St. Charles

Community Health Needs Assessment

TELEPHONE SURVEY



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Introduction & Methodology

1

From December 4 to 10, 2018 DHM Research conducted a telephone survey of 705 residents in Bend, La Pine, Redmond, Sisters, Jefferson County, and Crook County. The purpose of the survey was to assess access to health care services, to gauge barriers to accessing care, and to gain insight into residents' attitudes toward health care.

Research Methodology: The telephone survey consisted of 705 residents and took approximately 10 minutes to complete. Respondents represented four areas: Bend/La Pine (n=200); Redmond/Sisters (n=152), Jefferson County (n=179), and Crook County (n=174). This is a sufficient sample size to assess resident opinions generally and to review findings by multiple subgroups, including age, gender, and area of the region.

Respondents were contacted by a live interviewer from a list of registered voters, which included cell phones. Multiple attempts were made to reach respondents and to maximize the sample. In gathering responses, a variety of quality control measures were employed, including questionnaire pre-testing and validation.

Due to the increasing difficulty of reaching residents, quotas were not set. The final data was weighted by gender and area to match the demographic makeup of the areas sampled.

<u>Statement of Limitations</u>: Any sampling of opinions or attitudes is subject to a margin of error. The margin of error is a standard statistical calculation that represents differences between the sample and total population at a confidence interval, or probability, calculated to be 95%. This means that there is a 95% probability that the sample taken for this study would fall within the stated margin of error if compared with the results achieved from surveying the entire population. The margin of error for the sampled population is +/- 3.7%.

<u>DHM Research Background</u>: DHM Research has been providing opinion research and consultation throughout the Pacific Northwest and other regions of the United States for over 40 years. The firm is nonpartisan and independent and specializes in research projects to support public policy making.

Residents in Central Oregon share a positive outlook of their quality of life, and they believe the quality of the health care in their community is good.

More than nine in ten residents in the areas surveyed, including Bend/La Pine, Redmond/Sisters, Jefferson County, and Crook County, report a positive perception of quality of life in their community (95%). This includes four in ten residents who say that the quality of life is *very good* (42%). These positive perceptions are shared across the four distinct geographic areas.

The vast majority of residents also report that the quality of health care in their community is good (83%). This trend has remained stable over time, shifting only a few percentage points since 2013. Once again, residents from the four different areas feel similarly, and between 80% and 84% report good or very good quality of care in their community.

Affordable housing continues to be a top priority for residents, while concerns about jobs continue to slip as the economy improves.

Recent research DHM has conducted statewide and in communities throughout Oregon has shown that concerns about affordable housing remain high. From a list of possible issues that could most improve the health of the community, one in five residents point to affordable housing (22%). Concerns about housing have not grown in the past two years (up only 2 percentage points from 2016), but instead have remained level. This, too, reflects statewide research.

Residents have become increasingly less likely to say that jobs are the one thing from a list of possible issues that could most improve health in the community. In 2013, 34% of residents said that jobs would most improve health. In 2016, that figure fell to 20%, and today, it stands at 15%.

Health insurance coverage remains high overall, but insurance rates for residents under 35 continue to lag behind those for older residents.

Across the region, 92% of residents report carrying health insurance, and about half carry dental and vision insurance (55%, 50%). Insurance rates are similar across the four areas.

However, residents under 35 are somewhat less likely to carry health insurance. While 95% of residents over the age of 55 carry insurance, that figure dips slightly to 88% for residents 35–54. The insured rate dips again for residents 18–34, 86% of whom carry insurance.

The biggest barriers to seeking care are cost and the wait time for appointments.

Residents are most likely to say that cost prevents them from seeking care almost always or many times (27%). Similarly, about one in four residents say that they are almost always or many times prevented from seeking care because it takes too long to get an appointment (23%).

These results track survey research conducted by DHM in Oregon and Washington. Residents of both states previously complained of high costs of insurance, and specifically pointed to expensive premiums, co-pays, and high deductibles. Additionally, residents in both states said that scheduling an appointment can take too long—and the wait times once they have arrived at a hospital, office, or clinic are also cumbersome.

On a positive note, the proportion of residents who cite cost as a barrier to seeking care has fallen significantly over the past few years. In 2013, more than four in ten residents said cost was a barrier (42%), a figure that fell noticeably by 2016 (37%). That figure has continued to decline to 27% today.

Perhaps even more importantly, concerns about cost have fallen for two key groups over the same period of time: residents under 35 and those with lower incomes. Back in 2013, more than half of young residents and those with incomes of less than \$45,000 per year said that cost was a barrier to care (54%, 53%). Today, those figures have dropped to 43% for people under 35 and to 32% for those with lower incomes.

Residents primarily turn to their doctor or a local clinic when they need medical care that is not life threatening, and over half of residents rely primarily on their doctor for information about health.

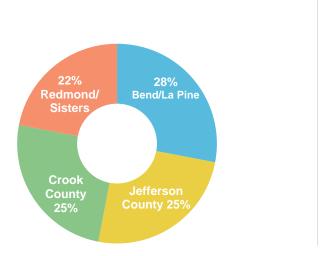
A plurality of residents say they would first visit their doctor's office if they needed medical care (40%), followed by a walk-in clinic (28%). Still, about 14% indicate that they would go to the emergency room for care that is not life threatening.

The ER is a more common choice for residents in Jefferson County, 23% of whom say it would be their first line of defense—an even more popular choice in that county than a walk-in clinic, reflecting geographic differences in accessing to facilities (21%).

Residents also rely predominantly on their doctor or a health professional for information about health (57%). The internet is also a popular choice for this type of information (32%). These two sources have remained the two most common sources over time, with few changes year to year.

Survey participants represent four areas in Central Oregon.

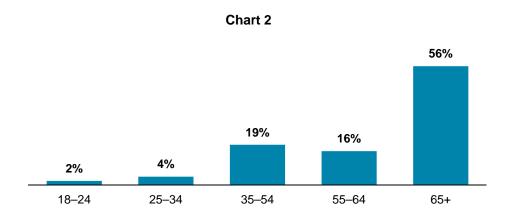
Participants are divided into four geographical areas: Bend and La Pine (n=200); Redmond and Sisters (n=152); Jefferson County (n=179); and Crook County (n=174).



Source: DHM Research, December 2018

Participants represent an older demographic than in previous surveys.

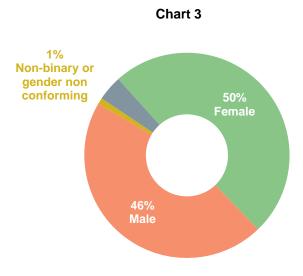
Due to the increasing difficulty of reaching residents in rural areas, and particularly residents under 35, the respondents in this survey are more likely than in years past to be 55 years of age or older.



Because older residents have different experiences with health care, this demographic shift is important to consider when comparing top line results from past surveys. To account for these differences, this report analyzes many data points by age, as well as age differences over time.

The final data set is weighted to match the gender breakdown of Central Oregon.

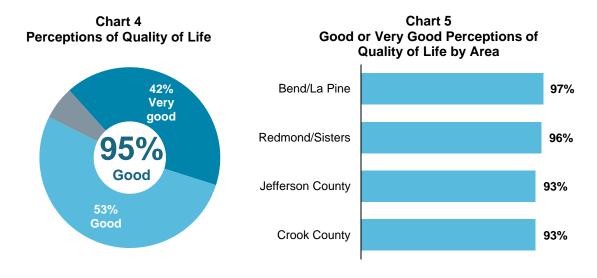
In the final data set, the data were weighted to match as closely as practicable the demographics of the combined four geographic areas, relying on data from the US Census. Because 4% of respondents either identified as non-binary or gender non-conforming or preferred not to respond to the question, the gender demographics do match US Census data exactly.



4.1 GENERAL PERCEPTIONS OF HEALTH CARE

Central Oregon residents report a positive quality of life.

Nearly all residents say that their overall quality in life in Central Oregon is good or very good (Q1). Residents from each of the four geographic areas share a positive outlook about the quality of life.

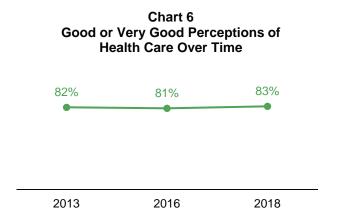


Source: DHM Research, December 2018

People with higher incomes are more likely to say that their overall quality of life is good. While 92% of residents with incomes of less than \$45,000 per year report a good quality of life, that figure increases to 98% for residents with incomes of more than \$75,000 per year. Similarly, those who are rent burdened and spend more than one-third of their take-home pay on housing are much less likely to share this positivity when compared to residents who are not rent burdened (86% to 97%).

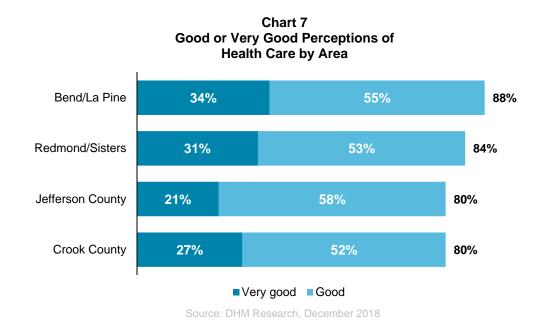
Residents continue to report a good quality of health care in Central Oregon.

In addition to reporting a positive quality of life, 83% of residents say that the quality of health care in their area is good or very good (Q3). These results reflect past positivity with the quality of care in the region. Within geographic groups, opinions have shifted only slightly over time and differences are within the margins of error.



Bend residents are especially satisfied with care, whereas in the more rural areas of Jefferson and Crook Counties, satisfaction is slightly diminished. Satisfaction also increases with age and education level. While seven in ten residents under the age of 35 report satisfaction (69%), 87% of residents 55 and older are satisfied. Results are similar for education, where satisfaction climbs ten percentage points, from 77% for those with a high school diploma or less education, to 87% for residents with a college degree or more education.

Source: DHM Research, December 2018

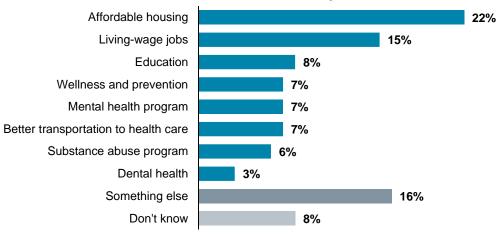


People of color are significantly less likely than white residents to report satisfaction with care. Note, however, that young residents—both in this survey and across Oregon—are less likely to identify as white due to changing demographics. As such, differences by race or ethnicity may also reflect age differences. Both are noted where appropriate.

Residents say that improving affordable housing options could also improve the health of the community.

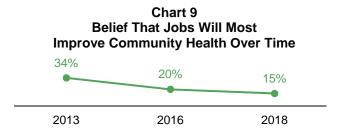
Residents were provided with a short list of items that might improve the health of the community (Q4). They were most likely to select affordable housing as the thing that would *most* improve the community's health.

Chart 8
Issue Most Likely to Improve
Health Care in Community



In 2016, affordable housing and jobs were considered the top two things that could improve community health (20% each). This year, the importance of jobs has decreased, reflecting a statewide and national trend. As the economy continues to improve, jobs are less of a concern.

The decreased emphasis on jobs over time is also represented in the demographic differences. Even among certain subgroups, like residents under 35 and those with a high school diploma or less education, jobs are much less of a concern (12%, 13%).



Source: DHM Research, December 2018

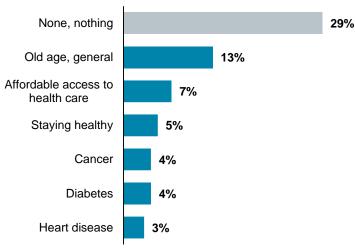
Residents were also provided with the same list and asked which would most improve their quality of life (Q2). In that question, just 9% of respondents (and 20% of rent-burdened respondents) said that affordable housing could improve their quality of life. Taken together, these results indicate that residents see affordable housing as something that can improve health across the community—even if it isn't something they personally need.

Although some residents point immediately to the cost of care, no physical health issue stands out in the community as a top priority.

Three in ten residents say there is no primary physical health concern facing themselves or their families (Q5).

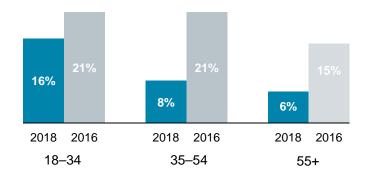
For those who do cite an issue, affordable access to care or insurance and old age stand out as most common. Other residents point to common but serious ailments such as cancer, diabetes, and heart disease. Some residents are also concerned with mental health (2%).

Chart 10 #1 Major Health Concern



Although affordable access to care remains a major issue for a minority of residents, concerns about access have dropped over the past two years in every age group. Young residents under 35 remain the most likely to say affordability of care is the primary health issue facing their household.

Chart 11
#1 Issue is Affordable Access to Care/Insurance by
Age



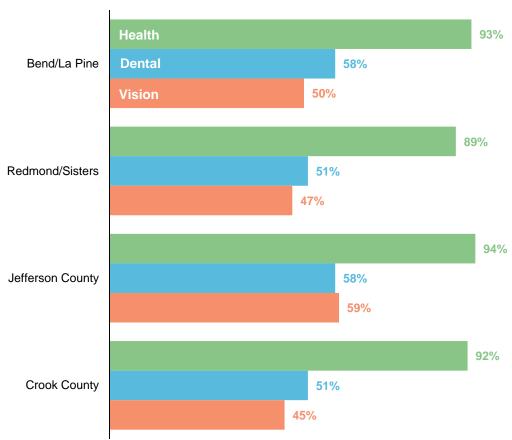
4.2 ACCESS TO COVERAGE AND CARE

More than nine in ten residents continue to carry health insurance. More than half have vision and dental insurance.

Overall, 92% of residents report that they have health insurance, representing a slight drop since 2016 that is within the margin of error (Q21). There are relatively few differences in insured rates between the four geographic areas.

Dental and vision insurance coverages are fairly similar, and at least half of residents have access to these types of insurances (55%, 50%). Again, differences by area are typically modest.

Chart 12 Health Insurance Coverages by Area



As may be expected, residents under 35 are the least likely to carry health insurance. Interestingly, they are more likely than other groups to carry dental and vision insurance. Note that the sample of residents under 35 is fairly small (n=43).

Chart 13
Health Insurance Coverages by Age

• 18–34
• 35–54
• 55+

Health

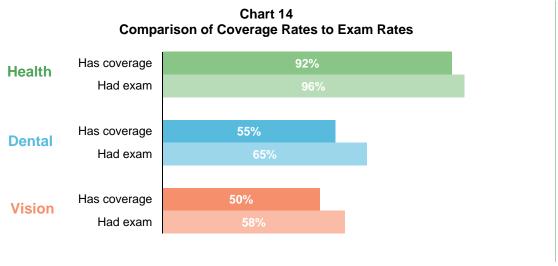
Dental

Source: DHM Research, December 2018

More than eight in ten residents have had a physical exam in the last two years.

Vision

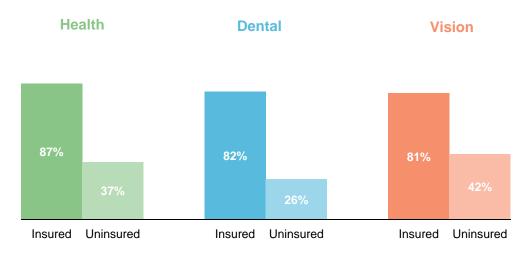
While 92% of residents indicated they have health insurance, 83% say they have had a physical exam in the last two years. Although about half of residents have vision and dental insurance, a greater proportion of residents were able to access vision and dental exams.



Source: DHM Research, December 2018

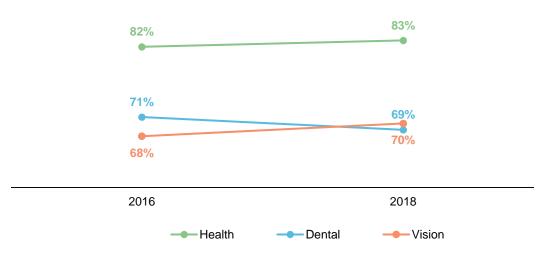
However, large disparities exist between the insured and uninsured when it comes to exams. Residents with insurance are twice as likely to have had exams in the past two years compared to residents who lack any health insurance at all.

Chart 15
Comparison of Physical Exams:
Insured and Uninsured Residents



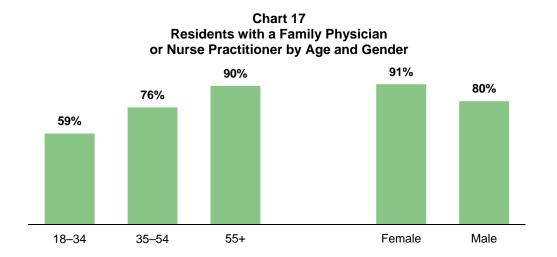
Since 2016, the proportion of residents getting regular exams has remained stable, and differences are well within the margins of error.

Chart 16
Physical Exam Rates Over Time



Women and residents 55 and older are more likely to have a family physician or nurse practitioner.

Some groups are much more likely to have a primary care provider than other groups. More than nine in ten women rely on a family physician or nurse practitioner, compared to eight in ten men. Additionally, residents 55 and older are much more likely than younger residents to have a primary care provider.



Source: DHM Research, December 2018

One in ten residents with young children say they do not have access to needed mother and baby care.

Chart 18
Access to Mother and Baby Care
Among Residents with Children Under 5

No
12%

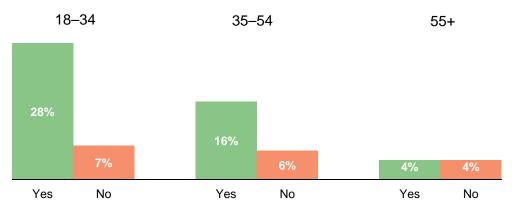
Yes
58%

Source: DHM Research, December 2018

Nearly nine in ten residents with children under the age of five say they either have access to mother and baby care, or don't need it (Q20). But the remaining 12% say they do not have access to this type of care. Note that 89% of parents of children under 5 have health insurance.

Younger residents are more likely to need mother and baby care. Fewer than one in ten residents in any group indicate that they need such care and do not have access to it.

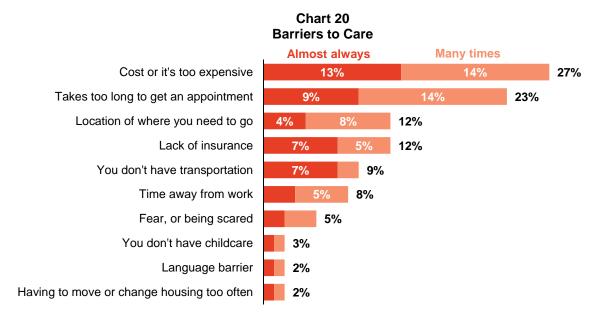
Chart 19
Access to Needed Mother and Baby Care by Age



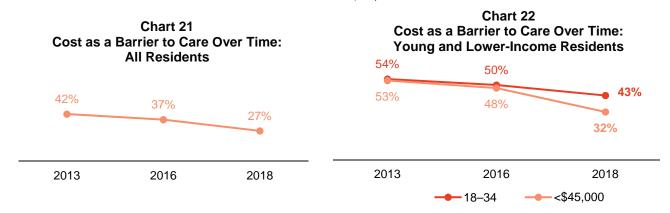
4.3 BARRIERS TO CARE

Cost and the amount of time it takes to get an appointment are the two most common barriers to care.

Residents are most likely to say that cost or the time it takes to get an appointment prevent them from receiving care many times or almost always (Q6–15). These two concerns reflect statewide research in both Oregon and Washington, which shows that these frustrations are widespread.



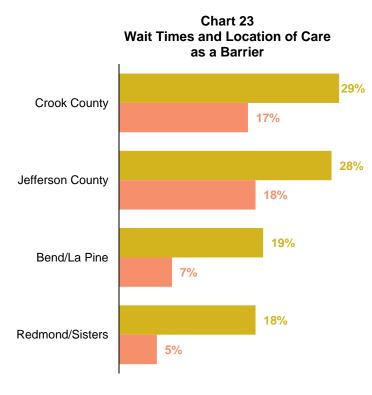
Despite rising costs of insurance premiums, copays, and prescriptions, residents in Central Oregon have reported a positive trend in being able to afford care (Q6). Overall, residents are less likely to say that cost is a barrier to receiving care many times or almost always. This trend is driven by declines among residents under 35 and residents with incomes of less than \$45,000.



Source: DHM Research, December 2018

Cost may less of a barrier—despite increased health care costs generally—due to an improving economy. In other research across Oregon, residents have become much less likely to express concern with certain economic issues, like jobs, than in 2013. The exception to this trend is concerns about the cost of housing, which have increased drastically. Nonetheless, increased job security may help residents feel more confident about accessing insurance and paying for care.

However, cost remains a significant barrier for many groups. Nearly one-third of residents with incomes of less than \$45,000 say that cost has prevented them from seeking care many times or almost always, along with 44% of parents with children under the age of 5. More than half of residents who lack health insurance say cost is a barrier to care (54%).



One in four residents say that, many times or almost always, they have been kept from care by appointment wait times (23%) (Q12). Overall, wait times for an appointment are a more significant barrier for residents than the location of such appointments (12%) (Q7).

Residents in Jefferson and Crook Counties are much more likely to say that wait times are an issue. Similarly, residents from these areas are more likely to say that the location of where they need to go is a barrier many times or almost always (Q7).

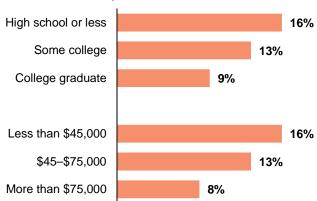
Concerns with wait times for appointments are on par with the results from 2013 and 2016, which showed that 19% and 30% of residents, respectively, found wait times for appointments to be a barrier.

Lack of insurance is a barrier to care that declines as education levels and incomes rise.

As noted previously, more than nine in ten residents carry health insurance, so this is not a barrier to care for much of the population. However, lack of insurance disproportionately affects certain subgroups (Q14). As education and income levels rise, residents are less likely to say that lack of insurance prevents them from seeking care many times or always.

Notably, although uninsured residents are the most likely to report a lack of insurance as a barrier to care (40%), nearly all insured residents say that their lack of insurance is not often or is never a barrier to care (89%).

Chart 24 Lack of Insurance as Barrier to Care by Education and Income

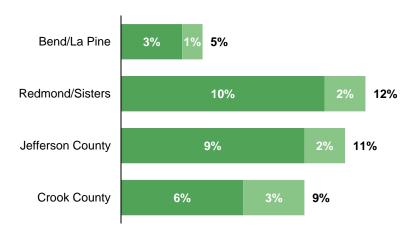


Source: DHM Research, December 2018

Fewer than one in ten residents say that transportation or time away from work prevent them from seeking care.

A lack of transportation is a common barrier to care for 9% of residents (Q9), who are more likely to like in Redmond, Sisters, or Jefferson County. People of color are more likely to report transportation as a barrier to care than white residents (15%, 8%).



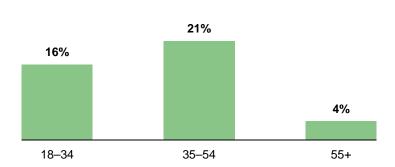


Time away from work prevents 8% of residents from getting care many times or always, but these residents are typically under the age of 55 (Q13). There is little difference in difficult between residents who work full time (17%) and those who work part time (20%).

A lack of childcare affects few residents, 3% of whom say it is many times or almost always a barrier to receiving care (Q11).

Interestingly, although parents of children under the age of 5 are more likely to say this prevents them from seeking care, the difference is slight when compared to people without young children (8%, 2%). Residents under 35 are among the most likely to cite a lack of childcare as a concern (10%). Residents who speak a language other than English at home may also be affected; 2 of the 11 residents who identified as such said a lack of childcare was a barrier.

Chart 26 Time Away from Work as Barrier to Care by Age



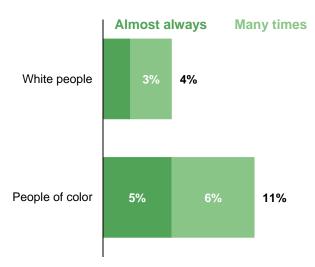
Source: DHM Research. December 2018

Fear may be a bigger barrier to care for people of color or those who primarily speak a language other than English.

In this survey, the sample size of residents who identify as people of color is large enough to analyze as a subgroup, but the sample size of residents who primarily speak a language other than English at home is very small (n=11).

Nonetheless, although 5% of respondents overall say that fear or being scared is many times or always a barrier to seeking care, that figure is doubled (11%) for people of color (Q8). Of the 11 people surveyed who speak a language other than English in the home two said that fear is almost always a barrier to receiving care.

Chart 27 Fear as Barrier to Care by Race/Ethnicity



Source: DHM Research, December 2018

Participants were also asked whether language is a barrier to receiving care (Q10). Very few respondents overall described language as a barrier (2%), but three of the 11 participants who speak a language other than English at home said that it was a barrier many times or almost always.

Notably, this survey was administered only in English. Fears and concerns about language may be underrepresented because they do not account for people with limited English proficiency.

Having to move frequently doesn't appear to disrupt residents' ability to seek care.

Although residents reported that increased access to affordable housing would likely improve the health of the community, having to move frequently doesn't appear to prevent residents from seeking care (Q15). Overall, just 2% of residents say this has prevented them from seeking care many times or almost always, but importantly, there are relatively few differences by subgroup.

For example, there is only a two-point spread between people with incomes of less than \$45,000 per year who say this is a barrier and those with incomes of more than \$75,000 per year (3%, 1%).

Residents who speak a language other than English at home may be more affected—two of the 11 participants who identified as such said moving often was a barrier. Additional outreach in the community may help answer that question.

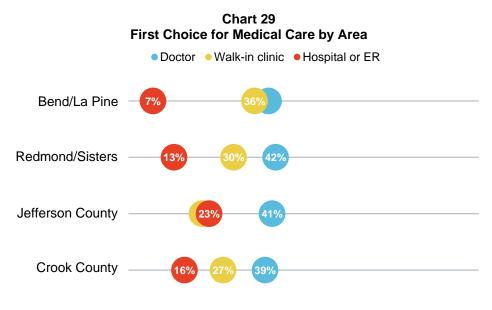
4.4 ACCESSING CARE AND HEALTH INFORMATION

Two-thirds of residents would seek needed medical care at a doctor's office, walk-in clinic, or urgent care.

Two-thirds of residents say that if they needed medical care that is not life-threatening, they would visit a doctor's office, clinic, or urgent care (Q16).

Chart 28 **First Choice for Medical Care** That is Not Life Threatening Your doctor or health professional 40% Walk-in clinic or urgent care 28% Hospital or ER 14% Would not seek care Health clinic or health department 5% Family member Retail location, like a pharmacy 1% Don't know 3%

There are some geographic differences when it comes to accessing care. Bend residents are more likely to rely on clinics or urgent care facilities, whereas residents in Jefferson County are more likely than other residents to go to the emergency room. Emergency rooms are also a more popular option for residents with incomes of less than \$45,000 (21%).



Source: DHM Research, December 2018

Nearly one-third of uninsured residents say they aren't sure what they would do, or they would not seek care (32%).

Residents continue rely most on their doctors and health professionals for health information. Reliance on the internet has remained stable.

Six in ten residents say they get most of their health information from their doctor or health professional (Q17). About one-third say the internet is their main source of information.

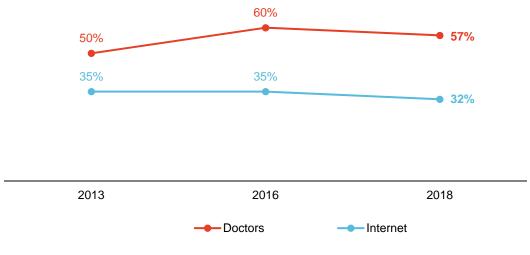
Table 1 **Biggest Source of Health Information for Self and Family**



Source: DHM Research, December 2018

These two sources of information have ranked first and second for several years, with almost no shifts over time.

Chart 30 **Top Sources of Health Information Over Time**



Source: DHM Research, December 2018

There are few demographic differences, although residents 55 and older are less reliant on the internet as a source of information compared to other age groups (29%, 36–46%).

Appendix 5

St. Charles Health System Community Needs Assessment Study
December 4–10, 2018
Total N=705; 10 minutes
Residents, 18+

Bend/La-Pine (n=200); Redmond/Sisters (n=152); Jefferson County (n=179); Crook County (n=174) Margin of error: +/-3.7%

DHM Research #00789

Hi, my name is ____. I'm with an opinion research firm in Oregon. I'm not selling anything. I have some questions about issues that are important to your community. This shouldn't take too long. And your responses will help improve healthcare in your area.

I have some general questions about your community.

S1. Are you 18 or older?

	2018
Response Category	n=705
Yes (Continue)	100%
No (Ask to speak to someone age	
18 or older)	

WARM UP & GENERAL MOOD

1. Would you say your overall quality of life is very good, good, poor or very poor?

	Total	Bend	Redmond	Jeff. Co.	Crook Co.
Response Category	n=705	n=200	n=154	n=178	n=173
Very good	42%	51%	41%	30%	44%
Good	53%	46%	55%	63%	49%
Poor	4%	3%	1%	5%	4%
Very poor	1%	0%	2%	1%	2%
(DON'T ASK) Don't know	1%	<1%	1%	1%	0%

2. Which of the following would most improve your overall quality of life? (read list, randomize)

	Total	Bend	Redmond	Jeff. Co.	Crook Co.		
Response Category	n=705	n=200	n=154	n=178	n=173		
Wellness and prevention program	10%	10%	9%	10%	11%		
Affordable housing	9%	9%	14%	8%	6%		
Living wage jobs	7%	9%	4%	7%	8%		
Improved transportation access	70/	400/	F0/	00/	F0/		
to health care	7%	10%	5%	8%	5%		
Education	6%	5%	11%	5%	4%		
Dental health	6%	7%	3%	7%	8%		
Mental health program	4%	6%	4%	2%	5%		
Substance abuse program	1%	0%	2%	1%	1%		
Something else (keep as last	31%	25%	31%	34%	250/		
response)	31%	23%	31%	34%	35%		
(DON'T ASK) Don't know	18%	20%	17%	19%	17%		

3. Would you say the overall quality of health care in your community is very good, good, poor, or very poor?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Very good	28%	34%	31%	21%	27%
Good	55%	55%	53%	58%	52%
Poor	9%	7%	9%	11%	11%
Very poor	3%	1%	2%	4%	6%
(DON'T ASK) Don't know	4%	3%	5%	5%	3%

4. Which of the following would most improve the health of your community? (read list, randomize)

			,		
Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Affordable housing	22%	26%	22%	19%	22%
Living wage jobs*	15%	16%	13%	18%	13%
Education	8%	9%	9%	10%	6%
Mental health program	7%	9%	8%	6%	6%
Wellness and prevention	7%	7%	8%	9%	6%
Improved transportation access to health care	7%	7%	5%	6%	9%
Substance abuse program	6%	5%	5%	9%	6%
Dental health	3%	2%	3%	3%	4%
Something else (keep as last response)	16%	11%	19%	12%	22%
(DON'T ASK) Don't know	8%	8%	9%	9%	7%

^{*}In 2016 wording was: Jobs

HEALTH CARE PRIORITIES

Now I have some questions about your household.

5. What is the number one physical health issue or concern for you and your family? (Open, probe for

specific comments.	COLLECT VERBATIM)

Pre-Coded Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Old age—general	13%	12%	10%	15%	14%
Affordable, access to, health care*	7%	8%	7%	6%	6%
Staying healthy, staying alive	5%	9%	3%	7%	2%
Diabetes	4%	2%	2%	4%	6%
Cancer	4%	2%	3%	7%	4%
Heart disease, heart issues	3%	4%	1%	4%	2%
Mobility issues, disabled	2%	2%	1%	3%	3%
Mental health	2%	3%	4%	2%	1%
Arthritis	2%	1%	2%	3%	3%
Exercise, improving physical health	2%	3%	3%	1%	1%
Back pain issues	2%	3%	3%	1%	0%
All other responses	1% or less	2% or less	2% or less	2% or less	2% or less
None, nothing	29%	27%	34%	24%	33%
(DON'T ASK) Don't know	4%	5%	2%	5%	4%

When it comes to your own health or your family's health, do the following keep you from getting medical

care almost always, many times but not always, not that often, or never? (Randomize Q6-15)

		Many times	Not		
Bassana Catamani	Almost	but not	that	Mayran	Don't
Response Category	always	always	often	Never	know
6. Cost or it's too expensive				1	
Total n=705	13%	14%	21%	50%	1%
Bend n=200	14%	14%	23%	48%	1%
Redmond n=154	7%	18%	22%	51%	2%
Jefferson County n=178	15%	11%	22%	51%	1%
Crook County n=173	13%	14%	19%	52%	2%
7. Location of where you need to go					
Total	4%	8%	16%	70%	2%
Bend	1%	5%	15%	77%	1%
Redmond	2%	3%	12%	80%	2%
Jefferson County	4%	14%	19%	60%	3%
Crook County	9%	8%	16%	65%	2%
8. Fear or being scared				•	
Total	2%	3%	8%	85%	1%
Bend	2%	3%	9%	85%	1%
Redmond	2%	3%	9%	84%	1%
Jefferson County	2%	3%	9%	83%	2%
Crook County	3%	2%	6%	88%	1%
You don't have transportation					
Total	7%	2%	6%	84%	1%
Bend	3%	1%	4%	89%	3%
Redmond	10%	2%	5%	83%	0%
Jefferson County	9%	2%	9%	79%	1%
Crook County	6%	3%	6%	86%	0%

		Many times	Not		
	Almost	but not	that		Don't
Response Category	always	always	often	Never	know
10. Language barrier				T	•
Total	1%	1%	4%	93%	1%
Bend	0%	0%	3%	96%	1%
Redmond	3%	1%	5%	91%	1%
Jefferson County	1%	2%	6%	91%	1%
Crook County	1%	1%	4%	94%	1%
11. You don't have childcare					
Total	1%	1%	3%	90%	4%
Bend	1%	1%	3%	89%	6%
Redmond	2%	2%	3%	88%	4%
Jefferson County	1%	0%	4%	91%	4%
Crook County	2%	2%	2%	92%	2%
12. Takes too long to get an appointment					
Total	9%	14%	27%	48%	1%
Bend	8%	11%	31%	50%	0%
Redmond	5%	12%	28%	52%	2%
Jefferson County	13%	15%	25%	46%	1%
Crook County	11%	18%	26%	44%	1%
13. Time away from work					
Total	3%	5%	13%	76%	4%
Bend	5%	5%	13%	74%	3%
Redmond	1%	6%	17%	69%	6%
Jefferson County	2%	4%	14%	76%	4%
Crook County	3%	4%	8%	82%	2%
14. Lack of insurance					
Total	7%	5%	11%	76%	2%
Bend	7%	6%	13%	72%	1%
Redmond	6%	5%	12%	76%	1%
Jefferson County	9%	5%	12%	72%	3%
Crook County	5%	2%	5%	86%	1%
15. Having to move or change housing too	often				
Total	1%	1%	6%	91%	1%
Bend	1%	2%	5%	92%	1%
Redmond	1%	3%	8%	86%	2%
Jefferson County	1%	2%	6%	91%	0%
Crook County	0%	0%	7%	92%	1%

INFORMATION ABOUT HEALTH CARE

16. If you or someone in your household needed medical care that is not life-threatening, would you first go to: **(read list, randomize)**

	Total	Bend	Redmond	Jeff. Co.	Crook Co.
Response Category	n=705	n=200	n=154	n=178	n=173
Your doctor or health professional	40%	40%	42%	41%	39%
A walk-in clinic or urgent care	28%	36%	30%	21%	27%
A hospital or emergency room	14%	7%	13%	23%	16%
A health clinic or health department	5%	4%	5%	7%	3%
A family member	2%	2%	3%	3%	3%
A retail location, such as a pharmacy*	1%	1%	0%	1%	2%
Or, you would not seek care (keep as last response)	6%	6%	6%	4%	9%
(DON'T ASK) Don't know	3%	4%	3%	1%	3%

17. Where do you and your family get most of your health information? (Open, probe for specific comments. COLLECT VERBATIM. Accept up to 3 mentions)

	Total	Bend	Redmond	Jeff. Co.	Crook Co.
Pre-Coded Response Category	n=705	n=200	n=154	n=178	n=173
Doctor/health professional	57%	56%	65%	57%	51%
Internet/web	32%	38%	29%	25%	35%
Books/magazines/newspaper	12%	14%	10%	14%	10%
Family and friends	10%	8%	14%	9%	13%
TV	8%	5%	5%	13%	8%
Insurance company	5%	7%	3%	5%	5%
Clinic—general	5%	5%	4%	6%	4%
Personal knowledge	5%	3%	3%	7%	6%
Employment	3%	3%	5%	3%	2%
All other responses	2% or less	3% or less	2% or less	4% or less	4% or less
None/nothing	1%	1%	1%	1%	2%
(DON'T ASK) Don't know	2%	2%	2%	3%	2%

18. Do you have a family physician or nurse practitioner?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Yes	85%	83%	81%	89%	87%
No	13%	14%	17%	10%	12%
(DON'T ASK) Don't know	2%	4%	1%	1%	2%

19. Do you have to travel outside your community for primary care?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Yes	23%	6%	15%	39%	32%
No	76%	92%	82%	61%	68%
(DON'T ASK) Don't know	1%	2%	2%	1%	0%

20. Do you and your family have access to mother and baby care? Let me know if you wouldn't ever need this type of care.

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Yes	8%	7%	9%	9%	7%
No	4%	2%	5%	4%	6%
No need	86%	88%	85%	87%	85%
(DON'T ASK) Don't know	1%	3%	1%	1%	1%

21. Which of the following insurance coverages do you have? (Record all that apply)

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Health	92%	93%	89%	94%	92%
Dental	55%	58%	51%	58%	51%
Vision	50%	50%	47%	59%	45%
(DON'T ASK) Don't know	6%	5%	10%	3%	7%

22. Which of the following routine medical exams have you had in the past 2 years? (Record all that apply)

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Physical exam	83%	87%	81%	81%	84%
Dental exam	69%	75%	70%	68%	62%
Vision exam	70%	71%	68%	72%	67%
(DON'T ASK) Don't know	6%	5%	8%	4%	9%

These final questions are very important to make sure we have a good cross-section of the community. Please remember that your answers are confidential and won't be shared.

23. In what year were you born?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
18–24	2%	2%	3%	2%	3%
25–34	4%	5%	6%	1%	4%
35–54	19%	22%	21%	16%	15%
55–64	16%	18%	13%	14%	20%
65+	56%	50%	55%	64%	57%
(DON'T READ) Refused	2%	3%	2%	3%	1%

24. How many people are in your household? (Record as follows)

	Total	Bend	Redmond	Jeff. Co.	Crook Co.
Response Category	n=705	n=200	n=154	n=178	n=173
1	23%	26%	20%	22%	21%
2	49%	43%	48%	56%	51%
3	11%	16%	10%	8%	9%
4	8%	9%	11%	7%	7%
5 or more	6%	4%	8%	6%	8%
Don't know	2%	2%	3%	1%	3%
Mean	2.2	2.2	2.4	2.2	2.3

25. Do you have children younger than 5 in the household?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Yes	4%	2%	5%	4%	5%
No	94%	95%	92%	94%	92%
(DON'T READ) Refused	2%	3%	3%	1%	3%

26. What is your current employment status? (Read list)

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
I work for someone else full time	22%	25%	25%	17%	20%
I work for someone else part- time	6%	6%	4%	7%	7%
I am self-employed and do not work for anyone else	10%	14%	8%	8%	10%
I am a full-time student	1%	1%	1%	0%	1%
I am retired	52%	46%	52%	59%	54%
None of the above	6%	6%	8%	8%	4%
(DON'T READ) Refused	3%	3%	2%	1%	4%

27. Is your total household income before taxes (read list):

·	Total	Bend	Redmond	Jeff. Co.	Crook Co.
Response Category	n=705	n=200	n=154	n=178	n=173
Below \$25,000	13%	11%	11%	16%	14%
Between \$25,000 and \$35,000	10%	6%	12%	13%	12%
\$35,000 to \$45,000	9%	8%	9%	10%	10%
\$45,000 to \$55,000	9%	8%	10%	10%	9%
\$55,000 to \$65,000	7%	8/%	5%	7%	7%
\$65,000 to \$75,000	7%	6%	7%	7%	6%
\$75,000 to \$85,000	5%	4%	6%	7%	4%
\$85,000 to \$100,000	6%	10%	5%	3%	6%
\$100,000 to \$125,000	6%	7%	6%	4%	7%
Greater than \$125,000	7%	9%	8%	6%	6%
(DON'T READ) Refused	20%	23%	21%	17%	18%

28. Is your total monthly rent or mortgage payment more than one-third of your take-home income?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Yes	16%	18%	20%	16%	10%
No	74%	70%	68%	78%	81%
(DON'T READ) Don't know	4%	6%	5%	3%	3%
(DON'T READ) Refused	6%	6%	7%	4%	6%

29. What is your highest level of education?

	Total	Bend	Redmond	Jeff. Co.	Crook Co.
Response Category	n=705	n=200	n=154	n=178	n=173
Some high school or less	4%	1%	5%	5%	4%
High school graduate	20%	14%	15%	26%	24%
Some college or technical school	31%	27%	33%	34%	28%
College graduate	29%	36%	26%	24%	29%
Post college	13%	17%	15%	9%	11%
(DON'T READ) Refused	4%	4%	5%	2%	3%

30. Is your racial identity or ethnicity: (Read list; accept multiple)

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Asian or Pacific Islander	1%	2%	1%	1%	1%
Black or African American	1%	0%	1%	0%	1%
Hispanic or Latino	3%	1%	3%	5%	4%
Native American or American Indian	4%	3%	2%	5%	4%
White	83%	84%	86%	81%	82%
Middle Eastern/Northern African	n=2	0%	1%	1%	0%
Other	5%	3%	5%	6%	4%
(DON'T READ) Refused	7%	9%	6%	4%	6%

31. What is the primary language spoken in your household?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
English	95%	96%	93%	95%	96%
Spanish	n=3	0%	1%	1%	0%
Other	1%	1%	2%	2%	1%
(DON'T READ) Refused	3%	3%	4%	2%	3%

32. What is your gender identity?

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Male	46%	46%	51%	44%	41%
Female	50%	49%	43%	52%	53%
Non-binary or gender non- conforming	1%	0%	2%	1%	1%
(DON'T READ) Refused	4%	4%	4%	3%	5%

33. (FROM SAMPLE) City/Area

Response Category	Total n=705	Bend n=200	Redmond n=154	Jeff. Co. n=178	Crook Co. n=173
Bend/La Pine	28%	100%			
Redmond/Sisters	22%		100%		
Jefferson County	25%			100%	
Crook County	24%				100%