



Lower Umpqua
Hospital District

Fiscal Year 2023 - 2024

COMMUNITY HEALTH

NEEDS ASSESSMENT

Approved by the Lower Umpqua Hospital District
Board of Directors on February 28, 2024.



LOWER UMPQUA
HOSPITAL DISTRICT

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Introduction

The Community Health Needs Assessment conducted by the Lower Umpqua Hospital District is a methodical process focused on assessing its local population's health conditions, behaviors, and needs. The findings from this assessment are intended to support informed decision-making and direct initiatives to enhance the community's health and wellness.

This assessment helps identify key health-related issues within the community. This allows for a targeted allocation of resources to areas where they can have the most significant impact on improving overall community health.

Methodology

The 2023 Community Health Needs Assessment (CHNA) utilized a comprehensive approach, employing primary and secondary data collection techniques. These techniques were used to collate community feedback and compare disparities and trends in health across the service area. The assessment creation timeline adhered strictly to the requirements outlined by IRS Tax Code 501(r), mandating the completion of the CHNA every three years. This stipulation introduced by the Affordable Care Act ensures that community healthcare needs are consistently addressed and updated.

Specific CHNA steps included

- The kickoff meeting announced the start of the CHNA process and hosted all internal community-minded staff members.
- Monthly leadership meetings, including all hospitals, to review progress and provide feedback.
- Three community forums were held to gain input and dialog.
- A paper community survey was collected to gain input.
- A review of the current CHNA Implementation Plan and available resources.
- Prioritization of identified community health needs to determine the most pressing issues on which to focus community health improvement efforts.

About the Hospital

Lower Umpqua Hospital District is comprised of a 20-bed hospital, 24/7/365 emergency room and ambulance service, two clinics, and a community resource center.

Lower Umpqua Hospital is an acute-care, level IV trauma hospital located in Reedsport, Oregon, providing a wide range of inpatient, outpatient, and emergency services. Medically necessary patients are admitted to the hospital for inpatient services. The hospital offers a range of services both for inpatients and outpatients, encompassing diagnostic imaging, laboratory work, wound care, outpatient nursing services, and rehabilitation therapies such as physical, occupational, and speech therapy.

Lower Umpqua Hospital's surgical department has two fully equipped surgical suites and a recovery/procedure room to meet almost every need for inpatient or outpatient surgery. Lower Umpqua Hospital strives to provide a patient-centered approach to all services. Our highly trained surgeons meet with patients before surgery to discuss options and follow-up care. A couple of days prior to surgery, one of our two CRNAs (Certified Registered Nurse Anesthetists) talks with patients



to discuss anesthesia care during surgery and pain management options after surgery.

Surgical services include ear, nose, and throat surgery, endoscopy, gynecology, pain management, podiatry, ophthalmology, orthopedics, and general surgical procedures.



The District contracts with Vituity for emergency department staffing with a qualified physician 24 hours a day, seven days a week. The District also has a hospitalist team with physicians who admit and care for patients in the hospital. The hospitalists work with the emergency department physicians to provide the best care for each patient.

The District operates a retail pharmacy that opened in 2007. The next closest pharmacy is 25 miles north or south. This service is a great convenience for area residents.

The Swing Bed Program offers skilled nursing and rehabilitative care at Lower Umpqua Hospital. Those recovering from surgery, a stroke, a fracture, or an extended medical illness and hospitalization can choose to rehabilitate at Lower Umpqua Hospital, whether or not they were hospitalized in another location. The hospital is a trusted member of the coastal Douglas County community. The citizens depend on the hospital to provide for their needs when ill and turn to the hospital as a source of health and wellness information.

Two medical clinics are also part of the Lower Umpqua Hospital District. Dunes Family Health Care is a primary care clinic, and Reedsport Medical Clinic provides surgeons and visiting specialists. A Licensed Clinical Social Worker (LCSW) works with providers to engage community members in care and additional supportive services. The District also funds the Family Resource Center (FRC). The FRC provides resources, information, and services to community members.

The FRC strives to connect people in coastal Douglas County to the information, resources, and services they may need. It also allows agencies and organizations to serve this community better and more efficiently. People may go to the FRC to:

- Find out about applying for food stamps and the Oregon Health Plan.
- Get information about subsidized housing.
- Pick up Department of Motor Vehicle manuals and forms.
- Talk to a Senior Health Insurance Benefits Assistance (SHIBA) volunteer about Medicare.
- Pick up dental and vision applications for those with limited income.
- Sign up on the wait list for furniture and appliances.
- Find information about counseling and support groups.
- Get answers to most questions about local services and programs.

The FRC helps provide needed items to people/families in crisis. Furniture or appliance donations are not accepted at the FRC; however, pick-up arrangements are made between the donor and the family that needs the item. Contributions of small things like bedding, towels, and essential kitchen items are kept at the FRC to

be given to those in need. The FRC also provides donated children's sized clothing to families in need.



History of Lower Umpqua Hospital District

Medical care in coastal Douglas County has seen many changes over the last five decades! In the early 1950s, a group of concerned citizens formed a non-profit corporation to deal with the need for local medical care here in coastal Douglas County. They called it the Lower Umpqua Association. In 1954, a Lower Umpqua Area Hospital District (LUHD) was formed, including the Reedsport, Winchester Bay, Gardiner, and Scottsburg areas. Donations from the community, three major lumber companies, and tax levies formed the financial base to start a new hospital. With the help of a Hill-Burton grant, a federal grant to aid in building rural area hospitals, the hospital was built in the early 1960s.

The hospital opened on February 3, 1964. Civic and fraternal groups and individuals in the community donated equipment to furnish the rooms. Dr. Rickard W. McLean was the first Chief of Staff, and an elected five-member Board of Directors administered the hospital's affairs for the Lower Umpqua Hospital District. The ambulance service was added in 1966. The District is fortunate to have a tax base that supports and allows LUHD to offer ambulance service to coastal Douglas County, one of only three hospital-based ambulance services in Oregon.

The hospital grew during the 1980s to include an intensive care unit, expanded surgical services, and a licensed Home Health Agency to provide skilled nursing and rehabilitation care for patients in their homes.

In 1984, skilled nursing home beds were certified in the nursing home. In 1989, the District's 25th year, construction was completed on an expanded emergency room and an outpatient clinic where visiting physician specialists could meet with their patients in Reedsport.

During the 1990s hospice service became certified, and an Ambulance Membership Program began, which allowed families to pay an annual fee for ambulance services. During that decade, the entire facility's significant expansion and remodel created all new acute care rooms, and the Extended Care Unit (Nursing Home) was expanded to 35 beds. Also added during the remodel were a new radiology suite, two operating rooms, a CT scanner, and the medical records department was combined with the business office. A mobile MRI service was also added.

The new millennium saw even more changes as a medical office building was constructed nearby to meet the needs of local medical staff providers. This became Reedsport Medical Clinic, providing internal medicine and surgical

specialties. The Specialists Clinic, providing office space for visiting specialists, moved into the building next to Reedsport Medical Clinic.

LUHD became a Critical Access Hospital on July 24, 2002. This was a significant move for the hospital because Critical Access Hospitals are reimbursed at a higher rate to help keep hospital services available in smaller communities. During the next ten years, the hospital transferred ownership of Home Health/Hospice to Pacific Home Health and Hospice; the extended care unit was transferred to Aidan Senior Living at Reedsport; Reedsport Medical Clinic became part of the District, nuclear medicine was added; the electronic health record (EHR) was implemented; and Dunes Family Health Care, a family medicine primary care clinic, was integrated into the District.

In 2015, LUHD hired and trained personnel to work at the Central Coast Community Health Clinic which was operated by Douglas County out of the Douglas County Annex Building, located in Reedsport and was part of the Douglas County Department of Public Health. Most of these services were lost when the county closed the clinic in 2017. Services that were provided by the hospital at the clinic, such as immunizations and family reproductive services were transferred to the Dunes Family Health Care Clinic and the Family Resource Center.



In October 2017 our wound care program started.

In 2023 the hospital continues to serve the community's daily healthcare needs. The hospital provided leadership and support during the COVID-19 pandemic.

Summary of Findings

The "Areas of Opportunity" identified in this Community Health Needs Assessment highlight essential health needs within the community. These areas were pinpointed through a detailed analysis of the data, focusing on various health issues within the service area of Lower Umpqua Hospital District. The identification process involved a comprehensive evaluation based on several criteria. These include comparative analysis with benchmark data, the prevalence and significance of findings in specific health topics, the extent of the issues based on the affected population size, and the potential health impact of each issue. Additionally, the community's concerns were integral to this assessment, ensuring that the selected areas align closely with the community's priorities.

Key Areas of Opportunity

1. Expansion of access points to healthcare
2. Improve the provider ratio in the service area by maintaining existing primary care capacity and growing specialty providers
3. Expansion of mental health support to the service area

Hospital Implementation Strategy

Lower Umpqua Hospital District will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. Implementation includes working with other community stakeholders to achieve better outcomes for the community. The hospital cannot implement strategies for all of the health issues identified; the results of this exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

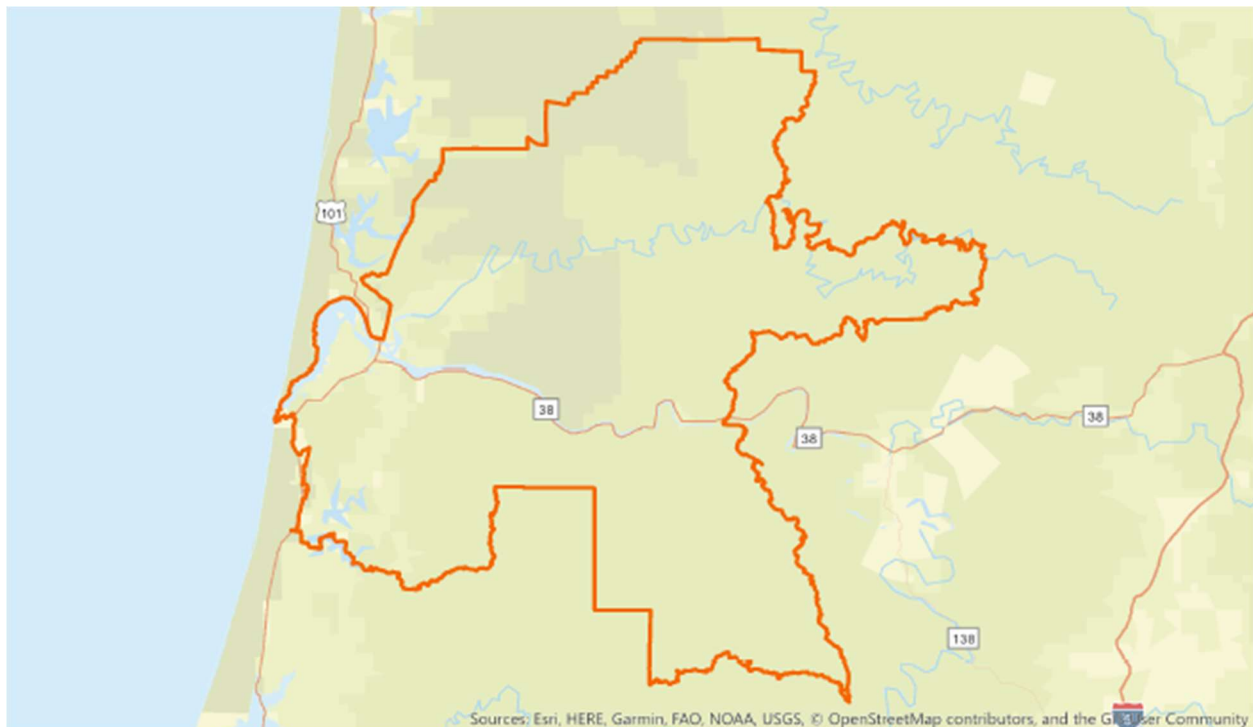
Community Description

The Primary Service Area (PSA) of LUHD is comprised of the three zip codes of 97467 (Reedsport, OR), 97473 (Scottsburg, OR), and 97449 (Lakeside, OR). This is area is the smallest number of continuous zip codes that will capture more than 75% of the hospital's annual patient discharges.

The map below illustrates the Primary Service Area and not the boundaries of the District.

The Centers for Medicare & Medicaid Services (CMS) defines a hospital's PSA as the geographic region from which the majority of its inpatients are drawn. It's important to note that while the PSA is a key indicator of the hospital's core service area, LUHD provides care to patients beyond these boundaries. LUHD has a patient base extends past its defined PSA, serving individuals from a wider geographic area.

With a population of 8,179 and 3,681 households as of 2023, the PSA has an older and less affluent profile compared to Oregon overall. The aging of the population is a major defining trend, as is the growing diversity driven by increases in the Hispanic/Latino population. Understanding these demographic dynamics will be critical for LUHD in serving existing residents and planning for the future.



Current Demographic Profile

Population

The total population of the PSA is estimated at 8,179 in 2023. This represents a 1.48% increase from 2020, slower growth compared to the 5.42% growth from 2010 to 2020. The aging profile and lack of in-migration constrain population growth.

Age

The PSA has a significantly older population compared to state and national averages. Over 36% of residents are aged 65 and older, versus just under 30% statewide. The median age is 56.46, much higher than the U.S. median of 38.5. The older population is evident across metrics:

- Nearly half (46.5%) of households have a householder aged 65 or older, compared to 28.7% statewide.
- The median age of householders is 65.72, much higher than 50.3 statewide.
- Population share by 5-year age cohorts shows overrepresentation in the 65+ brackets and underrepresentation in the under 45 brackets.

This older profile shapes community needs and consumer markets. With so many seniors, demand is higher for healthcare services, aging support services, and retiree-oriented housing and leisure activities.

Ethnicity

The population in the PSA remains predominantly non-Hispanic white, at 84.5% of residents versus 72% statewide. But the Hispanic/Latino share has grown from 4.3% in 2010 to 6.25% in 2023. While still a relatively small minority, the Hispanic population is becoming an increasingly important demographic. Cultivating services and activities to serve Hispanic residents will contribute to community inclusiveness.

Households & Housing

There are 3,681 households in the PSA. Housing units are primarily single-family detached homes (65%). The housing stock skews older, with over 25% of units built between 1939 and 1948 compared to 9.2% statewide. The older housing could present issues with maintenance, accessibility for seniors, and energy efficiency. Recent construction has lagged, growing just 4.1% since 2010 compared to 12%

statewide. There is a notable development. A local developer has built and opened 75 new housing units in the area, representing a significant step in expanding local residential options.

Income

Income levels are significantly lower than statewide figures. Median household income is \$48,626, just 65% of the state median. Over 40% of households earn under \$35,000 versus 30.4% statewide. On the higher end, just 7.7% have incomes above \$100k compared to 18.8% statewide. With limited household incomes, price sensitivity is higher for goods/services.

Employment

The PSA's occupational profile shows a skilled blue-collar emphasis. Construction, production, and transportation jobs comprise over 21% of employment compared to 17% statewide. White-collar professional/managerial roles make up 54% versus 60% statewide. The fishing, hunting, and forestry industries contribute significantly to Reedsport's economy. This employment mix impacts community needs for technical training and career development programs.

Education

Educational attainment is lower than state averages, with 12.8% of residents holding a bachelor's degree or higher. Lower education levels contribute to reduced income earning capacity. Increasing post-secondary access and attainment through both traditional colleges and vocational programs represents an opportunity.

The PSA faces socioeconomic challenges from an older, less affluent demographic profile. Strategic investments in housing, workforce development, education, and amenities can help build vibrancy and improve economic prospects.

Population Projections Through 2028

The population in the PSA is projected to reach 8,403 by 2028, representing moderate growth of 2.74% over the 5-year period.

Drivers of this growth

Aging population: The senior population will continue to expand, with significant increases projected in the older age brackets. The 65-74 cohort is forecast to grow by 16% and the 75-84 group by 4%. The 85+ population will rise by 9.4%.

By 2028, residents aged 65+ will comprise nearly 40% of the population, compared to 36.8%. With more seniors, the need for healthcare services, specialized housing, public transportation, home support, and senior activities will increase.

Householders: The median age of householders is projected to reach 67.02 by 2028, up from 65.72. Householders 65-74 will increase by 15.5%, while the oldest 75+ cohort will grow by 7.2%. The demands of older householders living alone will be essential in product development and marketing.

Hispanic population growth: The Hispanic/Latino population is expected to increase by 17.2% from 2023 to 2028, reaching 7.15% of the PSA's population. While still a minority, this group contributes to greater racial/ethnic diversity. Outreach and programming tailored to Hispanic residents can aid integration and upward mobility.

Flat growth of the younger population: In contrast to seniors, the under-45 age group will remain relatively flat, with minimal population growth projected. This lack of younger adults impacts workforce availability and makes attracting talent more difficult. To build a balanced, sustainable population profile, creative strategies to retain and attract youth will be needed.

Income Growth but Still Lagging

While median household income is forecast to rise from \$48,626 to \$56,858 by 2028, the PSA will continue lagging the state and nation significantly. Inflation rather than real earning gains will likely drive income growth.

With lower incomes, price sensitivity persists in the PSA. Developing affordable yet aspirational options for goods and services represents an opportunity in this market. Targeting value-oriented messaging to price-conscious consumers can motivate purchasing.

At the same time, income disparities appear to be widening in the PSA. Households earning above \$100k are expected to grow from 7.7% currently to 10.9% by 2028.

Implications for Planning

These demographic trends present considerations for LUHD and community organizations in serving existing residents while also planning for the future:

- An expanding senior population requires scaling up age-friendly housing, transportation, recreation, and healthcare. Developments catering to active retirees represent strong opportunities.
- Stagnating younger populations will make it difficult for employers to fill jobs and sustain economic momentum. Creative incentives and networking initiatives can help attract and retain talent.
- Below-average incomes limit consumer spending power. Delivering value and affordability are key marketing messages that resonate. But upper-income segments still demand premium offerings.
- A small but growing Hispanic population needs tailored outreach and programming to aid integration, education, health, and social mobility.
- Older housing stock presents maintenance and accessibility challenges for the aging population. Strategic investments in housing rehab and adaptive reuse can expand suitable senior housing.

By closely monitoring demographic changes in the years ahead, our community organizations can effectively pinpoint emerging needs and target resources. The trends underscore the importance of creating an inclusive, multigenerational community with economic opportunities for all residents. Proactive planning today will position the community for a vibrant, sustainable tomorrow.



Community Vital Statistics & Profile

The vital statistics for Reedsport, Oregon, cover a range of health-related data and indicators. The summary of these statistics from the Oregon Office of Rural Health is categorized into several key areas: maternity characteristics, mortality figures, health risk factors, areas of unmet healthcare need, healthcare resources, and healthcare service area designations.

Maternity Characteristics

In Reedsport, Oregon, from 2016 to 2020, the average was 67 births per year. Maternity characteristics reveal some key differences compared to Oregon's overall state. Here's a simple breakdown:

Low Birth Weight Rate

In Reedsport, about 59.5 out of every 1,000 newborns had a low birth weight. This rate was slightly lower than Oregon's, where 66.7 out of every 1,000 babies were born with low birth weight.

Inadequate Prenatal Care

The rate of inadequate prenatal care in Reedsport was 145.8 per 1,000 births. This is significantly higher than Oregon's overall rate of 60.7 per 1,000 births.

Infant Mortality Rate

Reedsport had an infant mortality rate of 11.9 per 1,000 births. This rate is higher than the state's 62.5 per 1,000 births.

Teen Birth Rate (ages 15-19)

The teen birth rate in Reedsport was 29.8 per 1,000 births. This is quite high compared to Oregon's overall rate of 38.0 per 1,000 births.

These statistics suggest that Reedsport has unique challenges in terms of maternal and infant health, especially in areas like prenatal care and infant mortality, compared to the state averages.

Mortality Figures

The mortality figures for Reedsport, Oregon, based on the 2021 population, offer a glimpse into the community's health challenges. The total death rate in the service area is notably high at 1951.9 per 100,000 persons, surpassing both the county and rural averages. This high rate is a stark indicator of overall health issues.

Breaking down the causes, cancer emerges as the leading cause of death, with a rate of 514.5 per 100,000, again higher than the county and rural rates. Heart disease follows closely, presenting another primary health concern. Chronic lower respiratory diseases, cerebrovascular diseases (such as stroke), and unintended injuries also contribute significantly to the mortality rate, each surpassing the corresponding rural rates.

Alzheimer's disease and diabetes are other notable causes of death, with rates that are concerning when compared to the broader region. Additionally, the rates of death due to suicide and alcohol-induced causes are higher in the service area than in the rest of Oregon, indicating potential underlying issues related to mental health and substance abuse.

Furthermore, the age-adjusted death rate and the comparative mortality figure in Reedsport are considerably higher than those in the county and state, reflecting an overall higher burden of disease and mortality. The Years of Life Lost Index, which measures premature mortality, also indicates a more significant loss of potential life years in Reedsport compared to broader averages.

These mortality figures underscore the critical health challenges faced by the Reedsport community, highlighting the need for focused public health interventions and healthcare resources to tackle these leading causes of death, especially chronic diseases, mental health issues, and conditions leading to premature mortality.

Unmet Healthcare Needs

The Oregon Office of Rural Health data reveal significant gaps in healthcare accessibility and services in the service area. The time residents travel to the nearest primary care provider is a concern, suggesting that many may find it challenging to access essential healthcare services. The travel time is also compounded by the service area's geographically dispersed population and rural composition. This is compounded by a capacity ratio that indicates a potential

mismatch between the number of healthcare providers and the population's needs.

Furthermore, the availability of dentists and mental health providers is notably low when measured per 1,000 people in the area. This shortage is critical, implying that residents have limited access to essential dental and mental healthcare services. Such a scarcity can lead to unaddressed health issues and greatly impact the community's well-being.

Compounding these challenges is the high rate of emergency department visits for dental and mental health issues. This trend indicates that many individuals in Reedsport rely on emergency services for health needs that should ideally be managed through regular, preventive care. This reliance on emergency care not only highlights the gaps in routine and accessible healthcare but also suggests that these unmet needs could be contributing to a higher burden on emergency healthcare services.



Community Forums & Feedback

The hospital hosted three community forums to inform residents about our existing and forthcoming services, gather feedback on unmet needs, and foster direct interactions between hospital leadership, staff, and the community.

The forums were advertised extensively in the weeks leading up to the events.. Posters were placed throughout the town, and the CEO participated in an interview with the local radio station, which also broadcasted public service announcements repeatedly in the week leading up to and during the forums. Information about the forums was displayed on the hospital reader board and other community boards, including those of the school district, the Chamber of Commerce, and the Port of Umpqua. The forums were scheduled at diverse times to accommodate different schedules: Tuesday at 10 am on June 20th, Thursday at 6 pm on June 22nd, and Saturday afternoon at 1 pm on June 24th. Additionally, we offered transportation for those requiring it and broadcasted the forums live on Teams. Personal invitations were extended to local community leadership, including county commissioners, state and federal representatives, city council members, the mayor and city manager, the school board and superintendent, and the port board and administrator.



Lower Umpqua Hospital District

COMMUNITY FORUMS

Discover. Learn about our services and improvements to enhance your experience when visiting the hospital and our clinics.

Share. Share the health-related services you think are missing from our community.

Engage. Engage with our hospital leadership, staff and providers at the meet and greet.

JOIN US, WE WANT YOUR INPUT!

We are hosting 3 sessions:

Tuesday, June 20th	Thursday, June 22nd	Saturday, June 24th
Time: 10-11:30 am	Time: 6-7:30 pm	Time: 1-2:30 pm
Location: Reedsport City Council Chambers	Location: Reedsport City Council Chambers	Location: Reedsport City Council Chambers

Attend in person: enter to win a raffle prize.
Call/attend online: [LowerUmpquaHospital.org](https://www.lowerumpquahospital.org); Click **Community Forums** button

Need transportation assistance to one of the forums?
Email: public_relations@luhonline.com Call: 541-271-2171 x5050



The forums were attended by approximately 70 community members in person and six via Teams, with one individual taking advantage of the transportation offer. Attendees included our state representative, a county commissioner, two city council members, the mayor, and a school board member. All current and one future board member and numerous hospital staff were present.

Each forum fostered an active engagement in discussions about unmet needs, recording suggestions on large post-it notes. Participants were then invited to prioritize these needs using the round stickers provided for multi-voting.

Recordings of each Teams broadcast were made available on the hospital website.

Community Feedback on Prioritization of Health Needs

The fruitful discussions during the forum lead and subsequent polling led to these top ten identified needs by the community-at-large.

1. Exercise gym - for staff and public
2. Veterans - VA partnerships to connect veterans with available services in our area
3. Mental Health Services
4. Staff/employee retention
5. Healthcare systems - access to and those which facilitate access to healthcare services and communication amongst providers (incoming to LUHD)
6. Childcare Services
7. Need more doctors/PCPs
8. Veterans services
9. Children - Services for children with special needs
10. Substance- Drug Substance Addition recovery services

Community Survey

The community was solicited to complete an online survey regarding various personal health needs. The hospital distributed a paper survey to solicit input. A summary of the responses follows.

Living Situation

Stable Living Situation: 62% of respondents have a steady place to live, while 18% are concerned about losing their current housing, and 19% lack a stable living situation.

Housing Issues: Problems like pests (40%), mold (50%), and lack of heat (41%) are reported, with 53% not facing any of these issues.

Food Security

Worries About Food Shortage: 25% often worry their food will run out, 50% sometimes, and 25% never.

Food Sufficiency: 23.4% often find their food does not last, with 51.6% sometimes and 25% never facing this issue.

Transportation and Utilities

Transportation: 43.6% have had issues with reliable transportation affecting their appointments.

Utilities: 30.9% faced threats of utility service shut-offs, and 5.3% already experienced shut-offs.



Safety

Physical Harm: 95.3% never experience physical harm, while 1.6% face it fairly often.

Insults or Disrespect: 67.2% never experience this, but 3.1% frequently do.

Threats of Harm: Most (84%) never face threats, while a minority (1.6%) do fairly often.

Verbal Abuse: 65.6% never experience screaming or cursing, but 4.7% face it fairly often.

Financial Strain

Affording Basics: 36.2% find it very hard, and 51.1% somewhat hard, to pay for essentials like food, housing, and medical care.

Employment and Support

Job Assistance: 21.9% seek help finding work, and 14.1% need help keeping a job.

Daily Living Assistance: 56.3% don't need help, but 6.3% need a lot more help.

Loneliness: 39.1% never feel lonely, but 9.4% always do.

Language at Home: 15.6% speak a language other than English at home.

Educational Support: 17.2% want help with school or training.



Physical Activity

Frequency of Exercise: A significant 82.8% of respondents engage in moderate exercise 1-7 days a week. This indicates a low level of physical activity among the majority.

Duration of Exercise: When considering the duration of moderate exercise, 20.2% do not exercise at all, while a smaller percentage engage in varying durations ranging from 10 to 150 minutes or more.

Substance Use

Alcohol Consumption: When asked about instances of consuming 5 or more drinks in a day, 76.6% have never done so, and a small percentage engage in this behavior monthly, weekly, or even daily.

Tobacco Use: A majority (46.8%) have never used tobacco products, but there are instances of monthly and weekly usage, among others.

Prescription Drug Misuse: 95.7% have never used prescription drugs for non-medical reasons.

Illegal Drug Use: 84% report never using illegal drugs, but there is a minority who have used them once or twice, monthly, or even weekly.

Mental Health

Lack of Interest or Pleasure: More than half (54.7%) are not at all bothered by a lack of interest or pleasure in activities, but a concerning 21.3% experience these feelings more than half the days or nearly every day.

Feelings of Depression: A similar pattern is observed in feelings of depression, with 42.6% not at all affected, and a significant majority experiencing depression several days to nearly every day.

Stress Levels: The majority (29.8%) feel stress 'quite a bit' or 'very much', indicating a high level of stress among the respondents.

Disabilities

Concentration Difficulties: Due to disabilities, 39.4% have difficulty concentrating, which could significantly impact daily functioning.

Errands and Activities: 28.7% also have difficulty performing errands alone due to disabilities, highlighting challenges in independence and mobility.

