

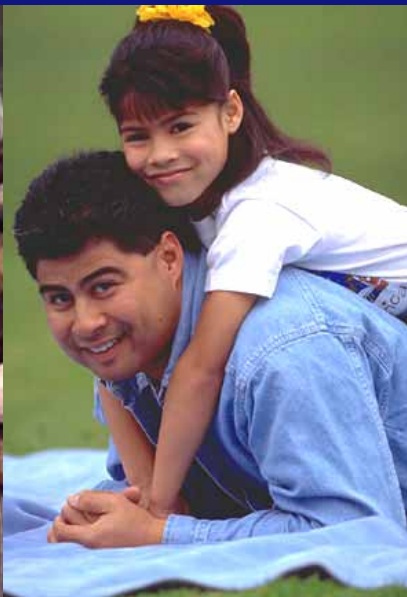


United Way of Lane County

# 2007 Community Assessment

## Full Report

2007 COMMUNITY NEEDS AND ASSETS STUDY



*Lane County, Oregon  
Our lives, our community, our future.*

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# I. INTRODUCTION

The *2007 Community Needs and Assets Study* presents a snapshot of the challenges and needs experienced by residents of Lane County, Oregon. This study assists policy makers and human service organizations in developing and evaluating the effectiveness of programs by tracking critical human needs.

This is the sixth survey of this type – previous surveys were conducted in 2004, 2000, 1996, 1994 and 1992. Many survey questions have remained essentially the same over the years, allowing analysts to compare changes in responses from year to year. Some new questions are added as a way of following up on trends noted in a previous year's study or to capture data on new issues that have come to the forefront (e.g., a question was added this year about the cost of gasoline and car maintenance). The 2007 study captures the experience and perceptions of citizens in both the metropolitan and non-metropolitan areas of Lane County.

The survey questions are designed to gauge how respondent households are faring with regard to meeting basic needs such as food, housing and health care. As a follow up to issues identified in the previous study in 2004 particular attention is given in this study to the area of health care. Other areas of special focus include financial stability, children and families, utilities, and public transportation.

This study can be utilized in conjunction with other local and statewide reports to develop a deeper understanding of the needs, challenges and trends affecting Lane County families and communities.

## METHODOLOGY

The household survey was conducted by Mar%Stat Research, an independent market research and analysis organization. Telephone interviews were conducted by trained interviewers using a survey instrument which was approved after a series of reviews and edits.

The survey was administered between January 31 and February 28, 2007 and was a random sample of households in Lane County. A total of 1,004 interviews were completed, including 372 households in Eugene, 228 households in Springfield, and 404 households in the remainder of Lane County. A total of 5,440 telephone numbers were used in order to complete 1,004 interviews. Only one respondent per household was surveyed.

Comparing the demographic characteristics of the survey respondents to 2005 census data, it should be noted that some constituencies may be slightly underrepresented (lower income households, renters and Hispanics/Latinos and other ethnicities), and others may be slightly overrepresented (higher income households, homeowners, and older/retired persons). The survey is designed to capture a broad view of needs and trends in Lane County, not the individual circumstances of special populations. Please refer to the appendix of this report for additional sources of data on some of these specialized populations.

## II. KEY FINDINGS

Respondents throughout Lane County were asked to report on problems that occur in their household, and to rate the severity of each problem on a four-point scale from “not a problem” to “major problem.”

### HOUSEHOLD NEEDS

Consistent with findings of previous studies, a healthy economy is directly related to healthy families. Whereas the 2004 study found that more Lane County residents were experiencing difficulty meeting their basic needs in almost every category compared to prior years’ surveys, data from the 2007 study shows that fewer households report having difficulty meeting their basic needs. This improvement is correlated with the significant improvement in the unemployment rate since 2004. As of February 2007, Lane County’s unemployment rate was 5.7%, compared to the unemployment rate of 7.3% in 2004 when the economy was in a recession.

- **Health Insurance**

**Paying for medical and dental care and medical insurance continues to be the most common financial hardship faced by Lane County households.** Paying for prescriptions is slightly less of a concern than in 2004.

- **Housing**

**Concerns relating to housing are significant.** These concerns include lacking money for housing, housing needing repairs and housing lacking sufficient space for everyone who lives there.

- **Automobile Expense**

**Families with lower incomes have difficulty paying for automobile-related expenses.** Approximately 43% of the households with an income of \$20,000 or less per year reported having problems affording the cost of gasoline and car maintenance.

- **Vulnerable Populations**

**Some categories of need have not improved during the past 3 years.** Although most household problems have lessened since the 2004 study, there are some areas where the improved economy and increased employment rate does not appear to have had an impact. Survey respondents report experiencing approximately the same level of need as they did 3 years ago in the areas of:

- In-home care, elderly care, or care for someone with disability or serious illness
- Residential or foster care for an elderly or disabled person
- Special transportation for a disabled or elderly person
- Help for a mental or emotional problem
- Experiencing physical conflict in the household
- Experiencing an alcohol or drug problem
- Transportation to work, school, and medical care facilities

## **FINANCIAL STABILITY**

### ▪ **Income**

**Increasingly higher income levels are needed in order to meet basic household needs in Lane County.**

- **More than 20% of survey respondents face significant financial challenges.** Despite economic improvements during the past 3 years many households in Lane County are financially insecure. Households living close to the edge often do not have any margin or buffers, such as savings, to carry them through emergencies.
- **Financial difficulty is increasingly common even among households earning more than the median household income.** The median household income for a four person household in Lane County in 2004 was about \$38,000 (Source: US Census). Half of all surveyed households with incomes between \$35,000 and \$50,000 reported experiencing financial difficulty.
- **Financial hardships are more severe among households with children.** A significant number of households with incomes less than \$50,000 and with children in the home report problems paying for basic needs such as: housing; food; utilities; medical or dental care; clothing or shoes; car insurance, gas or maintenance for a car; and, legal help.
- **Households with lower incomes face multiple hardships.** Households earning \$34,000 or less are more likely to have difficulty paying for basic necessities such as food, gasoline and car maintenance, and utilities. Twenty-six percent of lower income respondents report using credit cards to manage their financial hardships.
- **Households that include a member with a chronic health condition face greater financial challenges.** Many of the households that have a person with a chronic medical condition living in the home are experiencing financial difficulty and have lower than the median income. Households that have a person with a chronic medical condition living with them are more than twice as likely to be earning an income of \$34,000 or less.
- **Households with three income earners are more likely to experience multiple financial difficulties.** Households with two income earners have the fewest problems overall. Lower income households tend to rely on more wage earners.

## FINANCIAL STABILITY CONTINUED

### ▪ **Employment**

**A third of the respondents who are unemployed and looking for work report experiencing multiple instances of financial hardship. Respondents who are retired are the least likely to report having financial hardship, followed by those who are employed full-time, and students.**

- As of February, 2007, Lane County's unemployment rate was 5.7%; Oregon's was 5.2%; nationwide was 4.4%. (Source: Oregon Employment Department)
- The unemployment rate in Lane County is currently stable after three years of improvement. (Source: Oregon Employment Department)
- Most projected employment increases are expected to be lower-wage, service-sector jobs, although health care and construction are projected to grow strongly. (Source: Oregon Employment Department)
- On average, jobs being added in Lane County since 2001 are at 8% less salary than the jobs that have been lost since 2001. (Source: Oregon Employment Department)

## **ACCESS TO SERVICES AND PUBLIC ASSISTANCE**

**While more than half of households experiencing financial hardship are receiving some kind of public assistance such as food stamps or Medicaid, many are simply dealing with hardships by going without.**

- Of the survey respondents experiencing financial hardship, approximately 60% receive some type of public assistance.
- The most common form of public assistance used is food stamps followed by the Oregon Health Plan.
- Many reported that they deal with hardships by going without versus getting help from community agencies (e.g., Food for Lane County, St. Vincent de Paul, and Catholic Community Services).
- Respondents living in the non-metro areas of Lane County are more likely to seek help through social service or government agencies than respondents living in the metro areas.
- Survey respondents experiencing financial hardship have the most difficulty accessing transportation and social services such as adult day care, and mental health services.
- Data from this survey compared with the surveys conducted in 2000 and 2004 show that the problem of affording nutritious food has steadily increased over the

past 7 years. Fresh produce and meat have become increasingly more expensive and out-of-reach compared to the cost of pre-packaged, less nutritious food items.

## **HOUSING**

### **Housing-related issues continue to be a major hardship, especially for renters.**

- Slightly more than 16% of all survey respondents report not having enough money for housing. Renters have more trouble paying for housing than homeowners.
- Slightly more than 18% of all survey respondents report living in housing that needs major repairs. Repairs may be deferred as households struggle to pay for more immediate basic needs such as food, gasoline and medical care.
- Proportionally, renters reported experiencing more overall problems than homeowners across housing-related categories (e.g., money for housing, adequate room, major repairs).
- Not having enough money to pay for utilities is more of a problem for renters proportionally than for homeowners.

## **CHILDREN AND FAMILIES**

**While families with children are more likely to report difficulties meeting household needs, families with children are experiencing increased community support.** Families appear to be well-informed of parenting help options available through United Way of Lane County's *Success by Six* programs, such as the Parent Helpline and parent education classes. In addition, more respondents report that their children have health care coverage than in the previous study, an improvement which may be related to the higher employment figures, as well as efforts of the United Way of Lane County's 100% Access Healthcare Initiative.

- Only 9% of households indicated that their children did not have health insurance coverage. Lane County data for 2004 indicated that 20% of residents age 18 and under did not have health insurance.
- Fifty percent of respondents with children under age 6 have taken a parent education class; of those 92% ranked classes as helpful to extremely helpful.
- Awareness of the Parent Helpline is quite high, largely due to referrals from medical professionals and social service agencies.
- Nearly 99% of the households with children between 6 and 17 years of age reported having their children involved in some kind of organized activity.
- The most frequently mentioned barriers that families reported with regard to enrolling their children in organized activities are cost, time, and transportation.

## **HEALTH CARE**

### ▪ **Affordability**

**The most severe problems experienced by households are related to paying for medical care and dental care. Over 25% of all households reported having problems related to paying for medical and dental care. Problems are most prevalent as income declines, but are not limited to the lowest income levels:**

- Over 35% of households earning between \$34,001 and \$50,000 reported problems relating to paying for the doctor or dentist.
- Forty-seven percent of the households earning \$10,000 or less reported having difficulty paying for medical and dental services.

### ▪ **Insurance**

**Although eighty percent of the survey respondents have been continuously covered by health insurance for the past two years, paying for medical care and health insurance is the most frequently reported financial hardship. Of the 20% of uninsured respondents, most had health insurance coverage at some point during the previous 2 years. Those who are uninsured do not appear to be well-informed of the availability of free or reduced-cost community health care centers.**

- The higher the age of the respondent the more likely they have been insured for the past 2 years. Approximately 90% of respondents age 65 and older have health insurance, primarily due to eligibility for Medicare.
- Respondents between the ages of 18 and 64 are the most likely to be uninsured, and this is especially true for young adults between the ages of 20 and 29. Entry-level jobs, like those most likely available to younger persons entering the workforce, often do not provide health care benefits.
- Younger respondents are more likely to have interrupted health care coverage during the past 2 years.
- Employers are the most common payer of health insurance by a wide margin, followed by Medicare.
- There has been some improvement in the ability of respondents to purchase prescription medications since the previous study in 2004. Discounts offered by pharmaceutical retailers, the implementation of Medicare Part D and the efforts of the United Way of Lane County's 100% Access Healthcare Initiative are making it possible for more people to access and pay for prescription medications.

## ▪ **Emergency Room Utilization and Medical Home**

- The majority of respondents have not used either emergency room services or urgent care services during the past 2 years. There is not a significant difference in the usage of emergency room services reported by respondents who are uninsured compared to respondents who are insured.

This is corroborated by analysis of emergency room (ER) data for 2005-2006 for all Lane County hospitals which indicates that the uninsured accounted for 20% of the ER visits – which is representative of the approximately 20% of respondents who report not having insurance. It is notable that, according to the emergency room analysis, OHP (Medicaid) and uninsured make up a disproportionate percentage of frequent users (6 or more visits).

- Overall, more insured respondents have used urgent care services than uninsured respondents; however, uninsured respondents are more likely to have used urgent care multiple times.
- A large majority of respondents (88%) have an established relationship with a doctor or other health care professional, which may be an indicator of having a medical home. This percentage is highly correlated to insurance status. Those respondents who have had at least some level of health insurance during the past 2 years are more likely to have an established relationship with a health care professional than those who have had no health insurance at all. Fifty-four percent of continuously uninsured respondents reported having an established relationship with a doctor or other health care professional.

## ▪ **Chronic Medical Conditions**

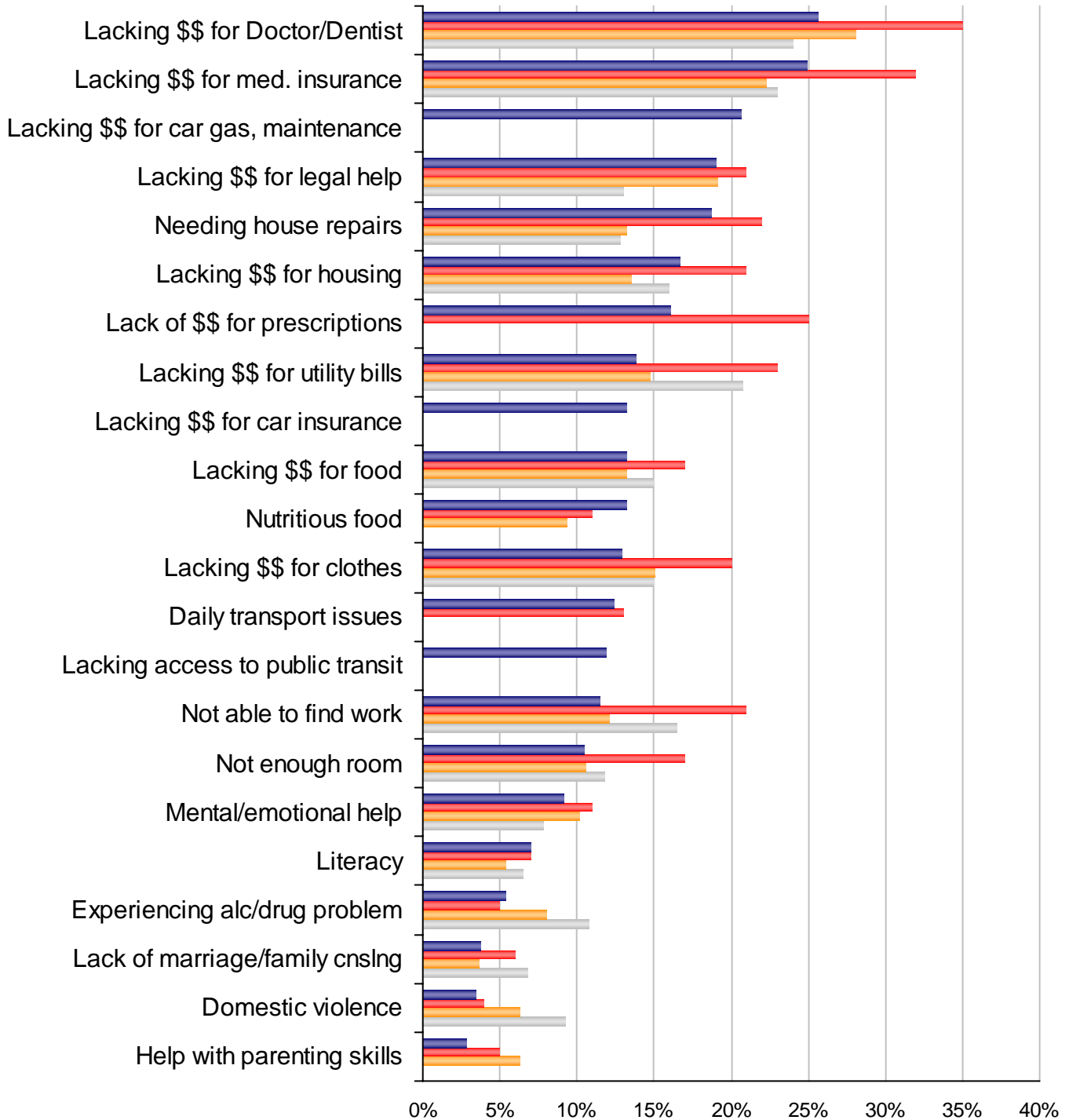
**Twenty-eight percent of households reported having a person living in their household who has a long-term or chronic medical condition which interferes with daily living.**

- The most common conditions reported were arthritis, asthma and heart/circulatory problems.
- Twenty-nine percent of these households report not receiving needed services. Unmet needs were more frequently associated with hearing and sight disabilities, mental health conditions, and developmental disabilities. It is notable that the ER Utilization Analysis indicated that Lane County has significantly higher percentage of ER visits related to mental health and substance abuse diagnoses, compared to Oregon averages, another indicator of unmet needs related to mental health conditions.
- Affordability was the most cited reason for not receiving needed services.

### III. REPORT DETAILS

#### HOUSEHOLD NEEDS (Lane County)

CHART 1. PROBLEMS IN HOUSEHOLDS 1996-2007:  
RANKING BY 2007 HOUSEHOLD NEEDS



## **HOUSEHOLD NEEDS (Lane County)**

### ▪ **Trends**

**Lane County residents are experiencing less difficulty meeting their basic needs in almost every category from the previous survey in 2004 due to an improved economy and significant reduction in unemployment.**

- The most severe problems experienced by households continue to be related to paying for medical and dental care and medical insurance.
- Difficulty paying for gas and the cost of car maintenance is a significant concern, especially for low-income households.
- Inability to pay for legal help is a significant concern for households at the lowest income levels.
- Many households are living in homes needing major repairs. Home repairs may be deferred as households struggle to pay for more immediate basic needs such as food, gasoline and medical care.
- Increasingly higher levels of income are required just to get by.
- Seventy-seven percent of households report having access to the Internet. This could significantly impact how information is gathered from, and shared with households in the future.

## FINANCIAL STABILITY

### Income

Income is reported in a variety of ways. Survey questions related to income in this study refer to total income of the respondent's household. Data on per capita income of Lane County residents is also provided for comparison purposes.

CHART 2. TOTAL HOUSEHOLD INCOME OF SURVEY RESPONDENTS (N=905)

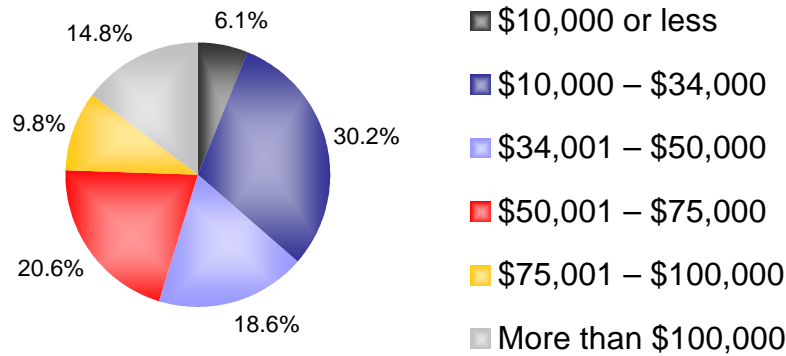
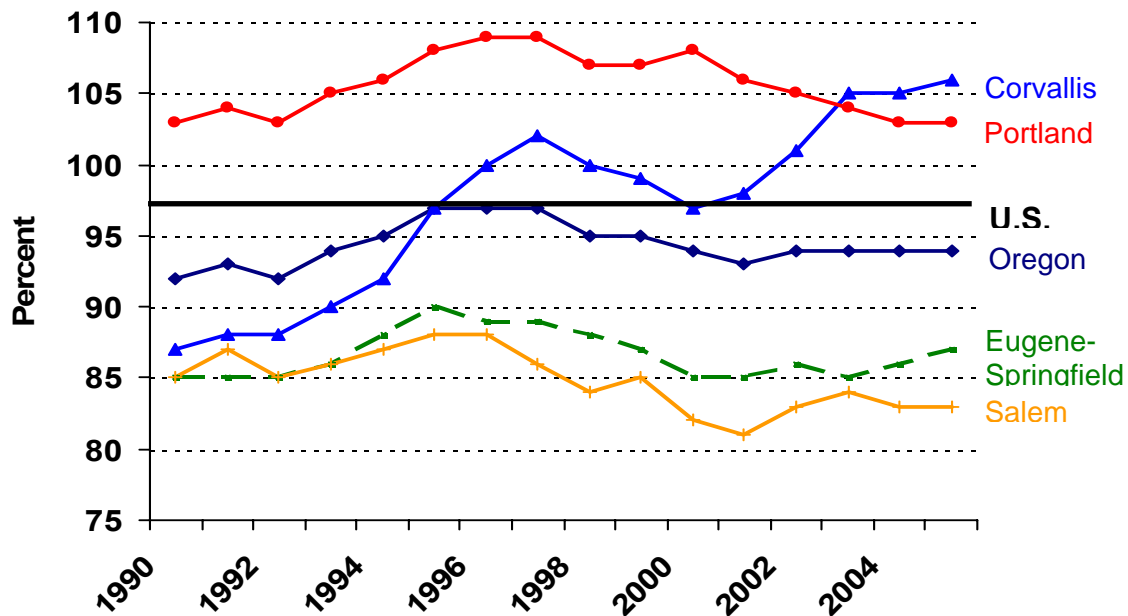


CHART 3. PER CAPITA INCOME AS A PERCENT OF THE U.S. AVERAGE (U.S. = 100)



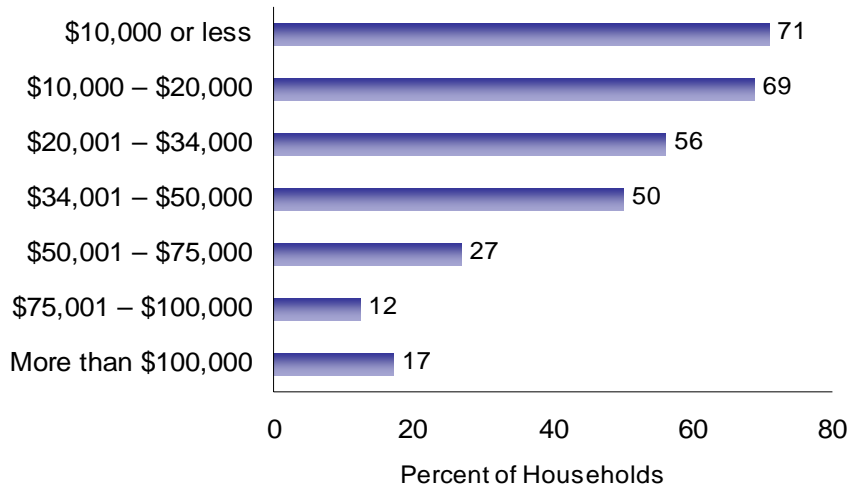
Source: U.S. Department of Commerce, Bureau of Economic Analysis

- The per capita personal income for Lane County for 2005 was \$29,841. (Source: U.S. Department of Commerce, Bureau of Economic Analysis)

**FINANCIAL STABILITY**  
**INCOME CONTINUED**

- The per capita income of Lane County residents has historically been lower than the state and the nation. (Source: Regional Trends 2006, Lane Council of Governments)
- The median household income for a four person household in Lane County in 2004 was about \$38,000. (Source: US Census).

**CHART 4. PERCENT OF HOUSEHOLDS REPORTING EXPERIENCING ONE INSTANCE OF FINANCIAL HARDSHIP<sup>1</sup> BY INCOME**



**TABLE 1. PERCENT OF HOUSEHOLDS WITH CHILDREN WHO EXPERIENCE FINANCIAL PROBLEMS (AMONG HOUSEHOLDS WITH INCOMES LESS THAN \$34,000 AND HOUSEHOLDS WITH INCOMES LESS THAN \$50,000)**

<b>Financial Problem by Household Income</b>	<b>&lt;\$34,000</b>	<b>&lt;\$50,000</b>
Not enough money to pay the Doctor, Dentist	51.8%	49.0%
Not able to afford legal help	43.7%	34.7%
Not enough money to purchase prescriptions	43.5%	35.5%
Not able to afford cost of gas and car maintenance	42.9%	36.9%
Not enough money for housing	39.5%	34.0%
Not being able to pay the utility bills	37.6%	28.9%
Not enough money for food	37.2%	27.1%
Not enough money to buy needed clothing or shoes	29.1%	24.5%
Not able to afford the cost of car insurance	23.8%	17.7%

<sup>1</sup> Includes not having enough money for: housing, food, utility bills, clothing or shoes, legal help, car insurance, gas or maintenance for a car, doctor or dentist visit, nutritious food for the family

**FINANCIAL STABILITY**  
**INCOME CONTINUED**

- Health care and prescription costs are the most significant concern for all income ranges. Those earning less than \$34,000 appear to have more difficulty on all fronts.

TABLE 2. EXPERIENCE OF FINANCIAL HARDSHIP  
 BY NUMBER OF INCOME EARNERS IN HOUSEHOLD

Number of Income Earners	Number of kinds of financial problems experienced				Total
	0	1	2 - 5	5+	
One income earner	56.4%	14.0%	19.6%	10.0%	100.0%
Two income earner	63.9%	12.5%	15.1%	8.4%	100.0%
Three income earners	44.4%	6.7%	40.0%	8.9%	100.0%

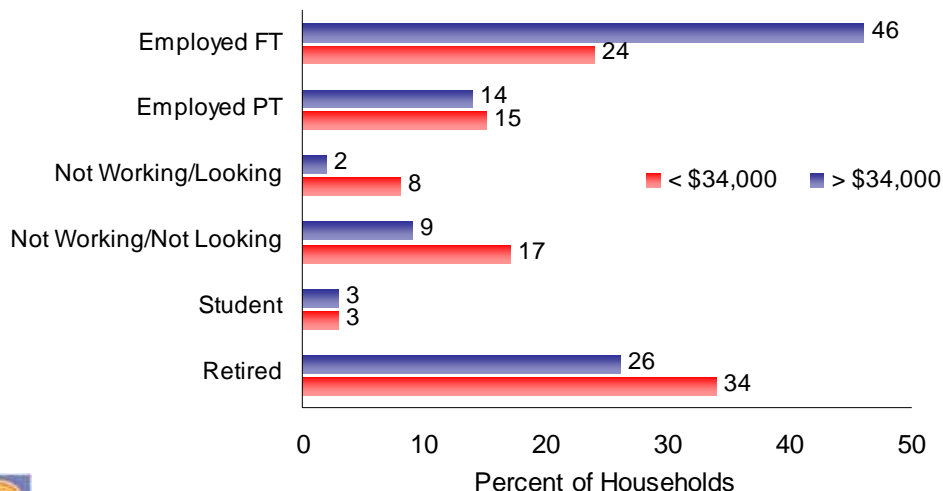
- Three-income households experience the greatest financial hardships by a significant margin.
- Employment**

Note: Questions having to do with employment status refer to the respondent not the household.

**Although Lane County’s employment rate has improved, it is still lower than the employment rate for the state; and, Oregon ranks last (50<sup>th</sup>) in the country for workers who are not fully employed.** (Source: Working Hard, Falling Short, 2004)

- In 2004, service-providing industries accounted for the majority of jobs in Lane County with 76% of total employment. This sector paid an average of \$27,964 per year. Most of the projected increases in employment are in service-sector jobs. (Source: Regional Trends 2006, Lane Council of Governments)

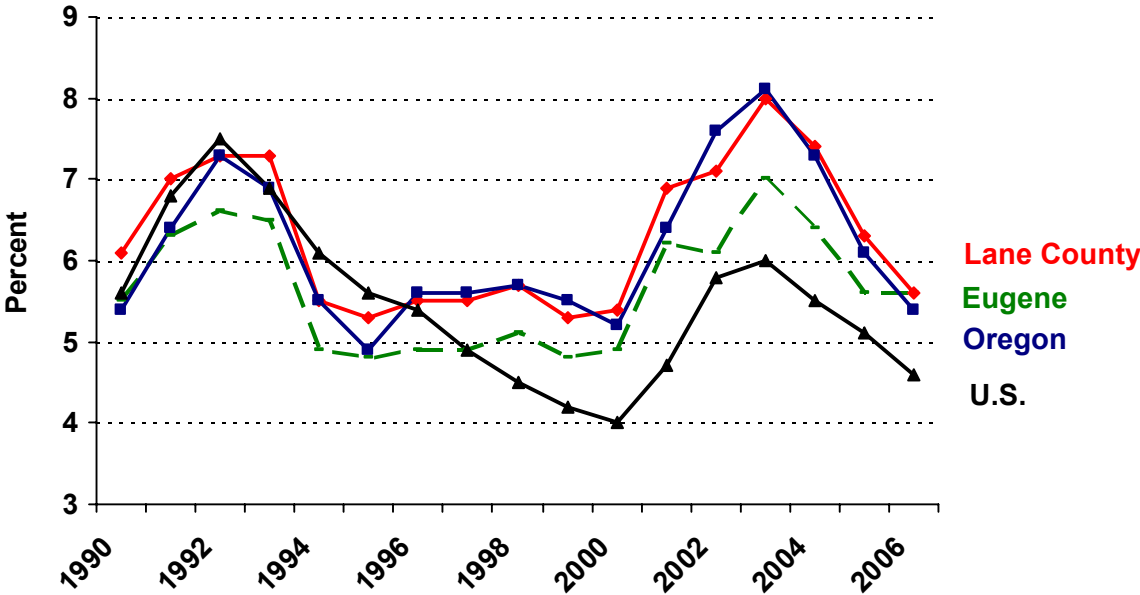
CHART 5. EMPLOYMENT STATUS OF SURVEY RESPONDENTS



# FINANCIAL STABILITY

## EMPLOYMENT CONTINUED

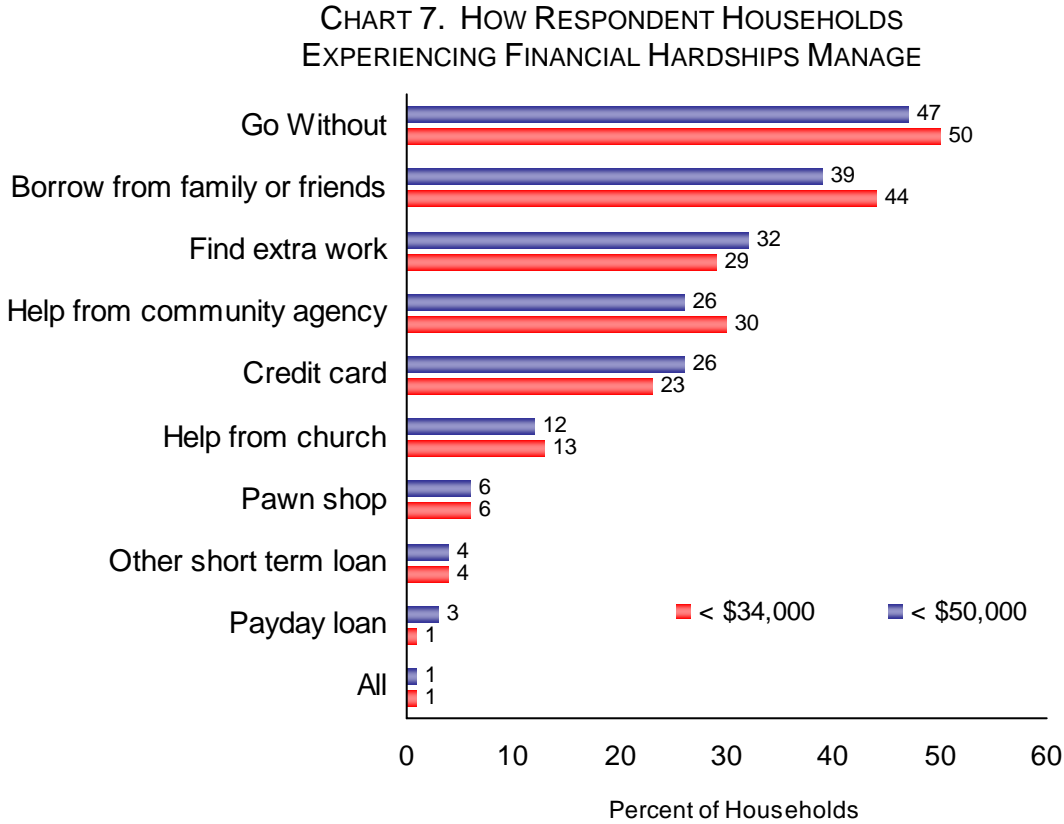
CHART 6. AVERAGE ANNUAL UNEMPLOYMENT AS A PERCENT OF LABOR FORCE



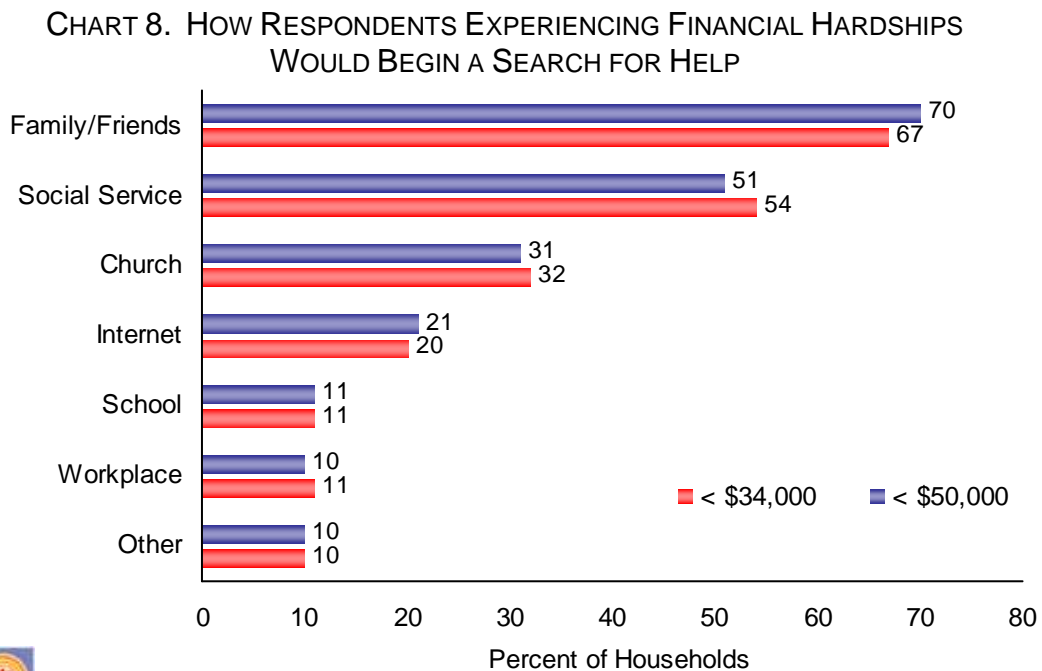
Source: Bureau of Labor and Statistics

## ACCESS TO SERVICES AND PUBLIC ASSISTANCE

Respondents who indicated that their households were experiencing one of more financial hardships were asked how they cope. [Financial hardship defined, footnote page 10].



- Most respondents experiencing financial hardship go without or seek help from family or friends.



## ACCESS TO SERVICES AND PUBLIC ASSISTANCE

CHART 9. FIRST SOURCES OF HELP, METRO VS. NON-METRO

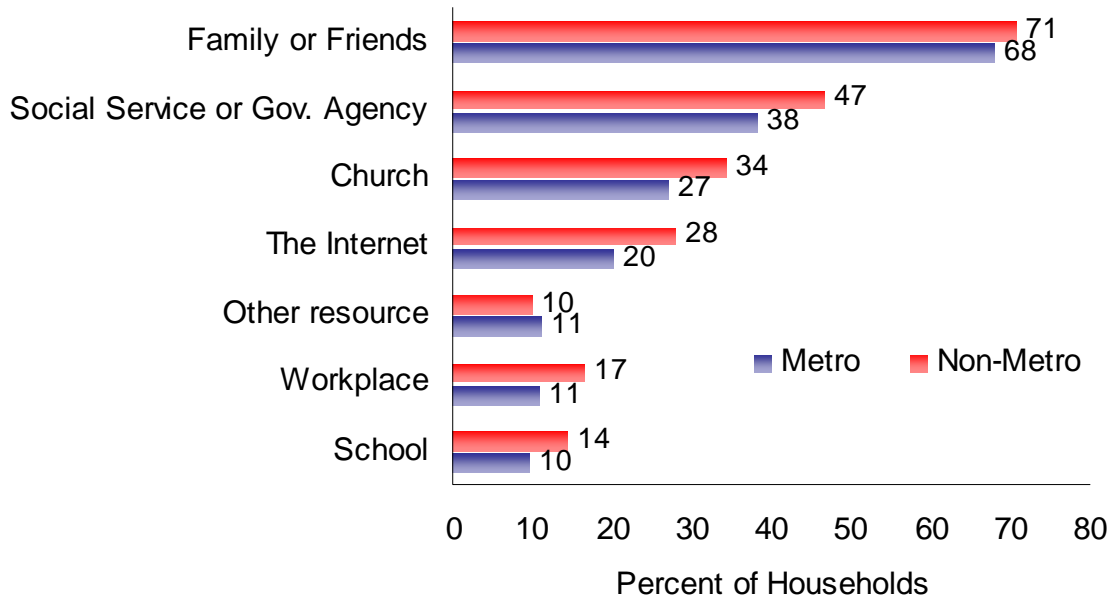
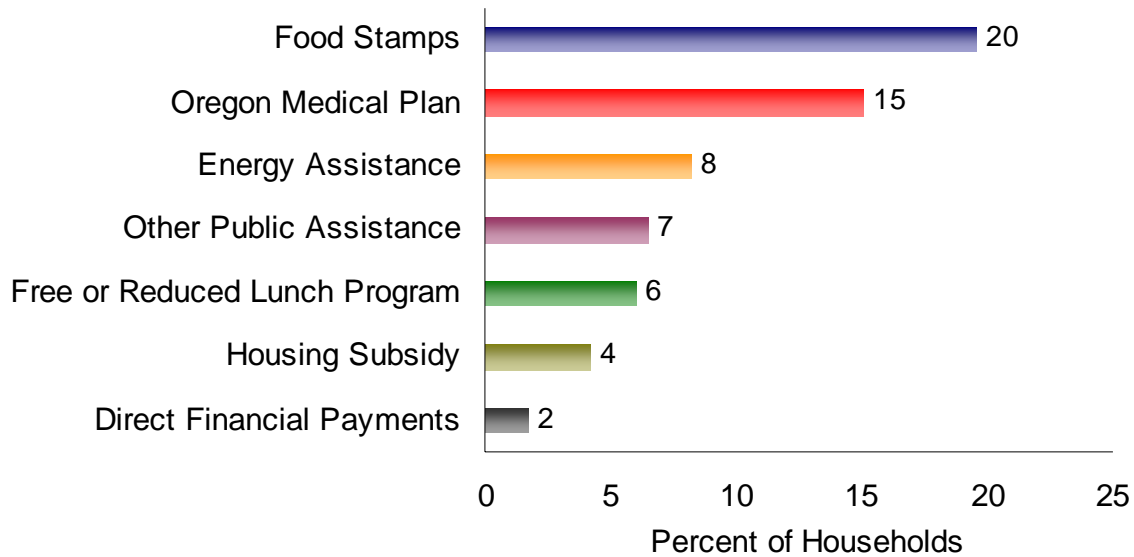
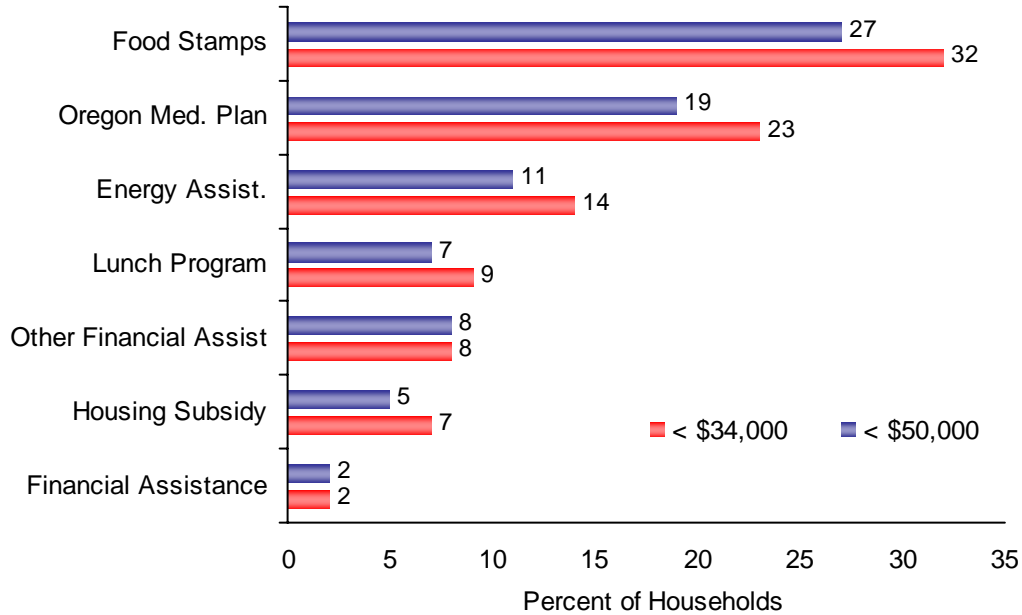


CHART 10. PERCENT OF HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE AMONG THOSE EXPERIENCING FINANCIAL HARDSHIP



## ACCESS TO SERVICES AND PUBLIC ASSISTANCE

CHART 11. PUBLIC ASSISTANCE RECEIVED AMONG THOSE EXPERIENCING FINANCIAL HARDSHIPS AND EARNING LESS THAN \$50,000



- Food stamps is the most common type of support utilized by households facing financial hardship. Sixty-five percent of Lane County food stamp recipients report that their monthly benefits last 2 weeks or less (Source: Food for Lane County)
- Ages 18-39 are the largest age group receiving public assistance.

## HOUSING

CHART 12. HOUSING STATUS OF SURVEY RESPONDENTS BY INCOME

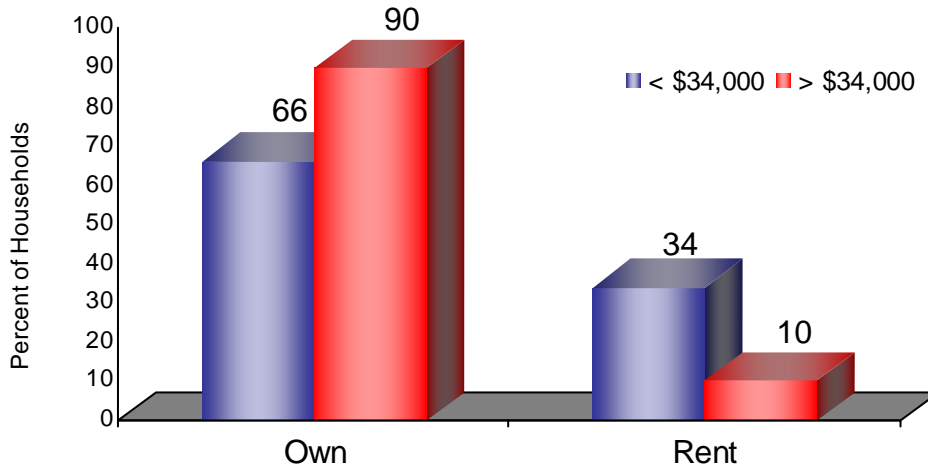


TABLE 3. EXPERIENCE OF HOUSING RELATED PROBLEMS BY HOUSING TENURE

Issue	Own (N=792)	Rent (N=171)
Not enough money for housing	12.3%	35.7%
Not enough room in your house for all the people who live there	7.8%	21.8%
Living in housing that needs major repairs	15.5%	31.0%
Not being able to pay the utility bills	8.9%	36.1%

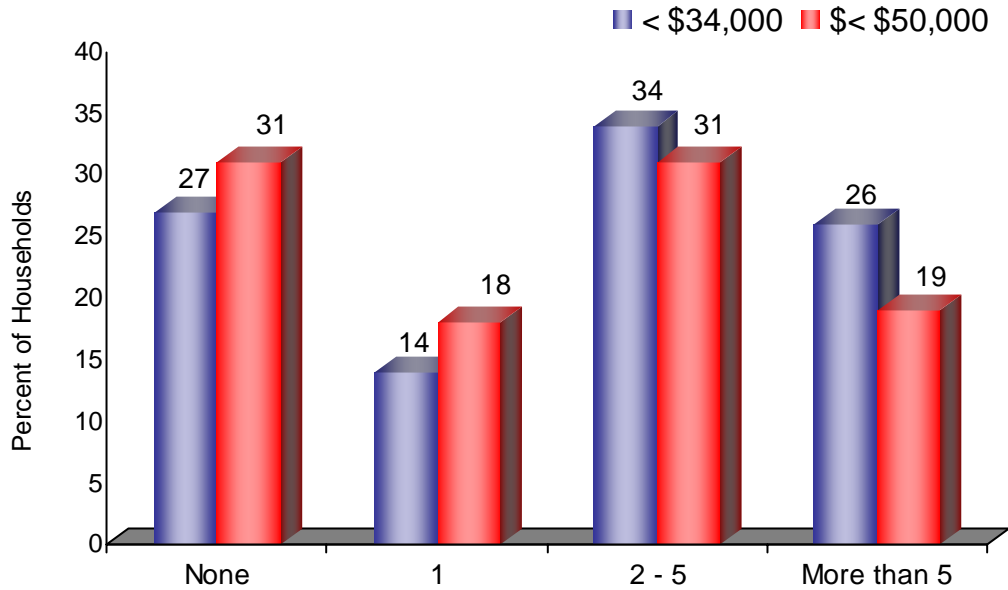
- Sixteen percent of all respondent households do not have enough money for housing.
- Eighteen percent of all respondent households live in housing needing major repairs.
- According to the National Low-Income Housing Coalition, with the current minimum wage in Oregon, a person would have to work 79 hours a week to afford a two-bedroom unit at fair market rent.
- Oregon ranks 40<sup>th</sup> in the country for low-income working families with housing costs that are more than a 1/3 of their income (Source: Working Hard, Falling Short report 2004.) Federal standards consider housing costs that are 30% of income as affordable. In Lane County, many families, especially those who

receive low-income, spend as much as 50% of their income on housing. (Source: ShelterCare; a Lane County nonprofit agency focused on homeless and at-risk for homelessness).

- With families living so close to the edge in terms of their income, it often takes just one out of the ordinary expense to put them at risk for homelessness. Lane County's ShelterCare has seen its waiting list increase from 3-6 weeks to 9-12 weeks since 2005. This increase is due to housing costs increasing at a faster pace than wages, and the reduction in the availability of emergency shelter units as a result of funding cuts.
- On any given night in Lane County, 2,296 people are homeless on the streets or living in temporary shelters (Source: 2007 Combined One Night Shelter Count and Street Count, Lane County Human Services Commission). During calendar year 2006, 6,374 homeless individuals sought social services through Lane County Human Services-funded programs.
- The Oregon Housing and Community Services agency reports, in its report on changing demographics in Oregon and the country, that:
  - Oregonians are becoming less rural;
  - Homeownership decreases as size of community increases;
  - Homeownership increases as householder age increases until approximately 75 years old;
  - Minority homeownership rates are lower than Caucasian rates;
  - Hispanic homeowners are younger than Caucasian homeowners.

## CHILDREN AND FAMILIES

CHART 13. NUMBER OF FINANCIAL HARSHIPS EXPERIENCED IN HOUSEHOLDS WITH CHILDREN, BY INCOME GROUP



- Both income groups with children in the home are more likely to have either no financial problems or multiple financial problems, than they are to have just one financial problem.
- Fifty percent of households with incomes of \$50,000 or less, with children in the home, report experiencing multiple financial problems.
- The Oregon Department of Education reported in 2005-2006 that there were 1,906 homeless children attending Lane County Schools.

TABLE 4. PERCENT OF HOUSEHOLDS WITH CHILDREN AGED 6 – 17 YEARS (N=242) RECEIVING FREE OR REDUCED COST LUNCHES

	Percent
Receiving free or reduced cost lunches	10.7%
Not receiving free or reduced cost lunches	89.3

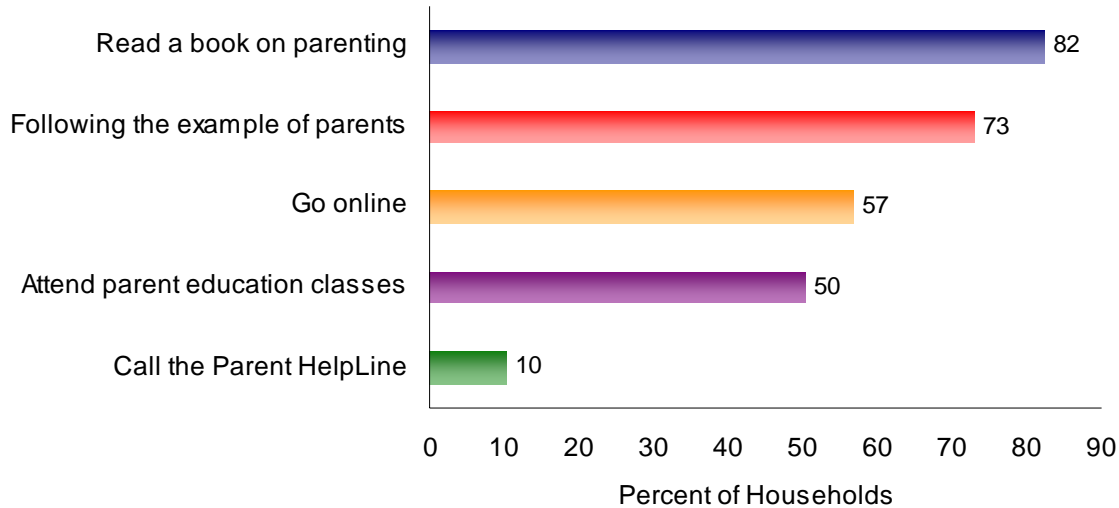
## CHILDREN AND FAMILIES

TABLE 5. PERCENT OF HOUSEHOLDS WITH CHILDREN AGED 6 – 17 YEARS (N=242) RECEIVING FREE OR REDUCED LUNCHES, BY DIFFICULTY AFFORDING FOOD

	No Difficulty Affording Food	Difficulty Affording Food
Receiving free or reduced cost lunches	7.9%	25.6%
Not receiving free or reduced cost lunches	92.1	74.4

- Receiving free or reduced lunches is not a clear indicator of having difficulty affording food. Respondents who do not receive free or reduced lunches report having difficulty affording food by about the same margin as those who do.
- Children in food-insecure households are at a higher risk for malnutrition and physical and cognitive impairments (Source: Food for Lane County)

CHART 14. SOURCES OF PARENTING HELP AMONG HOUSEHOLDS WITH CHILDREN UNDER 6 YEARS



- Fifty percent of respondents with children under six have taken a parent education class, and 92% found the class to be helpful to extremely helpful
- According to 2000 and 2002 Parenting Norms Surveys, the percent of parents attending parenting education classes and programs in 2000 was 39.3% (n= 112) and in 2002 was 42.6% (n=46).
- The development of the Parent HelpLine and the emphasis of United Way’s Success by 6 on parenting education appear to have raised awareness and the percent of parents accessing parenting help.

## CHILDREN AND FAMILIES

TABLE 6. ASSESSED VALUE OF PARENT EDUCATION CLASSES AMONG USERS (N=64)

How Helpful	Percent
Extremely helpful	35.9%
Helpful	56.3
Not very helpful	1.6
Not at all helpful	6.3

TABLE 7. REASON FOR NOT USING PARENT EDUCATION CLASSES, AMONG THOSE WITH CHILDREN UNDER 6 YEARS (N=61)

Reason	Percent
No need	78.7%
Too busy	14.8
Didn't know about them	11.5
Inconvenient time	3.3
Conflicted with religious or spiritual beliefs	3.3
Inconvenient location	1.6
Heard they were not helpful	1.6
Didn't want to be told what to do	1.6

TABLE 8. PERCENT OF RESPONDENTS WHO HAVE HEARD OF THE PARENT HELPLINE AMONG RESPONDENTS WITH CHILDREN UNDER 6 YEARS (N=123).

Heard of Parent HelpLine	2007
Yes, have heard of Parent HelpLine	61%
No, have not heard of Parent HelpLine	39

## CHILDREN AND FAMILIES

TABLE 9. HOW RESPONDENT HEARD ABOUT PARENT HELPLINE (N=75)

How Heard of Parent HelpLine	Percent
Referred by another agency	30.7%
Referred by a medical professional	26.7
Friend or family	10.7
Television	10.7
Radio	10.7
Do not remember	9.3
Bus signs	4.0
Phone book or directory assistance	2.7

- Agencies and medical professionals are important and credible referral sources for the Parent Helpline.
- Parent HelpLine-initiated survey indicates that 99.8% of Callers “agree” or “tend to agree” that they are satisfied with the assistance they received (N = 2,122 – July 2002 – March 2007)

TABLE 10. REASONS FOR NOT CALLING PARENT HELPLINE, AMONG THOSE WITH CHILDREN UNDER 6 AND WHO HAD HEARD OF THE PARENT HELPLINE (N=63)

Reason for Not Calling	Percent
Don't need help	82.5%
Other reason	11.1
Too busy	4.8
Didn't know what it was	3.2
Heard it wasn't helpful	1.6
Afraid/Distrust	0.0

## CHILDREN AND FAMILIES

TABLE 11. NUMBER OF ORGANIZED ACTIVITIES IN WHICH CHILD AGED 6 – 17 IS INVOLVED (N=242)

Number of Organized Activities	Percent
None	1.2%
One	41.7
Two	27.7
Three	14.5
Four	7.4
Five	5.0
Six or more	2.5

- Nearly 99% of respondents with children have their child enrolled in at least one type of organized activity; 57% are enrolled in 2 or more activities.

TABLE 12. REPORTED BARRIERS IN ENROLLING CHILD IN ORGANIZED ACTIVITIES, AMONG RESPONDENTS WITH CHILDREN AGE 6 – 17 (N=242)

Barriers to Enrolling in Activities	Percent
Affordability	21.9%
Lacking time	20.7
Transportation	15.3
Location	9.1
Lacking information on organized activities	5.4
Some other reason	36.4

- Cost, lack of time, and transportation are the most significant barriers parents reported to enrolling their child in organized activities.

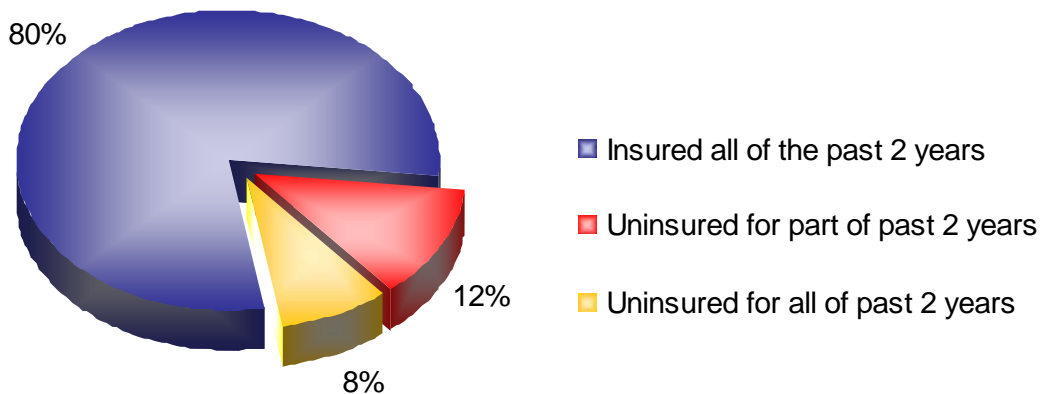
## HEALTH CARE

### ▪ **Affordability**

- Over 25% of all households reported problems related to paying for medical and dental care.
- Problems are most prevalent as income declines, but are not limited to the lowest income levels:
  - Over 35% of households earning between \$34,001 and \$50,000 reported problems relating to paying for the doctor or dentist.
  - Forty-seven percent of the households earning \$10,000 or less reported having difficulty pay for medical and dental services.
- There has been some improvement in the ability of respondents to purchase prescription medications since the previous study in 2004. Discounts offered by pharmaceutical retailers, the implementation of Medicare Part D and the efforts of the United Way of Lane County's 100% Access Healthcare Initiative are making it possible for more people to access and pay for prescription medications.

### ▪ **Health Insurance**

CHART 15. PERCENT OF RESPONDENTS COVERED BY HEALTH INSURANCE PLAN



- Eighty percent of respondents report that they have been insured for the past two years; slightly more have been uninsured for part of the past 2 years than for all of the past 2 years.
- Compared to other states, Oregon has a high number of low-income working families with at least one parent not covered by health insurance. (Oregon's rank: 35<sup>th</sup> in the nation; Source: Working Hard, Falling Short report)
- Approximately 20% of Lane County residents were medically uninsured in 2004 (Source: Regional Trends 2006, Lane Council of Governments)

## HEALTH CARE

### HEALTH INSURANCE CONTINUED

TABLE 13. PERCENT COVERED BY HEALTH INSURANCE, BY AGE (N=978)

Insurance Coverage	18-24	24-39	40-54	55-64	65-74	75+
Insured for all of past two years	50%	68%	73%	83%	87%	98%
Uninsured for part of past two years	34	16	15	10	9	2
Uninsured for all of past two years	16	16	12	7	3	0

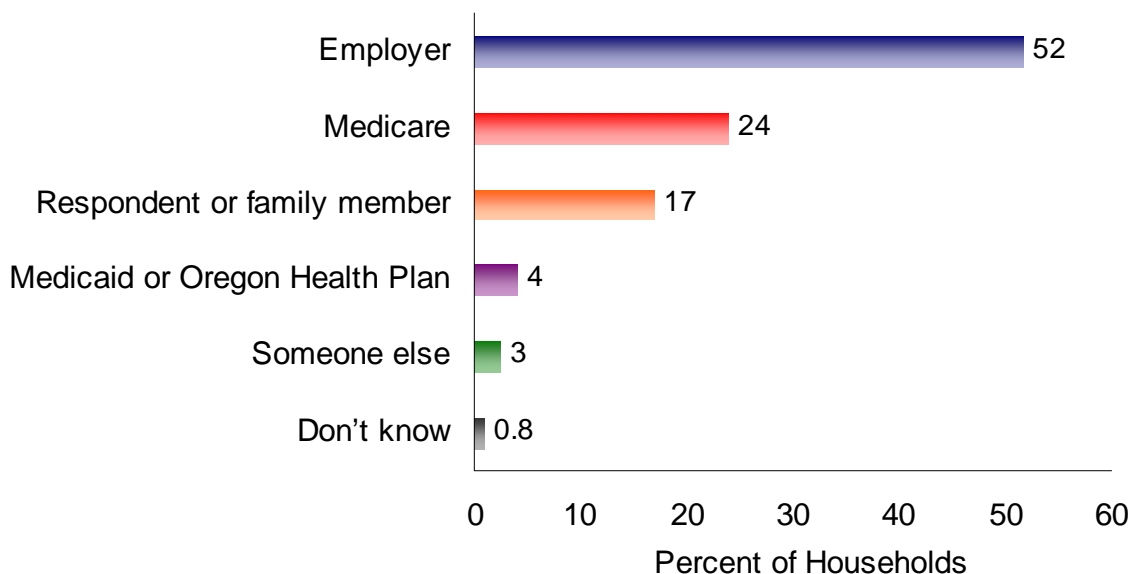
- The higher the age of the respondent, the more likely he/she has been insured for the past 2 years. Younger respondents are more likely to have had interrupted coverage during the past 2 years

TABLE 14. MONTHS WITHOUT HEALTH INSURANCE, AMONG THOSE NOT CURRENTLY INSURED (N=107)

Months Without Insurance	Percent
Less than 12 months	14.0%
12- 23 months	9.3%
24 months	76.6%

- Of the respondents who are currently not insured, most have been uninsured for the past 2 years

CHART 16. PRIMARY PAYER FOR HEALTH INSURANCE COVERAGE, AMONG THOSE CURRENTLY INSURED



**HEALTH CARE**  
**HEALTH INSURANCE CONTINUED**

- Employers are the primary payers of health insurance, followed by Medicare.
- According to Oregonians for Health Security, the Oregon Health Plan (Oregon’s Medicare plan) covered 100,000 people in 2002 but only 50,000 in 2004.

TABLE 15. EXTENT OF HEALTH INSURANCE FOR CHILDREN

Extent of Coverage	Percent
All children are covered	91.0%
Some, but not all children are covered	0.3
None of the children are covered	8.7

- The percentage of survey respondents with insured children is slightly higher than other statistics which indicate that approximately 87% of children are typically uninsured. This difference may be due, in part, to an underreporting of renters compared to homeowners.
- Lane County has a higher infant mortality rate than the state or the nation. (Source: Regional Trends 2006, Lane Council of Governments)

TABLE 16. DOES RESPONDENT KNOW OF FREE OR REDUCED-COST COMMUNITY HEALTH CARE CENTERS IN AREA? (N=986)

	Yes	No
Among all respondents	47.2%	52.8%
Among those insured all of past 24 months	47.5	52.5
Among those uninsured some of past 24 months	46.3	53.7
Among those uninsured all of past 24 months	45.1	54.9

- Uninsured respondents are less informed about free or reduced health care options.
- Healthcare safety net clinics serve about 30% of the community’s uninsured. (Source: United Way of Lane County’s 100% Access Healthcare Initiative)
- During calendar year 2006, 1,292 individuals who were homeless sought medical services from Riverstone Health Clinic, a healthcare safety net clinic in Springfield.

**HEALTH CARE**  
**HEALTH INSURANCE CONTINUED**

TABLE 17. DOES RESPONDENT HAVE AN ESTABLISHED RELATIONSHIP WITH A DOCTOR OR OTHER HEALTH PROFESSIONAL FOR HEALTH CARE (N=988)?

	All Respondents	Insured all of past 2 years	Uninsured part of past two years	Uninsured all of past two years
<b>Yes</b>	88.4%	93.8%	76.9%	53.7%
<b>No</b>	11.6	6.2	23.1	46.3

- Many of the uninsured have an established relationship with a professional health care provider. However, those who have been uninsured for all of the past 2 years are less likely to have an established relationship with a medical professional than those who have had insurance for at least some time during the past 2 years.

**Use of Emergency Room and Urgent Care Services**

TABLE 18. USE OF EMERGENCY ROOM AND URGENT CARE SERVICES OVER PAST TWO YEARS (N=1004)

	Emergency Room	Urgent Care
No use	68.1%	77.0%
Used once	19.8	13.3
Used twice	7.9	6.6
Used 3 – 5 times	3.2	2.4
Used 6 or more times	1.0	0.7

- Most respondents have not used either emergency or urgent care services during the past 2 years. Most of those who have used the emergency room or urgent care have done so only once in the past 2 years.

**HEALTH CARE****USE OF EMERGENCY ROOM AND URGENT CARE SERVICES CONTINUED**TABLE 19. USE OF EMERGENCY ROOM SERVICES OVER PAST TWO YEARS,  
BY INSURANCE COVERAGE (N=980)

<b>Use of ER services</b>	<b>Insured all of past years</b>	<b>Uninsured part of past two years</b>	<b>Uninsured all of past two years</b>
No use	67.8%	69.2%	67.5%
Used once	19.4	21.7	21.3
Used twice	8.8	3.3	7.5
Used 3 – 5 times	3.1	5.0	1.3
Used 6 or more times	0.9	0.8	2.5

- Respondents who do not have health insurance do not report using the emergency room more than those who are insured.
- According to the Emergency Department Utilization in Lane County, 2005 & 2006 report:
  - Overall, approximately 1 in 10 clients (10%) visited the Emergency Department at least 4 times in a two-year period.
  - OHP and uninsured patients demonstrate similar patterns of care and frequency of high Emergency Department use and changes between OHP and insured status suggesting care delivery patterns and impact of interventions are linked.
  - Marked difference in frequency of behavioral health conditions exist between insurance types in Lane County (mental health, drug and alcohol diagnoses).
  - Geographic disparities in utilization patterns suggest community health resources are needed in Springfield (97477) and in West Eugene (97402).

## HEALTH CARE

### USE OF EMERGENCY ROOM AND URGENT CARE SERVICES CONTINUED

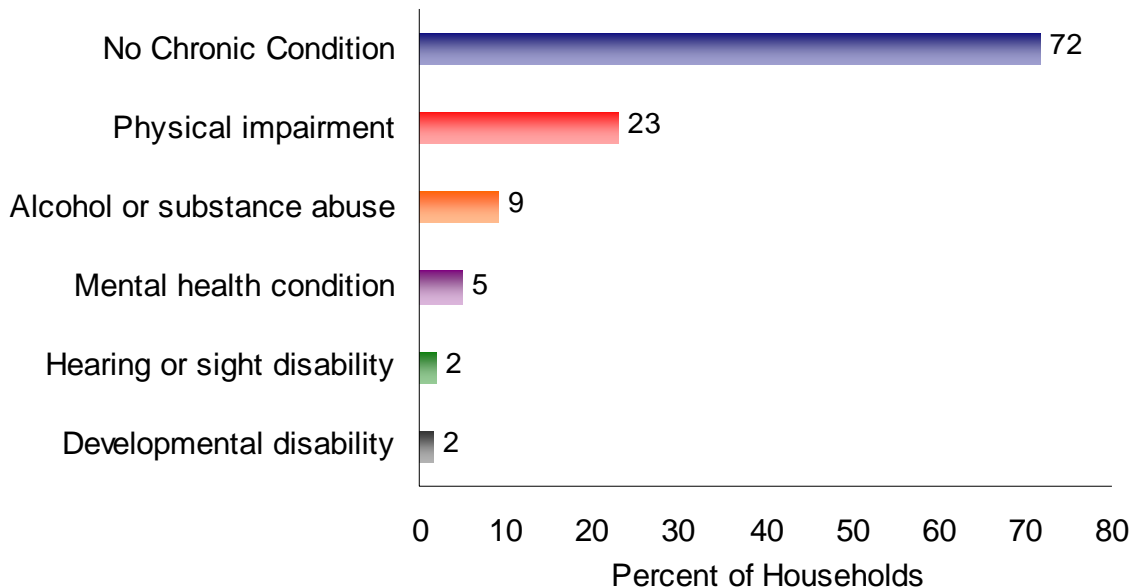
TABLE 20. USE OF URGENT CARE SERVICES OVER PAST TWO YEARS  
BY INSURANCE COVERAGE (N=980)

Use of Urgent Care Medical Services	Insured all of past years	Uninsured part of past two years	Uninsured all of past two years
No use	78.5%	63.3%	81.7%
Used once	13.3	16.7	8.5
Used twice	5.7	13.3	4.9
Used 3 – 5 times	1.8	5.8	3.7
Used 6 or more times	0.6	0.8	1.2

- During the past 2 years, insured respondents have used Urgent Care at a higher rate than the uninsured respondents. However, uninsured respondents are more likely to have used Urgent Care multiple times.

- Chronic Medical Conditions**

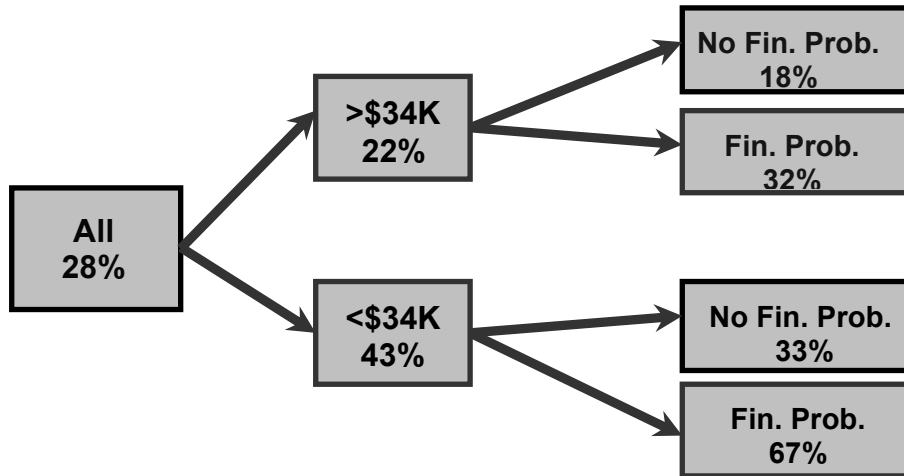
CHART 17. PERCENT OF HOUSEHOLDS WITH A PERSON WITH CHRONIC CONDITION



- Twenty-eight percent of respondents reported having a person with a long-term or chronic medical condition in their household (i.e., a condition which interferes with daily living).

**HEALTH CARE**  
**CHRONIC MEDICAL CONDITIONS CONTINUED**

CHART 18. PERCENT OF RESPONDENT HOUSEHOLDS INCLUDING A PERSON WITH CHRONIC HEALTH CONDITION



- Twenty-eight percent (28%) of all households include a member with a chronic health conditions. Among those households with incomes less than \$34,000, forty-three include a household member with a chronic condition, compared with 22% among households with incomes greater than \$34,000. Among households reporting incomes less than \$34,000 which have experienced financial problems, 67% include a member with a chronic health condition. In short, households with lower incomes experiencing financial hardship are likely to also include a household member with a chronic health condition.

TABLE 21. NATURE OF CHRONIC PHYSICAL IMPAIRMENT, AMONG THOSE WITH PHYSICAL IMPAIRMENTS (N=232)

Chronic Condition	Percent
Arthritis	21.6%
Asthma or other respiratory condition	21.1
Heart or other circulatory disease	20.7
Diabetes	15.1
Needs wheelchair	11.2
Cancer	8.2
Stroke	4.7
Other physical impairment	57.3

\*Note: The percentages in the table above do not add up to 100% Because some respondents may have more than one condition.

**HEALTH CARE**  
**CHRONIC MEDICAL CONDITIONS CONTINUED**

- The most prevalent conditions reported are arthritis, asthma and heart/circulatory diseases. Fifty-seven percent reported having a type of chronic condition that was not listed as a choice in the survey.

TABLE 22. NATURE OF CHRONIC MENTAL CONDITION, AMONG THOSE WITH CHRONIC MENTAL HEALTH CONDITION (N=48)

Chronic Condition	Percent
Alzheimer's or other dementia	18.0%
Senility	2.1
Other Chronic Condition	79.2

TABLE 23. ARE THOSE WITH CHRONIC ILLNESS RECEIVING NEEDED SERVICES?

Receiving Services	All (n=278)	Devel. Disability (n=17)	Hearing/ Sight (n=19)	Alcohol/ Substance (n=9)	Physical Impairment (n=231)	Mental Health (n=49)
Yes	70.9%	64.7%	52.6%	77.8%	73.6%	53.1%
No	29.1	35.3	47.4	22.2	26.4	46.9

- The majority of those with chronic medical conditions are receiving the services they need. The groups most likely to not be receiving the help they need are those with mental health problems, and hearing and sight disabilities.

TABLE 24. REASON OFFERED FOR NOT RECEIVING NEEDED SERVICES

Reason	Percent
Can't afford services	54.1%
Live too far from services	9.4
Not eligible for services	36.5
Don't know how to obtain services	32.9
Other reason	38.8

## HEALTH CARE

### CHRONIC MEDICAL CONDITIONS CONTINUED

TABLE 25. REASON OFFERED FOR NOT RECEIVING NEEDED SERVICES  
BY CHRONIC CONDITION

Reason	All (n=85)	Devel. Disability (n=7)	Hearing/ Sight (n=9)	Alcohol/ Substance (n=2)	Physical Impairment (n=63)	Mental Health (n=23)
Can't afford services	54.1%	42.9%	55.6%	50.0%	57.1%	69.6%
Live too far from services	9.4	0	0	0	7.9	17.4
Not eligible for services	36.5	28.6	66.7	50	41.3	30.4
Don't know how to obtain services	32.9	57.1	44.4	50	31.7	39.1
Other reason	38.8	42.9	66.7	50	36.5	38.8

- Cost is the most common reason why persons with chronic medical conditions are not receiving the services they need.
- Not knowing how or where to obtain services is the biggest barrier reported for those with developmental disabilities.
- Persons with hearing and sight disabilities report “other” reasons and cost as being the biggest barriers to receiving service. The “other” in this case may represent services and treatments that are simply not available because science has not developed them yet. A large percentage of respondents with hearing and sight disabilities also reported not being eligible for services – this could be because many items, such as hearing aids and prescription glasses, are not covered under Medicare.

## **PUBLIC UTILITIES**

TABLE 26. PERCENT OF RESPONDENTS AWARE OF ENERGY ASSISTANCE PROGRAMS, BY HOUSEHOLD INCOME (N=997)

Household Income	Percent
Less than \$10,000	81.8%
\$10,001 – \$20,000	83.2
\$20,000 – \$34,000	84.5
\$34,001 – 35,000	85.1
\$50,001– \$75,000	85.5
\$75,001 – \$100,000	92.1
More than \$100,000	79.9

- Eighty-four percent of survey respondents are aware of the availability of energy assistance programs for low-come households. Most learned about the availability of these programs through their electric provider or a social service agency.

TABLE 27. PERCENT OF RESPONDENTS USING ENERGY ASSISTANCE PROGRAM BY INCOME (N=1004)

Income	Among All Respondents	Among those Aware of Energy Bill Pay Assistance
Less than \$10,000	40.0%	48.9%
\$10,001 - \$20,000	22.1	26.6
\$20,000 - \$34,000	13.3	15.8
\$34,001 – 35,000	7.7	9.1
\$50,001- \$75,000	3.7	4.4
\$75,001 - \$100,000	1.1	1.2
More than \$100,000	1.4	1.9

- Eleven percent of respondents report having used an energy assistance program to help pay their electric bill.

## **PUBLIC TRANSPORTATION**

TABLE 28. TRANSPORTATION NEEDS RELATED TO  
LANE TRANSIT DISTRICT SERVICES (N=1004)

<b>Issue</b>	<b>Not a Need</b>	<b>Minor Need</b>	<b>Moderate Need</b>	<b>Major Need</b>
LTD bus service closer to my home	87.5%	5.3%	2.6%	4.7%
LTD service to my workplace	95.6	2.1	1.0	1.3
LTD bus service operating earlier in the morning	92.9	3.0	2.0	2.1
LTD bus service operating later at night	88.8	4.5	2.8	3.9
Lower LTD bus fares	93.1	3.5	2.1	1.3
Difficulty or inability to use the bus, due to a disability or to a physical or emotional limitation	96.0	1.1	0.8	2.1
Difficulty with pedestrian access to neighborhood bus stops — to far to walk, lack of sidewalks or other physical barrier	94.2	1.7	1.5	2.6

- Of respondents reporting some level of need (minor, moderate or major) relating to Lane Transit District Services:
  - Thirteen percent reported needing bus service that operates closer to their home.
  - Eleven percent reported needing bus service that operates later at night.
  - Seven percent reported needing bus service that operates earlier in the morning.
  - Seven percent reported needing lower fares.
  - Six percent reported having difficult with pedestrian access to bus stops in their neighborhood.
  - Four percent reported needing service to their workplace.
  - Four percent reported difficulty or inability to use the bus due to a physical or emotional limitation.



## IV. CONCLUSION

A clear message from the 2007 Community Needs and Assets Study is that the level of need in households is closely tied to the health of the local economy. Results from the 2004 study, which was conducted during the midst of a recession, indicated that households were experiencing a significant increase in their needs in almost every category from previous years' surveys. During the past 3 years, however, the economy has improved and the unemployment rate has dropped considerably. Accordingly, when compared to the 2004 study, respondents in the 2007 study report experiencing less difficulty meeting their basic needs in almost every category.

While the unemployment rate in Lane County has dropped nearly 2% since 2004, it has remained relatively flat during the past year, and remains consistently higher than that of the rest of the state and the nation. Additionally, wages have not kept pace with the cost of living, especially in the areas of basic needs such as health insurance, housing and the cost of gasoline. While households in the lower income categories (i.e., \$34,000 or less) continue to face the greatest difficulty in meeting regular household expenses, nearly half of households with incomes between \$34,000 and \$50,000 also report experiencing some degree of financial hardship. A significant number of households that have children in the home, and have incomes less than \$50,000, reported having problems paying for basic necessities. Families with children struggle more than the general population, and low to moderate income families struggle the most.

### PROGRESS ON PRIORITY HUMAN CARE CONCERNS

Although the community continues to face economic challenges, progress has been made in the area of access to health care and support for families with children. Following release of the 2004 Needs and Assets Study, which reported that all segments of the community were experiencing significant difficulty paying for health care services, the United Way of Lane County's 100% Access Healthcare Initiative was introduced. The Initiative's goal is to connect people who lack health care insurance with existing health insurance programs and medical services, and to develop new community-based options where gaps exist. Data from the 2007 Needs and Assets Study indicate that there has been an increase in the number of people, especially children, who are covered by health insurance and concerns about paying for prescriptions have decreased. Healthcare safety net clinics are available for those who are uninsured; however, more education is needed to make eligible persons aware of the existence of these services.

United Way of Lane County's *Success by Six* initiative has increased the awareness and use of family support services such as the Parent Helpline and parent education classes. Fifty percent of the respondents with children in this year's study report that they have taken a parent education class of which 92% have found the classes to be helpful. *Youth on Track*, a United Way goal area which focuses on opportunities for youth to have safe places and structured activities, also appears to be having a positive impact. Ninety-nine percent of respondents with children reported having their child enrolled in one or more organized activity.

## **OPPORTUNITIES FOR IMPROVEMENT**

Still, there is room for improvement. The most common reason respondents with children gave for not taking parent education classes or using the Parent Helpline is that they don't feel they need it. This indicates both a need and opportunity to provide more education on the benefits of these services, including reducing the stigma and misperception that parents who are willing to improve their parenting skills are "bad" parents. Additionally, more children could become involved in organized activities if the barriers families face to enrolling their children in these programs are reduced.

We can do a better job of informing those without health insurance about the availability of healthcare safety net clinics. Also, as noted earlier in this report, there are areas of need which do not appear to have been affected by the improved economy and increase in the employment rate. Respondents in the 2007 survey reported approximately the same level of need as the 2004 survey respondents in the following areas: in-home, residential and foster care for persons who are elderly, disabled or seriously ill; special transportation for the elderly and disabled; help for mental and emotional problems, domestic violence in the home and substance abuse issues; and, transportation to work, school and medical care facilities. These findings indicate the need for increased and sustainable support services for the most vulnerable populations in our community.

## **MAKING MEASURABLE GAINS TOGETHER**

The 2007 Needs and Assets Study demonstrates that while our community has problems, we have made, and can continue to make significant improvements by working together to identify and implement best practice methods for meeting identified needs. One of the final questions asked in the 2007 survey asks respondents if they would be willing to participate in a follow-up survey. More than half said that they would like to do an additional survey that is shorter and more targeted. This very positive response, in addition to the high number of respondents who reported having personal access to the Internet, offers hope that we will continue to be able to create useful windows of understanding into the needs of our community.

## V. ACKNOWLEDGEMENTS

United Way of Lane County would like to acknowledge and thank the many individuals and organizations that made the *2007 Community Needs and Assets Study* possible. It is a privilege to work with such people who believe in the power to make a difference and give so generously of their time and resources to improve the quality of life in our community. And thank you, the people of Lane County, who also give so generously of your time and money so that our community can continue to be a wonderful place for everyone to live. Your selfless gifts are an invaluable investment in tomorrow's future.

### Survey sponsored by:



### Additional Partners/Sponsors:

City of Eugene	Lane Transit District
Eugene Water and Electric Board	McKenzie-Willamette Medical Center
Emerald People's Utility District	Mar%Stat Market Research
Lane Council of Governments	

The *2007 Community Needs and Assets Study* was compiled by the United Way of Lane County Research and Evaluation Committee. Data analysis conducted by Ed Weeks, University of Oregon Professor of Planning, Public Policy and Management. Draft report written by Patti Hansen, Needs Assessment Research Coordinator. United Way of Lane County staff support for this project was provided by Linty Hopie, Director of Community Impact.

### The United Way of Lane County Research and Evaluation Committee:

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Ed Weeks, University of Oregon	Rick Varnum, Center for Community Counseling
Gerry Gaydos; Gaydos, Churnside, and Balthrup	Rob Rockstroh, Lane County Department of Human Services
Jeff Petry, City of Eugene	Sujata Sanghvi, PacificSource Health Plans
Loren Barlow, PeaceHealth	Priscilla Gould, United Way of Lane County

## **VI. REFERENCES**

### **Methodology -Cell phone usage statistics:**

January – June 2006 National Health Interview Survey (NHIS)

### **Employment/Unemployment Information**

State of Oregon Employment Department (Brian Rooney, Regional Economist)  
[www.employment.oregon.gov](http://www.employment.oregon.gov)

“Working Hard, Falling Short” report  
Oregon Housing and Community Services

### **Income information**

Regional Trends 2006, LCOG  
U.S. Bureau of Labor and Statistics

### **Food**

Food for Lane County  
Oregon State University Extension

### **Access to Services and Public Assistance**

Project Homeless Connect [www.homelessconnect.org](http://www.homelessconnect.org)

### **Housing**

Lane County ShelterCare  
2007 Combined One Night Shelter Count and Street Count  
[www.homelessconnect.org](http://www.homelessconnect.org)  
Oregon Housing and Community Services

### **Children and Families**

Food for Lane County  
Oregon Department of Education

### **Health Care**

“Working Hard”, Falling Short report  
Regional Trends 2006, LCOG  
Oregonians for Health Security  
Project Homeless Connect [www.homelessconnect.org](http://www.homelessconnect.org)

## **Demographics**

Oregon Housing and Community Services  
January – June 2006 National Health Interview Survey (NHIS)

<http://quickfacts.census.gov/qfd/states/41/41039.html>

## **REFERENCES REGARDING SPECIAL POPULATIONS**

### **Latino population and other demographics**

Oregon Housing and Community Services, “Changing Demographics: Impacts to Oregon and the U.S.”

<http://www.oregon.gov/OHCS/ISD/PPR/docs/DemographicsWeb.pdf>

### **Homeless Population**

[www.homelessconnect.org](http://www.homelessconnect.org); Press Room, News Releases, “Homeless Statistics in Lane County; or, [www.homelessconnect.org](http://www.homelessconnect.org), History, “Project Homeless Connect 2007 Fact Sheet”



# APPENDICES

# APPENDIX A

## DEMOGRAPHIC CHARACTERISTICS OF LANE COUNTY SURVEY RESPONDENTS

Demographic characteristics tables are given throughout the report, representing various segments of the survey sample.

Some demographic statistics stayed relatively consistent between the 2004 and 2007 studies, such as the ratio of male to female respondents, and the percentage of respondents living in Eugene and Springfield compared to the non-metro areas. However, the 2007 study has a lower percentage of respondents between the ages of 25 -54 than the 2004 study, and a higher percentage of respondents age 55 and older than the 2004 study.

Additionally, renters are significantly less represented in this study than in the 2004 and in comparison to 2005 Census data:

- Renters – 2007 study = 18%; 2004 study = 22%; 2005 Census = 37%.

Hispanics/Latinos are also less represented in this study than in the 2004 study and in comparison to 2005 Census data:

- Hispanics/Latinos – 2007 study = 2%; 2004 study = 5%; 2005 Census = 5%

<b>Table 1. General Demographics</b>					
<b>Community</b>	<b>Age of Respondent</b>		<b>Gender</b>		
Eugene	38%	18-24	6%	Female	56%
Springfield	22	25-39	18	Male	44%
Non-Metropolitan	40	40-54	15		
Lane County		55-64	24		
		65-74	27		
		75 or better	9		
		Refused	1		
<b>Education Level</b>			<b>Racial/Ethnic</b>		
	2007 Survey	2005 Census*		2007 Survey	2005 Census*
Less than High School	5.1%	9.8%	African American	0.5%	0.8%
HS Grad / GED	23.8	25.9	Asian	0.2	3.1
Some College / Assoc	32.3	36.3	Hispanic/Latino	2.3	5.6
Bachelor's or Greater	38.8	28.0	Hawaiian/Pacific Isl.	0.2	0.1
			American Indian	1.0	0.9
			Other primary racial group	0.4	0.2
<b>Language Spoken at Home</b>			Multi-racial	1.9	2.2
	2007 Survey	2005 Census*	Refused	1.6	--
English	99.2%	89.3%			
Other than English	0.8	10.7			

*\*Source: U.S. Census. General Demographic Characteristics. 2005 American Community Survey.*

**APPENDIX A:**

**DEMOGRAPHIC CHARACTERISTICS OF LANE COUNTY SURVEY RESPONDENTS**

<b>Table 2. Employment / Household Income</b>				
<b>Employment Status</b>		<b>Household Income</b>		
			<b>2007 Survey</b>	<b>2005 Census*</b>
Employed-Full Time	37.3%			
Employed-Part Time	13.9	<10,000	6.1%	11.3%
Unemployed-seeking	3.7	10,001-34,000	30.2	35.4
Unemployed-not seeking	11.4	\$34,001 - \$50,000 <sup>1</sup>	18.6	16.4
Student/Job Training	3.1	\$50,001 - \$75,000 <sup>2</sup>	20.6	8.9
Retired	30.2	\$75,001 - \$100,000	9.8	9.0
Refused	0.5	More than \$100,000	14.8	9.0
			<sup>1</sup> Census category is \$10,000 - \$34,999	
			<sup>2</sup> Census category is \$35,000 - \$49,999	

*\*Source: U.S. Census. General Demographic Characteristics. 2005 American Community Survey.*

<b>Table 3. Shelter</b>			
<b>Housing Tenure</b>			
		<b>2007 Survey</b>	<b>2005 Census*</b>
Own Home		82.3%	62.5%
Rent Home		17.7	37.5
<b>Number of Person in Household</b>			
<b>Households with people 65+</b>		<b>Households with people 6 - 17</b>	
One	24%	One	13%
Two	12	Two	8
		Three	3
		Four	1
<b>Households with people 18-64</b>		<b>Household with people &lt;5</b>	
One	19%	One	8%
Two	50	Two	5
Three	6	Three	1
Four	3		

*\*Source: U.S. Census. General Demographic Characteristics. 2005 American Community Survey.*

**APPENDIX A:**  
**DEMOGRAPHIC CHARACTERISTICS OF LANE COUNTY SURVEY RESPONDENTS**

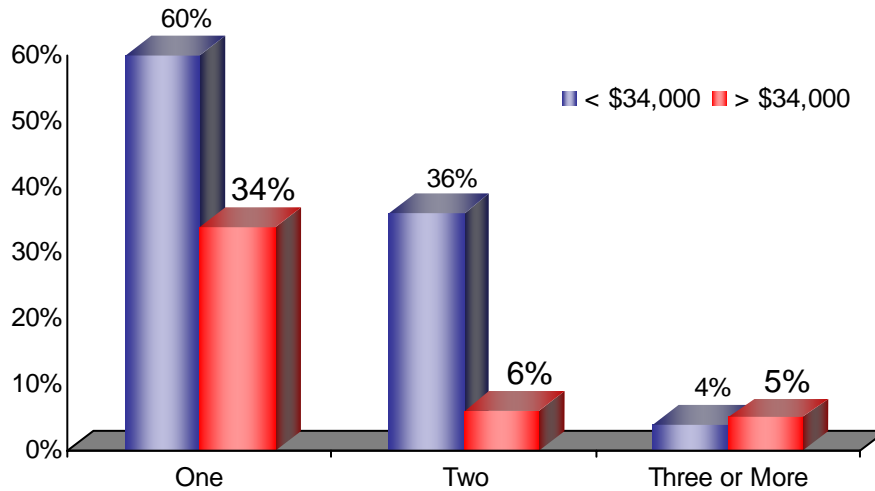
<b>Table 4. Access to Internet</b>			
<b>Access by Income</b>		<b>Access by Age</b>	
Less than \$10,000	42.3%	18 – 24	93.3%
\$10,001 - \$20,000	62.7	25 - 39	91.1
\$20,000 - \$34,000	69.5	40 - 54	86.8
\$34,001 – 35,000	83.1	55 – 64	77.3
\$50,001- \$75,000	88.6	65 – 74	75.3
\$75,001 - \$100,000	96.5	75 or older	37.0
More than \$100,000	90.2	<b>All Respondents*</b>	<b>77.5</b>
<b>All Respondents*</b>	<b>79.2</b>		

\* Differences in “All Respondent” percentage totals represents respondents in each demographic category who refused to respond with income- or age-related data.

## APPENDIX B

### NUMBER OF INCOME EARNERS IN HOUSEHOLD

CHART 1. NUMBER OF INCOME EARNERS IN HOUSEHOLD



Listed below are some major demographic impacts identified by Irwin Kirsch, Educational Testing Service and reported by the Oregon Housing and Services Commission:

- Racial/ethnic composition of public school students changing rapidly in Oregon
- Minority population generally less educated with lower earnings capacity
- White educated Baby Boomers begin retiring in 2010
- Work force growth will mostly come from minority population – primarily Hispanic
- Federal and state revenue will be negatively impacted unless minority earnings increase
- Ratio of works to retired persons is decreasing; putting pressure on retirement plan funding
- Hispanic/Latino population increases now account for half of U.S. population growth

## APPENDIX C

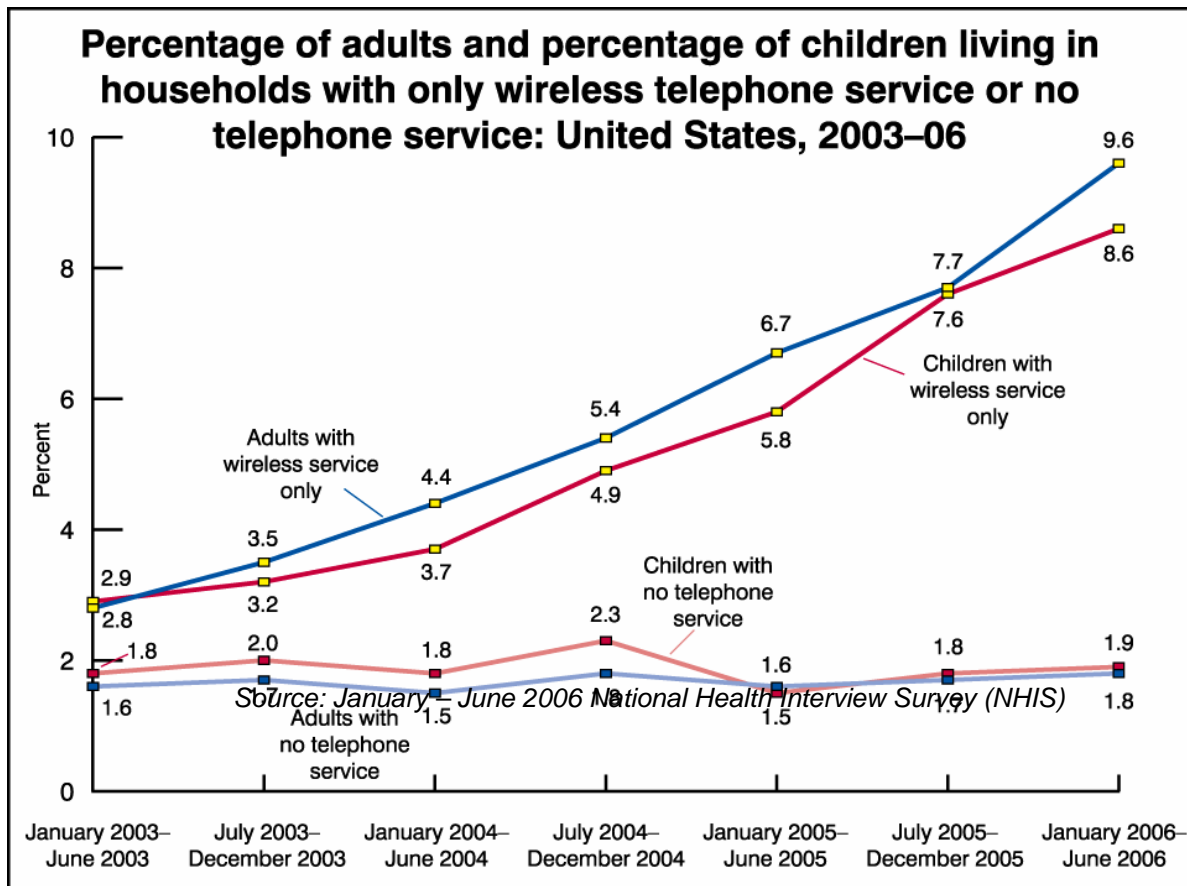
### POPULATION REPRESENTATION USING TELEPHONE SURVEY METHOD

Because only households with home telephone numbers (land-lines) were included in this study there may be some under-represented segments of the population from which we can draw no accurate conclusions.

Data from the January – June 2006 National Health Interview Survey (NHIS) indicate that:

- Approximately 9.6% of all adults live in households with only wireless telephone service (cell phones).
- Approximately 8.6% of all children live in households with only wireless telephone service (cell phones).
- Nearly one in four adults aged 18-24 years live in households with only wireless telephone service (cell phones).
- Adults renting their home are more likely than adults owning their home to be living in households with only wireless telephone service (cell phones).
- Adults living in poverty are more likely than higher income adults to be living in households with only wireless telephone service (cell phones).

Chart 1.



## APPENDIX D

### HOUSEHOLD PROBLEMS BY INCOME, RANKING BY MAJOR PROBLEM AND INCOME COMPARISON

TABLE 1. PERCENT REPORTING VARIOUS HOUSEHOLD PROBLEMS BY INCOME

Concern	\$10,000 or less	\$10,000- \$20,000	\$20,001- \$34,000	\$34,001- \$50,000	\$50,000- \$75,000	\$75,001 \$100,000	More than \$100,000
Not enough money for housing	34.5%	28.2%	27.5%	17.3%	10.3%	4.5%	6.0%
Not enough room in house for all the people who live there	16.4	13.0	14.1	13.1	8.6	3.4	9.0
Living in housing that needs major repairs	31.5	32.8	21.8	19.0	15.1	4.5	11.9
Not enough money for food	34.5	29.8	19.7	10.7	7.5	2.2	5.2
Not being able to pay the utility bills	38.9	31.3	21.1	12/0	6.5	1.1	3.8
Not enough money to buy clothes/shoes	36.4	26.7	18.3	13.8	5.4	2.2	3.7
Not able to afford legal help	43.5	35.6	29.0	21.9	13.2	5.7	3.8
Trouble getting to work, to school, or to get medical care	30.2	22.1	17.6	13.7	7.0	1.1	5.2
Not able to access public transportation	24.1	21.9	15.6	15.9	6.6	2.2	3.8
Not able to afford cost of car insurance	28.8	27.8	19.3	12.0	8.1	2.2	5.3
Not able to afford cost of gas and maintenance for a car	42.3	43.7	28.8	23.4	9.7	3.4	9.8
Not able to pay for/get medical insurance	41.8	40.5	34.0	32.7	15.6	6.7	12.7
Not enough money for doctor or dentist	47.3	44.5	35.5	35.1	14.5	6.7	9.7
Not able to get in-home care, elderly care or care for someone with a disability or serious illness	33.3	18.9	9.0	11.6	4.7	6.1	6.3
Not able to get residential or foster care for an elderly or disabled person	11.1	10.8	3.7	8.7	2.7	1.5	2.7
Not able to get special transportation for a disabled or elderly person	15.9	12.6	7.3	7.0	3.4	1.5	4.6
Not able to get help for a mental or emotional problem	24.5	16.1	13.5	11.7	5.0	2.4	1.5
Not able to read well enough to get along	7.5	10.9	9.6	2.4	4.3	0.0	2.3
Not able to find work	29.1	23.8	17.9	11.7	6.0	1.1	4.5
Not enough money for prescriptions	34.0	30.2	26.4	19.9	8.1	4.5	3.8
Experience an alcohol or drug problem	9.3	5.4	8.5	7.8	4.3	3.4	3.0
Experience physical conflict in household	5.6	3.9	7.1	3.0	3.8	1.1	2.2
Children or teenagers with behavioral or emotional problems	9.1	7.3	8.3	7.0	6.8	3.6	4.7
Not able to get marriage or family counseling or help	9.4	5.6	5.9	3.8	2.8	1.1	2.3
Not able to find quality child care for a child under the age to 6	3.8	6.0	8.9	3.4	4.2	2.5	1.6
Not able to afford nutritious food for family	20.0	11.2	13.6	5.5	2.3	2.3	0.8
Not able to get help with parenting skills	9.1	4.2	3.8	3.9	1.8	1.1	0.8

**APPENDIX D HOUSEHOLD PROBLEMS BY INCOME, RANKING BY MAJOR PROBLEM AND INCOME COMPARISON**

**TABLE 2. PERCENT REPORTING VARIOUS HOUSEHOLD PROBLEMS (% NOT A PROBLEM, MINOR PROBLEM, MODERATE PROBLEM, MAJOR PROBLEM): RANKING BY MAJOR PROBLEM**

<b>Concern</b>	<b>Not a Problem</b>	<b>Minor Problem</b>	<b>Moderate Problem</b>	<b>Major Problem</b>
Not able to pay for, or get, medical insurance	75.1%	5.1%	6.9%	13%
Not enough money to pay the doctor or dentist	74.2	6.1	7.1	12.4
Not able to afford legal help	80.7	6.0	5.0	7.9
Not enough money to purchase prescriptions	83.8	5.1	4.8	6.1
Not able to afford cost of gas and car maintenance	79.3	8.0	7.3	5.5
Not enough money for housing	83.3	6.6	4.9	5.2
Living in housing that needs major repairs	81.3	8.2	5.9	4.7
Not able to get in-home care, or adult care for an elderly person, or someone with a disability or serious illness	89.5	3.2	2.5	4.7
Not able to find work	88.3	3.6	3.9	4.0
Not able to access public transportation	87.9	5.6	2.6	3.8
Not being able to pay the utility bills	85.8	4.8	5.3	3.7
Not able to afford the cost of car insurance	86.8	5.8	3.7	3.7
Not able to get help for a mental or emotional problem	90.6	3.7	2.1	3.5
Not enough money to buy needed clothing or shoes	87.1	6.1	4.0	2.8
Trouble getting to work, to school, or to medical care	87.5	5.8	3.8	2.8
Not enough money for food	86.8	5.7	5.2	2.4
Not able to get residential or foster care for an elderly or disabled person	94.5	1.4	1.7	2.3
Not able to get special transportation for a disabled or elderly person	93.1	2.4	1.9	2.2
Not enough room in house for all people who live there	89.5	5.4	3.2	1.9
Children or teenagers with behavioral or emotional problems	93.7	3.2	1.4	1.8
Experiencing an alcohol or drug problem	94.5	2.7	1.1	1.6
Not able to afford nutritious food for your family	93.4	2.3	2.6	1.3
Not able to find quality child care for a child under the age to 6	95.7	2.1	0.9	1.2
Not able to read well enough to get along	94.8	2.9	1.1	0.9
Experiencing physical conflict in the household	96.2	2.1	0.6	0.8
Not able to get marriage or family counseling or help	96.0	2.0	1.1	0.7
Not able to get help with parenting skills	96.8	2.3	0.4	0.4

## APPENDIX D HOUSEHOLD PROBLEMS BY INCOME, RANKING BY MAJOR PROBLEM AND INCOME COMPARISON

TABLE 3. PERCENT REPORTING VARIOUS HOUSEHOLD PROBLEMS, HOUSEHOLDS WITH INCOMES OF \$34,000 OR LESS COMPARED WITH HOUSEHOLDS WITH INCOMES GREATER THAN \$34,000

Concern	\$34,000 or Less (n=328)	More than \$34,000 (n=577)
Not enough money for housing	29.0%	10.4%
Not enough room in house for all the people who live there	14.0	9.2
Living in housing that needs major repairs	27.8	13.9
Not enough money for food	26.2	7.1
Not being able to pay the utility bills	28.1	6.6
Not enough money to buy needed clothing or shoes	24.7	7.0
Not able to afford legal help	34.0	12.3
Trouble getting to work, to school, or to get medical care	21.5	7.6
Not able to access public transportation	19.6	8.0
Not able to afford the cost of car insurance	24.2	7.7
Not able to afford cost of gas and maintenance for a car	36.9	12.7
Not able to pay for, or get, medical insurance	37.9	18.5
Not enough money to pay the doctor or dentist	41.0	18.2
Not able to get in-home care, or adult care for an elderly person, or someone with a disability or serious illness	17.1	7.2
Not able to get residential or foster care for an elderly or disabled person	7.7	4.2
Not able to get special transportation for a disabled or elderly person	10.8	4.4
Not able to get help for a mental or emotional problem	16.5	5.6
Not able to read well enough to get along	9.8	2.6
Not able to find work	22.2	6.5
Not enough money to purchase prescriptions	29.2	9.9
Experiencing an alcohol or drug problem	7.4	4.9
Experiencing physical conflict in the household	5.6	2.8
Children or teenagers with behavioral or emotional problems	8.1	5.9
Not able to get marriage or family counseling or help	6.4	2.7
Not able to find quality child care for a child under the age to 6	6.8	3.1
Not able to afford nutritious food for your family	13.7	2.9
Not able to get help with parenting skills	4.9	2.0

# APPENDIX E

## EMERGENCY DEPARTMENT UTILIZATION DATA

### Emergency Department Utilization in Lane County, 2005 & 2006 Executive Summary

#### Background

**H**Health **P**olicy **R**esearch **N**orthwest is pleased to submit a report of Emergency Department utilization in Lane County for 2005 and 2006. This work was supported by a grant from the 100% Access Healthcare Initiative. Emergency Department discharge data was received and analyzed in aggregate from four hospitals in Lane County: McKenzie-Willamette Medical Center, Sacred Heart Medical Center, Peace Harbor Hospital and Cottage Grove Hospital. Results are based on metrics identified by the 100% Access Healthcare Initiative members and the 100% Access Metrics Committee and are intended to provide insight into healthcare access utilization patterns in Lane County. HPRN was fortunate to receive mentorship and technical expertise from Robert A. Lowe, MD, MPH, Director of the Center for Policy and Research in Emergency Medicine at Oregon Health & Science University.

This report completes a series of three presentations to the 100% Access Healthcare Initiative (March 14, May 9, & July 11, 2007). Presentations are included in the appendices. In addition to the information previously presented to the Healthcare Initiative, the final report includes additional detail regarding:

- \* admitted versus discharged patients,
- \* frequent Emergency Department utilization,
- \* “potentially preventable” Emergency Department visits and visits that might have been treated or prevented by a primary care providers, &
- \* comparison of ED utilization among Lane County residents with a statewide sample of ED visits.

#### Result Highlights

Results are limited to Emergency Department (ED) visits by patients with Lane County zip codes of residence in 2005 and 2006 and include cumulative frequency of visits for both years. Years were combined to strengthen validity of comparison to a statewide sample of emergency department visits maintained by OHSU. Repeat data collection and analysis in 2007 will allow Lane County to begin analyzing utilization trends over time.

#### *Demographics, Insurance Type, & Charges*

- \* 198,651 total visits to Emergency Departments in Lane County
- \* **19.8%** of visits were visits by uninsured Lane County residents versus an estimated **15%** of ED visits statewide,
- \* 53% of all ED visits were by females,
- \* 65% of all visits were by clients between 18 and 64 years,
- \* 28% of all visits to the ED occurred during weekday business hours, 72% of ED visits occurred at times when most primary care offices were closed,
- \* **15%** of ED visits resulted in hospital admission,
- \* ED patients that are admitted incurred **78%** of \$590 million in charges over a two year period.

## APPENDIX E EMERGENCY DEPARTMENT UTILIZATION DATA

Emergency Department Utilization in Lane County, 2005 & 2006 Executive Summary continued.

### Result Highlights

#### *Frequent or “High Use” Emergency Department Visits*

- \* Overall, approximately **1 in 10 clients (10%)** visited the Emergency Department at least 4 times in a two year period.
- \* 43,556 visits were made by 4506 clients with at least six ED visits in a two year period, of which 40.5% were clients between 18 and 39 years.
- \* **Among visits by clients with at least six visits in two years, 23.5%** were uninsured, **28.3%** were Medicare-sponsored and **30.5%** were OHP-sponsored.
- \* There was substantial insurance instability or “churning” among frequent users. Of the 1,615 clients who made six or more ED visits in two years and were covered by OHP for at least one of those visits, 632 (39%) had at least one visit while uninsured. Of 87 clients who made 24 or more visits and were covered by OHP for at least one, 43 clients (49%) had at least one visit while uninsured.
- \* In total, 165 clients visited the ED at least 24 times (one time per month) in a two year period, **42.5%** of their visits were OHP-sponsored.

#### *Disease-Specific Findings*

Two different methodologies were applied to determine why Lane County residents visit the Emergency Department; a standardized disease classification system that groups ICD-9 codes by 18 broad categories and alternatively, selection of specific ICD-9 codes that allow for a comparison of Emergency Department utilization in Lane County versus a statewide sample.

The Multiple-Level Clinical Classification System, developed by the Agency for Healthcare Research and Quality, was utilized to describe:

- \* Primary diagnoses for all Emergency Department visits
- \* Primary diagnoses for “high use” OHP and uninsured clients
- \* Mental health conditions among uninsured clients

Disease-specific algorithms were used to better define Emergency Department visits related to:

- \* Mental health conditions
- \* Drug and alcohol diagnoses
- \* Co-morbid behavioral health conditions
- \* Dental care
- \* Diabetes
- \* Asthma
- \* Injuries

## APPENDIX E EMERGENCY DEPARTMENT UTILIZATION DATA

Emergency Department Utilization in Lane County, 2005 & 2006 Executive Summary continued.

### Result Highlights

The table below compares Emergency Department visits, for any diagnosis, among Lane County residents with Oregon’s statewide sample of rural and urban Emergency Department visits for mental health, drug and alcohol-related diagnoses. Dental visits are reported as a primary diagnosis. The statewide data sample contains an estimated 55% of all Oregon ED visits, including one hospital system in Lane County.

LANE COUNTY RESIDENT EMERGENCY DEPARTMENT VISITS (2005 & 2006) VERSUS A SAMPLE OF OREGON RURAL AND URBAN EMERGENCY DEPARTMENT VISITS (2004)

Visit Type	Percent of Lane County resident ED visits, 2005 & 2006	Percent of Oregon ED Rural ED Visits, 2004	Percent of Oregon Urban ED Visits, 2004
Mental Health*	12.8	7.2	7.7
Alcohol	4.0	2.4	2.6
Drugs	3.3	1.1	1.7
Primary Dental	2.8	2.0	2.0

\*Excludes drug & alcohol diagnoses, organic disorders of the brain, such as Alzheimer’s, sleep disorders.

Defining behavioral health conditions as mental health, drug and/or alcohol diagnoses reveals that **29.7% of all visits to the Emergency Department are by persons that have at least one additional ED visits for a behavioral health diagnosis.** Among OHP and uninsured clients, this frequency of co-morbid behavioral health conditions increases to 35.0%.

Emergency Department visits for **asthma** were examined as a primary diagnosis and among visits for any diagnosis. Result highlights include:

- ✱ Asthma as a primary or co-morbid condition is highest among OHP clients, accounting for approximately 7.2% of ED visits compared to 5% of visits among Commercial and uninsured populations.
- ✱ The uninsured have the highest frequency of discharged asthma visits (n=604 uninsured visits versus 541 and 562 visits for Commercial and OHP, respectively).
- ✱ The frequency of admissions for primary asthma cases among Commercial (11%) and OHP patients (11%) is approximately twice that of uninsured patients (5%).
- ✱ 26% of Medicare patients with a primary diagnosis of asthma are admitted.

## APPENDIX E EMERGENCY DEPARTMENT UTILIZATION DATA

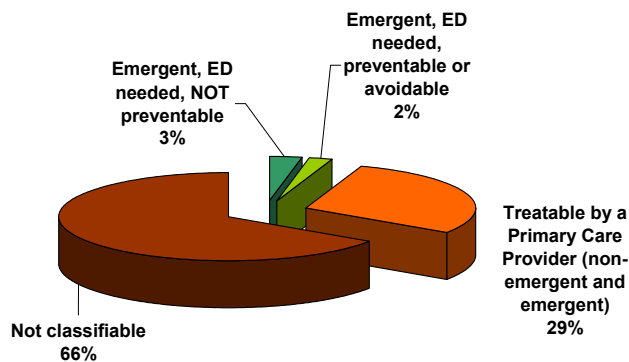
Emergency Department Utilization in Lane County, 2005 & 2006 Executive Summary continued.

### Result Highlights

#### *Potentially Preventable or Avoidable Emergency Department Visits*

A standard algorithm was applied to Emergency Department visits to determine the proportion that may have been potentially preventable or treatable in a primary care setting. The majority of visits could not be classified. Nearly 1/3 of ED visits that were classified may have been treatable by a primary care provider, although up to 25% of these “treatable” visits may actually be more appropriately classified as emergent visits that required use of the ED. These results should be interpreted with caution. The developers of the algorithm emphasize that it was not developed to identify “inappropriate” ED visits or visits that could be triaged out of an ED but rather to identify population groups that have compromised access to primary care outside of the ED. The algorithm applied can potentially be used as a benchmarking index, but should not be used to generalize “inappropriate” visits to the Emergency Department.

#### ≥ 75% probability that the visit to the Emergency Department was:



Among visits that could be classified, the data suggests OHP and uninsured ED visits may be more likely to be treatable in a primary care setting than visits by Commercial or Medicare visits. Due to the high number of unclassified visits, this observation cannot be validated statistically with confidence. As improved algorithms are developed in upcoming years, more rigorous assessment of preventable/avoidable visits to the Emergency Department can be applied to Lane County utilization data.

#### *Geography of Uninsured Visits in Lane County*

A geographical mapping assessment suggests a disparity in access to health services based on frequency of Emergency Department visits by zip code. West Eugene (97402) and Springfield (97477) represent a combined 36.5% of uninsured ED visits, yet the population that resides in these two zip codes represents an estimated 25.1% of Lane County residents. In contrast, South Eugene (97405) houses roughly 13.6% of Lane County residents, but accounts for 5.1% of uninsured ED visits between 2005 and 2006.

## APPENDIX E EMERGENCY DEPARTMENT UTILIZATION DATA

Emergency Department Utilization in Lane County, 2005 & 2006 Executive Summary continued.

### Result Highlights

The table below estimates the uninsured ED visit rate per 1,000 population, based on 2000-2005 projected growth rate for Eugene and Springfield.

UNINSURED EMERGENCY DEPARTMENT VISITS, EUGENE AND SPRINGFIELD METROPOLITAN AREAS,\* 2005 & 2006

City	Zip Code	Frequency of Uninsured ED Visits	2005 Estimated Population	Uninsured Visits per 1,000 population
Eugene	97401	3744	38766	96.6
Eugene	97402	6688	47052	<b>142.1</b>
Eugene	97403	633	10727	59.0
Eugene	97404	2436	29939	81.4
Eugene	97405	2010	45628	44.1
Eugene	97408	485	9871	49.1
Springfield	97477	7685	37304	<b>206.0</b>
Springfield	97478	4872	33505	145.4

*\*Based on 2000-2005 growth estimates for Eugene and Springfield, US Census.*

### Discussion & Recommendations

Annual benchmarking of Emergency Department visits by Lane County residents can assist in determining health impact and the community's economic return on investment for programs that increase access to health services. Communities have realized that as the proportion of uninsured residents increases, expensive Emergency Department utilization will increase. Results provide a standardized and objective measurement tool that can be applied to capture county-wide, regional or community level progress toward achieving goals of the 100% Access Healthcare Initiative. As the database grows in future years, we will have the ability to look back in time and tailor results for specific committees, disease interventions or apply improved Emergency Department algorithms, when developed. The following areas of need in Lane County are highlighted:

- \* Low frequency of hospital admissions (15%) account for 78% of ED charges, suggesting that interventions aimed at providing timely and effective health care that prevent hospital admissions warrant particular attention;
- \* The large number of ED visits that were assigned high probabilities of being primary care treatable (29%) points to the need for improved access to primary care for uninsured and under-insured Lane County residents;
- \* Marked difference in frequency of behavioral health conditions exist between insurance types in Lane County (mental health, drug and alcohol diagnoses);
- \* Marked differences in frequency of ED visits for primary dental care exist between insurance types in Lane County;
- \* OHP and uninsured clients demonstrate similar patterns of care, frequency of high ED use and changes between OHP and uninsured status suggesting care delivery patterns and impact of interventions are linked;
- \* Geographic disparities in utilization patterns suggest community health resources are needed in Springfield (97477) and West Eugene (97402).

HPRN recommends the 100% Access Healthcare Initiative continue to track Emergency Department utilization in Lane County.

## APPENDIX E EMERGENCY DEPARTMENT UTILIZATION DATA

ADDITIONAL DATA: Emergency Department Utilization in Lane County, 2005 & 2006 Report

MAP 1. PERCENT OF UNINSURED EMERGENCY DEPARTMENT VISITS (BLACK %) AMONG LANE COUNTY RESIDENTS COMPARED TO 2005 ZIP CODE POPULATION ESTIMATES (BLUE %), 2005 AND 2006 (N=39,343)

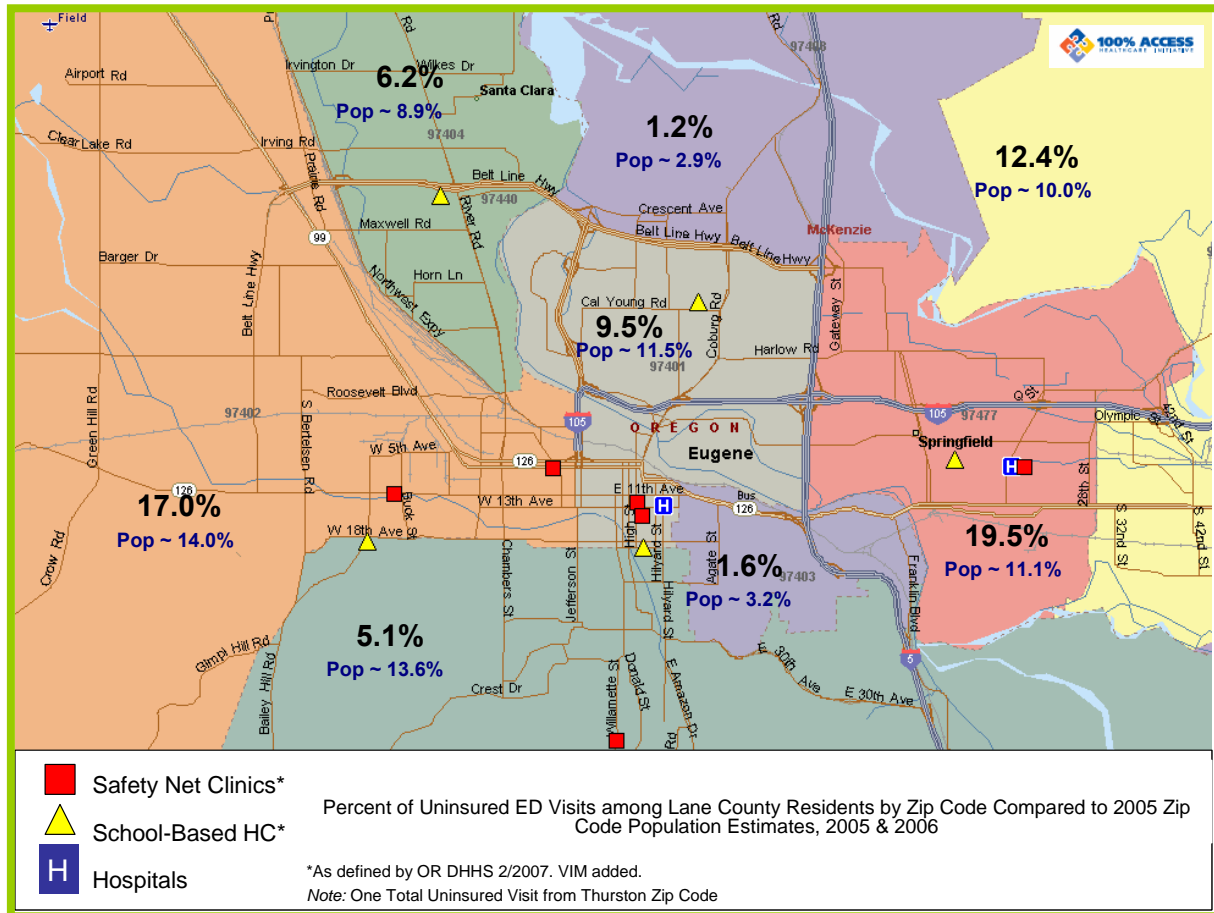


TABLE 1: EMERGENCY DEPARTMENT VISITS BY INSURANCE STATUS, LANE COUNTY RESIDENTS, 2005 vs. 2006

Insurance Status	Frequency of ED Visits 2005	Lane County Percent 2005	Frequency of ED Visits 2006	Lane County Percent 2006
Auto	1,622	1.7	1,293	1.3
Commercial	25,358	25.9	24,468	24.3
Medicaid – Out of State	234	0.2	194	0.2
Medicare	24,980	25.5	25,792	25.6
OHP	19,428	19.9	19,653	19.5
Other	7,407	7.6	8,970	8.9
Uninsured	18,802	<b>19.2</b>	20,450	<b>20.3</b>
Total	97,831	100	100,820	100

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ADDITIONAL DATA: Emergency Department Utilization in Lane County, 2005 & 2006 Report

TABLE 2. FREQUENCY AND PERCENT OF UNINSURED EMERGENCY DEPARTMENT VISITS AMONG LANE COUNTY RESIDENTS BY AGE AT THE TIME OF ED INTAKE AND GENDER, 2005 VERSUS 2006

Demographic Characteristic of Uninsured Emergency Department Visit	Frequency of uninsured ED visits, Lane County residents, 2005	Percent of uninsured ED visits, Lane County residents, 2005	Frequency of uninsured ED visits, Lane County residents, 2006	Percent of uninsured ED visits, Lane County residents, 2006
<b>Gender</b>				
Female	8,463	45.0	9,472	45.7
Male	10,338	55.0	10,976	54.3
Total	18,801	100.0	20,448	100.0
<b>Age (Years)</b>				
0-1	193	1.0	209	1.0
2-9	543	2.9	599	2.9
10-17	625	3.3	731	3.5
18-39	11,264	59.9	12,099	59.5
40-64	5,988	31.9	6,682	32.3
65 and older	180	1.0	127	0.8
Total	18,793	100.0	20,447	100.0

CHART 1.

Percent of Alcohol, Drug Use and Mental Health-related Emergency Department visits, ALL ED Visits versus Uninsured ED visits, Lane County residents, 2005 and 2006.

