

## LOCAL HEALTH CARE SURVEY 2003-2005

In the fall of 2003, a committee was formed to study certain aspects of local health care in the Rogue Valley of Oregon and bring to the League's and the public's attention the flaws in the health care offered in the Rogue Valley ( Jackson County), and discover what is going well.

The various methods used were:

interviewing doctors, medical employees and the general public to get their opinion and experiences on different aspects of medical care.

surveying our members and others about their own local health care experiences. They were encouraged to ask their own doctor about his/her opinion of local health care.

examining reports from existing health committees, such as the Health Care Coalition of Southern Oregon (HCCSO), and recent statistics for Jackson County, etc.

listening to speakers who are experts on various fields of health care and also

taking tours of health facilities, such as the Community Health Center.

The committee divided into subgroups based on areas of interest to cover as many aspects of health care as possible. These sub-committees met frequently and reported back to the whole committee.

### 1. Access and Availability of Health Care

This group was concerned with the quality and quantity of health care that is available to all local residents, of whatever income level, of all ages and ethnic backgrounds. They interviewed doctors, medical staff, and the general public and prepared a list of survey questions (which some League members answered at the December, 2003 meeting). They have toured the Community Health Center in Medford and listened to two presentations by Peg Crowley, its director, on what this agency is doing and what it cannot do. Since then, a new satellite clinic has replaced an earlier facility in White City ( Nov. 1, 2004).

Although there are gaps in the "safety net" of health care , there have been successes mentioned in the Oregon Community Foundation's Trimmed Report (see below) including effective partnerships between non-profit service providers and between the Jackson County Health Department and related non-profits and community partnerships. There are specific programs/agencies having great success, but many are in desperate financial situations and are in danger of losing their effectiveness.

A LWV member attended the meetings of the Health Care Coalition of Southern Oregon (HCCSO) special committee which built on two existing studies:

The " Providence Community Needs Assessment, 2003" prepared by Providence Health System and

The "Trimmed" Report to the Oregon Community Foundation, funded by the Reed and Carolyn Walker Fund.

The "Providence Community Needs Assessment" listed the top five unmet needs, based on an on-line opinion survey of 74 professional community leaders to be

- 1) Access to Primary Care
- 2) Prescription Assistance
- 3) Frail Elderly
- 4) Mental Health and
- 5) Dental Care.

Findings:

Barriers to meeting critical health care needs in our community:

- lack of resources, both governmental and personal
- competition between and among providers
- the elderly are the neediest group in our community, followed equally by children and \ adolescents, and  
also the working poor and the Latino community
- the least literate and/or the frail elderly are those who have the most trouble navigating the system.

Directors from the Providence Health System, Southern Oregon Area were also surveyed and they listed similar areas of need, adding the following:

- behavioral health
- counseling for cancer patients
- transition assistance for patients
- routine screening
- women's health.

1. Access to Primary Care according to Jackson Co. Medical Society showed:

Shortage of internists - given the current population of Jackson County, we have 28 fewer primary care physicians than the target number, with the largest shortage in the number of internists ( 15 fewer than target) who would generally treat the senior population.

Several internists have left the market because of declining reimbursements and poor quality of life in primary care practice.

Note: In a recent change in the availability of surgeons in the Rogue Valley, there has been a loss of 3 neurosurgeons out of 6. As a result, the Rogue Valley Medical Center and Providence Hospital have both been dropped in trauma center ratings from a level 2 to level 3. They are no longer able to provide round the clock emergency coverage for traumas and patients will have to be sent to Eugene, Corvallis, Bend or Portland for this level of care. Two local neurosurgeons have limited their practice to the spine because of malpractice insurance problems and the third has left Southern Oregon as the work was too demanding. (Mail Tribune, Sept. 5, 2004 Bill Kettler)

The overall number of doctors who are limiting acceptance Medicare and Medicaid patients is higher in Southern Oregon than the rest of the state.

it is estimated that at any given time, approximately three-fourths of Jackson County's family practice and internal medicine physicians will accept new Medicare patients, and only half will accept Oregon Health Plan patients, according to the Jackson County Medical Society Director, Debra McFadden.

the Rogue Valley Medical Center reports that 66% of its patient revenues come from Medicare and Medicaid.

Note: On the positive side, there has been success in helping the needy through ten years of cooperation among medical staff and agencies in a program named Volpact. With it, private physicians, ( represented by the Jackson County Medical Society), the three Jackson County hospitals (RVMC, Providence and Ashland Community) and the safety net clinics of La Clinica del Valle and the Community Health Centers cooperate to provide access to both specialty consultation and non-crisis hospitalization. The Community Health Center has opened a new replacement facility in White City on November 1, 2004.

2. Prescription Assistance is offered by:

an organization, as yet not well-known, called SOMAC, Southern Oregon Medical Assistance Coalition, which attempts to provide prescription assistance to those who most need it.

Providence (PMMC ) has been providing help to its patients for the last four years, including free aid in applying for prescription assistance and it now also participates in SOMAC.

Ashland Hospital and St. Vincent de Paul in Medford have organized volunteers who work with low income people who are seeking ways to get prescription drugs at low or reduced costs. They have

information and applications for the following drug company discounts as well as obtaining Medicare discounts.

Some drug companies also offer prescription discount program for patients who most need it.

- a. Eli Lilly now is offering a 30 day supply of any of its drugs for \$12 a month to the roughly 70% of seniors with household annual income under \$24,000 under the new Medicare program.
- b. Pfizer has a similar program for \$15 a month.
- c. Merck announced in February 2004 that its prescription medicines will be free to certain low income Medicare beneficiaries as part of a Medicare discount-card program started in June 2004.
- d. Other major drug companies offer the free "Together RX Card" to low income Medicare enrollees without drug coverage, giving them a discount of 20-40%. An estimated seven million will qualify nationally. There are some fears that the costs of the Federal program have been under-estimated ( Wall Street Journal 1/21/04).
- e. The Oregon Health Resource Commission has a long list of sources of inexpensive, legal medications available to the needy.

There are many web sites pertaining to sources of less expensive drugs, and these are available to the public ( see bibliography).

### 3. Frail elderly

Frail elderly According to the 2000 Federal census, Jackson County's population 65 years and older comprises 16% of the population, compared with just 12.8% in the rest of the state. 6.9% of these elderly people live below the poverty level. The elderly need assistance in how to use and pay for prescriptions. They also need support for "aging in place" presumably retaining their independence.

### 4. Mental health

In addition to age-related conditions, often isolation and lack of access to social support, affordable housing and transportation lead the problems of the elderly and the frail.

### 5. Dental care

is one of the five top unmet needs. People tend to a) take care of other physical problems first, b) have health insurance without dental coverage, and c) not understand how poor dental health affects the rest. Medical insurance continues to be an issue especially for small businesses and for State-funded insurance.( see Insurance sub-group).

The other report presented at this meeting was the "Trimmed" Report to the OCF board from Oct. 2003 prepared by Dr. Jon Gell, who has served as medical director of Rogue Valley Medical Center and Providence Hospital. The four priority needs for Jackson County were listed in order as:

- a) substance abuse treatment
- b) basic health care, including mental and dental care, particularly lacking in this county.
- c) education about health which is difficult with the schools struggling with lack of funding.
- d) coordinated services provided either by teams of social workers visiting homes, schools, etc. or site-based integrated service centers, offering "one-stop shopping" for health care. There are "hidden" communities with great needs in Jackson County, especially seniors, Hispanics and the young disabled.

Chronic poverty is often a fact of life for people with physical disabilities and/or mental impairment and can lessen their ability to get adequate care

Several League members have questioned their own physicians or physician friends and found that it is the quality of life in the Rogue Valley that keeps them here, but obstacles were :

- a low reimbursement for Medicare
- the no-cap situation on malpractice suits which drives up their insurance
- the decreasing number of internists means long work hours
- finding substitute internists, when doctors are unavailable

#### Insurance Issues

This committee investigated issues relating to medical insurance. They studied:

Medicare Recent changes in Medicare including the law signed in December 2003 . This Act provides a 1.5% annual increase during the next two years for Medicare payment to physicians, estimated to amount to \$69 million for Oregon doctors, according to the Oregon Medical Association.

Why are doctors in the local area nevertheless reimbursed for Medicare and Medicaid patients at such a low rate? A recent report on the variation in Medicare spending in different states, made available to us by Representative Greg Walden's office, was written in May 2002. It represented a report to Congress by MedPAC ( Medicare Payment Advisory Commission) given in June 2001, some actions by Congress and a final report on May 13, 2002. MedPAC is a non-partisan, Congressionally-chartered commission. A recent call to Senator Wyden's office revealed that he had tried to get an amendment added to

Medicare to ease the Oregon situation, but it did not make it out of the conference committee. He also had been in touch with MedPAC on this issue.

Oregon, which is regarded as a rural state, was the 6th lowest in Medicare payments for Fiscal Year 2000. The commission found the following reasons that affect Medicare reimbursements:

- higher payments to teaching hospitals (Oregon has only one - OHSU, but is proposing one in Eugene)
- higher payments to hospitals with many low-income patients, common in large urban areas
- varying costs of producing medical care
- health status of patients varies. As Oregon is one of the healthier states for Medicare beneficiaries, adjustment for this moves it up to the 14th lowest reimbursement state

MedPAC made these recommendations to help equalize Medicare payments among the states:

- raise the wage-index of hospital workers, which is too low in rural areas( no teaching hospitals)
- omit data from professional workers in calculating the hospital wage index
- review labor share applied to the wage index
- adjust the disproportionate share payments to hospitals (DSH), which does not include all the care to the poor, including free care
- adjust the DSH to most rural hospitals and urban facilities with fewer than 100 beds
- adjust reimbursements because the low volume of care in small hospitals leads to higher than average unit costs
- raise payments to rural hospitals for in-patients ( large urban hospitals currently get 1.6% more) unless the rural hospitals are on a special program
- replace the national cap on Medicare payments with a set of caps, where psychiatric facilities are concerned, and depending on the circumstances.

Congress responded by extending the eligibility criteria to all hospitals. By raising the cap on the DSH add-on, the payment of most rural hospitals from 4% to 5.25%

Rural home health agencies have a higher than average unit cost because of low volume, travel costs and differences in the use of therapy services. Congress provided an extra 10% payment to providers. MedPAC recommends these payments be extended for 2 more years for thorough evaluation.

Rural hospital outpatient care has also a higher base rate for the same reasons as noted above. Furthermore these hospitals have limited administrative capacity and financial reserves, so payment should be adjusted upward.

Where Oregon stands among the states: According to 1999 statistics used in this report, the Medicare payment index puts Oregon at 0.77 spending versus 1.00 for the US average. In dollars this is \$3829 versus the US average of \$5490. When adjusted for the health status of Medicare recipients, this changes to Oregon \$4553 versus \$4868 US average.

It seems ironic that our doctors and hospitals and medical agencies are paid less partly because our Medicare beneficiaries are healthier. Obviously, some small progress has been made in equalizing Medicare reimbursements geographically, but more needs to be done.

Finally, the sub group discovered that through a service called VolPact, the Jackson County Medical Society arranges for free provision of care to uninsured patients who do not qualify or apply for any of the safety net programs mentioned above. It estimates that over \$6 million in free services has been donated over the last 8 years, a fact not generally known.

The Health Care Coalition, (HCCSO) mentioned above, claims that in Jackson County 70% of people have trouble with medical insurance coverage, including 20% underinsured, 13.5% uninsured. One figure puts this at nearly 26,000 people according to the Oregon Progress Board (Mail Tribune 1/26/05) "but others figure that the actual number is closer to 30,000 or 35,000 people." said Peg Crowley of Community Health Center

Health Care Forum, "Covering the Uninsured"

Former League member Sally Densmore, President-elect of the Rogue Valley Association of Insurance and Financial Advisors ( RAIFA) and Glenn Miller, a health care insurance specialist, attended the 4/8/04 meeting of the Health Survey Committee and helped with the May 10 town hall meeting for "Cover the Uninsured Week" which the LWVRV helped sponsor.

At this event, the panel of experts discussed many aspects of health care and health insurance and the following conclusions were reached:

Patients should make an effort to pursue a healthy life style. They should ask, "What can I do to take care of myself and my family?"

Even if patients have a low income, they should attempt to set up a long-term relationship with one doctor and see him or her on a regular basis. This could be at one of the Community Health Centers or other clinics or through a private doctor.

Patients need to be educated, not only about good health and disease, but about opportunities for insurance that are open to them. Some pregnant women and women with children still qualify for the Oregon Health Plan but may not know it. Good health care is available in the Rogue Valley but it does not come automatically.

#### Other Findings

- there are gaps in health care service and in the “safety net”, which need to be further identified.
- patients do not return for follow up care after attending the clinics or emergency rooms, according to Peg Crowley, who says an average of 2.4 visits a year is needed to maintain health.
- men in particular are among the least served, perhaps because of their reluctance to seek medical care.
- emergency rooms are still being misused for minor health problems.

The LWVRV listened to Cheryl Walker, a former State legislator, on Dec. 11, 2003, who explained why facilities are antiquated and medical staff short in rural areas, as opposed to Medford, which has become a medical magnet area. According to Ms. Walker:

- the primary issue is the cost of medical care plus malpractice insurance,
- now private companies are cutting back on once-generous medical coverage of employees, so that employees are bearing more of the cost of premiums.
- she stated that individuals with insurance have been requesting expensive procedures and unnecessarily using the hospital emergency rooms, when an office visit to a doctor would have sufficed, and so the cost of premiums has gone up for everyone.

Ms Walker believes there should be a reasonable co-payment charged the patient when the Oregon Health Plan is used. She further explained that because Oregon was once a very efficient provider of medical care, compared with such states as Texas and Florida, reimbursement for doctors for Medicare and Medicaid patients is very low and does not attract doctors to this region as a result. A gall bladder operation in Oregon nets about \$500 in reimbursement, while the same operation in Texas nets \$900. She believes the local shortage of doctors has these causes:

Since many young doctors graduate after a long training, with student loans of \$200,000 or more, it is not economically feasible for them to locate here. If they do, they find that they have to move to a

metropolitan area or to one near a University Hospital such as Oregon Health Science University in Portland. The difference in pay is relevant for trained nurses also.

Oregon is disadvantaged politically because of its small number of Congressmen compared with more populous states

Oregon lacks health care company headquarters being situated here.

Ms. Walker also believes that the price of medical care is also increased by the use of costly technology, legal actions against doctors and the training of medical staff. Actually 80% of medical suits against doctors in Oregon are won by the doctors and there have only been eight suits in which the plaintiff has been awarded over \$1,000,000.

Medical Suits: Doctors in certain medical specialties like surgery and OB/GYN have to carry high malpractice insurance, as well as pay for their long years of training.

A recent Oregon Health Science University survey found 125 physicians around the state have stopped delivering babies in the past four years, with others planning to follow suit.

A "band-aid" program by the State offers some help to physicians, with obstetricians getting a reduction up to 80% in their basic insurance premiums and up to 40% for other physicians but only in rural areas. (The Oregonian, 1/27/04).

Since there are many retirees in Southern Oregon, doctors in high risk fields are difficult to attract and retain, because of the Medicare/Medicaid reimbursement issue. It is estimated that a physician must have fewer than 40% of patients in this age group to survive financially.

### 3. Family and Children Service, Mental Health, and Alcohol and Drug Issues

Findings on school-based clinics:

At Washington Elementary School in Medford, which is attended by many low-income children and many Hispanics, it appears that their medical care is quite good and effective advice for parents is sent out in brochures in English and/or Spanish. These include booklets to help parents decide when to go to the doctor and when to keep their child home from school.

At Jackson Elementary School and Oak Grove Elementary medical care is only available for students during the school year and is not for younger siblings. A similar situation exists at Phoenix and Talent Elementary schools.

The Kids Health Connection has Phyllis Wetzel, RN in charge, of its bilingual clinic.

Kathy Phillips, MSN RN, a nurse practitioner, runs the School health clinic at Jewett Elementary in Central Point. A health clinic at Scenic Jr. High will be moved to Hanby Jr. High in Gold Hill this spring.

There is also a clinic at Crater High School.

Health services to Ashland school children are based at the Ashland Middle school, where care can be given to all Elementary and high School children.

In Eagle Point, a staff person of Community Health Center is available to provide school health services to school children.

#### Other Family Services:

Under-and un-insured families find health care expensive with walk-in clinics like the Medford Clinic charging \$70-75 a visit, though they do accept monthly payments.

The cost of medical care is a big issue for families. The Oregon unemployment rate is the second highest in the U.S. ("The Oregonian ") Jackson Co. has 12% more poverty than the rest of Oregon and the poverty level is 15% for whites and 31% for Hispanics. According to Children First for Oregon, in Jackson County 40-49% of children are in poverty or live in families of the working poor and in Josephine County the figures rise to 50% and over., The Rogue Valley has 13 safety net clinics, most of them school- based.

Some agencies like La Clinica del Valle and the Family Health Care Centers in Medford, Ashland and White City and the Siskiyou Community Health Centers of Josephine County, charge on a sliding scale for health care based on family income.( Interview - La Clinica, Family Health Care Center tour, phone interview with Joann Gillyatt, Siskiyou CHC). Children in School District 9 are going to benefit from the addition of a full-time nurse and two part-time bilingual outreach workers thanks to a three-year grant written by Peg Crowley, executive director of the Community Health Center. It has been funded by the Reed and Carolee Walker Fund of the Oregon Community Foundation, which supports programs for the needy.

#### 4. Accessibility and Availability to Mammograms

The sub committee investigated how promptly a woman can have a mammogram in the Rogue Valley which at the time the study was begun was as long as 9 months to wait. At local hospitals:

The new Providence Breast Center, offers mammograms and now includes facilities for dealing with the side effects of mastectomies, bone density and associated lymph node problems. It has currently a 4 week wait list for a mammography appointment and it will soon be open extra hours a day, for at least two days a week. Digital mammograms are now available at extra cost at Providence, although Medicare reimburses the hospital at a higher rate for these. They are more efficient, quicker and more comfortable for the patient.

Ashland Hospital has a 2 week wait.

The Rogue Valley Medical Center ( Asante) opened its Women's Imaging Center, as of October 1, 2003. It took over from Medford Radiology, which used to do mammograms, according Michelle Halfhill of Asante. The location is the same but they have added an additional machine. The wait time for an appointment is down to two months, with the possibility of getting earlier if it is an emergency.

The Three Rivers Hospital in Grants Pass, which is also an Asante Hospital, gives almost immediate mammograms, even on the same day in some cases.

There are three options for low-income women to get mammograms:

- 1) through a voucher system from Jackson County Health Department, which offers them for free.
- 2) through the Oregon Health Plan which offers them at a very low cost.
- 3) through the Komen Foundation funded by Soroptimist clubs, including our local ones.

With more machines of various types and longer hours of work in the local area, it appears that the wait time for getting a mammogram is now shorter than in 2002 when it was 8 to 9 months.

Survey of League Members:

This group handed out a four-question survey to League members in December, 2003 and to a different group in February, 2004 asking them to rate their personal medical care.

We asked those in February how many had Medicare coverage and 55% did. We also asked this group if their medical insurance covered any significant portion of their prescription costs and a strong majority ( 61%) said they do have such coverage.

Committee member Jean Milgram received responses from 41 members in total and the results so far indicate that in the past two years they and/or their families :

- all but one have required some health care.
- 31% have had a problem getting satisfactory medical attention.
- almost 40% have experienced a long wait for a diagnostic procedure, but with three exceptions, those were all waits for mammograms, a problem that has recently been greatly alleviated ( above).

- 22% have had problems with medical insurance, either with getting it or with having needed services

covered.

This was not a scientific survey but the results do confirm that problems with access to needed health care are experienced by a substantial portion of a well-informed and self sufficient segment of the population of the Rogue Valley.

Health Care Coalition of Southern Oregon (HCCSO)\*

HCCSO received a grant in 2001 from the Health Resources and Services Administration to complete a demographic study and define the uninsured and underinsured in Jackson and Josephine County. They concluded that more than 53,000 had health insurance plans requiring annual deductibles of \$5,000 or more.

They continued in year two of the grant to convene representatives of key provider organizations to develop an integrated health services plan to address the needs of the under- and uninsured. Many of their findings echoed the ones of League of Women Voters in their study.

Additionally they noted two areas with insufficient coverage for low or moderate income persons as being dental care and lack of behavioral health services.

HCCSO listed root issues for inadequate delivery of health services as

- Money and the real cost of health care
- Uninsurance
- Lack of coordination of outside financial resources
- Fragmented data sources
- Regulatory burdens
- Lack of preventative care incentives
- End of life/futile care issues
- Consistency in provider care delivery
- Medication prescription coordination among providers and public health
- Lack of coordinated medical transport system
- Unmet needs and limited support for behavioral health

- Lack of coordinated education and service delivery for those caring for elderly family members.

\* HCCSO member representatives are: Community Health Centers, Douglas County Health & Social Services, Jackson County Health and Human Services, Josephine County Department of Health and Community Action, LaClinica del Valle, Siskiyou Community Health Center, and Umpqua Community Health Center.

HCCSO Partner representatives: Asante Health Systems, Ashland Community Hospital, Jackson County Medical Society, Mid-Rogue Independent Practice Association, Pathways to Care network and Providence medical Center

#### United Way Community Needs Assessment

In a needs assessment compiled in Spring, 2004, by the United Way Organization, it reported the lack of affordable medical care as the highest priority need by community members, agencies, and key leaders.

## CONCLUSIONS

Although some excellent medical care is available in this area of Southern Oregon with the latest in medical technology and the best of medical staff being available for some patients, especially in a medical magnet center like Medford, there is a crisis in attracting and retaining doctors and medical staff for various reasons.

#### Solutions:

##### 1) COOPERATION AMONG MEDICAL AGENCIES

Because of the increasing cost of medical care locally, any change that involves cooperation between agencies and shared use of facilities is beneficial and cost-effective. For example, the Rogue Valley Medical Center is the only hospital in the region where doctors routinely perform a procedure known as angioplasty (heart artery dilation) which opens clogged arteries and increases the patient's chances of surviving a heart attack, while reducing the need for cardiac surgery. The other three hospitals and emergency service agencies now send their patients to RVMC for this advanced treatment. According to Dr. Brian Gross, cardiologist, of Medford, studies in Denmark show that patients transported directly to a cardiac hospital had a death rate of 8 percent, while those who received just anti-clotting drugs at other hospital died at a rate of 13.7%. All our hospitals in the Rogue Valley are expanding and working together to make this a regional medical center which should help attract more doctors.

According to Jean Johnson of the Informational Technical Systems of the Rogue Valley Medical Center, the two Asante hospitals have already a wireless network in place, and an information system will be operative for the nurses in 2005 and by 2006, bedside computers will be in use by physicians. Also Asante has implemented a new pharmacy management system in which from the point that the pharmacist enters a medication order, there are a number of safety checks. With over 500 new drugs a

year being prescribed, this is very important. The system uses bar coding to provide correct identification. This should lead to a saving in costs and medical staff.

## 2) ATTRACTION of MEDICAL STAFF

To attract medical staff to the area, ingenious ways of using public and private agencies to provide them with modern facilities and additional training are beginning to be used in this area. Three Rivers Community Hospital in Grants Pass, a fairly new Asante facility, has set up one year surgical residencies to attract 4th year surgical residents to help with the shortage of surgeons and in the hope that some of them will stay. Some of them already have. Communities, helped by foundations, donations and grants have built clinics in rural and small town areas to provide facilities for doctors who are willing to move here. Federal money provided by the Rural Hospital Act has been cut but hopefully will be restored, as it is much needed. (Cherryl Walker )

A recent proposal that would ease the doctor shortage in all of Oregon, including the Rogue Valley, is the creation of a satellite OHSU medical school in Eugene to train as many as 120 medical students a year and double the capacity of Oregon's only medical school. The need is great as the number of practicing physicians has dropped from 8387 in 2002 to 8292 in 2004. There is no estimate on when the new program will begin ( Medford Tribune, 11/21/04)

## 3) LEGISLATION

According to Congressman Greg Walden, in an e-mail memo sent to the public 12/9/03, after the passage of the Medicare Prescription Drug and Modernization Act of 2003 ( HR1), Oregon seniors will be eligible eventually to have the first outpatient prescription drug coverage under Medicare using private insurers. There will be Medicare -approved drug discount cards, which should save seniors 10-25% off the retail price of most drugs. Also our Oregon US senators helped secure \$25 billion for rural health care as part of the bill. It increases Medicare payments to rural ambulance services, as well. Finally, the measure provides a 5% bonus payment for physicians practicing in under-served areas. Cherryl Walker urged us to make our medical needs know to our legislators.

## 4) VOLUNTEER AID

Some suggestions to help low income patients and others get access to medical care:

Peg Crowley, Director of the Community Health Centers, has asked for volunteers to help with some of the paper work which might help in getting these patients appointments and tests. Individual League members would have to take a four hour training but their help would be invaluable as OHP clients have to sign up every six months, but may not know their children may qualify without this. Volunteers are also needed by the Community Health Centers to plan, strategize and disseminate consumer information to potential clients of the Health Plan.

La Clinica has 3 outreach workers to do this paper work, but extra bilingual help would possibly be welcome.

Another possibility is for some volunteer group, to produce a health care guide for the area, which would have to be updated regularly. For example, insurance is available for Jackson County patients in one form or another in either the Oregon Health Plan, the Family Health Insurance Assistance Program (FHIAP), Medicaid, Medicare or the Insurance Pool. However, health consumers may not be aware of their options, and may not enroll even if they are qualified. This information could be included in the guide.

It would be helpful to have a survey of the non-professional public, the low income and the elderly, people who were not represented in the Providence Community Needs Assessment and/or the Trimmed Report of the Oregon Community Foundation.

We can help and have been helping with educating the public. The Rogue Valley League of Women Voters co-sponsored a town hall meeting on May 10, 2004 focusing on the uninsured and underinsured and health information ( see above).

#### 5) PERSONAL RESPONSIBILITY

It was the conclusion of the health survey group and echoed by HCCSO, the Forum on Covering the Uninsured and several speakers that one of the most important aspects of good health is for:

individuals to be responsible for participating in and making healthy life choices.

MEMBERS OF HEALTH CARE SURVEY COMMITTEE: Eileen Adee, Trish Bowcock, Kathleen Donham, Patty Finch, Sarah Heath, Carol Ingelson, Vicki Keeney, Mickey Ketchum, Cynthia Lora, Marlene Olson, Shiena Polehn, Nancy Swan.

#### SOURCES:

CALPERS newsletter, 1/04  
Bates, Dr. Alan  
Central Oregon Partnership, PO Box 147, Redmond, OR 97756  
Children First for Oregon  
Collins, Hank, Director of Jackson Co. Health Dept. 4/8/04  
Community Needs Assessment, 2003 of Providence Health System  
Community Health Newsletter vol. 9, # 7, Fall 2004  
Congressman Greg Walden  
Crowley, Peg Director Community Health Centers  
Densmore, Sally president-elect of RAIFA  
Douma, Dr Allen  
Gross, Dr Brian, cardiologist  
Financial Times, 2/11/04  
Halfhill, Michelle, Public Relations, Asante Hospitals  
Health Care Coalition of Southern Oregon (HCCSO)  
Jackson County Statistics 2000

Jackson, Jean , Rogue Valley Medical Center, Information Technology System for Asante Health Systems  
4/12/04

Mail Tribune, 9/5/04 Bill Kettler, Associated Press release, 11/21/04

Mail Tribune, 1/28/2005 Chamber looks for way to become group for health insurance

McFadden, Debra, Director, Jackson County Medical Society,  
MedPAC, Medicare Payment Advisory Commission

Miller, Glenn, health care insurance specialist

Oregon Health Sciences University web site

The Oregonian, 12/16/03, 1/17/04, 1/20/04, 1/27/04, 2/5/04

Oregon Health Department

Oregon Medical Association Newsletters, Dec. 15, 2003 Vol.XXXIII and Jan. 12, 2004 Vol. XXXIV Oregon

Medical Association Preliminary Report of 2003 Physician Workforce Assessment

Providence Hospital, Breast Center, 4/14/04

SOMAC Southern Oregon Medical Assistance Coalition

US Census Bureau, Population Division, 2000

United Way 2004 Community Needs Assessment

Wall Street Journal 1/21/04

Walker, Cheryl. former State Legislator

Walker, Reed and Carolee Fund of the Oregon Community Foundation Trimmed Report to the OCF  
Board, October 2003

Wyden, Ron U. S. Senator

Web sites:

Drug and Prescription Information - Internet addresses :

<http://www.oregon.gov/DHS/index.shtml>

<http://www.oregon.gov/DHS/healthplan/index.shtml>

[www.Oregonrx.org](http://www.Oregonrx.org)

[www.aarp.org/or/rx](http://www.aarp.org/or/rx)

[www.healthyoregon.org](http://www.healthyoregon.org) - Home

[www.crbestbuydrugs.org](http://www.crbestbuydrugs.org) (This is the Consumer Report website on best buy in drugs)