

Malheur County Community Advisory Council 2013 Needs Assessment Summary

Partners

The Malheur County Community Advisory Council (CAC) consistently received participation from the following organizations, agencies and community members since its inception in February, 2013. Following is a summary of the Community Health Assessments conducted by the local CAC.

- Malheur County Commissioners, Public Health, Juvenile Department and Sheriff's Office;
- Department of Human Services Adults & Persons with Disabilities, Child Welfare, Self-Sufficiency, & Community Development;
- Office of Representative Cliff Bentz
- Southeast Oregon Food Bank
- Malheur Council on Aging
- XL Hospice
- Malheur Education Service District
- Treasure Valley Relief Nursery
- Oregon Child Development Center
- Treasure Valley Pediatrics
- Valley Family Health Care
- St. Alphonsus Medical Center
- St. Luke's Family/Internal Medicine
- Debra Alexander, FNP
- Independent Chiropractic & Dental Providers
- Treasure Valley Physical Therapy
- Lifeways Mental Health, Developmental Disabilities & Addictions
- The Family Place Therapeutic Services
- Veteran's Advocates of Ore-Ida

Data Sources

Primary Data Sources

“Community Health Needs Survey, Malheur County” 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Malheur County CAC.

Key Informant Interviews conducted by Malheur County CAC members in August and September, 2013.

Malheur County Latino Focus Groups conducted by Armenia Sarabia of Greater Oregon Behavioral Health, Inc. (GOBHI), in September and October, 2013.

Secondary Data Sources

“Community Health Needs Survey, - Malheur County” 2013. Eastern Oregon Coordinated Care Organization : Community Advisory Council. Oregon.

“County Health Calculator,” 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.

“County Health Rankings and Roadmaps – a Healthier Nation County by County,” 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute.

“Data Elements for CCOs Reports,” 2013. Oregon Health and Science University. Office of Rural Health.

“Malheur County’s Epidemiological Data on Alcohol, Drugs and Mental Health. 2000 to 2012. Oregon Health Authority. Office of Health Analytics and Addictions and Mental health Division.

“Oregon Smile Survey,” Oregon Health Authority, 2012.

“Prevention Chronic Diseases and Reducing Health Risk Factors,” 2013. Centers for Disease Control and Prevention. CDC 24/7 : Saving Lives. Protecting People.

“Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.

Priority Needs

EOCCO staff supported the Malheur County LCAC in developing a draft needs assessment survey. This was mailed as a household survey to approximately 900 random households, from which there were 366 responses for a 35% response rate.

The Malheur County CAC group reviewed, suggested modifications and approved a Key Informant Interview guide with assistance from EOCCO staff. After reporting demographic information about prospective respondents, CAC members utilized this questionnaire in surveying a diverse group (age, income and community of residence) of 27 Malheur County residents. One-on-one interviews were then recorded and analyzed for major themes, which were shared with the CAC as a group.

Eliciting responses from our Hispanic community was a critical concern for our CAC. To this end, three separate focus groups were conducted by bilingual staff provided by EOCCO that included approximately 45 persons from local child care centers and faith based organizations. Major themes that emerged were coded and communicated in the form of reports to the CAC by GOBHI staff whom facilitated the discussion of local health care resources, health concerns, and challenges unique to this community.

Primary information gathered was combined with secondary data, and prepared in a Triangulation report by EOCCO staff. The Triangulation identified topic areas where there were multiple data sources. At the November 25, 2013 CAC meeting, the group reviewed the triangulation and used a forced choice matrix to vote independently and privately on priorities based on the Triangulation report. CAC members who did not attend the meeting were included in the matrix vote by submitting emailed responses. EOCCO staff provided the group with rankings that identified the following priority areas:

1. Mental Health
2. Social Determinants of Health
3. Alcohol and Drugs
4. Children and Families

In addition to the Primary and Secondary Needs Assessment data described above, the Malheur Community Advisory Council has engaged community members and representatives from a diverse group of community, social, and health service agencies that invested over 250 hours in planning, education, and discussion around health priorities which would warrant action in Malheur County. As we move into the process of implementing a Community Health Improvement Plan, we are hopeful for the continued support of Greater Oregon Behavioral Health (GOBHI) and Eastern Oregon Coordinated Care Organization (EOCCO) to make an impact on health outcomes for our diverse rural frontier community.