



100% Health
Community Coalition



Community Themes and Strengths Assessment

2018-2019



PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.



Trillium

Community Health Plan



United Way of Lane County



PeaceHealth

Acknowledgements

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100% Health Executive Committee
Live Healthy Lane (LHL) Operations Team

The Community Themes and Strengths Workgroup who led this assessment include:

Amanda Cobb, Trillium Community Health Plan
Bess Day, United Way of Lane County
Leah Edelman, Lane County Public Health
Debi Farr, Trillium Community Health Plan
Robert Phillips, Trillium Community Health Plan
Senna Towner, United Way of Lane County
Kayla Watford, United Way of Lane County
Jennifer Webster, Lane County Public Health

Lilian Morrill, United Way of Lane County's Community Health Intern, was pivotal in data collection and analysis.

Please contact Senna L. Towner at United Way of Lane County (541-741-6000 X163, stowner@unitedwaylane.org) with questions about this document.

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INTRODUCTION

Live Healthy Lane

Creating a healthy community is a shared responsibility. By working together, we have the potential to create a caring community where all people can live a healthier life. Live Healthy Lane (LHL) brings together Lane County, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, local organizations, and community members to contribute to improving the lives of everyone in Lane County.

Live Healthy Lane uses the Mobilizing for Action through Planning and Partnerships (MAPP; NACCHO, 2018) model (see Figure 1) as our strategic framework for prioritizing community health issues and developing strategies to improve health outcomes. There are six phases of MAPP: 1) Organize for Success & Partnership Development; 2) Visioning; 3) Four Assessments; 4) Identify Strategic Issues; 5) Formulate Goals & Strategies; and 6) Action Cycle. The final three steps together comprise the creating and implementation of a Community Health Improvement Plan (CHIP).

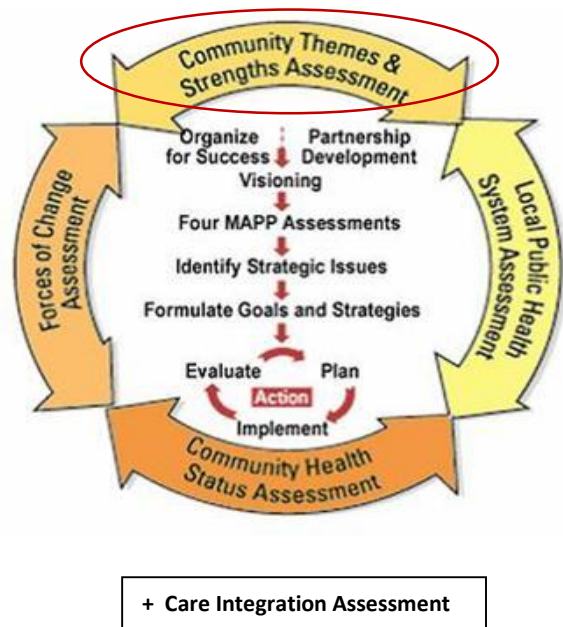
The four assessments in Phase 3 include the Community Themes and Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment, and Forces of Change Assessment. Live Healthy Lane has included a fifth assessment – Care Integration (see all reports here: [Live Healthy Lane](#)). In this report, we provide results and analysis from the 2019 Community Themes and Strengths Assessment.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) describes how community members perceive their health and quality of life, as well as their knowledge of community resources and assets.

In 2015, Live Healthy Lane conducted an extensive CTSA with 2,295 surveys, 50 focus groups, and 53 key informant interviews; see complete report here: [2015 CTSA](#)). In fact, managing the participation of

Figure 1. MAPP Model



the high number of people interested in contributing was a particular challenge and took a greater proportion of the three-year assessment and CHIP time period than initially anticipated. As a consequence, we now have a robust foundation of collaboration and community involvement for deployment in the action cycle; however, we did not accomplish as much in the previous action cycle as we had planned.

For the 2019 CTSA, we focused on learning whether the community health issues identified in the 2015 CTSA continue to be priorities and whether those priorities resonate specifically with people from groups and populations that were not as well-represented in the 2015 CTSA.

To answer these questions and reach a broad cross-section of Lane County's population, Live Healthy Lane disseminated a Community Health Survey targeting priority populations, and engaged community members underrepresented by the survey in focus groups.

This report that summarizes the 2018-2019 CTSA is intended to assist the LHL planning teams (i.e., Operations Team, 100% Health Executive Committee) in shaping the 2020-24 CHIP. In sum, the report shares: **1)** progress made on the 2016-2019 CHIP; and **2)** community health priorities moving forward.

PROGRESS MADE ON THE 2016-2019 CHIP

Lane County, Oregon’s Regional 2016-19 Community Health Improvement Plan (CHIP) is a three-year action-oriented plan informed by Lane County’s 2015 Community Health Needs Assessment (CHNA), which considers population-level data and community input. The CHIP focuses efforts and mobilizes partnerships with the intention of improving the behavioral, physical and social health, and overall well-being of our community.

Table 1. 2016-2019 CHIP

Goals	Strategies
Increase social and economic opportunities that promote healthy behaviors	Support economic development through investing in workforce strategies that provide sustainable family wage jobs in our communities.
	Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.
	Assure availability of affordable healthy food and beverages in every community.
Increase healthy behaviors that improve health and wellbeing	Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.
	Support the implementation of evidence-based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.

In 2018-2019, Lane County explored the community’s perceptions of progress made on the 2016-19 CHIP goals in its Community Themes and Strengths Assessment (CTSA) and as part of the larger CHNA. Considering the strategies outlined by the 2016-19 CHIP, community members provided input through surveys (N=590; 17 Spanish, 573 English) and nine focus groups (2 Spanish, 7 English). Survey and focus group participants were asked how the health of our community could be improved and where to prioritize efforts. Below is a summary of the CTSA results, highlighting demographics, issues that rise to the top as most important including differences and similarities across priority populations and geographic areas, and a comparison to 2015 CTSA data.

Survey and Focus Group Demographics

Given the breadth and depth of the 2015 CHNA, the current CTSA focused on hearing from community members who were underrepresented in 2015 including: non-English speaking and those who speak English as second language, LGBTQ, rural community members, seniors, people living with a disability, and youth. Although there was success with reaching some of these populations, survey respondents were largely white, female, married, English-speaking, and with a higher income and education than the county population breakdown as a whole.

Table 2. Survey Demographics		
Demographic	County	Survey
Population who identify as female (%)	<u>2018</u> ¹ 51.00	81.13
Race (%)	<u>2013-2017 estimate</u> ²	
2+ Races	4.96	-
Asian	2.57	2.36
Native American/Alaska Native	1.05	5.64
Black	1.14	1.45
Native Hawaiian/Pacific Islander	0.24	1.64
Ethnicity (%)	<u>2013-2017 estimate</u> ²	
Hispanic/Latino	8.40	9.24
Population with a college degree (%)	<u>2017</u> ¹ 17.70	58.21

Sources: 1) American Community Survey; 2) ACS Community Survey 5-year estimates

Although there is always room for improvement, the current assessment demonstrates an increase in participation of some non-white populations, particularly Hispanic and Native American/Alaska Native populations. Focus groups were also conducted with priority populations:

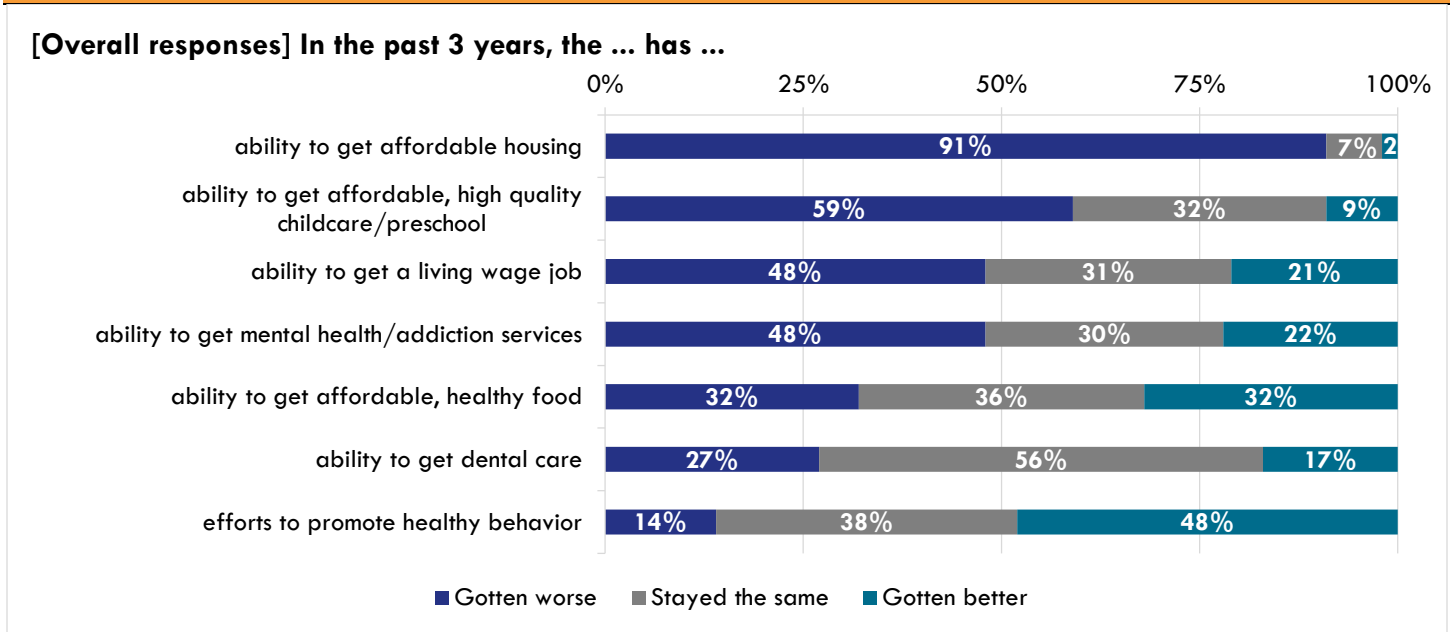
- **Rural communities** (4 focus groups): McKenzie Bridge/Blue River, Siuslaw Upriver, Oakridge/Westfir, Lowell
- **Seniors and people living with a disability** (1 focus group): Lane County Senior and Disability Services in Eugene
- **Spanish-speaking community** (1 focus group): Centro Latino Americano
- **Spanish- and Mam-speaking and rural** (1 focus group): Cottage Grove Community Center
- **Youth and rural** (1 focus group): Cottage Grove Youth Advisory Council
- **Youth** (1 focus group): Planned Parenthood of Southwest Oregon

Community Health Progress

Participants were asked to consider the seven strategic initiatives from the 2016-19 CHIP and indicate whether or not they had improved over the past three years. Approximately one-third (20-40%) of survey participants responded “I don’t know” to all the strategic initiatives except housing (9%), food (16%), and childcare/preschool (58%). Respondents were generally in agreement about the levels of improvement, even when analyzed by sexual orientation, income level, highest level of education, age group, Hispanic ethnicity and race (only White, Native

American/Alaska Native and people who identified multiple races had enough responses to be included in the analysis)¹.

Figure 2. Perceptions of CHIP Progress²



Gotten Better: Healthy Behaviors

According to almost half (48%) of survey respondents, in the past three years, **efforts to promote healthy behaviors have improved**; this is the only domain that has general agreement on improvement. Different from the other questions on the survey, however, this one asked about “efforts” to promote healthy behaviors rather than “ability” to promote healthy behaviors, thus focusing on the *work that has been done*, and not on community members’ *access* to healthy behaviors, which, in turn, may have led to positivity bias.

That said, one focus group, the Cottage Grove Youth Advisory Council, did prioritize healthy behaviors with an emphasis on mental health and addiction services, demonstrating their broader understanding of the question. The youth understood the relationship between healthy behaviors and mental health:

- *If we focused on mental health in school, and starting at a young age, I think the affect would be tremendous and our community’s mental health would go up. People need to be taught how to deal with problems healthier.* (Cottage Grove Youth Advisory Council Focus Group Participant)

In addition, survey respondents shined light on how the community might continue to improve upon supporting engagement in healthy behaviors (outlined in more detail in the next section on page 13), and these solutions

¹The demographic breakdown for these questions tended to skew to higher income, higher levels of education and white, non-Hispanic race and ethnicity. The age breakdown was fairly evenly distributed between 25-74 year olds, with less representation for those under 25 and over 75. Data were not analyzed by gender because respondents were overwhelmingly female. Data were analyzed by language spoken at home but there were too few non-English speakers to be included in the analysis overall.

² Graph represents only respondents who expressed an opinion; “I don’t know” responses are excluded.

indicate that some understand the root causes of unhealthy behaviors, and the intersection between basic needs (e.g., housing, food) and engaging in healthy behaviors:

- *I think we need to focus on root causes...get folks housed, get them treated, get them jobs. Unhealthy behaviors are often out of necessity or for coping. (Survey Participant)*
- *Many addictions stem from alienation and economic stresses. Addressing those will lead to healthier behaviors. (Survey Participant)*

Stayed the Same: Dental Care and Healthy Food

Of the survey respondents, **56% perceive that the ability to get dental care has stayed the same**, and **36% perceive that the ability to get affordable healthy food has stayed the same**. The ability to get affordable healthy food is split nearly evenly across perceptions of getting worse or staying the same, which holds true across

Many in Lane County still consider improving access to dental care and affordable healthy food a priority.

demographic groups with a few exceptions. The ability to access dental care continues to be a concern. Accessibility was not good according to the 2015 assessment, and it continues to be a significant issue in 2019. The perceptions related to accessing affordable healthy food showed an interesting split. A slim majority saw access as staying the same, but 32% of respondents rated it as

worsening, and another 32% perceived that access to affordable healthy food had improved.

Four of the nine focus groups brought attention to the need to prioritize healthy foods. Also, both Spanish-speaking focus groups highlighted the need to prioritize healthy foods *and* dental care. Overall, the current CTSA indicate both dental care and food access a serious problem for rural and urban communities, and both are of particular concern for Spanish-speaking communities.

Both Spanish-speaking focus groups highlighted the need to prioritize healthy foods and dental care.

- *We have NO dental care in our rural community Oakridge. (Survey Participant)*
- *What I'm interested in is the dentist. It's so expensive! People just don't go to the dentist because of how expensive it is. (Centro Latino Americano Focus Group Participant)*
- *I worked at the high school, and students are starving. (Lowell Focus Group Participant)*
- *If rent was lower, we could afford healthy food. (Survey participant)*

Gotten Worse: Housing, Childcare/Preschool, Living Wage Jobs, and Mental Health/Addiction Services

Of the survey respondents, **91% consider the ability to get affordable housing as worse in the last three years**, **59% consider the ability to get affordable, high quality childcare/preschool as worse**, and **48% perceive both the ability to get a living wage job and mental health/addiction services as worse**.

Seven of the nine focus groups voiced the need for the community to prioritize **affordable housing** and **living wage jobs** in the next three years. Further, these two issues are a priority in both rural and urban communities.

- *Local housing is simply not affordable, by the time you add in rent, utilities, first/last month's rent, security deposit, etc. If we solved the housing issue, we would build a strong foundation for all the other services.* (Senior and Disability Services Focus Group Participant)

Although only three of the focus groups emphasized the need for **affordable childcare**, these are important to note, because they are priority populations: One of which was a rural focus group in McKenzie Bridge, and the other two were in the Spanish-speaking focus groups (one rural and one at Centro Latino Americano). McKenzie Bridge participants called attention the need to focus on bringing childcare to people living with addiction and/or mental health issues and families who are under- or unemployed, thus highlighting their understanding of the relationship between childcare, living wage jobs, and mental health services. The Spanish-speaking focus groups emphasized the need to prioritize childcare for undocumented families, families with young children, women, and immigrants and refugees.

Survey and focus group respondents emphasized the need to prioritize housing, childcare/preschool, living wage jobs, and mental health/addiction services in Lane County.

- *I have a grandchild now, so I see more and more how important those early years are and driving into town [for work] is a big time commitment.* (McKenzie Bridge/Blue River Focus Group Participant)
- *Focus on [providing childcare] in rural areas...* (Survey Participant)
- *Childcare is so expensive and parents work completely different schedules to pay for it.* (Centro Latino Americano Focus Group Participant)

Five of the nine focus groups prioritized **mental health/addiction services**, especially for youth in rural areas. Increasing suicide rates, social isolation, lack of motivation and hope, and generational poverty were emphasized.

- *There are no counselors for young kids and [service providers] are pushed to the emotional max.* (Oakridge/Westfir Focus Group Participant)
- *[We need] shorter wait time. Options [Counseling Services] is 6-8 weeks out, but it is often 12 weeks out.* (Siuslaw Upriver Focus Group Participant)
- *A lack of hope among youth resulted in not enough football players for a varsity team, a first for Oakridge High School.* (Oakridge Focus Group Participant)
- *Every person in Eugene should walk the streets and see how serious homelessness, mental health, and addiction [is, and much these issues have] increased – provide some kind of housing and tie mental health/addiction services to [those] living at subsidized housing.* (Survey Participant)

COMMUNITY HEALTH PRIORITIES MOVING FORWARD

In addition to providing feedback on progress made since 2016, the CTSA solicited information about how the community prioritizes the current strategic initiatives, as well as other barriers to health that may have emerged since 2016.

2016-19 CHIP Strategic Initiatives

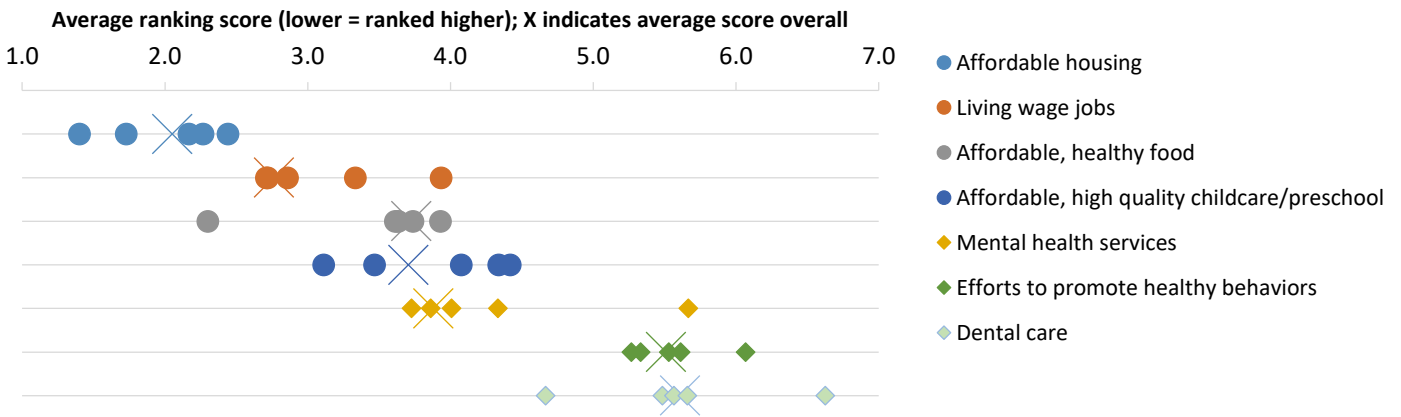
Survey and focus group participants were asked to rank what they consider “most important” to supporting Lane County’s community health from the same seven health domains discussed in the previous section. These perceptions can help inform the development of CHIP priorities moving forward. Considering respondents’ perceptions of whether they had gotten worse, stayed the same, or gotten better, the ranking results are unsurprising.

As demonstrated in Figure 3, the priorities of survey respondents in order of importance are essentially as follows (see ‘X’s on graph):

- 1) Housing
- 2) Living wage jobs
- 3) Affordable, healthy food; affordable, quality childcare, access to mental health services
- 4) Promoting healthy behaviors; access to dental care

Figure 3. Ranking of CHIP Priorities

Ranking of CHIP priorities was fairly consistent across populations. There were minor differences among some groups (represented as dots, see Appendix A), but overall housing, wages, and food ranked near the top for everyone (represented as an ‘X’).



Potential Issues of Equity

There were very few differences among the rankings between different socioeconomic and demographic groups, and the minor differences are among those who indicated they were:

- Living in a non-metro area (outside Eugene/Springfield zip code),
- Native American/Alaska Native,
- Hispanic,
- Spoke Spanish as their primary language at home, and
- A sexual orientation other than straight.

(see Appendix A for ranking by population details.)

Childcare/preschool seems to be a higher priority among non-white/racial ethnic groups, at least among Native American/Alaska Native and Hispanic identifying peoples. (Other groups had small response rates, making it difficult to be definitive.) This could indicate there are some equity issues related to accessing childcare/preschool that need to be addressed.

Further, Native American/Alaska Native ranked access to food as a high priority, which could also be related to an equity issue.

Although everyone ranked affordable housing as the highest priority, Native American/Alaska Natives gave it the lowest average score, and LGBTQ-identified respondents gave it the next lowest score, which could be indicative of inequities in this area as well.

Focus group results reaffirmed these priorities with minor differences in ranking among certain socioeconomic/demographic groups (see pages 7-8 for related discussion):

- Spanish-speaking focus group participants prioritized dental care and childcare/preschool,
- All rural focus groups prioritized mental health/addiction services, and
- One rural focus group (McKenzie Bridge) prioritized childcare/preschool.

Additional Community Health Priorities

Focus group and survey respondents were also asked if there were other issues important to their community's health that were not among the listed priorities. Three additional priorities (below) emerged with few differences between survey and focus groups with the exception of **transportation** being especially underscored by rural focus groups as a barrier to good health.

Transportation was underscored by rural communities as a barrier to good health.

- Clean environment that supports health
 - *Clean air and water; especially air quality and climate change*
- Social cohesion and connection
 - *More opportunities to connect, especially through recreation*
 - *More opportunities to connect for vulnerable populations*
- Discrimination and racism
 - *Address disparities*
 - *Create a more welcoming community for people of color and immigrants*

Improving Community Health

Survey and focus group participants were also asked to consider “how the community could improve upon these health domains.” Responses can help inform CHIP strategy development. Below is a summary of these qualitative results including the themes, subthemes when they emerged, and some quotes from participants.

Affordable, High Quality Childcare/Preschool

- **Provide alternative hours and locations**
 - *In rural areas*
 - *Hours (e.g., evenings) and part-time hours*
 - *From employers/onsite employer care*
- **Subsidize childcare**
 - *Provide more Preschool Promise options*
- **Improve support and recognition of childcare providers**
 - *More training*
 - *Increase teacher/provider pay*

*Make [childcare] affordable, in places easy to access with working hours that **accommodate the schedules of students/working class people.***

*Help employers offer **onsite daycare.***

Affordable, Healthy Food

- **Need for local access to purchase food**
 - *Address transportation as a barrier/provide delivery options*
- **Support for local growers and improve access to locally grown fruits and vegetables**
 - *Reengage the Food Policy Council*
- **Provide subsidies to improve access to farmer’s markets and Community Supported Agriculture (CSAs)**
 - *Sustain Double-Up Food Bucks*
- **Educate people on healthy eating**
- **Policies to support healthy eating**
 - *Tax unhealthy food*
 - *Restrict SNAP benefits to healthy options*

*Pair up with the local farmers’ markets to offer discounts to **low-income people.***

Affordable Housing

- **Change policies**
 - *Policies to encourage building more affordable homes*
 - *Policies to control housing costs*
- **Reduce barriers to renting**
- **Pay living wages**

*Even affordable housing is reaching prices that are **not reachable** to many families or singles.*

*Get creative, **address infrastructure, zoning, and code issues** that prevent accessory dwelling, the ability to affordably build smaller homes and use of tiny homes. **Improve sustainability of housing**, especially around water and energy use so that homes remain viable and affordable in the future. Think about the longevity when it comes to building codes to **increase the life span of housing.***

Dental Care

- **Expand services in Lane County**
 - *In rural areas*
 - *Appointment availability*
- **Reduce cost of services**
- **Educate people on available services and dental hygiene**

Better education on the importance of dental care, and more programs offering free or low cost dental care.

Living Wage Jobs

- **Raise minimum wage**
 - *Tie minimum wage to inflation*
 - *Tie minimum wage to CEO salaries*
 - *Better pay and benefits for entry-level jobs*
 - *Government contracts that require living wage jobs*
 - *CHIP partners ensure they are paying living wage jobs*
- **Attract new industry**
 - *Rural communities need more economic opportunity*
 - *Attract industries that will be sustainable*
- **Support local business**
 - *Vocational training that supports small/local businesses*
- **Control cost of living**
 - *Balance with burden of living expenses (e.g., education, housing, childcare, food, etc.)*
- **More/better training opportunities**
 - *Skills training for trades*
 - *Job training for young people*
- **Improve infrastructure**
 - *High-speed Internet and better transportation to improve commuting/telecommuting for people living in rural areas*

Wages have gone up some but rent and other basic needs are going up so much faster than wages.

*We need to **attract businesses**, other than just retail or service-type business, that pay more including such jobs that employ students...*

*Do more **school-to-work** with local high schools. Be sure **local, existing businesses** feel **and are supported** so their employees feel more secure and they can add staff.*

Mental Health/Addiction Services

- **Address insurance and rural barriers**
- **Improve treatment**
 - *Evidence-based treatment*
 - *For youth*

*Expand **tele-mental health** to increase access, but again, **broadband** access to must first be **expanded in rural areas**.*

- **Educate the community**
 - *Destigmatize*
 - *Share available resources*
- **Address housing issues**

Huge need for residential treatment for youth.

Promotion of Healthy Behaviors

- **Continue to support related policies**
- **Increase access to healthy options**
 - *For all income levels*
 - *That are incentive-based*
 - *That are evidence-based*
 - *In rural areas*
- **Improve education and outreach**
- **Address root causes**

Support and promote evidence-based programs offered by community-based organizations.

*Many **addictions stem from alienation and economic stresses**. Addressing those will lead to healthier behaviors.*

CONCLUSION

In conclusion, CTSA participants confirm that the 2016-19 CHIP strategic initiatives should remain areas of focus if Lane County is to continue to reduce barriers to good health and ultimately improve community health. Survey and focus group data support continuing to work towards the goals laid out in the current CHIP: 1) increase social and economic opportunities that promote healthy behaviors, and 2) increase healthy behaviors that improve health and wellbeing. Although survey participants do not reflect the full diversity of Lane County, the current assessment has greater representation of priority populations compared to the 2015 assessment. As intended, focus groups greatly diversified participation, particularly among people living in rural areas, people for whom English is not their first language, and youth.

Appendix A Ranking of CHIP Priorities by Population

CHIP Priorities	Overall		Non-metro zip code		Native American/ Alaska Native		Hispanic		Speaks Spanish at home		LGBTQ	
	R	AS	R	AS	R	AS	R	AS	R	AS	R	AS
Affordable Housing	1	2.05	1	2.17	1	1.40	1	2.44	1	2.27	1	1.73
Living Wage Jobs	2	2.76	2	2.71	4	3.33	2	2.86	3	3.93	2	2.72
Affordable, Healthy Food	3	3.73	3	3.63	2	2.30	4	3.74	3	3.93	3	3.61
Mental/Addiction Services	4	3.88	4	4.01	6	5.67	5	3.86	4	4.33	4	3.73
Childcare/Preschool	5	4.34	5	4.07	3	3.11	3	3.71	2	3.47	5	4.42
Healthy Behaviors	6	5.51	7	5.61	5	5.33	7	5.53	6	5.27	7	6.07
Dental Care	7	5.61	6	5.56	7	6.63	6	5.49	5	4.67	6	5.66

Key: *R* = Rank; *AS* = Average Score

Appendix B Community Health Survey

1. In the past three years, the ability to get affordable, high quality childcare/preschool in Lane County has: (check one)			
<input type="checkbox"/> gotten better	<input type="checkbox"/> stayed the same	<input type="checkbox"/> gotten worse	<input type="checkbox"/> I don't know
2. How can we improve access to affordable, high quality childcare/preschool in your community? (briefly describe)			

3. In the past three years, the ability to get affordable, healthy food in Lane County has: (check one)			
<input type="checkbox"/> gotten better	<input type="checkbox"/> stayed the same	<input type="checkbox"/> gotten worse	<input type="checkbox"/> I don't know
4. How can we improve access to affordable, healthy food in your community? (briefly describe)			

5. In the past three years, the ability to get affordable housing in Lane County has: (check one)			
<input type="checkbox"/> gotten better	<input type="checkbox"/> stayed the same	<input type="checkbox"/> gotten worse	<input type="checkbox"/> I don't know
6. How can we improve access to affordable housing in your community? (briefly describe)			

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13. In the past three years, efforts to **promote healthy behaviors**, like quitting tobacco, in Lane County have: (check one)

- | | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> gotten better | <input type="checkbox"/> stayed the same | <input type="checkbox"/> gotten worse | <input type="checkbox"/> I don't know |
|--|--|---------------------------------------|---------------------------------------|

14. How can we improve efforts to **promote healthy behaviors** in your community? (briefly describe)

15. To-date, what do you think is **most important** to supporting Lane County's community health? (Rate the list of items 1-7, with 1 being most important and 7 being least important):

___ Affordable, healthy food	___ Affordable, high quality childcare/preschool	___ Affordable housing	___ Dental Care
___ Efforts to promote healthy behaviors	___ Living wage jobs	___ Mental health services	

16. Is there anything else that's important to your community's health that was not listed above? (briefly describe)

17. What other **barriers to good health** exist in your community that we have not yet mentioned?

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18. What is your **age**?

- | | | |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 85+ |

19. What is your **zip code**? _____

20. What is your **preferred language at home**? _____

21. What is your **gender identity**?

- | | | |
|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | <input type="checkbox"/> An unlisted gender (please list) _____ |
| <input type="checkbox"/> Male | <input type="checkbox"/> Intersex | |

22. What is your **sexual orientation**?

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Queer | <input type="checkbox"/> An unlisted sexual orientation (please list) _____ |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Straight | |
| <input type="checkbox"/> Bisexual | | |

23. What is your **relationship status**?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Married/partnered | <input type="checkbox"/> Divorced | <input type="checkbox"/> An unlisted relationship status (please list) _____ |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Single | |

24. What is your **race**? (You may select more than one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> An unlisted race (please list) _____ |

25. What is your **ethnicity**?

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
|---|---|

26. What is your **estimated annual income**?

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$30,000-49,999 | <input type="checkbox"/> \$70,000-99,999 |
| <input type="checkbox"/> \$20,000-29,999 | <input type="checkbox"/> \$50,000-69,999 | <input type="checkbox"/> Over \$100,000 |

27. What is the **highest level of education you have completed**?

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Some college/no degree | <input type="checkbox"/> Advanced degree |
| <input type="checkbox"/> High school degree/GED | <input type="checkbox"/> Associate/technical degree | |
| | <input type="checkbox"/> Bachelor's degree | |

28. Is there anything else you would like to share?

Optional. If you are interested in participating in a follow-up discussion that may result from this survey, please provide us with the following information:

29. Name:

30. Email:

31. Phone:

Appendix C Focus Group Instrument

- **Community** includes all those who live, work, and play in Lane County.
- **Health** refers to the broad definition: a state of complete physical, mental, and social well-being and not just the lack of disease or illness.

1) To-date, what do you think is most important to supporting Lane County’s community health? (Rate the list of items 1-7, with 1 being most important and 7 being least important).

___ Affordable, healthy food	___ Affordable, high quality childcare/preschool	___ Affordable housing	___ Dental Care
___ Efforts to promote healthy behaviors	___ Living wage jobs	___ Mental health services	___ Something else List:

2) From the list above, what 3 do you want us to focus our attention on in the next few years? (These will likely match your above rankings)

3) Which people or communities are most impacted by the top 3 focus areas?

4) Thinking of your top 3 focus areas, how can we improve efforts to support your community’s health? (briefly describe)

5) Is there anything else that’s important to your community’s health that was not already discussed?

Community Themes and Strengths Assessment 2018-2019

