



Qualitative Data Findings

Central Oregon Health Council Regional Health Assessment

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Qualitative Data

The qualitative data section of the Central Oregon Health Council (COHC) Regional Health Assessment plays a crucial role in providing a well-rounded and comprehensive understanding of the region's health landscape. This section of the assessment focuses on non-numerical information gathered through focus groups, panel discussions, and walk-along interviews. Qualitative data serves as a valuable complement to quantitative data. While quantitative data provides statistics and numerical trends, qualitative data delves into the intricacies of people's experiences, values, and perceptions. It brings the human element into the assessment, providing insights into the social determinants of health, community attitudes, and the barriers they experience. The integration of qualitative data with quantitative data fosters a more holistic understanding of health outcomes. It provides a balanced narrative, allowing stakeholders to see beyond the numbers and understand the lived experiences and contextual factors that impact health in the region. This approach is invaluable for policy development, healthcare planning, and decision-making.

Qualitative data is a vital component of the scientific method, and it is essential for understanding the context behind quantitative data. The validity of qualitative data is firmly established within the realm of social and health sciences. Researchers employ rigorous methodologies to collect and analyze qualitative data, ensuring that it is reliable and trustworthy. When conducted professionally, qualitative research contributes to the body of evidence-based knowledge and serves as a robust foundation for formulating healthcare interventions and strategies.

Methods

COHC collected qualitative data to inform the regional health assessment by holding focus groups, panel discussions, and walk-along interviews throughout the region. The information gained provided a multi-dimensional understanding of community strengths, gaps, how the built environment impacts health, and forces of change affecting the region. COHC developed research questions and identified prioritized populations to meet with across the region.

WYSAC met with COHC to determine the goals of the qualitative research. WYSAC developed facilitation tools and a facilitation guide for COHC. The focus group tool consisted of seven questions to capture information to inform their research goals. The panel discussion and walk-along interview tools were modified to suit the time constraints and venue. The panel discussion tool for the LGBTQ+ Artist Panel and LGBTQ+ Provider Panel comprised three questions. The walk-along interviews with Caregivers of Children Under Five and People with Disabilities

comprised seven questions, and the walk-along interviews with Rural Migrant Farmworkers and the People Living Unhoused comprised six questions. WYSAC trained COHC on how to collect qualitative data. COHC and partners recruited participants and scheduled data collection efforts. COHC determined that some questions were better suited for specific groups and further modified the tools to suit their needs; for example, the group of high school students were only asked five of the original seven focus group questions (questions regarding the forces of change were excluded). COHC conducted qualitative interviews throughout four months (June-September 2023). Data collection efforts were audio recorded, and notes were taken when audio was not recorded (e.g., People Living Unhoused did not provide their consent to be recorded). English audio was transcribed with the Otter AI program. Spanish audio and notes were translated and transcribed by COHC staff. Transcriptions from 13 focus groups, two panels, and four walk-along interviews (475 pages, 22 hours of audio) were transferred to WYSAC for coding and analysis. WYSAC received notes without audio or transcriptions for the three walk-along interviews with members of the Unhoused Community who did not consent to be recorded.

WYSAC used QDA Miner Lite software to organize, code, and analyze the data. WYSAC used an open-coding reflexive process to allow the themes to emerge organically from the data. Once the open coding process was finished, WYSAC performed second-level axial coding to provide a more focused and systematic examination of the data. Axial coding aims to identify the relationships between the categories and subcategories identified during the open coding process.

Participants

One hundred nineteen people participated in the 13 focus groups, 51 participated in the two panel discussions, and 35 participated in the four walk-along interview groupings. Seventeen of these data collection efforts were conducted in English, 21 in Spanish, and one in a mix of English and Spanish to suit the needs of the participants. It is unclear what language the walk-along interviews with the People Living Unhoused were conducted in. COHC did not collect demographic information about the participants. Data was collected from six locations across Central Oregon: Bend, Madras, Metolius, Northern Klamath County, Prineville, and Redmond. Two of the focus groups were conducted with participants from Central Oregon generally. Additionally, two of the focus groups and one of the panels were conducted remotely via Zoom. The location for one of the walk-along interviews is unknown.

Findings

How to read the tables: The left column is the Categorical Code, or overarching code. The Subcode column has all the codes that are grouped together under the categorical code. The Location column shows the location that the responses came from. The Group column shows which groups shared information regarding the codes. Themes that appeared most often or for most groups are shown at the top of the table, and those that appeared less frequently are at the bottom of the table.

Community Strengths and Assets

Participants described Central Oregon as having many positive attributes, such as being a tight-knit, welcoming, and supportive community with vibrant community events and easy-to-find resources. Central Oregonians describe themselves as a generous, giving community who desire to help others. Positive attributes included kindness, open-mindedness, resiliency, empathy, education, independence, strong work ethic, and respect for all people. Unity, tranquility, and love for the outdoors were also seen as community strengths. Community members described many opportunities the region has, such as opportunities to volunteer and work and opportunities for youth.

“The skills and strengths that I admire is that there's a lot of entertainment places, like the parks, our schools are good, the kids get distracted, there's summer schools, there's very good medical health care, and we have good hospitals.” -Redmond, Walk-Along-Interview, Rural Migrant Farmworkers

“Well, what I have seen since I have been living here for many years, is that people are really very united.” -Prineville, Focus Group, Latino Families

Participants described the people in the communities as one of the biggest assets, describing supportive families, teachers, mentors, allies, and advocates. Positive relationships were a central theme that emerged when talking about community strengths and assets. People described Central Oregon as having a strong sense of community, with people being well-connected, communicating, and sharing skills, experiences, and resources.

“I would actually (say) mutual aid helped a lot during COVID; when our friends and peers are needing help the most, we would all crowdsource and get funds and supplies for people who needed who couldn't get to the stores. And that's mutual aid, in a nutshell, coming together and helping each other out without the involvement of the government.” -Bend, Walk-Along-Interview, People with Disabilities.

Table 1: Community Strengths & Assets

Category	Subcodes	Location(s)	Group(s)	
Community Attributes	Communities that Help Themselves; Desire to Help; Empathetic; Giving; Kind; Resilient; Responsive; Supportive; Tight Knit; Unity; Welcoming	Bend, Central Oregon, Madras, Metolius, Northern Klamath, Prineville, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, High School Students, Latino Families, LGBTQ+ Artist Panel, LGBTQ+ Providers, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People with Disabilities, Rural Migrant Farmworkers, Traditional Community Health Workers, & Veterans	
	Educated; Experience; Diversity in Skills; Doing More with Less; Shared Skills; Work Ethic	Bend, Central Oregon, Northern Klamath, & Redmond	Black Community Members, High School Students, LGBTQ+ Providers, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Peer Support Specialists, & Veterans	
	Open-Mindedness; Respect for All People	Bend & Northern Klamath	Caregivers of Children Under Five, College Students, Men Working in Manufacturing or Construction, & Northern Klamath Community Residents	
	Good Kids; Independent Youth	Bend, Madras, & Redmond	High School Students, Older Adults, & Rural Migrant Farmworkers	
	Sense of Community; Spirit	Bend & Central Oregon	Caregivers of Children Under Five & Peer Support Specialists	
	Tranquility	Bend & Prineville	Caregivers of Children Under Five & Latino Families	
	Love For the Outdoors; Tidy & Neat	Bend & Prineville	Caregivers of Children Under Five & College Students	
	Easy-to-Find Resources	Bend	Caregivers of Children Under Five & LGBTQ+ Providers	
	Community Improvements	Bend	LGBTQ+ providers	
	Good Quality Roads	Bend	College Students	
	Relationships & Support	Communication Among Peers; Outreach Efforts; Sharing Experiences; Well-Connected Community; Word of Mouth	Bend, Central Oregon, Northern Klamath, & Redmond	Caregivers of Children Under Five, College Students, Northern Klamath Community Residents, Peer Support Specialists, People Living Unhoused, Traditional Community Health Workers, & Veterans
		Advocate For Needs; Advocate For One Another; Peer Support, Advocates Who Listen; Willingness to Have Tough Conversations	Bend, Central Oregon, Northern Klamath, & Redmond	Black Community Members, High School Students, Medicaid Members, Northern Klamath Community Residents, Peer Support Specialists, & Veterans
		Strong Recovery Community; Support for Homeless and Justice-Involved Individuals; Unemployment Office; Veteran Friendly Community	Bend & Central Oregon	Caregivers of Children Under Five, Men Working in Manufacturing or Construction, Peer Support Specialists, People Living Unhoused, & Veterans
Good Relationship with Law Enforcement		Central Oregon & Northern Klamath	Northern Klamath Community Residents & Peer Support Specialists	
Community Collaboration; Everyone Knows Everyone; Services Are Connected And Easy To Access		Bend & Northern Klamath	Caregivers of Children Under Five, Northern Klamath Community Residents, & People Living Unhoused	

Opportunities	Job Opportunities; Opportunities to Volunteer	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	College Students, Latino Families, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, People with Disabilities, & Traditional Community Health Workers
	Financial Assistance; Scholarships; Services with Flexible Pay	Bend, Madras, Prineville, & Redmond	Caregivers of Children Under Five, Latino Families, Older Adults, People Living Unhoused, & Rural Migrant Farmworkers
	Active Culture for Youth; Community Engagement; Kids Playing; Lots of Things to Do; Opportunity; Resources for Families	Bend, Madras, & Redmond	Caregivers of Children Under Five, High School Students, LGBTQ+ Providers, People with Disabilities, & Rural Migrant Farmworkers

Source: WYOMING SURVEY & ANALYSIS CENTER

Community Resources

When asked about resources in their communities, people named many specific programs that they felt were community resources. Central Oregon Community College, Mosaic Medical, churches, and the food bank were often mentioned.

“In my personal opinion, even more so is Mosaic Community Health. Because they live by their words, and that's something that is important to me. If I can't trust something, I'm not going to be involved in that. You have no insurance; if you've got no money, nothing, and you walk in there, they will take care of you. And they follow through on that. So, definitely. And they are Central Oregon because they're scattered throughout the entire area.” -Central Oregon, Focus Group, Older Adults

People cited many medical resources they felt were available in Central Oregon. The St. Charles Hospital and Mosaic Medical were often mentioned, as were the experiences of obtaining referrals to the needed medical resources. Community members said that the availability of home health services, first responders, and emergency clinics was a resource. Having access to affordable care and health insurance were essential resources, especially the availability of Medicaid for Immigrants.

“Well, in Oregon as a whole, right, they approved Medicaid for Immigrant people too. You can now qualify for regular Medicaid; it covers you for medical and dental. This is the newest thing that's out right now.” -Prineville, Walk-Along Interview, Caregivers of Children Under Five

“Now that they gave us the medical for medical services, it's very good because sometimes we stop going to the doctor because we don't pay a lot or we don't have the resources to go to a good doctor. So now that they helped us with the

medical, it has helped us a lot, and we can see more doctors.” -Madras, Walk-Along-Interview, Rural Migrant Farmworkers

People in Central Oregon view the supportive people they have in the community as a vital resource. They spoke of supportive providers, allies, mentors, leaders, and teachers and the importance of leaning on support from social and family networks.

“I try to help guys get to stay sober all the time. And it means a lot to me and to be able to help them and meant a lot to me when guys were there for me.” - Bend, Focus Group, Men Working in Manufacturing or Construction

Table 2: Resources

Categorical Codes	Subcodes	Location(s)	Group(s)
Medical Resources	Jefferson Public Health; Mosaic Medical; St. Charles Hospital; Healthcare System; Mobile Unit	Bend, Central Oregon, Madras, & Redmond	Caregivers of Children Under Five, High School Students, Latino Families, LGBTQ+ Providers, Medicaid Members, Older Adults, People Living Unhoused, Rural Migrant Farmworkers, Traditional Community Health Workers, & Veterans
	Affordable Care; Health Insurance; Medicaid for Immigrants; Medicare Advantage	Bend, Central Oregon, Madras, & Prineville	Caregivers of Children Under Five, Latino Families, Rural Migrant Farmworkers, Peer Support Specialists, & People Living Unhoused
	Bright Side; National Alliance for Mental Illness	Bend	College Students
	Home Health Services	Redmond	Caregivers of Children Under Five
Supportive People	Providers/Practitioners; Therapists; Health Care Professionals; Referrals	Bend, Madras, & Prineville	Caregivers of Children Under Five, Latino Families, LGBTQ+ Artist Panel, & LGBTQ+ Providers
	Allies; Allyship; Influential People; Leadership; Mentors	Bend & Redmond	LGBTQ+ Artist Panel, LGBTQ+ Providers, Medicaid Members, Men Working in Manufacturing or Construction, & Older Adults
	Supportive Teachers	Bend & Redmond	LGBTQ+ Artist Panel, LGBTQ+ Providers, & People with Disabilities
	Supportive Parents	Bend	LGBTQ+ Artist Panel, LGBTQ+ Providers, People with Disabilities
	Friend Groups; Peer Support Groups	Bend & Central Oregon	College Students & Veterans
	First Responders; Law Enforcement; Oregon Outback; People Who Stop Trafficking	Central Oregon & Northern Klamath	Northern Klamath Community Residents & Peer Support Specialists
Schools As Resources	Local Schools; Schools as Spaces; School-Based Health Centers; School Systems	Bend & Redmond	Caregivers of Children Under Five, College Students, High School Students, LGBTQ+ Providers, Medicaid Members, Older Adults, & People with Disabilities
Colleges That Provide Resources	Central Oregon Community College; College Sponsored Activities; Oregon State University	Bend & Central Oregon	College Students, LGBTQ+ Artist Panel, LGBTQ+ Providers, & Peer Support Specialists

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Resources For Families & Youth	Community Club; Family Access Network	Central Oregon, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, Northern Klamath Community Residents, & Peer Support Specialists
	COPA; Kindred Hearts Forster Care Services; Mission 21	Bend, Central Oregon, & Redmond	Caregivers of Children Under Five & Peer Support Specialists
Personal Resources	Asking Questions; Legal Aid; Self-Advocacy	Bend, Madras, & Redmond	Latino Families, LGBTQ+ Artist Panel, LGBTQ+ Providers, Medicaid Members, & Older Adults
	Animal Shelters; Care for Pets; Furry Friends Foundation	Central Oregon & Redmond	Medicaid Members, Older Adults, & Peer Support Specialists
	Narcotics Anonymous; Substance Use Treatment	Bend	Men Working in Manufacturing or Construction
General Community Resources	Better Together; GRMS Radio; North Klamath County.org	Northern Klamath & Prineville	Caregivers of Children Under Five & Northern Klamath Community Residents
	Chamber of Commerce Events	Redmond	Older Adults
LGBTQ+ Resources	Art Community; Events; LGBTQ+ Community; Medical Improvements; Project Pride; Queer-Friendly Businesses & Spaces; Social Media; Therapists	Bend	LGBTQ+ Artist Panel & LGBTQ+ Providers
Resources for People with Disabilities	Central Oregon Disability Support Network; Healing Reigns	Bend & Central Oregon	Peer Support Specialists & People with Disabilities
Housing Resources	Habitat for Humanity; Housing Works; Neighbor Impact; Pallet Houses	Bend, Central Oregon, & Redmond	Caregivers of Children Under Five, College Students, Medicaid Members, Older Adults, & Peer Specialists
Resources for Unhoused & Hungry	Family Kitchen; Food Banks; Jericho Road; Resources for the Unhoused Community; Shepard's House; Soup Kitchens	Bend, Central Oregon, Madras, Northern Klamath, & Redmond	Caregivers of Children Under Five, College Students, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Peer Support Specialists, Rural Migrant Farmworkers, & Traditional Community Health Workers
Resources for the Latinx Community	Bilingual Services; Comunidad Latina	Bend, Madras, & Redmond	Caregivers of Children Under Five, Latino Families, & People with Disabilities
Resources for Seniors	Council On Aging; Meals on Wheels; Silver And Fit	Central Oregon, Northern Klamath, & Redmond	Northern Klamath Community Residents, Older Adults, & Peer Support Specialists
Resources for Veterans	Central Oregon Veteran's Ranch; Veterans Assistance	Central Oregon	Peer Support Specialists & Veterans
Local Nonprofits	Beam Foundation; Churches	Bend, Central Oregon, & Redmond	Men Working in Manufacturing or Construction, Older Adults, Traditional Community Health Workers, & Veterans

Source: WYOMING SURVEY & ANALYSIS CENTER

Leveraging Strengths to Improve Health

Participants were asked to think about a key health issue they or their community has experienced and how the community's skills and resources could be used to improve health issues. People in Central Oregon believe that community resources can be leveraged to increase community awareness about issues and to create connections and partnerships between people and organizations to improve health.

“Community creates connection. We have the ability to build trust with other folks in our community if we’re struggling in whatever way; having that network of support and other support systems around us, can help us in all aspects of our health. So, I think community is a key piece of that puzzle.” -Bend, Focus Group, College Students

By relying on the diverse perspectives gained through community collaboration, people imagine a future where improvements are made using new ideas to address community health and where people feel empowered to advocate for their needs, taking a role in decision-making.

“That ability to go against what is ingrained in society and put forward new ideas and new information can definitely help to improve the health issues we experience.” -Bend, Focus Group, High School Students

Table 3: Leveraging Strengths to Improve Health

Categorical Codes	Subcodes	Location(s)	Group(s)
Increasing Community Awareness & Connection	Community Action Team; Community Awareness; Community Connection; Connecting People with Services and Resources; Increased Access to Food; Keeping People Safe; Preventing Recidivism; Socialization	Bend, Central Oregon, Madras, Metolius, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, College Students, High School Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People with Disabilities, Rural Migrant Farmworkers, Traditional Community Health Workers, & Veterans
	Increased Awareness of/Respect for Mental Health Issues	Bend	College Students & Men Working in Manufacturing or Construction
Building Partnerships	Collaboration; Partnership	Bend, Central Oregon, & Redmond	Caregivers of Children Under Five, Medicaid Members, Men Working in Manufacturing or Construction, Older Adults, Peer Support Specialists, & Traditional Community Health Workers
Addressing Health Needs	Identifying and Addressing Health Concerns	Bend, Central Oregon, & Redmond	Caregivers of Children Under Five, People with Disabilities, & Veterans

	Increased Access to Hygiene Services	Bend	Men Working in Manufacturing or Construction
	Insurance	Redmond	Caregivers of Children Under Five
Increasing Personal Agency	Activism; Give Voice to the Community; Tenacity; Voice in Government	Bend & Redmond	High School Students, Medicaid Members, & Older Adults
Learning To Make Improvements	Come at Issues from Differing Perspectives; Learn from Mistakes; Try New Things	Bend & Redmond	High School Students & Medicaid Members

Source: WYOMING SURVEY & ANALYSIS CENTER

Community Gaps and Areas for Improvement

After asking about strengths and how they can be leveraged to improve community health, COHC prompted participants to share gaps in the community or resources they wish they had available. This question garnered the most responses from participants. There are many areas for improvement and resources people wish they had available in Central Oregon. Because there were so many gaps, WYSAC decided to break them into four overall categories: 1) General Gaps, 2) Education Gaps, 3) Medical Gaps, and 4) Program and Services Gaps.

GENERAL GAPS

The lack of transportation and communication resulting in a lack of knowledge about what services are available is a significant gap inhibiting people from accessing what they need in Central Oregon.

“Information, and just informing youth and the public in general about what resources we actually have. Because there are a number of resources that can be turned to.” -Bend, Focus Group, High School Students

“I think isolation and lack of transportation go hand in hand because we have people who live in the rural areas who have no way to get to socialization, and it leads to depression, and pretty soon they just shut themselves off.” -Redmond, Focus Group, Older Adults

Participants also expressed housing, employment, basic needs, safety, and Municipal maintenance gaps.

“It is hard to get your health and well-being under control when you don't know if you will have a safe place to sleep each night.” -Bend, Walk-Along Interview, People Living Unhoused

Table 4: General Gaps

Categorical Codes	Subcodes	Location(s)	Group(s)
Transportation	Lack of Transportation	Bend, Central Oregon, Northern Klamath, & Redmond	Caregivers of Children Under Five, High School Students, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People Living Unhoused, Traditional Community Health Workers, & Veterans
Communication	Communication; Lack of Knowledge; Unsure of How to Contribute or Get Involved	Bend, Central Oregon, Madras, Metolius, Northern Klamath, Prineville, & Redmond	College Students, High School Students, Latino Families, LGBTQ+ Artist Panel, Medicaid Members, Men Working in Manufacturing or Construction, Older Adults, Northern Klamath Community Residents, Peer Support Specialists, People with Disabilities, Rural Migrant Farmworkers, & Veterans
Housing Support	Affordable Housing; Help People Build Homes; Housing Support is Only Temporary; Lack of Entry-Level Housing; Lack of Financial Assistance; Lack of Housing Resources; Not Enough Places to Live; Permanent Housing	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	Black Community Members, College Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Peer Support Specialists, People Living Unhoused, People with Disabilities, Rural Migrant Farmworkers, Traditional Community Health Workers, & Veterans
Employment	Employment for Marginalized Populations; Employment Services; Outreach Centers	Bend, Central Oregon, & Madras	Black Community Members, Latino Families, Men Working in Manufacturing or Construction, Peer Support Specialists, & Traditional Community Health Workers
Safety	Crime; Lack of Media Coverage of Threats; Law Enforcement Response, Presence, and Relations	Bend, Central Oregon, Northern Klamath, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, LGBTQ+ Artist Panel, LGBTQ+ Providers, & Northern Klamath Community Residents
Accountability	Accountability; Inability to File Complaints	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	Black Community Members, College Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Peer Support Specialists, & Veterans
Human Needs	Access to Healthy, Fresh Foods and Clean Drinking Water; Neglected Community Garden	Bend, Central Oregon, Northern Klamath, & Redmond	Black Community Members, Caregivers of Children Under Five, High School Students, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, Rural Migrant Farmworkers, & Traditional Community Health Workers
	Isolation; Poverty; Lack of Services and Programs in Rural Areas	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	Black Community Members, Caregivers of Children Under Five, Latino Families, LGBTQ+ Artist Panel, LGBTQ+ Providers, Medicaid Members, Northern Klamath Community Residents, Older Adults, & Veterans
	Access to Services (Auto, Shopping)	Central Oregon, Northern Klamath, & Redmond	Northern Klamath Community Residents, Older Adults, & Veterans

Inclusive Space	Diverse Populations Not Feeling Welcome; Inclusivity; Lack of Classes Offered in Spanish; Language	Bend, Central Oregon, Madras, Prineville, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, High School Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, & Peer Support Specialists
	Hard To Find BIPOC And Queer-Friendly Spaces; Places That Are Not Bars; Resources for Parents	Bend & Central Oregon	Black Community Members, High School Students, LGBTQ+ Artist Panel, LGBTQ+ Providers, & Peer Support Specialists
Community	Empathy Gap; Reducing Stigma	Bend, Madras, & Redmond	High School Students, Latino Families, & Medicaid Members
Advocacy	Lack of Advocates, Liaisons, Peer Support Roles, Role Models, And Mentors; Lack of Community Voice; Lack of Pipeline	Bend, Central Oregon, & Redmond	Black Community Members, College Students, Medicaid Members, & Veterans
Municipal Maintenance	Lack of Trash and Bathroom Services	Bend & Redmond	Caregivers of Children Under Five, College Students, & Men Working in Manufacturing or Construction
	Lack of Walkable Neighborhoods	Bend & Madras	College Students & Latino Families

Source: WYOMING SURVEY & ANALYSIS CENTER

EDUCATION GAPS

People are concerned that the wrong topics are being focused on in schools, and their children are missing out on vital education, creating a gap. Participants voiced that racism unchecked within the education system is a significant gap in the community.

“Like there's so much discrimination they [children] are in school, and they are being called names, the N-word, and they get into trouble for, you know, trying to defend themselves. Even when they report it to the teachers, they do nothing about it.” -Central Oregon, Focus Group, Black Community Members

Community members also expressed that the schools cannot provide children the services they need; for example, kids experiencing mental health or co-occurring disorders or with special needs are not getting the help they need in school.

“I see a lot of early childhood, like kids in school, that are struggling with mental health issues. The schools do not have the capacity or the knowledge to help these kids.” -Central Oregon, Focus Group, Peer Support Specialists

Table 5: Education Gaps

Subcodes	Location(s)	Group(s)
Controversial Topics Taught in Schools; Lack of Education About Drug Use, Health, Sexual Assault, and Human Trafficking; Lack of Vocational Classes	Bend, Central Oregon, Madras, Northern Klamath, & Prineville	Caregivers of Children Under Five, High School Students, Latino Families, Northern Klamath Community Residents, Peer Support Specialists, & Rural Migrant Farmworkers
Racism in the Education System; Structural Racism	Bend, Central Oregon, & Redmond	Black Community Members, Caregivers of Children Under Five, & Medicaid Members
Lack of School Services and Capacity; Not Enough People Who Work Specifically with Special Needs Children	Bend & Central Oregon	Caregivers of Children Under Five & Peer Support Specialists
Classes Not Offered at Good Times	Prineville & Redmond	Caregivers of Children Under Five
Fund the Arts	Bend	LGBTQ+ Providers
Employ Black Teachers	Central Oregon	Black Community Members

Source: WYOMING SURVEY & ANALYSIS CENTER

MEDICAL GAPS

Many community members identified medical gaps in their communities. People mentioned administrative, logistical, financial, and technical gaps in accessing medical services.

Community members stated that they often cannot access care because they cannot afford it or find it in a timely manner. Medical care is often too expensive for community members, especially if they do not have insurance coverage.

“I know that sometimes because we don't have insurance or something like that, we go to that kind of clinic because we can't afford a private doctor.” -

Madras, Focus Group, Latino Families

The community identified a lack of experienced and diverse providers as barriers to healthcare access.

“I have depression, and sometimes I feel very bad, and I talk to the doctor, and he tells me that we don't have appointments for a month, two months. I say all the time that I have already died.” -Prineville, Focus Group, Latino Families

“I think another thing that we have is work Central Oregon has, for a long time, been very Bend-centric, and I think people and resources need to start going out into the more rural communities a little bit more often to provide, I think you need to meet people where they are sometimes and not always expect them to come to one location.” -Redmond, Focus Group, Medicaid Members

Poor quality healthcare service is identified as a gap in the community.

“Service is very bad in the hospital. Here, in the Madras hospital. It’s very bad. I have very bad experiences.” -Madras, Focus Group, Latino Families

Table 6: Medical Gaps

Subcodes	Location(s)	Group(s)
Access To Care; Ambulances; Appointment Availability; Denied Services; Difficult to Meet Eligibility Requirements; Lack of Dental Services; Lack of Preventative Care; Lack of Treatment Facilities; Long Wait to Access Services; Unsure How to Access Services	Bend, Central Oregon, Madras, Northern Klamath, Prineville, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, High School Students, Latino Families, LGBTQ+ Providers, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People Living Unhoused, People with Disabilities, Rural Migrant Farmworkers, Traditional Community Health Workers, & Veterans
Community Building; Lack of Diversity and Experience Among Providers; Lack of Providers; Lack of Treatment for Co-Occurring Disorders; Lack of Volunteers in Healthcare	Bend, Central Oregon, & Redmond	Black Community Members, Caregivers of Children Under Five, High School Students, LGBTQ+ Providers, Medicaid Members, Older Adults, Peer Support Specialists, & Traditional Community Health Workers
Cost of Care; Disability Coverage; Gaps in Insurance Coverage; Lack of Services That Do Not Require Insurance	Bend, Central Oregon, Madras, Prineville, & Redmond	Caregivers of Children Under Five, High School Students, Latino Families, LGBTQ+ Providers, Medicaid Members, Men Working in Manufacturing or Construction, Peer Support Specialists, People with Disabilities, & Rural Migrant Farmworkers
Lack of Insurance Specialists; Unsure of Eligibility Requirements	Bend, Central Oregon, Metolius, Northern Klamath, & Redmond	High School Students, Medicaid Members, Northern Klamath Community Residents, Peer Support Specialists, & Rural Migrant Farmworkers
Not Meeting People Where They Are; Services Far Away	Bend, Central Oregon, Northern Klamath, & Redmond	Caregivers of Children Under Five, Medicaid Members, Northern Klamath Community Residents, Peer Support Specialists, & Veterans
Distrust In the Healthcare System; Lack of Quality Health Care Service; Maternal Mortality; Misdiagnosis	Bend, Madras, Prineville, & Redmond	Caregivers of Children Under Five, High School Students, & Latino Families
Hours of Operation; Reduced Hospital Hours	Bend, Central Oregon, Madras	Caregivers of Children Under Five, Latino Families, & Peer Support Specialists
Transparency	Central Oregon, Madras, & Redmond	Latino Families, Medicaid Members, & Veterans
Community Relationship with the Hospital Is Not Good	Bend	High School Students
Lack of Appointment Reminders	Prineville	Caregivers of Children Under Five

Source: WYOMING SURVEY & ANALYSIS CENTER

GAPS IN PROGRAMS & SERVICES

When asked about gaps in their communities, people named many specific programs and services that they felt were missing from their communities. Many people named missing programs and services for particular populations, such as youth, parents, seniors, veterans, and Immigrants.

The lack of support, programs, and services for people with mental health challenges is a significant gap in the community.

“The resources available for someone who needs intense in-patient mental health care. There's nowhere in central Oregon to send anyone with meant for mental health care in crisis.” -Central Oregon, Focus Group, Traditional Community Health Workers

A lack of funding for all services, programs, and outreach was a recurring gap mentioned in the focus groups.

“So, if I could see any gaps, it'd just be funding for the supplies that we need because it's always a challenge to crowdsource and crowdfund for the things we need.” -Bend, Walk-Along Interview, People with Disabilities

The lack of support, programs, and services to treat substance use disorder and drug overdose is a significant gap in the community.

“Which ties back to don't have enough detox centers; we don't have like inpatient. We have to ship people to Klamath Falls for a 30-day program, inpatient program. And detox, right? Like it has five beds like yeah, not enough.” -Central Oregon, Focus Group, Peer Support Specialists

Table 7: Gaps in Programs & Services

Subcodes	Location(s)	Group(s)
Inpatient Mental Health Care; Lack of Crisis Centers; Mental Health	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	Black Community Members, College Students, High School Students, Latino Families, LGBTQ+ Providers, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Peer Support Specialists, Traditional Community Health Workers, & Veterans
Services for Youth; Youth Programming	Bend, Central Oregon, Madras, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, High School Students, Latino Families, LGBTQ+ Providers, Northern Klamath Community Residents, Peer Support Specialists, People with Disabilities, & Rural Migrant Farmworkers
Lack of Recreation Centers and Opportunities for Exercise; Not Enough Places for Kids to Play	Bend, Central Oregon, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, Men Working in Manufacturing or Construction, & Older Adults

Accessible and Supportive Homeless Services; Cooling/Warming Shelters; Hygiene Distribution; Laundry Services	Bend, Central Oregon, Northern Klamath, Redmond	Caregivers of Children Under Five, College Students, High School Students, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People Living Unhoused, & People with Disabilities
Lack of Funding, Money, and Resources	Bend, Northern Klamath, & Redmond	College Students, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, & People with Disabilities
Lack of Immigration Lawyers; Undocumented People Receiving Services And Support; Undocumented People Not Having Health Insurance	Central Oregon, Prineville, & Redmond	Caregivers of Children Under Five, Latino Families, Peer Support Specialists, & Rural Migrant Farmworkers
Evening/Late Night Programming; Lack of Centralization	Bend, Redmond	LGBTQ+ Providers, Older Adults, & Rural Migrant Farmworkers
Lack of Capacity; Limited Beds Available in Foster Care and Hospice	Bend & Central Oregon	High School Students & Traditional Community Health Workers
Lack of Substance Use Services, Detox Centers, and Narcan	Bend & Central Oregon	Peer Support Specialists & People with Disabilities
Lack of Services for People with Brain Injuries; Lack of Support for People with Disabilities	Central Oregon & Redmond	Peer Support Specialists & People with Disabilities
Denial of Veteran Insurance; Lack of Support for Veterans and Veteran-Specific Resources, Activities, and Spaces; Resources for Female Veterans; Veteran Employment; Veterans Feeling Disconnected	Central Oregon	Peer Support Specialists & Veterans
Full-Time Daycare; Lack of Support After Giving Birth; Parental Services	Bend & Redmond	Caregivers of Children Under Five
Services for Seniors	Bend	Caregivers of Children Under Five

Source: WYOMING SURVEY & ANALYSIS CENTER

Built Environment

COHC asked the participants to reflect on aspects of the built environment that impact their health. Participants were prompted: The built environment refers to all the things that people have built around us. This includes buildings like houses, schools, stores, doctor’s offices, roads and sidewalks, parks, and streetlights. All of these things make up the environment we live in. Thinking about the built environment, what are the things around where you live that help you to be healthy?

Increases Health

Participants talked about aspects of the Municipal infrastructure that help them be healthy. These were grouped into two main subcode categories: amenities for exercise and socialization and transportation infrastructure that increases access and improves safety.

“There are like paths and all sorts of things that I can run or walk. Take my dog out, and they’re super accessible. So that’s a cool thing. But also, considering

where I live, I have access to great parks with expanded trail systems.” -Bend, Focus Group, College Students

“There’s nice infrastructure when it comes to the transportation system, you know, sidewalks, the roads are paved. People can go on bikes, bike lanes.”
-Central Oregon, Focus Group, Black Community Members

Central Oregonians also reported that access to healthy foods from a store, farmers market, or food bank helps them be healthy. In congruence with a central theme throughout the focus groups, places in the community where people can connect with each other were important to their health, as were places where resources were provided, like medical facilities, senior centers, schools, and libraries. While the intent was to focus on aspects of the built environment, sometimes people talked about the general strengths and elements of the community that they like under this prompt (safety, clean air, etc.).

“You know, health care is really good here. You can go for a doctor's visit and these facilities. You'll be getting like top-notch health care compared to how things were performing in Zambia. People are nice, and doctors are nice.”
-Central Oregon, Focus Group, Black Community Members

Table 8: Built Environment Increases Health

Categorical Codes	Subcodes	Location(s)	Group(s)
Municipal Infrastructure	Amenities: Outdoor Spaces; Park Benches; Places to Take Kids to Play; Pools; Walking Loops/Trails	Bend, Central Oregon, Madras, Prineville, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, High School Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Older Adults, Peer Support Specialists, People Living Unhoused, People with Disabilities, Rural Migrant Farmworkers, & Traditional Community Health Workers
	Transportation: Bike Lanes; Pedestrian; Roundabouts; Safety; Sidewalks; Transportation Infrastructure	Bend, Central Oregon, & Madras	Black Community Members, Caregivers of Children Under Five, College Students, High School Students, Latino Families, Peer Support Specialists, & People with Disabilities
	Assistance with Property Clean Up; Managed Noise Pollution	Bend & Northern Klamath	College Students & Northern Klamath Community Residents
Access to Healthy Food	Ability to Grow Fresh Food; Close to Grocery Store; Farmer's Market; Food Banks; Whole Foods	Bend, Central Oregon, Metolius, Northern Klamath, & Redmond	Caregivers of Children Under Five, College Students, High School Students, Northern Klamath Community Residents, Peer Support Specialists, People with Disabilities, & Rural Migrant Farmworkers

Places for Community Interaction	Churches; Friendly Neighbors; Places to Connect with People; Sharing Ideas and Resources	Bend, Central Oregon, Madras, & Redmond	Caregivers of Children Under Five, High School Students, Latino Families, & Peer Support Specialists
Medical Facilities	Availability of Medicine; Covid Resources; Clinics; Fire Departments with Medical Resources; Hospitals; Vaccine Availability	Bend, Central Oregon, Madras, Northern Klamath, & Redmond	Black Community Members, Caregivers of Children Under Five, High School Students, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, People with Disabilities, & Rural Migrant Farmworkers
Programs & Services	After-School Programs; Education Opportunities; Gyms and Indoor Physical Activity; Library; Senior Center Services; Waste Reduction	Bend, Central Oregon, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, High School Students, Older Adults, Peer Support Specialists, People with Disabilities, & Rural Migrant Farmworkers
Schools	Good Schools; High School Sporting Events	Bend & Redmond	High School Students, Older Adults, & People with Disabilities
Safety	Home Security Systems; Safe Community	Bend	Caregivers of Children Under Five & High School Students
Other (Not Built Environment)	Clean Air; Good Hygiene; High-Income Internet; Nice Weather	Bend, Central Oregon, Madras, Metolius, Northern Klamath, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, Latino Families, Northern Klamath Community Residents, Rural Migrant Farmworkers, & Traditional Community Health Workers

Source: WYOMING SURVEY & ANALYSIS CENTER

Decreases Health

In contrast, participants also revealed aspects of the built environment in Central Oregon that make it harder for them to be healthy. As a reminder, the built environment refers to things that are built in the environment. Many of the answers under this prompt concern deficiencies and challenges they face in the community, but not specifically about the built environment.

Participants talked about problems in the Municipal infrastructure that make it hard for them to be healthy. As stated above, many of these things were mentioned as aspects that help community members be healthy. When interpreting these responses, consider the differences and similarities between the locations and groups that described these. Also, keep in mind that there can be great roads, but also a lack of traffic lights, for example.

“I think it's [cautionary blinking lights] helpful, but also it's just like natural that you need pedestrian protection, that sort of way when I see these expanding because, like, more cars, more infrastructure, more driving more, so it's kind of, like more dangerous.” -Bend, Focus Group, College Students

Decreasing affordability was a theme for many of the groups during this question. Costs of housing, medicine, services, food, and other necessities are making it harder for Central Oregonians to be healthy.

“...harder and harder to do that as like inflation causes prices to rise and then wages don't follow that.” -Bend, Focus Group, High School Students

Another contrasting point during this prompt was the lack of accessible and appropriate services in Central Oregon. In previous prompts, people could give vast examples of the available resources, even saying that one of the things they like about the community is that resources are abundantly available. Again, when interpreting these responses, please pay attention to the similarities and the differences between the groups and consider how a resource can be seen as very valuable in the community but also has limited hours that make it difficult to access.

“I think there's a serious wait time to get into doctors in St. Charles specifically. Okay. And with mental health services around Central Oregon.” -Bend, Focus Group, College Students

Participants spoke of other challenges in the community that make it harder to be healthy, like the prevalence of drugs and alcohol, problems related to the unhoused population, stress, disconnection from family, low incomes, and stigma and discrimination.

“I think the nature of Bend, some of the tourist attraction to Bend, is the availability of alcohol and cannabis. It's really prevalent. It makes it easy to access, and that could tend to inhibit some of the healthy and like, well, I'm going to go to the bar or whatever instead of doing something else different.” - Bend, Focus Group, College Students

Table 9: Built Environment Decreases Health

Categorical Codes	Subcodes	Location(s)	Group(s)
Municipal Infrastructure	Lack of Crosswalks, Bike Lanes, Parking, Traffic Lights, & Transportation; Roads in Disrepair; Sanitation Shortfalls; Sidewalk Problems; Snow Management; Traffic	Bend, Central Oregon, Madras, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, College Students, High School Students, Latino Families, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People Living Unhoused, People with Disabilities, Rural Migrant Farmworkers, & Traditional Community Health Workers
Lack of Services	Limited Hours of Operation; Long Wait Times; Not Enough Health Care Options/Facilities; Services too Far	Bend, Central Oregon, Northern Klamath, & Redmond	Caregivers of Children Under Five, College Students, High School Students, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Rural Migrant Farmworkers, & Traditional Community Health Workers
	Lack of Culturally Appropriate Services	Bend, Madras, & Redmond	Caregivers of Children Under Five, Latino Families, & Men Working in Manufacturing or Construction
	Access to Education	Central Oregon & Redmond	Caregivers of Children Under Five & Peer Support Specialists

	Lack of Places for Kids to Play	Northern Klamath & Redmond	Northern Klamath Community Residents & Rural Migrant Farmworkers
	Lack of Shelters and Hygiene Services for Unhoused	Central Oregon	Peer Support Specialists
	Lack of Exercise Opportunities	Redmond	Caregivers of Children Under Five
Affordability	Cost of Basic Needs, Housing, Medicine; Inflation; Lack of Medical Coverage; Services are Unaffordable	Bend, Central Oregon, Madras, Northern Klamath, & Redmond	Caregivers of Children Under Five, College Students, High School Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, Rural Migrant Farmworkers, & Traditional Community Health Workers
Food Access	Healthy Food is Expensive; Lack of Access to Food and Fresh Produce; Unhealthy Eating Options	Bend, Central Oregon, Northern Klamath, & Redmond	Caregivers of Children Under Five, College Students, Northern Klamath Community Residents, Peer Support Specialists, People Living Unhoused, People with Disabilities, & Rural Migrant Farmworkers
Workforce Deficiencies	Lack of Specialists and Volunteers	Bend, Northern Klamath, & Redmond	Caregivers of Children Under Five & Northern Klamath Community Residents
Substances	Access to Drugs and Alcohol	Northern Klamath & Redmond	Caregivers of Children Under Five & Northern Klamath Community Residents
Inadequate Housing	Shared Living Spaces; Unhoused People Camps	Northern Klamath & Redmond	Northern Klamath Community Residents & Rural Migrant Farmworkers
Other Challenges (Not Built Environment)	Disconnection From Family; Human Trafficking; Low Income; Smoke; Stigma and Discrimination; Stress; Violent Children	Bend, Central Oregon, Madras, Metolius, Northern Klamath, Prineville, & Redmond	Black Community Members, Caregivers of Children Under Five, College Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, Older Adults, Peer Support Specialists, People Living Unhoused, People with Disabilities, & Rural Migrant Farmworkers

Source: WYOMING SURVEY & ANALYSIS CENTER

Forces of Change

Participants were also asked to reflect on the forces of change that will impact Central Oregon. Forces of change can cause a community's health to get better or worse over time. To frame the responses, COHC offered examples of positive forces of change for community health, including initiatives to build new parks and playgrounds, provide access to healthy food options, and ensure that everyone has access to medical care when needed. Examples of negative forces of change include pollution in the air or water, unsafe roads or sidewalks, or insufficient resources to address health concerns.

POSITIVE FORCES OF CHANGE

The responses to positive forces of change mirrored the responses given for how community strengths can be leveraged to improve community health. Under this prompt, participants talked

about how increased awareness will positively change their community and how they believe there will be more community collaboration.

“I see a lot of people going for more environmentally aware. And that seems to be a big trend. So obviously, like that will just help.” -Bend, Walk-Along Interviews, Caregivers of Children Under Five

“I think organizations are going to start to want to work together more closely, and there could be more resources, you know, as the need arises.” -Redmond, Focus Group, Medicaid Members

Others believe that a positive Force of Change will be improvements to resource access and infrastructure.

“The tiny home thing is great. I like that, like that whole concept, because it's cheaper. It's more efficient, it's more compact.” -Bend, Focus Group, Men Working in Manufacturing or Construction

Table 10: Positive Forces of Change

Categorical Codes	Subcodes	Location(s)	Group(s)
Increased Awareness	Becoming Environmentally Aware; Growing Awareness of the Housing Crisis	Bend, Central Oregon, & Madras	Caregivers of Children Under Five, Latino Families, & Tri County Medical Providers
Community Collaboration	Collaboration Between Agencies; Connections; More Communication	Bend, Central Oregon, Madras, & Redmond	Caregivers of Children Under Five, Latino Families, Medicaid Members, & Tri County Medical Providers
Access to Resources	Food: Affordable Stores; Community Gardens; Farms	Bend & Northern Klamath	Caregivers of Children Under Five & Northern Klamath Community Residents
	Health: Ambulance Service; Expansion of Health Care; Increased Access to Health and Mental Health Services; Vaccination Clinics	Northern Klamath, Madras, & Redmond	Latino Families, Medicaid Members, & Northern Klamath Community Residents
	Services: More Non-Profits; More Services Available; Philanthropy	Bend, Madras, & Redmond	Latino Families, Medicaid Members, & Men Working in Manufacturing or Construction
Improvements to Infrastructure	Building New Homes; More Electric Cars; New Sewers	Bend & Northern Klamath	College Students & Northern Klamath Community Residents

Source: WYOMING SURVEY & ANALYSIS CENTER

NEGATIVE FORCES OF CHANGE

Participants had more to say about the negative forces of change they saw impacting Central Oregon in the future. A negative force of change across the region is climate change. Participants believe Central Oregon is facing a future with more wildfires, water concerns, and pollution.

“I think we have to understand that hotter is getting hotter, colder is getting colder, severe weather is getting more severe. It's just a fact of life right now.”

-Redmond, Focus Group, Medicaid Members

While participants described their communities as safe, they are concerned it will become unsafe in the future.

“They're afraid that the next school is the school where their children go, or that when they go to Walmart or go to another store, there's going to be a shooting.” -Bend, Walk-Along Interviews, Caregivers of Children Under Five

Population change is seen as a negative force of change in Central Oregon. As the population continues to grow, spread out, and get older, the demand for resources will increase. They believe this will impact medical resources and the availability of jobs.

“I'm always worried about whether there will always be work for me.” -Bend, Walk-Along Interviews, Caregivers of Children Under Five

COVID-19 had a major impact on the community, and participants feel that these changes will continue to be a negative force of change in the community in the future.

“COVID-19 made everything change. And I think this is why we're struggling because it has depleted a lot of resources.” -Redmond, Focus Group, Medicaid Members

Political changes are also believed to be a negative force of change in the community. Political changes include changes in the laws that legalize substances, changes in leadership, and the trend toward the community becoming polarized in politics.

“I just think politics is a discussion that brings up negative emotions in that what is what gets viewers and talks in money. And I think that drives, you know, drives things. You know, I think if you create controversy, you get eyeballs, you get discussion, you know, people talking about it, and that's what people like. They want to be in the news.” -Redmond, Focus Group, Medicaid Members

Table 11: Negative Forces of Change

Categorical Codes	Subcodes	Location(s)	Group(s)
Climate Concerns	Climate Change; Pollution; Water (Restrictions, Quality); Wildfires	Bend, Central Oregon, Madras, Metolius, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, College Students, Latino Families, Medicaid Members, Northern Klamath Community Residents, People with Disabilities, Rural Migrant Farmworkers, & Tri County Medical Providers
Safety Concerns	Crime; Defund the Police Movement; Feeling Unsafe; Gangs and Thugs; Unsafe Schools; Violence and Threats	Bend, Madras, Prineville, & Redmond	Caregivers of Children Under Five, College Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, People with Disabilities, & Rural Migrant Farmworkers
Media Concerns	Addicted to technology, misinformation, Negative social media	Bend, Central Oregon, Madras, Northern Klamath, Redmond	Caregivers of Children Under Five, College Students, Latino Families, Medicaid Members, Northern Klamath Community Residents, People with Disabilities, & Tri County Medical Providers
Industrial Concerns	Construction, Fracking	Bend, Northern Klamath	Caregivers of Children Under Five, College Students, & Northern Klamath Community Residents
Changing Population	Population Growth; Population Has Spread Out	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, College Students, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, People Living Unhoused, People with Disabilities, & Tri County Medical Providers
	Increased Aging Population	Central Oregon, Madras, Northern Klamath, & Redmond	Latino Families, Medicaid Members, Northern Klamath Community Residents, & Tri County Medical Providers
Medical	Increased Strain on Medical Services; Lack of Post-Acute Beds, Long Waits; Transgender Care Challenges	Bend, Central Oregon, & Northern Klamath	Caregivers of Children Under Five, Northern Klamath Community Residents, & Tri County Medical Providers
	Lasting Impact of COVID-19	Bend, Central Oregon, Madras, Metolius, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, College Students, Latino Families, Medicaid Members, Northern Klamath Community Residents, Rural Migrant Farmworkers, & Tri County Medical Providers
Housing Concerns	Fewer Places to Live; Housing Affordability; Housing Requirements; Substandard Housing	Central Oregon, Northern Klamath, & Prineville	Men Working in Manufacturing or Construction, Northern Klamath Community Residents, People Living Unhoused, & Tri County Medical Providers
	Increased Unhoused Population	Bend, Central Oregon, Northern Klamath, & Redmond	Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, & Tri County Medical Providers
Lack of Resources	Decreased Resources, Not enough resources,	Bend, Central Oregon, Northern	Caregivers of Children Under Five, Medicaid Members, Northern Klamath Community Residents,

QUALITATIVE DATA FINDINGS: CENTRAL OREGON HEALTH COUNCIL REGIONAL HEALTH ASSESSMENT

	kids not dressed appropriately	Klamath, Redmond	People Living Unhoused, and Tri County Medical Providers
Increasing Costs	Increased cost of necessities, materials, property assessments, inflation	Bend, Northern Klamath, Prineville, Redmond	Caregivers of Children Under Five, Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, & People with Disabilities
	Disparity of wealth	Bend, Northern Klamath, Prineville, Redmond	Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, & People with Disabilities
	Rural Poverty	Central Oregon	Tri County Medical Providers
Impact of Tourism	Recreational Influx	Bend & Northern Klamath	College Students & Northern Klamath Community Residents
Substance Use	Legalization; More Drugs, Vaping, Alcohol Use	Bend, Central Oregon, Northern Klamath, Prineville, & Redmond	Caregivers of Children Under Five, Latino Families, Northern Klamath Community Residents, People Living Unhoused, People With Disabilities, & Tri County Medical Providers
Political Concerns	Changes in Leadership; Polarized Politics; Policy Changes	Bend, Northern Klamath, Prineville, & Redmond	Latino Families, Medicaid Members, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, & People with Disabilities
School Issues	Bathroom Controversy; Disconnection Between Parents and Youth; Fewer Kids in Schools; Less Skills Taught; Teacher Burnout; Transgender; Unsafe Schools	Bend, Central Oregon Madras, & Northern Klamath	Caregivers of Children Under Five, Latino Families, Men Working in Manufacturing or Construction, Northern Klamath Community Residents, & Tri County Medical Providers
Workforce Issues	Instability of workforce, fewer people working, fewer employment opportunities, businesses closing	Northern Klamath, Redmond, Central Oregon, Bend	Caregivers of Children Under Five, Medicaid Members, Northern Klamath Community Residents, & Tri County Medical Providers
Public Nuisance	Unsupervised Children; Use of ATVs	Madras & Northern Klamath	Latino Families & Northern Klamath Community Residents
Health Concerns	Mental Health Concerns, Isolation	Central Oregon, Bend	People Living Unhoused, People with Disabilities, & Tri County Medical Providers
	Increased complex health needs, decreased oral health, nutritional problems	Central Oregon	Tri County Medical Providers

Source: WYOMING SURVEY & ANALYSIS CENTER

Making Sense of Qualitative Findings

Analyzing qualitative data derived from the diverse perspectives and experiences of different groups of people often means making sense of contradictions in the data. These contradictions can highlight the complex nature of the issues being studied and show how various groups within a community tend to experience the same events differently.

Contextualizing and Acknowledging Subjectivity

Researchers should contextualize the contradictions that appear in the data, as well as acknowledge the subjectivity among participants. Each focus group, panel, and walk-along interview comprised a unique set of individuals with different experiences living in Central Oregon. COHC should explain that people from differing backgrounds will have different experiences and likely see the world differently. By interviewing such diverse stakeholders, COHC seeks to capture a holistic view of the Central Oregon community. For example, while some of the people interviewed reported that they had experienced a welcoming community with excellent access to resources when they first moved to the area, others reportedly experienced racism, discrimination, and barriers to accessing resources. It's crucial to recognize the differences in these experiences and emphasize that there can be multiple, equally valid realities within a single community.

It is also essential that COHC discuss the role of social determinants of health (e.g., socioeconomic status, race, geography) that can influence one's experience within their community. For example, interviewees with health insurance coverage had much more positive experiences with the healthcare system in their community than those who did not have insurance. Differences such as these create disparities throughout communities and should be acknowledged during the analysis.

Additionally, COHC should acknowledge that the experiences of individuals within the same group may also differ. For instance, some college students reported that the roads near their homes are good quality and help promote healthy behavior. In contrast, some other focus group students said the opposite was true. By adding context to this contradiction (i.e., explaining that participants live in different neighborhoods), researchers can show how one's personal experiences may differ even from those belonging to similar groups.

Relatedly, COHC should also acknowledge that what one participant may have seen as a strength, another may have perceived as a gap or barrier. For example, some interviewees explained that living close to many food options was a positive, healthy part of their experience in Central Oregon. In contrast, others said it was a temptation to eat unhealthily.

Call to Action

COHC should use the findings of this analysis to form a call to action for decision-makers in Central Oregon. These qualitative data reveal areas that can be improved and identify strengths and resources that can be built upon and leveraged. COHC should also consider exploring ways to visualize the findings of the analysis. Creating a framework, model, or map could help illustrate and effectively communicate the complex relationships between strengths and gaps to decision-makers.

Additionally, COHC should consider further engagement with the community to understand this analysis's findings better. Organizing more focus groups, panels, and walk-along interviews specifically designed to ask participants about contradictions found in the original analysis can help COHC further explore and gain a more robust understanding of the data. It would also be helpful for COHC to consider asking community members to assist in co-creating solutions to the issues identified in the community. Additionally, COHC should be mindful that communities are continuously evolving and changing, and it is essential to regularly revisit and update this analysis to stay abreast of the current issues and concerns affecting the health and well-being of the community.