



eoocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Wheeler County
Community Health Assessment
2019

Qualitative Report

Focus Group



**2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus
Group Report: Wheeler County**

Date of Report: January 15, 2019

Date of Focus Group: July 24, 2018

**Analysis Completed by: Jorge Ramirez, PhD and Jill Boyd, MPH, CCRP; Greater Oregon Behavioral Health, Inc.(GOBHI),
Eastern Oregon Coordinated Care Organization (EOCCO)**

Overview of Data Collection

The EOCCO Community Health Assessment Focus Group was held on July 24, 2018 at the Jeanne Burch Building in Fossil, Oregon. The focus group session was recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All focus group participants from each focus group were provided food and offered a \$25 gift card for their participation. Focus Groups are method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health*. (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

SUMMARY FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included a) Social and Community Context (Community Programs and Social/Community Cohesion), b) Health and Healthcare (Availability of Healthcare Services and Health Behaviors) and c) Economic Stability (Housing Insecurity, Tourism and Transportation).

Table 1. Examples of High Coverage Topics

Health Topics	Direct Quote Examples
Social/Community Context - <u>Community Programs</u>	<i>"We do have... athletic teams. A lot of kids have to participate [or we don't] have a team...I don't know [it it] makes the younger folks healthier but it certainly gives the opportunity for our young folks to get exercise... [our school doesn't] have a thousand kids [with] only 20 slots on the basketball team...every child can participate."</i>
Social/Community Context - <u>Social and Community Cohesion</u>	<i>"I really appreciate how when a family is in trouble, the communities just tend to just jump to help. And some of the help goes pretty deep. I like that about living out here." "I think that people out here are pretty innovative about solving problems too...I've seen solutions... that are out of left field that I would have never thought of... so I think people think outside the box ... to get things done."</i>
Health and Healthcare - <u>Availability of Health Services</u>	<i>"Not very many small communities have a health clinic in town that they can keep up." "The Community Health Worker Program [serves as] ... a bridge between the PA's in the clinic and the patients in their home, and in just the short time it's actually been developed, but it has made some significant changes in people's lives. The other program is Home Care Worker. Which we are struggling to keep enough of them here."</i>
Health and Healthcare - <u>Health Behaviors</u>	<i>"...there is kind of a reluctance with some of the seniors to change. You can provide them with a lot of information. You can give them the...ongoing support...all the tools...to succeed.... I don't know if it's generational [or] if it's that independent spirit...which is a</i>

	<i>good thing living out here in every other way...[but] when it comes to making some changes in their lifestyle so that they would be healthier and do better with some of the chronic conditions...there [is] a reluctance [to change]...”</i>
Economic Stability – <u>Housing Insecurity</u>	<i>“...we have two teachers...that can’t find [a] house because there is just not [enough available] houses.”</i> <i>[Regarding the local rental market]... “Rent [is] so low out here too, it’s not really in comparison to any of the cities is low, so it’s hard for them (renters) to recoup those expenses to make repairs.”</i>
Economic Stability – <u>Tourism</u>	<i>“...a lot of [tourists who historically] ... end... up in the community did not end up in the community this year. Particularly in the summer, a lot of people come through, motorcycles and sport car tours and rafting...[but there is] nowhere to stop...nowhere to eat.”</i>
Economic Stability – <u>Transportation</u>	<i>“[The] Wheeler County Transportation... takes folks that are over.60...and transports them for medical and all that kind of thing...”</i> <i>“The transportation system also has a contract with...GOBHI....to transport individuals with OHP and Medicaid...that’s a fantastic resource in our community...but...totally reliant on amazing volunteers.”</i>

Social and Community Context: Participants focused on the positive aspects of being part of a social, rural community. It was evident that the participants found pride in their community, from the innovations to problem solving, to lifting up and supporting those in need and highlighting the interaction and opportunity for the youth to participate in team sports.

Health and Healthcare Services: Again, focus group attendees highlighted the positive efforts in their healthcare community, by continuing to sustain their community health clinic to incorporating meaningful services such as Community Health Workers (CHWs) and Home Care Workers. The group did mention that even with these innovative programs, changing individual behaviors and rural culture can be a difficult barrier to improving overall health and wellness.

Economic Stability-: The participants touched on two main aspects of economic stability in the community that they have struggled with, housing issues and tourism. With a lack of quality housing, it becomes difficult to draw people to the community for employment. Adversely, the transportation in the community, specifically for seniors in outlying communities and those on the Oregon Health Plan(OHP), has been highlighted as a positive resource in the community.

Part 2: ADDITIONAL SUMMARY FINDINGS

There were topics that did not receive the highest levels of coverage but remain important for community health planning. These include Health and Healthcare Disparities and Social Determinants of Health.

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In addition to the topics discussed above, respondents linked health disparities (differences in health disparities among community sub-groups) to (a) Neighborhood and Built Environment (Natural Resources), (b) Economic Stability (Employment) c) Social and Community Context (Community Outreach) and d) Health and Healthcare (Affordable Coverage). See examples in Table 2 below.

Table 2: Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Neighborhood and Built Environment – <u>Natural Resources</u>	<p><i>“I do think we have a lot of green spaces in our community.”</i></p> <p><i>“...safe places to walk and get exercise...going to parks and playing with kids. So...people can get natural exercise.”</i></p>
Economic Stability - <u>Employment</u>	<p>[Discussion of a visiting family looking for employment in the area] ... <i>“she is a wellness coach and she was looking to move out here but here partner is a teacher...finding both of them some sort of positions and come out here [is difficult]...”</i></p>
Social and Community Context – <u>Community Outreach</u>	<p><i>“[We have] limited media sources. We have some really good newspapers, but... we still struggle to... put posters up, and let people know what’s going on and a lot of people just don’t know what’s going on. Because they don’t go look at those things. Just in general in terms of programs, events, and resources. So reaching out to those outlying communities or those folks that live outside of town that may not come to know what’s going on.”</i></p>
Health and Healthcare – <u>Affordable Coverage</u>	<p>[Discussion about Single Payer Health Coverage] <i>“I think it’s absolutely inevitable and I think it would be a tremendous bet to... rural areas in particular [where we are] ... supposedly the smallest and poorest county in all the state. And I have absolutely no doubt that there are people who don’t get health care because they just can’t afford it. And that is obscene to me...”</i></p>

Social Determinants of Health: Even though individuals discussed social aspects of health early on in the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). Participants articulated their awareness of the importance of the social determinants that are highlighted in major domains for analysis including:

- a) **Neighborhood and Built Environment (Access to Healthy Food):** Participants commented that there is a struggle in this frontier community to have continuous access to healthy food due to the limited availability in the few grocery stores in the county; they live in a **food desert**. Many individuals commented that based on their location in the county, they have to travel out of town to access fresh produce, a luxury that many in the community cannot afford.
- b) **Health and Healthcare (Health Literacy):** Participants also called out issues with health literacy, especially among the senior population. Understanding medications, remote medical technology and even understanding insurance coverage, are all barriers to quality of care that require more education, and possibly resources, to overcome.
- c) **Social and Community Context (Discrimination):** Finally, there was some discussion toward the end of the focus group regarding the culture and diversity of the community. While there were additional comments about the perception of racism and intolerance of diverse cultures in the community, not everyone in the focus group had the same experiences, but most agreed that this type of discrimination is *unhealthy for the soul* of everyone in the community.

Table 3: Social Determinants of Health

Health Topic	Direct Quote Examples
Neighborhood and Built Environment - <u>Access to Healthy Food</u>	<p>[Discussion regarding healthy communities] <i>“[To be a] healthy community you have to have healthy food sources and that has been a struggle for two of our communities...Fossil has a very good store. But Mitchell struggles to keep theirs open...and...Spray has very limited... fresh produce and things. And so I think that’s important.”</i></p> <p><i>“[We are in a] food desert...most people [do their shopping] go to John Day and a lot of people from Mitchell go to Prineville...”</i></p>
Health and Healthcare – <u>Health Literacy</u>	<p><i>“... especially with seniors, I think there is...some difficulty in understanding the complexities of their prime condition or their multiple prime conditions. And truly understanding what medical devices [are] trying to get them to do or to change or how medications interact with each other. How important it is they not stop taking their medication just willy-nilly. That</i></p>

	<i>they be very focused about that or share with other people...I actually think that there is some education level [needed] just to understand and navigat[e] the insurance and their chronic conditions, just those two things can be very critical.”</i>
Social and Community Context - <u>Discrimination</u>	<p><i>“...there is no question, that [there are] outspoken racist and homophobes and... resistance to anybody that is slightly different, then they are. I guess part of its solidarity in a small town... It’s just very...unhealthy for the soul...people like that suffer more than they need to...and I think lack of diversity. “</i></p> <p><i>“I’ve been actually surprised...the older generation, especially, would be more set in their ways [but they have] ... been accepting...I just haven’t experienced it. Good points.”</i></p>

For more information about the EOCCO CHA analysis process, or to request transcripts , please email Jill Boyd at jill.boyd@gobhi.net.

APPENDIX A: Focus Group Protocol

Eastern Oregon Coordinated Care Organization: Community Health Assessment Focus Group (Version 4/4/2018)

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

[Read] Thank you for taking the time to speak with us today! My name is _____ and I work for the Greater Oregon Behavioral Health, Inc. (GOBHI) as part of the Eastern Oregon Coordinated Care Organization (EOCCO) [we are the organizing body that oversee Medicaid or OHP services in the eastern Oregon region] and we are here to talk with you today about the health in your community. The purpose of this focus group is to learn more about your experiences and perspectives about the overall health and well-being in your community, specifically around the healthcare in your area, what is working well, where there are barriers to services/resources for members on the Oregon Health Plan (OHP) and what we can do to work together to make sure everyone in the EOCCO region stays healthy and happy. The information you are sharing with us today will help the EOCCO with a Community Health Plan, a guidance document that will help us develop strategies, strengthen community partnerships and potentially enhance services/resources to improve the overall health and well-being of eastern Oregon.

[GROUND RULES] This focus group will last about one-and-a half hours (90 minutes) and there is a lot of material to cover, so let’s set some ground rules for today:

1. We will be covering various topics related to health in your community and we would like to hear from everyone, so please let’s respect one another’s opinions
2. If I interrupt, I am not trying to be rude, but making sure everyone can participate and that we stay on time
3. Only one person may speak at a time and try not to talk over one another
4. Please silence your phones for the next 90 minutes
5. The questions I will ask provide a semi-structured guide for discussion. I may need to ask follow-up questions for clarification and to make certain we understand your answer

[CONFIDENTIALITY] We really appreciate you participating in our focus group today and value your time, comments and privacy. For the purposes of confidentiality, your names will remain anonymous to audiences who will hear / learn about the results. This means that we will not connect your comments to your name, when we summarize results. This conversation will be recorded and transcribed for accuracy. Do you have any questions about confidentiality that I can answer at this time?

We are going to record this focus group session, but before I do, do you have any other questions?
[pause and wait for verbal and non-verbal responses before moving forward]

First we are going to briefly go around the room and have you introduce yourself and what part of the community you represent.

-----**START OF FOCUS GROUP**-----

[PART I: COMMUNITY HEALTH] First we are going to talk about your community. A community can be defined in many different ways, for some people a community means having a group of people living in the same location or having particular characteristics in common; for others it means having a sense of fellowship with others, having common attitudes, interests and goals.

1. Give me an example of a time where you felt proud to be part of your community?
 - a. **Prompt if necessary:** *In thinking about how you define a “community” tell me what makes you the proudest of your community?*
2. What do you believe are the 2-3 most important characteristics of a healthy community?
 - a. **Prompt if necessary:** *What community characteristics help people stay healthy? Be healthy?*
3. Share with me a time when your community came together to improve a specific health issue.
 - a. **Prompt if necessary:** *Give me some examples of people or groups working together to improve the health and quality of life in your community.*
4. Tell me about some concerns you have about the health/well-being in your community
 - a. **Prompt if necessary:** *What do you believe are the **most important issues** that need to be addressed to improve the health and quality of life in your community?*
5. Give me an example of a specific challenges in your community that gets on the way of people having healthy lives.
 - a. **Prompt if necessary:** *What do you believe **is keeping your community** from doing what needs to be done to improve the health and quality of life?*
6. Give me an example of a program or policy change that would help make the community healthier (policy example: laws about tobacco and alcohol use).
 - a. **Prompt if necessary:** *What actions, policies or funding priorities would you support to build a healthier community?*
7. Give me an example of a health-related program or model that you are passionate about or that you currently participating in.
 - a. **Prompt if necessary:** *What would excite you to become involved (or more involved) in improving your community?*

PART II: DISPARITIES] Now we are going to talk a little bit about health disparities, which is often defined as the difference in illness, injury, disability or mortality experienced by one population group relative to another. Healthcare disparities typically refer to differences between groups in health insurance coverage, access to and quality of care.

8. In thinking about neighborhoods and groups in your community, do some people in your community have more health issues than others? If yes, why?
 - a. **Prompt if necessary:** *What are some of the reasons why some people have more health problems and poorer health than other areas in your community?*
9. Now think of the reverse, in neighborhood and groups of people in your community, why do some people in your community have **less** health issues than others [better health]?
 - a. **Prompt if necessary:** *What are some reasons why some people have fewer health problems and better health than other areas in your community?*

[PART IV: SOCIAL DETERMINANTS OF HEALTH] Finally, we are going to talk Social Determinants of Health and how they impact the overall health of an individual or community. We define social determinants of health as the settings/places where people live, learn, work and play that can shape the overall health of an individual or community. Some examples of social determinants include education (or lack of education), food insecurity, housing, employment, social stressors (hostility, sexism, racism), working conditions and transportation (or lack of transportation).

10. What are examples of social determinants of health, that may impact the overall health in your community

- a. ***Prompt if necessary: Tell me how the settings/places where people live, learn, work and play impact the health in your community.***
- b. ***Prompt if necessary: Tell me how social stressors, such as hostility, racism and sexism impact the health in your community.***
- c. ***Prompt if necessary: Tell me how employment, education and skills training opportunities impact the health in your community.***
- d. ***Prompt if necessary: Tell me how social resources (transportation, housing, food) or a lack of social resources impact the health in your community.***

[CLOSING REMARKS, FINAL COMMENTS] We are close to wrapping up our focus group but before we do I want to ask a few final questions...

- 11. Is there anything else that we haven't already discussed that you would like to add?
- 12. Do you have any questions for me?

[Provide at least three strengths of the conversation]

Thank you again for your time today, specifically in sharing the challenges in your community. We have come away with several strengths in your community such as:

- 1. _____
- 2. _____
- 3. _____

Our next steps are to summarize the information and share this back with you. Again the purpose of this focus group is to help develop a Community Health Assessment in which we can work with your community to identify areas of improvement. We really appreciate your time in speaking with us today and as a token of our appreciation we have gift cards for each of you.

APPENDIX B: Focus Group Analyses Procedure

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of Analysts largely drew from the Healthy People 2020 SDOH framework that includes Health and Care, four major social domains, and Health Disparities to develop a scheme to classify and summarize the information offered. The scheme's 56 unique codes organized into four major domains was used to examine and summarize the focus group transcript

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Wheeler	Wheeler	Wheeler	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	2013	2015	2017	2017
Total Population	1,425	1,440	1,480	4,141,100
Age 0-17 2013, 2015, 2017	260	258	257	869,330
Age 0-17 % of Total Population	18.0%	18.0%	17.4%	21.0%
Age 16-64 2013, 2015, 2017	736	728	740	2,557,575
Age 16-64 % of Total Population	52.0%	51.0%	50.0%	61.8%
Age 65 and Over	429	454	483	714,196
Age 65 and Over % of Total Population	30.0%	32.0%	32.6%	17.2%
Race				
% White	96.7%	88.4%	94.3%	77.0%
% American Indian/Native Alaskan	0.4%	1.20%	1.1%	0.9%
% African American/Black	0.0%	0%	0.0%	1.8%
% Asian	0.0%	1.06%	0.7%	4.0%
% Pacific Islander	0.0%	0%	0.0%	0.4%
% Other	0.9%	4.3%	0.0%	0.1%
% 2 or More	2.0%	2.9%	2.1%	3.5%
Ethnicity				
Hispanic	1.2%	4.9%	1.9%	12.4%
Gender				
% Females	47.4%	47.4%	51.2%	52.0%
% Males	52.6%	52.6%	48.8%	48.0%
% Other				
Sexual Orientation				
% LGBTQ Population 2017 - The William's Institute Gallop Poll (38% of LGBTQ Oregonians have an annual income of < \$24,000)	NA	NA	4.8%	4.8%
SOCIO-ECONOMICS				
Family Size - ACS	2.55	2.46	2.3	3.1
% Single Parents - ACS	48.9%	48.9%	2.0%	8.3%
Unemployment - OR Dept of Employment	7.6%	6.4%	4.4%	4.9%
Education				
% of Population without a High School Diploma - ACS	12.6%	7.8%	8.4%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	100%	73.33%	28.20%	77.80%

	Wheeler 2013	Wheeler 2015	Wheeler 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	20.1%	22.6%	20.2%	15.7%
Child Poverty Rate - ACS	39.1%	43.6%	44.8%	20.4%
Language				
% of Limited English Speaking Households	0.0%	0.0%	S	2.7%
Uninsured - ACS				
2013-Insurance Rates for the EOCCO Counties, 2015, 2017-Oregon Health Insurance Survey Fact Sheets, OHA, 3 Regions within EOCCO				
% Uninsured	16.4	5.6	6.9	6.2
SOCIAL DETERMINANTS OF HEALTH				
Housing				
Occupied Housing Units - ACS	NA	NA	71.5%	90.6%
Renter Occupied Housing Units - ACS	NA	NA	25.6%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	20.4%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	33%	48%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	S	1.3%
No Telephone Available in Household - ACS	1.0%	2.4%	1.9%	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	0	0	NAP
Unsheltered	NA	0	1	NAP
Transportation				
No Personal Transportation Available in Household - ACS	1.5%	2.3%	1.9%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	342	594	323	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	128.57	227.59	128.17	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	48.5%	30.3%	9.9%	47.6%
Estimated # of Food Insecure Children (OSU, Communitas Reporter, 2013, 2014, 2015)	50	60	60	194,070
Estimated # of Food Insecure Individuals (OSU, Communitas Reporter, 2013, 2014, 2015)	190	210	210	572,790
Estimated % of Food Insecure Children (OSU, Communitas Reporter, 2013, 2014, 2015)	27.8%	26.9%	28.9%	22.5%
Estimated % of Food Insecure Individuals (OSU, Communitas Reporter, 2013, 2014, 2015)	14.9%	15.3%	15.6%	14.2%

	Wheeler 2013	Wheeler 2015	Wheeler 2017	OREGON 2017
Food Hunger and Insecurity for Adults EOCCO - (Medicaid BRFSS 2014)				
Hunger	NA	NA	NA	22.3%
Food Insecurity	NA	NA	NA	48.6%
Average Monthly Num. of Children in SNAP-Oregon Dept of Human Services	78	67	64	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate per 1,000 births	NA	0	S	4.6
Low Birthweight per 1,000 births	133.3	61.5	S	68.3
Births to Mothers Receiving Inadequate Prenatal Care	0.0%	&	&	6.1%
Births to Mothers under the age of 18	NA	0.09%	0.0%	0.9%
Maternal Depression - PRAMS Data by State				
% During Pregnancy	22.1	23.7	28.9	20.1
% Postpartum-EOCCO rate	20.9	21.3	47.6	21.3
Children				
Victim Rate Child Abuse per 1,000 - OR DHS	53.1	S	S	12.8
Children in Foster Care per 1,000 - OR DHS	10	0	S	9.2
Homeless Youth Age < 18				
With Parents	NA	0	0	NA
Unaccompanied	NA	0	0	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	31.0	NA
\$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	\$6,516	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	61%	63%	57%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	71.0%	40.0%	69.4%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Health Division	S	S	S	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	NA	NA	23.6%	23.9%

	Wheeler 2013	Wheeler 2015	Wheeler 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	42.8	56.9	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	14.3	28.5	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	0.0	14.2	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	327.9	384.3	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	128.3	156.6	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	28.5	28.5	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	85.5	142.3	48.3

	Wheeler 2013	Wheeler 2015	Wheeler 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	14.3	56.9	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	0.0	14.2	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	370.6	284.7	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	28.5	14.2	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	28.5	14.2	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	79.2%	79.9%	S	82.9%
Overall Mental Health (2010-2013 BRFSS)	95.7%	92.5%	S	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	NA	S	20.3%
Tobacco Use Total (2010-2013 BRFSS)	S	10.7%	25.6%	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	S	10.7%	10.7%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	S	S	S	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	S	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	10.0%	S	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	S	S	S	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	S	S	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	**	NA	S	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	S	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	37.7%	37.7%	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	345.8	409.6	S	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	55.3	84.7	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	S	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	6.6^	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	S	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	65.3	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	55.4%	54.3%

CODES:

NA = Not Available

NAP = Not Applicable

S = Suppressed Data

* = Statewide lists as "Asian / Pacific Islander" and county specific data lists two group = "Asian" and "Pacific Islander."

/ = Gilliam, Sherman, and Wasco Counties Combined

** = This number is suppressed because it is statistically unreliable.

^ = This number may be statistically unreliable and should be interpreted with caution.

. = Percentages exclude missing answers.

= County rate is higher than statewide rate (or lower if a higher rate is more positive)

= Rate is significantly different from the state rate.

& = Detailed reporting of small numbers may breach confidentiality.

! = Insufficient data.



Community Advisory Council Needs Assessment Data Dictionary

Indicator	Category	Source	Definition
Total Population Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated total population count
Age: 0-17 Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 0-17 years old
Age: 0-17 % of Total Population (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 0-17 years old as a percentage of the total population
Age: 18-64 Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 18-64 years old
Age: 18-64 % of Total Population (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 18-64 years old as a percentage of the total population
Age: 65 and over Count (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 65 years or older
Age: 65 and over as % of Total Population (PSU 2017 Estimates)	Demographics	PSU: College of Urban and Rural Affairs, Population Estimates and Reports	Estimated population aged 65 years or older as a percentage of the total population
Race: American Indian or Alaska Native, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono- racially (only) American Indian or Alaska Native (AIAN), non-Latino
Race: Asian, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono- racially (only) Asian, non-Latino
Race: Black, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono- racially (only) Black, non-Latino
Race: Multiracial, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the population who self-identify as bi- or multiracial, non-Latino.
Race: Native Hawaiian or Pacific Islander, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono- racially (only) Native Hawaiian or other Pacific Islander (NHPI), non-Latino
Race: Some Other Race, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono- racially (only) some other race not designated in the standard racial categories, and is not Hispanic or Latino
Race: White, non-Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as mono- racially (only) White, non-Latino
Ethnicity: Hispanic or Latino % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as ethnically Hispanic or Latino.
Sex: Male % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as Female
Sex: Female % (2012-16 ACS)	Demographics	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the total population who self-identify as Male
LGBTQ Population 2017 (The William's Institute Gallop Poll)	Demographics	The William's Institute, LGBT Data and Demographics Dashboard	Percentage of respondents answering "Yes" to the question, "Do you, personally, identify as lesbian, gay, bisexual, or transgender?"
Average Family Size (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	The number of members of families divided by the total number of families, where a family is a group of two or more people who reside together and who are related by birth, marriage, or adoption.



Community Advisory Council Needs Assessment Data Dictionary

% of Single Parent Households (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of households consisting of a single parent living with at least one of their own children under 18 yrs.
Child Poverty Rate (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of children under 18 whose families' income falls below the poverty threshold for their family size.
Total Poverty Rate (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	The percentage of individuals whose family income falls below the poverty threshold for their family size.
Point in Time Count of Homelessness 2017 (Oregon Housing and Community Services)	Social Determinants	Oregon Housing and Community Services, 2017 Point-in-Time Estimates of Homelessness in Oregon Report	Number of sheltered and unsheltered homeless individuals. Single night census captured in January of 2017.
Students Eligible for Free or Reduced Lunch 2017-18 (Oregon Department of Education)	Social Determinants	Oregon Department of Education, Students Eligible for Free and Reduced Lunch Report 2017-18	Students eligible for free or reduced lunch programs as a percentage of total student enrollment
Percentage with Less than High School Education (2012-2016 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of the population aged 25+ with up to 12th grade, but no high school diploma or alternative educational attainment
5-Year High School Graduation Rate 2016 (Oregon Department of Education)	Social Determinants	Oregon Department of Education, High School Completer Reports	Percent of students in cohort who graduate with a regular or modified high school diploma, or who have met all diploma requirements but remained enrolled, within five years of their start year. Prior to 2014, cohort graduation rates only include those who graduated with a regular diploma
Estimated Percentage of Food Insecure Children 2015 (Feeding America)	Social Determinants	Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016	Estimated percent of children with limited or uncertain availability of nutritionally adequate and safe foods or with limited or uncertain ability to acquire acceptable foods in a socially acceptable way
Population in Limited English Speaking Households: 18 years & older (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of the total population 18 and older who live in limited English speaking households. A limited English speaking household contains no members 14 and over who a) only speak English or b) who can speak English "very well".
Population in Limited English Speaking Households: 5 years & older (2012-2016 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of the total population over age 5 who live in limited English speaking households. A limited English speaking household contains no members 14 and over who a) only speak English or b) who can speak English "very well."
Population in Limited English Speaking Households: Ages 5-17 (2012-2016)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Percent of the total population ages 5 to 17 who live in limited English speaking households. A limited English speaking household contains no members 14 and over who a) only speak English or b) who can speak English "very well".
Occupied Housing Units (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households occupied by either owner or renters
Renter Occupied Housing Units (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households occupied by renters
No Telephone Service Available in Household (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified having no telephone service available



Community Advisory Council Needs Assessment Data Dictionary

No Personal Transportation Available in Household (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified having no personal transportation at the home
Lacking Complete Kitchen Facilities in Home (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified lacking complete kitchen facilities in the home
% of Renters Spending More than 35% of their Monthly Income on Rent (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of home renters who spend over 35% of their monthly income on rental costs
Adult Obesity (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated age-adjusted percent of people ages 18 and over who are obese. Persons considered obese are those with a body mass index (BMI) of 30 or higher. BMI is a measure of the ratio between weight and height: weight in kilograms/height in meters, squared (kg/m ²)
Adult Fruit and Vegetable Consumption (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adults who consume five or more of servings of fruits and vegetables per day. Data are from aggregated sampling across years.
Overall Health Good, Very Good, or Excellent (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting that their health in general was "excellent", "very good", or "good" when asked on a five-point scale ("excellent", "very good", "good", "fair", and "poor").
Good Mental Health (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting having no poor mental health in past 30 days.
Heart Attack (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have experienced a heart attack.
Stroke (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have experience a stroke.
One or More Chronic Conditions 2013 (BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have one or more chronic conditions. One or more chronic diseases includes angina, arthritis, asthma, cancer, COPD, depression, diabetes, heart attack, or stroke.
Tobacco Use, Total (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting current tobacco use.
Tobacco Use, Cigarette Smoking (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reported being a current cigarette smoker.
Tobacco Use, Smokeless (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting current smokeless tobacco use.
Cardiovascular Disease (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have cardiovascular disease.
Alcohol Use: Heavy Drinking, Males (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult males reporting to have had 2+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.



Community Advisory Council Needs Assessment Data Dictionary

Alcohol Use: Heavy Drinking, Females (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult females reporting to have had 2+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.
Alcohol Use: Binge Drinking, Males (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult males reporting to have had 5+ drinks of alcohol on one occasion in the past 30 days.
Alcohol Use: Binge Drinking, Females (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult females reporting to have had 5+ drinks of alcohol on one occasion in the past 30 days.
Adults Who Averaged Less than 7hrs of Sleep in a 24 hr Period (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adults reporting to average less than seven hours of sleep in a 24-hour period.
% of Population with Recognized Disability Status (2012-16 ACS)	Health Status	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of population with recognized disability status
Death Rate per 100,000 pop 2016: Suicide (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to heart disease per 100,000 population
Death Rate per 100,000 pop 2016: Heart Disease (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to suicide per 100,000 population
Death Rate per 100,000 pop 2016: Stroke (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to stroke per 100,000 population
Death Rate per 100,000 pop 2016: Unintentional Deaths (OHA: Center for Health Statistics)	Health Status	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Incidence of death attributed to unintentional causes per 100,000 population
Infant Mortality Rate per 1,000 Births 2016 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Infant and neonatal deaths per 1,000 live births
Low Birthweight Rate per 1,000 Births 2017 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Percent of live babies who weigh less than 2,500 g (5.5 lbs) at birth
Births to Mothers Receiving Adequate Prenatal Care 2017 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Percent of babies whose mothers received pre-natal care beginning in their first trimester
Births to Mothers Under the Age of 18 2017 (OHA: Center for Health Statistics)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division / Center for Health Statistics, Oregon Vital Statistics Annual Report	Percent of births to mothers under the age of 18 years old
Victim Rate of Child Abuse per 1,000 Children 2017 (DHS)	Early Childhood and Maternal Health	Department of Human Services - Office of Reporting, Research, Analytics and Implementation, 2017 Child Welfare Data Book	Unduplicated child abuse/neglect victims per 1,000 children population

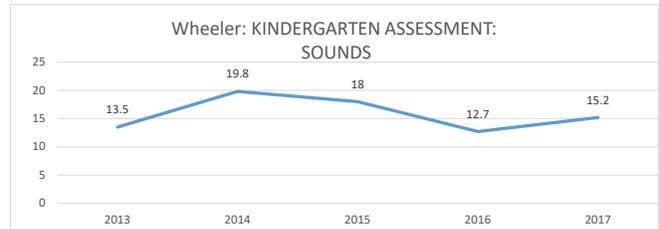
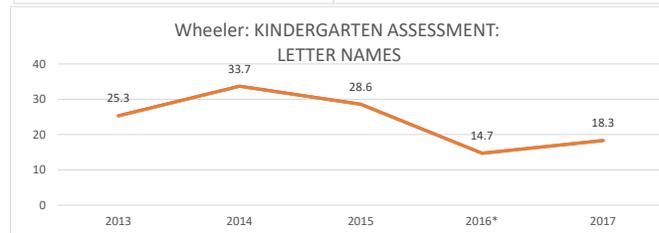
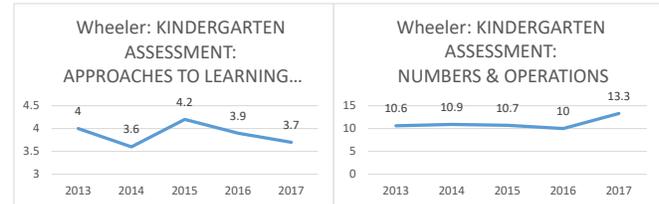
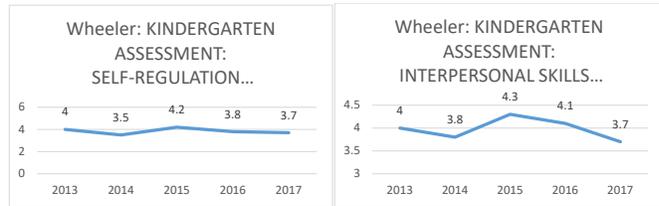


Community Advisory Council Needs Assessment Data Dictionary

Children in Foster Care per 1,000 Children 2017 (DHS)	Early Childhood and Maternal Health	Department of Human Services - Office of Reporting, Research, Analytics and Implementation, 2017 Child Welfare Data Book	Children in foster care per 1,000 children population(Point-in-time on 9/30/17)
ALICE Data	Social Determinants	Asset Limited, Income Constrained, Employed – United Way of the Pacific Northwest 2016	% of households who are one major payment issue from financial crises
% Without Health Insurance	Social Determinants	Oregon Health Insurance Survey Fact Sheets, OHA 2015, 2017	3 Regions within the EOCCO service area
Maternal Depression	Early Childhood and Maternal Health	Pregnancy Risk Assessment Monitoring System (PRAMS), Oregon Health Authority 2013, 2015, 2017	% of pregnant women experiencing during pregnancy or postpartum
Child Care Costs	Early Childhood and Maternal Health	Oregon State University Extension Service 2017	Cost of Childcare
% of Children age 3 and 4 NOT enrolled in school	Early Childhood and Maternal Health	Oregon Department of Education, 2013 through 2017	Children age 3 or 4 not enrolled in school
% of children meeting the 3 rd grade reading level assessment	Early Childhood and Maternal Health	Oregon Department of Education, 2013	Children meeting 3 rd grade reading expectations
Kindergarten Readiness	Early Childhood and Maternal Health	Oregon Department of Education	Six Areas assessed including Self-Regulation, Interpersonal Skills, Approaches to Learning, Numbers and Operations, Letter Names, Sounds
% of Children with Current Immunizations by Age 3 (2017 Oregon Public Health Division)	Early Childhood and Maternal Health	Oregon Health Authority - Public Health Division, Oregon Children Immunization Rates Annual Report 2017	Percent of 2 year olds fully immunized with 4 doses of DTaP, 3 doses IPV, 1 dose MMR, 3 doses Hib, 3 doses HepB, 1 dose Varicella, and 4 doses PCV. This is the official childhood vaccination series.

SELF-REGULATION					
	2013	2014	2015	2016	2017
Wheeler	4.0	3.5	4.2	3.8	3.7
INTERPERSONAL SKILLS					
	2013	2014	2015	2016	2017
Wheeler	4.0	3.8	4.3	4.1	3.7
APPROACHES TO LEARNING					
	2013	2014	2015	2016	2017
Wheeler	4.0	3.6	4.2	3.9	3.7
NUMBERS & OPERATIONS					
	2013	2014	2015	2016	2017
Wheeler	10.6	10.9	10.7	10.0	13.3
LETTER NAMES					
	2013	2014	2015	2016*	2017
Wheeler	25.3	33.7	28.6	14.7	18.3
SOUNDS					
	2013	2014	2015	2016	2017
Wheeler	13.5	19.8	18.0	12.7	15.2

Source: Oregon Department of Education
 Compiled by Cade Burnette, Blue Mountain Early Learning Hub
 NOTE: Elements of the actual assessment changed between 2013 and 2017



EARLY CARE & EDUCATION PROFILES

WHEELER COUNTY, OREGON
2018

Dr. Megan Pratt
Oregon Child Care
Research Partnership
August 2018

A closer look at policy-relevant information related to Oregon's children, families, and the early care and education system.



Oregon State
University



Wheeler County, Oregon



CHILDREN

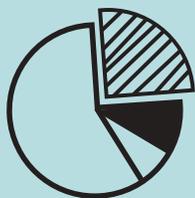


181

Children under age 13 living in the county ₁

- 46 children 0-2 years old ₁
- 31 of children 3-4 years old ₁
- 104 of children 5-12 years old ₁

There are **no** children that are Hispanic or Non-white ₂



Nearly **3/4** of children under age six have both parents employed or a single parent employed ₃



CHILD CARE & EDUCATION

47

Slots in centers and family child care homes for children ₄



- 37 slots in Child Care Centers ₄
- 10 slots in Family Child Care Homes ₄

.....

[INSUFFICIENT DATA] of 3-4 year olds are enrolled in preschool ₅



26% of children under age 13 have access to visible child care ₄



AFFORDABILITY

\$6,516

Median annual price of toddler care in a child care center ₇

\$7,680

Median annual price of public university tuition in Oregon ₆



The price of child care is over half the tuition at Oregon's public universities

31% of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler ₇

.....



Annual median teacher wages range (median low - median high) ₈

[INSUFFICIENT DATA]

*This research effort is supported in part by the
Early Learning Division, Oregon Department of Education.*

References

- [1] 2017 population estimates from the Center for Population Research at Portland State University.
- [2] U.S. Census Bureau, American Community Survey (ACS), Tables B01001,B01001H&I, 2012-2016 five-year estimate.
- [3] U.S. Census Bureau, American Community Survey (ACS), B23008, 2012-2016 five-year estimate.
- [4] Estimated Supply of Child Care in Oregon as of January 2018. Analysis by Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).
- [5] U.S. Census Bureau, American Community Survey 7 (ACS), B14003, 2012-2016 five-year average.
- [6] Average annual tuition for an OUS undergraduate student during 2017-2018 academic year from Oregon universities' websites.
- [7] Grobe, D. & Weber, R.. 2018 Oregon Child Care Market Price Study. Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).
- [8] Structural Indicators: 2018 Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).

To Cite

Early Care and Education Profiles: 2018 Oregon Child Care Research Partnership, Oregon State University.



WHEELER COUNTY

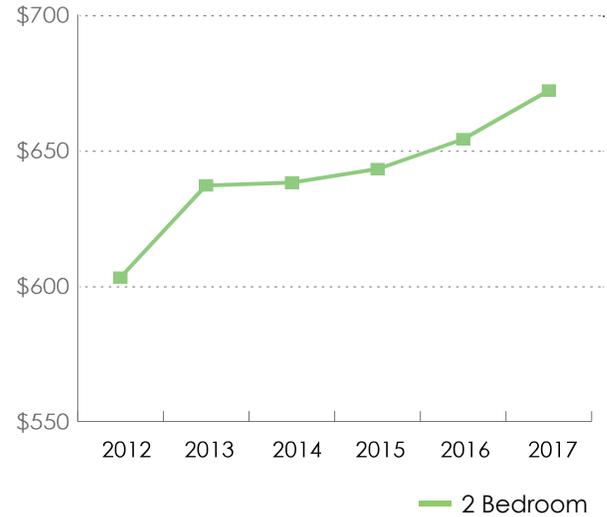
DEMOGRAPHIC & HOUSING PROFILES



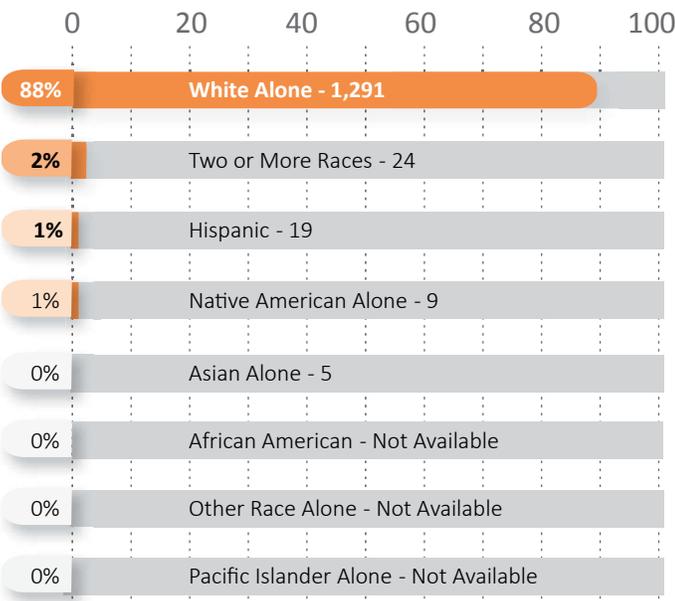
Wheeler County

Population	Wheeler	Oregon	United States
Total (2015 est.)	1,358	4,028,977	312,418,820
# Change since 2010	-83	197,903	12,673,282
% Change since 2010	-5.8%	5.2%	4.1%

Fair Market Rents, 2012-2017



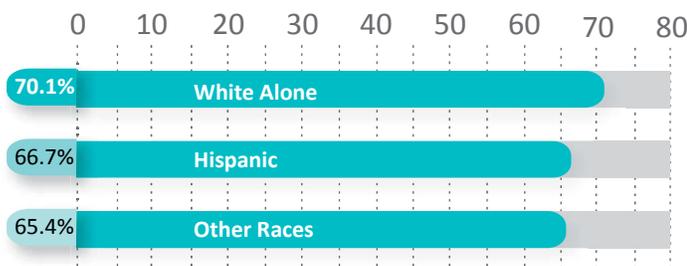
Population by Race/Ethnicity, 2011-2015



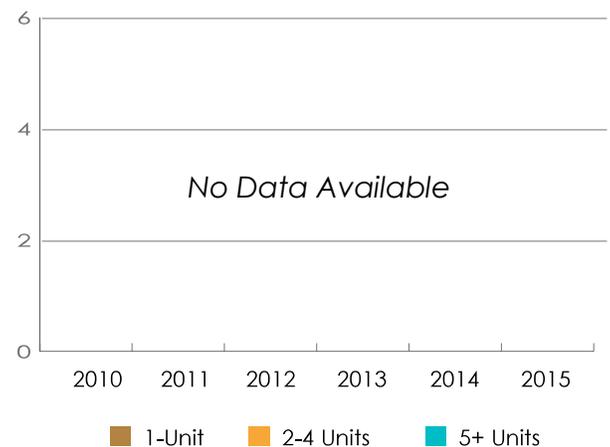
Vacancy Rates, 2011-2015



Homeownership Rates by Race/Ethnicity, 2011-2015



Building Permits Issued in County



WHEELER COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	118	7.3%	\$30,524
Construction	48	-12.7%	Not Available
Manufacturing	5	-44.4%	Not Available
Wholesale Trade **	11	450.0%	\$25,143
Retail Trade**	58	48.7%	\$25,143
Transportation **	36	80.0%	\$25,143
Information	3	Not Available	Not Available
Finance	11	-8.3%	Not Available
Professional, Scientific	15	-28.6%	Not Available
Education, Healthcare	103	-3.7%	\$26,776
Leisure, Hospitality	53	-67.5%	\$13,274
Public Administration	73	78%	\$11,792
Other Services	29	-9.4%	Not Available
Total	563	-8.3%	

** Combined average wage shown per BLS.

\$12.13

Wheeler County's mean renter wage

\$13.10

The hourly wage needed to afford a 2-bedroom apartment at HUD's Fair Market Rent.



Fifty-two hours per week at minimum wage is needed to afford a 2-bedroom apartment.

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Wheeler County	\$210,163
Central	\$276,545
Eastern	\$143,468
Gorge	\$238,045
North Coast	\$221,895
Portland Metropolitan Statistical Area	\$315,632
South Central	Not Available
Southwestern	\$212,159
Willamette Valley	\$217,611

*Regions are defined on the back cover

1 out of 6



of all renters are paying more than 50% of their income in rent

2 out of 3



renters with extremely low incomes are paying more than 50% of their income in rent

4.3%

Wheeler County

4.9%

Oregon

Unemployment Rates, 2016



WHEELER COUNTY

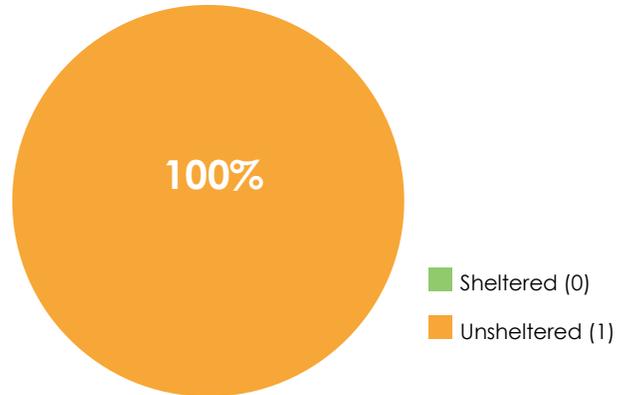
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	25	65	95
Affordable Units	70	150	185
Surplus / (Deficit)	45	85	90
Affordable & Available*	4	54	102
Surplus / (Deficit)	(21)	(11)	7

*Number of affordable units either vacant or occupied by person(s) in income group.

Owner Affordability	... for MFI	.. for 80% MFI	.. for 50% MFI
Max Affordable Value	\$181,450	\$145,160	\$90,725
% of Stock Affordable	67.3%	57.1%	38.2%

Point-in-Time Homelessness, 2017 Wheeler County: Total 1



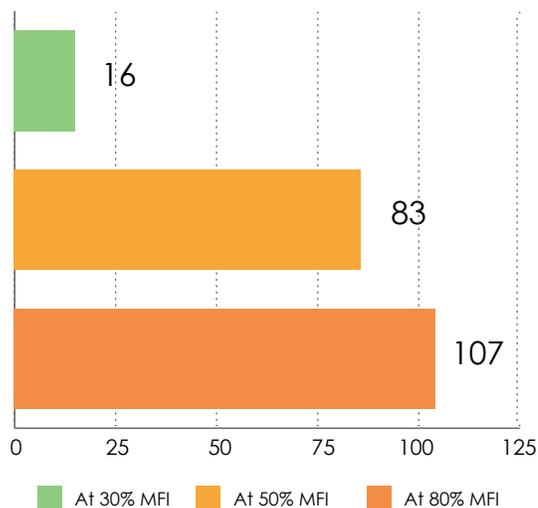
\$46,458

Wheeler County's
Median Family Income (MFI)

Poverty Rates, 2011-2015



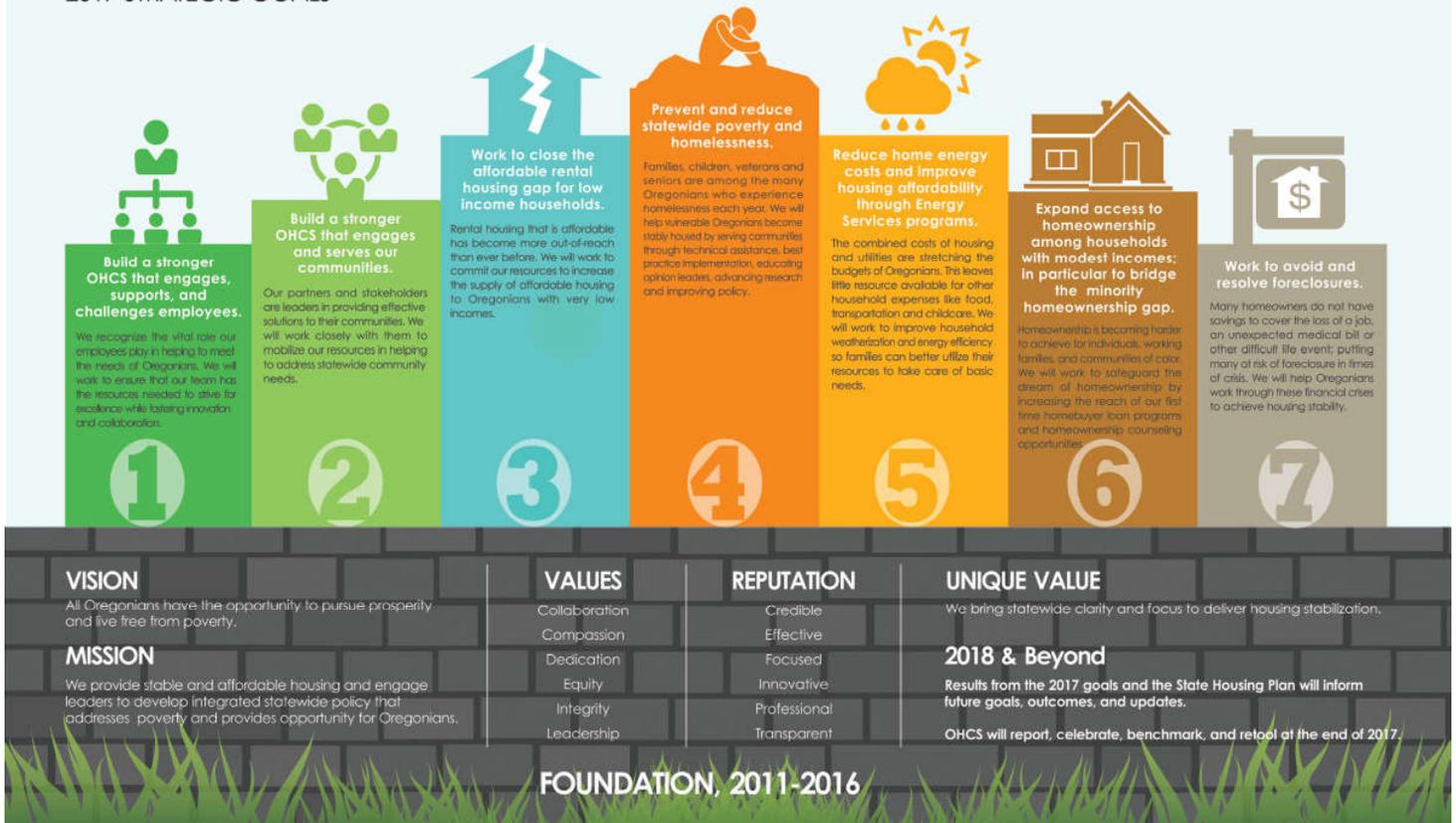
Affordable and Available Rental Homes per 100 Renter Households, 2015



Self-Sufficiency Standard for Select Counties and Family Types, 2014

	One Adult	One Adult One Preschooler	Two Adults One Preschooler One School-Age
Clackamas	\$24,469	\$47,211	\$65,490
Deschutes	\$20,631	\$40,088	\$49,572
Gilliam	\$17,659	\$26,016	\$39,917
Jackson	\$19,728	\$37,497	\$47,587
Klamath	\$19,264	\$27,477	\$41,817
Lane	\$19,892	\$43,125	\$60,005
Marion	\$19,642	\$31,149	\$43,779
Multnomah	\$19,993	\$47,037	\$65,027
Umatilla	\$18,377	\$28,436	\$43,134
Washington	\$24,353	\$47,571	\$65,800
Wheeler	\$17,372	\$25,926	\$39,748

OREGON HOUSING AND COMMUNITY SERVICES
2017 STRATEGIC GOALS



Data Sources

Page 1:

- Population Estimates: U.S. Census Bureau, Annual Population Estimates, 2010 and 2015
- Population by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
- Homeownership Rates by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
- Fair Market Rents: U.S. Department of Housing and Urban Development, 2012-2016
- Vacancy Rates: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
- Building Permits: U.S. Census Bureau, Building Permit Survey, 2010-2015

Page 2:

- Employment and Industry Growth: 2011-2015 American Community Survey Estimates and Oregon Employment Department, Employment and Wages by Industry
- Median Home Sales by Region: RMLS Data from Local Administrators, 2015
- Unemployment Rate: Oregon Employment Department, Unemployment Rates, 2016 Not Seasonally Adjusted
- Oregon's Renter Wage, Housing Wage, and Hours Needed to Work at Minimum Wage: National Low Income Housing Coalition, Out of Reach 2016
- Rent Burden Infographics: 2011-2015 American Community Survey Estimates

Regions:

- Central: Crook, Deschutes, Jefferson
- Eastern: Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa, Wheeler
- Gorge: Hood River, Sherman, Wasco
- North Coast: Clatsop, Columbia, Tillamook
- Portland Metropolitan Statistical Area: Clackamas, Multnomah, Washington
- South Central: Klamath, Lake
- Southwestern: Coos, Curry, Douglas, Jackson, Josephine
- Willamette Valley: Benton, Lane, Lincoln, Linn, Marion, Polk, Yamhill

Page 3:

- Shortage of Affordable Units: HUD, 2010-2014 Comprehensive Housing Affordability Strategy Data
- Oregon's Median Family Income: 2011-2015 American Community Survey Estimates
- Affordable and Available Rental Homes per 100 Renter Households: HUD, 2010-2014 Comprehensive Housing Affordability Strategy Data
- Point-in-Time Homeless Count: 2017 Point-in-Time Count estimates from HUD Continuums of Care
- Poverty Rate: 2011-2015 American Community Survey Estimates
- Self-Sufficiency Standard for Select Counties and Family Types: The Center for Women's Welfare, The Self-Sufficiency Standard for Oregon, 2014



725 Summer St. NE, Suite B
Salem, OR 97301
(503) 986-2000

Printed October 2017

For more information, contact:

Shoshanah Oppenheim
Planning and Policy Manager
Shoshanah.Oppenheim@oregon.gov
(503) 400-2787



Facebook.com/OregonHCS
Twitter.com/OregonHCS
#oregonstatewidehousingplan

A Place to Call Home: Wheeler County

Homes give people an opportunity to build better lives and communities. But how do Wheeler County residents fare?

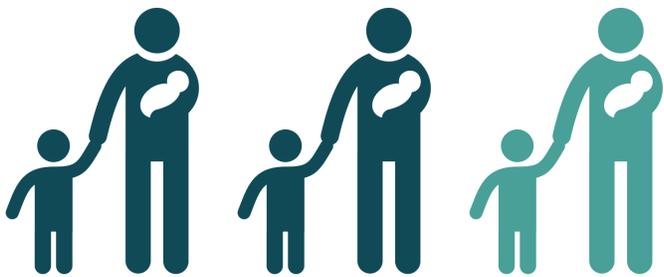
We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 16 affordable units available.

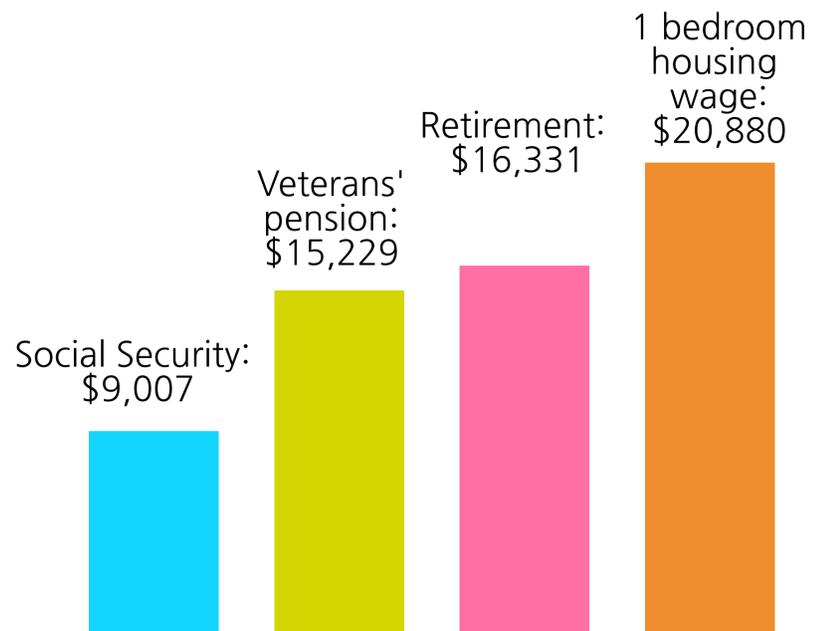


21 units are needed to meet the need

2 out of 3



renters with extremely low incomes are paying more than 50% of their income in rent



Oregonians on fixed incomes struggle to pay rent even for a one bedroom apartment.

Workers can't afford rent

A household must earn at least \$27,240 to afford a 2 bedroom apartment at fair market rent.

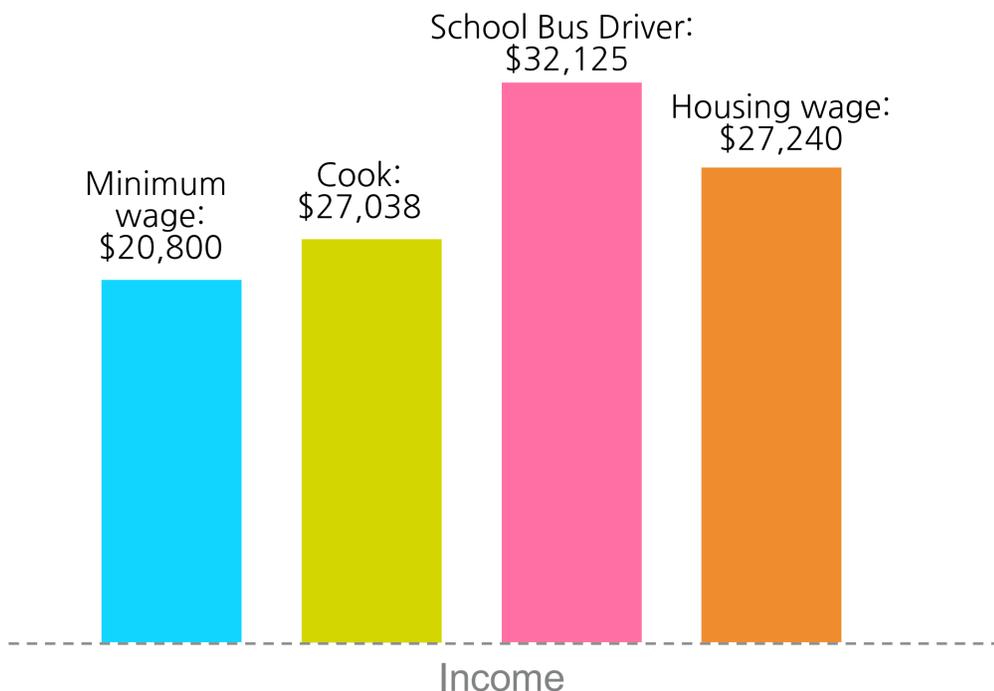
\$12.13



Mean renter wage



Number of hours per week at minimum wage needed to afford a 2 bedroom apartment



Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Wheeler County				
		2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
1	Adolescent Well Care Visits	25.8%	27.7%	29.1%	37.3%	40.6%	12.0%	54.8%	29.6%	24.0%	36.7%
								8/27	6/25	11/30	
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	49.2%	40.2%	42.6%	38.5%	59.2%
								83/195	77/200	116/196	
3	Assessments for Children in DHS Custody	58.8%	38.2%	64.5%	76.0%	86.2%	N/A	N/A	N/A	N/A	N/A
4	Childhood Immunization Status Combo 2	N/A	N/A	74.1%	72.9%	79.1%	N/A	N/A	75.0%	50.0%	75.0%
								3/4	1/2	3/4	
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	26.2%	34.9%	41.0%	46.0%
								15/43	16/39	23/50	
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	12.0%	15.2%	62.5%	25.0%
								5/33	20/32	8/32	
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	66.7%	46.7%	58.3%	80.0%	69.2%
								7/12	12/15	9/13	
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	55.9%	57.7%	63.3%	57.5%
								15/26	19/30	23/40	
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	19.8	26.9	30.1	35.1	27.8
								98/3258	115/3278	98/3526	
10	Emergency Department Utilization for Patients Experiencing Mental Illness*	N/A	N/A	N/A	N/A	119.5	N/A	N/A	N/A	N/A	63.4
										45/710	
11	Follow-Up after Hospitalization for Mental Illness	58.3%	66.6%	72.5%	75.7%	N/A	N/A	N/A	N/A	N/A	N/A
12	Depression Screening and Follow Up Plan	N/A	20.4%	25.0%	52.9%	60.3%	79.4%	68.1%	79.0%	80.9%	N/A
							108/136	96/141	79/100	93/115	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	48.7%	44.4%	54.7%	60.0%	N/A
							19/39	20/45	29/53	27/45	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	0.0%	38.5%	25.0%	16.7%	N/A
							0/10	5/13	3/12	2/12	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	25.3%	24.1%	N/A
								44/174	42/174		
16	PCPCH Enrollment	60.0%	60.0%	60.0%	60.0%	60.0%	N/A	N/A	N/A	N/A	N/A
17	EHR Adoption	47.8%	63.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	Timeliness of Prenatal Care	79.50%	90.0%	93.0%	91.0%	91.7%	N/A	100.0%	100.0%	100.0%	N/A
								2/2	4/4	1/1	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	100.0%	66.7%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	N/A	N/A	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2014 Medicaid Behavioral Risk Factor Surveillance System Survey, Oregon Health Authority

2014 ADULT BRFSS	OR	All OHP	EOCCO	Wheeler County	Adults 2017 207
Depression	24.4%	36.8%	34.5%	71	
Diabetes	9.2%	11.6%	10.5%	22	
All Chronic Diseases	54.8%	64.7%	61.0%	126	
Physical health Not Good	38.5%	53.1%	51.0%	106	
Mental Health Not Good	38.9%	50.5%	48.4%	100	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	69	
High Cholesterol		38.4%	35.9%	74	
High Blood Pressure	29.1%	28.3%	28.4%	59	
No Physical Activity Outside of Work	16.5%	28.2%	32.3%	67	
Overweight / Obese	62.3%	66.1%	69.3%	143	
Obese	26.9%	36.2%	40.8%	84	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	20	
Sleep < 8	31.3%	38.0%	41.4%	86	
High Blood Sugar	64.4%	60.1%	57.0%	118	
Colon Cancer Screening	66.0%	49.8%	44.9%	93	
Dental Visit	67.0%	51.7%	53.0%	110	
Smoking	16.2%	29.3%	29.9%	62	
Tobacco Chewing	3.5%	3.6%	6.2%	13	
Want to Quit	68.1%	76.4%	75.4%	47	
Tried to Quit	58.2%	62.2%	61.9%	38	
Binge Drinking	14.7%	12.1%	10.2%	21	
Heavy drinking	7.6%	5.0%	3.8%	8	
Food Insecurity	19.9%	48.6%	44.7%	93	
Hunger	10.3%	22.3%	18.8%	39	
4 or more ACE's	22.5%	34.7%	33.7%	70	
Effective Contraceptive Use	68.9%	58.4%	59.7%	124	
5 or more fruits / vegetables per day		26.7%	24.7%	51	