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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Baker County

Community Health Assessment

2019

Qualitative Report

Focus Group

2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus Group Report: Baker City, Oregon

Date of Report: November 2018
Date of Focus Group: July 18, 2018
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Overview of Data Collection

The EOCCO Community Health Assessment Focus Group was held on July 18, 2018 at Community Connections of Northeast Oregon in Baker City, 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 6 focus group participants were provided lunch and 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).

Part 1. 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 (Social Cohesion and Community Norming), (b) Health Care (Availability of Health Services, Access to Care, Affordable Coverage and Health Literacy), (c) Economic Stability (Housing), and (d) Education (skills training).

Table 1. Examples of High Coverage Topics

Health Topics	Direct Quote Examples
Social/Community Context - *Social Cohesion*	*"Would you say even having the LCAC come together is a good way that we are all working together…to bring things to the table for better health. …[It's] been several years, the idea of multidisciplinary teams and that's kind of happening is the different teams coming together to provide support. It just enhances the ability for everybody to work together."* *"I would have to say a good example coming up is well adolescent visits… we've come together, were not huge entities. Our mental health, our health department, our hospital, our clinics…and physical therapy…There is probably 50 volunteers that have come together to help with the well adolescent visits and it's been a huge success over the past several years."*
Social/Community Context - *Community Norming*	*"The diversity of not just ethnicity, but a diversity of ideas and backgrounds and knowledge base..."* *"…[R]espect and humility. That mutual respect that even if I disagree with you I can actually let my opinion go because you have more experience and I may not like it but there is also that humility that says we don't have all the answers and somebody else probably has a better answer and I'd rather find that."*

Health Care - *Availability of Health Services*	*[In reference to the Health Carnival of 2017] "…[was] pitched to the LCAC and we got behind, instead of doing a Health Fair, we themed the Health Fair…it was a carnival and so everybody was dressed up, and did carnival games…"* *"We have statistically the best treatment facilities in the United States. The issue is we don't have enough beds. So it's not just an issue you are having based on what you're on, is the fact there is not enough facilities available. There are not enough beds available. The recidivism rate in our [mental health] treatment facilities is low. Like ridiculously low compared to the rest of the United States. We are so limited by the amount of beds we have. You look at even the ones here, Baker House, inpatient..."*
Health Care - *Access*	*"I do think the clinics have made some good step to getting people in walk-in clinics. I know [one clinic] where I have gone for years, they save time slots throughout the day. So it doesn't mean that…if walk-in times are between 9 or 10 you're out of luck, its time slots throughout the day. And that has served me well a couple of times."* *"… we also do the same. We have slots that are saved out on each providers and we have walk- in 4 days a week that is all day. It's not just an hour, it's all day. Like I said before it is education. That is one thing we are trying to work on in our community."* *[In reference to Medicaid Expansion population] …" [There is] this huge group who never had health care before. They don't know how to access the health care."*
Health Care - *Affordable Coverage*	*"[I]f I go to the emergency room for the flu, it's going to cost a whole lot more to me or if I'm on OHP (Oregon Health Plan) [it will cost more] to the health care system then to go to the clinic or … urgent care…or to my doctor to get the same level of care…it is the Emergency room [that is] inherently is costing more. So it's not just knowing [to go] … to the emergency room, go to urgent care. And [knowing where] to go to if you have a gash…you see a bone, go to the ER."* *"It's just like anybody else that can't afford their medications and they fall in that 'donut whole'…they can't pay for that insulin. Its $600 and some dollars and so they're going without it."*
Health Care - *Health Literacy*	*"I do things like going to the health far. I do semi-regular doctor visits when I have to.* *You have your oil checked when they say you're supposed to. Proper maintenance. But again it's that education. They don't know that they need maintenance. Uh huh. It's not like they can go change their own oil."* *"We are working with [Provider] and I know it is getting better. I know I in my position am working with [Provider], [individual name], to help teach people that are high utilizers of the ER, how to, or where to go on those certain times instead of using the emergency room."*
Economic Stability - *Housing*	*"[H]omelessness… is affecting health care. I have a family that is currently homeless that is not attending their appointments. It's more important to figure out where you are going to live tomorrow then it is to come to the doctor."* *"We have a serious rental housing…shortage… [and the] rental housing we do have is out-priced for our availability…so affordable housing is a big concern."* *"[You] can go to Wade William's Park along the river and see where people have their sleeping bags...they kind of tend to camp around. I just helped a woman the other day and she had pitched a tent in the woods…so we helped to house her… but in the wintertime they can't do that [sleep outside] and they tend…[to] couch surf."*

Education – *Skills Training*	*"We don't have loggers anymore. We don't have mills anymore. We have a lot of… industry that is more around tourism. And people now are looking [to find] jobs that are working in office… [there is] a different expectation."* *"[Even] those manual labor jobs are hard to keep in our community as well because you can make a lot more elsewhere. Live here, work on the road and make three times what you can make here."*

Social and Community Context: Focus Group participants were able to offer their own interpretation of what defines a "community" and social contexts of health within that definition of a community. Social Cohesion and Community Norming were high priority topic areas and an expansion of these concepts include the following:

- A sense of community in mid-to-low size cities is common and this community was no exception; individuals described how their predisposition to join together as a community played pivotal roles in community health efforts such as planning discussions in Local Community Advisory Councils (LCACs)as well as in the outpour of volunteers to make community events successful events (see Table 1).
- Community members also discussed the importance of role-modeling (Norming) respect and humility during social interactions involving individuals of different ethnic backgrounds or beliefs as a means to deal effectively with cultural divides and tensions (see Table 1).

Health and Healthcare Services: Baker County community members expressed both concern with availability of services, access to services being offered in the community, affordable coverage and health literacy and education (see Table 1). An expansion of these concepts include the following:

- [Availability] Individual examples were highlighted in discussion around concern with low or limited facilities for mental health treatment, including inpatient treatment.
- [Availability] Other examples of community engagement to improve health and healthcare services included the collaboration around the Health Carnival (2017) used to creatively market and promote the Adolescent Well Child Event the following week. This example highlights the investment of the community that recognizes the need and have taken action to ensure that services, such as screenings, were made available.
- [Access] The narratives also revealed the recognition that access to services is important even when services are available and offered (see Table 1). For example, participants voiced their concerns about the "know-how" to use health services among individuals who qualify for Medicaid. Participants also discussed improvement options to enhancing access, such as the suggested 'same day slot' option and expansion of hours for the walk-in clinic.
- [Affordability] The discussion also moved towards the cost of health-related goods and services. Even for those that are covered under the Oregon Health Plan, some services and needed medications are going to cost more than others (see Table 1). Consequently, these considerations become part of the calculus made by community members to pursue (or not) health services.
- [Health Literacy/Education] Focus group participants poignantly underscored the connection between the need for background knowledge and the pursuit of services that are less invasive and costly. For example, the need to inform and encourage individuals to use preventive services as well as outpatient services instead of the emergency rooms was highlighted in the narrative (see Table 1).

Economic Stability-Housing: The shortage of housing at state and local levels was discussed including how housing instability impacts economic development in a rural community (rental housing shortage), health service usage and adherence to treatment regimens (See Table 1).

Education-Skills Training/Employment: Participants also expressed concern over losses in jobs due to shifting labor markets such as the decline in the prominence of the logging industry for less 'industrial' manual labor jobs as well as the corresponding need for additional training for job opportunities in flourishing industries.

Part 2: ADDITIONAL SUMMARY FINDINGS

There were topics 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). By large respondents in this focus groups poignantly linked disparities as driven by higher levels of Social Determinants of Health (SDOH). That is, issues such as disadvantages in access to healthy foods, affordable coverage of health services, health literacy, and transportation are examples that were discussed as the primary reasons why there are differences in health (disparities) among community sub-groups. See examples in Table 2 below.

Table 2. Health and Healthcare Disparity

Health Disparity Topics	Direct Quote Examples
Health Disparity – *Access to Foods that Support Health Eating Patterns*	*[In response to the expense of groceries in Baker City] …" groceries here, I can drive to Ontario and go to…WinCo, Walmart….and including my gas, still end up $200 cheaper than the food we get [in Baker City] …And that's me… buying the stuff I know is supposed to be good for me… if you can't drive to Ontario, you're stuck with these two choices, and maybe Grocery Outlet is gonna help, but I don't know it will."* *"… fruits and veggies are a lot cheaper at Grocery Outlet in La Grande…and I think of freshness… we are a we are a food desert."* *"We can be categorically defined as a food desert. We have one option and those food options are expensive."*
Health Disparity - *Health Literacy/Education*	*"There are still people who have the Oregon Health Plan that don't even know what their coverage is."*
Health Disparity - *Transportation*	*"We have seniors in our community that are not going to [go] out of [the] area [for] appointments because they do not have transportation and cannot drive on their ow and it is just a huge lack of resources…[and] funding.."*

Social Determinants of Health: Even though individuals discussed social aspects of health early on 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 is highlighted in four major domains for analysis: a) Economic Stability (Housing Instability, Food Insecurity Transportation, Poverty), b) Education and c) Social and Community Context. See examples in Table 3 below.

Table 3. Social Determinants of Health

SDOH topics	Examples
Economic Stability – General Comment	*"I tend to think more of the practical terms that the basic needs are met, so when I say economy, that means that they have work they can do that supports their family… they can provide food and have appropriate housing… they have transportation…they have access to services they need [and]…they have access to the knowledge of services."*
Economic Stability - Housing Instability	*"[Expressing a need for] … some sort of a supportive housing program. And with the case management of housing, it involves development of a specific housing…facility…like, a duplex…where they would immigrate to some supportive services and case management[A similar program might include]… a rent guarantee program."*

Economic Stability - Transportation	*"Better transportation."* *… Baker Count[y] is putting together their Transportation Advisory Committee. They are just integrating now. And I could use some more representation areas."*
Economic Stability - Poverty-(related to Trauma)	*"I think we have a lot of generational abuse, generational trauma in our community."* *"[Our] community ACE (Adverse Childhood Experiences) Score would probably be around a 6 or a 7. And once you pass 4 on the ACE scale, that's where you start getting into those, effects on your health…and not just, this generation, this is multi generations that are [affected]."*

Additional findings of interest regarding Social Determinants of Health include the following:

- Community members noted how SDOH are interrelated (see Economics Stability- General Comment in Table 3)
- Transportation is a key issue in Eastern Oregon rural settings; respondents expressed this and initiatives to address transportation (see Economic Stability -Transportation in Table 3)
- Participants also linked poverty to family relationships and trauma (see Economic Stability-Poverty in Table 3)

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 or 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 data analysts drew largely from the Healthy People 2020's Social Determinants of Health Framework (www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)that includes Health and Healthcare, five 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 five 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	Baker	Baker	Baker	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	16,210	16,325	16,750	4,141,100
Age 0-17 2013, 2015, 2017	3,252	3,213	3,173	869,330
Age 0-17 % of Total Population	20%	20%	18.9%	21.0%
Age 16-64 2013, 2015, 2017	9,183	9,037	9,101	2,557,575
Age 16-64 % of Total Population	57%	55%	54.3%	61.8%
Age 65 and Over	3,775	4,075	4,476	714,196
Age 65 and Over % of Total Population	23%	25%	26.7%	17.2%
Race				
% White	96%	91.3%	91.4%	77.0%
% American Indian/Native Alaskan	1.10%	1.28%	1.3%	0.9%
% African American/Black	0.40%	0.44%	0.4%	1.8%
% Asian	0.40%	0.64%	0.8%	4.0%
% Pacific Islander	0%	0%	0.3%	0.4%
% Other	0.30%	2.08%	0.1%	0.1%
% 2 or More	1.90%	1.8%	1.9%	4%
Ethinicity				
Hispanic	3.30%	4.2%	3.8%	12.4%
Gender				
% Females	50.70%	51%	50.5%	52.0%
% Males	49.30%	49%	49.5%	48.0%
% Other				
Sexual Orientation				
% LGBTQ Population 2017 - The William's Institute Gallop Poll	NA	NA	4.8%	4.8%
(38% of LGBTQ Oregonians have an annual income of < $24,000)				
SOCIO-ECONOMICS				
Family Size - ACS	2.66	2.77	2.8	3.1
% Single Parents - ACS	**31.5%**	**31.5%**	6.5%	8.3%
Unemployment - OR Dept of Employment	**10%**	**8.6%**	**6.4%**	4.9%
Education				
% of Population without a High School Diploma - ACS	11.6%	**8.1%**	**9.6%**	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	**60.54**	**71.12**	**74.0%**	77.80%

	Baker 2013	Baker 2015	Baker 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	**20%**	14.5%	15.1%	15.7%
Child Poverty Rate - ACS	24.7%	27.0%	**21.3%**	20.4%
Language				
% of Limited English Speaking Households	**0.8%**	**0.8%**	**0.5%**	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**	5.8	**7.7**	6.2
SOCIAL DETERMINANTS OF HEALTH				
Housing				
Occupied Housing Units - ACS	NA	NA	**79.4%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	**32.5%**	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	32.6%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	42%	46%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	**2.3%**	1.3%
No Telephone Available in Household - ACS	**4.2%**	**3.5%**	**2.9%**	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	13	3	NAP
Unsheltered	NA	1	4	NAP
Transportation				
No Personal Transportation Available in Household - ACS	5.8%	6.8%	7.4%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	1,825	3,313	3,579	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	47.13	90.08	95.59	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	42.8%	43.2%	29.9%	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	980	970	820	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	2,680	2,700	2,480	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**30.5%**	**30.4%**	**25.8%**	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	**16.7%**	**16.8%**	**15.5%**	14.2%

	Baker 2013	Baker 2015	Baker 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	1,280	1,184	1,141	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate	**32.7**	**8.4**	**18.8**	4.6
Low Birthweight	67.1	49.6	**83.3**	68.3
Births to Mothers Receiving Inadequate Prenatal Care	**7.3%**	**7.0%**	**9.7%**	6.1%
Births to Mothers under the age of 18	**1.8%**	**94.4**	0.6%	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	**24.1**	**18.4**	**33.2**	12.8
Children in Foster Care per 1,000 - OR DHS	**46**	**71**	**11.7**	9.2
Homeless Youth Age < 18				
With Parents	NA	0	0	NA
Unaccompanied	NA	0	1	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	26.0	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	$5,520	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	47%	54%	56%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	75.0%	52.4%	48.2%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	72.3%	73.0%	**67.0%**	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	**27.0%**	**27.0%**	14.7%	23.9%

	Baker 2013	Baker 2015	Baker 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	87.2	86.4	**85.1**	86.3
% Reporting Good, Very Good, or Excellent Mental Health	84.8	80.8	**66.7**	75.0
Preventative Care Visit, % last 12 months	**50.0**	**48.1**	**50.0**	61.8
Emergency Care Visit, % last 12 months	34.1	27.5	**35.1**	34.8
Oral Health Visit, % last 12 months	74.1	**68.3**	**73.4**	74.0
Suicidal Ideation, % last 12 months	**17.9**	16.3	**20.9**	16.9
% Have had Sexual Intercourse	**11.5**	**17.6**	**15.7**	8.4
Substance Use, % Abstaining - Tobacco	90.6	**92.2**	**94.3**	91.6
Substance Use, % Abstaining - Alcohol	**77.6**	**74.7**	71.9	73.2
Substance Use, % Abstaining - Marijuana	**86.9**	79.0	83.0	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	88.4	90.3	89.0	83.2
% Reporting Good, Very Good, or Excellent Mental Health	84.5	78.6	69.1	66.3
Preventative Care Visit, % last 12 months	**52.1**	**51.5**	68.5	62.2
Emergency Care Visit, % last 12 months	31.1	33.0	29.1	35.7
Oral Health Visit, % last 12 months	**64.8**	**71.8**	**72.7**	73.8
Suicidal Ideation, % last 12 months	11.6	17.3	7.80	18.2
% Have had Sexual Intercourse	**51.4**	38.4	40.0	40.9
Substance Use, % Abstaining - Tobacco	84.3	**97.1**	**98.0**	92.3
Substance Use, % Abstaining - Alcohol	63.4	**75.0**	72.5	73.1
Substance Use, % Abstaining - Marijuana	68.6	**83.0**	**90.0**	79.1
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	**77.9**	**74.8**	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	**28.4**	**30.6**	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	**38.3**	**52.7**	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	**275.6**	**296.6**	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**91.5**	**94.4**	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**77.9**	**66.2**	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**89.0**	**89.5**	48.3

	Baker 2013	Baker 2015	Baker 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	**29.7**	**29.4**	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	**18.5**	9.8	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**306.5**	**279.4**	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	8.7	8.6	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	**21.0**	**27.0**	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	85.5%	84.5%	**82.1%**	82.9%
Overall Mental Health (2010-2013 BFRSS)	72.1%	69.2%	63.5%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	32.7%	22.6%	20.3%
Tobacco Use Total (2010-2013 BRFSS)	**38.3%**	**43.1%**	**27.3%**	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	**20.0%**	**23.2%**	**23.2%**	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	**18.3%**	**19.9%**	**19.9%**	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	6.30%	S	13.40%	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	**4.5%**	5.9%	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	17.8%	**11.1%**	**34.6%**	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	**7.8%**	**9.6%**	**29.8%**	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	**35.0%**	NA	29.7%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	42.3%	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	22.3%	**29.0%**	**29.0%**	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	**12.2%**	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	63.5	75.2	**6.1%**	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	13.8	NA	**13.8%**	7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	11.6	NA	**13.4%**	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	14.7	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	23.6	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	10.9	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	10.9	NA	**12.2%**	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	54.3	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	6.9^	NA	**61.2%**	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.

Bold = 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 confidentially.

! = 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 lease 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

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 kilometers/height in meters, squared (kg/m2
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 BRFSS)	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 BRFSS)	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 Dringing, 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 3rd grade reading level assessment	Early Childhood and Maternal Health	Oregon Department of Education, 2013	Children meeting 3rd 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
Baker	3.4	3.4	3.4	3.5	3.4

INTERPERSONAL SKILLS

	2013	2014	2015	2016	2017
Baker	3.9	3.8	3.7	3.6	3.8

APPROACHES TO LEARNING

	2013	2014	2015	2016	2017
Baker	3.6	3.6	3.5	3.5	3.5

NUMBERS & OPERATIONS

	2013	2014	2015	2016	2017
Baker	8.3	8.5	8.7	9.5	12.3

LETTER NAMES

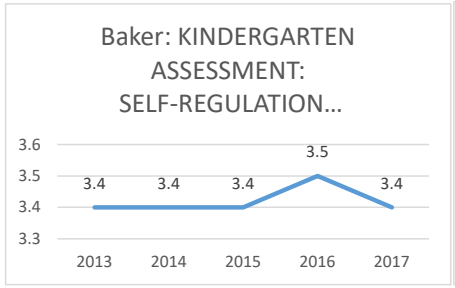
	2013	2014	2015	2016*	2017
Baker	18.7	19.7	18.1	15.9	13.9

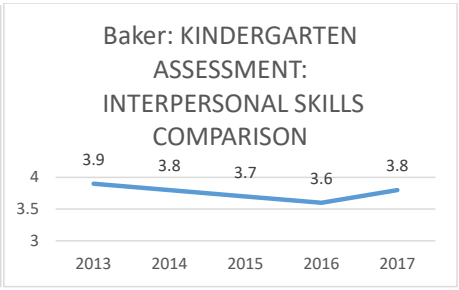
SOUNDS

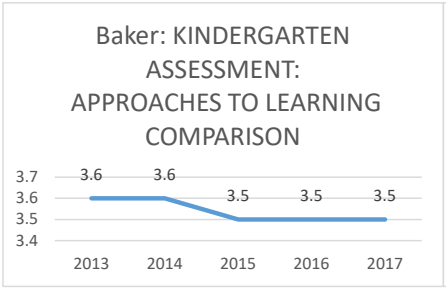
	2013	2014	2015	2016	2017
Baker	6.0	8.5	7.6	12.6	9.3

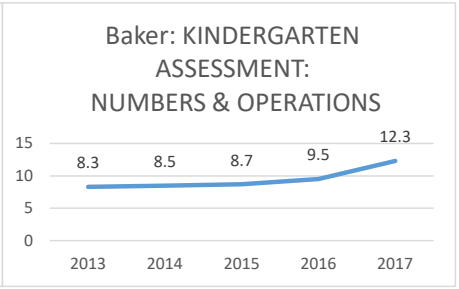
Source: Oregon Department of Education
Compiled by Cade Burnette, Blue Mountain Early Learning Hub

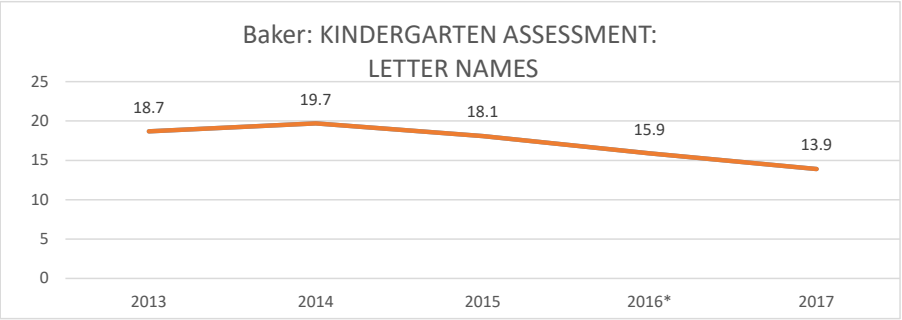
NOTE: Elements of the actual assessment changed between 2013 and 2017

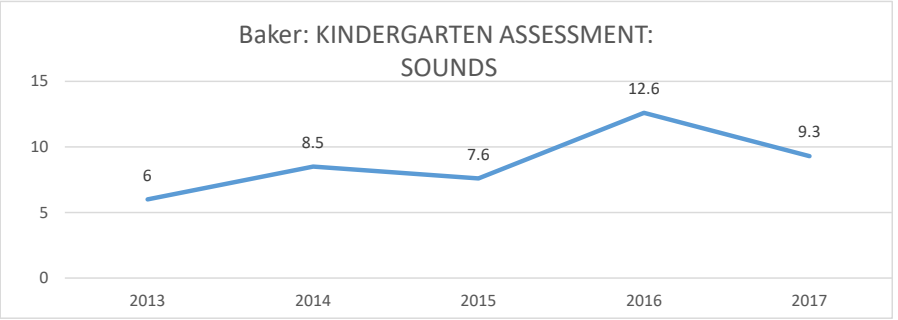












EARLY CARE & EDUCATION PROFILES

BAKER 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

Baker County, Oregon

CHILDREN

2,327
Children under age 13 living in the county [1]

- 574 children 0-2 years old [1]
- 383 of children 3-4 years old [1]
- 1,370 of children 5-12 years old [1]

Around **1/10** of children are Hispanic or Non-white [2]

Just over **half** of children under age six have both parents employed or a single parent employed [3]

CHILD CARE & EDUCATION

274
Slots in centers and family child care homes for children [4]

- 112 slots in Child Care Centers [4]
- 162 slots in Family Child Care Homes [4]

48% of 3-4 year olds are enrolled in preschool [5]

12% of children under age 13 have access to visible child care [4]

AFFORDABILITY

$5,520
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

26% 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

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Oregon State University

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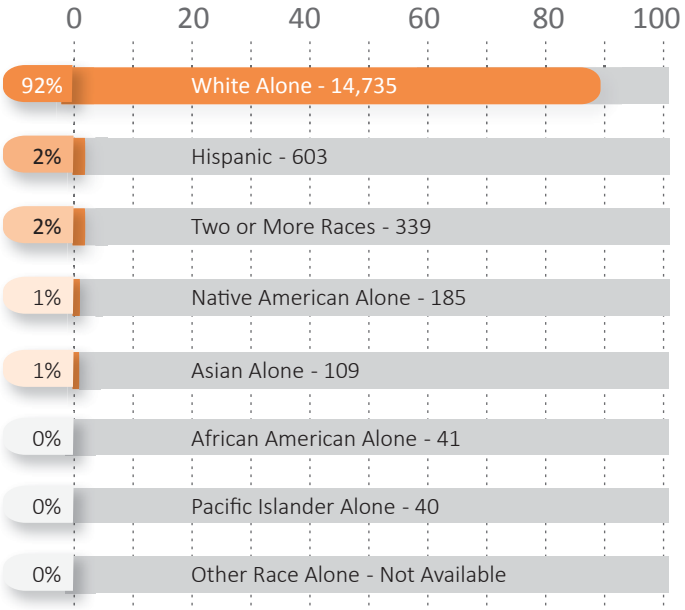
BAKER COUNTY

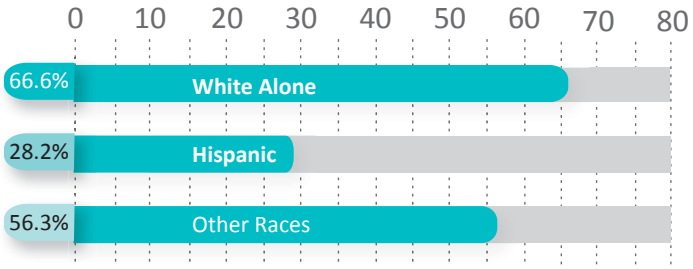
DEMOGRAPHIC & HOUSING PROFILES

Population	Baker	Oregon	United States
Total (2015 est.)	16,005	4,028,977	312,418,820
# Change since 2010	-129	197,903	12,673,282
% Change since 2010	-0.8%	5.2%	4.1%

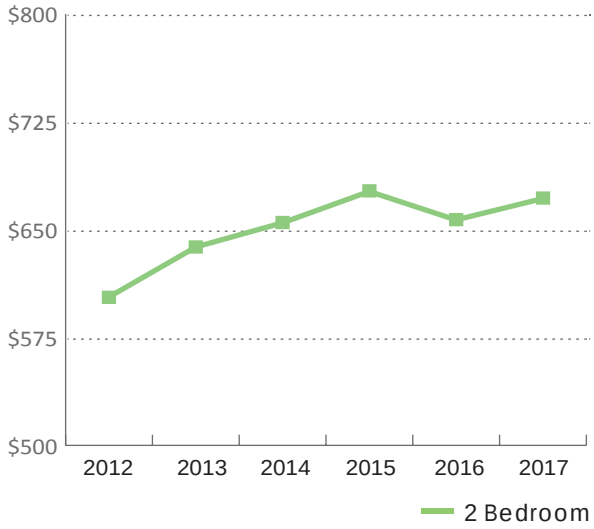
Population by Race/Ethnicity, 2011-2015



Homeownership Rates by Race/Ethnicity, 2011-2015

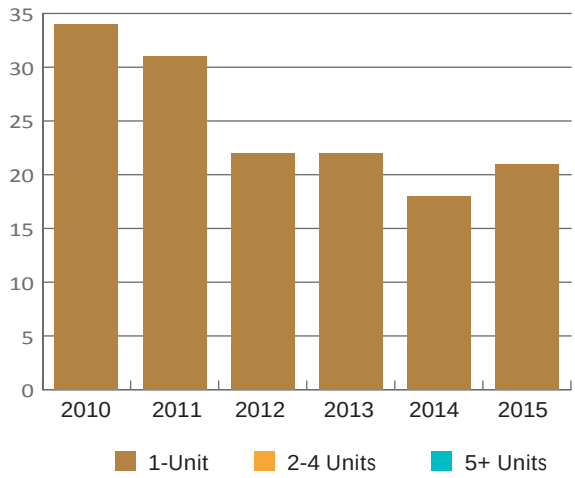


Fair Market Rents, 2012-2017



Vacancy Rates, 2011-2015

Building Permits Issued in County



BAKER COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	619	-16.0%	$30,128
Construction	464	-9.0%	$30,574
Manufacturing	577	16.3%	$43,327
Wholesale Trade **	91	9.6%	$32,050
Retail Trade**	809	-5.7%	$32,050
Transportation **	426	13.0%	$32,050
Information	80	-68.1%	$34,651
Finance	327	5.8%	$38,762
Professional, Scientific	340	-11.5%	$33,555
Education, Healthcare	1,518	24.2%	$41,689
Leisure, Hospitality	532	-19.3%	$15,514
Public Administration	370	-31.4%	$17,293
Other Services	223	-27.8%	$63,705
Total	**6,376**	**-5.3%**	

*** Combined average wage shown per BLS.*

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Baker County	$142,776
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.*

6.4%
Baker County

4.9%
Oregon

Unemployment Rates, 2016

$ 9.49

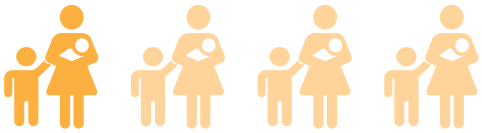
Baker County's mean renter wage

$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.

1 out of 4



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

3 out of 5

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

BAKER COUNTY

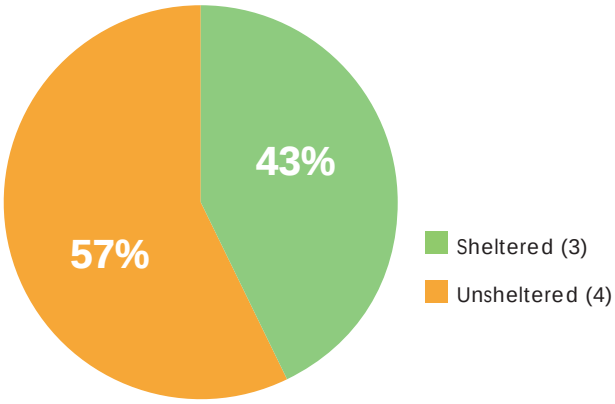
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	570	1,070	1,585
Affordable Units	525	1,220	2,205
Surplus / (Deficit)	(45)	150	620
Affordable & Available*	165	645	1,455
Surplus / (Deficit)	(405)	(425)	(130)

**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	$203,552	$162,841	$101,776
% of Stock Affordable	63.9%	54.1%	35.0%

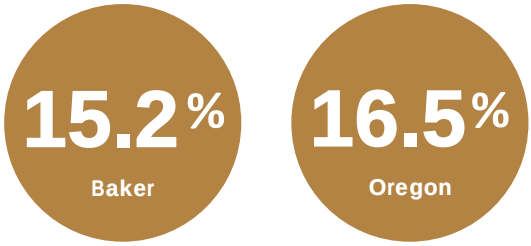
Point-in-Time Homelessness, 2017
Baker County: Total 7



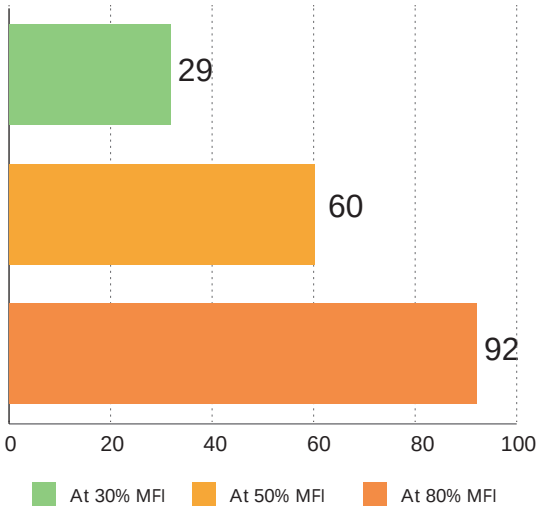
$52,117

Baker County's
Median Family Income (MFI)

Poverty Rates, 2011-2015

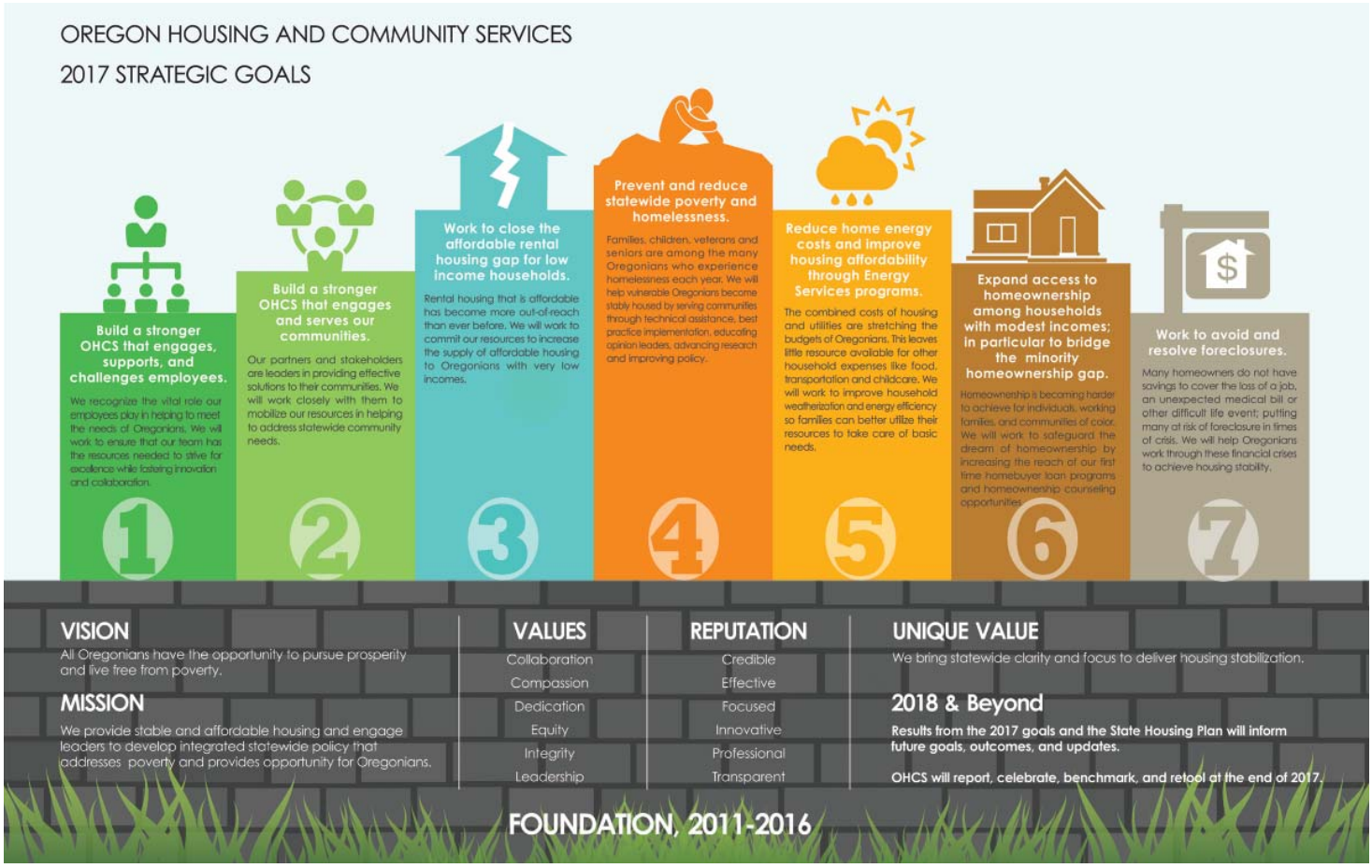


Affordable and Available Rental Homes per 100 Renter Households, 2015



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

	One Adult	One Adult One Preschooler	Two Adults One Preschooler One School-Age
Baker	$18,283	$26,624	$40,536
Clackamas	$24,469	$47,211	$65,490
Crook	$18,788	$26,848	$40,473
Deschutes	$20,631	$40,088	$49,572
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



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: 2016 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

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

A Place to Call Home: Baker County

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

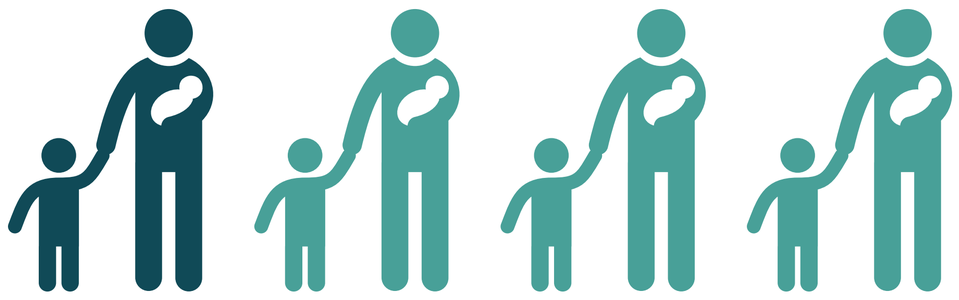
We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 29 affordable units available.

405

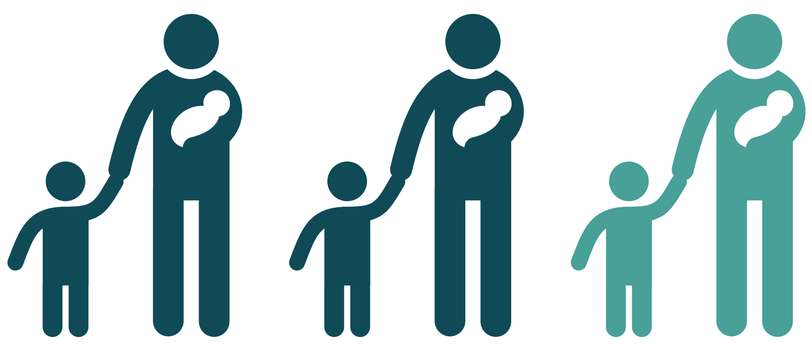
units are needed to meet the need

1 out of 4



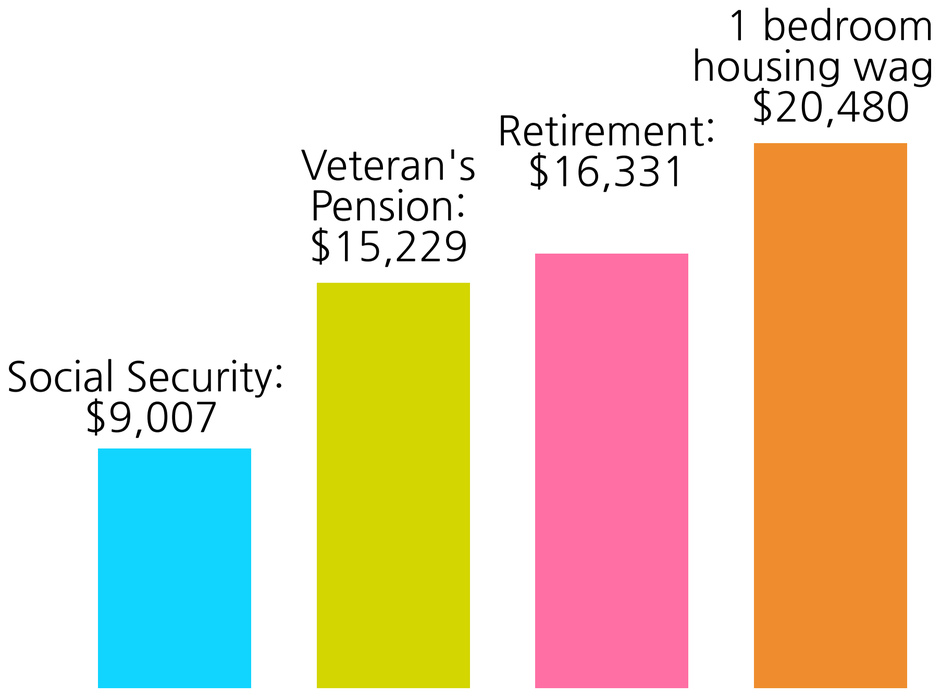
of all renters are paying more than 50% of their income in rent

Nearly 2 out of 3



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

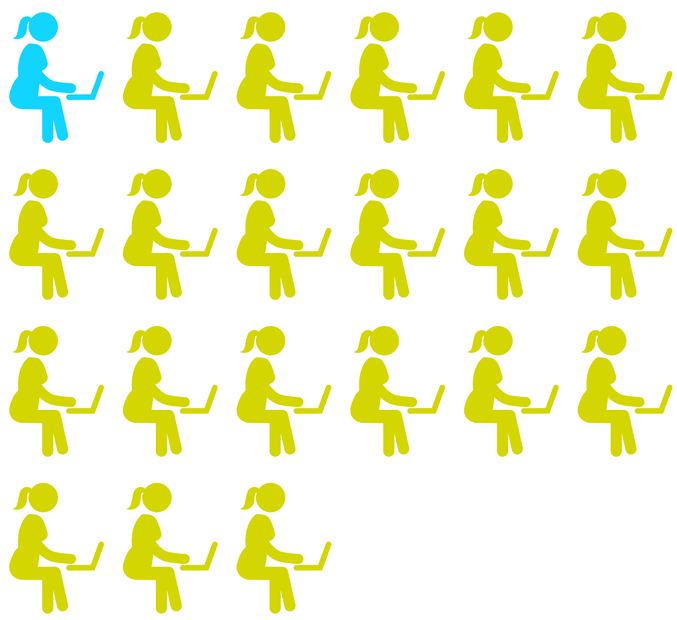
Our neighbors are facing homelessness



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

More than 1 student

in each classroom experienced homelessness in 2016-2017



That's 169 children during the 2016-17 school year in Baker County.

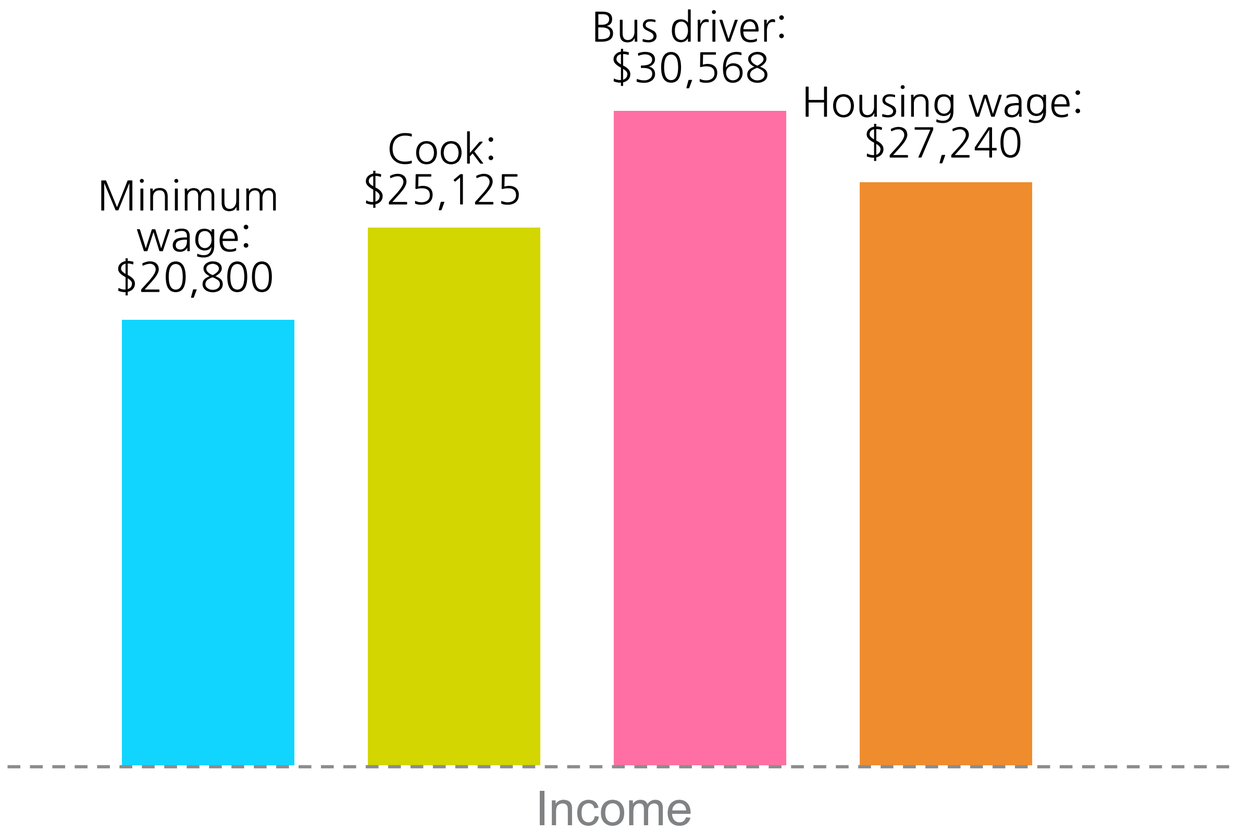
Workers can't afford rent

$9.49

Mean renter wage

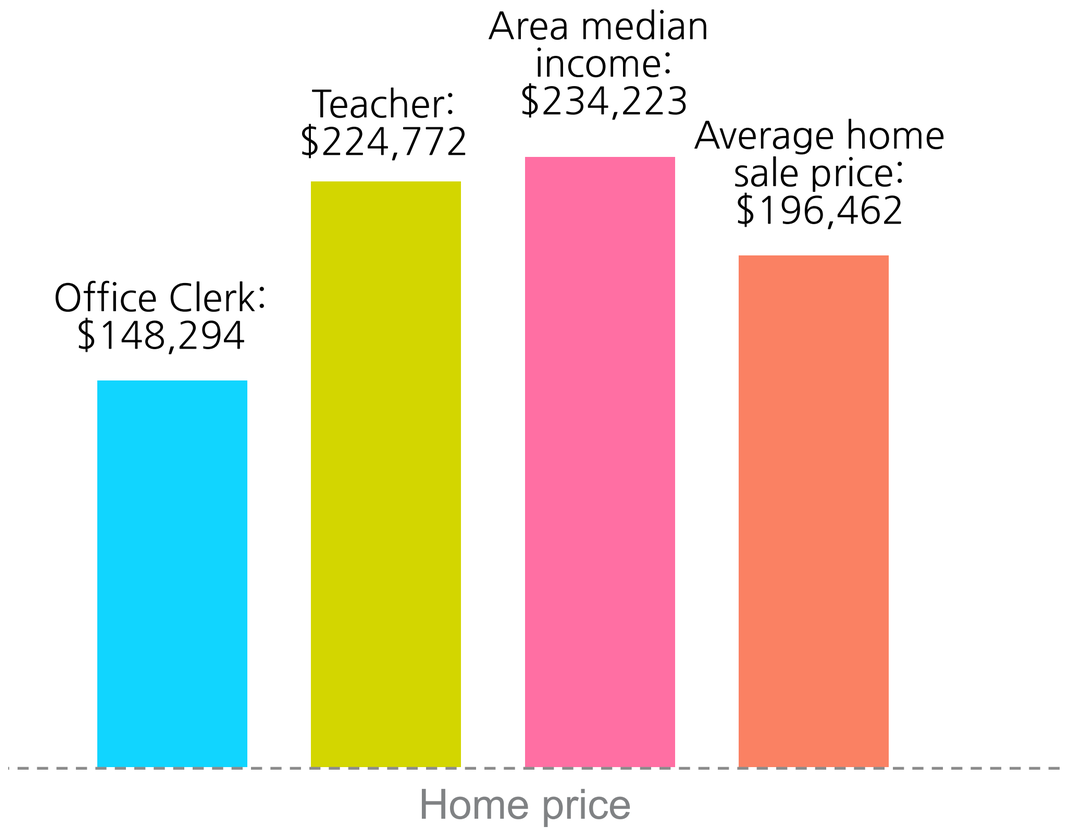
Number of hours per week at minimum wage needed to afford a 2 bedroom apartment

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



Homeownership is out of reach for many

Average home price an individual can afford



$196,462

average home sale price in 2017

...up 49% in the last year

HOUSING ALLIANCE

Oregon Housing Alliance
www.oregonhousingalliance.org
Alison McIntosh
amcintosh@neighborhoodpartnerships.org
(503) 226-3001

Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Baker 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%	17.5%	22.2%	32.4%	33.1%	37.2%
									124/383	145/438	187/503
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	2.6%	5.7%	4.7%	11.0%	5.8%
									108/2309	235/2142	118/2041
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	68.9%	84.0%	70.7%
									42/61	42/50	41/58
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	25.9%	34.7%	41.7%	52.8%
									132/380	149/357	204/386
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	9.2%	14.9%	29.1%	22.3%
									78/523	173/595	148/664
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	49.5%	62.9%	68.1%	69.1%	68.2%
									139/204	123/178	146/214
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	36.8%	47.0%	54.6%	43.9%
									208/443	219/401	234/533
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	48.3	51.3	53.9	51.1	44.5
									2419/44908	2283/44668	2075/46646
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	85.2
											776/9113
11	Follow-Up after Hospitalization for Mental Illness	58.3%	66.6%	72.5%	75.7%	N/A	100.0%	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%	92.6%	73.1%	57.6%	64.3%	N/A
							25/27	680/930	668/1159	883/1374	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	54.4%	61.3%	62.7%	67.3%	N/A
							37/68	196/320	203/324	329/489	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	20.0%	20.4%	45.5%	35.9%	N/A
							16/80	29/142	76/167	71/198	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	34.0%	26.0%	N/A
									590/1733	496/1905	
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%	96.30%	74.1%	89.7%	100.0%	N/A
							26/27	20/27	26/29	38/384	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	84.4%	82.1%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	75.0%	95.5%	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	Baker County	Adults 2017 2378
Depression	24.4%	36.8%	34.5%	820	
Diabetes	9.2%	11.6%	10.5%	250	
All Chronic Diseases	54.8%	64.7%	61.0%	1451	
Physical health Not Good	38.5%	53.1%	51.0%	1213	
Mental Health Not Good	38.9%	50.5%	48.4%	1151	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	792	
High Cholesterol		38.4%	35.9%	854	
High Blood Pressure	29.1%	28.3%	28.4%	675	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	768	
Overweight / Obese	62.3%	66.1%	69.3%	1648	
Obese	26.9%	36.2%	40.8%	970	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	231	
Sleep < 8	31.3%	38.0%	41.4%	984	
High Blood Sugar	64.4%	60.1%	57.0%	1355	
Colon Cancer Screening	66.0%	49.8%	44.9%	1068	
Dental Visit	67.0%	51.7%	53.0%	1260	
Smoking	16.2%	29.3%	29.9%	711	
Tobacco Chewing	3.5%	3.6%	6.2%	147	
Want to Quit	68.1%	76.4%	75.4%	536	
Tried to Quit	58.2%	62.2%	61.9%	440	
Binge Drinking	14.7%	12.1%	10.2%	243	
Heavy drinking	7.6%	5.0%	3.8%	90	
Food Insecurity	19.9%	48.6%	44.7%	1063	
Hunger	10.3%	22.3%	18.8%	447	
4 or more ACE's	22.5%	34.7%	33.7%	801	
Effective Contraceptive Use	68.9%	58.4%	59.7%	1420	
5 or more fruits / vegtables per day		26.7%	24.7%	587	