesity, and tobacco smoking. [93]

Heart Disease

Heart disease includes several types of heart conditions: myocardial infarction (heart attack), angina (chest pain), and any other condition that affects the ability of the heart to pump blood to the rest of the body.

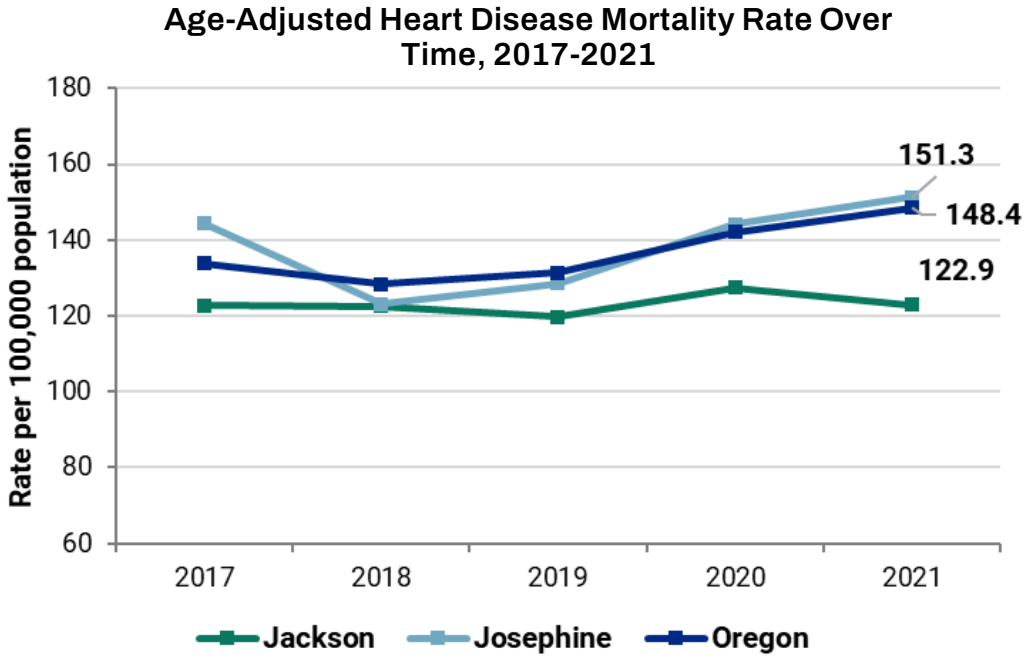


Figure 23. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Heart disease was the second leading cause of death for **Jackson** and Oregon.
- Heart disease was the third leading cause of death in **Josephine** County.
- **Both** counties have seen an increase in Heart Disease mortality rate in recent years unlike the state which has relatively stable
- **Josephine** had a similar heart disease-related mortality rate than the state.
- **Jackson** has a much smaller heart disease-related mortality rate than the state

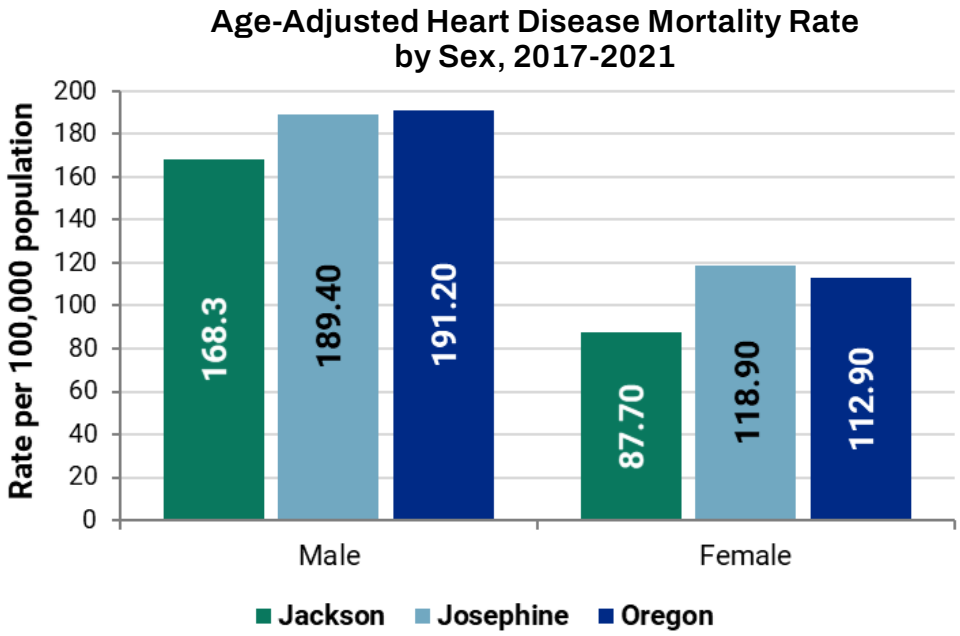


Figure 24. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Male residents had a higher heart disease mortality rate than female residents in both of the communities and the state.

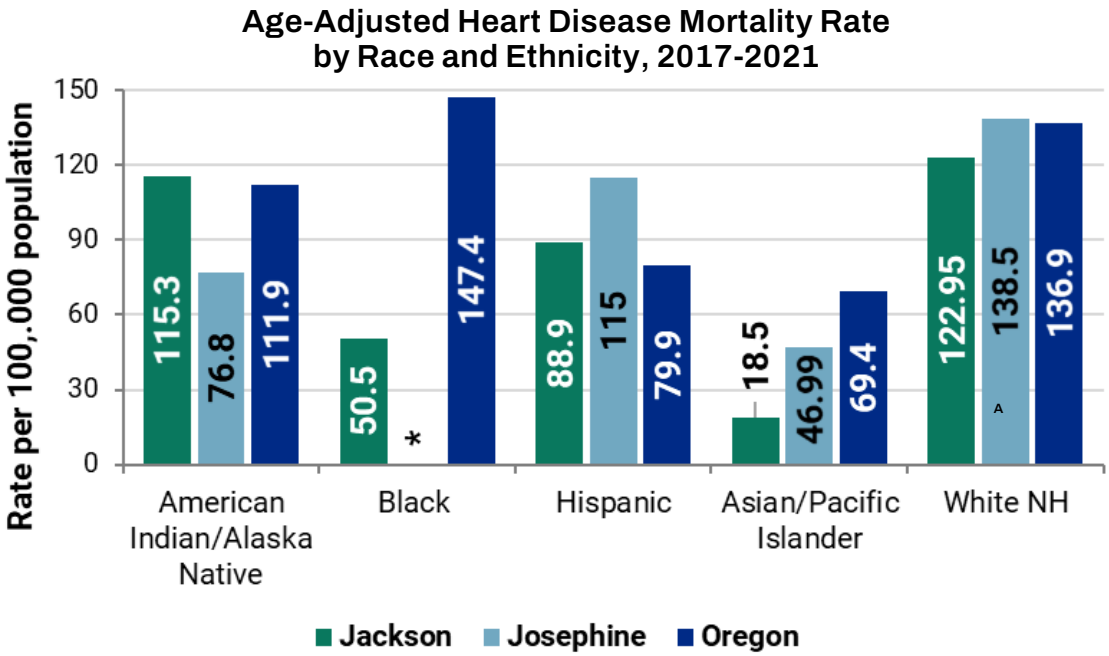


Figure 25. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*
**Note: Data for American Indian/ Alaska Native, Black, and Asian/Pacific Islander community members was insufficient and not shown.*
[A]NH= Non-Hispanic

- **In Jackson** those who identified as American Indian/Alaskan Native and White NH had higher Heart Disease mortality rates when compared to the state.
- In **Josephine** those who identified Hispanic and White NH had higher mortality rates when compared to the state.
- At the state level those who were Black had the highest mortality rate related to heart disease.

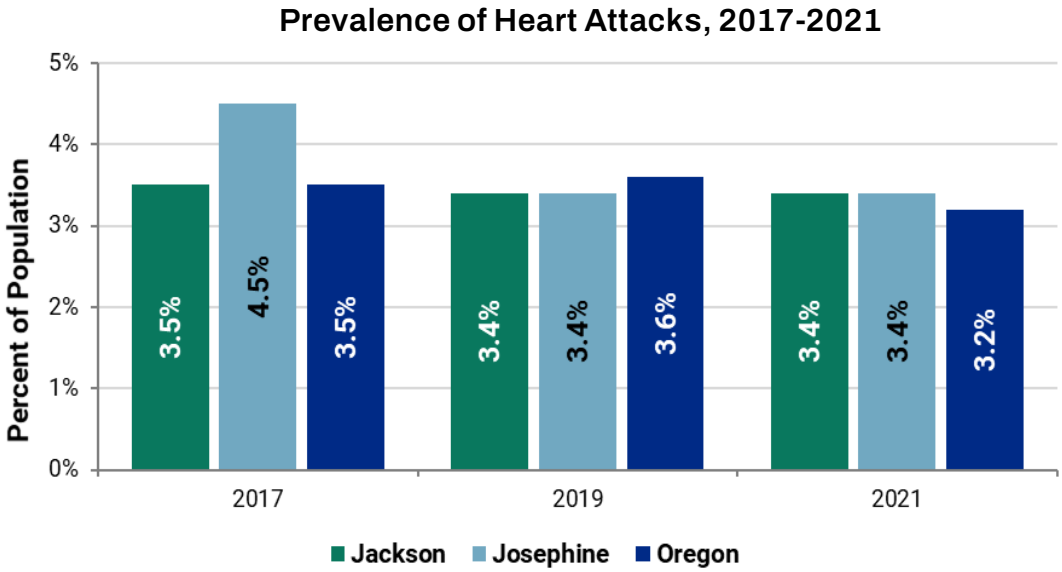


Figure 26. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Prevalence: Describes the burden of disease in a population by looking at the total amount of cases (new and old) occurring in a population at a specific point in time ((# of new cases + # of old cases)/(population)).

- The prevalence of those who have had a heart attack has slightly decreased in recent years for both counties and the state.
- In **both** counties, the prevalence of heart attacks is slightly elevated compared to the state.

Cerebrovascular Disease: Stroke

Cerebrovascular disease occurs when blood flow to the brain is blocked. One of the most common disease are stokes or “brain attacks”. When this happens, the brain can no longer get the oxygen that it needs. This can lead to a portion of the brain to be damaged or death of the individual. When a stroke occurs the time it takes to receive care is critical. Things that can increase the risk of a stroke are high blood pressure, high cholesterol levels, smoking, obesity, and diabetes. Strokes were the sixth leading cause of death in Oregon.[94]

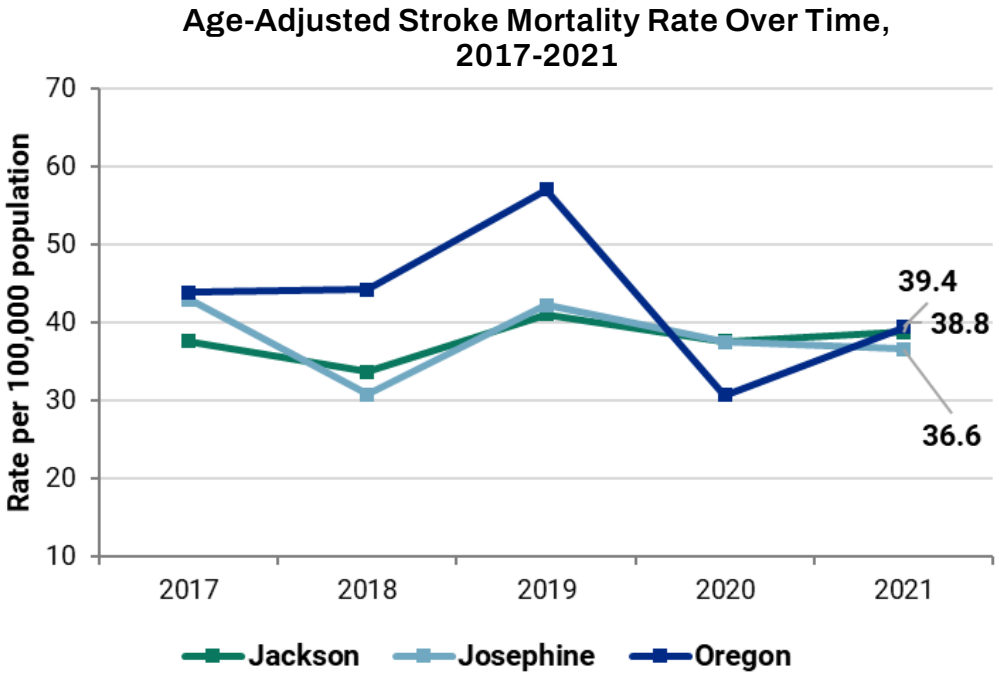


Figure 27. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The stroke mortality rate for **Jackson** and **Josephine** has remained stable during recent years.

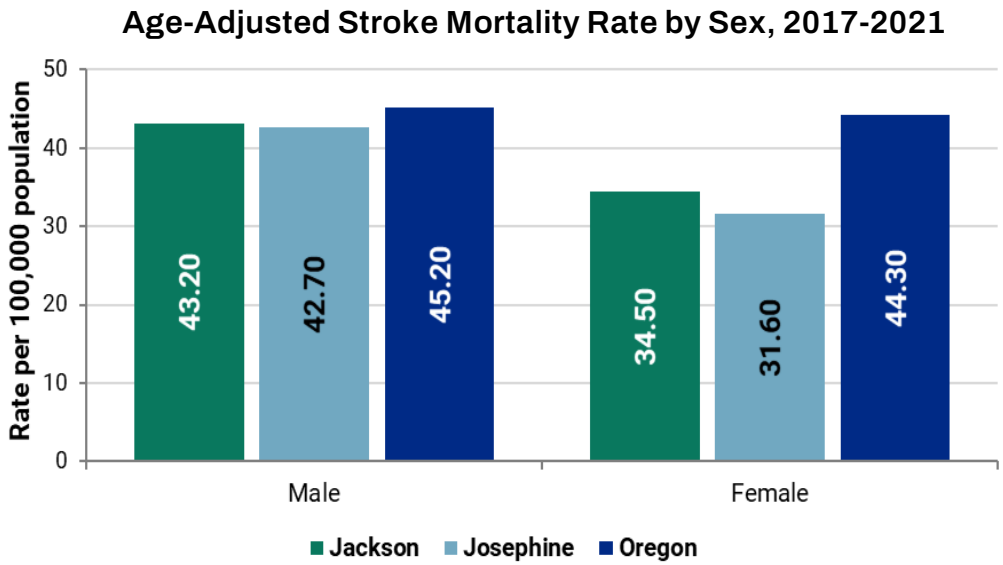


Figure 28. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties male residents experience a higher stroke mortality rate than female residents. At the state level, there was not a large difference in mortality rate between males and females.

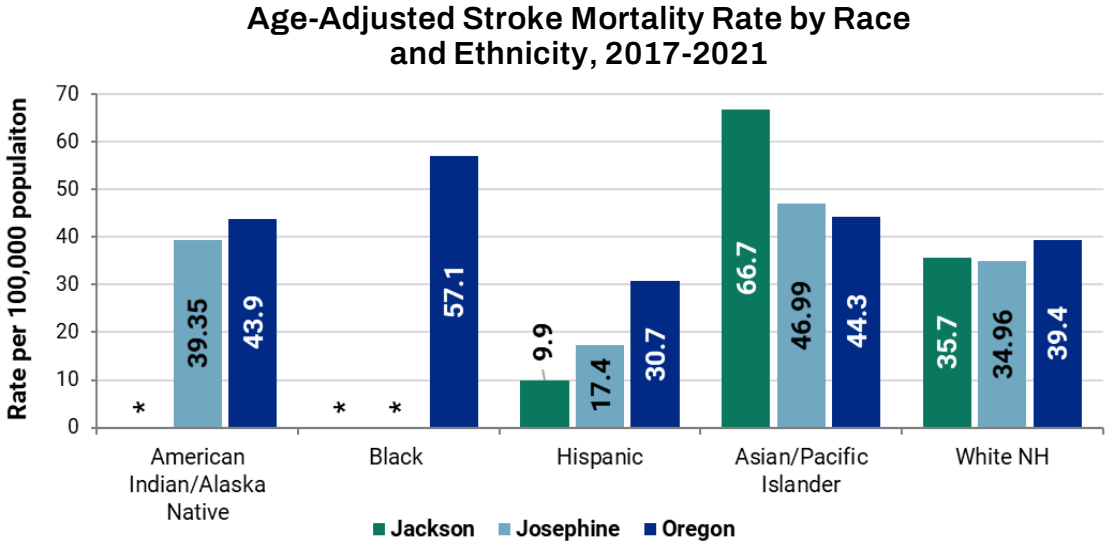


Figure 29. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*
**Note: Data for American Indian/ Alaska Native, and Black community members was insufficient and not shown.* [A]*NH= Non-Hispanic*

- Asian and Pacific Islanders in **both** counties experience a very high stroke mortality rate when compared to the state and other race and ethnicity categories.
- **Jackson's** Asian and Pacific Islander community experienced the highest stroke mortality rate of any group.

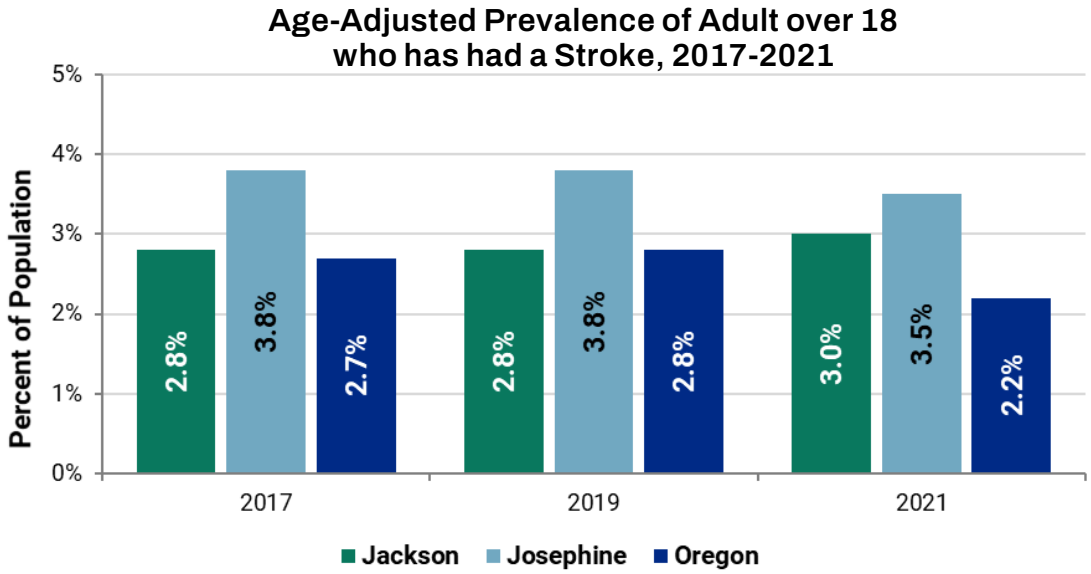


Figure 30. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties have a higher prevalence of having had a stroke than the state.
- About **3.5%** of community members in **Josephine** have had a stroke compared to **2.2%** of Oregon population having had a stroke.
- About **3.0%** of community members in **Jackson** have had a stroke.

Diabetes

Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy. This can lead to your body having blood sugar levels that are higher than normal. There are three types of diabetes: type 1, type 2, and gestational diabetes. **Type 1** is an autoimmune disorder that develops at an early age. **Type 2** typically develops in adults and **gestational diabetes** only occurs in pregnant women, which usually goes away after the child is born. According to the CDC, some risk factors for diabetes are: family history of diabetes, being overweight or obese, high blood pressure, engaging in physical activity less than three times per week, and history of having diabetes while pregnant. Diabetes can lead to heart disease, stroke, blindness, and kidney problems.[95]

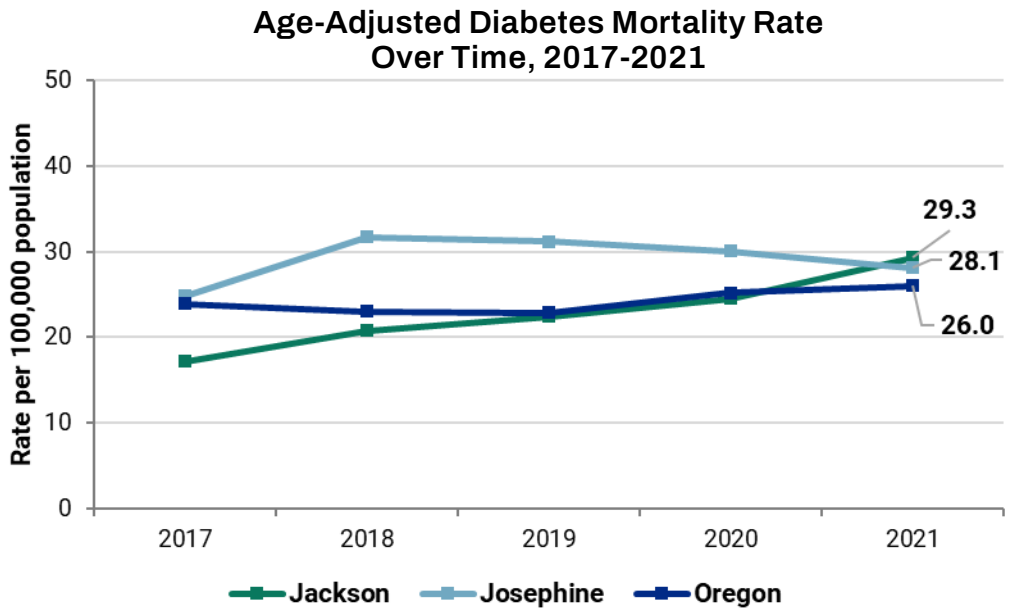


Figure 31. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The mortality rate is higher in **Jackson** and **Josephine** than the state and has been increasing in recent years.

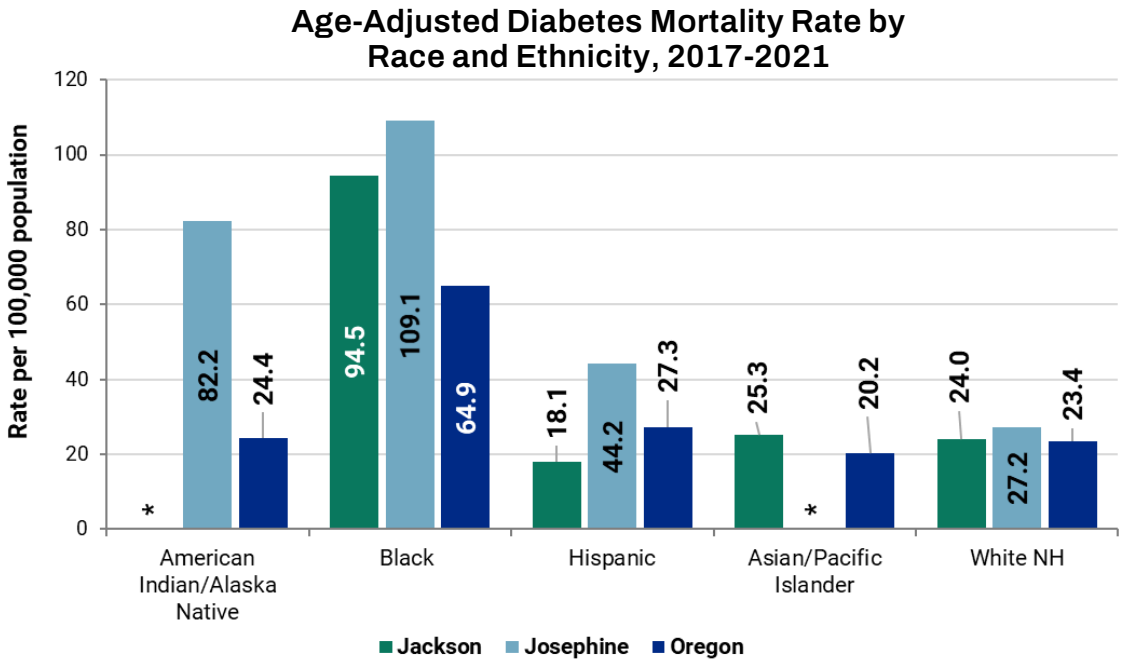


Figure 32. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*
**Note: Data for Asian/ Pacific Islander, and Black community members was insufficient and not shown. [A]NH= Non-Hispanic*

- In **Josephine** Black, American Indian/Alaska Native, Hispanic, and White NH had higher diabetes mortality rates than other races and ethnicities and the state.
- In **Jackson** Black, Asian/Pacific Islander, and White NH had higher diabetes mortality rates than other races and ethnicities.

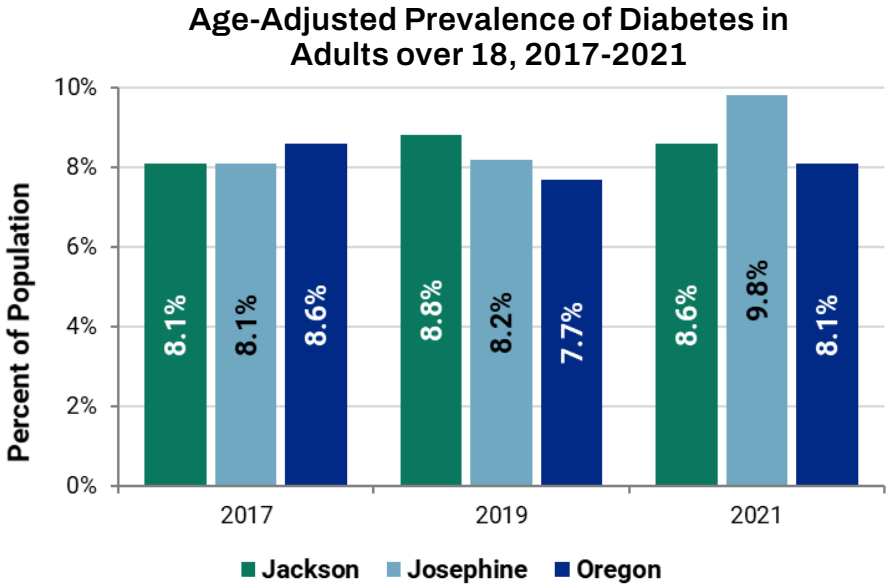


Figure 33. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The prevalence of diabetes has had a slight increase in recent years in **both** counties. **Jackson** and **Josephine** both had higher prevalence of diabetes than the state.

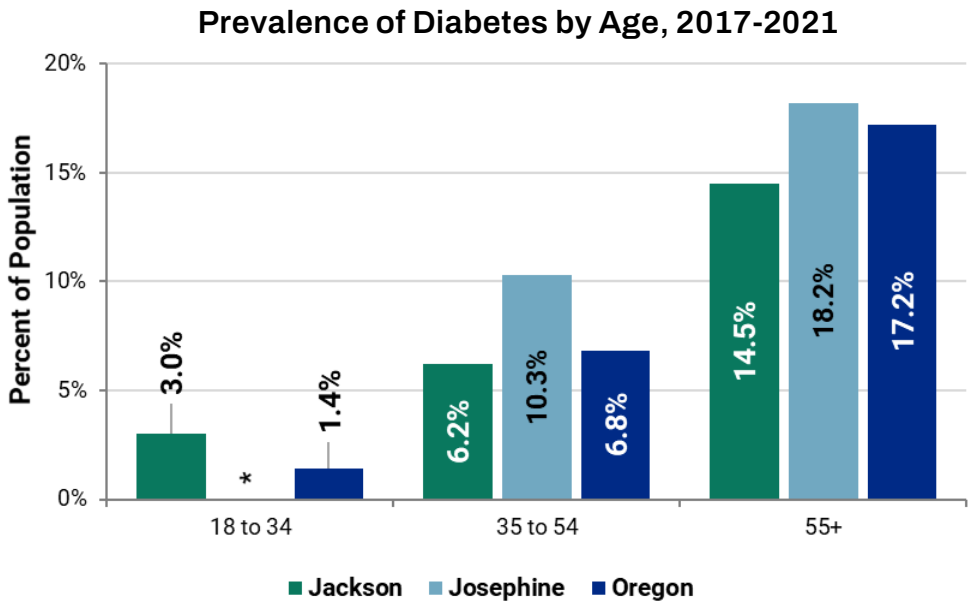


Figure 34. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*
**Note: Data for 18 to 34 year old in Josephine County was insufficient and not shown.*

- Older adults (55+) had the highest prevalence of diabetes in **both** counties compared to other age groups in both counties and Oregon.
- **Josephine** had a higher prevalence of diabetes than Oregon where data was available.

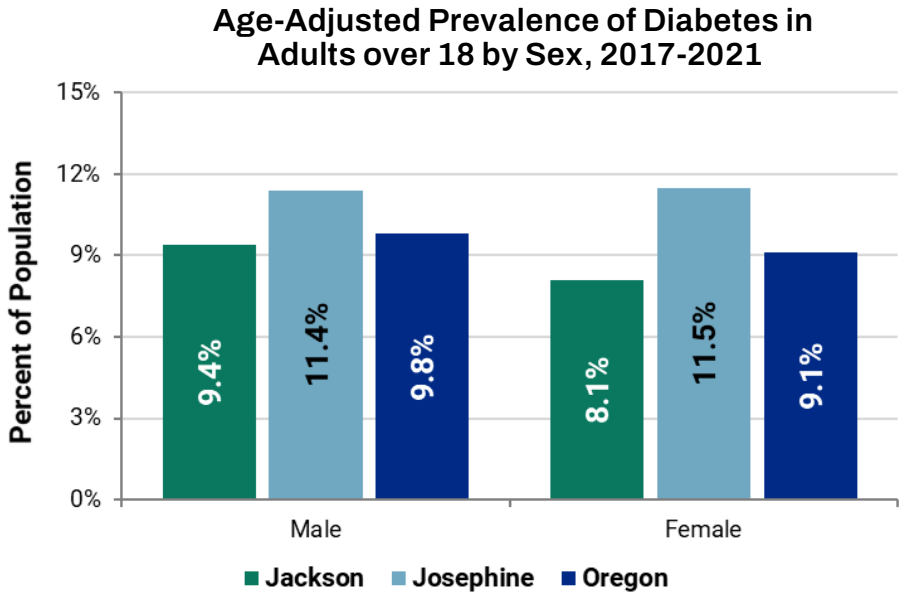


Figure 35. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Men and women in **both** counties had similar prevalence of diabetes.
- Males and Females in **Josephine** had higher prevalence than Males and Females in Oregon.

Risk Factors & Screening

There are several risk factors that can increase the risk of developing chronic disease. Some people might be more likely to develop chronic diseases due to their genes, but there are things we can change in our lives to help prevent them. Some of these things are using tobacco, unhealthy eating, not being physically active, and not getting routinely checked for diseases.[61]

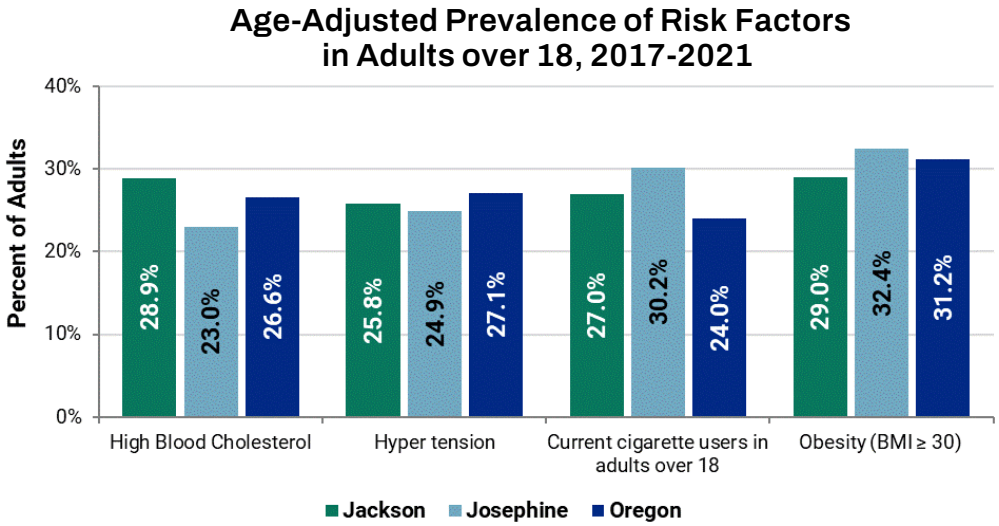


Figure 36. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Jackson** had a higher prevalence of High Blood Cholesterol, and Current Cigarette Users than individuals at the state level
- **Josephine** had a higher prevalence of Current Cigarette Users and Obesity than those at the state level.

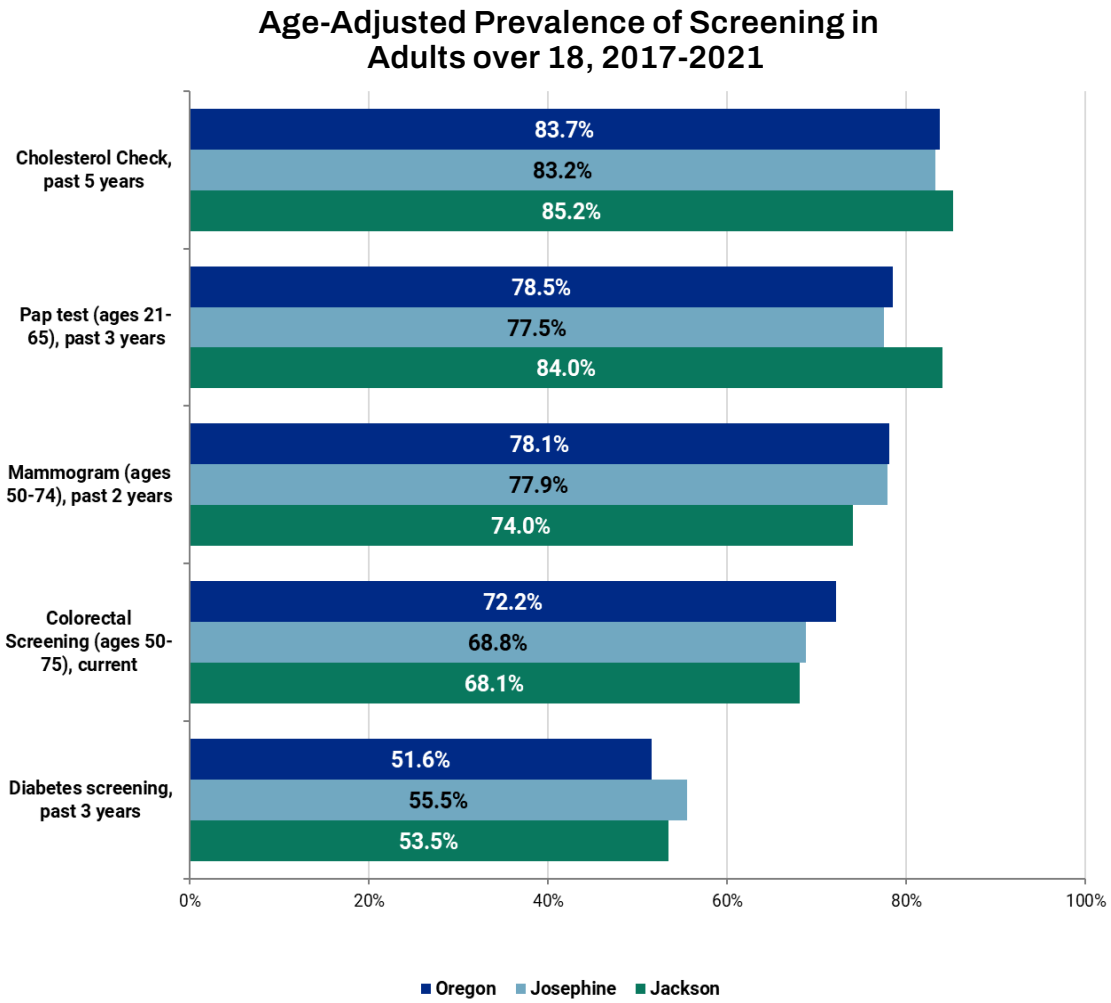


Figure 37. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Jackson** had higher prevalence of people who had received a Pap test (ages 21-65), Diabetes screening, and Cholesterol Check than the state.
- **Josephine** had higher prevalence of people who had Diabetes screening than the state.

Communicable Disease

COVID-19 Clinic
Courtesy of So Health-E

Communicable Disease

Communicable or infectious diseases differ from chronic diseases because they can pass from human to human or from animals to humans due to microorgnisims. Globally, there has been a reduction in infectious disease mortality over the last century largely due to immunization, improved drinking water safety, and food regulation. Despite these advances, infectious disease remains a major cause of illness, disability, and death worldwide.[86]

Key Findings:

- The percentage of adults receiving flu vaccinations has been increasing in **both** the counties and the state. However, the community has not yet achieved the Healthy People 2020 goal (70%).
- **Jackson** had an Incidence rate of Haemophilus Influenza higher than the state.
- Incidence rates of Pertussis were lower for **both** counties compared to the state.
- **Josephine** had a higher Incidence rate of mumps than the state.
- Female community members in **both** counties and the state had higher rates of chlamydia infections compared to male community members.
- Younger age groups, specifically those aged **15 to 24**, had a higher incidence of chlamydia compared to older adults.
- Syphilis incidence rates in **Jackson** and **Oregon** have been increasing in recent years.
- In **both** counties and the state, the highest incidence of syphilis was among **25-44**-year-olds.
- Gonorrhea rates have been increasing in **both** counties and the state in recent years.
- In **Jackson** the HIV incidence rate has been decreasing in recent years.
- In **Josephine** the HIV incidence rate has been increasing in recent years.
- Between 2020 and 2023: **55,367** COVID-19 cases were detected in **Jackson,** and **21,271** COVID-19 cases were detected in **Josephine**. In **Oregon**, there were **96,7745** cases.
- **Jackson** community members who identified as Black, American Indian/Alaskan Native, Pacific Islander, and Hispanic had the highest rate of COVID-19 illness of any racial group. Pacific Islander, White, and Asian had higher rates than the state.
- In 2021, **Josephine** had a COVID-19 mortality rate (**300 per 100,00**) that was three times the rate of the state (**100 per 100,00**).

Adult Immunizations

Adults should maintain their immunization status by adhering to the guidance of healthcare professionals and public health experts. These recommendations ensure that adults not only stay up-to-date with essential vaccinations, such as tetanus boosters every 10 years, but also receive new vaccines critical to their health. For instance, as adults reach the age of 60, they are advised to receive the herpes zoster vaccination to safeguard against shingles. Staying current with these vaccinations is crucial for overall health and to prevent the spread of vaccine-preventable diseases, contributing to the well-being of both individuals and the broader community.[69]

Influenza

Influenza, commonly referred to as the "flu," is a contagious respiratory illness caused by a virus. Most individuals affected by the flu experience symptoms such as fever, cough, and a sore throat. Typically, the flu lasts for a period ranging from a few days to a couple of weeks. This can lead to serious complications, including pneumonia, hospitalization, or, in severe cases, death. The Centers for Disease Control and Prevention (CDC) recommends an annual flu vaccination for all individuals aged 6 months and older. Getting vaccinated not only reduces the risk of the vaccinated person from contracting the flu but also offers other protections, such as infants born to vaccinated mothers. Being vaccinated helps prevent the spread of the disease to family members, friends, and coworkers who may not be able to receive the flu vaccine. While it's possible for vaccinated individuals to still get the flu, the severity of the illness is typically reduced. [69]

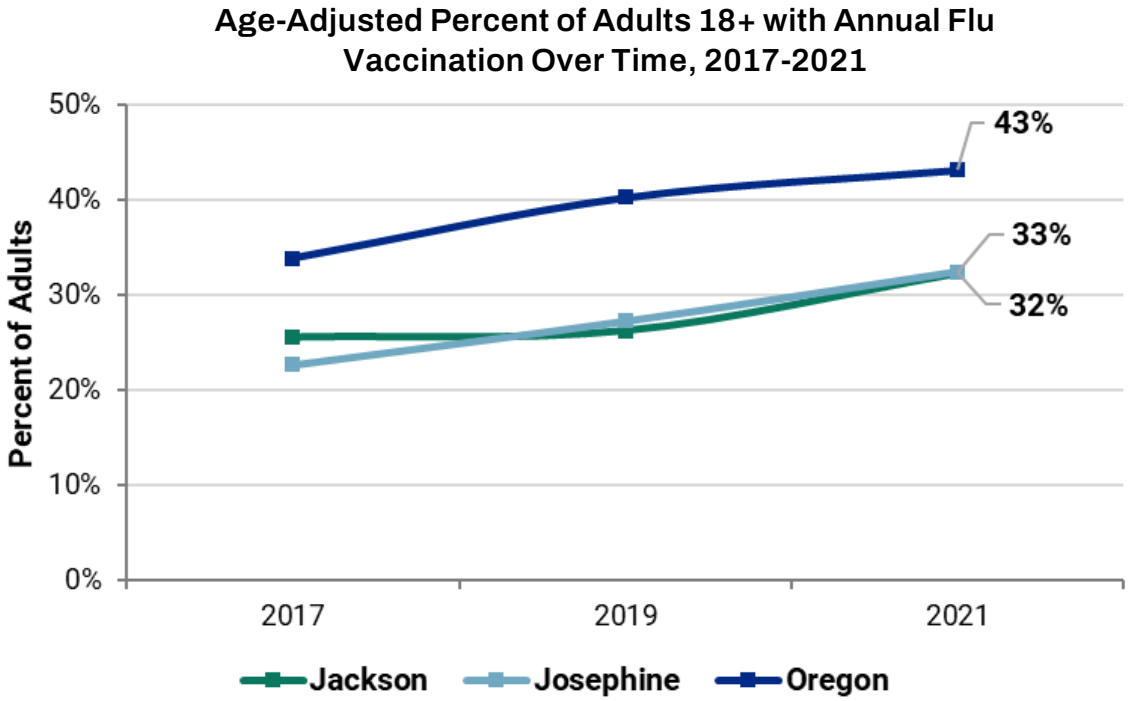


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The percentage of adults receiving flu vaccinations has been increasing in **both** the counties and the state. However, the community has not yet achieved the *Healthy People 2030* goal (**70**%).[14]
- **Both** counties have a smaller proportion of community members vaccinated for the flu than the state.

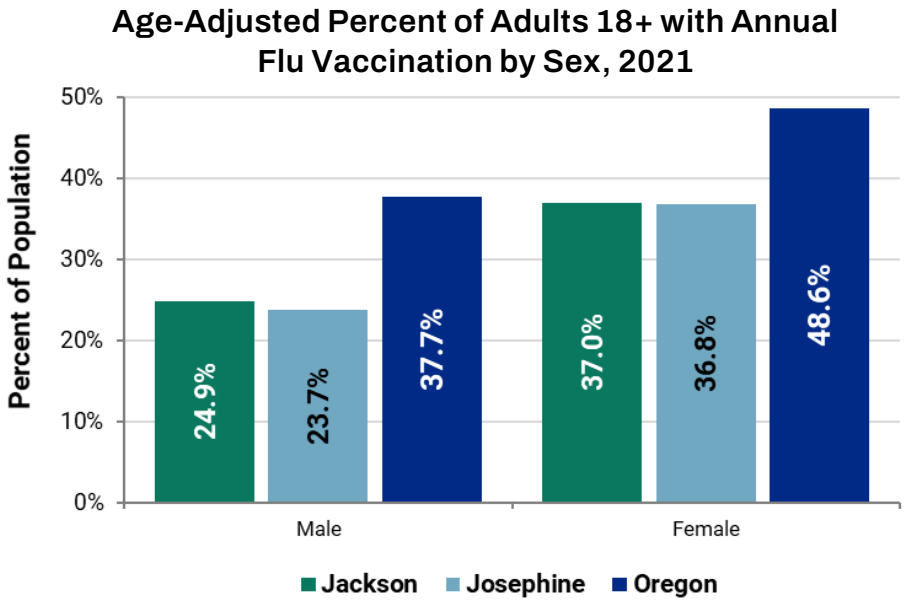


Figure 2. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Female community members were more likely to have the annual flu vaccine compared to male community members in **both** counties and the state.
- In **both** counties female and male community members had a smaller percentage of annual flu vaccine than the state.

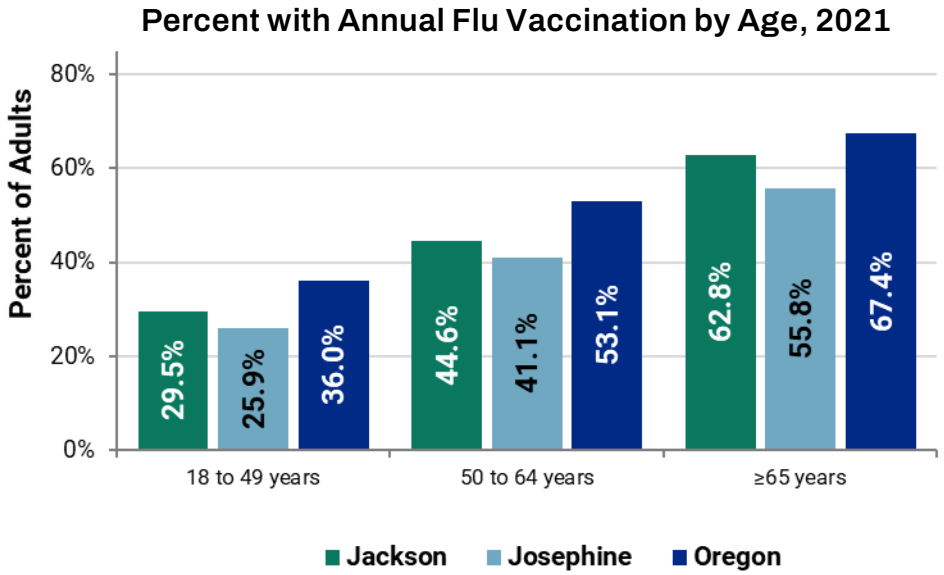


Figure 3. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Adults 65+ years of age had a higher percentage of those who received an annual flu vaccine compared to younger adults in **both** counties and the state.
- Adults 65+ years of age receiving flu vaccinations have been increasing in **both** counties and the state over recent years.

Vaccine-Preventable Diseases

Vaccine-preventable diseases still occur in Jackson and Josephine. When a significant portion of the population is not vaccinated against these diseases, it creates opportunities for outbreaks and increased disease transmission. These outbreaks can strain healthcare systems, lead to school and workplace disruptions, and cause a range of social and economic challenges. Additionally, vulnerable populations, such as the very young, the elderly, and individuals with compromised immune systems, are at greater risk of severe illness or even death when exposed to vaccine-preventable diseases. Immunization programs play a crucial role in safeguarding the health and well-being of communities by reducing the incidence of these diseases, protecting those who cannot be vaccinated, and promoting overall community health. [69]

Pertussis, Mumps, & Hemophilus Influenza

Pertussis also known as Whooping Cough, is caused by a highly contagious bacterium that infects the respiratory tract. Pertussis infections can result in serious illness and sometimes death, especially in infants younger than six months. In older persons who have been vaccinated, the illness may be milder. Pertussis is considered a vaccine-preventable disease and a complete vaccine series is recommended for young children. As immunity can decrease over time, a one-time booster dose is recommended for middle school or older persons. [100]

Mumps is caused by a virus that can cause fever, headache, and swelling of the salivary glands (which causes puffy and tender cheeks). The vaccine for Mumps has drastically decreased the number of cases in the U.S. Most outbreaks occur in groups of unvaccinated people who are spending prolonged, close contact, such as sharing water bottles or cups, kissing, practicing sports together, or living in close quarters, with a person who has mumps.[99]

Hemophilus Influenza is a bacterium that can cause different infections such as pneumonia and meningitis swelling of the lining of the brain and spinal cord). This disease was once the leading cause of death for children younger than 5 years old in the U.S. Through vaccinations the rates of H. Influenza have significantly decreased. H. influenza is spread when people with the bacteria in their nose or throat coughs or sneezes. Children younger than five years, adults 65 years or older, and people with certain medical conditions are also at increased risk. [101]

Age-Adjusted rate per 100,000 for Vaccine-Preventable Diseases, 2021

	Jackson	Josephine	Oregon
Pertussis (whooping cough)	3.5	1.7	4.7
Mumps	0	0.48	0.05
Haemophilus influenzae	2.0	NA	0.94

Table 1. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Incidence rates of Pertussis were lower for **both** counties compared to the state.
- **Josephine** had a higher Incidence rate of mumps than the state.
- **Jackson** had an Incidence rate of Haemophilus Influenza higher than the state.

Hepatitis

Hepatitis is caused by a group of viruses that cause inflammation of the liver. The most common types of hepatitis are **A**, **B**, and **C**. Each variant of hepatitis has different signs and symptoms. For example, A is acute only and lasts a few weeks to several months. While B and C have both acute and chronic (longer than six months to a lifetime). Symptoms of acute hepatitis are fatigue, low appetite, stomach pain, nausea, and jaundice (yellowing of the skin and eyes). Chronic hepatitis can result in an increased risk of liver disease and liver cancer. Hepatitis A is commonly spread through contaminated food. Children and people with increased risk such as chronic liver disease or HIV should get vaccinated. Hepatitis B is commonly spread when blood, semen, or other body fluids from an infected person enter a non-infected person. Infection can happen through unsafe sexual practices, sharing used needles, or from mother to baby at birth. About **2 in 3** people with hepatitis B do not know they are infected. All infants and older adults should receive a hepatitis B vaccine. Hepatitis C is transmitted from person to person through exposure to blood such as needle sharing or at birth. There is no vaccine available for hepatitis C. [102]

Age-Adjusted rate per 100,000 for Hepatitis, 2021

	Jackson	Josephine	Oregon
Hepatitis A	NA	NA	0.66
Hepatitis B (chronic)	3.1	8.9	6.6
Hepatitis B (acute)	0.22	0.67	0.48
Hepatitis C (acute)	NA	NA	0.84
Hepatitis C (chronic)	78.1	91.0	52.9

Table 2. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Chronic and acute hepatitis B occurred more frequently in **Josephine** than the state as a whole.
- **Jackson** had a lower incidence rate of chronic and acute hepatitis B than the state.
- The rate of chronic hepatitis C in **both** Jackson and Josephine were higher than the state rates.

Vector Borne Disease

Vector-borne disease is when a person gets sick after being bitten by a vector, often a mosquito, tick, or flea, which can spread illness. A common vector borne disease is Lyme disease, which was originally identified in northern eastern parts of the United States. The most common vector-borne disease in southern Oregon is Lyme disease. Lyme disease is caused by a bacterium, Borrelia burgdorferi, which is spread through an infected tick bite. Ticks can become infected by rodents or other mammals in their nymph stage. Ticks can attach to any part of the human body. However, they are often found in hard-to-see areas such as the groin, armpits, and scalp. The tick usually must be attached for 36 to 48 hours or more before the Lyme disease bacterium can be transmitted. Signs and symptoms of Lyme disease include fever, chills fatigue, and an Erythema Migrans rash. This is a rash that resembles the shape of a bull's eye. Lyme disease can be treated with antibiotics. [103, 104]

Age-Adjusted rate per 100,000 for Lyme Disease, 2021

Figure 4. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Rates of Malaria, West Nile Virus, and Zika Virus were insignificant for **both** Jackson and Josephine *(not shown)*. [22]

- The rate of Lyme disease was much higher in **both** Jackson and Josephine counties than in the state.

Sexually Transmitted Diseases

Chlamydia

Chlamydia is a sexually transmitted bacterial infection that often remains without symptoms. Women are at higher risk of serious health problems; untreated chlamydia can lead to infertility and other health complications and chronic abdominal pain. During pregnancy, chlamydia can lead to eye and lung infections in the newborn if left untreated. This infection can be transmitted through vaginal, anal, or oral sexual contact with an infected person. It's important to note that prior treatment for chlamydia does not offer protection against future infections. Those who engage in unprotected sexual activities or have multiple partners face a higher risk of contracting chlamydia. Men are also at risk since chlamydia can spread through unprotected oral and anal sex.[105]

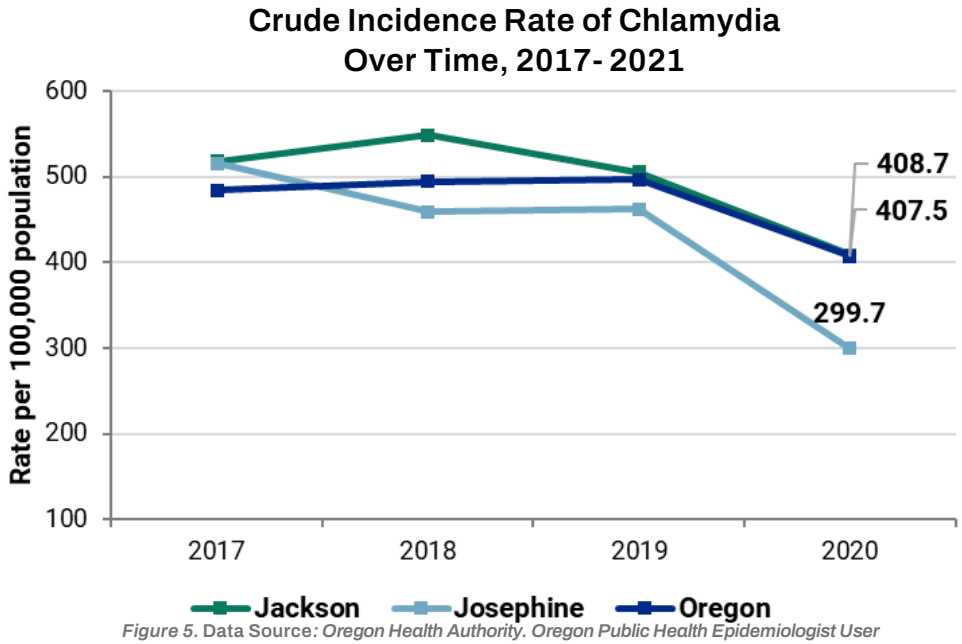


Figure 5. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Chlamydia incidence rates in **both** of the counties and **Oregon** have been decreasing in recent years.
- **Josephine** has a lower rate of Chlamydia infections compared to the state.

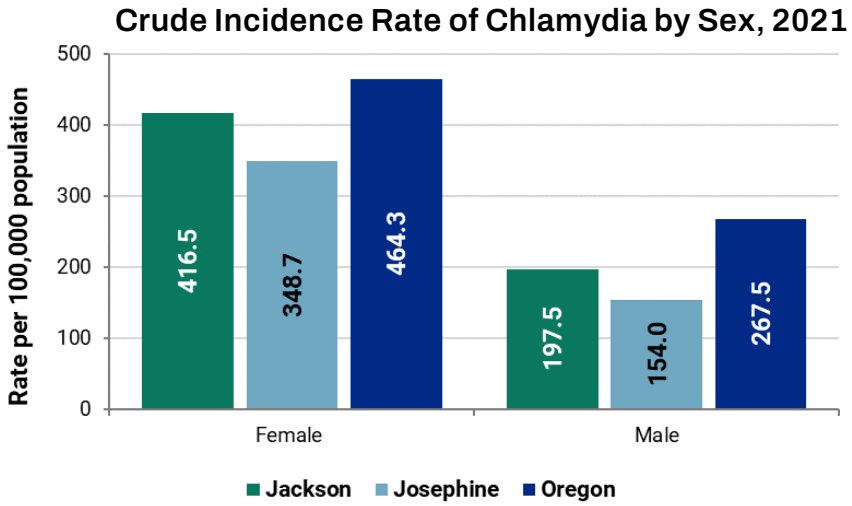


Figure 6. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Female community members in **both** counties and the state had higher rates of chlamydia infections compared to male community members.
- **Both** counties had lower rates of chlamydia infections among both female and male community members than the state.

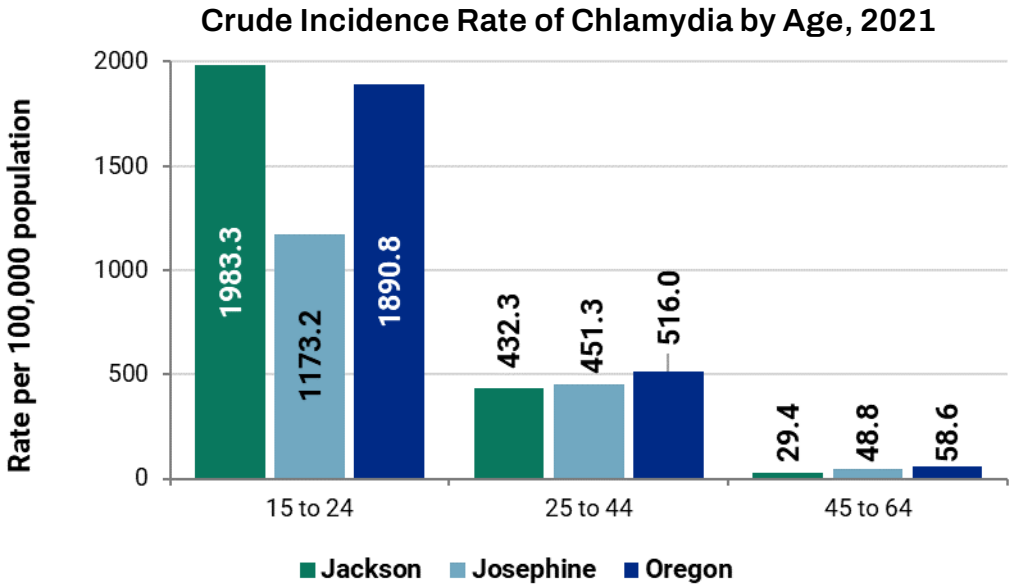


Figure 7. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Younger age groups **15 to 24** had a higher incidence of chlamydia compared to older adults.
- In **Jackson** **15 to 24** years old had a higher incidence rate of chlamydia compared to the state.

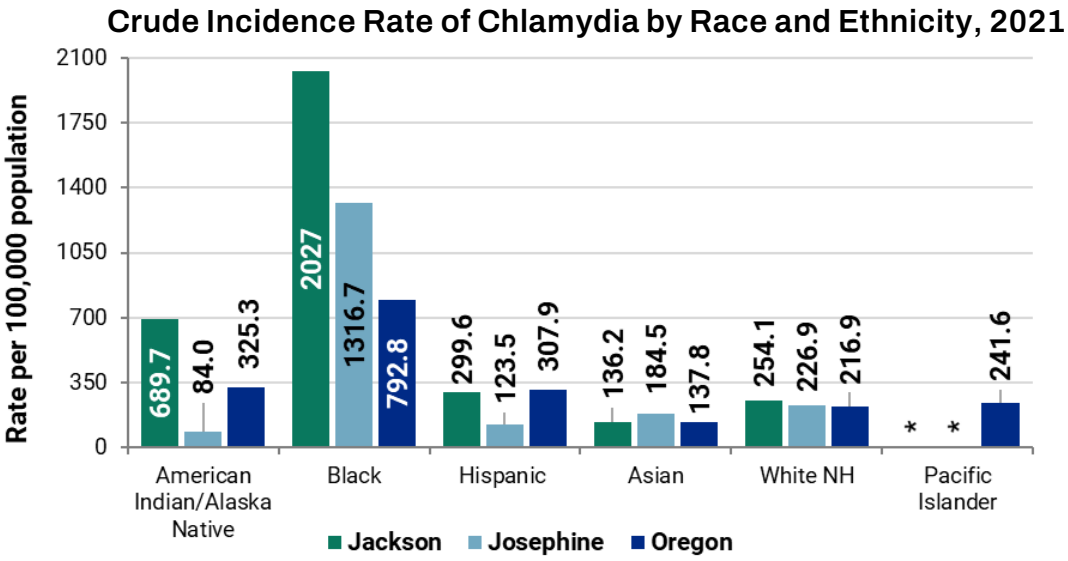


Figure 8. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- In **both** counties those who identified as Black had much higher incidence rates of chlamydia than the state.
- In **Jackson** those who identified as Black, American Indian/Alaska Native, and White NH had higher incidences of chlamydia compared to similar race and ethnic groups in the community.
- In **Josephine** County, individuals who self-identified as Asian had a higher chlamydia incidence compared to their counterparts in the state.

Gonorrhea

Gonorrhea is an infection caused by a bacterium that is transmitted through vaginal, anal, or oral sex with an infected individual. The signs and symptoms include burning sensations during urination, urethral discharge, and soreness. If left untreated, this infection can lead to complications, including infertility, in both men and women. Additionally, when someone is infected with gonorrhea, it can increase their risk of contracting HIV. Gonorrhea can be treated with antibiotics.[106]

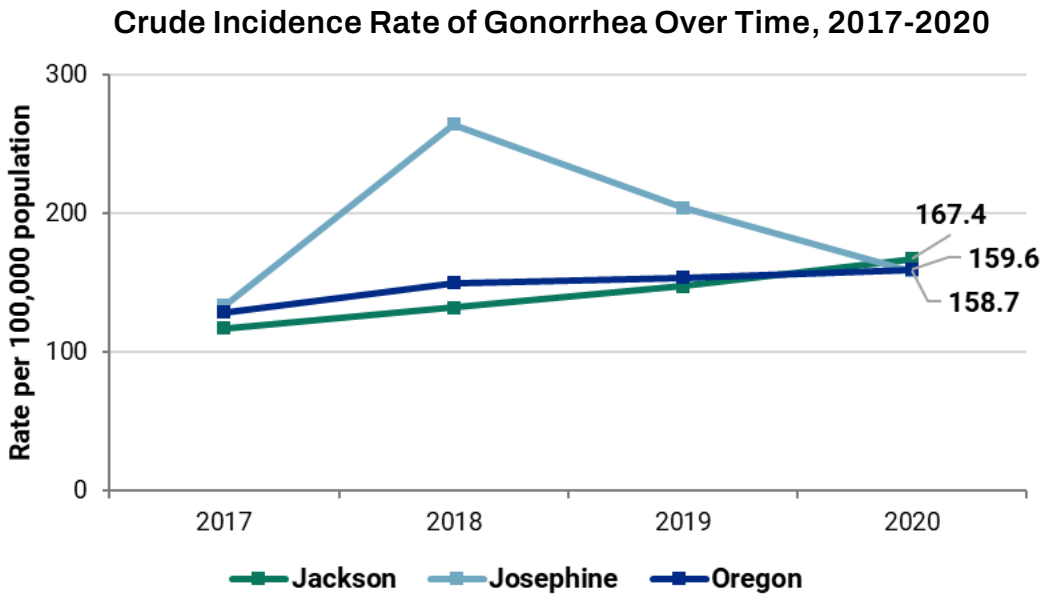


Figure 9. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Gonorrhea rates have increased overall in **both** counties and the state in recent years. In both counites rates were similar to the state.
- **Josephine** saw a sharp increase in gonorrhea rates in 2018, but have been declining since.

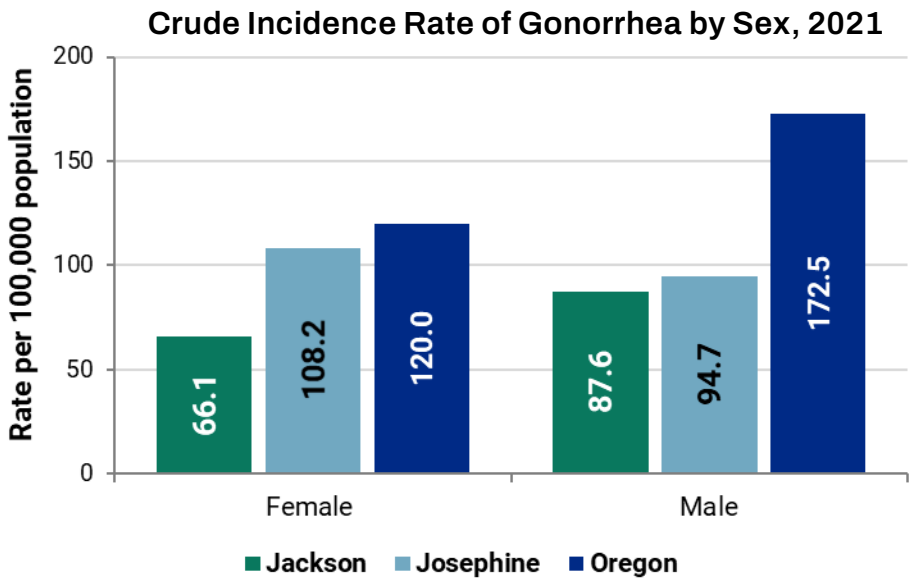


Figure 10. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- In **Jackson** male community members had higher rates of Gonorrhea than females in the community.
- In **Josephine** female community members had higher rates of Gonorrhea than males in the community.

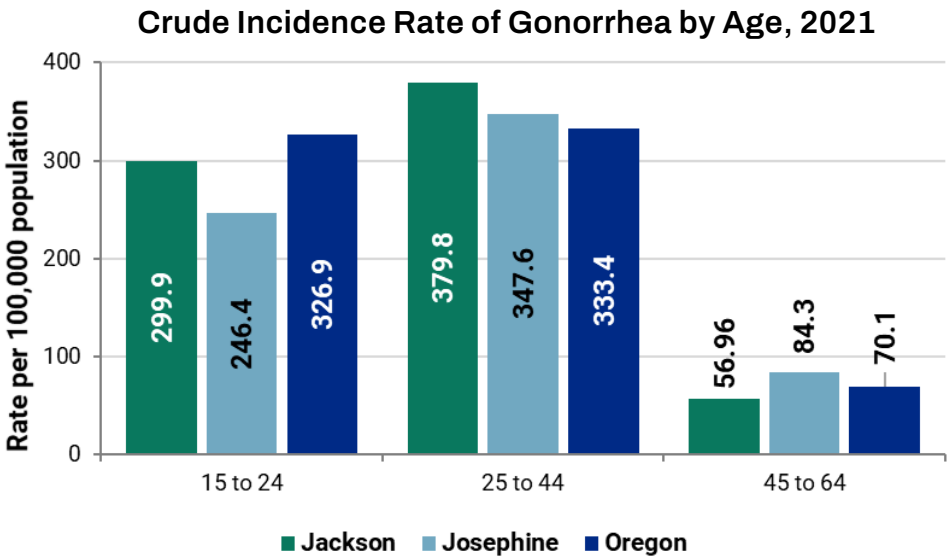


Figure 11. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Gonorrhea incidence rates were highest between the ages of **15 and 29** for **both** counties and in the state.
- **Both** counties had higher Gonorrhea incidence rates among **25 to 44** year olds compared to the state
- **Josephine** had higher Gonorrhea incidence rates among **45 to 64** year olds compare to the state

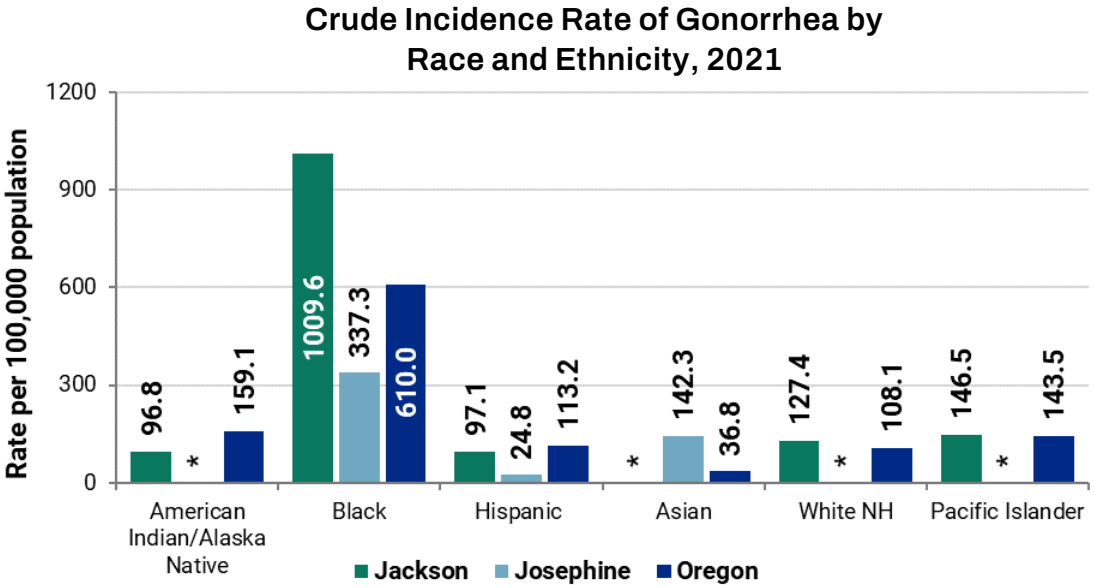


Figure 12. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **Jackson** those who identified as Black, Pacific Islander, and White NH had higher incidences of Gonorrhea compared to similar race and ethnic groups in the state.
- In **Josephine** those who identified as Asian had higher incidences of Gonorrhea compared to those who identified as Asian in the state.

Syphilis

Syphilis is a sexually transmitted bacterial infection that advances through stages. Treatment can vary depending on the stage of the disease. There are four stages of syphilis (primary, secondary, latent, and tertiary). Each stage has different signs and symptoms. Those who remain untreated may progress to late-stage syphilis, which can lead to nervous system complications. Syphilis is curable with the right antibiotics from your healthcare provider. Pregnant women can transmit this infection to their fetus, increasing the risk of stillbirth or severe health issues for the baby. However, treatment might not undo any damage the infection can cause.

For more information about different stages and signs and symptoms please visit: https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm

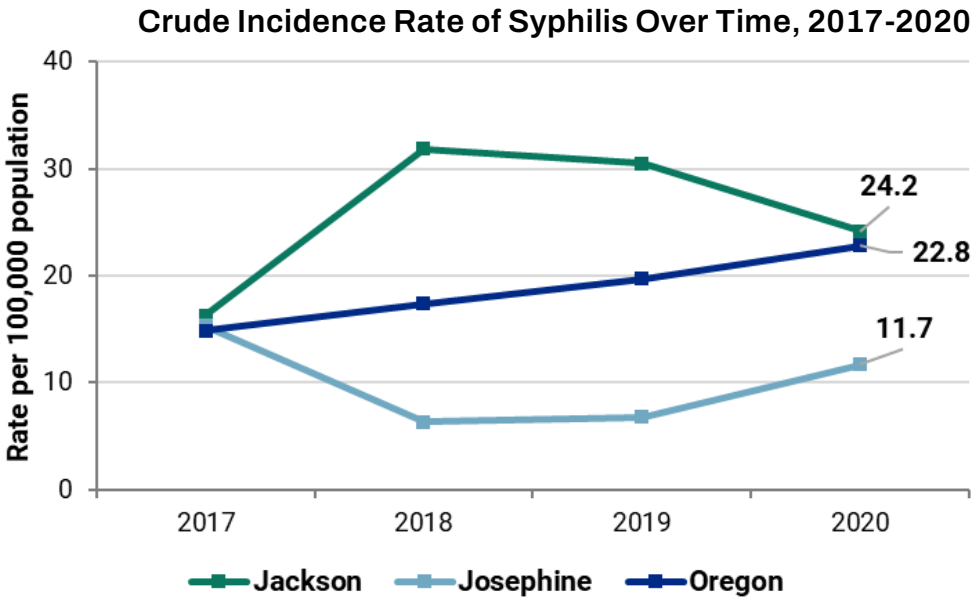


Figure 13. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Syphilis incidence rates in **Jackson** and **Oregon** have been increasing overall during the past 4 years.
- In **Josephine** the incidence rates for syphilis have been decreasing overall in recent years.

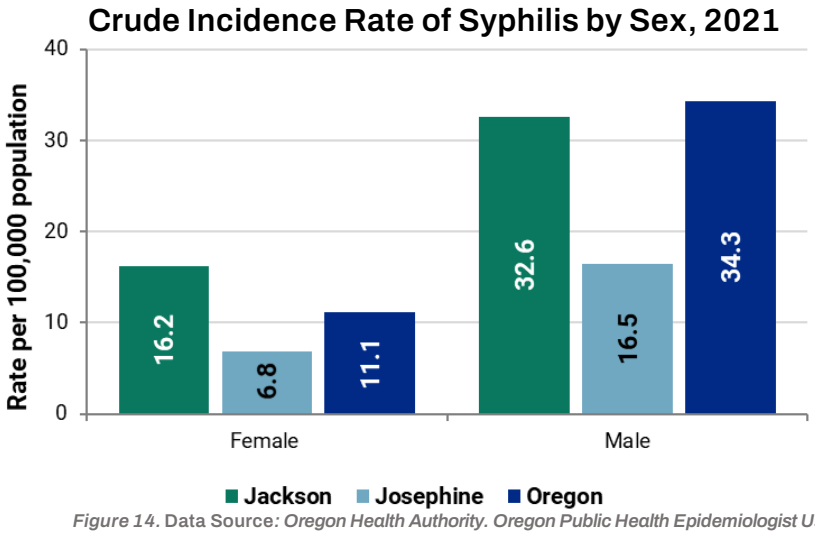


Figure 14. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Male community members in **both** counties had a higher incidence rate of syphilis than female community members and the state.
- In **Josephine** both female and male community members had much lower rates of Syphilis infection compared to the state.

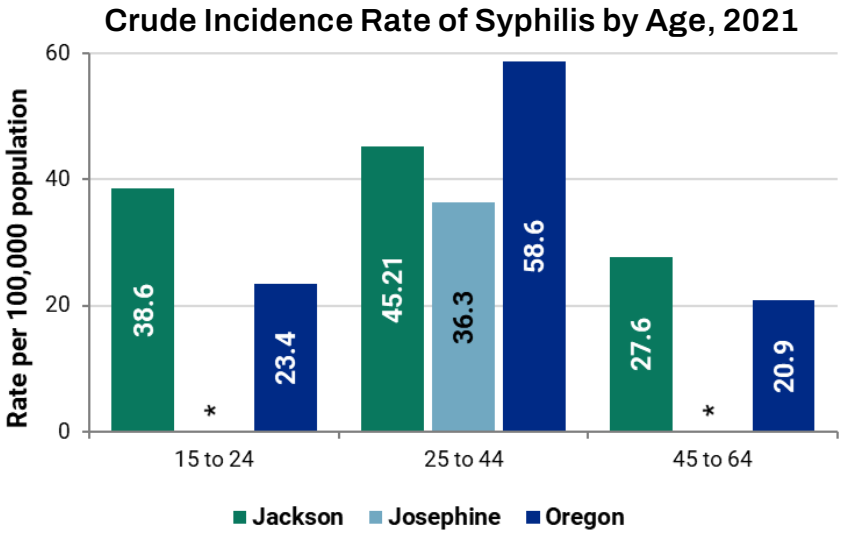


Figure 15. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **both** counties and the state, the highest incidence of syphilis was among **25 to 44**-year-olds.
- In **Jackson** **15 to 24** and **45 to 64** had the higher rates of syphilis compared to **Oregon** age groups.
- Race and Ethnicity was not shown due to insufficient data.

HIV/AIDS

Human Immunodeficiency Virus **(HIV)** targets certain immune system cells. As the infection progresses, it can cause significant damage to these cells, weakening the body's ability to defend against other diseases. When this happens, HIV infection progresses to Acquired Immunodeficiency Syndrome **(AIDS).** Symptoms can include flu-like symptoms within 2 to 4 weeks after infection or it is possible to have no symptoms at all. The only way to know if you have HIV is to get tested.

There are treatments for HIV which reduces the amount of HIV in your body and helps you stay healthy. There is no cure for HIV, but you can control it with HIV treatment.[108]

Crude Incidence Rate of HIV Over Time, 2017-2021

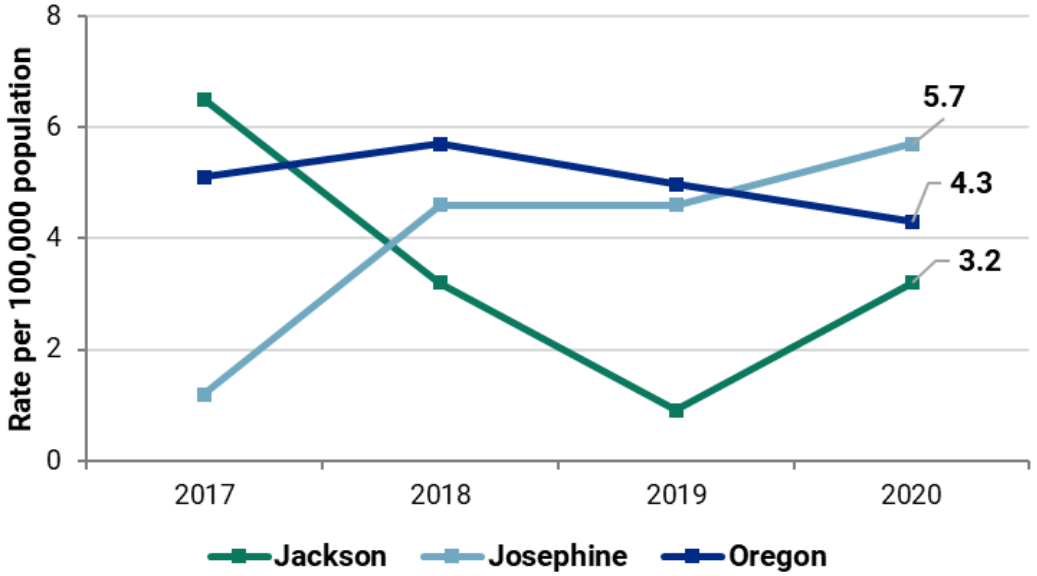


Figure 17. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- In **Jackson** the HIV incidence rate has been decreasing in recent years.
- In **Josephine** the HIV incidence rate has been increasing in recent years.

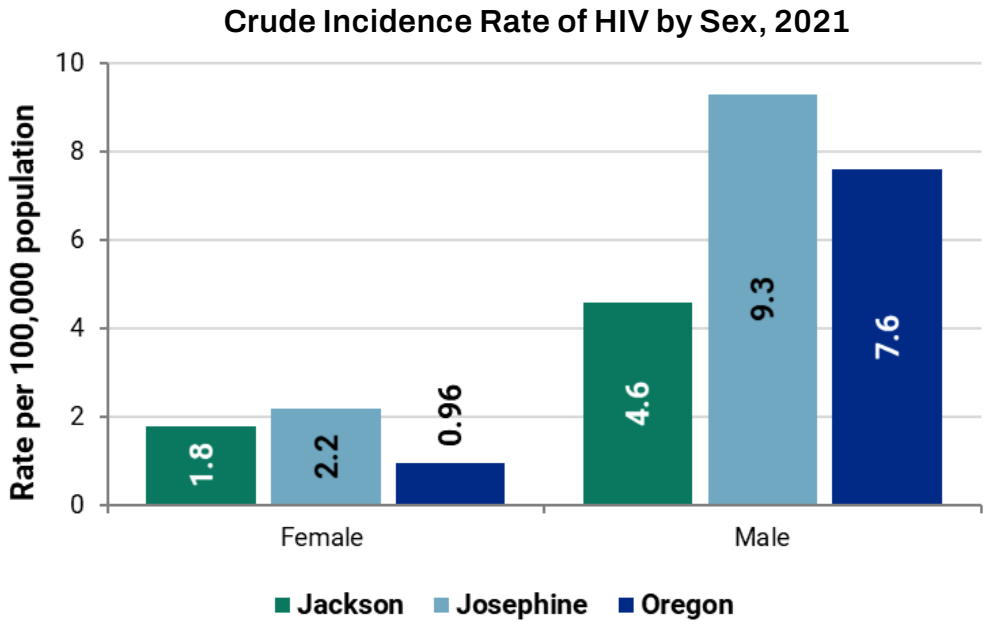


Figure 18. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2021*

- Male community members have a higher incidence of HIV compared to female community members in **both** counties and in the state.
- **Josephine** male and female community members had a higher incidence of HIV compared to males and females in Oregon.

COVID-19

COVID-19, caused by the novel (*new*) SARS-CoV-2 virus, emerged in December 2019, rapidly evolving into a global pandemic and is an ongoing community health issue. This respiratory illness typically manifests with mild to moderate symptoms, including fever, cough, loss of taste or smell, and shortness of breath for most individuals. However, older adults and those with underlying health conditions like heart disease, diabetes, chronic respiratory ailments (such as asthma, COPD, emphysema), and cancer face a higher risk of developing severe illness, potentially leading to death. Since 2019, COVID-19 claimed roughly **1.12 million** lives in the United States alone, ranking as the nation's third leading cause of death. The spread of the virus can be reduced by adopting preventive measures like mask-wearing, social distancing, and regular hand hygiene. Furthermore, the approval of safe and effective COVID-19 vaccines in December 2020 offered a critical tool in the battle against the virus. Staying up do date on COVID-19 vaccines can help reduce the spread and decrease the severity of symptoms.[87]

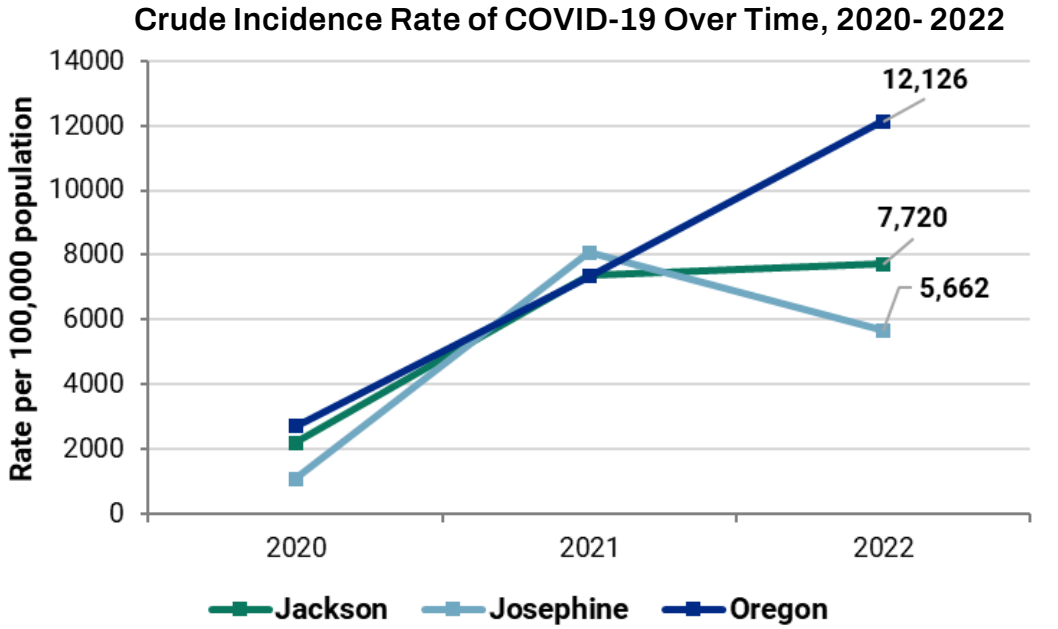


Figure 19. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- Between 2020 and 2023: **55,367** COVID-19 cases were detected in **Jackson** and **21,271** COVID-19 cases were detected in **Josephine**.
- In **Oregon,** there were **96,7745** cases.
- After taking differences in population size into account, **both** counties had similar rates of COVID-19 as the state between 2020-2021.

- **Oregon** had a higher COVID-19 infection rate than both counties in 2022. COVID-19 incidence rates increased throughout the pandemic compared to previous years in all regions driven primarily by the more transmissible **Delta** and **Omicron** variants.
- It should be noted that reporting for COVID-19 cases has significantly decreased since the public health emergency was declared over in Oregon on May 11th, 2023.

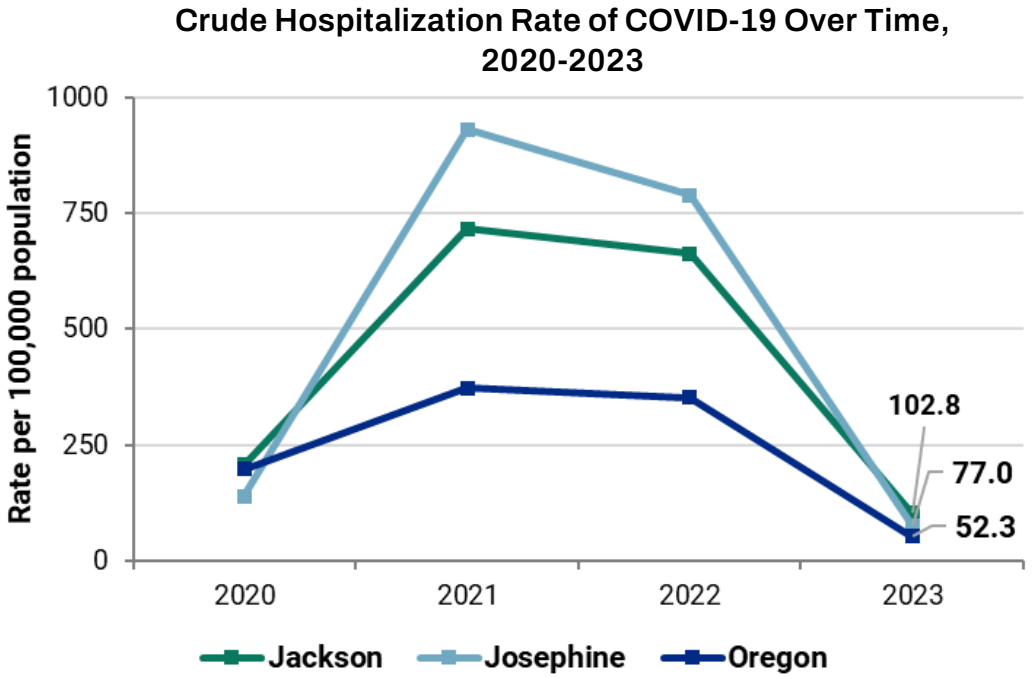


Figure 20. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- In **Oregon**, between 2020-2023, **41,042** COVID-19 cases were hospitalized at any point in their illness, which included **3,782** in **Jackson** and **1,710** in **Josephine**.
- After taking differences in population size into account **both** Jackson and Josephine had a higher hospitalization rate during 2021-2022 than the state.

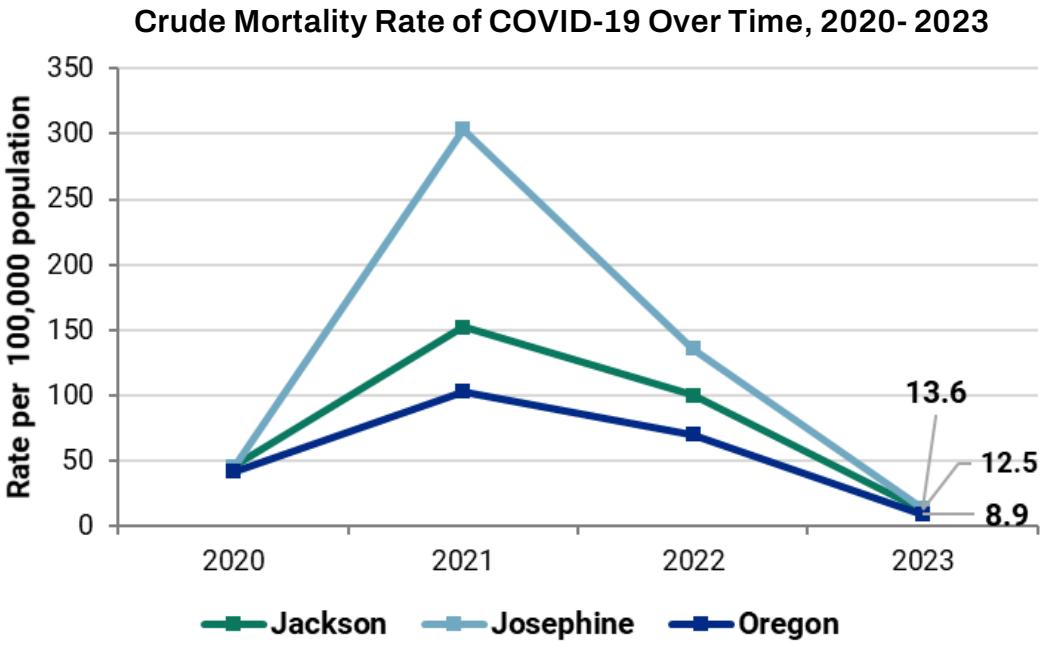


Figure 21. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- Between 2020 and 2023, **9,576** people in **Oregon** died from COVID-19 illness, including **696** in **Jackson** and **440** in **Josephine**.
- After taking differences in population size into account, **both** counties had a higher COVID-19 mortality rate than the state throughout most of the pandemic.
- In 2021, **Josephine** saw a mortality rate that was three times the rate of the state.

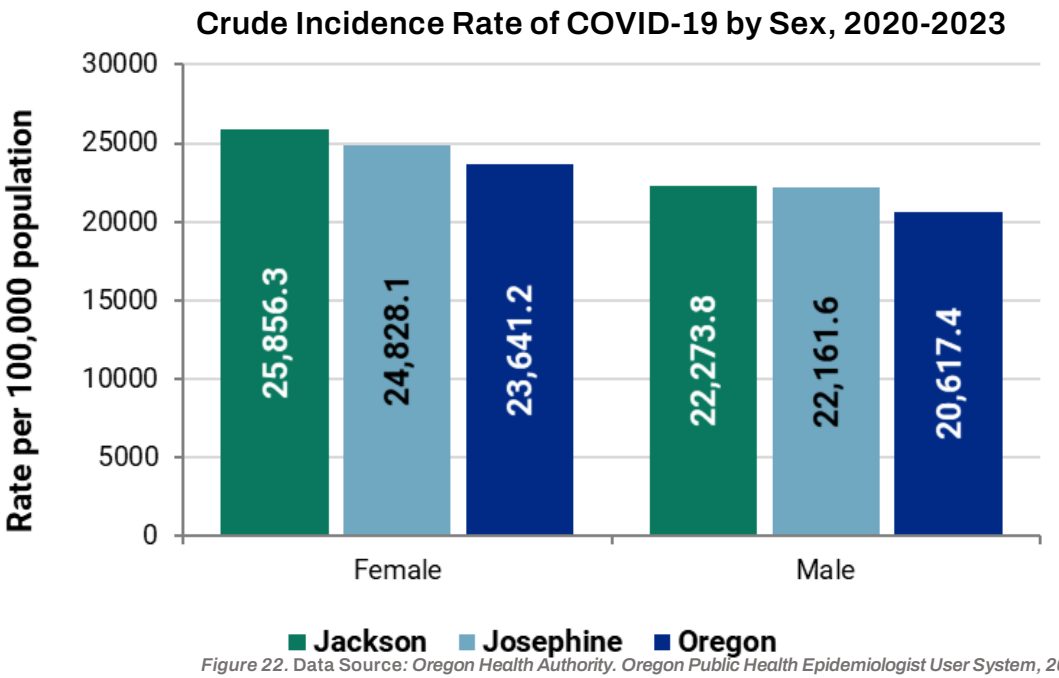


Figure 22. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- Female community members in **both** counties had higher rates of infections compared to male community members.

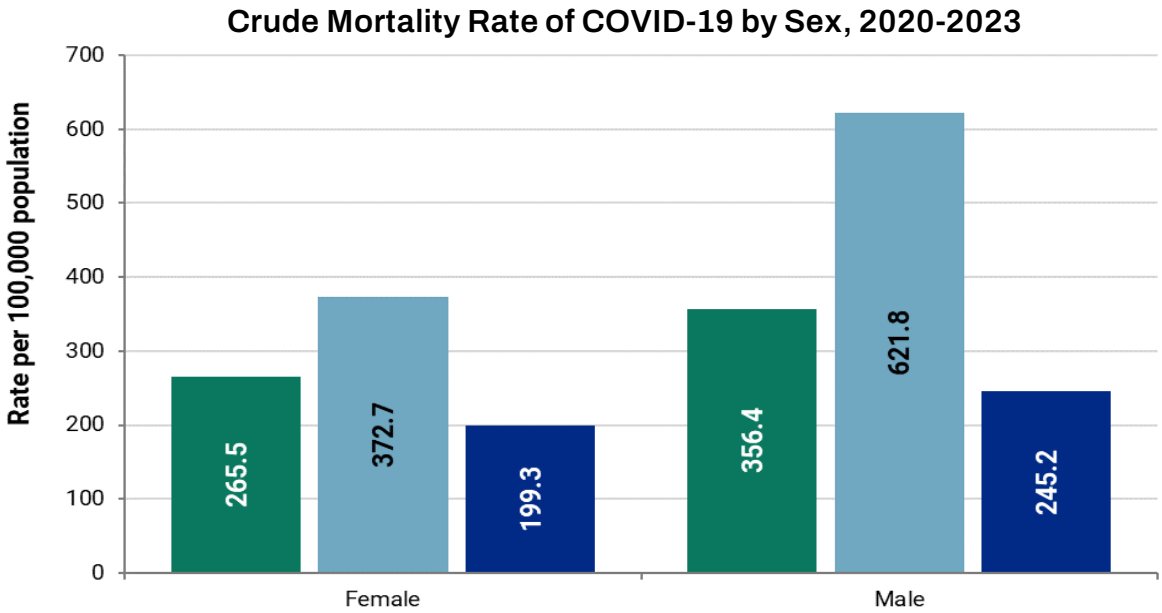


Figure 23. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- Male residents, however, had a higher mortality rate compared to female community members.
- **Josephine** female and male residents had much higher mortality rates compared to the state.
- **Jackson** also had higher mortality rates by sex compared to the state.

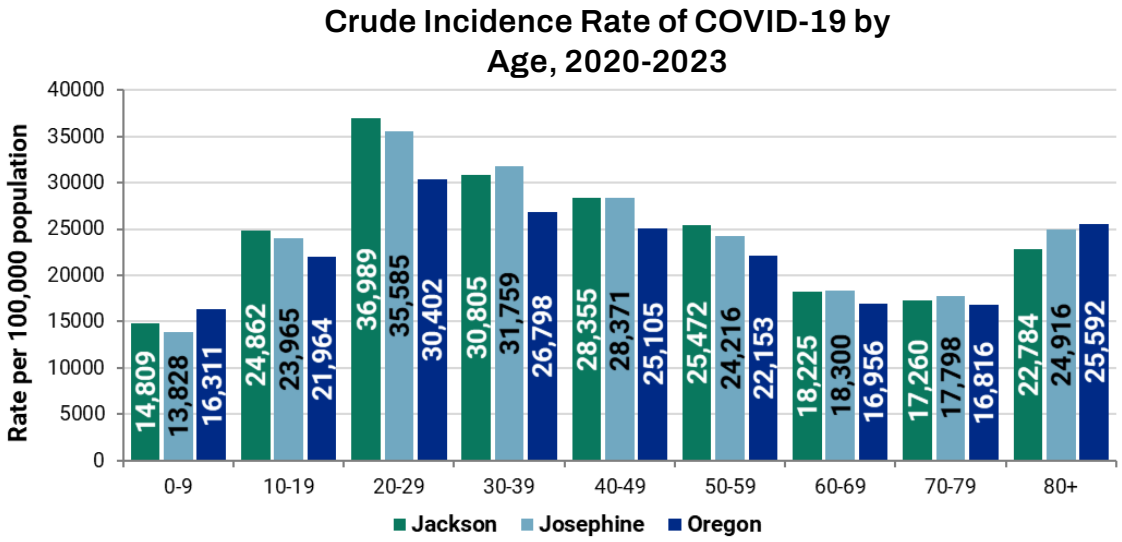
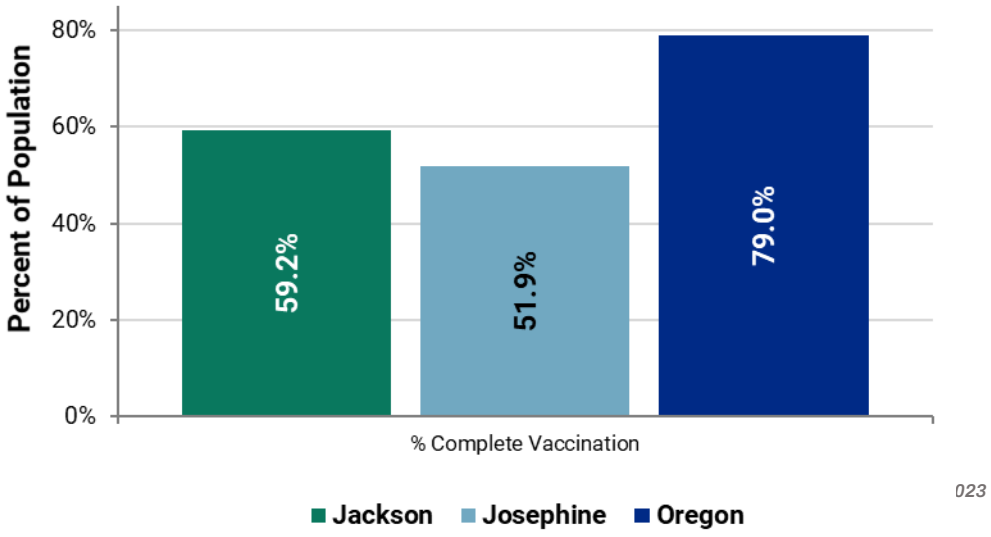


Figure 24. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- COVID-19 incidence rates were highest for working-age adults between the ages of 20-59 in **both** of the counties and the state. Case rates decreased after age 59 before increasing again after age 80.
- Incidence rates were higher than the state for **both** counties between the ages of **20-59**.



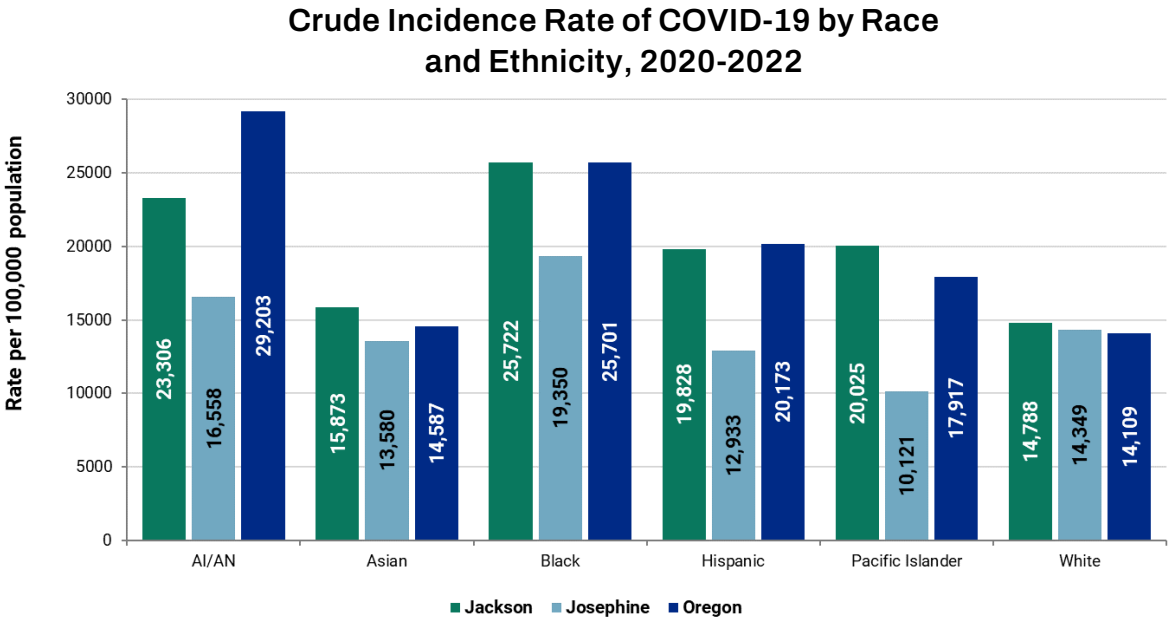


Figure 25. Data Source*: Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*

- Communities of color experienced elevated rates of COVID-19 infections in **both** counties and the state.
- **Jackson** community members who identified as Black, American Indian/Alaskan Native, Pacific Islander, and Hispanic had the highest rate of COVID-19 illness of any racial group in the county.
- Those who identified as Pacific Islander, white, Black, and Asian in **Jackson** had higher infection rates than the state.

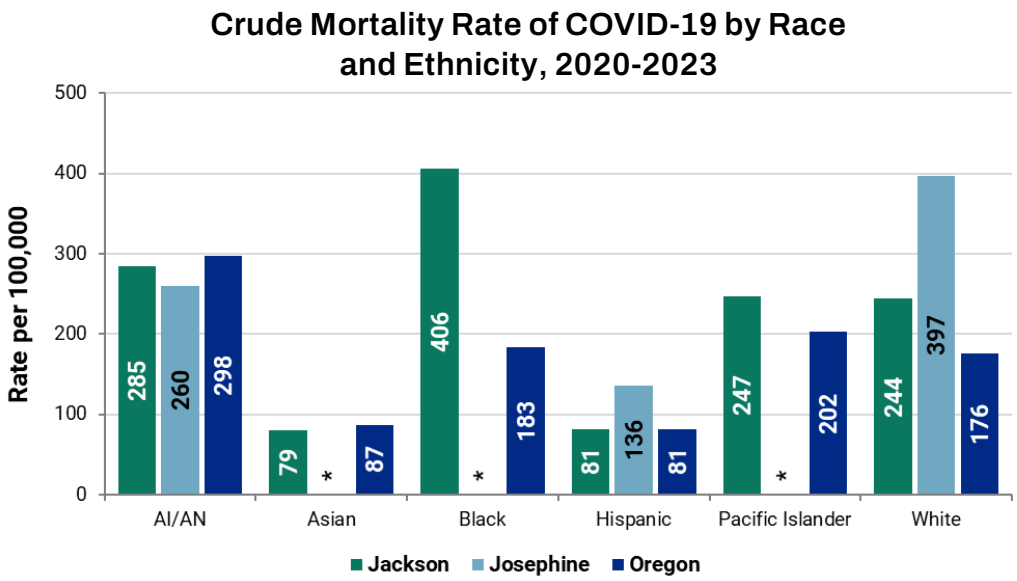


Figure 26. Data Source: *Oregon Health Authority. Oregon Public Health Epidemiologist User System, 2023*
Note: Rates with (*) were unreliable and not displayed

- **Jackson** community members who identified as Pacific Islander, Black, and white had the highest mortality rates due to COVID-19 compared to other race and ethnicity groups in the state.
- **Josephine** community members who identified as white, American Indian/Alaskan Native, and Hispanic had the highest mortality rates due to COVID-19 compared to other race and ethnicity groups in the state.

COVID-19 Vaccination

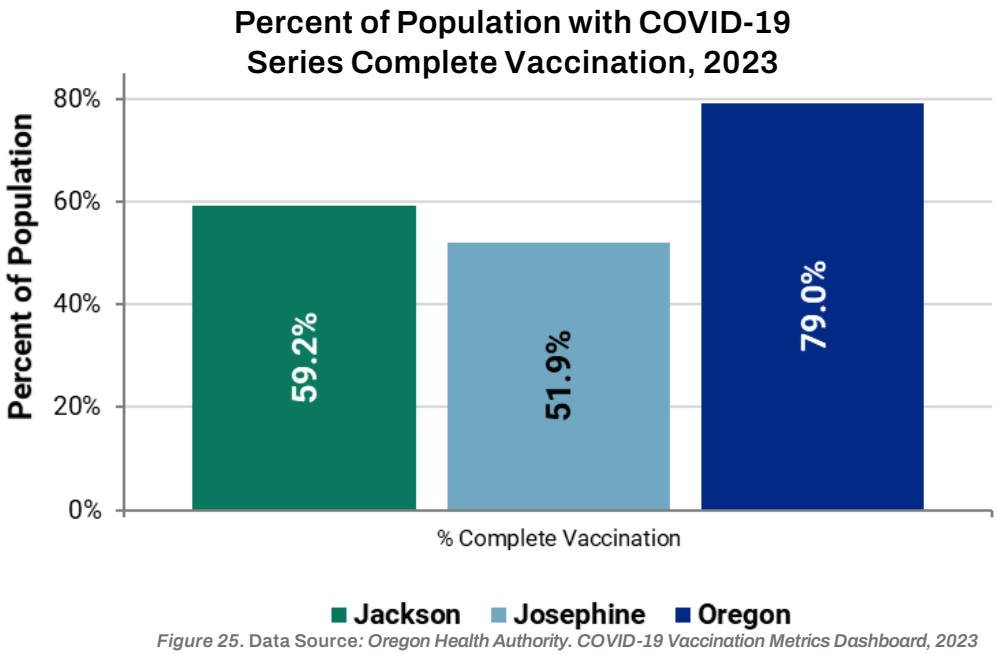


Figure 25. Data Source: *Oregon Health Authority. COVID-19 Vaccination Metrics Dashboard, 2023*

People are considered complete primary series when they receive two doses of the Moderna vaccine, or two doses of the Pfizer vaccine, or one dose of the Johnson & Johnson vaccine, or a dose of bivalent or Fall 2023 Updated vaccine

- **Both** counties had lower percentage of community members who have a complete primary series of the COVID-19 vaccination in 2023 than the state

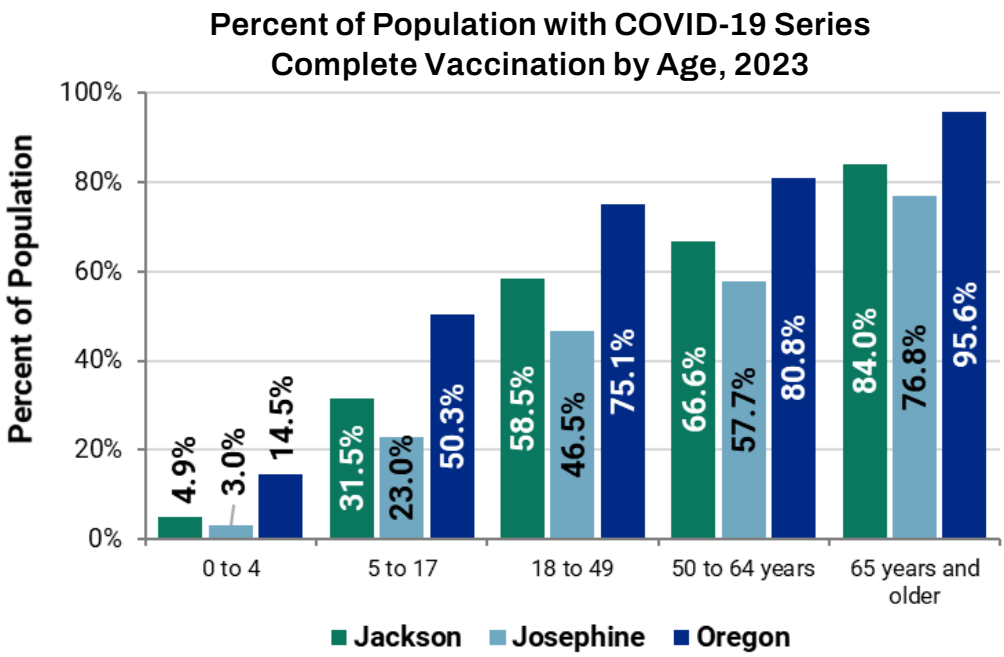


Figure 26. Data Source: Oregon Health Authority. COVID-19 Vaccination Metrics Dashboard, 2023

- Community members who are older are more likely to have a complete series of the COVID-19 vaccine in both counties and the state.
- **Both** counties had lower percentage of community members with complete series of COVID-19 vaccine across all age groups compared to the state.

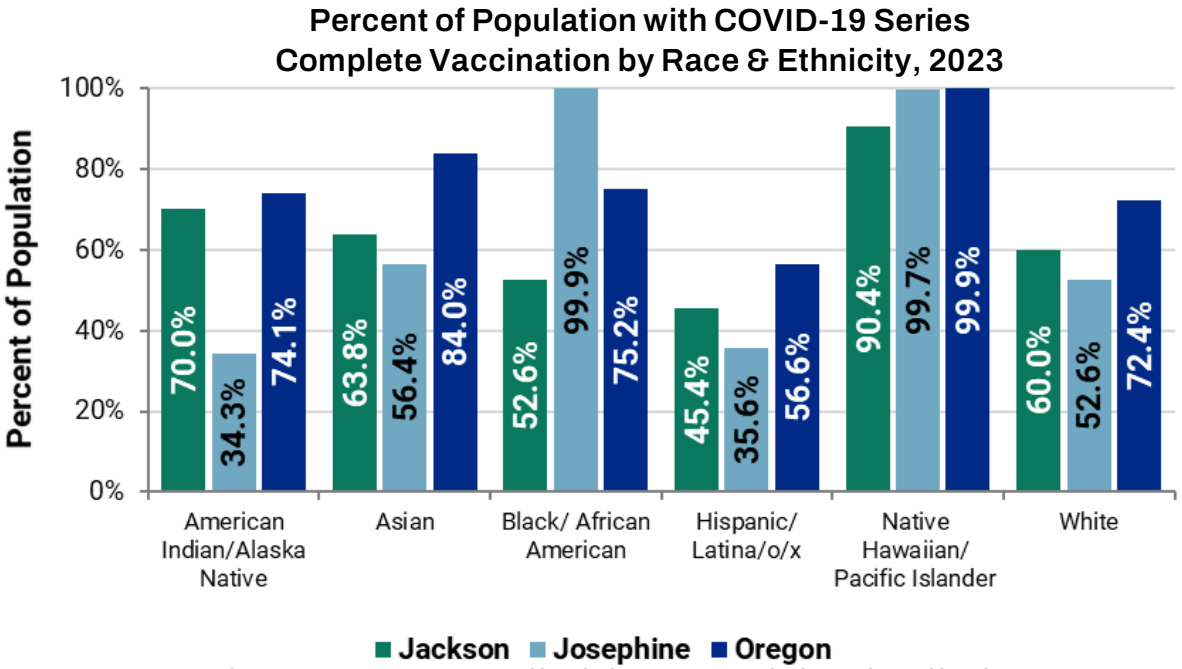


Figure 28. Data Source: *Oregon Health Authority. COVID-19 Vaccination Metrics Dashboard, 2023*

- **Josephine** had a higher or similar percentage of community members than the state with complete COVID-19 vaccine among those who identified as Black/African American and Native Hawaiian/ Pacific Islander.
- **Jackson** county had lower percentage of community members with complete series of COVID-19 vaccine across all racial/ethnic groups compared to the state.
- Native Hawaiian/Pacific Islander in **both** counties had the highest percentage of community members with complete COVID-19 vaccinations than any other race/ethnicity in the community.

Maternal Health and Pregnancy

Community Baby Shower

Courtesy of Health Care Coalition of Southern Oregon

Maternal Health and Pregnancy

Maternal health and pregnancy are important for both the mother and the baby. The health of an expectant mother not only influences her own life but also has impact on the developing baby. It's necessary to understand the factors that can affect the health of both the mother and the baby during pregnancy. Reducing risk factors during pregnancy, such as smoking, drinking alcohol, drug use, and obesity. Also, ensuring that mothers have access to healthy food, healthcare, and housing.

Key Findings:

- In **both** counties and the state, American Indian/Alaska Native and Hispanic mothers had the highest percentage of enrollment in the WIC program.
- In **Oregon** the maternal mortality rate is 16.4 which is lower than the U.S. (32.9). In **Oregon** the maternal mortality rate has been increasing in recent years.
- The prevalence of pregnant women accessing early prenatal care in the first trimester has been increasing in **both** counties and the state. **Both** counties have a slightly lower percentage of women who received first-trimester prenatal care compared to the state.
- A higher percentage of women in the community accessed prenatal care in the first trimester compared to the second and third, which fell off with each subsequent trimester. In **Josephine, 2.5%** of women received no prenatal care. This is much higher than the state (**1.0**%)
- There were **2,439** births in **Jackson** and **916** births in **Josephine** in 2021. **Both** counties have seen a small decrease in the rate of births in recent years.
- In **both** counties and the state, women who identified as Hispanic had higher birth rates than other races/ethnicities.
- Women who identified as African American/Black, American Indian/Alaska Native, and Hispanic had a higher percentage of births paid by OHP than other races/ethnicities. Notably, women in **Josephine** across all race/ethnicities had a greater percentage of births paid by OHP than women in all race/ethnicity categories who gave birth in Oregon.
- A higher prevalence of about **1 out of 3** pregnant women in **both** counties were obese before pregnancy than the state.
- Mothers in **Jackson** and **Josephine** had a greater prevalence of smoking during pregnancy than mothers in the state.

Mother's Health

There are many vital aspects of the mothers' health during pregnancy. Pregnancy brings about significant changes in a woman's body, and it's crucial to understand how these changes impact a mother's well-being. When it comes to the health and well-being of expectant mothers, access to proper care during pregnancy is of most importance.[96]

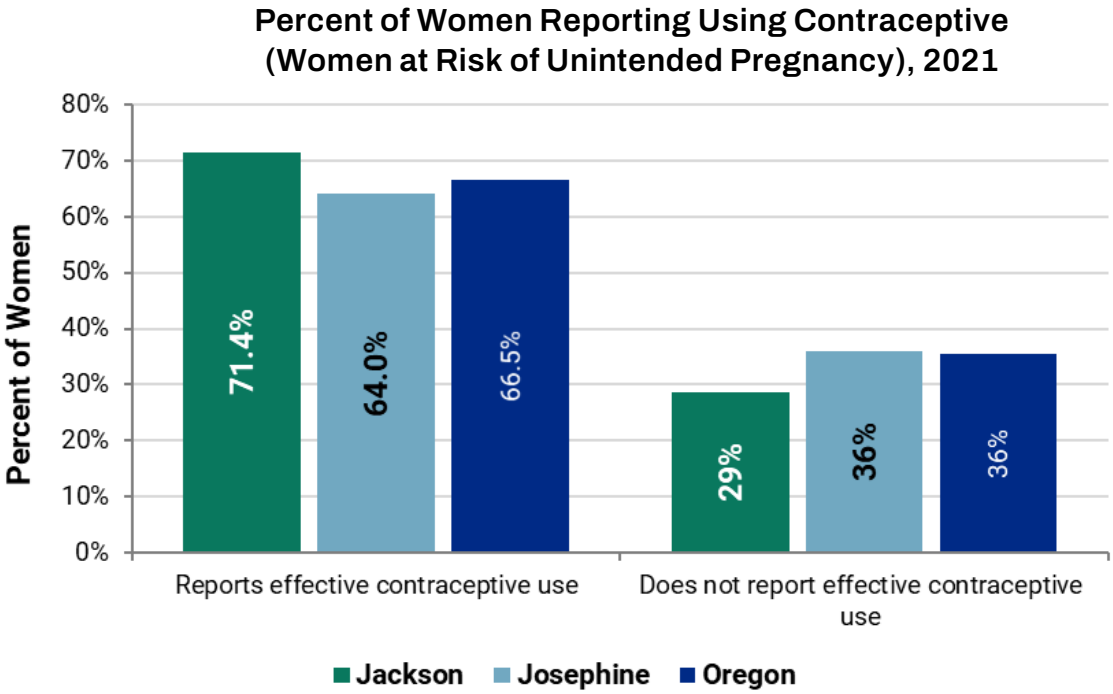


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Jackson** a higher percentage of women report using effective contraception more than the state.
- In **Josephine** women reported using effective contraception less and had a higher risk for unintended pregnancy than the state.

Mother's Enrolled in WIC

WIC stands for "Women, Infants, and Children." It's a government program in the United States that provides nutrition assistance and support to pregnant women, new mothers, infants, and young children up to the age of five. WIC offers help in the form of healthy food, nutrition education, and access to healthcare services to ensure that mothers and their children receive the proper nutrition and care during the crucial early years of a child's life. This program helps families who may have limited income to access nutritious food and receive guidance on how to make healthy choices for their growing children.[114]

- In **Jackson** **4,058** women, infants, and children were served by WIC in 2021.[114]
- **Josephine** had **1,974** women, infants, and children were served by WIC in 2021.[114]

Percent of Mothers Enrolled in WIC, 2021

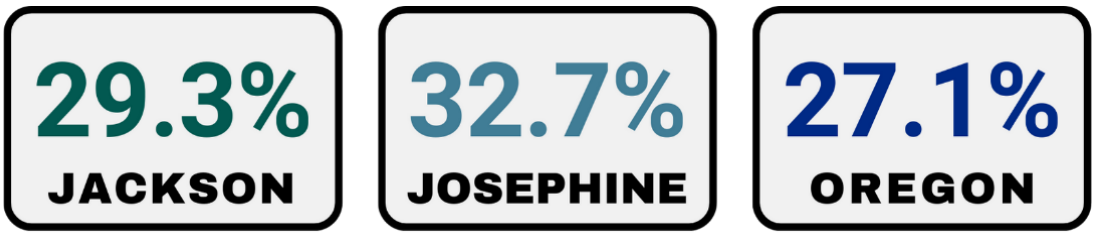


Figure 2. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties have a higher percentage of mothers enrolled in WIC than the state.

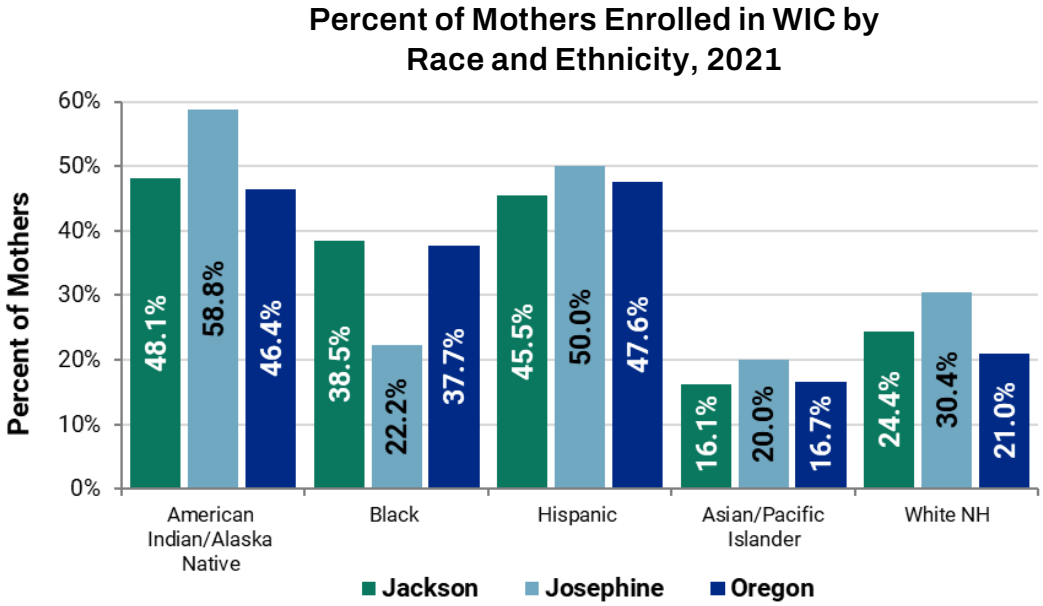


Figure 3. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Josephine**, more mothers who identify as American Indian/Alaska Native, Hispanic, Asian/Pacific Islander, and White NH participate in the WIC program compared to mothers from other racial groups in the state.
- **Josephine** mothers who identified as American Indian/Alaska Native had the largest proportion enrolled in WIC compared to mothers in other racial groups in the county.
- In **both** counties and the state, American Indian/Alaska Native and Hispanic mothers had the highest percentage of enrollment in the WIC program.

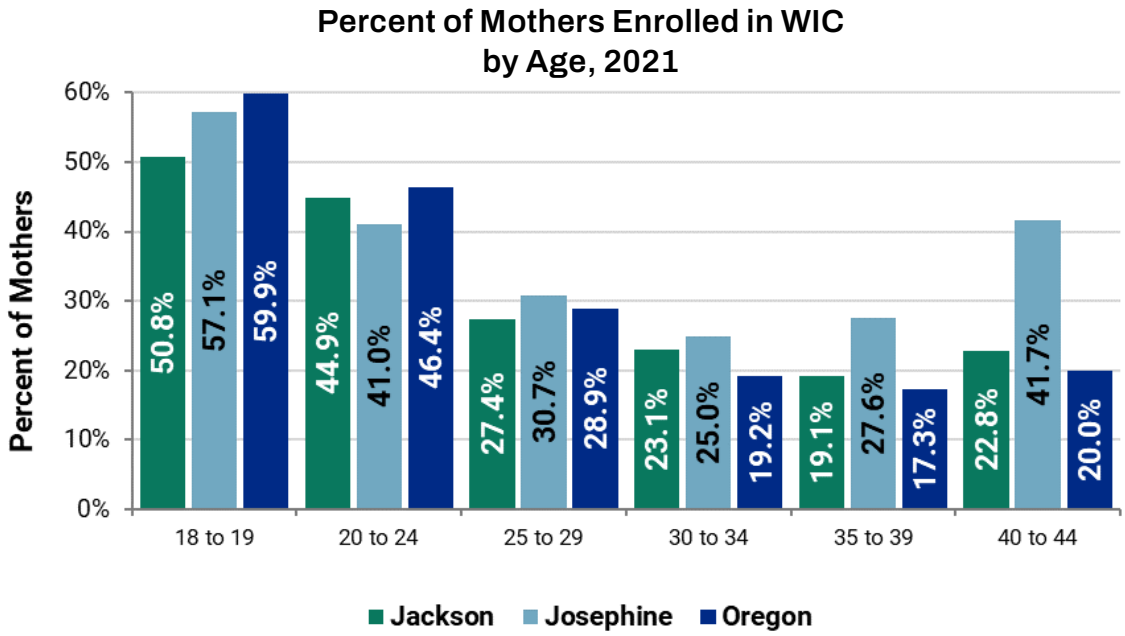


Figure 4. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Mothers in the age groups of 18 to 24, in **both** counties and the state, have the highest proportion enrolled in WIC compared to mothers in older age groups.
- In **Josephine** mothers who are younger have the highest percentage enrolled in WIC with a decrease in enrollment with age. However, there is a steep incline in the percentage of mothers who are 40 to 44 who are enrolled in WIC compared to the state.
- **Josephine** mothers in the age range of 25-44 had a higher proportion of WIC enrollment compared to the state.
- **Jackson** mothers in the age range of 30-44 had a higher proportion of WIC enrollment compared to the state.

Maternal Mortality

Maternal mortality in the United States is a pressing public health concern marked by complex factors such as socioeconomic disparities and inadequate access to quality healthcare. Despite its status, the U.S. faces challenges in ensuring the well-being of expectant mothers. Efforts to address maternal mortality require a comprehensive approach, focusing on improving healthcare accessibility and addressing systemic issues within the healthcare system.

Maternal Mortality Rate per 100,000, 2021

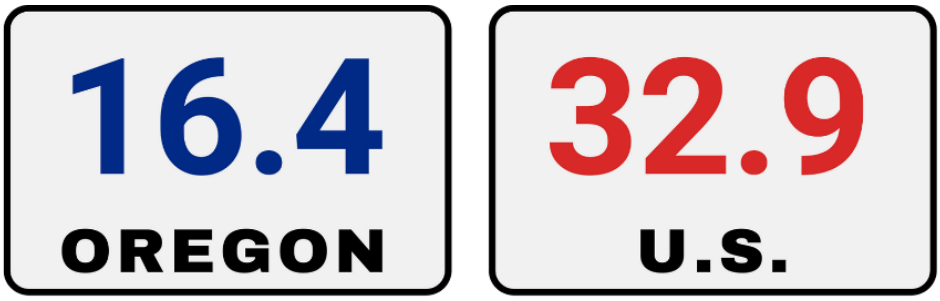


Figure 5. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Oregon** the maternal mortality rate is **16.4** which is lower than the **U.S**. (**32.9**).
- In **Oregon** the maternal mortality rate has been **increasing** in recent years.
- In the **United States** women who identify as Black/African American or Hispanic have a **2.6** times higher mortality rate compared to rates of white women.
- Maternal mortality rates in the United States have been a cause for concern, with efforts ongoing to address and reduce this critical public health issue.

Prenatal Care

Prenatal care, or the care a pregnant woman receives before giving birth, is of utmost importance because it significantly influences the health of both the mother and the baby. It is important for women to see a provider shortly after becoming pregnant to ensure a healthy pregnancy. Proper prenatal care can help reduce the risk of complications during childbirth, and support the long-term well-being of both mothers and babies.[96]

Percent of Pregnant Women who Received Prenatal Care by Trimester, 2021

	Jackson	Josephine	Oregon
Began in 1st Trimester	81.3%	81.9%	82.0%
Began in 2nd Trimester	15.1%	13.3%	13.6%
Began in 3rd Trimester	2.7%	2.4%	3.3%
No Prenatal Care	0.9%	2.5%	1.0%

Table 1. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The prevalence of pregnant women accessing early prenatal care in the first trimester has been increasing in both counties and the state.[22] **Both** counties have a slightly lower percentage of women who received first-trimester prenatal care compared to the state.
- A higher percentage of women (about **82**%) in **both** counties and the state accessed prenatal care in the first trimester compared to the second and third, which fell off with each subsequent trimester.
- In **Jackson**, less than **1.0%** of women received no prenatal care at all during pregnancy, which was similar to the state.
- In **Josephine** **2.5%** of women received no prenatal care. This is much higher than the state (**1.0**%)

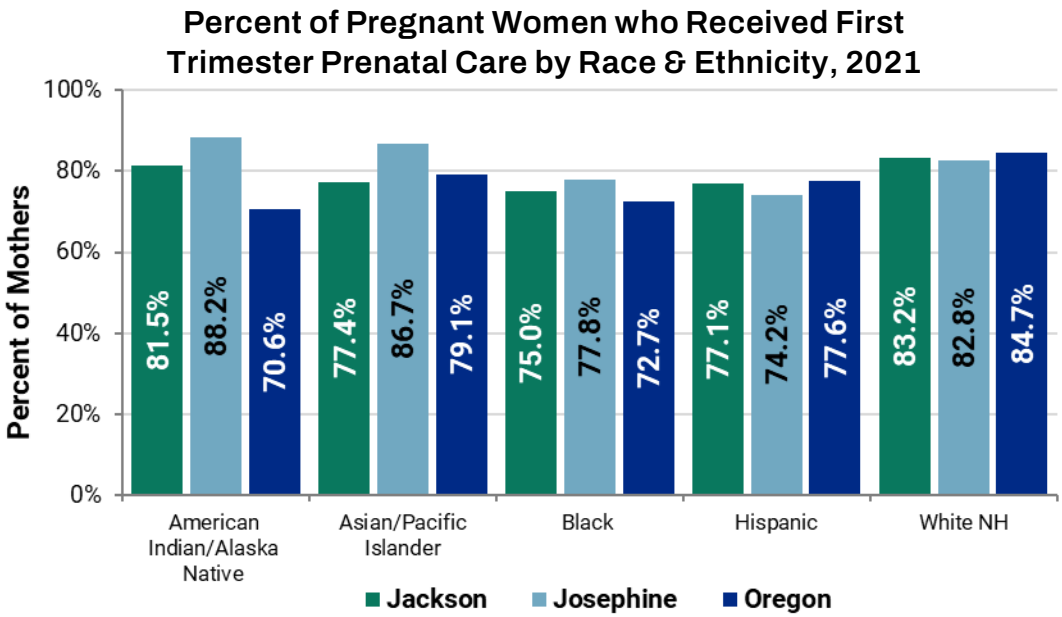


Figure 6. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Josephine** pregnant women who identified as American Indian/Alaska Native, Asian/Pacific Islander, and Black had a higher percentage who received first-trimester prenatal care compared to the state.
- In **Jackson** pregnant women who identified as American Indian/Alaska Native, and Black had a higher percentage who received first-trimester prenatal care compared to the state.
- In **Jackson**, the percentage of racial and ethnic minority individuals who received first-trimester care was lower when compared to white non-Hispanic women in the community.

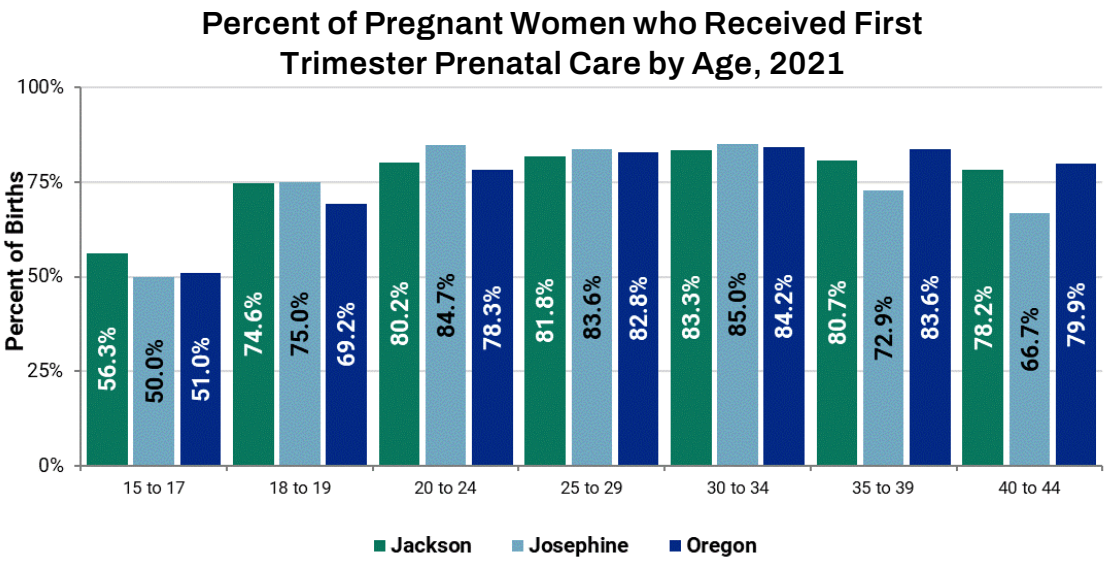


Figure 7. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Women who were pregnant and below the age of 18, or who were older than 40, were less likely to receive first-trimester prenatal care compared to women in other age groups in **both** counties and the state.
- Those who were 17 years and younger in **both** counties had a smaller proportion of receiving first trimester prenatal care compared to women in older age groups.
- **Jackson** teens (**15 to 17**) had a higher percent who were receiving first trimester prenatal care compared to teens in the state.
- Pregnant women in **both** counties between the ages **18 to 24** had a higher proportion of receiving first trimester prenatal care compared to women in the state.

Kotelchuck Index Adequacy of Prenatal Care (%), 2021

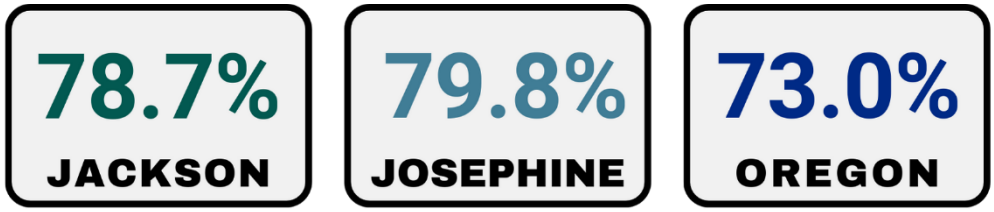


Figure 8. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Kotelchuck Index also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two elements obtained from birth certificate data: When prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services).[115]

- Utilizing the **Kotelchuck** Index to assess the adequacy of prenatal care received, a higher percentage of women in **both** Jackson and Josephine received adequate care compared to the state.

Births

Understanding birth trends enables us to make informed decisions and allocate resources effectively to support expectant mothers, infants, and families. It also carries significant health implications, such as the influence of maternal age, prenatal care quality, and economic circumstances on the health of both mothers and newborns. These factors help us develop targeted interventions and policies to enhance maternal and infant health, ensuring that each new life in our community begins with the best possible support and opportunities for a healthy future.[96]

Total Number of Births, 2021

Figure 9. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Birth rate per 1,000 Women 15-44 Over Time, 2017-2021

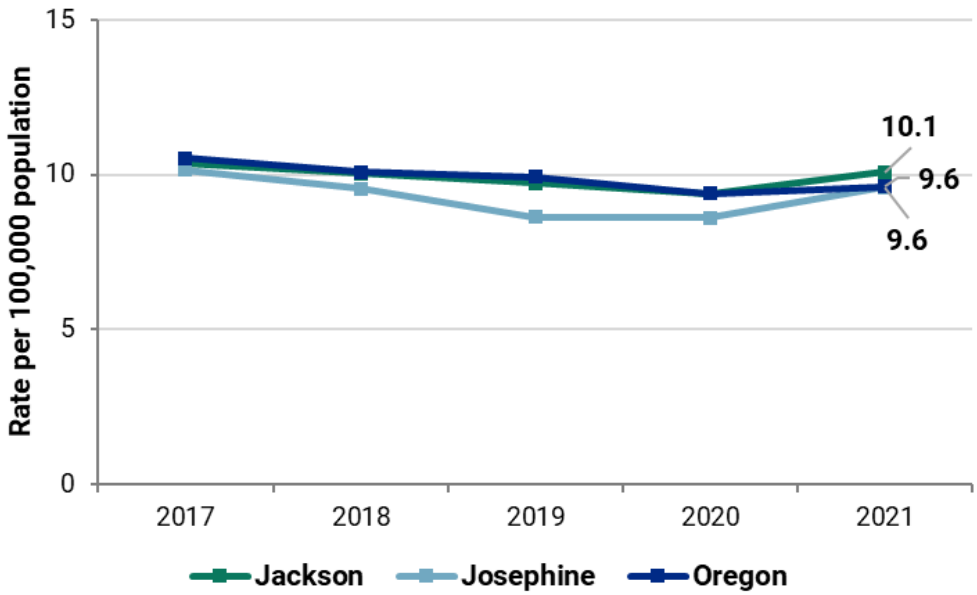


Figure 9. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- There were **2,439** births in **Jackson** and **916** births in **Josephine** in 2021.
- Both counties have seen a stable birth rate over recent years.
- **Jackson** had a birth rate of 10 per 100,000 births.
- The **Josephine** and **Oregon** birth rate were 9.6 per 100,000 births.

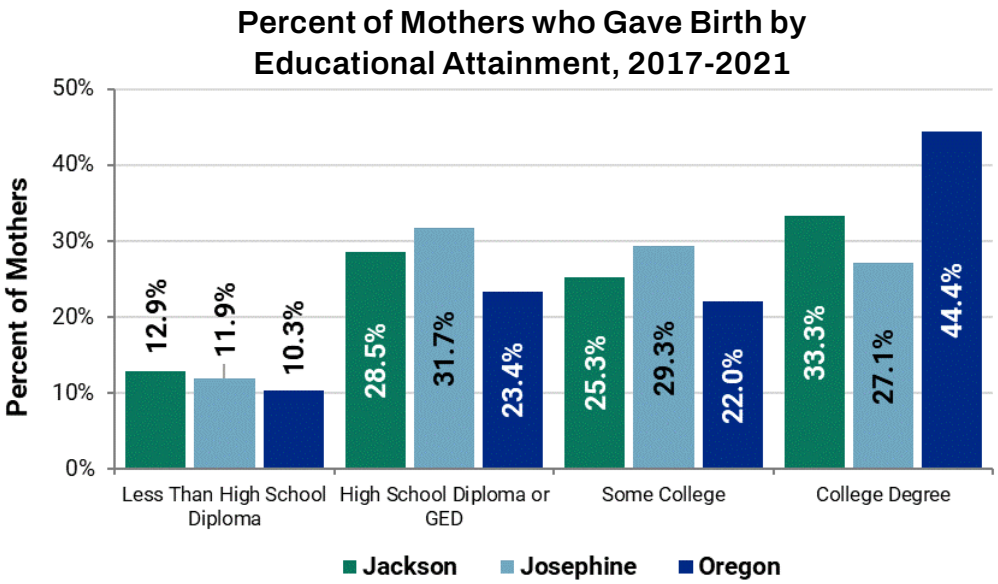


Figure 10. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties have fewer mothers with a college degree giving birth when compared to the state.
- In **Jackson** a majority of mothers who are giving birth have a High School Diploma or GED, or a College Degree.
- More mothers who gave birth in **Josephine** have a High School Diploma/GED or Some College education than mothers in the state.

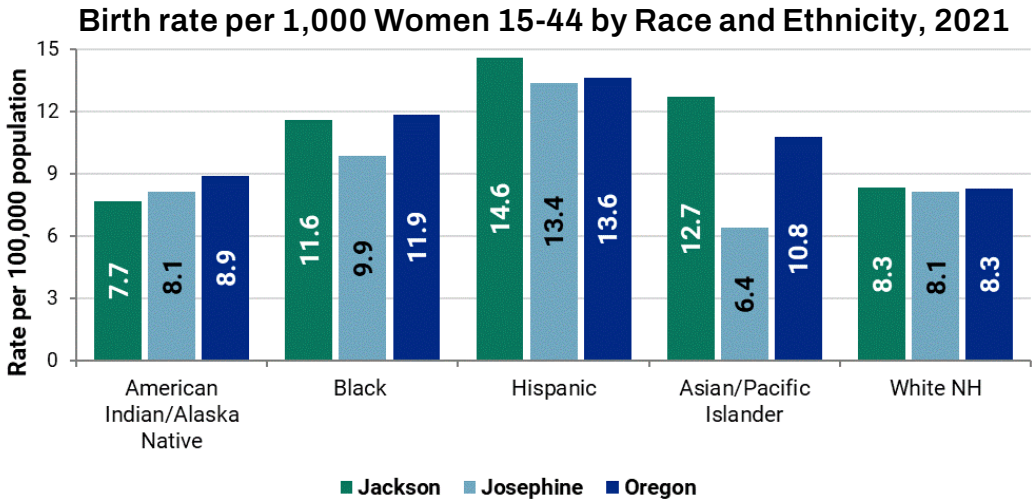


Figure 11. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Jackson** women who identify as Hispanic and Asian/Pacific Islander had higher birth rates than women in similar racial demographics in the state.
- In **both** counties and the state, women who identified as Hispanic had higher birth rates than other races/ethnicities.

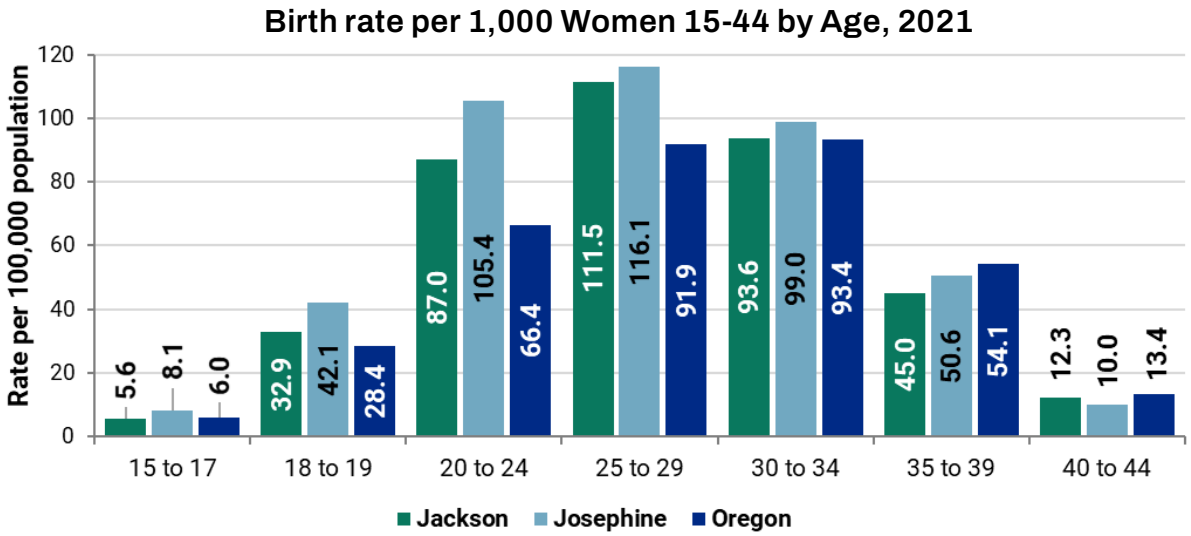


Figure 12. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The birth rate in **both** Jackson and Josephine for women ages **20 to 24** and **25 to 29** have higher birth rates compared to women in the state.

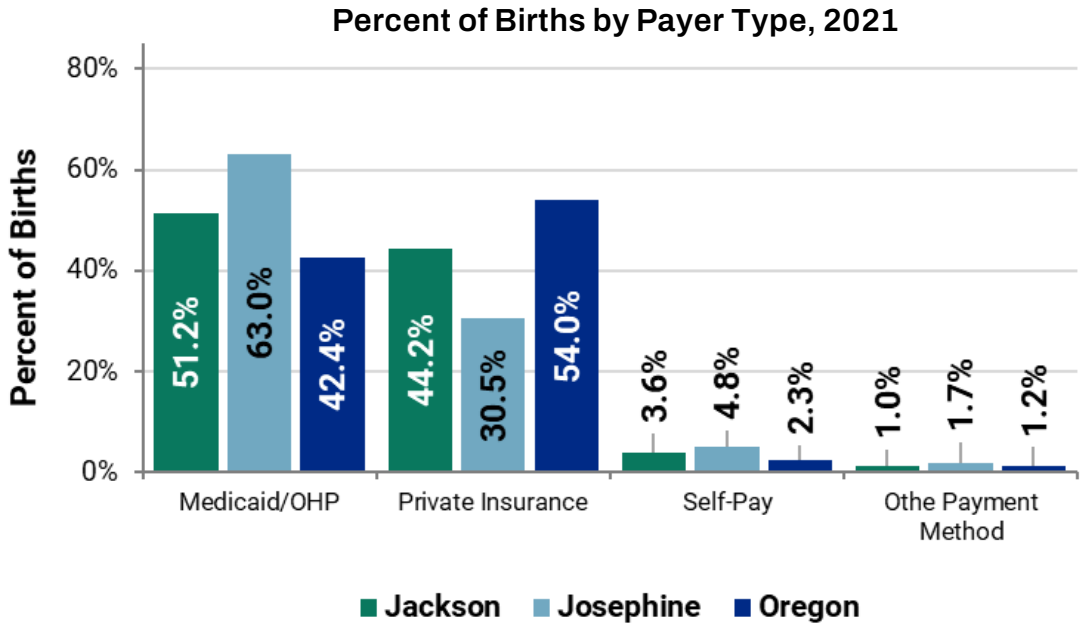


Figure 13. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Over half of the births in **Jackson** and **Josephine** were paid by Oregon Health Plan *(OHP), which was higher than the state.

***OHP**: Medicaid coverage in Oregon and includes Medicaid Coordinated Care Organizations and fee for service.*

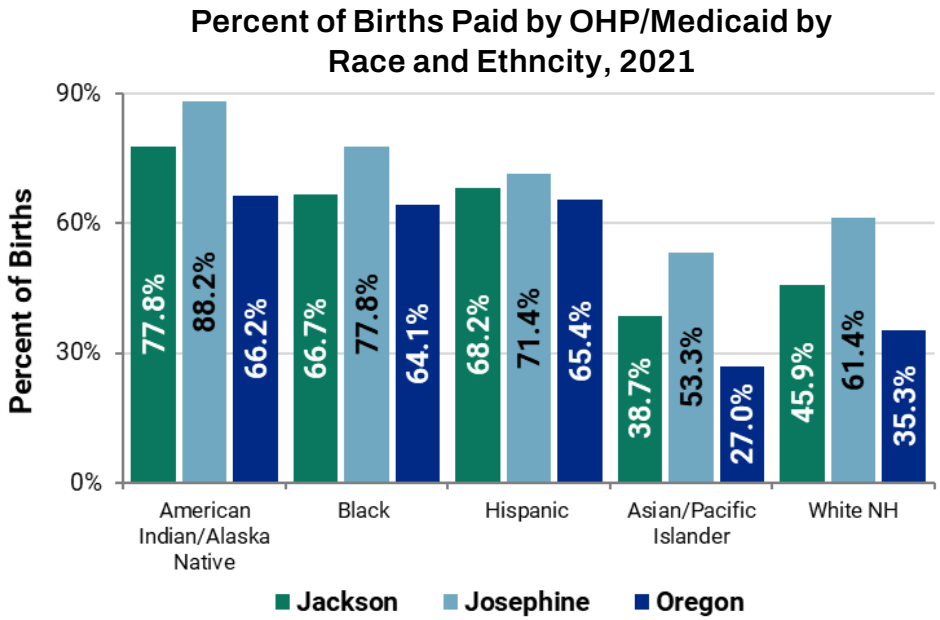


Figure 14. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties women who identified as African American/Black, American Indian/Alaska Native, and Hispanic had a higher percentage of births paid by OHP than other races/ethnicities.
- Notably, women in **Josephine**, regardless of their race or ethnicity, had a higher proportion of births covered by the Oregon Health Plan (OHP) compared to women in all race and ethnicity groups who gave birth in the state of Oregon.
- In comparison to White non-Hispanic births, racial minorities generally had a higher percentage of births paid by OHP/Medicaid.

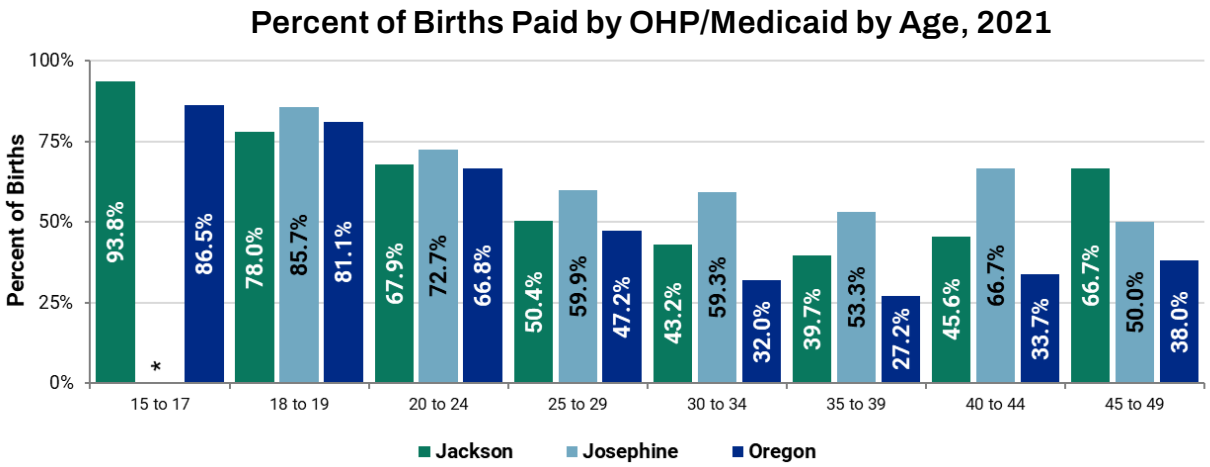


Figure 14. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- The percentage of births paid by OHP was higher in younger age groups in **both** counties and the state.
- **Josephine** had a higher percentage of births paid by OHP from 18 years of age to 49 years of age when compared to women in the state.
- **Jackson** also saw an increase in the percentage of women who had births paid by OHP in the age group **45 to 49**. This was much higher than the state.

Risk Factors for Pregnancy

Many factors have the ability to introduce complexities during pregnancy, elevating risks for both the mother and child. These factors include behaviors like smoking, alcohol or drug consumption, unhealthy dietary patterns, high blood pressure, and older maternal age. Implementing interventions that target these factors and others can lead to better pregnancy outcomes.[96]

Percent of Births by Pregnancy Risk Factor, 2021

	Jackson	Josephine	Oregon
Low Birth Weight (<2500 grams)	8.1%	8.1%	6.9%
High Birth Weight (≥4000 grams)	7.8%	7.9%	9.8%
Pre-term Birth (<37 weeks)	10.6%	9.9%	8.9%
Gestational Diabetes	7.4%	5.7%	11.0%
Gestational Hypertension (high blood pressure)	8.3%	9.9%	11.3%
Obese Pre-pregnancy Maternal BMI (>= 30 kg/m2)	30.1%	27.4%	29.7%
Smoked During Pregnancy	7.5%	10.0%	5.6%

Table 2. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties had a higher percentage of women who gave birth to infants with low birth weights than the state.
- **Both** counties also had a higher prevalence of pre-term births than the state.
- A higher prevalence of about **1 out of 3** pregnant women in **both** counties were obese before pregnancy than the state.
- Mothers in **Jackson** and **Josephine** had a greater prevalence of smoking during pregnancy than mothers in the state.

Smoking During Pregnancy

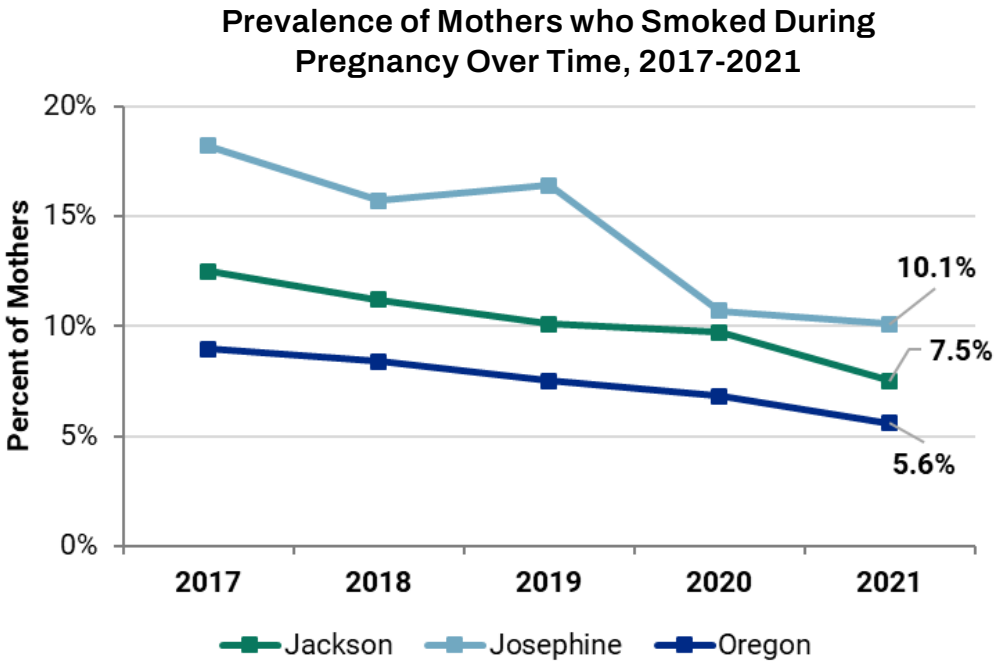


Figure 15. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The prevalence of mothers who smoked during pregnancy has been decreasing in **both** of the counties and Oregon in recent years.

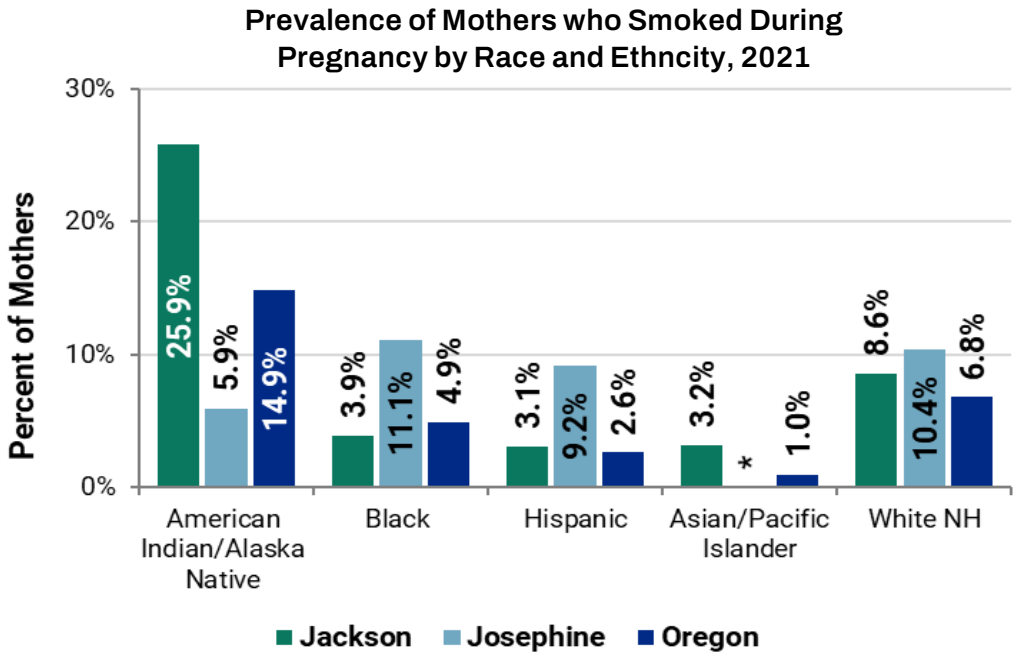


Figure 16. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **Jackson** women who identified as American Indian/Alaska Native had the highest prevalence of maternal smoking, with roughly 1 out of 4 (25%) mothers smoking at some point during their pregnancy.
- In **Josephine** women who identified as Black, Hispanic or White NH had the highest prevalence of maternal smoking.

Pre-Pregnancy Obesity

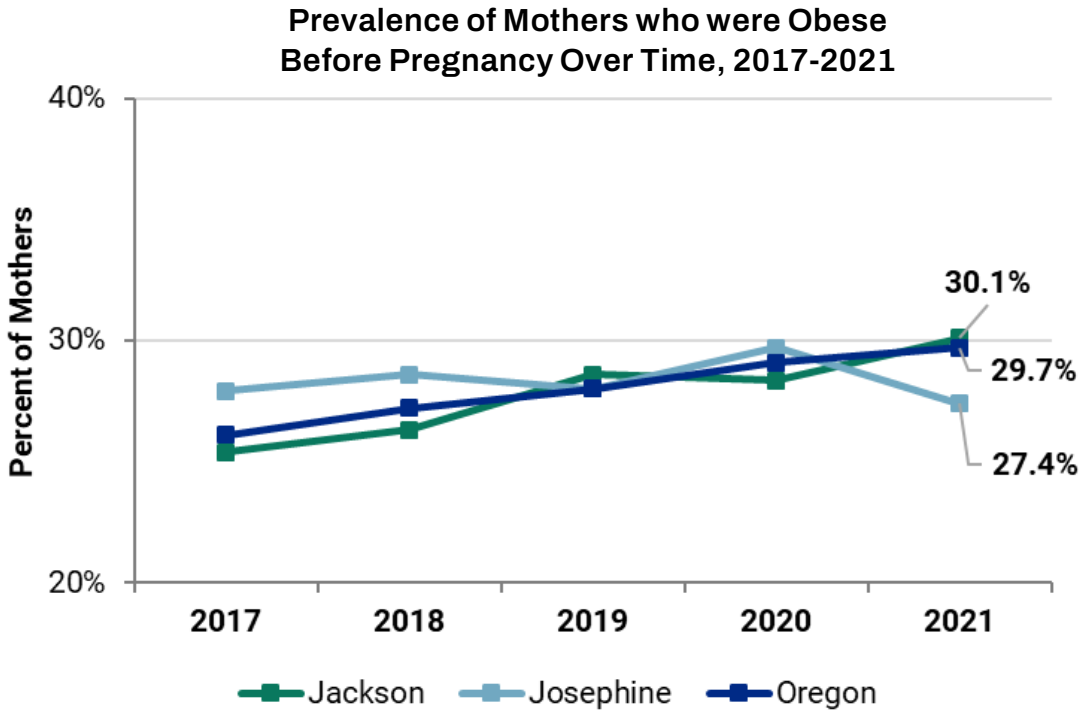


Figure 17. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The prevalence of mothers who were obese before pregnancy has been increasing in **Jackson** County and the state in recent years.
- Notably in 2021 **Josephine** had a decrease in mother who were obese before pregnancy.

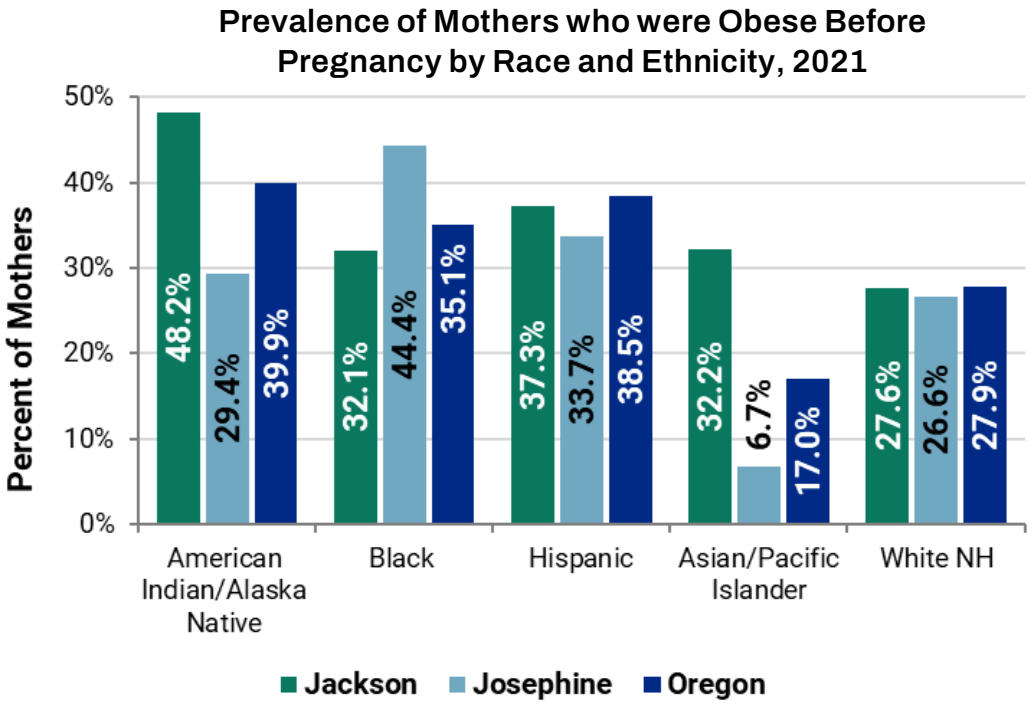


Figure 18. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Mothers in **Jackson** who identified as American Indian/Alaska Native, or Asian/Pacific Islander had a higher prevalence of obesity before pregnancy than other races/ethnicities and the state.
- Mothers in **Josephine** who identified as Black had a higher prevalence of obesity before pregnancy than other races/ethnicities and the state.

Mental Health

Vogel Plaza
Courtesy of City of Medford

Mental Health

Behavioral health is concerned with not only preventing or intervening in mental illnesses such as anxiety or depression, but also with preventing alcohol and drug abuse along with other addictions. It refers to a person's entire state of being and how their choices or behaviors can affect their overall health and wellness.

Key Findings:

Adults

- Just over **2 out of 5** community members in **both** Jackson and Josephine experienced at least 1 Poor Mental Health Day in the past month. This is slightly less than the state.
- Female community members reported having more Poor Mental Health Days compared to male community members in **both** counties and in the state.
- Those who have a disability had a high percentage of poor mental health days compared to those who did not have a disability in **both** counties and in the state.
- In **both** counties, **1 in 4** adults have been diagnosed with depression, with a higher prevalence of depression than the state. This highlights a significant mental health concern in the region.
- A higher percentage of female community members have been diagnosed with depression than male community members in **both** of the counties and the state.
- In **Jackson**, younger adults aged **18 to 34** had a much higher percentage of being diagnosed with depression compared to older adults aged **55** and above in the community and the state.
- **Jackson** and **Josephine** had a higher suicide mortality rate than the state.

Youth

- About **47**% of 11th graders in **Jackson** and **39**% in **Josephine** reported symptoms of depression compared to **38**% in the state.
- In **both** counties about **6**% of 11th graders attempted suicide in the last year compared to the state (**5**%).
- In **Jackson**, those who identified as Transgender, Queer, Bisexual and Lesbian/Gay all were more likely to attempt suicide in the past year compared to their peers and the state.

Mental Health

Mental Health affects us at every stage of life. It includes our emotional, psychological and social well-being. Our mental health can impact how we handle stress, relate to others, and how we make everyday choices. Both your mental and physical health play important roles in your overall health. For example, depression can make you more likely to have various long-lasting physical issues, such as diabetes, heart disease, and stroke. Likewise, if you have ongoing health problems, they can raise the chances of you experiencing mental health issues. There are more than 200 types of mental illness or disorders. Mental illness can occur over a short period of time or be chronic. Things that can increase the risk of experiencing mental illness are Adverse Childhood Experiences (ACE), chronic illness, socioeconomic stresses, hormones, and drug use. [83] Oregon ranks 40 out of 50 when it comes to mental health. This means adults have higher prevalence of mental illness and lower rates of access to care.

Adults

1 in 5 US adults over the age of 18 live with a mental illness. Mental illness is very common and can have impacts on life activities and abilities. It is influenced by a multitude of factors, both internal and external. These can include genetic factors, life experiences, and environmental stressors. Access to interventions such as therapy is important to help improve the quality of life and manage mental health.[83]

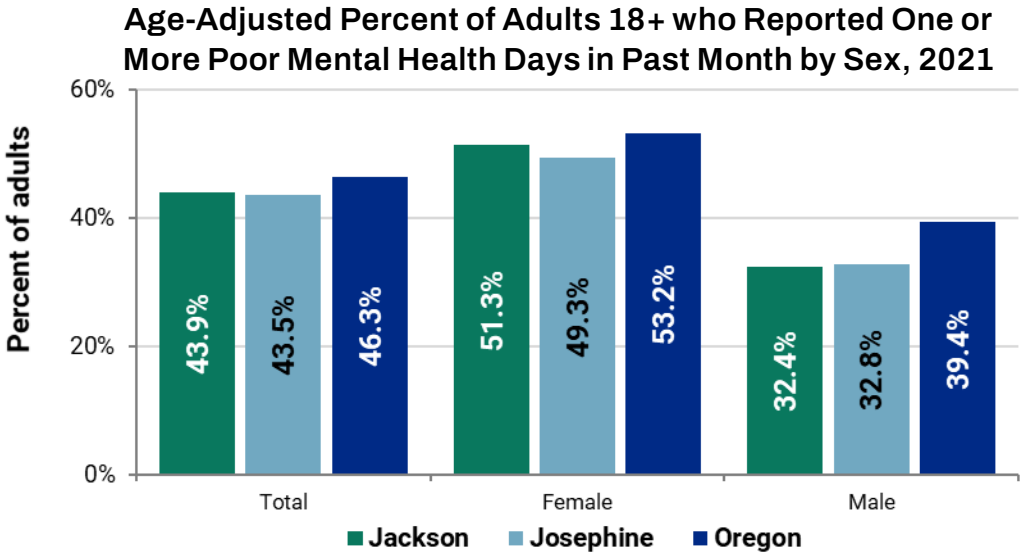


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Just over **2 out of 5** community members in **both** Jackson and Josephine experienced at least 1 Poor Mental Health Day in the past month. This is slightly less than the state.
- Female community members reported having more Poor Mental Health Days compared to male community members in **both** counties.

Poor Mental Health can include stress, depression, and problems with emotions.

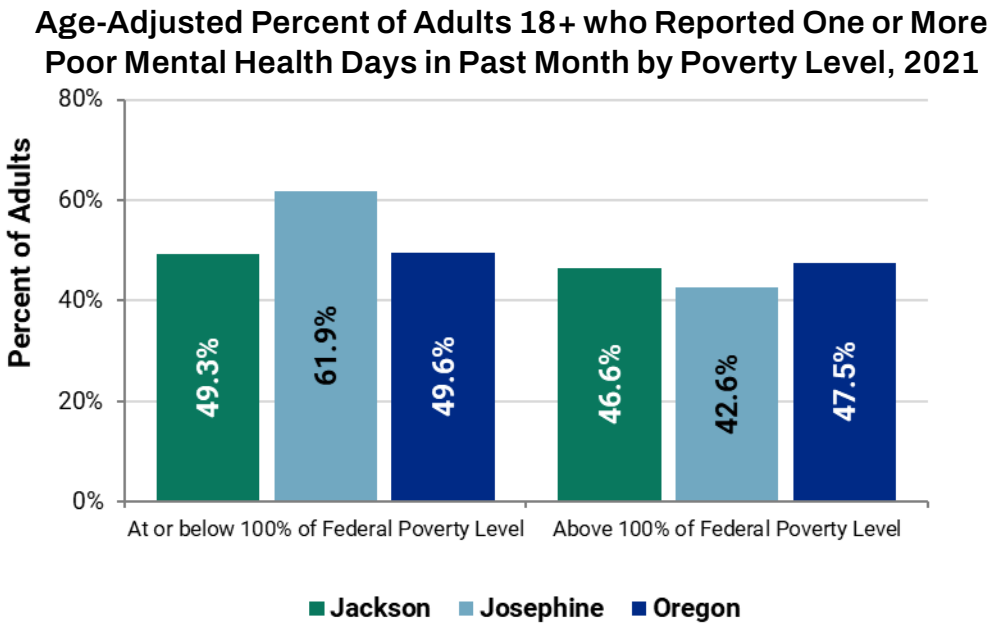


Figure 2. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Josephine** those who lived under the federal poverty line had a higher percentage of Poor Mental Health Days when compared to the state.

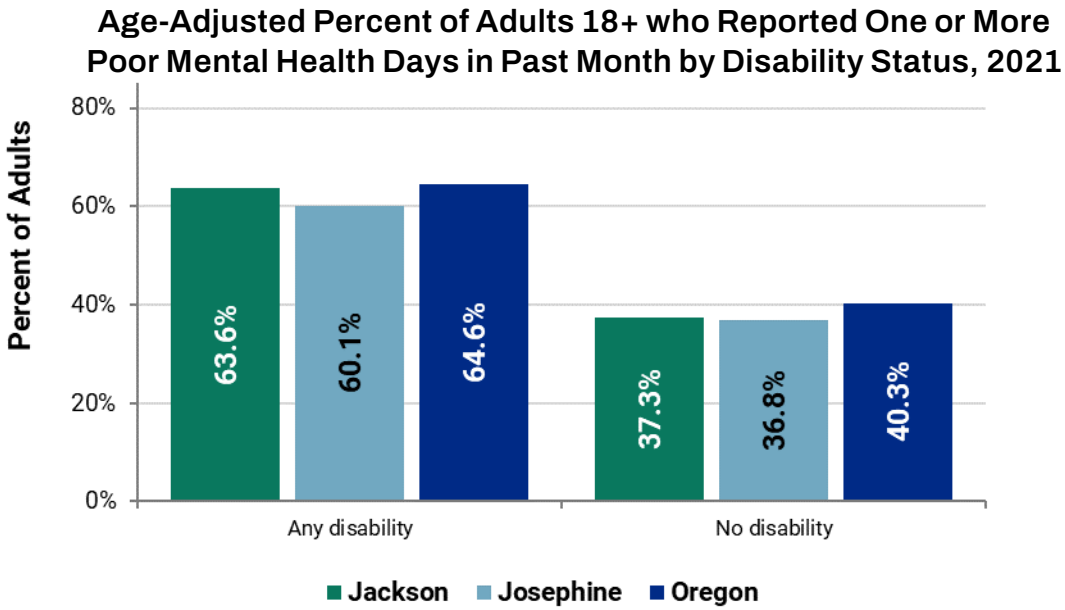


Figure 3. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

***Any Disability** is classified as percent of adults reporting 1 or more of 6 conditions: deafness, blindness, cognitive function problems, mobility problems, difficulties taking care of personal care or errands without assistance.*

- Those who have a disability had a high percentage of Poor Mental Health Days compared to those who did not have a disability in **both** counties as well as the state.

Depression

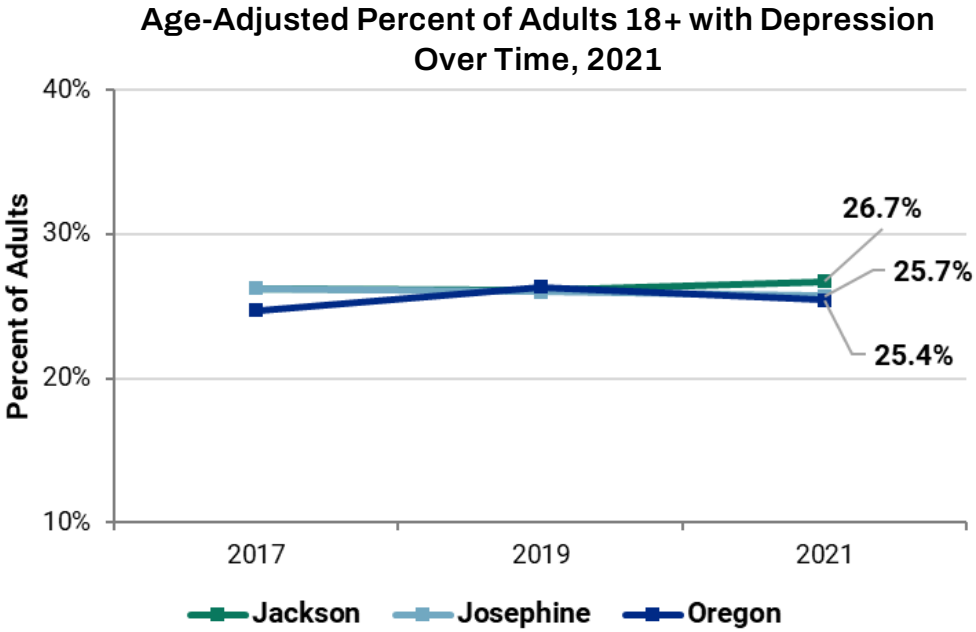


Figure 4. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Depression diagnoses have been consistent in **both** counties in recent years.

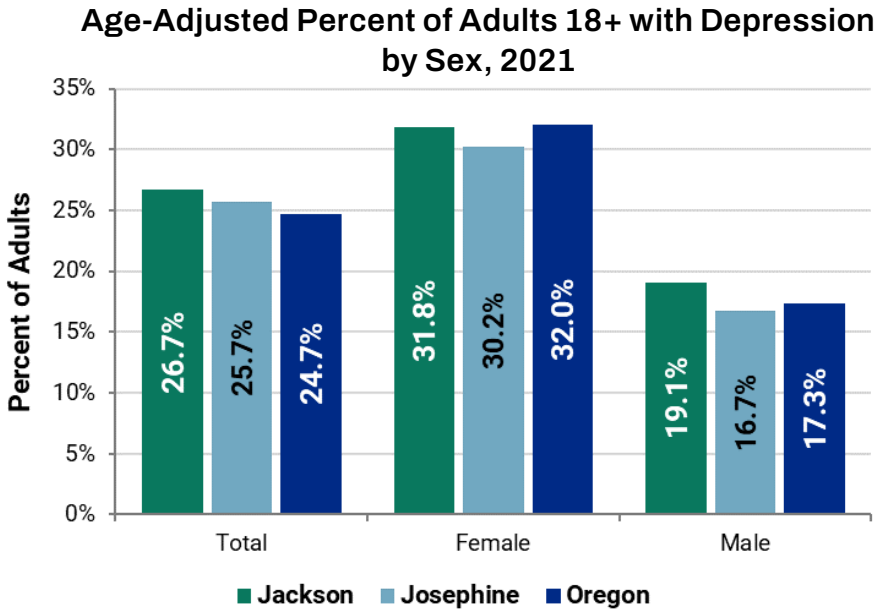


Figure 5. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties **1 in 4** adults have been diagnosed with depression. Both counties had a higher prevalence of depression than the state.
- A higher percentage of female residents have been diagnosed with depression than male residents in **both** counties and the state.

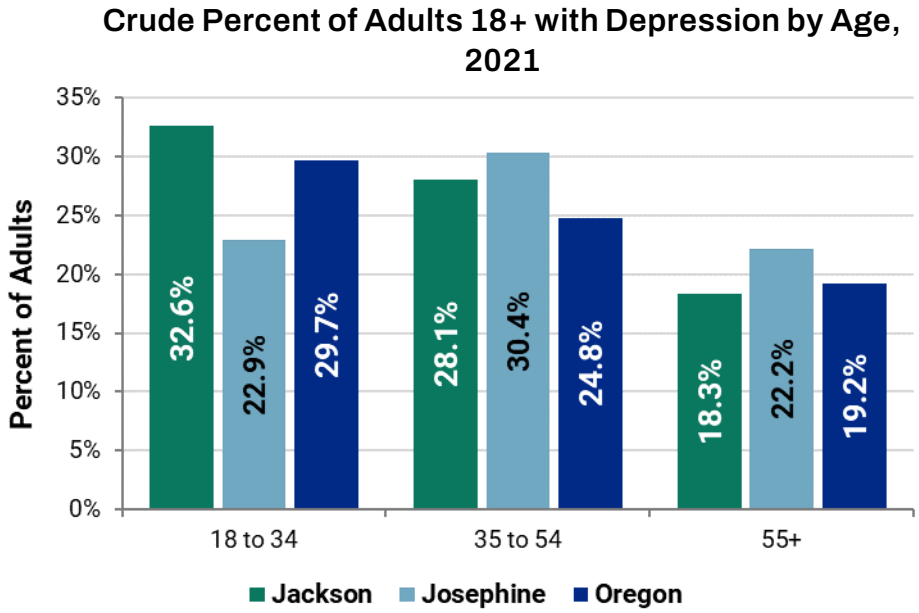


Figure 6. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Jackson** younger adults **18 to 34** years of age (**32.36%**) had a much higher percent of being diagnosed with depression than **55+** years of age in the community (**18.3%**) and state (**19.2%**).
- **Jackson** also had a higher percentage of **35 to 54** years of age with depression compared to Oregon.
- In **Josephine** adults **35 to 54** of age (**31.4%**) had a higher percentage of depression diagnoses compared to the state (**24.8%**).
- In **Josephine** adults **55+** of age (**22.2%**) had a higher percentage of depression diagnoses compared to the state (**19.2%**).

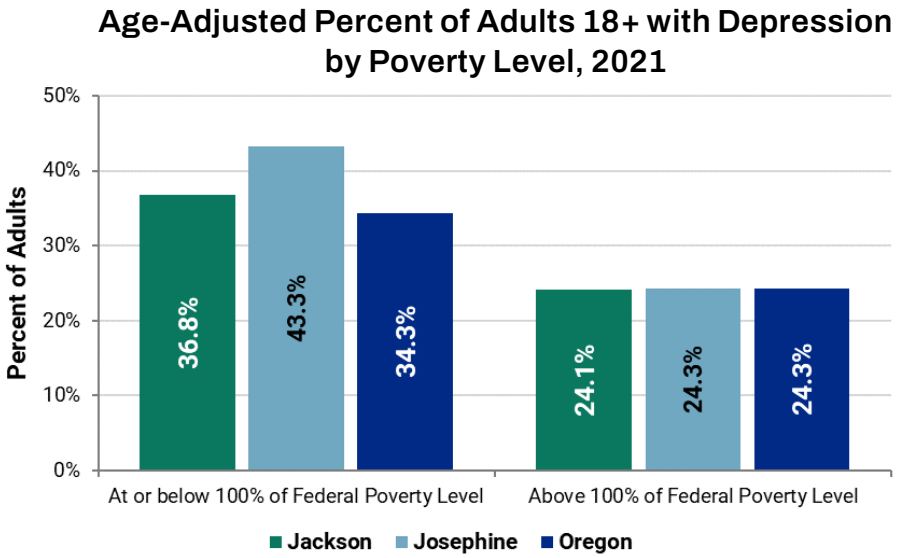


Figure 7. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties those who lived under the federal poverty line had a higher percentage of being diagnosed with depression compared to the state.
- **Josephine** had a much higher percentage of adults diagnosed with depression than those living under the poverty line in the state.

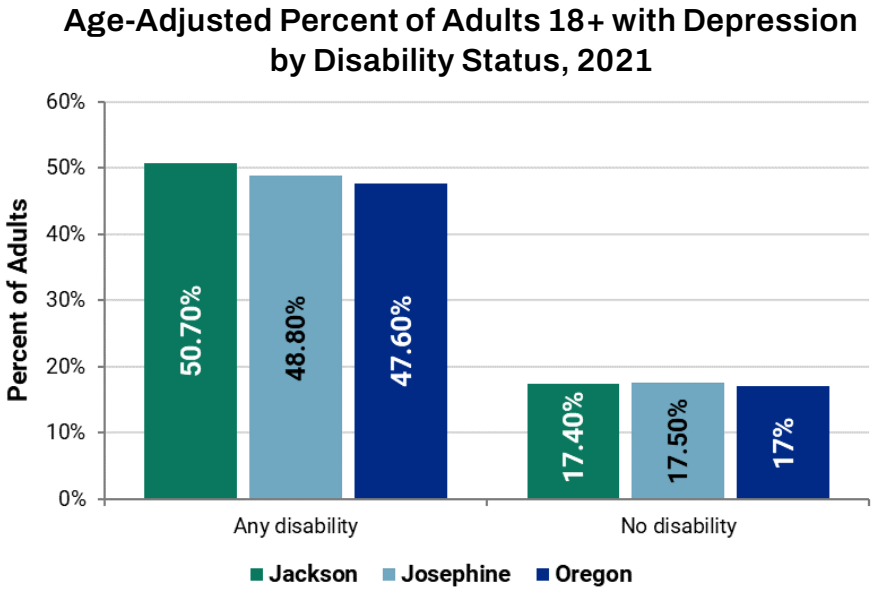


Figure 8. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Those who have a disability had a much higher percentage of being diagnosed with depression compared to those who did not have a disability.
- **Both** counties had a slightly higher proportion of community members with Any Disability and Being Diagnosed with Depression compared to those in the state.

Suicide

Suicide is a complex and sensitive topic that touches upon various factors affecting a person's life. It is a serious public health concern that affects all ages and demands our attention. Understanding what influences suicide is crucial in addressing this issue and finding effective ways to prevent it. Risk factors for suicide include a history of depression or other mental illness, substance abuse, family history of suicide, isolation, physical illness, and unwillingness to seek help due to stigma. In Oregon suicide has been increasing over recent years and still remains one of the leading causes of death in the state. [84, 85]

If you or loved one are in a crisis or are considering committing suicide please use:

- Call or Text 988, Veterans press 1
- En Española, llama al 988
- TTY: 1-800-799-4TTY (4889)
- Text OREGON to 741741

Jackson County: Call 541-774-8201,
Or visit: https://jacksoncountyor.org/hhs/Mental-Health/Welcome
Josephine County: Call 541-476-2373 or 541-474-5360 (24 hours)

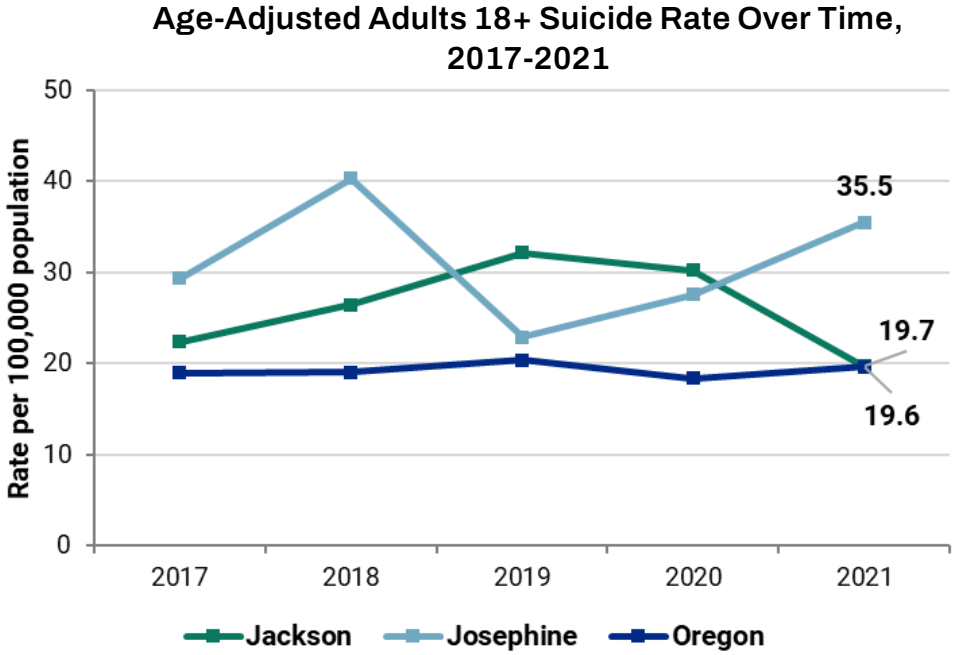


Figure 9. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The suicide mortality rate in **Josephine** has been **increasing** while the state's rate has remained stable.
- The suicide mortality rate in **Jackson** has begun to **decrease** in the most recent years

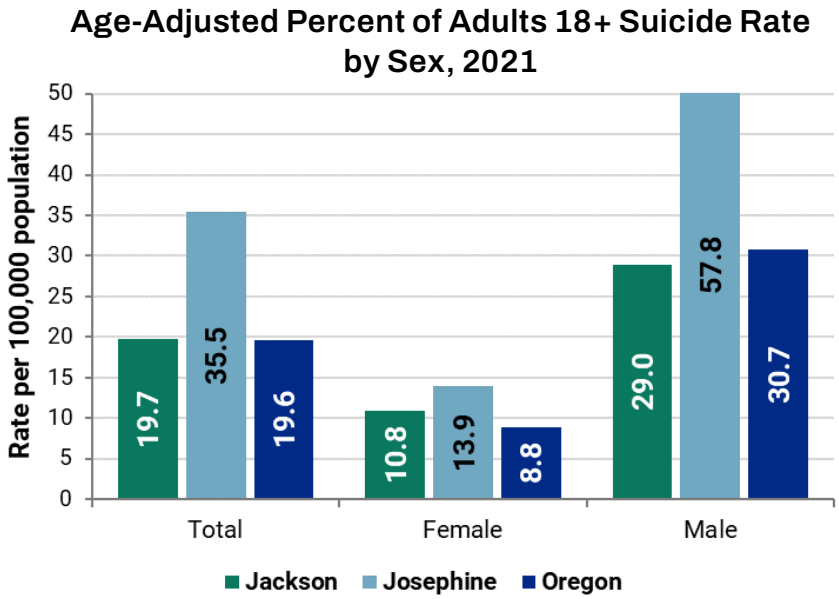


Figure 10. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Jackson** and **Josephine** had a higher suicide mortality rate than the state.
- **Josephine** had a much higher rate than the state. In addition, both the female and male community members had suicide rates that were higher than the state.
- Male community members were three times more likely to commit suicide than females in **both** counties and the state.

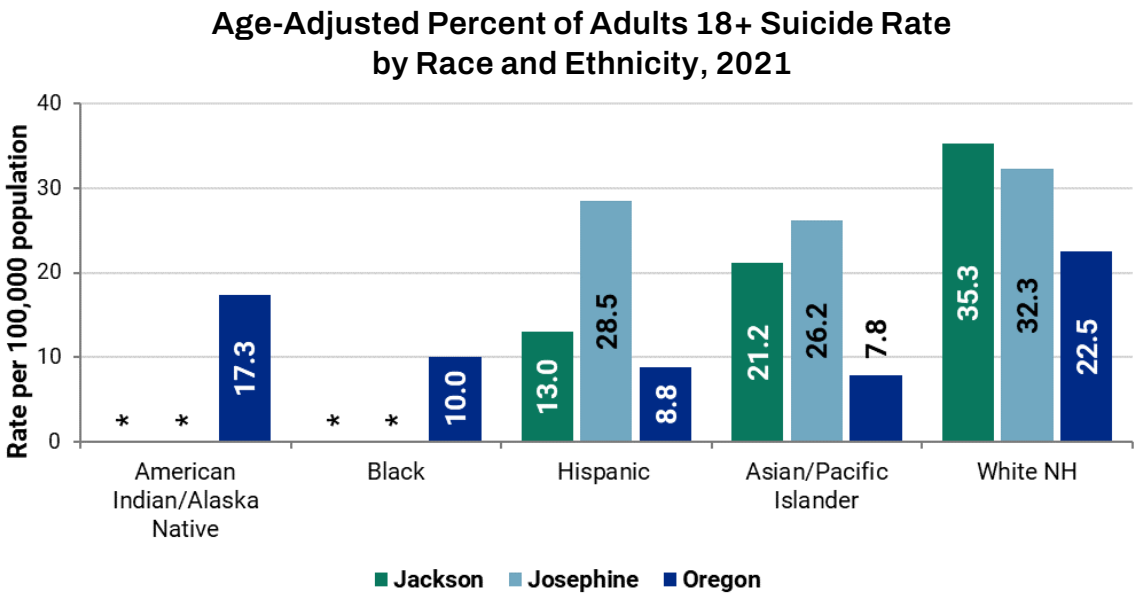


Figure 11. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **Jackson** those who identified as Hispanic, Asian/Pacific Islander, and White Non-Hispanic had higher suicide mortality rates than their peers at the state level.
- In **Josephine** those who identified as Hispanic, Asian/Pacific Islander, and White Non-Hispanic had higher suicide mortality rates than their peers at the state level.

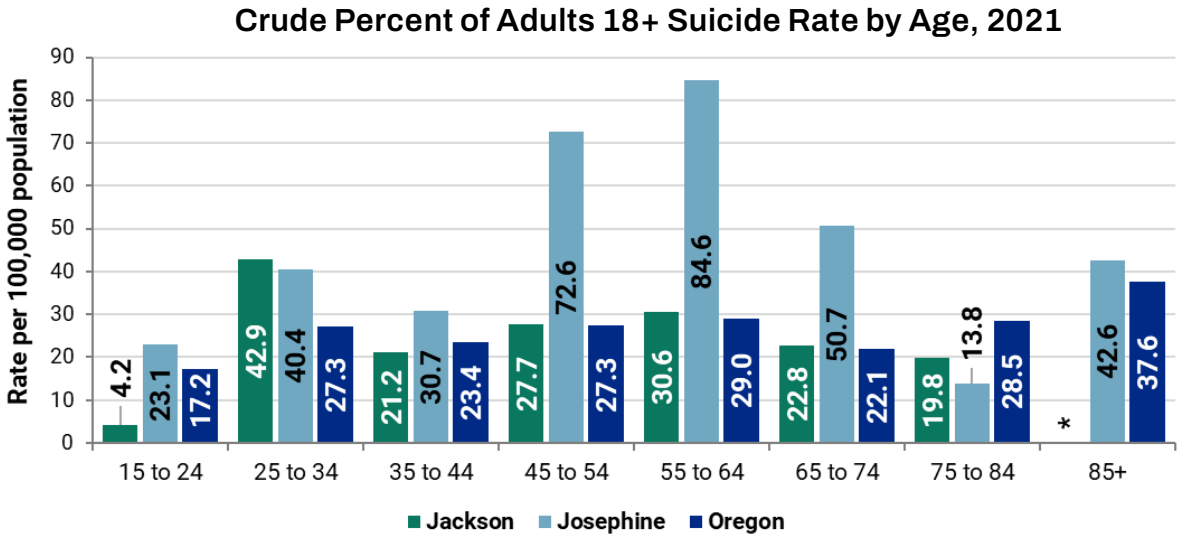


Figure 12. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In 2021, about half of suicides in **Josephine** occurred in older community members between the ages of **45-85**.
- In **Jackson**, **25 to 34**-year-olds had a higher suicide rate than the state.
- **Josephine** had much higher suicide rates in the age groups between **15 to 74** and **85+** when compared to the state.
- **Josephine** suicide rates were more than double than the state in many age categories.
- The suicide rate increases with age: First peaking in young age (**25-34**), with a second peak in middle age (**45-64**), then decreasing and increasing again in older age groups (**85+**).

Youth

Mental health affects many aspects of a young person's life. Kids who face mental health challenges may have difficulty with school, relationships, and making responsible decisions. Often, when young people experience mental health issues, they are more likely to engage in risky behaviors like using drugs, encountering violence, and participating in risky sexual activities that can lead to HIV, STDs, and unintended pregnancy. The habits and choices they make during their childhood can have long-lasting effects that impact their mental well-being as they grow into adulthood. [82]

Mental Health Risk Factors and Outcomes Among 6th Graders, 2021

	Jackson	Josephine	Oregon
Teens Experiencing Symptoms of Depression	18.4%	25.5%	23.7%
Seriously Considered Suicide in Last Year	5.5%	8.2%	7.2%
Attempted Suicide in Last Year	2.0%	3.2%	3.0%
Fair or Poor Emotional and Mental Health	22.9%	24.0%	22.8%

Table 1. Data Source: *Oregon Student Health Survey Data Portal, 2021*

Mental Health Risk Factors and Outcomes Among 8th Graders, 2021

	Jackson	Josephine	Oregon
Teens Experiencing Symptoms of Depression	31.7%	30.4%	29.8%
Seriously Considered Suicide in Last Year	12.5%	13.0%	11.6%
Attempted Suicide in Last Year	5.9%	5.7%	5.0%
Fair or Poor Emotional and Mental Health	39.7%	33.8%	34.4%

Table 2. Data Source: *Oregon Student Health Survey Data Portal, 2021*

Mental Health Risk Factors and Outcomes Among 11th Graders,

	Jackson	Josephine	Oregon
Teens Experiencing Symptoms of Depression	47.2%	38.9%	38.4%
Seriously Considered Suicide in Last Year	16.7%	12.5%	14.6%
Attempted Suicide in Last Year	5.8%	5.8%	5.0%
Fair or Poor Emotional and Mental Health	52.5%	45.3%	48.1%

Table 3. Data Source: *Oregon Student Health Survey Data Portal, 2021*

- In general, mental health risk factors such as Teen Depression, considering suicide, attempted suicide, and fair or poor emotional health increased with grade level in **both** counties and the state.
- About **47%** of 11th graders in **Jackson** and **39%** in **Josephine** reported symptoms of depression compared to **38%** in the state.
- In **Jackson**, about **17%** of 11th graders seriously considered suicide compared with **15%** in the state.
- In **Josephine**, about **13%** of 11th graders seriously considered suicide compared with **15%** in the state.
- In **both** counties about **6%** of 11th graders attempted suicide in the last year compared to the state **5%.**
- In **Jackson**, **53%** of 11th graders reported fair or poor emotional/mental health compared to **48%** in the state.
- In **Josephine**, **45%** of 11th graders reported fair or poor emotional/mental health.

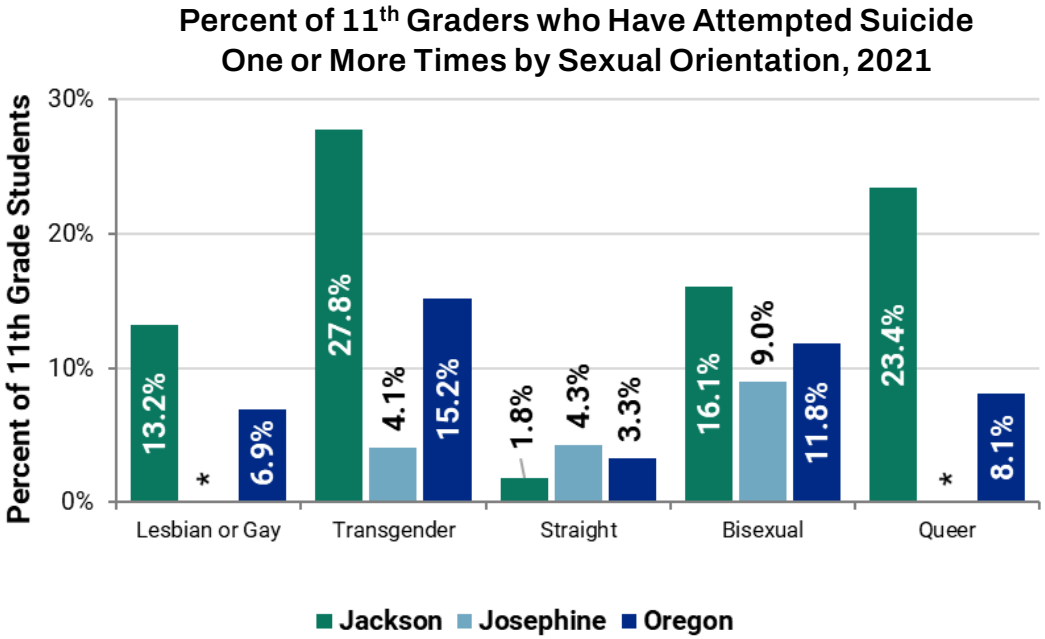
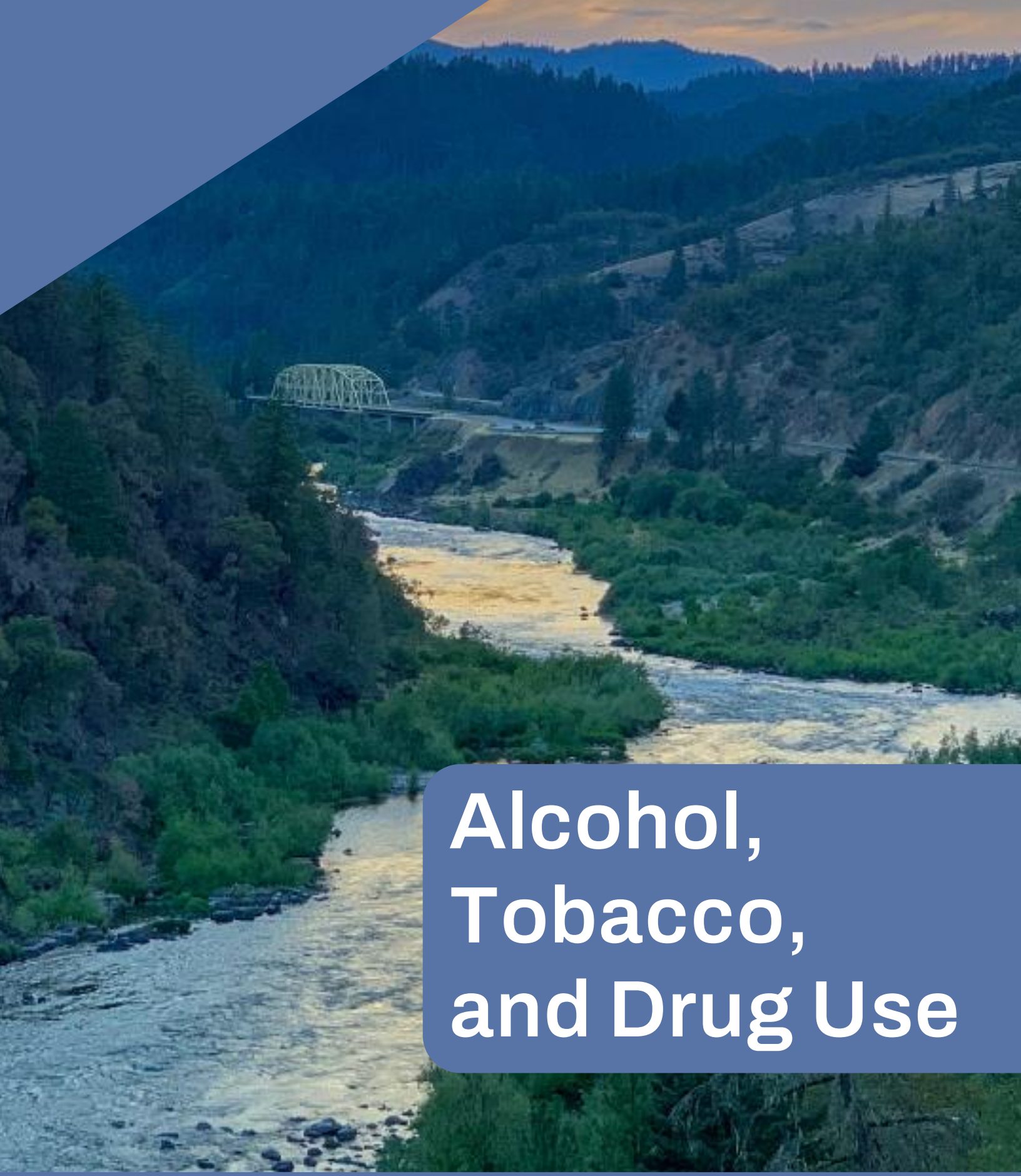


Figure 13. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **Jackson**, those who identified as Transgender, Queer, Bisexual and Lesbian/Gay were all more likely to attempt suicide in the past year compared to their straight peers and the state.

SOGI Data: sexual orientation and gender identity (SOGI) is currently not routinely collected for adults. In Oregon the Student Health Survey is one of few datasets that collects student SOGI information.



Alcohol, Tobacco, and Drug Use

Rogue River, Hellgate Canyon
Courtesy of Josephine County Public Health

Alcohol, Tobacco, and Drug Use

The use and misuse of alcohol, tobacco, illicit drugs, and prescription medications can affect over all wellbeing and health. Substance use disorders (SUD) are treatable long-term conditions that can affect anyone. These disorders can have various effects on a person's life, including their job, family, and social interactions. SUD involves a mix of physical, behavioral, and cognitive symptoms that drive a person to keep using substances. Substance use and mental health often overlap, as people with substance use disorders may also experience mental health issues. This dual challenge can make it more complex to treat and manage these conditions effectively. This further demonstrates the importance of assisting those who are exhibiting these behaviors in our community and provide them with necessary support.

Key Findings:

- Compared to the entire state, a lower percentage of adults in **both** Jackson and Josephine counties, regardless of gender, reported engaging in binge drinking in the past month.
- In **Josephine**, the number of male residents who passed away due to alcohol-related reasons was significantly higher. This number is over two times greater than the average in the entire state.
- In **Jackson**, people who identified as Black, Hispanic, and White NH had higher rates of alcohol-related deaths compared to those in the rest of the state.
- **Josephine** exhibited the highest overall percentage of marijuana use in the last month when considering both male and female residents, surpassing the rest of the state.
- **Both** counties had higher prevalence of current cigarette smokers than the state.
- **Josephine**, had the highest percentage of individuals, including both male and female residents, who were currently smoking cigarettes among the entire population.
- The use of e-cigarettes has been increasing in **both** Jackson and Josephine in recent years.
- Individuals in the **18 to 34** age group exhibited a higher prevalence of current e-cigarette use compared to older age demographics in both counties and state.
- **Both** Jackson and Josephine have higher drug mortality rates than the state.
- **Josephine** has a much higher rate of hospitalization visits for both opioid overdose and heroin overdose than the state.
- **Both** Jackson and Josephine have higher fentanyl mortality rates than the state.

Alcohol Use

The use and misuse of alcohol can lead to higher risk of chronic diseases such as liver disease, cancer, and depression. It is also a risk factor for unintentional injuries including motor vehicle crashes, violence, unintended pregnancy, and sexually transmitted infections. Alcohol remains the third leading causes of preventable deaths in Oregon. Annually the state has over 2,000 deaths related to excessive alcohol use. For more information about alcohol use in teens see the Infant, Child, and Adolescent Health section. [78]

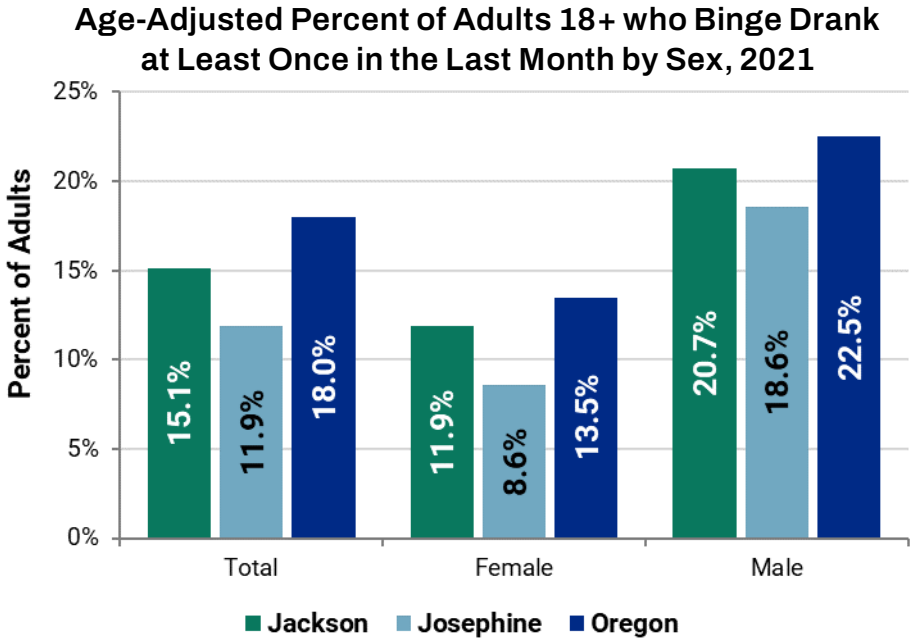


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Binge drinking is defined as 4 drinks for women, and 5 drinks for men on one occasion in the past 30 days

- Compared to the entire state, a lower percentage of adults in **both** Jackson and Josephine counties, regardless of gender, reported engaging in binge drinking in the past month.
- A higher percentage of male community members reported that they binge drank in the last month than female community members in **both** counties and the state.

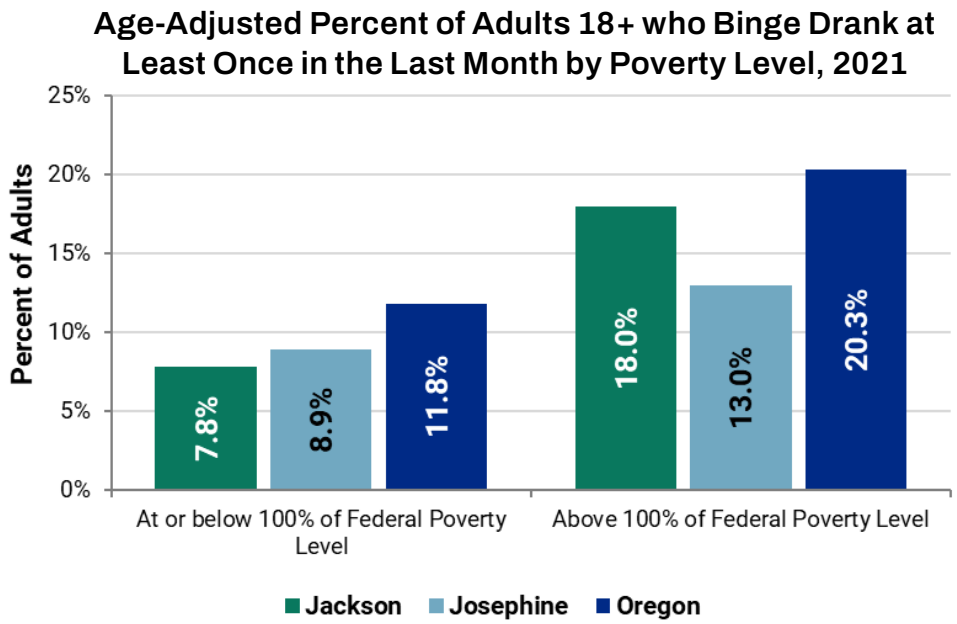


Figure 2. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties, adults who lived above the federal poverty level had a higher percentage of community members who said they had binge drank in the past month, than those at or below the federal poverty level.

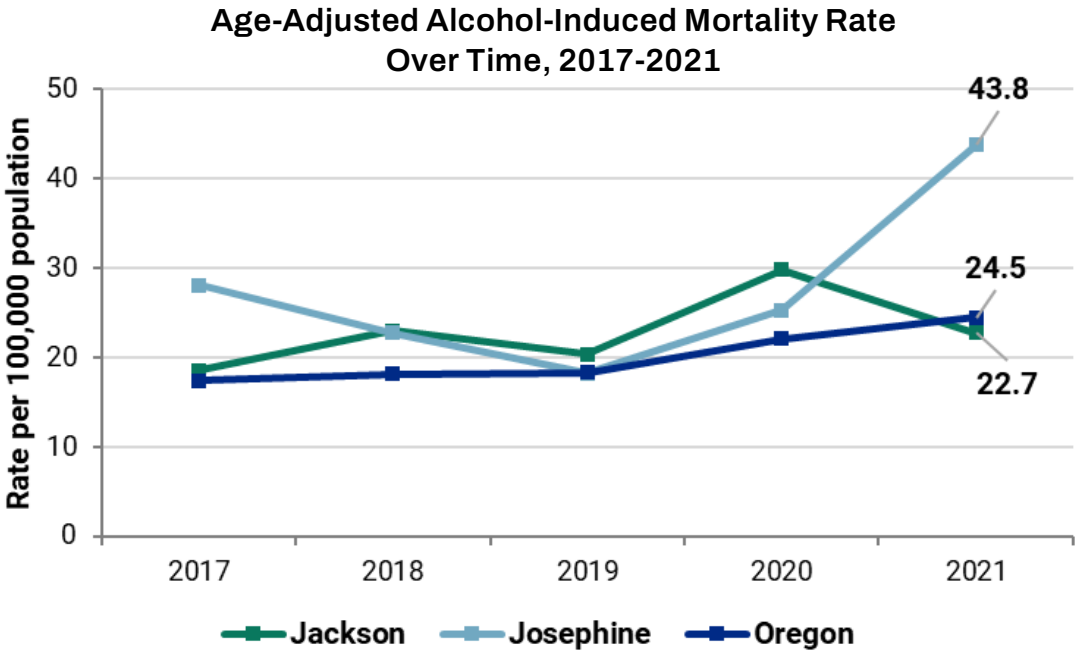


Figure 3. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties and the state, the alcohol-related mortality rate has been increasing overall in recent years.

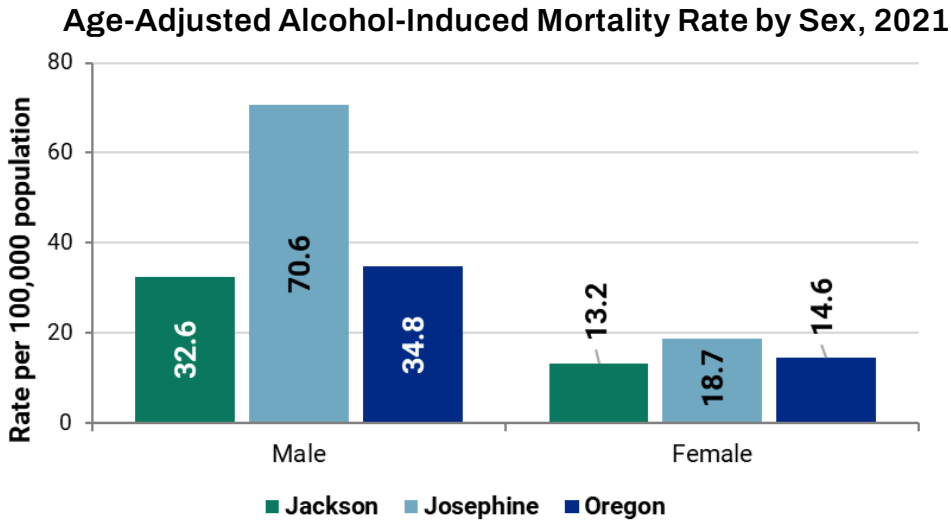


Figure 4. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Josephine**, the number of male community members who died due to alcohol-related reasons was over **two** times higher than the rate in the entire state.

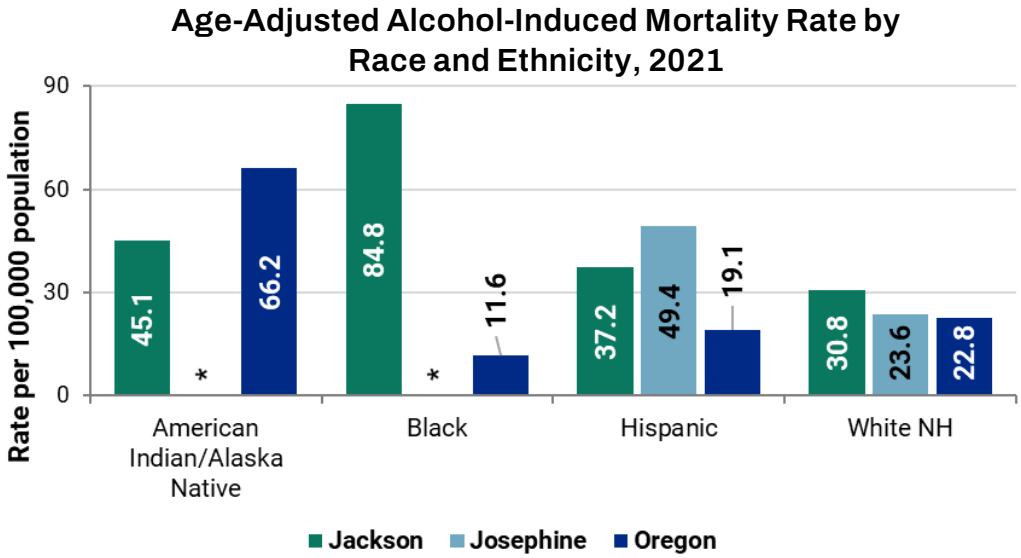


Figure 5. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **Jackson**, people who identified as Black, Hispanic, and White NH had higher rates of alcohol-related deaths compared to those in the rest of the state.

- In **both** counties, the Hispanic communities experienced more alcohol-related deaths than the Hispanic communities in the state.

Percent of Driving Deaths with Alcohol Involvement, 2016-2020

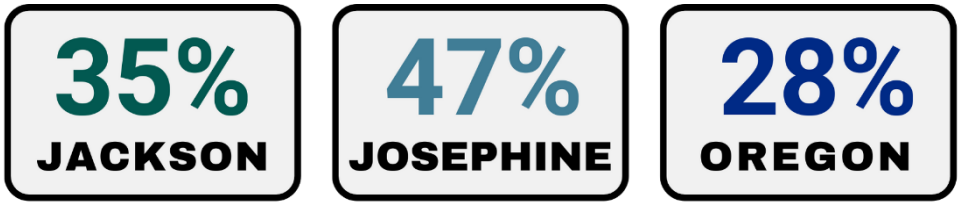


Figure 6. Data Source*: Data Source: County Health Rankings & Roadmaps, County Health Ranking Report, 2022* https://www.countyhealthrankings.org

- Between 2016 and 2020, **35%** of motor vehicle fatalities in **Jackson** involved alcohol compared to **28%** in the state.
- **Josephine** experienced a greater percentage of motor vehicle fatalities involving alcohol at **47%.**

Marijuana Use

In 2014, Oregon made it legal for adults to use recreational marijuana. Since then, more adults in Southern Oregon have been using marijuana because its become more socially accepted. In addition, fewer teenagers see marijuana as harmful as they used to. However, the Centers for Disease Control and Prevention (CDC) cautions that using marijuana can negatively influence your perception, and make it harder to solve problems, learn, and remember things. If someone uses marijuana regularly, they're at an increased risk of addiction, which could cause problems with their family, school, work, and activities they enjoy. If you want to learn more about how marijuana affects teenagers, check out the section on Infant, Child, and Adolescent Health. [117]

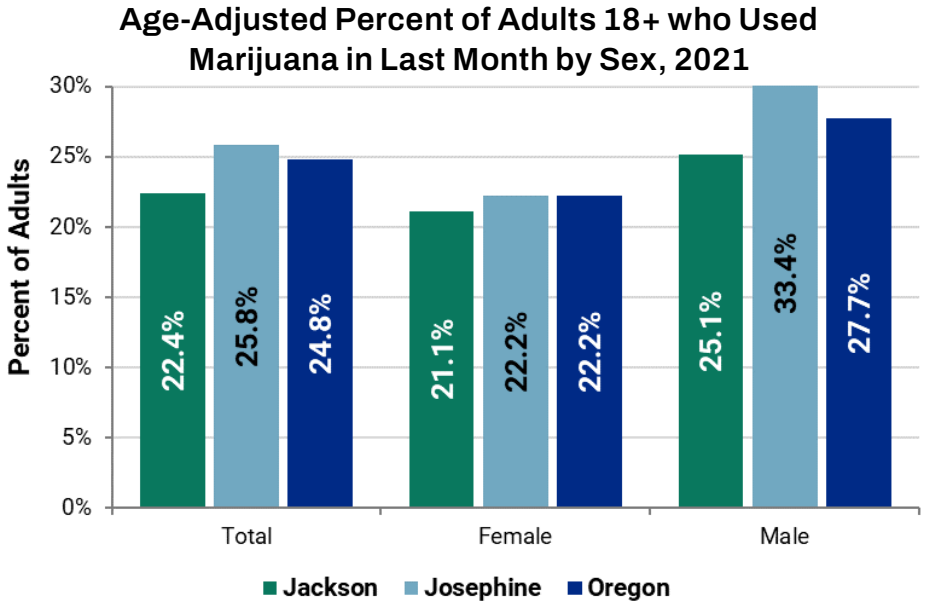


Figure 7. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties had a higher percentage of male community members who reported using marijuana in the last month than female community members.
- **Josephine** exhibited the highest overall percentage of marijuana use in the last month when considering both male and female residents, surpassing the rest of the state.

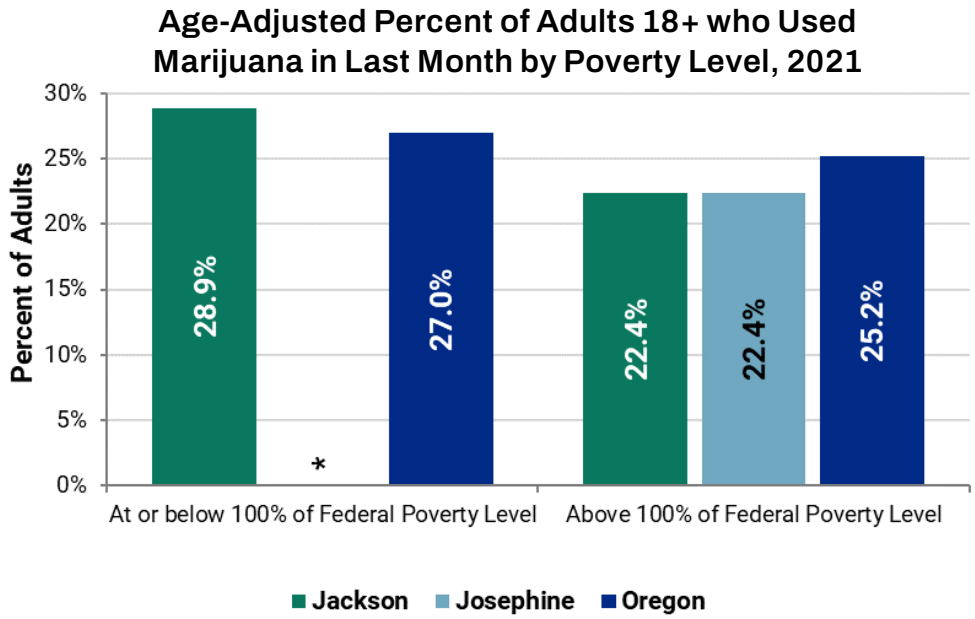


Figure 8. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

Note: Rates with (*) were unreliable and not displayed

- In **Jackson** adults who lived below the federal poverty level had higher percentage of community members who reported using marijuana in the last month compared to the rest of the state.
- Adults in **both** counties who had incomes above the federal poverty line had a smaller percentage of those who used marijuana in the past month compared to the rest of the state.
- Data for race and ethnicity was not available for recent years or at the county level.

Tobacco Use

Tobacco use in all of its forms is still one of the leading causes of preventable death in the state of Oregon and the U.S. Smoking tobacco can increase the risk of chronic disease and disability. People who have lower income or identify as certain racial and ethnic groups are disproportionately affected both in terms of tobacco use and environmental exposure to smoke. Secondhand smoke can also lead to disease and premature death among those who do not smoke. For more information about tobacco use in teens see the Infant, Child, and Adolescent Health section and the role of tobacco in the Chronic Disease section.[79]

Cigarettes

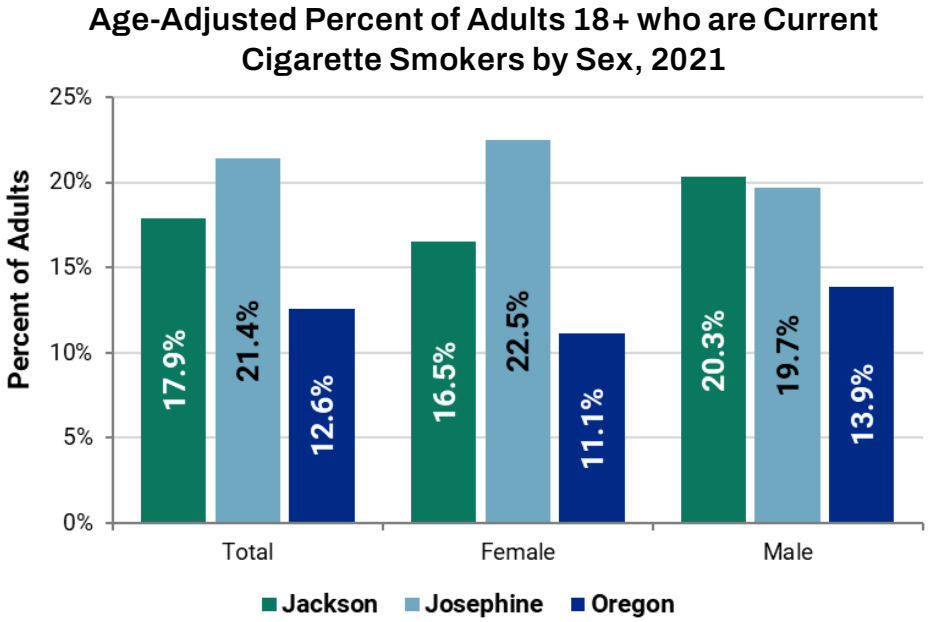


Figure 9. Data Source*: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Both** counties had higher prevalence of current cigarette smokers than the state.
- **Josephine** had the largest percentage of those who currently smoke cigarettes, including among both male and female residents.
- Male community members in **Jackson** had a higher prevalence of current cigarette smokers than females in the community. This trend in similar to the state.
- Females community members in **Josephine** had a higher prevalence of current cigarette smokers than males in the community.

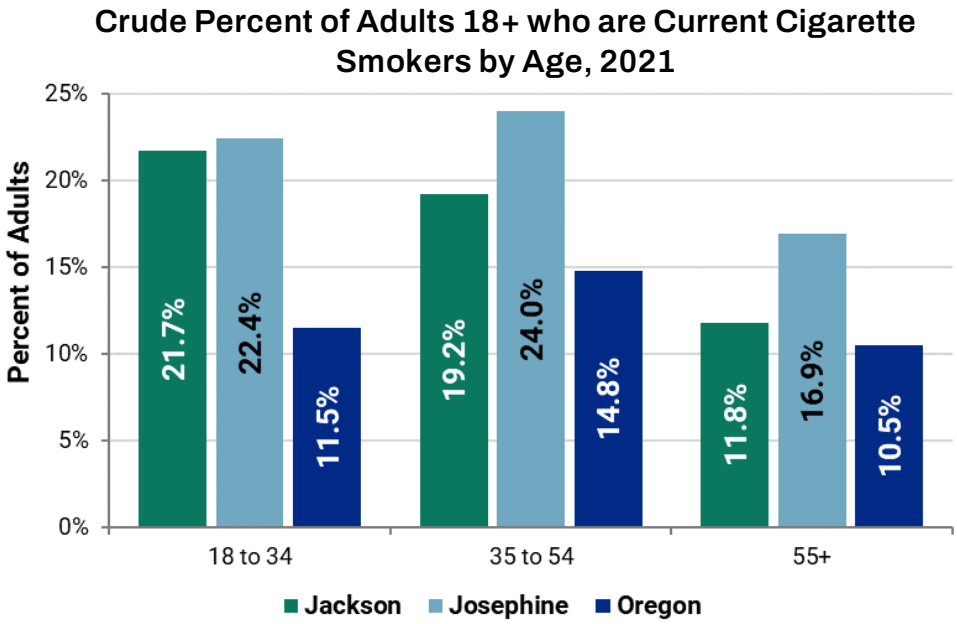


Figure 10. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **both** counties those in the **18 to 34**, and **35 to 54** age groups had higher prevalence of current cigarette smokers than those in **55+** age group.
- **Both** counties across all age groups had higher prevalence of current cigarette smokers than the state.
- **Josephine** County had the highest percentage of people who currently smoke cigarettes among all age groups compared to the state.

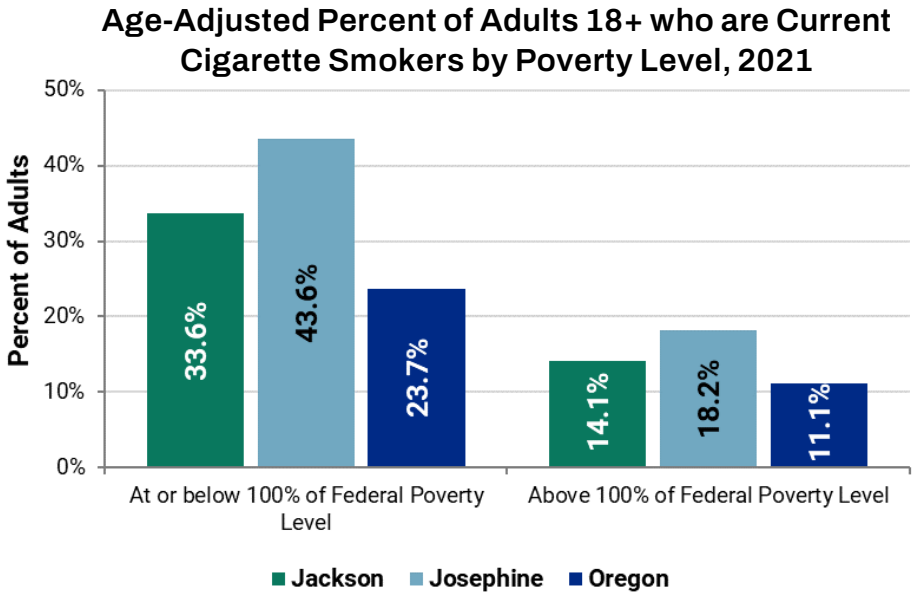


Figure 11. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **In both** counties adults who lived below the federal poverty level had a higher percentage of community members who said they Currently Smoke Cigarettes than those living above the poverty level, and those living below the poverty line in the state.

E-Cigarettes

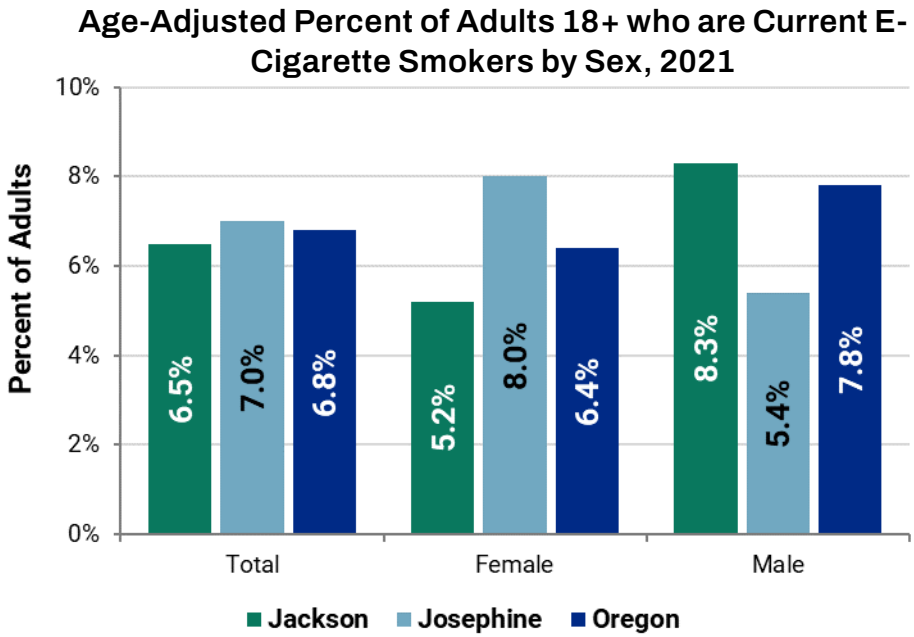


Figure 12. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The way tobacco is being consumed is changing in the state, as cigarette smoking has decreased, there has been an increase in electronic nicotine use for both adults and teens. The use of e-cigarettes has been increasing in **both** Jackson and Josephine in recent years.
- Female community members in **Josephine** have a higher prevalence of Currently Smoke E-Cigarettes than female community members in the state.
- Male community members in **Jackson** have a higher prevalence of those who Currently Smoke E-Cigarettes than males at the state level.

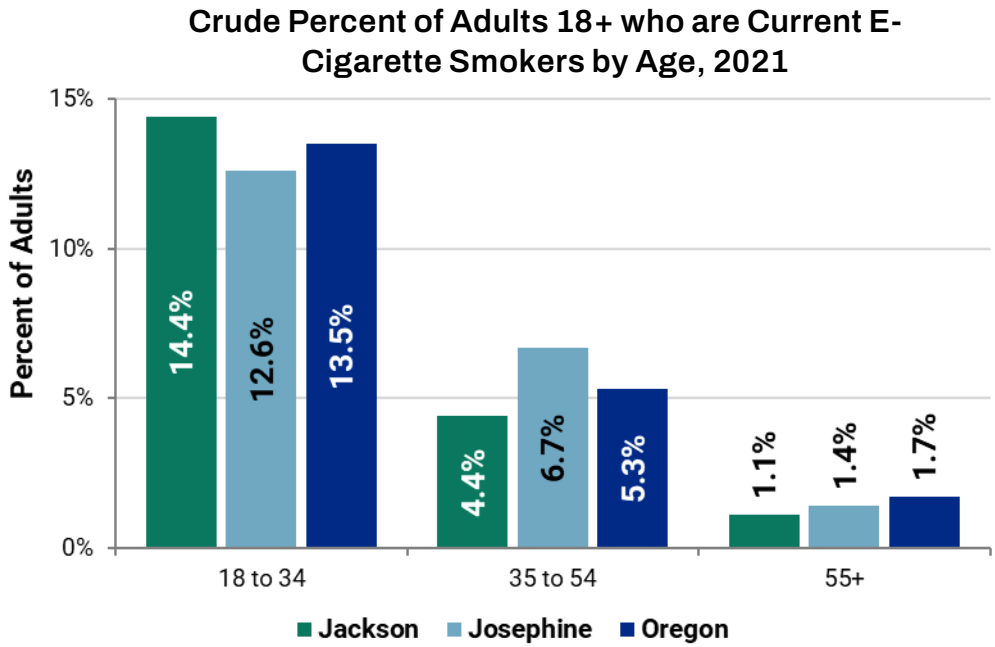


Figure 13. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Younger people (**18 to 34)** had a higher percentage of those who Currently Smoke E-Cigarettes than older age groups.
- **Jackson** had a higher percentage of **18 to 34-year-olds** who Currently Smoke E-Cigarettes compared to the same age group in the state.
- **Josephine** had a higher percentage of **35 to 54-year-olds** who Currently Smoke E-Cigarettes compared to the same age group in the state.

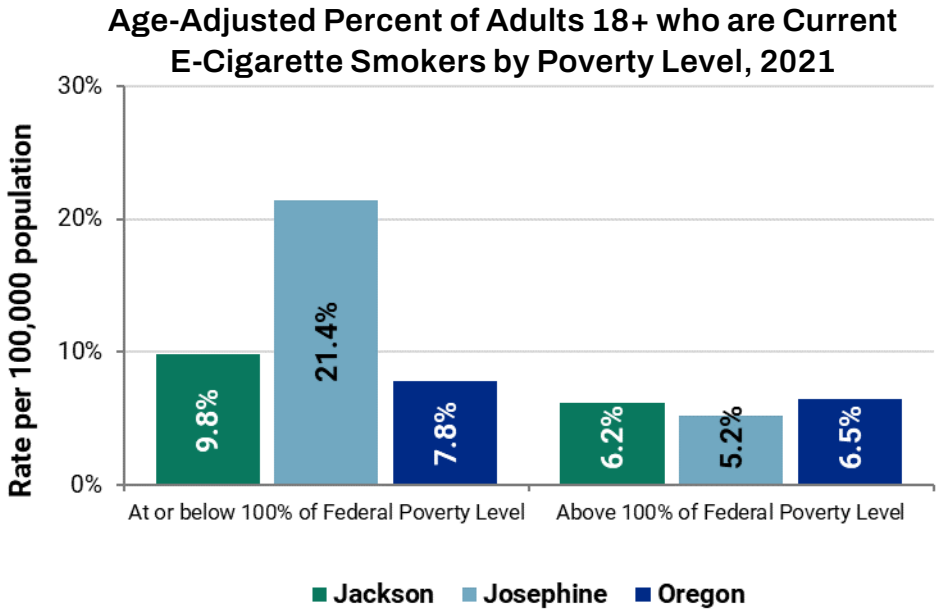


Figure 14. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- Those who lived below the federal poverty level had a higher prevalence of adults who Currently Smoke E-Cigarettes compared to those who lived above the poverty level.
- In **Josephine** those who lived below the federal poverty level had very high percentage of adults who Currently Smoke E-Cigarettes when compared to the state.
- Race and Ethncity were not available for those who Currently Smoke E-Cigarettes at the county level.

Secondhand Smoke

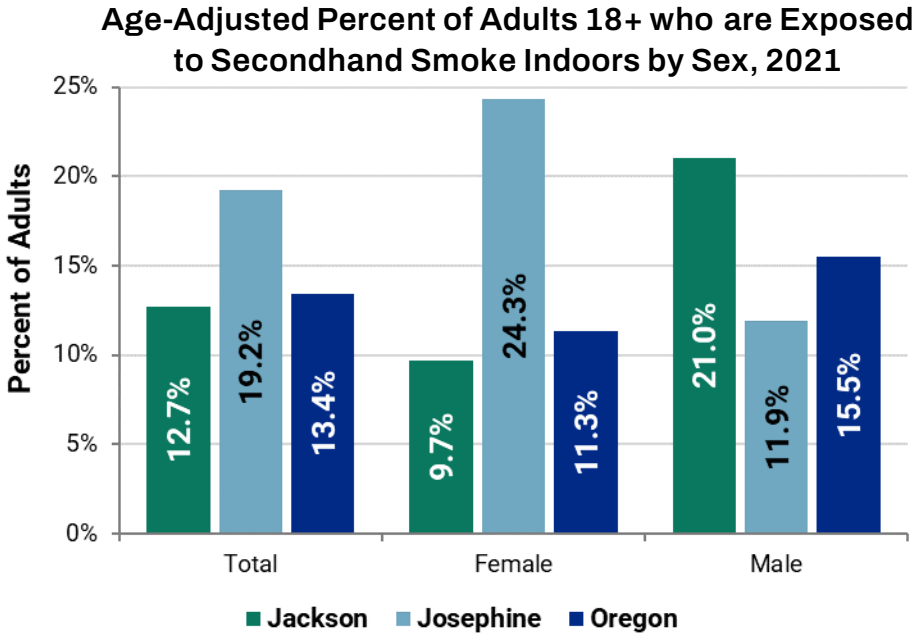


Figure 15. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- In **Josephine** a large percentage of the total population and female community members are exposed to Second Hand Smoke Inside when compared to males and the same groups at the state level.
- In **Jackson** male community members had a higher prevalence of being exposed to Second Hand Smoke Inside compared to males at the state level.

Prescription and Illicit Drugs

The use of prescription and illicit drugs has become a significant concern in our communities in recent years. Prescription drugs like opioids can be useful for medical treatment, but when they are misused and abused, it can become a major problem. Illicit drugs, like Methamphetamine, have been a known cause to various social and long-term health issues.

Misusing prescription opioids has been linked to an increase in people using needles to inject drugs, which puts them at a higher risk of infection with diseases like HIV or Hepatitis C. To address this issue, we can set up safe places for people to dispose of their unused prescription drugs. It's also important to educate healthcare providers about the best ways to prescribe these drugs and to watch how they are being used through prescription drug monitoring programs. If you're interested in information about how teenagers use prescription and opioid drugs, you can find that in the section on Infant, Child, and Adolescent Health. [116]

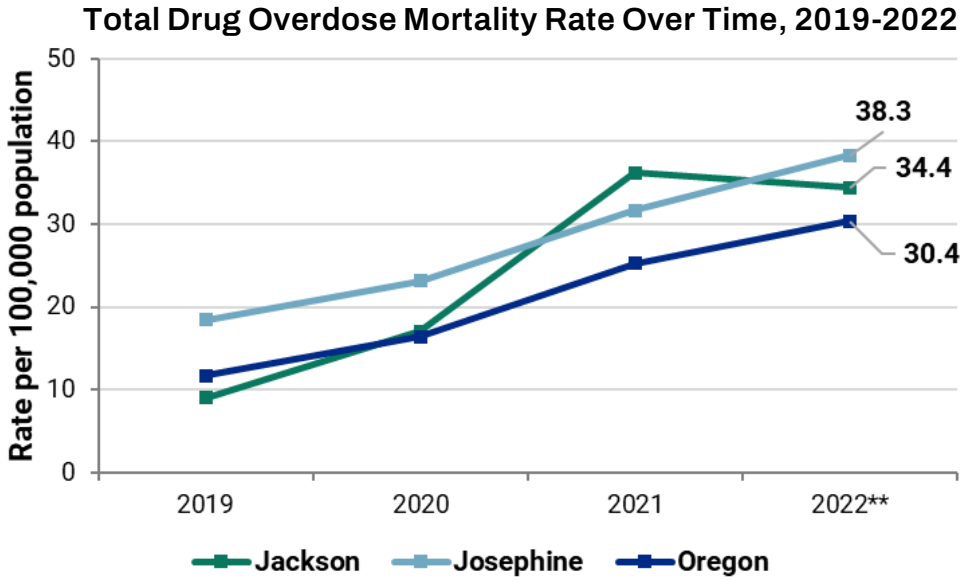


Figure 16. Data Source: *Oregon Health Authority, SUDORS and death Certificate data, 2019*

****Some overdose deaths in 2022 may not include due to pending toxicology study.**

- The drug mortality rate has been increasing in **both** of the counties and the state over recent years.
- **Both** Jackson and Josephine have higher drug mortality rates than the state.

Total Drug Related Hospitalization Overdose Rate per 100,000, 2018-2021

	Jackson	Josephine	Oregon
Overall Drug Overdose Hospital Visit Rate	114.6	132.6	86.0

Figure 17. Data Source: *Oregon Health Authority. Prescribing and Overdose Data for Oregon, 2023*

- The drug related hospitalization rate was much higher in **both** Jackson and Josephine compared to the state.

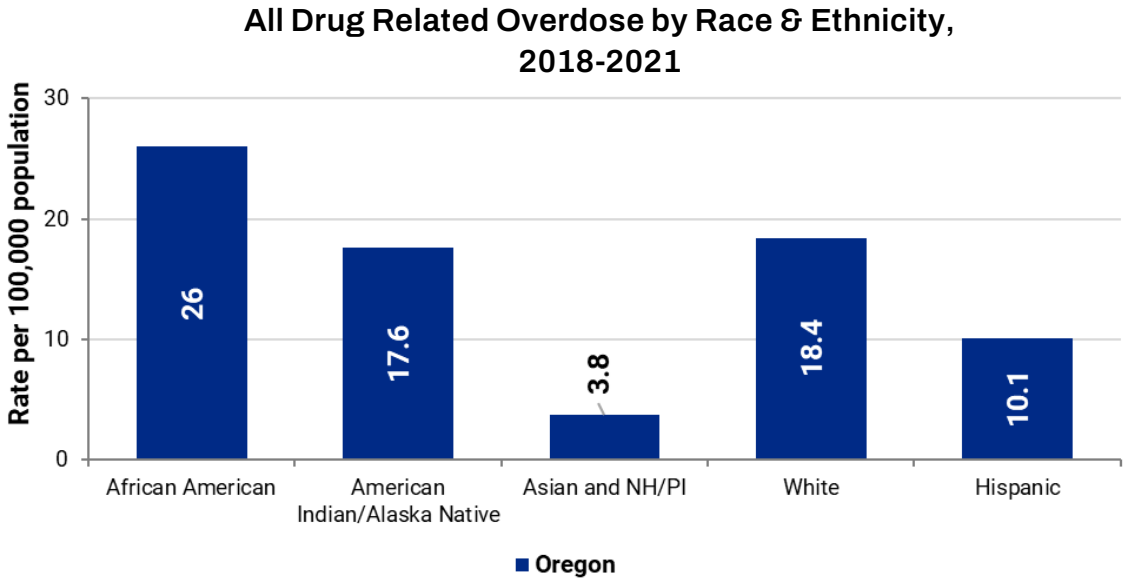


Figure 17. Data Source: *Oregon Health Authority, Oregon Center for Health Statistics Overdose Prevention Dashboard, 2023*
NH/PI: Native Hawaiian and Pacific Islander

- The drug related overdose rates were much higher among those who identified as African American (**26 per 100,000**) compared to other race/ethnicty groups in **Oregon**.
- Those who identified as American Indian/ Alaska Native and White had the second highest drug related overdoses rates in **Oregon**

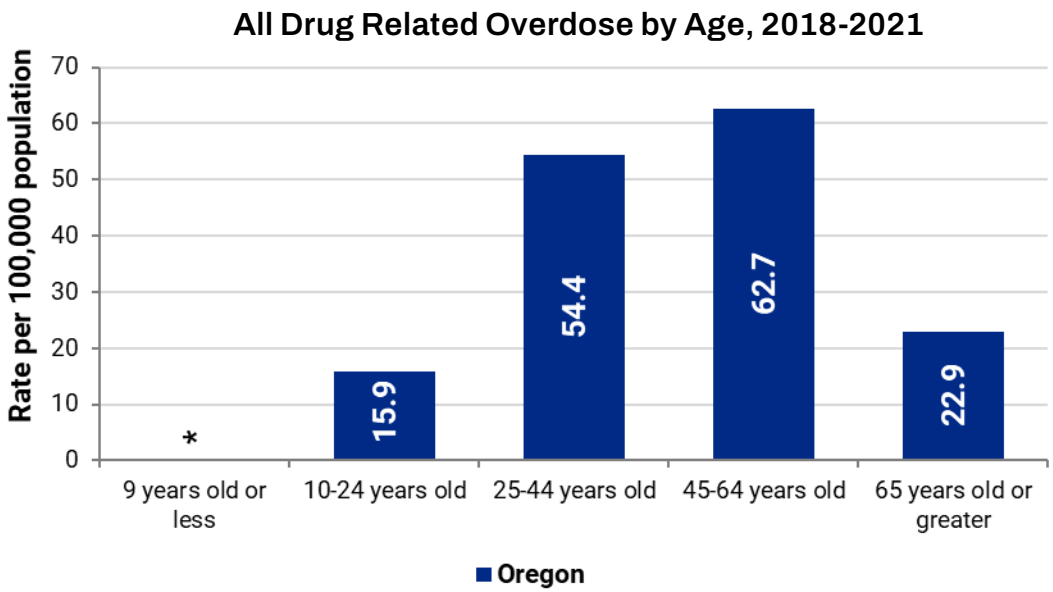


Figure 18. Data Source*: Oregon Health Authority, Oregon Center for Health Statistics Overdose Prevention Dashboard, 2023*

** indicates suppressed data due to small response rate*

- In **Oregon**, those in the age groups**25-44** (**54 per 100,000**) and **45-65** (**63 per 100,000**) had much higher drug overdoses compared to other age groups.

Opioids

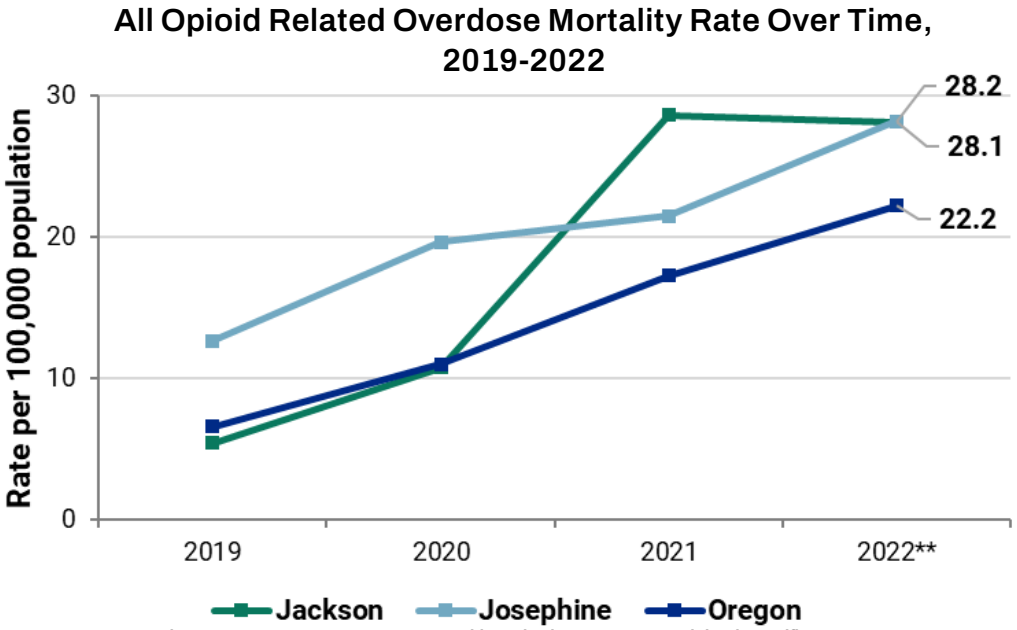


Figure 19. Data Source: *Oregon Health Authority, SUDORS and death Certificate data, 2023*

****Some overdose deaths in 2022 may not include due to pending toxicology study.**

- The opioid-related mortality rate has also seen an increase for **both** counties and the state.
- **Both** Jackson and Josephine have higher opioid-related mortality rates than the state.

Opioid Related Hospitalization Overdose Rate per 100,000, 2018-2021

	Jackson	Josephine	Oregon
Opiod Overdose Hospital Visit	29.6	37.8	23.0

Figure 19. Data Source: *Oregon Health Authority. Prescribing and Overdose Data for Oregon, 2023*

- **Both** counties had a much higher rate of hospitalization visits for opioid overdoses compared to the state.

Fentanyl

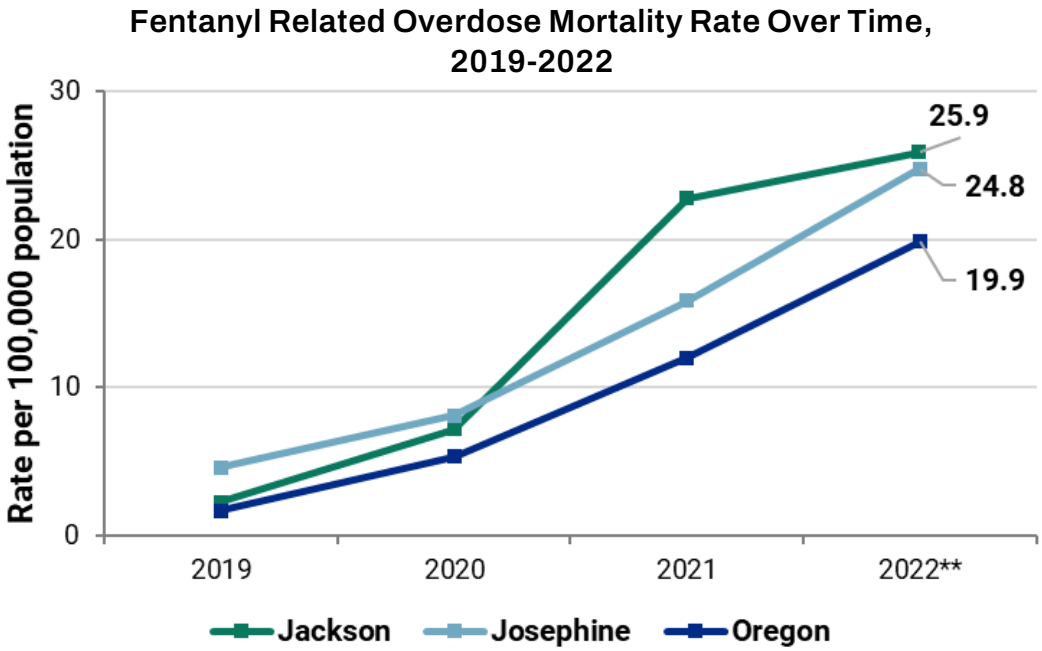


Figure 20. Data Source: *Oregon Health Authority, SUDORS and death Certificate data, 2023*
****Some overdose deaths in 2022 may not include due to pending toxicology study.**

- Fentanyl mortality rates in **both** counties has spiked in recent years which was similar to the state.
- **Both** Jackson and Josephine have higher fentanyl mortality rates than the state.

Meth/Amphetamine

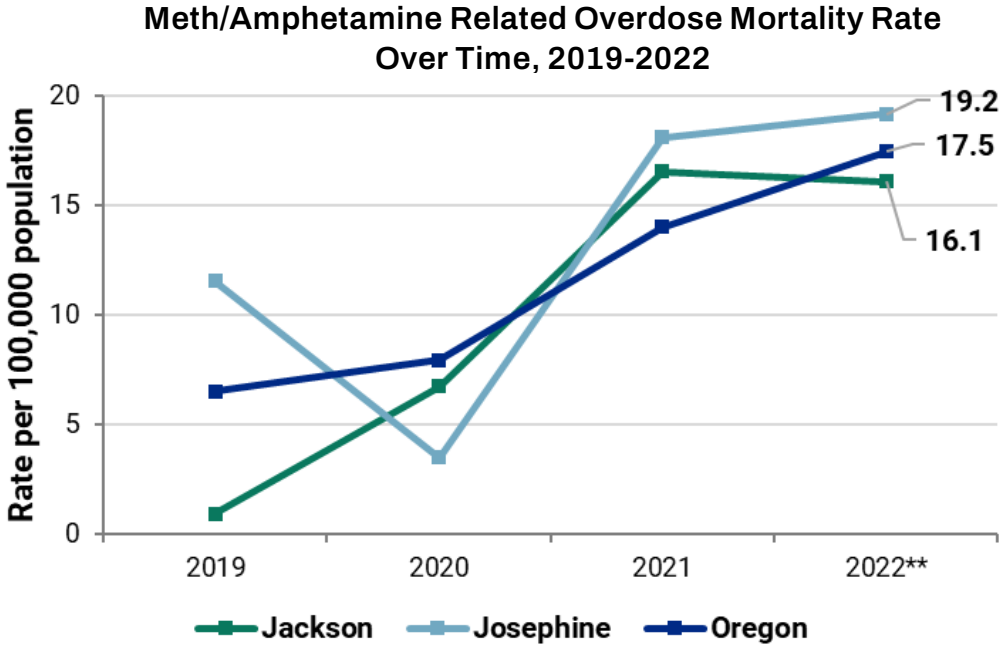


Figure 21. Data Source*: Oregon Health Authority, SUDORS and death Certificate data, 2023*

****Some overdose deaths in 2022 may not include due to pending toxicology study.**

- Methamphetamine mortality rates in **both** counties have been increasing in recent years similar to the state.
- **Josephine** had a higher Methamphetamine mortality rate than the state.

Infant, Child, & Adolescent Health

Preschool, Medford
Courtesy of City of Medford

Infant, Child, & Adolescent Health

The future development and health behaviors of infants, children, and adolescents depend significantly on their access to health and overall well-being. As they progress in their growth and development, this group faces distinct health challenges. From infancy through the teenage years, understanding these specific health concerns is essential for fostering the health, education, and growth for future generations. For more information on youth mental health please see Mental Health section on pg. 227.

Key Findings:

Mortality

- In **Oregon**, those who identified as Black (**7.8**), Hispanic (**4.6**), and White NH (**3.6**) had the highest infant mortality rates compared to other race and ethnicity groups. (*Rates per 1,000 Births*).

Immunizations

- **Both** counties and the state had vaccination rates below the U.S. average, 70% of children between **24 and 35** months were considered up-to-date.
- The percentage of children with non-medical exemptions for school-required vaccines has been increasing in **both** counties and the state, with **Josephine** having a much higher rate (about **1 in 5** kindergarteners) than the state.
- In **both** Jackson and Josephine, those who identified as American Indian/Alaska Native, White NH, and Hispanic, had lower percentages of up-to-date children than similar groups in the state.

Education

- In **Jackson**, **67**% of young children (ages **3 and 4**) were not in preschool, which is much higher than the state average of **54**%.
- In **Jackson**, **2 in 5 third graders** were proficient readers, which is lower than the state, but reading proficiency increased with grade level, with nearly half of eighth graders being proficient readers, higher than the state.
- **Josephine** had a higher percentage of math proficiency than the state, with more than half of third graders being proficient, but math proficiency decreased with grade level, and eighth-grade math proficiency was lower than the state.

Food/Diet

- **Both** counties had a larger proportion of students who were eligible for free/reduced lunch than the state.
- **Josephine** had **70%** of students eligible for free/reduced lunch, indicating potentially significant economic hardship among the student population.
- In **both** counties, nearly **1 in 5** students in all grades Did Not have Enough to Eat for at least 1 day of the week, highlighting a substantial issue of food insecurity among students.

Alcohol/Drug Use

- **Both** counties had a higher percentage of students who Binge drank compared to the state.
- **Jackson** 11th graders had a significantly higher rate of students who drank alcohol in the last month compared to the state, with nearly double the state's rate.
- **Jackson** 11th graders (**19%**) had a much higher percentage of students reporting marijuana use than 11th graders in the state (**12%**).
- Compared to **Jackson** and **Josephine** counties, a greater proportion of 11th graders in **Oregon** perceived Binge Drinking, Marijuana Use, and Cigarette Use as harmful.
- **Josephine** County had a greater percentage of both male (**25%**) and female (**36%**) community members who experienced four or more Adverse Childhood Experiences (ACEs) compared to the state.
- **10%** of 11th graders in **Jackson** reported that in the past 30 days, they rode in a vehicle with a parent/guardian who was under the influence, which is higher than the state.
- Almost **34%** of 11th graders in **Jackson** have experienced unwanted physical contact or received inappropriate sexual comments about their bodies, which is a higher percentage than the state average of **27%.**

Oral Health

- 11th graders in **Jackson** and **Josephine** reported seeing a dentist in the last year less than 11th graders at the state level.
- In **both** counties, a higher percentage of 11th graders reported not seeing a dentist for More than 1 year (**Jackson**: **25.6**%, **Josephine**: **22.8**%), compared to the state (**19.6%**).

Mortality

Infant mortality is closely related to the health of an infant as well as the mother. According to the CDC, the five leading causes of infant death in the US are birth defects, preterm birth, sudden infant death syndrome (SIDS), injuries such as suffocation, and maternal pregnancy complications. Oregon has a lower infant mortality rate of **3.8** infant deaths before one year of age for every 1,000 live-born infants than the national value of **5.4**. [89]

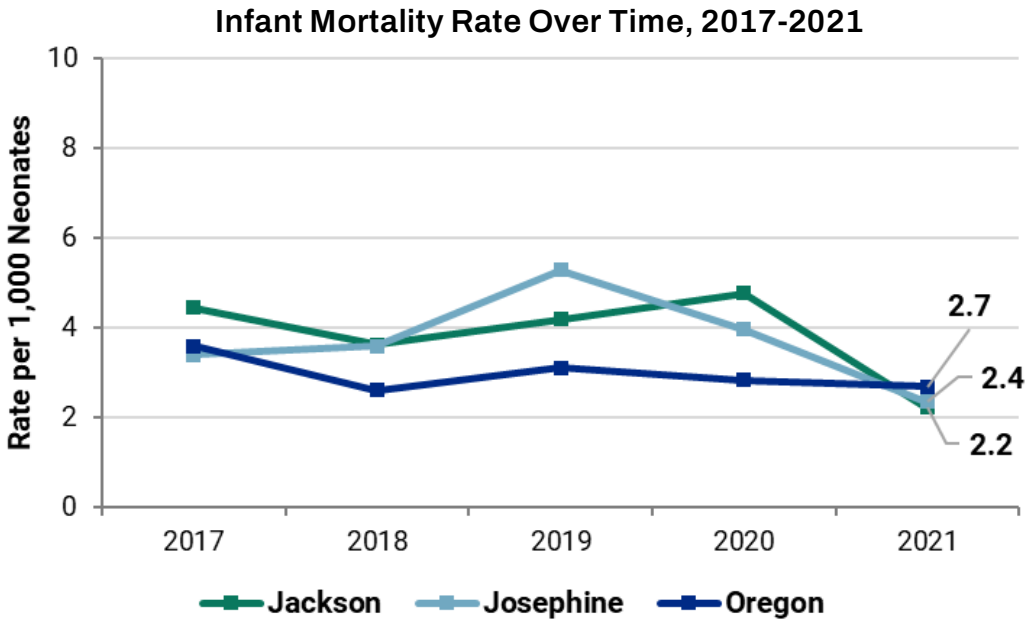


Figure 1. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- The infant mortality rate has been relatively stable in **both** counties and the state in recent years. However, there was a sharp decline in the mortality rate in **Jackson** in 2021.
- In **Oregon**, those who identified as Black (**7.8**), Hispanic (**4.6**), and White NH (**3.6**) had the highest infant mortality rates compared to other race and ethnicity groups. (*Rates per 1,000 Births*).
- County Race and Ethncity mortality data was insufficient and not included.

Immunizations

Oregon requires specific vaccinations for children attending school and childcare facilities. These immunization requirements help the community be safeguarded from preventable diseases through vaccination.

For a child to be considered up-to-date they must receive the following vaccines between **24 to 35** months of age: *4 doses of DTaP, 3 doses of IPV, 1 dose of MMR, 3 doses of Hib, 3 doses of Hepatitis B, 1 dose of Varicella, and 4 doses of PCV*. This series of immunizations protects children from diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b, hepatitis B, chicken pox, and pneumonia. [119]

24 to 35 Months of Age

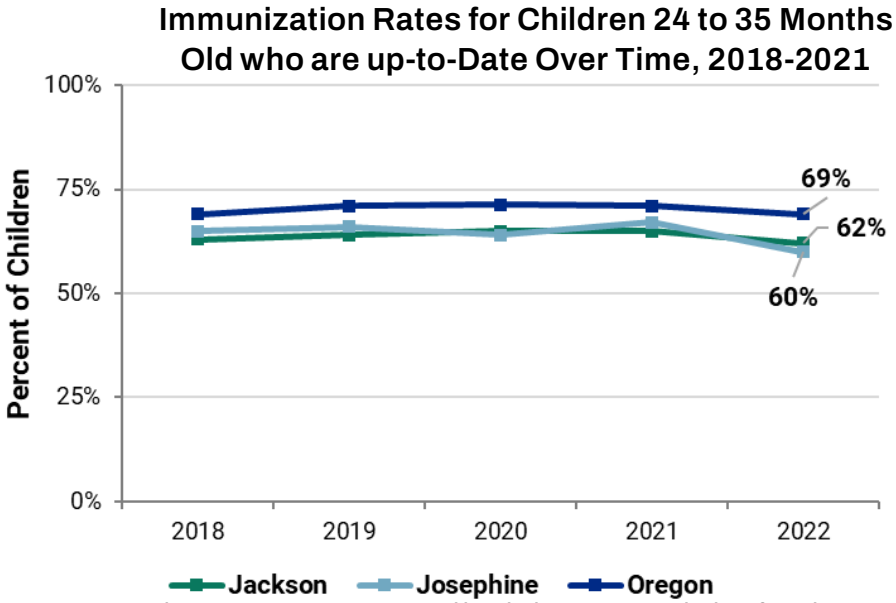


Figure 2. Data Source: *Oregon Health Authority, ALERT Immunization Information System, 2022*

- The percentage of children **24 to 35** months of age who are up-to-date on their immunizations has remained stable over the past five years.
- **Both** counites had a slightly smaller proportion of children who were up-to-date than the state.
- The community and the state have yet to meet the Healthy People 2020 goal (**80**%) for up-to-date immunizations in children of this age group.
- Both the counties and the state had vaccination rates that were lower than the **U.S.** average, which was **70**% of children between 24 and 35 months were up-to-date.

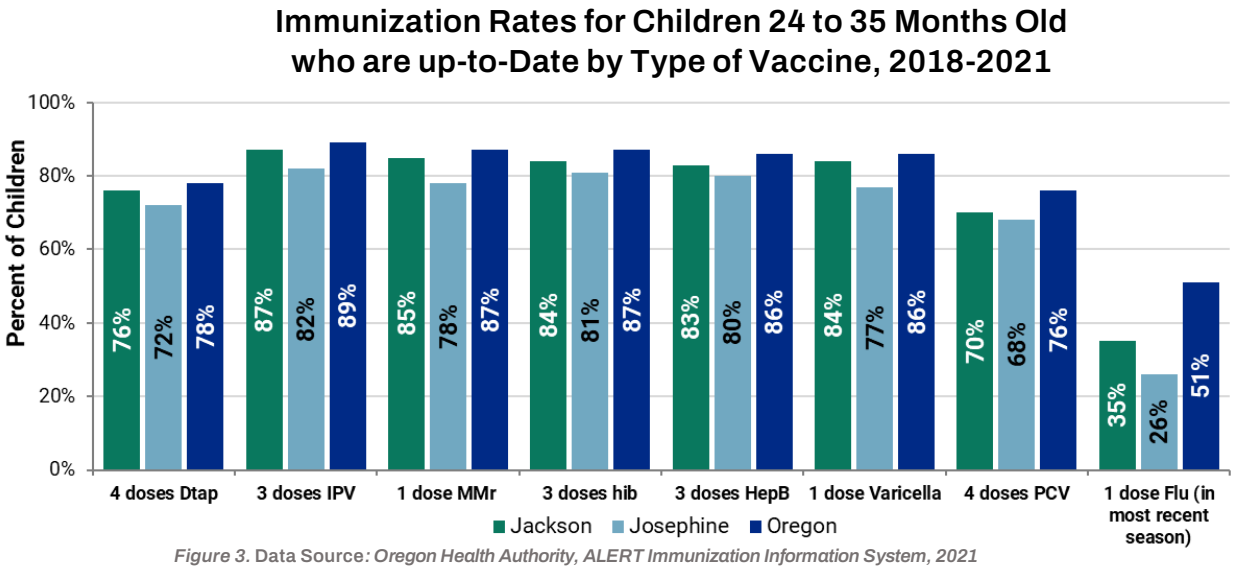


Figure 3. Data Source: *Oregon Health Authority, ALERT Immunization Information System, 2021*

- A lower percentage of children in **both** of the counties received four doses of DTaP and four doses of PCV than is required to be considered up-to-date.
- The percentages in **both** counties overall lagged behind Oregon's rates for up-to-date immunizations.
- In **Josephine** a much smaller percent of children was up-to-date on immunizations compared to the state.
- A much smaller percentage of **24 to 35**-month old in **both** counties had 1 dose of Flu shots compared to the state.

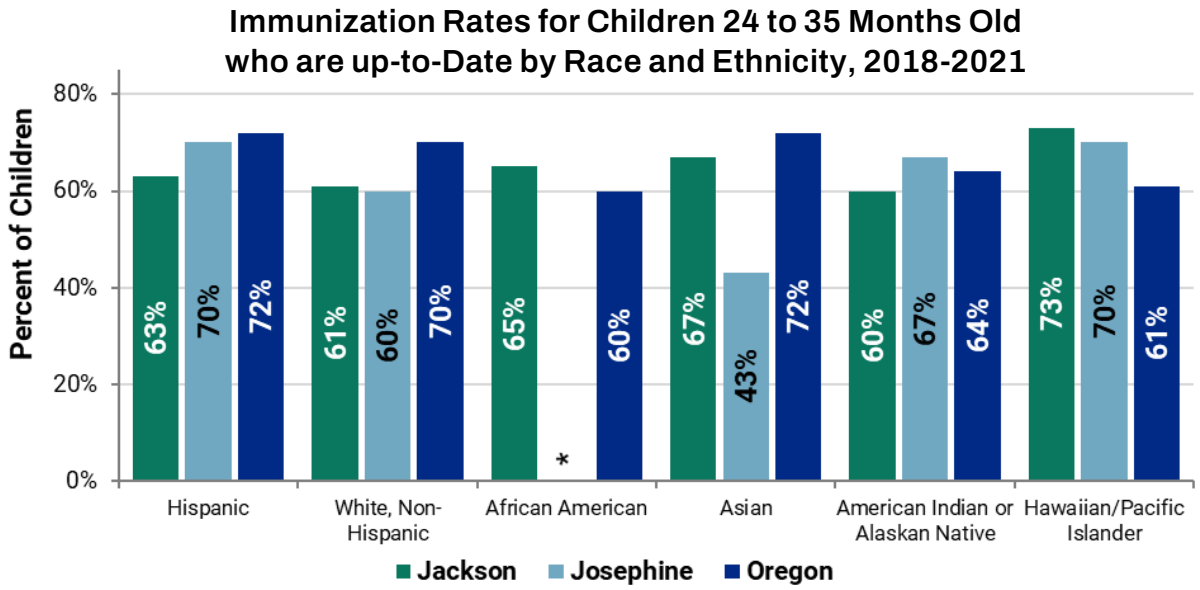


Figure 3. Data Source: *Oregon Health Authority, ALERT Immunization Information System, 2021*
Note: Rates with (*) were unreliable and not displayed

- In **Jackson**, those who identified as American Indian or Alaska Native, White NH, and Hispanic had a lower percentage of up-to-date children than similar race and ethnicity groups in the state.
- In **Josephine**, those who identified as Asian, White NH, and Hispanic had a lower percentage of up-to-date children than similar race and ethnicity groups in the state.
- In **both** counties Hawaiian/Pacific Islander communities had higher percentages of up-to-date children compared to the state.

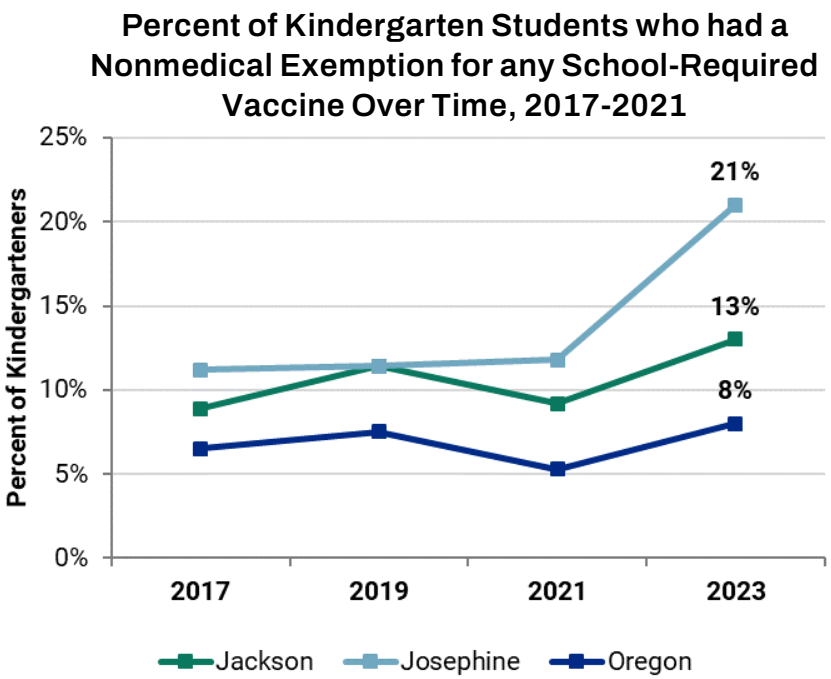


Figure 4. Data Source*: Oregon Health Authority, ALERT Immunization Information System, 2021*

Nonmedical Exemptions documents that a parent/guardian may submit if declining immunizations for their child based on philosophical, religious, or other reasons.

- The percentage of kindergarteners with a non-medical exemption for any school-required vaccine has been increasing over recent years in **both** counties and the state.
- In **Josephine** about **1 in 5** kindergarteners had non-medical exemption for any vaccine. This much higher rate than the state.
- **Jackson** also had a higher percentage of kindergarteners with non-medical exemptions compared to kindergarteners in the state.

Adolescents 13 to 17

Adolescents between the ages of 13 and 17 are recommended to receive a series of vaccinations aimed at safeguarding them against infectious diseases and cancer, and promoting their ongoing healthy development. Recommended vaccines include: Tdap, Meningococcal, and 3 doses of HPV.

These vaccines protect against tetanus, diphtheria, pertussis, meningitis, and the human papillomavirus (HPV), which is responsible for genital warts and is linked to certain types of cancer.

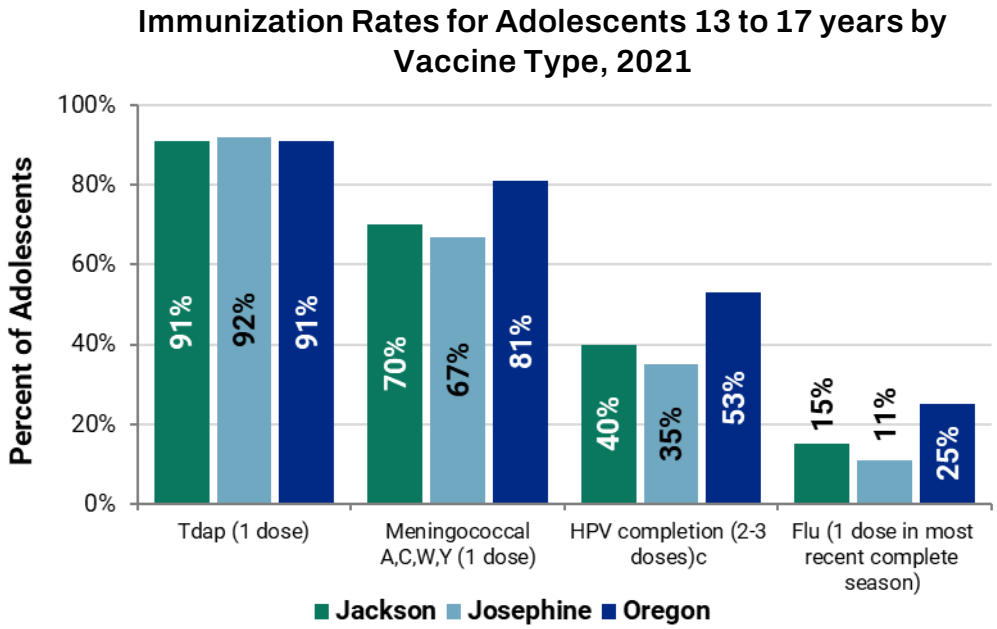


Figure 5. Data Source: *Oregon Health Authority, ALERT Immunization Information System, 2021*

- Adolescents in **both** counties are currently meeting the Healthy People 2020 goal (**80**%) for Tdap vaccine, but are falling short of the goal for meningococcal and HPV vaccine (**80**%).
- **Both** counties have lower proportions of adolescents with complete immunizations for meningococcal, HPV, and Flu compared to the state.

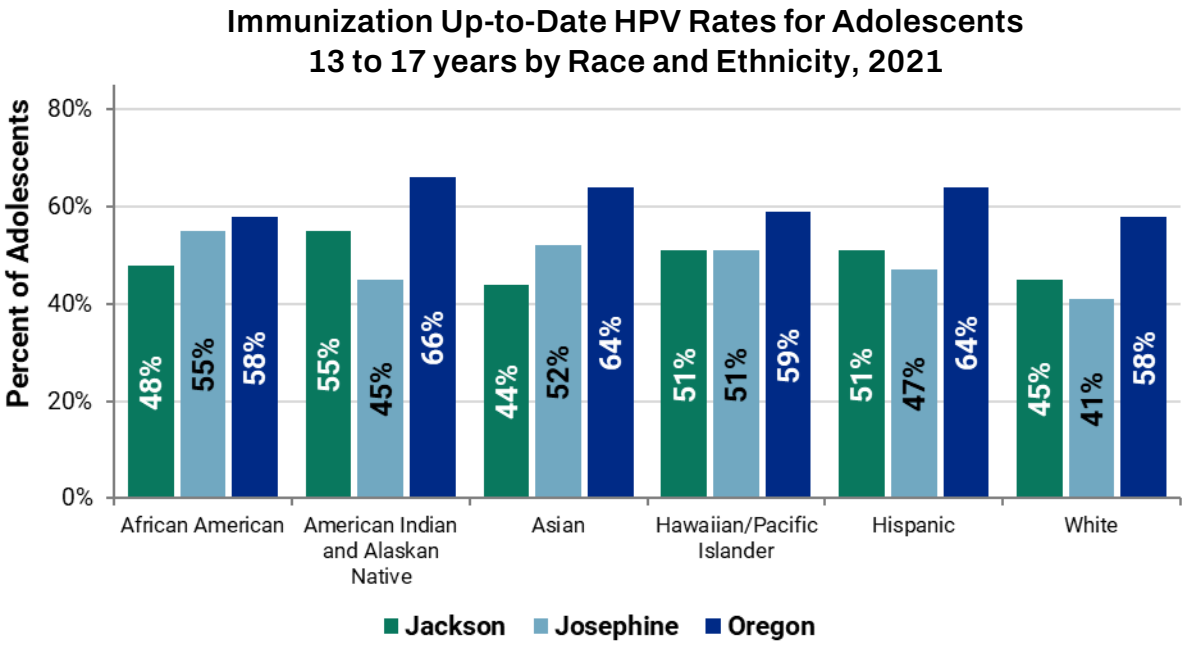


Figure 6. Data Source*: Oregon Health Authority, ALERT Immunization Information System, 2021*

- In **both** Jackson and Josephine all race and ethnicity groups have a much smaller percentage of adolescents with complete HPV vaccinations than the state.

Education

Obtaining an education can do more than provide a stable job for you as an adult. Those with higher levels of education tend to be healthier and live longer lives. Education can help equip youth with the tools they need to navigate their health and the world around them. Every child should have access to a safe place to learn and develop.

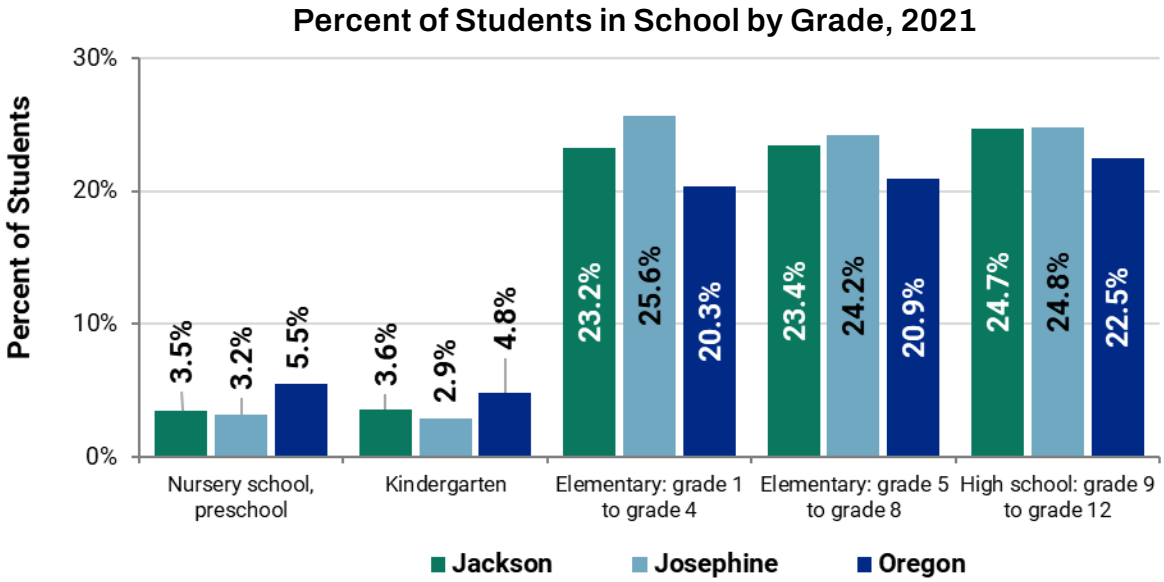


Figure 7. Data Source: *U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021*

- **Both** counties have a higher percent of students in grades **1-12** than the state. But have fewer students in nursery/preschool or kindergarten.

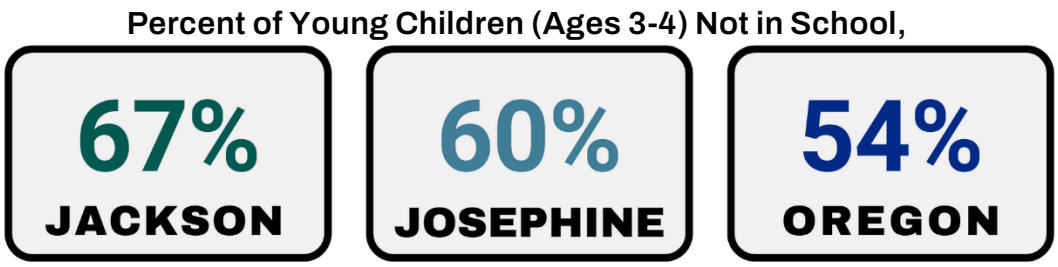


Figure 8. Data Source: *U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021*

- In **Jackson** **67%** of Young Children (ages **3 and 4**) were not in school which was much higher than the state which had **54%** of young children not in school.
- **Josephine** had **60%** of Young Children (ages **3 and 4**) not in school which was much higher than the state.

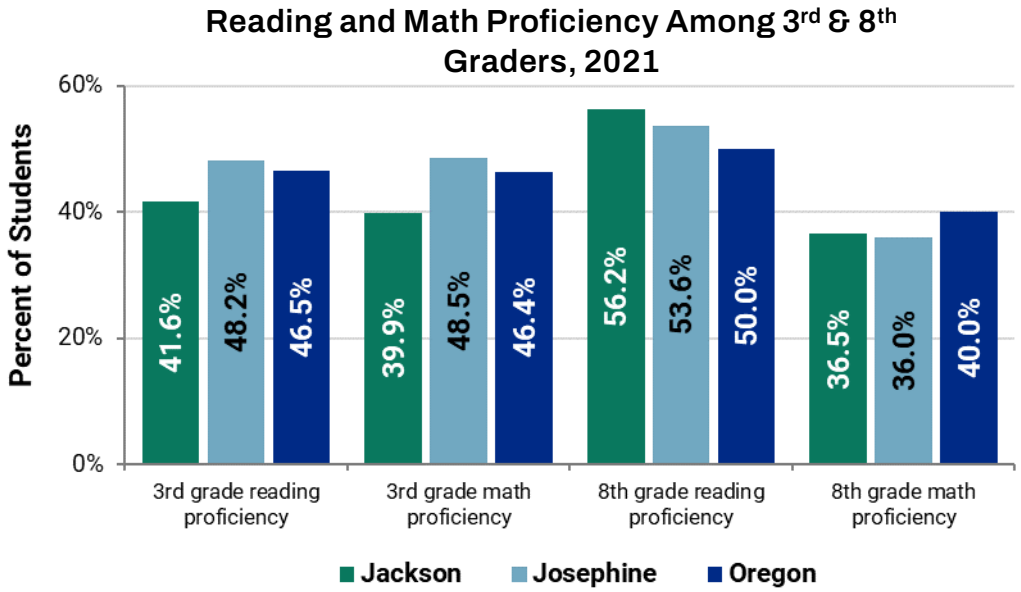


Figure 9. Data Source: *U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021*

- In **Jackson** **two in five** third graders were proficient readers, which is lower than the state. Reading proficiency increased with grade level, as more than half of eighth graders were proficient readers in the community, and this was higher than the state.
- **Jackson** similarly had about **two in five** third graders who were proficient in math. Math proficiency decreased with grade level. Eighth-grade math proficiency was lower than the state.
- Almost **half of third graders** were proficient readers in **Josephine** which was higher than the state. Reading proficiency increased with grade level, as over half of eighth graders were proficient readers in the community, and this was higher than the state.
- **Josephine** third graders had a higher percentage of math proficiency than the state.
- Math proficiency was lower for **Josephine** eighth graders and was lower than the state.

Food, Diet, & Exercise

Child nutrition, diet, and exercise play a pivotal role in shaping the overall health and well-being of young individuals. The early years of a child's life are a critical period for growth and development, and the choices made in terms of nutrition and physical activity can have profound and long-lasting effects on their health. Being able to address and mitigate the large challenges of childhood such as obesity, malnutrition, and related health issues such as the growing school lunch debt in Oregon is important. [18]

Children Food Insecurity, 2021

	Jackson	Josephine	Oregon
Student eligible for free/reduced lunch	59.6%	70.6%	49.2%
Children experiencing food insecurity	18.9%	22.8%	15.4%

Table 1. Data Source: *U.S. Census Bureau, American Community Survey, 5-year estimates, 2017-2021*

- **Both** counties had a larger proportion of students who were eligible for free/reduced lunch than the state.
- **Josephine** had **70%** of students were eligible for free or reduced lunch This suggests that many of the student body faces economic hardship.
- More children in **both** counties experience food insecurity when compared to the state.
- Children who don't qualify for assistance rely on charitable and other community resources to get enough to eat.

Percent of Students with Food Insecurity, Food Access, and Physical Activity for 6th Graders, 2021

	Jackson	Josephine	Oregon
Did not have enough to eat for 1 or more days a week	20.0%	21.9%	21.1%
Eating 5+ servings of fruits or vegetables per day	20.5%	22.6%	19.6%
Got 60 min of physical activity every day	29.5%	28.4%	21.4%
Drank soda more than 4 times a week	8.4%	15.3%	12.8%
Drank alcohol in last month	0.7%	2.8%	2.8%

Table 2. Data Source*: Oregon Student Health Survey Data Portal, 2021*

Percent of Students with Food Insecurity, Food Access, and Physical Activity for 8th Graders, 2021

	Jackson	Josephine	Oregon
Did not have enough to eat for 1 or more days a week	19.7%	17.1%	17.3%
Eating 5+ servings of fruits or vegetables per day	14.5%	13.0%	14.5%
Got 60 min of physical activity every day	29.8%	30.1%	24.0%
Drank soda more than 4 times a week	10.7%	11.9%	11.0%
Drank alcohol in last month	7.5%	6.8%	5.9%

Table 3. Data Source*: Oregon Student Health Survey Data Portal, 2021*

Percent of Students with Food Insecurity, Food Access, and Physical Activity for 11th Graders, 2021

	Jackson	Josephine	Oregon
Did not have enough to eat for 1 or more days a week	26.7%	18.8%	17.8%
Eating 5+ servings of fruits or vegetables per day	11.2%	3.7%	7.7%
Got 60 min of physical activity every day	20.2%	21.4%	18.0%
Drank soda more than 4 times a week	11.0%	12.8%	10.3%
Drank alcohol in last month	27.0%	14.3%	16.6%

Table 4. Data Source: *Oregon Student Health Survey Data Portal, 2021*

- In **both** counties nearly **1 in 5** students in **all grades** Did Not have Enough to Eat for at least 1 day of the week.
- **Jackson** 11th graders had a higher proportion of students who went at least 1 day without food than the state.
- Across **both** counties and the state Eating the Recommended Amount of Fruits and Vegetables and getting 60 Minutes of Physical Activity decreased with grade level.
- **Josephine** 11th graders had a significantly smaller proportion of students Eating the Recommended Amount of Fruits and Vegetables than the state.
- **Both** counties had more students across all grades getting 60 Minutes of Physical Activity daily than students in the state.
- In **both** counties' soda consumption increased with grade level.
- Across **both** counties students that Drank Alcohol in the last month increased with grade level.
- **Jackson** 11th graders Drank Alcohol in the last month at nearly double the rate of the state.
- 8th graders in **both** Jackson and Josephine had a higher percentage of students who Drank Alcohol in the last month than the state.

Mothers Enrolled in WIC Services, 2021

	Jackson	Josephine	Oregon
Oregon women, infants and children who were served by WIC	4,058	1,974	110,967
WIC moms started breastfeeding	96%	97%	94%
WIC moms who breastfeed exclusively for six months	36%	32%	32%

Table 5. Data Source: *Oregon Health Authority, WIC county Data Reports, 2021*

WIC stands for "Women, Infants, and Children." It's a government program in the United States that provides nutrition assistance and support to pregnant women, new mothers, infants, and young children up to the age of five. WIC offers help in the form of healthy food, nutrition education, and access to healthcare services to ensure that mothers and their children receive the proper nutrition and care during the crucial early years of a child's life. This program helps families who may have limited income to access nutrition food and receive guidance on how to make health choices for their growing children.

- A higher percentage of mothers enrolled in WIC in **both** counties started breast feeding.
- In **Josephine** more mothers started breastfeeding compared to the state.
- In **Jackson** more mothers start breastfeeding and breastfed exclusively for six months compared to the state.

Alcohol and Drug Use

The consumption of alcohol, marijuana, tobacco, and illicit drugs can profoundly influence the health and development of children and adolescents. When young individuals engage in the use of these substances, it can detrimentally impact their growing bodies and developing brains, potentially leading to long-lasting habits that affect them as adults.

Alcohol use can result in dangerous behaviors such as drunk driving, risky sexual activity, and the development of addiction. Chronic marijuana use may impair memory and learning. Tobacco and e-cigarette usage also present substantial health risks, with smoking tobacco being linked to lung and heart problems, and e-cigarettes potentially harming the respiratory system. Illicit drugs, in particular, carry severe dangers, including addiction and the risk of overdose, often leading to more frequent use of alcohol or tobacco.

It is important to help by providing young individuals with the education and support to make health-conscious choices to safeguard their well-being and secure a healthier future.[78]

Drug and Alcohol Use Among 6th, 8th, and 11th Graders, 2021

	Jackson			Josephine			Oregon		
	6th	8th	11th	6th	8th	11th	6th	8th	11th
Binge drinking[A]	NA	3.0%	12.2%	NA	2.0%	8.4%	NA	2.0%	7.0%
Marijuana use[1]	0.7%	5.2%	19.1%	2.1%	2.9%	13.6%	1.0%	3.4%	12.0%
Cigarette use	NA	1.4%	9.7%	0.8%	1.4%	5.2%	0.4%	1.3%	3.2%
E-Cigarette use	2.2%	5.1%	16.8%	2.2%	6.7%	11.1%	1.4%	4.7%	10.8%
Used prescription opioid drugs	0.8%	1.1%	1.2%	NA	0.2%	1.1%	1.0%	0.9%	0.9%
Used illicit drugs*	NA	1.8%	1.5%	NA	0.5%	1.3	NA	0.6%	1.4%

Table 6. Data Source: *Oregon Student Health Survey Data Portal, 2021*

[A] **Binge Drinking**: Drank 5 or more alcoholic drinks in a row within a couple hours within the last month.
***Illicit Drugs** includes cocaine, ecstasy, heroin, hallucinogens, and methamphetamines.
[1] **Marijuana Use** includes smoking, vaping, eating or drinking marijuana products.

- Across **both** counties and the state Binge Drinking Alcohol, Marijuana Use, and Cigarette/E-Cigarette use **increased** with grade level.
- **Both** counties had a higher percentage of students who Binge Drink compared to the state.
- **Jackson** 11th graders (**19%**) had a much higher percentage of students reporting Marijuana use than 11th graders in the state **(12%**).
- **Both** counties had a higher percentage of students in all three grades reporting to use E-Cigarette than students in the state.
- **Both** counties had slightly higher proportions of Use of Prescription Opioids in past 30 days compared to the state.
- 8th graders in **Jackson** had a higher proportion of students using Illicit Drugs in past 30 days compared to the state.

Perception of Risk of Drug and Alcohol Use Among 6th, 8th, and 11th Graders, 2021

	Jackson			Josephine			Oregon		
	6th	8th	11th	6th	8th	11th	6th	8th	11th
Binge Drinking Alcohol	57.6%	57.9%	68.4%	55.7%	64.6%	69.7%	59.6%	63.4%	72.2%
Marijuana Use	61.1%	51.0%	37.5%	56.9%	57.7%	42.2%	63.8%	62.2%	49.7%
E Cigarettes Use	65.6%	71.9%	76.1%	67.4%	72.9%	78.3%	67.4%	72.2%	76.6%
Cigarettes Use	92.3%	71.2%	76.1%	86.4%	84.7%	79.9%	89.1%	84.7%	80.0%

Table 7. Data Source: *Oregon Student Health Survey Data Portal, 2021*

- The perception of risk by students about binge drinking and E-cigarette use. **increased** with grade level for **both** counties and the state.
- The perception of risk by students about marijuana use and cigarette use. **decreased** with grade level for **both** counties.
- Compared to **both** Jackson and Josephine counties, a greater proportion of 11th graders in **Oregon** perceived binge drinking, marijuana use, and cigarette use as harmful.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (**ACEs)**, are tough and challenging events that some children may face while growing up. These experiences can include things like family problems, violence, or not having enough food or a safe place to live. ACEs can have a big impact on a child's health. They may cause stress and worry, which can affect how a child's body and mind develop. In the long run, children who go through ACEs might be more likely to have health problems when they grow up, like heart disease or mental health issues. About **64**% of U.S. adults reported they had experienced at least one type of ACE before age 18. Nearly **1 in 6** (17.3%) reported they had experienced four or more types of ACEs. While all children are at risk of ACEs, numerous studies have shown inequities in the historical, social, and economic environments that some families live, which increases the risk of experiencing ACEs. [97, 98]

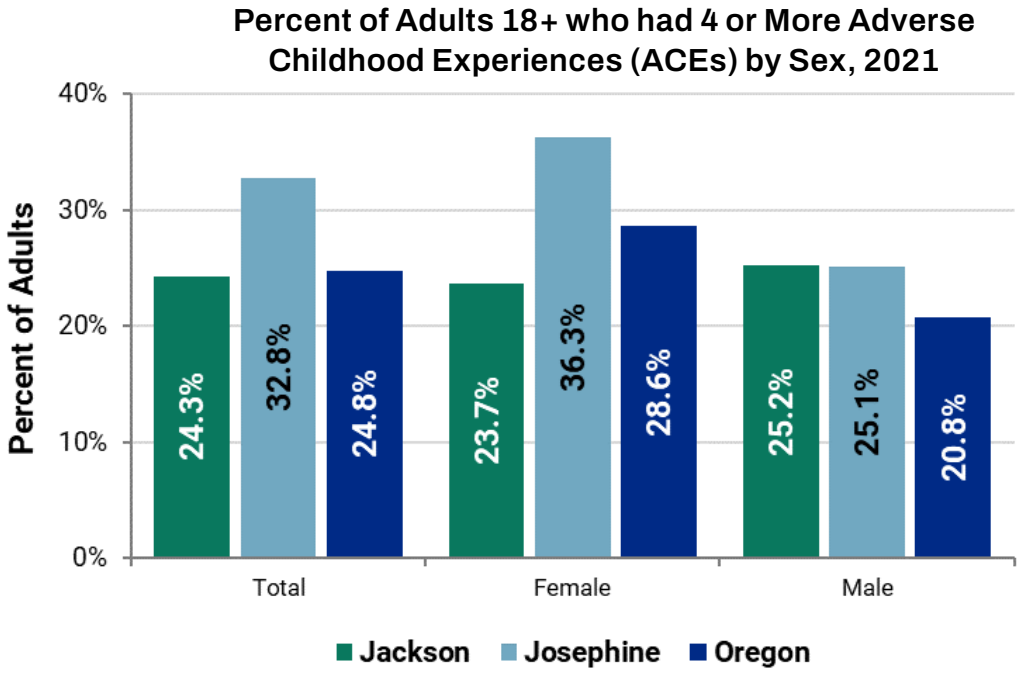


Figure 10. Data Source: *Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2021*

- **Josephine** County had a greater percentage of both male (**25%**) and female (**36%**) community members who experienced four or more Adverse Childhood Experiences (ACEs) compared to the state.
- In **Jackson** male community members (**25%**) had a larger proportion who experienced four or more Adverse Childhood Experiences (ACEs) compared to females (**24%**) in the community and the state (**21%**).

Percent of 11th Graders who have had Adverse Childhood Experiences (ACEs), 2021

	Jackson	Josephine	Oregon
In past 30 days, rode in vehicle with a parent under the influence	9.8%	5.2%	5.8%
Don't have a place or person to go to for help outside of school	7.2%	4.5%	6.0%
Has little to no trust with family	10.9%	9.1%	7.9%
Have been pressured or forced to engage in sexual acts	17.5%	14.6%	13.5%
Have been touched, grabbed or had unwanted sexual comments about body	33.5%	27.1%	26.5%
In the past 30 days, was hungry once a week or more because there was not enough food to eat?	26.7%	18.8%	17.8%

Table 8. Data Source*: Oregon Student Health Survey Data Portal, 2021*

- Across all categories **Jackson** had a higher percentage than the state.
- **10%** of 11th graders in **Jackson** reported that in past 30 days, they rode in a vehicle with a parent/guardian who was under the influence. This is higher than the state.
- **7%** of 11th graders in **Jackson** reported that they didn't have a Place or Person to Go to For Help Outside of School. This percentage was higher than the states.
- 11th graders in **both Jackson** (**11%)** and **Josephine** (**9%)** reported Having Little to No Trust With Family. **Both** are higher percentages than the state (**8%**).
- Nearly **18%** of 11th graders in **Jackson** have been Pressure or Forced to Engage in Sexual Acts.
- In **Josephine**, **15**% of 11th graders have been Pressure or Forced to Engage in Sexual Acts, a slightly higher proportion than the state average, which stands at **14**%.
- Almost **34%** of 11th graders in **Jackson** have experienced Unwanted Physical Contact or Received Inappropriate Sexual Comments about Their Bodies, which is a higher percentage than the state (**27%)**.

- **Both** counties had higher proportions of students who, in the past 30 days, was Hungry Once a Week or more because there was not enough food to eat than the state.
- **Jackson** had a notably higher percent of 11th grade students (**27%)** who Experienced Hunger in the past 30 days.

Acknowledgments

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Jackson Care Connect Community Advisory Council

AllCare Health Community Advisory Council

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Anna Wiley, *Illinois Valley Community Development Organization*

Ethan Lane, *Grocery Outlet in Cave Junction*

Jackson County Community Long Term Recovery Group

Columbia Care Services

Illinois Valley Youth Enrichment Association

Josephine County Library

Jackson County Library

Rogue Food Unites

Doulas and Company

Wild River Pizza (Grants Pass and Cave Junction)

Ashland YMCA

Back Alliance Social Empowerment (BASE)

Great American Pizza Company

Grants Pass YMCA

Noho's Hawaiian Café

El Comal (Medford)

Brother's Restaurant

Kelly Shelter

OHSU Street Nursing Team

Taylor's Sausage

Cave Junction Senior Center

The Living Room Church

Siam Café

Hero's Grill

Rosario's Italian Restaurant

Southern Oregon University Native American Student Union

United Way of Jackson County

Grants Pass Farmer's Market

Medford Grower's Market

KOBI

Appendix A: Community Health Survey

Jackson and Josephine 2023

COMMUNITY HEALTH ASSESSMENT (CHA) SURVEY

All in for Health: Jackson & Josephine Counties would like to hear from you!

Please fill out this survey to let us know what is important to you, your family and your community. Your answers will also help us understand how we can better improve health-related services for Jackson and Josephine community members. Must be 18 years or older.

Please answer each question as best you can and feel free to skip questions you do not want to answer. There are no right or wrong answers; your opinions are the only things that matter! Your answers will be kept private and confidential. Thank you.

You can complete this survey online at: bit.ly/CHAsurvey23

We appreciate and value your participation, time and opinions!

.....

RESIDENCE

1. **This survey is only for people who are 18 years old or older. Are you 18 years of age or older?**

☐ **Yes**	☐ **No (If no, please do not continue the survey)**

2. **This survey is only for residents of Jackson and Josephine counties. Please indicate which county you live in.**

☐ **Jackson**	☐ **Josephine**

3. **What is the zip code for where you live?** _____

4. **What city or town do you live in?** _____

HEALTH, QUALITY OF LIFE, COMMUNITY SUPPORT, AND ASSETS

5. **How has your sense of safety and well-being been negatively impacted by the threat of wildfires?**

☐ No negative impact	☐ Minimal negative impact	☐ Significant negative impact	☐ Major negative impact

6. **During the past 12 months, have the following issues been a problem or concern for you or members of your household? *(For each, choose only one)***

Accessing health care	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Affordable housing	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Alzheimer's or dementia	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Air quality (wildfire smoke, pollution)	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Asthma or COPD	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Cancer	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Child care	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Child abuse	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Cost of living	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Covid-19	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Dental/oral health	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Domestic violence	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Diabetes	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Disabilities	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Elder abuse	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Heart disease	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Language interpreters or information in my preferred language	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Legal issues	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Long COVID	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Mental health issues	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Obesity/overweight	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Public safety	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Sexual and reproductive health issues	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Someone to explain my healthcare benefits and treatment options	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Smoking/vaping	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Substance use	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Treatment of COVID-19	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern
Transportation	☐ A big concern	☐ Somewhat a concern	☐ Not at all a concern

7. Which types of expenses are you <u>most worried</u> about paying in the next month? CHECK ALL THAT APPLY.

☐ Housing: *(rent or mortgage)*	☐ Utilities: *(electricity, water, gas, heating)*	☐ Food: *(groceries)*	☐ Vehicle: (lease, car loan payment, car insurance, gasoline)
☐ School tuition	☐ Debt: *(credit card debt, medical debt)*	☐ Insurance: *(health insurance, disability insurance, life insurance)*	☐ Childcare
		☐ I'm not worried about paying bills or expenses in the next month	☐ Other (please specify): _____

8. What barriers do you have to eating <u>affordable and healthy food</u>? *CHECK ALL THAT APPLY.*

☐ Price of healthy food	☐ Availability of healthy food	☐ Distance and time to shop for healthy food
☐ Limited cooking skills	☐ Limited time for food preparation	☐ Limited knowledge about healthy eating
☐ Healthy foods don't last as long	☐ Irregular work hours	☐ Special dietary restrictions
☐ Transportation	☐ It is hard to change eating habits	☐ I or members of my household have no barriers to eating affordable and healthy food
		☐ Other (please specify): _____

9. Please choose how strongly you agree or disagree with statements about where you live.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My community has healthcare options available	**1**	**2**	**3**	**4**	**5**
My community is a good place to raise kids	**1**	**2**	**3**	**4**	**5**
My community is a good place to grow old	**1**	**2**	**3**	**4**	**5**
I feel safe in my home	**1**	**2**	**3**	**4**	**5**
I feel prepared for an emergency	**1**	**2**	**3**	**4**	**5**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
People of all races, ethnicities, background and beliefs are treated fairly	**1**	**2**	**3**	**4**	**5**
People in my community can access mental health services and substance use treatment	**1**	**2**	**3**	**4**	**5**
Healthy food is available in my community	**1**	**2**	**3**	**4**	**5**
There are places to be physically active near my home	**1**	**2**	**3**	**4**	**5**
I have enough financial resources to meet my basic needs	**1**	**2**	**3**	**4**	**5**

10. Which of the following health and social services <u>do you need</u> but have had difficulty accessing in the past 12 months? CHECK ALL THAT APPLY

☐ Services for older adults	☐ Services for veterans	☐ Services for people with disabilities
☐ Services for immigrants	☐ Services for youth	☐ Employment services *(e.g. job training readiness)*
☐ Education support service	☐ Financial assistance services	☐ Transportation services
☐ Housing services *(e.g. services for homelessness*	☐ Affordable housing	☐ Food services *(e.g. food stamps, food pantries, nutrition education)*
☐ Substance use services	☐ Exercise and physical activity opportunities	☐ Mental health services
☐ Health care services	☐ Child care services	☐ Other _____

HEALTH CARE

11. Do you have health insurance?

☐ **Yes** *(If yes, go to Q13)*	☐ **No**

12. If you don't have any health insurance, what is/are the main reason(s)? CHECK ALL THAT APPLY.

☐ It costs too much	☐ I am waiting to get coverage through my job	☐ I don't think I need insurance	☐ I don't know how to get or access health insurance
☐ Signing up for health insurance is confusing	☐ Immigration status	☐ Health insurance information not shared in my preferred language	☐ Other _____

13. During the past 12 months, was there any type of medical, dental, vision, mental health care or substance use treatment that you <u>needed but went without</u>? CHECK ALL THAT APPLY.

☐ Checkup or physical exam	☐ Visits for an illness or injury	☐ Visits about a chronic health condition (e.g. diabetes or blood pressure)	☐ Dental checkup or teeth cleaning
☐ Toothache or mouth pain	☐ Root canal or fillings	☐ Vision check or tests	☐ Treatment for a mental health issue
☐ Eye exam	☐ Contact lens	☐ Support for personal problem	☐ I did not need any medical, dental, vision, mental health care or substance use treatment during the past 12 months
☐ Counseling to quit tobacco, alcohol, or drug use	☐ Substance use treatment	☐ Substance use counseling	☐ All my medical, dental, vision, mental health care or substance use treatment needs were met during the past 12 months
		☐ Other kinds of medical, dental, vision, mental health care or substance use treatment _____	

14. During the past 12 months, what would have helped you get the medical, dental, vision, counseling, mental and/or substance use treatment you needed? CHECK ALL THAT APPLY.

☐ I got all the health care I needed	☐ Reduced healthcare cost	☐ Health care insurance	☐ Childcare
☐ Transportation	☐ Support with my immigration status	☐ Local therapists/ counselors or health care providers who accept my insurance	☐ Better information on where to get services
☐ More services in my area or community	☐ Shorter wait time for appointments	☐ Virtual appointments	☐ Evening or weekend appointments
☐ Paid time off from work for appointments	☐ More health care providers who understand my culture, lifestyle, identity and/or language	☐ More supportive health care providers and office staff	☐ Other _____

15. During the past 12 months, was your medical/dental/mental health appointment conducted in your preferred language?

☐ **Yes**	☐ **No** *(If no, go to Q17)*

16. If yes, who provided the information in your preferred language?

☐ Health care provider	☐Trained interpreter	☐ Family	☐ Friend	☐ Other _____

YOU AND YOUR FAMILY

The following questions are asked to gather specific characteristics and qualities about you and your family. The information helps us to break down a large group of people and also allows us to make important decisions about how best to serve you and your community. These questions may feel sensitive but please know that your answers are confidential and extremely important. Thanks again!

17. To which age group do you belong?

☐ 18-29 years	☐ 30-39 years	☐ 40-49 years
☐ 50-65 years	☐ 66-75 years	☐ 76+ years

18. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

_____

19. Which of the following describes your racial or ethnic identity? ***CHECK ALL THAT APPLY.***

Hispanic and Latino/a/x	**American Indian and Alaska Native**
☐ Central American ☐ Mexican ☐ South American ☐ Other Hispanic or Latino/a/x	☐ American Indian/ Native American ☐ Alaska Native ☐ Canadian Inuit, Metis, or First Nation ☐ Indigenous Mexican, Central American, or South American
Native Hawaiian and Pacific Islander	**Black and African American**
☐ Chamoru (Chamorro) ☐ Marshallese ☐ Communities of the Micronesian Region ☐ Native Hawaiian ☐ Samoan ☐ Other Pacific Islander	☐ African American ☐ Afro-Caribbean ☐ Ethiopian ☐ Somali ☐ Other African (Black) ☐ Other Black
White	**Middle Eastern/North African**
☐ Eastern European ☐ Slavic ☐ Western European ☐ Other White	☐ Middle Eastern ☐ North African
Asian	
☐ Asian Indian ☐ Cambodian ☐ Communities of Myanmar ☐ Filipino/a ☐ Hmong ☐ Chinese	☐ Japanese ☐ Korean ☐ Laotian ☐ South Asian ☐ Vietnamese ☐ Other Asian
☐ Other _____	
☐ Don't know	
☐ Don't want to answer	

20. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

☐ Yes. Please circle your primary racial or ethnic identity above.	☐ I do not have just one primary racial or ethnic identity.	☐ No. I identify as Biracial or Multiracial.
☐ N/A. I only checked one category above.	☐ Don't know	☐ Don't want to answer

21. What language do you speak mostly at home?

_____

22. *Skip to question 24 if you indicated English only*

a. **What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?**	_____
b**. What language would you prefer to use to read important written information such as medical, legal, or health information?**	_____

23. How well do you speak English?

☐ Very Well	☐ Well	☐ Not Well	☐ Not at all	☐ Don't Know	☐ Don't want to answer

24. What is your current gender identity *CHECK ALL THAT APPLY.*

☐ Woman	☐ Non-binary	☐ Agender
☐ Man	☐ Transgender	☐ Two-spirit
☐ Cisgender	☐ Gender Queer	☐ Decline to answer
☐ Prefer to self-describe: _____- _____		

25. What is your current sexual orientation *CHECK ALL THAT APPLY.*

☐ Bisexual	☐ Heterosexual/Straight	☐ Queer
☐ Gay	☐ Lesbian	☐ Aromantic or Asexual
☐ Questioning	☐ Pansexual	☐ Decline to answer
☐ Prefer to self-describe: _____		

26. Including yourself, write the number of individuals currently living in your household?

Number of children (0-17 years):	**#:_____**	Number of adults (18-64 years):	**#:_____**	Number of older adults (65 years +):	**#:_____**

27. Are you currently employed?

☐ Yes	☐ No

28. When you <u>combine all the income in your household</u>, how much income does your household earn in a year? CHECK ONE BOX.

☐ $15,000 or less	☐ $15,001-$30,000	☐ $30,001-$45,000
☐ $45,001-$75,000	☐ $75,001-$90,000	☐ $90,001 or more

29. What is the highest educational level in your household?

☐ Less than high school	☐ Some college/university education (no degree)	☐ High school diploma/GED
☐ College/university Bachelor's degree	☐ Vocational or Associate's degree	☐ Graduate degree/post-graduate certification

30. What is your <u>current</u> housing situation? CHECK ONE BOX.

☐ Own my home	☐ Rent (with subsidy/assistance)	☐ Rent (no subsidy/assistance)	☐ Unhoused/homeless
☐ Unhoused (living in a vehicle)	☐ Hotel/motel (with assistance)	☐ Hotel/motel (emergency shelter voucher)	☐ Hotel/motel (paid by self)
☐ Short-term shelter/transitional housing	☐ Staying/living with family member(s)	☐ Staying/living with friend(s)	☐ Other _____

31. Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.
(*Please write in "don't know" if you don't know when you acquired this condition, or "don't want to answer" if you don't want to answer the question.)

	Yes	*If yes, at what age did this condition begin?	No	Don't know	Don't want to answer
Are you **deaf** or do you have **serious difficulty hearing?**	☐		☐	☐	☐
Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?	☐		☐	☐	☐
Do you have **serious difficulty walking or climbing stairs?**	☐		☐	☐	☐
Because of a physical, mental or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions?**	☐		☐	☐	☐
Do you have **difficulty dressing or bathing?**	☐		☐	☐	☐
Do you have **serious difficulty learning how to do things most people your age can learn?**	☐		☐	☐	☐
Using your **usual (customary) language**, do you have **serious difficulty communicating** *(for example understanding or being understood by others)?*	☐		☐	☐	☐
Because of a **physical, mental or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?	☐		☐	☐	☐
Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?**	☐		☐	☐	☐

Tell Us Your Opinion

32. Is there anything else you would like to share regarding your health and wellness or your county's health and wellness?

33. Do you have suggestions for how to improve this questionnaire for future community health assessments?

END OF SURVEY

We appreciate and value your participation, time and opinions!

ALL IN FOR HEALTH
JACKSON & JOSEPHINE COUNTIES
A healthy community is everyone's business

Appendix B: SOURCE Focus Group/Key Informant

SOURCE Interview Questions

Introduction

- Hello, I'm _____ and I'm part of a research team from Southern Oregon University. We are conducting interviews for the Jackson and Josephine Counties Community Health Assessment with people who are knowledge about specific populations in our area. Every five years, the county public health departments and coordinated care organizations have to do an assessment to identify the health needs and gaps in the community and then create a plan to address them. The information from these interviews will be used to create the health priorities for our community.

- As part of the assessment, we are interviewing community leaders and community representatives as a way of understanding and identifying the priority health needs of Jackson and Josephine counties.

- (If Zoom) – we will delete the video part of this recording and use the audio for transcription.

- Community representative: You've been selected for an interview because we believe you can speak to the experiences of _____ in Jackson Co/Josephine Co

OR

- Organizational representative: You are being asked to share what you have observed about the clients your organization serves.

- We anticipate that the interview will take about 45 minutes.

- You received a document called the Interview Informed Consent, which explains that this is a confidential interview and your name will not be linked to your responses or comments. We are asking a fixed set of questions and we will be recording your responses. By agreeing to go forward with this interview, you are indicating that you have read the Interview Informed Consent document and agree to participate.
  [wait for verbal assent before continuing]

- We appreciate very much the time you are taking to participate in the interview.

General concerns:

1. Based on your experience, what are the top three issues that you are most concerned about [in your community] [among clients you serve]?

2. What would you say are the top three issues specific to health or healthcare that you are most concerned about [in your community] [among clients you serve]?
   (Prompt – delve into lots of specifics on this answer. Reword and refer to question 1 if there were healthcare issues mentioned there.)

Healthcare:

3. From your perspective, what are the most significant barriers that keep [people in your community] [the clients you serve] from accessing health care when they need it? (Prompt – modify the approach to get into greater depth)

4a. [Only community representatives] Are there specific groups within your community that are not being adequately served by local health services? If yes, which groups are underserved?

4b. [Only organizational representatives] Are there specific populations among your clients who are not being adequately served by local health services? If yes, which groups are underserved?

Health and lifestyle:

5. [Only community representatives] What do you think are your community's strongest assets?

6. [Only community representative] What is working well for members of your community in terms of their health and quality of life?

7a. [Only organizational representatives What is working well inside your organization for clients in terms of their health and quality of life?

7b. [Only organizational representatives What is working well outside your organization for clients in terms of their health and quality of life?

8. What challenges do the [people in your community] [clients you serve] face in trying to maintain a healthy lifestyle?
   (Prompt – which resources or services that are missing or difficult to access?)

9. What challenges do the [people in your community] [clients you serve] face in trying to manage chronic health conditions?
   (Prompt – which resources or services that are missing or difficult to access?)

10. Have recent wildfires and wildfire smoke affected the health of the [people in your community community] [clients you serve]?

11. Have you seen any other impacts of climate-related issues such as extreme heat or extreme cold [in your community] [among the clients you serve]?

12. Are you seeing ongoing effects of COVID-19 [in your community] [among clients you serve]?
    (Prompt – physical, mental, organizational impact)

Ideas or recommendations

13. What recommendations or suggestions do you have to improve health and quality of life [in your community] [among clients you serve]

14. What else do you think is important that we haven't covered today?

- Thank you for your time. We appreciate your participation and willingness to share your and your community members' concerns the concerns of the clients you serve.

- The complete Community Health Needs Assessment is anticipated to be released later in 2023 and will be publicly available.

Appendix C: Sparrow Focus Group/Key Informant

AIFH CHA RESEARCH
FOCUS GROUP DISCUSSION GUIDE
2 HOURS

GOALS OF THE FOCUS GROUPS

- To identify the perceived health needs and assets in Jackson and Josephine Counties
- To gain an understanding of people's barriers to health and how these barriers can be addressed
- To identify areas of opportunity to address needs

DURATION

- 2 hours of discussion
- 30 minutes set up
- 60 minutes clean up + key informant debrief

NOTES

- DURING THE RECRUITMENT PROCESS, ALL POTENTIAL PARTICIPANTS WILL BE INFORMED OF THE FOLLOWING: 2 HOUR CONVERSATION WITH OTHER MEMBERS OF THE/THEIR COMMUNITY, LED BY A SKILLED MODERATOR, AUDIO-TAPED TO AID IN REPORT WRITING, ALL INPUT IS CONFIDENTIAL, COMPENSATION FOR THEIR TIME IS $___, FOOD AND BEVERAGES WILL BE PROVIDED, ETC.
- THIS GUIDE WILL BE TAILORED FOR EACH GROUP, INFORMED BY THE KEY INFORMANT INTERVIEW CONDUCTED PRIOR TO THE SESSION.
- THE APPROACH WILL ALSO BE CUSTOMIZED, BASED ON THE MODERATOR 'READING THE ROOM" TO DETERMINE "ON THE FLY" THE MIX OF Q&A VS. EXERCISES BEST SUITED FOR THE PARTICIPANTS.
- THE QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT. THE EXERCISES HAVE BEEN CREATED TO ENSURE ACTIVE PARTICIPATION IN SECURING THE ANSWERS.
- THE SESSION MAY BE MODERATORED BY AN INDIVIDUAL OR A TEAM OF TWO. IN

EITHER CASE THIS IS DESIGNED TO BE DYNAMIC: EASEL PADS AND MINI TEAM EXERCISES VS. AN EXTENSIVE Q&A SESSION. VISUAL WAYPOINTS WILL BE CREATED ON EASEL PAD PAGES TO PROVIDE A SENSE FOR THE JOURNEY WE ARE ON TOGETHER, TO PROVIDE PREDICTABILITY, SAFETY AND SECURITY TO PARTICIPANTS, AND A CLEAR ROADMAP FOR THE MODERATORS.

- WE WILL WORK AROUND ANY FOOD OR BEVERAGES BEING PROVIDED.

2 SETS EASEL PAD CONTENTS/STIMULUS MATERIALS
[TO BE COMPLETED IN THE FINAL VERSION OF THE GUIDE]

1. Welcome and Introduction Questions
2. Today's Conversation Topics
3. Health Issues Table

Topics

1. Welcome! 10
2. Community: 25
3. Community and Health: 35
4. Social Services/Health Care: 40
5. The Future: 10
6. Thank you! 5

I. BACKGROUND (5 MINUTES)

- Welcome everyone. My name is _____ and my name is _____. We work for Sparrow, an Oregon-based market research company.
- We're going to be having a focus group conversation today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. We want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your thoughts, both positive and negative.
- [NOTE: THIS CONTENT WILL BE BULLET POINTED ON EASEL PAD]
  All in For Health is conducting a community health assessment to gain a greater understanding of the health issues facing community members, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that can affect the health of a community, which can include not just health care, but also other things related to where people live, work, play, and pray. The information you provide is a valuable part of this assessment and improving health in the community.
  We want to hear what you have to say, so rather than taking notes, we will be audio-taping the group today. We are conducting several of these discussion groups around the area and will be writing a report, so we want to capture all we learn today. Your responses will be strictly confidential. In our report, nothing you say here will be connected to your name.
- We have a lot of areas to talk about today (POINT TO EASEL PAD "TOPICS"). We want to let you know that because if it seems like we cut a conversation a little short to move on to the next question, please don't be offended. We just want to make sure we cover everything. We will make sure that everyone is heard.
- Lastly, please turn off or silent your cell phones. The group will last 2 hours. If you

need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time so that we can keep the conversation going.

- Any questions before we begin our introductions and discussion?

[**Assistant - START AUDIO RECORDING]**

II. INTRODUCTION AND WARM-UP (5 MINUTES)

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me:
[NOTE: THIS CONTENT WILL BE BULLET POINTED ON EASEL PAD]

1) What's your first name?
2) Where do you live?

IIIa. COMMUNITY PERCEPTIONS (25 MINUTES)

2. Today, we're going to be talking a lot about "COMMUNITY" [MODERATOR WRITES "COMMUNITY" ON EASEL PAD] (5 min)

a. What does the word "community" mean to you? Let's define it!
b. How would you describe the community you live in?

POSITIVES EASEL PAD (5 min)

3. What makes you most proud about your community? Your favorite thing about your community? [PROBE ON ASPECTS INHERENT TO THE COMMUNITY, COMMUNITY ORGANIZATIONS and SERVICES, OTHER ASSETS/STRENGTHS]

NEGATIVES (5 min)

4. What are some of the biggest problems or concerns in your community?

a. OPEN-ENDED [Participants take the lead and answer with their top of mind thoughts. Moderator to call on participants to encourage full group participation while being mindful of the time.]

[Assistant - capture unaided responses on blank index cards if different from those provided in aided card sort]

CARD SORT EXERCISE (10 min)

b. Here are some of the community issues we've heard [Moderator shares "ISSUE INDEX CARDS"]

[Stimulus Material: Blank cards will capture the participants' organic responses

(provided in 4a) and be included in the exercise to reflect what THEY think are issues. Health, Affordable housing, Child care, Cost of living, Discrimination, Employment, Food/Nutrition, Legal issues, Transportation, Violence/Trauma]

Working together, please put these in order: the BIGGEST CONCERN/PROBLEM facing the community to LESS OF A CONCERN/PROBLEM. You can have ties! You can also add issues that aren't on the cards.

[Assistant - take photos of participants interacting with cards and one another; take photo of FINAL card sort ranking]

c. Review as a group. What does this "ranking" tell us about your community/ies?

c. For the top three, what are the "ripple effects" of this problem? Because of THIS, THIS happens.

[NOTE for MODERATORS/REPORT: This approach taken after reviewing the from a 2018 report that suggested the cascading effects of the social determinants of health]

d. Just thinking about day-to-day life – school, work, friends, family, things like that – what are some of the challenges or struggles you personally deal with on a day-to-day basis?

IIIb. COMMUNITY HEALTH PERCEPTIONS (35 mins.)

5. What do you think are the most pressing health concerns in your community?

a. OPEN-ENDED [Participants take the lead and answer with their top of mind thoughts. Moderator to call on at least 4 participants to encourage full group participation while being mindful of the time.]

[Assistant - capture unaided responses on blank index cards if different from those provided in aided card sort]

HEALTH ISSUE CARD SORT EXERCISE (15 mins)

b. Another set of cards! You just mentioned a few of these. Let's talk about how these health issues are affecting your community/communities. Starting with the one that is most critical/concerning, then second most critical etc.

[Stimulus Material: Blank cards will capture the participants' organic responses (provided in 5a) and be included in the exercise to reflect what THEY think are

issues, Accessing health care, Injuries, Dental Health, Diseases/Conditions, Food/Nutrition, Mental Health, Obesity, Sexual/Reproductive Health, Smoking/Vaping, Substance Use]

[Assistant - take photos of participants interacting with cards and one another; take photo of FINAL card sort ranking] [Moderators to note the top 3 for use in Q8a]

c. For each, why is this an issue? How has it affected your community? [PROBE FOR SPECIFICS]

[Note to Moderators: if/when health care access (transportation, health insurance, cost, etc.) is mentioned, note and discuss briefly and mention we will be covering this later in the conversation (Q10.)]

6. Thinking about health and wellness in general, what helps keep you healthy?

a. OPEN-ENDED (briefly)

"HEALTHY AND WELL" DYNAMIC EXERCISE (15 mins.)

[Moderator to "read the room" and determine how to proceed, depending on group, divide into actual teams or do this as individuals]

Divide the group into two sub-groups. one side of the room: What makes it easier to be healthy in your community; the other side of the room what makes it harder. (10 mins. for group work; 5 mins for iteration)

b. "GROUP 1" Write down your answers: What makes it easier to be healthy in your community? What supports your health/wellness? [Moderator/Assistant to be scribe; White 8.5x11 paper]

c. "GROUP 2" Write down your answers: What makes it harder to be healthy in your community? What detracts from/challenges your health/wellness? [Moderator/Assistant to be scribe; Orange 8.5x11 paper]

d. Review, with GROUP 1 answers. GROUP 2 adds anything that is missing.

e. Review, with GROUP 2 answers. GROUP 1 adds anything that is missing.

IV. AWARENESS AND PERCEPTIONS OF PUBLIC HEALTH/PREVENTION SERVICES AND HEALTHCARE (40 minutes)

7. Thinking about your own health and wellness needs: (5 minutes)

a. Where do you normally go for healthcare?
b. What are the programs or services that you or your family/friends use that are

particularly helpful?
c. What else do you have access to that supports your community's health/wellness?

[Moderators to listen for a range of those potentially responsible for taking on these issues: The Government, Health Plans, Healthcare Providers/Systems, Community Organizations, and/or the individuals themselves, as members of the community.]

8. POTENTIAL TEAM BREAKOUT EXERCISE (10 minutes)

[Moderator to decide, depending on group, divide into teams or group discussion e.g. for youth - teams, for veterans, Spanish-speaking and Indigenous - group discussion]

TOP HEALTH ISSUE	WHO IS TAKING IT ON (programs, services, policies)	WHAT'S MISSING?	WHAT SHOULD THESE COMMUNITY ORGANIZATIONS* DO?

TWO TEAMS - This is a mini-brainstorm session, fill in the table with **post-it notes** and prepare to make a short presentation of your ideas when we return to the group. Each team will be supported by the Sparrow moderator(s) (AUDIO-TAPE each breakout).

[Assistant/Moderator - take photos during breakouts/presentations]
a. Let's talk about those health issues that you are most concerned about [REVIEW THE TOP 3 HEALTH CONCERNS from Q5b] WHAT PROGRAMS, SERVICES, AND/OR POLICIES are you aware of that are addressing these?
b. WHAT'S MISSING? What programs, services, or policies are currently not available that you think should be?
c. What should these COMMUNITY ORGANIZATIONS DO (Q7b) to address these current health issues? [BRING DOWN SPECIFIC NAMES THAT WERE DISCUSSED ABOVE. PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND HOW THAT ORGANIZATION CAN BE INVOLVED.]

9. **GROUP DISCUSSION OR POTENTIAL PAIRED EXERCISE (10 minutes)**
[Moderator to decide, depending on group, divide group in half to work on solutions or as a group discussion e.g., m for youth - half; for veterans, Spanish speakers, Indigenous - group discussion]

Stepping back for a moment, what do you think are some things the community could do to make it EASIER FOR PEOPLE TO BE HEALTHY in GENERAL ? [PROBE ON SPECIFICS IF NEEDED: Who would be involved to make this happen? What would these programs/services include? Where should they be offered? During what hours?]

10. ACCESS. I'd like to ask specifically about access to health care in your community. Have you or someone close to you ever experienced any challenges in trying to get health

care? What specifically? Any other barriers?

a. OPEN-ENDED? [Assistant - capture unaided responses on blank index cards if different from those provided in aided card sort]

b. What do you think would help so that people don't experience the same type of problem that you/someone close to you did in getting health care?

CARD SORT EXERCISE (10 minutes)

c. Once again, more cards!

[Stimulus Material: Blank cards will capture the participants' organic responses (provided in 10a) and be included in the exercise to reflect what THEY think are issues: Cost, Fear/distrust, Complexity of Health Care System, Health Insurance Immigration status, Lack of knowledge, Language, Health is a low priority, Don't want to take a "handout", Time, Transportation]

d. You just mentioned a few of these. These are all barriers or challenges in trying to get health care. This time, quickly put them in piles:

BIG BARRIER	MEDIUM BARRIER	SMALL BARRIER	NOT A BARRIER
Hard to overcome		Easy to overcome	

e. For each BIG BARRIER, what is the barrier? Why is it big? What is a solution to remove this barrier?

f. [REPEAT FOR OTHER BIG BARRIERS]

[Assistant - take photo of final card sort]

V. VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT (10 minutes)

11. Last question! I'd like you to think ahead about the future of your community. When you think about the community five years from now, what would you like to see? What is your vision for the future?

a. What needs to happen in the community to make this vision a reality?

[Assistant - take photo of participants writing on post-it notes]

POST-IT NOTE EXERCISE

On Post-it Note, jot down one thing that needs to happen

On another Post-it Note, another thing that needs to happen

On one last Post-it Note, one more thing that needs to happen

VI. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. And we'd like to express our thanks to you.

[Assistant - DISTRIBUTE STIPENDS AND MAKE NOTE ON PARTICIPANT LIST OR IF REQUIRED HAVE RECEIPT FORMS SIGNED; ask participants for smiling group photo].

As I mentioned before, we are conducting these groups around Jackson and Josephine Counties, and we're also talking to people who work at organizations. After all this is over, we're going to be writing up a report. All in for Health will post this report on their website. T

hank you again. Your feedback is greatly valued, and we very much appreciate your time and your openness in sharing your opinions and perspectives.

AIFH CHA RESEARCH
KEY INFORMANT INTERVIEW GUIDE
(45 minutes)

Goal of Key Informant Involvement (overall)

- To ensure meaningful connections with each of the communities: youth, veterans,

  American Indians and Alaskan Natives, and Josephine County Spanish speakers

- To gain a culturally-informed interpretation of their unique needs

  Goals of this Key Informant Interview

- To gather perceptions of the health strengths and needs of each particular

  sub-group listed above in Jackson and Josephine Counties

- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

- My name is _____. I work for Sparrow, an Oregon-based market research company. Thank you for taking the time to speak with me today.
- As you know from _____ (name of AIFH team member who recruited this Key Informant), All in for Health is conducting a community health assessment to gain a greater understanding of the health issues of Jackson and Josephine County community members; how those needs are being addressed; and whether there

might be opportunities to address these issues more effectively.

- As part of this process, we are looking forward to working with you to ensure respectful and productive engagement with _____ (name of community sub-group), and to gain a culturally-informed understanding and interpretation of their unique needs.
- We greatly appreciate your feedback, insight, and honesty today.
- Some of the questions ask for your opinions, others you will be answering on behalf of your community.
- Our interview today will last about 45 minutes.
- We will be meeting you again, when you'll be an observer of the focus group. We'll make sure to touch base before then directly or via
- _____ (name of AIFH team member who recruited this Key Informant) to share vital information e.g. mobile phone numbers and the specifics about the session - e.g. date, time, location, etc.
- After that group, we will spend about 20 minutes debriefing with you to get your impressions and interpretations of what we heard.

- After all of the interviews and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. This report will be public, but we will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be attributed directly to you in our report.
- Rather than take notes, I'd like your permission to audio tape this conversation, so I can really listen to what you are sharing.
- Do you have any questions before we begin our introductions and discussion?

START AUDIO RECORDING

THEIR CONNECTION TO THEIR COMMUNITY (5 minutes)

1. _____[Insert name of AIFH team member who recruited this Key Informant, shared a bit of background about you / your organization OR your connection with the community.

[for Organization]

a. What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?
b. First, how do you define "community?"

c. What are some of the biggest challenges your organization faces in conducting your work in the community?
d. Do you currently partner with any other community organizations or institutions in any of your work?

[for Community Member]

a. Can you tell me a bit about your connection to your community?
b. How do you define "community?"
c. What are some of the biggest challenges you face in working with/helping your community?

d. Do you currently partner with any community organizations or institutions in working with/serving your community?

COMMUNITY ISSUES (10 minutes)

2. How would you describe the community

[for Organization] served by your organization / that you serve as [INSERT TITLE]

[for Community Member] that you work with as an involved community member?

a. What do you consider to be the community's strongest assets/strengths?

b. How would your community answer this question?

c. What are some of its biggest concerns/issues in general? What challenges do community members face in their day-to-day lives? [Moderators to generate a long list and note for inclusion in the Focus Group Guide. Listen for issues such as [transportation, affordable housing; food security; violence/public safety; education/training, employment, elder care/child care; cost of living, accessing healthcare, air quality (wildfire smoke/pollution), discrimination (cultural sensitivity) etc.]

d. Who do you see, within your community, as being most affected by these issues? (Moderators to listen for specific identities that characterize this community or other factors such as age, race and ethnicity, gender identity, income, education, location, etc.)

HEALTH ISSUES (10 minutes)

3. What do you think are the most pressing health concerns in the community? Why? [PROBE ON SPECIFICS]
[Listen for health issues such as: diseases/conditions (diabetes, heart disease, asthma, cancer, Covid), obesity, sexual/reproductive health, mental health; substance use; getting health care (transportation, health insurance, cost, service hours etc.); smoking/vaping, substance use (drinking, drugs); other, other, other.]
[MODERATOR INSTRUCTIONS: AFTER PARTICIPANT TALKS ABOUT DIFFERENT HEALTH ISSUES, SELECT THE TOP 3 AND ASK THE FOLLOWING SERIES OF QUESTIONS FOR EACH ISSUE.]

a. How has [HEALTH ISSUE] affected the/ your community? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]

b. Once again, as above, who in the community do you consider to be the most vulnerable or at risk for [THIS CONDITION / ISSUE]?

c. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]? [PROBE: Barriers to accessing medical care, barriers to accessing preventive services or programs, barriers to receiving information on these issues, etc.]

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

4. Let's talk about a few of the health issues you mentioned previously. [SELECT TOP HEALTH CONCERNS]. What programs, services, or policies are you aware of in the community that address some of these health issues? [PROBE FOR SPECIFICS]

a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

b. How coordinated are these programs or services, if at all?

c. Where are the gaps? What program, services, or policies are currently not available that you think should be?

d. What do you think needs to be/must be done to address these most concerning health issues?

e. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded?

5. [IF HEALTH CARE NOT YET MENTIONED/DISCUSSED] What do you see as the strengths of the health care services in your community? What do you see as its limitations?

a. What challenges do members in your community face in accessing health care? [PROBE IN DEPTH FOR BARRIERS TO CARE:

[TBD: general access to/getting healthcare in general; transportation; lack health insurance, cost of health insurance, co-pays, treatments; inconvenient service hours; lack of childcare; lack of language interpreters; lack of information in my preferred language; someone to explain my healthcare benefits; someone to explain treatment options, etc.]

b. You mentioned [NAME BARRIER] as something that makes it difficult for community members to get health care. What do you think needs to happen in your community to help community members overcome or address this challenge? [REPEAT FOR OTHER BARRIERS]

VISION OF THE FUTURE (5 minutes)

6. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

a. What is your vision specifically related to people's health in the community?

b. What do you think needs to happen in the community to make this vision a reality?

c. Who should be involved in this effort?

CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

I really appreciate all you have shared with me as I prepare for our conversations with the members of your community. I am looking forward to continuing our collaboration. You are a critical piece in uncovering, and meeting, the community's needs.

Thank you again. Have a good day/morning/afternoon/evening. Looking forward to meeting you in person … soon!

Glossary

Adverse Childhood Experiences (ACEs): Stressful and traumatic events occurring in childhood, including neglect, whichcan im pact development and have lifelong consequences.

Age-Adjusted Rates: Age-adjusted rates allow you to compare event rates between two communities that have verydifferent age distributions by standardizing both populations to the United States census population. This allows us to rule out that the difference in rates is due to age distribution in the community.

American Community Survey (ACS): Survey conducted annually by the U.S. Census Bureau, which includesdemographics and other various statistics.

Behavioral Risk Factor Surveillance System (BRFSS): Random CDC phone survey that provides population estimates for various health conditions and exposures, which is weighted to reflect the population it was derived from with age adjusted and crude rates.

Body Mass Index (BMI): Calculation that takes the mass (weight) and height of an individual into consideration. There are four BMI categories: underweight (<18.5), normal (18.5-24.9), overweight (25.0-29.9), obese (30.0<).

Centers for Disease Control & Prevention (CDC): Federal Public Health entity, which provides guidance and data for local health departments.

Community Health Assessment (CHA): Assessment portion of the MAPP process that identifies key priority areas for the CHIP as informed by its supporting four assessments.

Community Health Improvement Plan (CHIP): Five-year plan for improving the health of a community that's informed from the data and key priority areas identified by the CHA.

Community Action Agency (CAA): Community based organization that identifies need and gathers resources to address local need, including the collection of local data such as the Homeless Point in Time Count.

County Health Rankings (CHR): Robert Wood Johnson Foundation program that compares and ranks counties across a wide variety of standard health measures.

Coordinated Care Organization (CCO): A coordinated care organization is a network of all types of health care providers (physical, behavioral, and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (i.e., Medicaid).

Crude "Unadjusted" Rates: Measures that allow us to assess the actual burden or rate of disease in a population, however these estimates should not be directly compared to other populations due to potential differences in age.

Feeding America: National non-profit organization that seeks to reduce food insecurity by providing nutritional assistance and related data.

Fee-for-Service (FFS): A traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you after you have filed an insurance claim for each covered medical expense.

Food Insecurity: State of being without reliable access to a sufficient amount of affordable nutritious food.

Healthcare Workforce Reporting (HWRP): Collaborative effort between state and health profession licensing boards that collect and reports healthcare workforce data through licensing renewals.

Health Disparity: A measurable difference in health or opportunities between groups of people, where one group is affected more than another. These differences are preventable and tend to be experienced by socially disadvantaged populations.

Health Equity: Absence of unfair, avoidable, or remediable differences in health among social groups; is achieved when all people are able to reach their full health potential.

Healthy People 2030 (HP 2030): Healthy People provides science-based, ten-year national objectives for improving the health of all Americans. These objectives are often used as benchmarks for setting goals at the local, state, and national level.

Immunization Information System (ALERT): Registry that collects and reports immunization histories to providers along with population level rates.

Incidence Rate: Describes the rate at which new illness enters the population over a specified time ((# of new cases of X)/(total population - those who cannot get disease X))

Mobilization for Action through Planning and Partnerships (MAPP): Community level strategic planning framework used to create the CHA and CHIP.

Medicaid Behavioral Risk Factor Surveillance System (MBRFSS): Utilizes the same questions as the BRFSS, but is administered to the Medicaid population. Responses are weighted, however they are not age-adjusted, and thus caution must be used when comparing these results to those from the general population.

Mortality Rate: Describes the rate of death in a community over a specified time ((# of deaths)/(total population))

National Cancer Institute (NCI): Governmental entity responsible for conducting cancer research and maintaining registries for measuring cancer disease burden and incidence of new cases.

Opioid Data Dashboard (ODD): Interactive tool maintained by OHA that provides state and county level data involving opioid overdose hospitalizations and deaths.

Oregon Department of Education (ODE): State entity responsible for education and learning.

Oregon Department of Human Services (ODHS): Governmental entity that collects a wide array of data and is responsible for providing various services.

Oregon Health Authority (OHA): Oregon's state Medicaid agency. OHA oversees a majority of health-related programs including, public health, the Oregon Health Plan, and the Oregon State Hospital.

Oregon Health Insurance Survey (OHIS): Survey conducted by OHA that gathers information related to health care coverage, access to care, and utilization in the state.

Oregon Health Plan (OHP): Oregon's Medicaid program provides health care coverage for low- and middle-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

Oregon Public Health Assessment Tool (OPHAT): OHA administered online tool that is regularly updated and provides a wealth of measures and information for local health departments.

Oregon Public Health Epidemiologist User System (ORPHEUS): Joint database administered by OHA for communicable disease reporting and case investigation.

Oregon State Police (OSP): State law enforcement agency, which provides reports for criminal infractions.

Oregon Violent Death Reporting System (OVDRS): Database administered by OHA for reporting violent deaths at the state and local level.

Prevalence: Describes the burden of disease in a population by looking at the total amount of cases (new and old) occurring in a population at a specific point in time ((# of new cases + # of old cases)/(population)).

Public Health Accreditation Board (PHAB): national accrediting body for public health in the U.S., PHAB supports health departments to improve quality, accountability, and performance.

Quality Incentive Measures (QIMs): The Oregon Health Authority uses QIMs to show how well CCOs are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care.

REALD: An effort to increase and standardize Race, Ethnicity, Language, and Disability (REALD) data collection across the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA).

Rural: Geographic area that is more than 10 miles from a population center greater than 40,000 people.

Social Determinants of Health (SDOH): Root causes responsible for the health of a community.

Student Health Survey (SHS): Statewide survey administered at the local level every two years in schools to assess the health of teens including substance use and other factors.

Supplemental Nutrition Assistance Program (SNAP): Government program providing nutrition assistance to low-income individuals and families that provides economic benefit to communities.

Temporary Assistance to Needy Families (TANF): Government program which provides time limited assistance to families with children when parents (or other responsible party) cannot provide enough means to meet basic needs.

United States Department of Agriculture (USDA): Federal entity responsible for developing and executing laws relating to farming, forestry, and food.

United States Small-area Life Expectancy Estimates Project (USALEEP): Joint effort by non-profit organizations to assess life expectancies at the census tract level.

Urban: Geographic area that is less than 10 miles from a population center greater than 40,000 people.

Vital Statistics (VS): State registry that maintains information for births and deaths.

Women, Infants, and Children (WIC): Federal grant to states that provide special supplemental nutrition for women, infants, and children. This program also provides health care referrals, nutrition education for low-income pregnant, breastfeeding, non-breastfeeding postpartum women, and to children up to age 5 who are at nutritional risk.

Years of Potential Life Lost (YPLL): Years of life that could have been added back to an individual and a community had premature death before a certain age (typically 75) had been prevented.

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