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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Grant County
Community Health Assessment
2019

Qualitative Report

Focus Group



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

Date of Report: February 4, 2019

Date of Focus Group: June 4, 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 June 4, 2018 at the John Day Fire Hall Conference Room in John Day, OR. 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 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) Economic Stability (Transportation), b) Social and Community Context (Community Norming) and c) Health and Healthcare (Availability of Healthcare Services, Health Behaviors and Access to Care).

- a) **Economic Stability:** The participants focused on transportation as a major issue in the community, especially in scheduling transportation for two-way appointments. With limited services in the community that serve outlying areas as well, scheduling transportation is an additional barrier to being proactive with their health and well-being.
- b) **Social and Community Context:** Participants shared several positive aspects of being part of a social, rural community, particularly how, even in a lower economic community (compared to the rest of the state), people come together to support one another. There was also a focus on the resourcefulness and innovation of small, rural communities like Grant County to create change, for example the mention of establishing a taskforce to build a more trauma informed community.
- c) **Health and Healthcare Services:** The primary focus for this section was on the correlation of accessing healthcare services in a rural community and the availability of services, especially for vulnerable populations such as seniors, who may have a more difficult time advocating for their own changes in health behaviors. Even with new providers, specialty care is sometimes not always available in the community and people must travel to be seen by other providers outside the county. Even with the limited resources, there was a focus on the School-based Health Center that allows for greater accessibility and ease of services for the youth in Grant County.

Table 1. Examples of High Coverage Topics

Health Topics	Direct Quote Examples
Economic Stability – <u>Transportation</u>	“ <i>[Transportation is] ... pretty limited. We have [public transportation and]...we have a local cab driver...[but] you have to be pretty well planned out too, so I’ve seen a lot of families that have to make it to a lot of appointments and really being able to schedule themselves with rides is a challenge, so that seems to be a barrier to get there and make that transportation back.</i> ”
Social/Community Context - <u>Community Norming</u>	“ <i>I think [the] willingness to accept [a] diversity of ideas, diversity of thought, diversity of action...not just...diversity of people, but I think that we are a fairly open-minded community in many ways. We also are closed-minded in many ways.</i> ”
Social/Community Context- <u>Social Cohesion</u>	“ <i>...whenever...someone in the community (Dayville, Long Creek, John Day) ...is struggling with some sort of medical issue, severe illness, or even a death in the family...we raise thousands and thousands of dollars. It’s interesting that we are economically depressed, I think were the highest reported in the State right now, but we can find the money to support our neighbors and friends.</i> ” “ <i>Strong relationships. I think we’re really good at coming together to support each other.... when and where it counts. Just maintaining some really good...supportive relationships.</i> ”
Social/Community Context- <u>Trauma</u>	“ <i>[finding passion about] abuse and neglect prevention, not only in our community but all over the State of Oregon, [and] I’m really excited to be focusing on the rural parts of Oregon that don’t get as much focus as the urban areas...we brought some trainings to the community and I am really thrilled to have the schools really engaged and involved in those things and working toward building a more trauma informed community.</i> ”
Health and Healthcare – <u>Available Healthcare Services</u>	[In response to having a School-based Health Center] “ <i>not only does it benefit the kids tremendously, just for the fact that they don’t have to necessarily rely on a parent to get them to an appointment or address an issue. They can just kind of be a little bit more responsible for their own health and well-being, without being recognized.</i> ” “ <i>...specialty services and specialists in general. We don’t have the capacity to fully have that stuff but it does limit expertise when you are going in.</i> ”
Health and Healthcare – <u>Health Behaviors</u>	“ <i>I worry about...[having] an active lifestyle to do some of that proactive and preventative stuff for the elderly... We don’t have a mall to walk, and we don’t have an indoor wellness center. So some of those preventative things that are going to be critical for their ongoing health we’re going to be in active mode with pain medications and therapy after a problem has happened; because there’s... nothing enticing for a 70-80-year-old to go out walking in February on snowy streets. Some do it, but most hunker down, so I think that’s going to become a long-term problem for us. How do we keep or promote an active lifestyle for that demographic?</i> ”
Health and Healthcare – <u>Access to Care</u>	“ <i>...when it takes two weeks to six weeks to get a doctor appointment, it’s hard. And so [people]... seek treatment out of town...that’s one of the struggles, I understand they are bringing ...[new] doctors, and they need time off...and I don’t know how we can fix that it’s been hard</i> ”

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 (Quality of Housing and Access to Foods that Support Healthy Eating Patterns) and b) Health and Healthcare (Stigma toward Healthcare and Affordability and Coverage). See examples in Table 2 below.

Table 2: Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Neighborhood and Built Environment – <u>Quality of Housing</u>	[In referencing the local market value on housing] <i>“...out in the remote communities, there just flat out are not habitable dwellings. Period. And that’s largely market value. People would build if they didn’t end upside down by \$30,000. Take some of the equity out of the negative equation. And our hope is people who have capital and credit will start hunting. They are squatting on rentals that could be available to individuals with a lower income bracket...”</i>
Neighborhood and Built Environment – <u>Access to Foods that Support Healthy Eating Patterns</u>	<i>“Well, we also live in a food desert here. So going back to...access to things like food, and affordable food, healthy food, thinking back to those things is a luxury we don’t have, but I know that we are working on it...”</i>
Health and Healthcare – <u>Stigma</u>	<i>“...one bit of feedback I get here, is, consistently [the] poor feel judged by that upper class that you’re talking about in this community.”</i> <i>“Prevention and poverty don’t exist together.”</i>
Health and Healthcare – <u>Affordability and Coverage</u>	<i>“...but here a lot of people can’t afford some of that preventative type stuff and stay fit...there’s...hiking and stuff, but there’s not a ton of options. You kind of have to be proactive...but, I know the financial aspect is huge...the main issue is, I can’t afford a gym membership so I can’t participate...or can we get discounts, because we can’t pay for that...”</i>

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) **Education (Enrollment in Higher Education and Skills Training/Vocational Skills):** Participants mentioned the difficulty for individuals, especially low-income families, to acquire opportunities or establish ‘reserves’ or financial means to support higher education in the community.
- b) **Social and Community Context (Discrimination):** Several participants highlighted social discrimination, specifically being part of different communities like the LGBTQ community, that makes integration and acceptance into a new home difficult.
- c) **Economic Stability (Housing Instability, Employment):** This section focused on two main areas, housing insecurity and employment, which participants articulated poignantly, go hand in hand with one another. In order to have a healthy community, there needs to be economic stability, meaning stable employment and an investment long-term housing. Even housing assistance programs, such as HUD (Housing and Urban Development), are having difficulty finding adequate placement if there is no economic investment in the housing community.

Table 3: Social Determinants of Health

Health Topic	Direct Quote Examples
Education – <u>Enrollment in Higher Education and Skills Training/Vocational Education</u>	<i>“So I think that’s an overall problem where we need the services here, in order to get the education and qualification you have to go elsewhere to get that. And a lot of times it’s not paid, you are doing it on your own time to get those hours in. Low income families they can’t do that, they can’t just leave for two or four weeks to get the hours to come back and get the job. They don’t have the reserves to do that.”</i>
Social and Community Context – <u>Discrimination</u>	<i>“God forbid you are LGBTQ in this community...That’s a really tough factor. I think that there are certain...but important things like that can make it hard to live here. Even if you are coming in to the community, it can be hard to integrate sometimes. “</i>

<p>Economic Stability- <u>Housing Insecurity</u></p>	<p><i>“...the homeless programs for Grant County...will be returning over \$20,000 in funding to the State because... [there is not] housing for the people that need [it]. That money is not going to be spent in this community because we can’t find any place to spend it.”</i></p>
<p>Economic Stability - <u>Employment</u></p>	<p><i>“I think that physically healthy communities are economically healthy, and you take that piece of the equation out, you see the negative effects of health impacts of an impoverished community.”</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 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	Grant	Grant	Grant	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	2013	2015	2017	2017
Total Population	7,450	7,425	7,415	4,141,100
Age 0-17 2013, 2015, 2017	1,362	1,280	1,156	869,330
Age 0-17 % of Total Population	18.0%	17.0%	15.6%	21.0%
Age 16-64 2013, 2015, 2017	4,147	4,007	3,870	2,557,575
Age 16-64 % of Total Population	56.0%	54.0%	52.2%	61.8%
Age 65 and Over	1,941	2,138	2,388	714,196
Age 65 and Over % of Total Population	26.0%	29.0%	32.2%	17.2%
Race				
% White	95.2%	91.1%	92.0%	77.0%
% American Indian/Native Alaskan	1.0%	1.4%	0.6%	0.9%
% African American/Black	0.4%	0.34%	0.4%	1.8%
% Asian	0.2%	0.64%	0.2%	4.0%
% Pacific Islander	0%	0%	0.0%	0.4%
% Other	0.3%	2.40%	0.0%	0.1%
% 2 or More	2.9%	3.2%	3.2%	3.5%
Ethnicity				
Hispanic	2.6%	4.0%	3.5%	12.4%
Gender				
% Females	50.7%	49.3%	49.3%	52.0%
% Males	49.3%	50.7%	50.7%	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	2.63	2.79	2.7	3.1
% Single Parents - ACS	33.3%	33.3%	7.6%	8.3%
Unemployment - OR Dept of Employment	13.4%	10.8%	7.8%	4.9%
Education				
% of Population without a High School Diploma - ACS	11.0%	9.0%	10.4%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	81.33%	85.19%	92.5%	77.80%

	Grant 2013	Grant 2015	Grant 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	17.2%	18.0%	14.9%	15.7%
Child Poverty Rate - ACS	29.0%	26.4%	21.1%	20.4%
Language				
% of Limited English Speaking Households	1.2%	1.0%	1.1%	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	73.1%	90.6%
Renter Occupied Housing Units - ACS	NA	NA	27.2%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	28.8%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	44%	49%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	2.3%	1.3%
No Telephone Available in Household - ACS	2.3%	3.4%	3.9%	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	7	0	NAP
Unsheltered	NA	0	4	NAP
Transportation				
No Personal Transportation Available in Household - ACS	6.4%	4.6%	3.9%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	3,959	3,700	3,400	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	258.59	263.72	228.65	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	58.4%	58.1%	55.4%	47.6%
Estimated # of Food Insecure Children (OSU, Communitas Reporter, 2013, 2014, 2015)	410	380	340	194,070
Estimated # of Food Insecure Individuals (OSU, Communitas Reporter, 2013, 2014, 2015)	1,310	1,240	1,170	572,790
Estimated % of Food Insecure Children (OSU, Communitas Reporter, 2013, 2014, 2015)	29.1%	28.0%	25.1%	22.5%
Estimated % of Food Insecure Individuals (OSU, Communitas Reporter, 2013, 2014, 2015)	17.8%	16.9%	16.1%	14.2%

	Grant 2013	Grant 2015	Grant 2017	OREGON 2017
Food Hunger and Insecurity for Adults EOCCO - (Medicaid BRFS 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	426	376	378	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate per 1,000 births	NA	0	17.9	4.6
Low Birthweight per 1,000 births	50.8	61.0	95.2	68.3
Births to Mothers Receiving Inadequate Prenatal Care	10.2%	13.8%	9.5%	6.1%
Births to Mothers under the age of 18 per 100	NA	0.9%	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	11.4	9.6	21.9	12.8
Children in Foster Care per 1,000 - OR DHS	12.0	14.0	14.4	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	28.0	NA
\$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	\$6,000	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	60%	66%	79%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	84.2%	46.2%	46.7%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Health Division	62.3%	65.0%	62.0%	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	21.6%	21.6%	22.6%	23.9%

	Grant 2013	Grant 2015	Grant 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	94.8	87.8	88.5	86.3
% Reporting Good, Very Good, or Excellent Mental Health	88.6	75.8	65.1	75.0
Preventative Care Visit, % last 12 months	49.8	66.4	54.2	61.8
Emergency Care Visit, % last 12 months	35.1	40.8	43.5	34.8
Oral Health Visit, % last 12 months	77.7	73.3	76.9	74.0
Suicidal Ideation, % last 12 months	15.2	15.6	21.2	16.9
% Have had Sexual Intercourse	9.9	12.9	15.5	8.4
Substance Use, % Abstaining - Tobacco	97.2	93.8	82.3	91.6
Substance Use, % Abstaining - Alcohol	85.2	86.8	61.4	73.2
Substance Use, % Abstaining - Marijuana	91.3	96.5	89.1	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	85.3	90.3	87.5	83.2
% Reporting Good, Very Good, or Excellent Mental Health	85.4	70.3	73.6	66.3
Preventative Care Visit, % last 12 months	50.1	59.6	57.0	62.2
Emergency Care Visit, % last 12 months	29.3	74.4	26.0	35.7
Oral Health Visit, % last 12 months	72.9	67.6	72.6	73.8
Suicidal Ideation, % last 12 months	11.1	16.0	18.9	18.2
% Have had Sexual Intercourse	48.2	68.5	49.0	40.9
Substance Use, % Abstaining - Tobacco	87.4	80.8	77.3	81.1
Substance Use, % Abstaining - Alcohol	60.5	69.6	40.4	44.7
Substance Use, % Abstaining - Marijuana	88.8	80.1	68.2	60.5
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	39.2	77.9	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	25.2	25.0	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	50.4	41.7	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	235.0	205.9	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	50.4	47.3	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	39.2	47.3	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	103.5	111.3	48.3

	Grant 2013	Grant 2015	Grant 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	22.4	27.8	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	36.4	27.8	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	249.0	239.3	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	11.2	5.6	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	25.2	33.4	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	87.0%	90.3%	87.0%	82.9%
Overall Mental Health (2010-2013 BRFSS)	66.9%	74.0%	80.8%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	25.10%	30.9%	20.3%
Tobacco Use Total (2010-2013 BRFSS)	54.7%	16.3%	22.6%	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	24.4%	16.3%	16.3%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	30.3%	S	S	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	3.7%	S	28.1%	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	9.9%	10.5%	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	16.2%	S	36.7%	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	26.1%	26.6%	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	30.8%	NA	25.4%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	57.0%	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	27.9%	23.8%	23.8%	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	231.8	241.3	S	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	62	46.6	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	7.9^	NA	7.9^%	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)	8.5^	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	4.0^	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)	48.8	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	54.8%	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

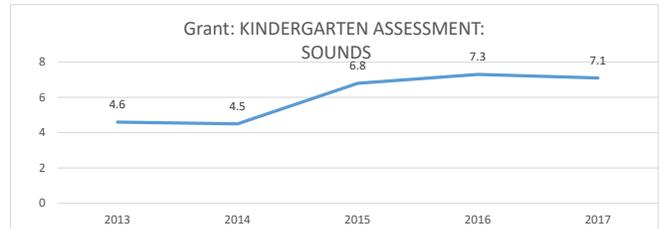
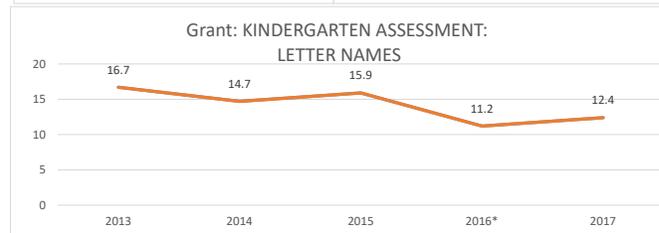
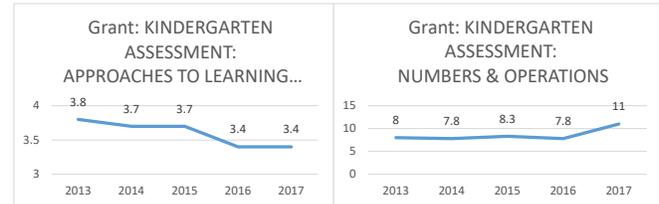
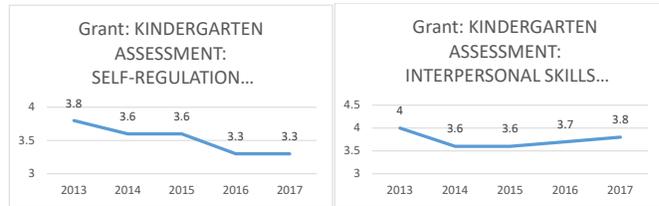


Community Advisory Council Needs Assessment Data Dictionary

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
Grant		3.8	3.6	3.6	3.3	3.3
		INTERPERSONAL SKILLS				
		2013	2014	2015	2016	2017
Grant		4.0	3.6	3.6	3.7	3.8
		APPROACHES TO LEARNING				
		2013	2014	2015	2016	2017
Grant		3.8	3.7	3.7	3.4	3.4
		NUMBERS & OPERATIONS				
		2013	2014	2015	2016	2017
Grant		8.0	7.8	8.3	7.8	11.0
		LETTER NAMES				
		2013	2014	2015	2016*	2017
Grant		16.7	14.7	15.9	11.2	12.4
		SOUNDS				
		2013	2014	2015	2016	2017
Grant		4.6	4.5	6.8	7.3	7.1

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

GRANT 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



Grant County, Oregon



CHILDREN



834

Children under age 13 living in the county ₁

- 188 children 0-2 years old ₁
- 125 of children 3-4 years old ₁
- 522 of children 5-12 years old ₁

Almost **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

131

Slots in centers and family child care homes for children ₄



- 87 slots in Child Care Centers ₄
- 44 slots in Family Child Care Homes ₄

24%

of 3-4 year olds are enrolled in preschool ₅



16% of children under age 13 have access to visible child care ₄



AFFORDABILITY

\$6,000

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

28%

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.



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GRANT COUNTY

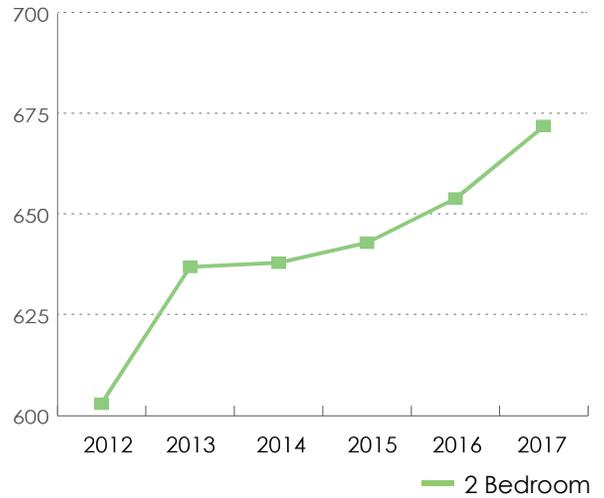
DEMOGRAPHIC & HOUSING PROFILES



Grant County

Population	Grant	Oregon	United States
Total (2015 est.)	7,185	4,028,977	312,418,820
# Change since 2010	-260	197,903	12,673,282
% Change since 2010	-3.5%	5.2%	4.1%

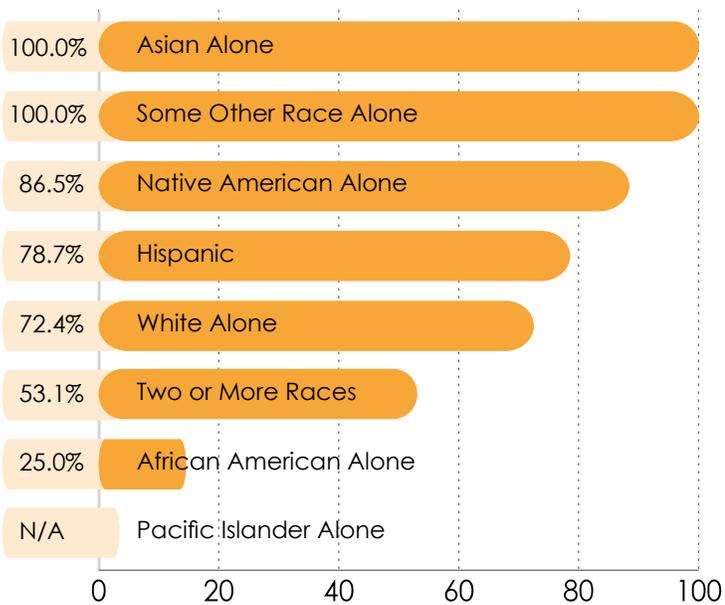
Fair Market Rents, 2012-2017



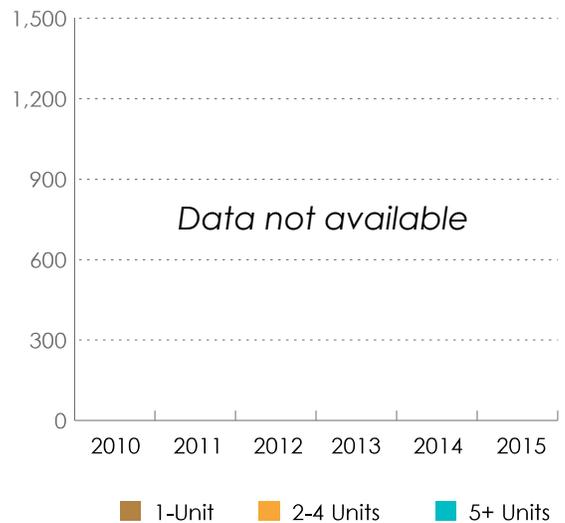
Vacancy Rates, 2011-2015



Homeownership Rates by Race/Ethnicity, 2011-2015



Building Permits Issued in County



GRANT COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	504	7.5%	\$35,857
Construction	163	-12.8%	\$25,638
Manufacturing	183	-29.3%	\$39,476
Wholesale Trade **	31	63.2%	\$30,814
Retail Trade**	320	8.8%	\$30,814
Transportation **	206	60.9%	\$30,814
Information	37	32.1%	\$45,020
Finance	53	-68.3%	\$35,701
Professional, Scientific	166	-30.8%	\$32,197
Education, Healthcare	488	-29.8%	\$30,771
Leisure, Hospitality	265	-5.4%	\$15,714
Public Administration	332	65.2%	\$19,798
Other Services	130	-22.6%	\$54,732
Total	2,878	-8.2%	

** Combined average wage shown per BLS.

\$ 9.16

Grant 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
Grant County	\$127,281**
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

** This is the Zillow Home Value Index Estimate as of December 2015

2 out of 9



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

5 out of 8



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

7.8%

Grant County

4.9%

Oregon

Unemployment Rates, 2016



GRANT COUNTY

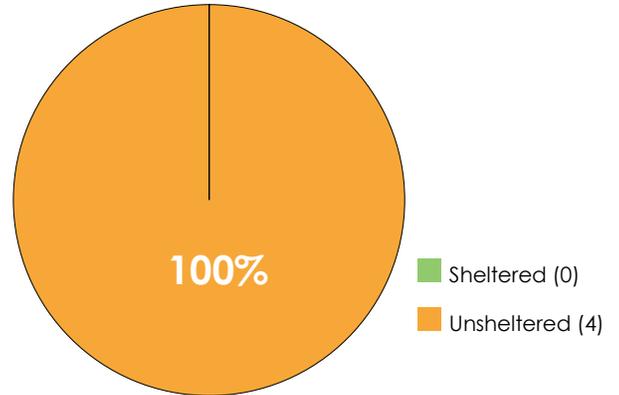
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	190	375	580
Affordable Units	170	410	740
Surplus / (Deficit)	(20)	35	160
Affordable & Available*	55	205	540
Surplus / (Deficit)	(135)	(170)	(40)

*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	\$198,099	\$158,480	\$99,050
% of Stock Affordable	62.7%	53.9%	34.8%

Point-in-Time Homelessness, 2017 Grant County: Total 4



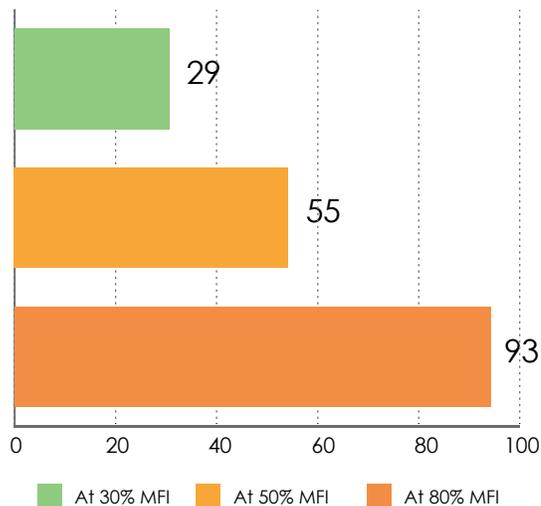
\$50,721

Grant County's
Median Family Income (MFI)

Poverty Rates, 2011-2015



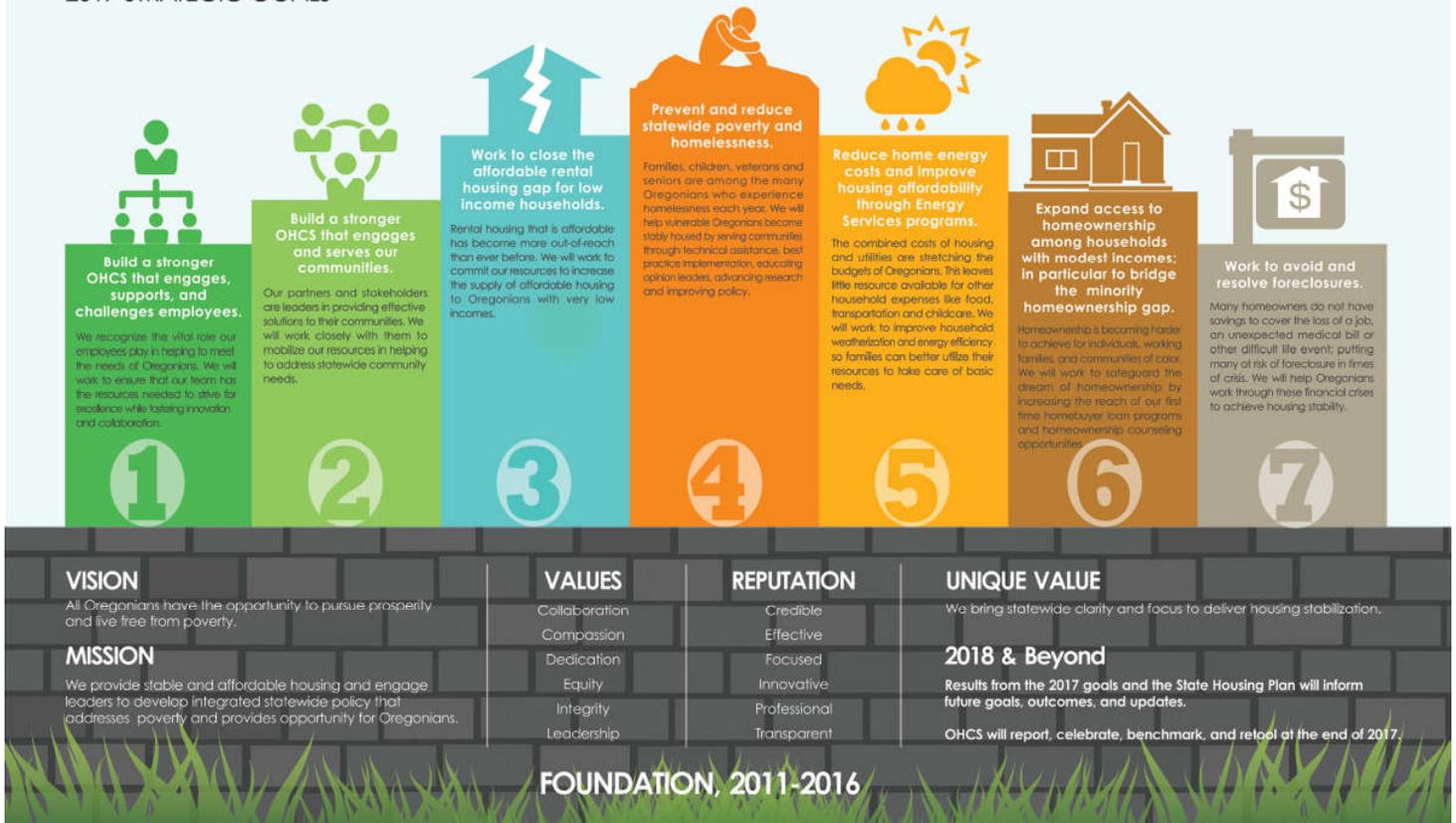
Affordable and Available Rental Homes per 100 Renter Households, 2015



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

	One Adult	One Adult One Preschooler	Two Adults One Preschooler One School-Age
Coos	\$18,447	\$28,530	\$40,876
Deschutes	\$20,631	\$40,088	\$49,572
Grant	\$17,653	\$26,514	\$40,833
Jackson	\$19,728	\$37,497	\$47,587
Jefferson	\$18,480	\$26,610	\$41,345
Lane	\$19,892	\$43,125	\$60,005
Marion	\$19,642	\$31,149	\$43,779
Multnomah	\$19,993	\$47,037	\$65,027
Polk	\$19,962	\$31,281	\$44,561
Washington	\$24,353	\$47,571	\$65,800
Yamhill	\$22,635	\$39,305	\$49,635

OREGON HOUSING AND COMMUNITY SERVICES
2017 STRATEGIC GOALS



Data Sources

Page 1:

Population Estimates: U.S. Census Bureau, Annual Population Estimates, 2010 and 2015
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, 2012-2017
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



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A Place to Call Home: Grant County

Homes give people an opportunity to build better lives and communities. But how do Grant 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.



135

units are needed to meet the need

Almost 1 in 4



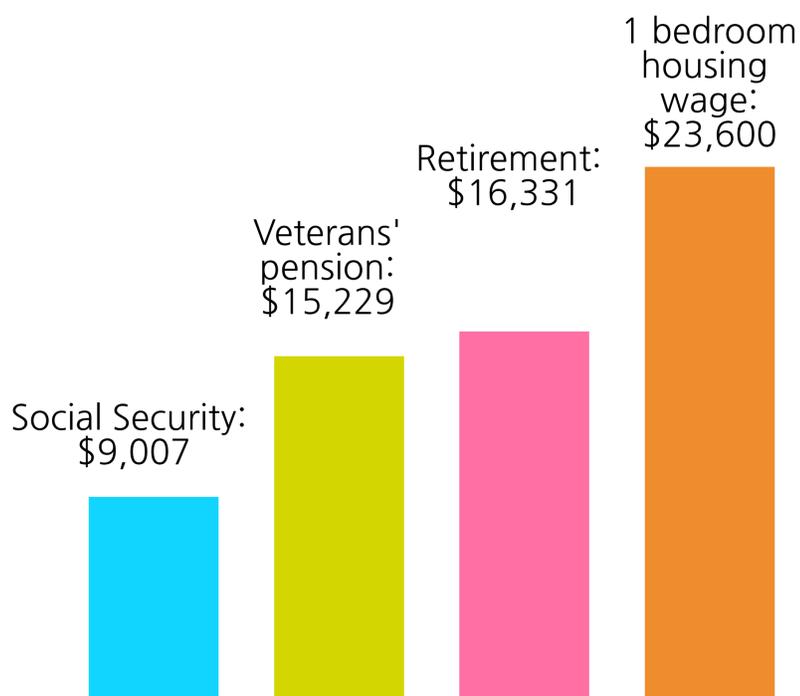
of all renters are paying more than 50% of their income in rent

Almost 2 in 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.

1 in 74 students

experienced homelessness in 2016-2017



That's 12 students in Grant County during the 2016-17 school year.

Workers can't afford rent

\$9.16

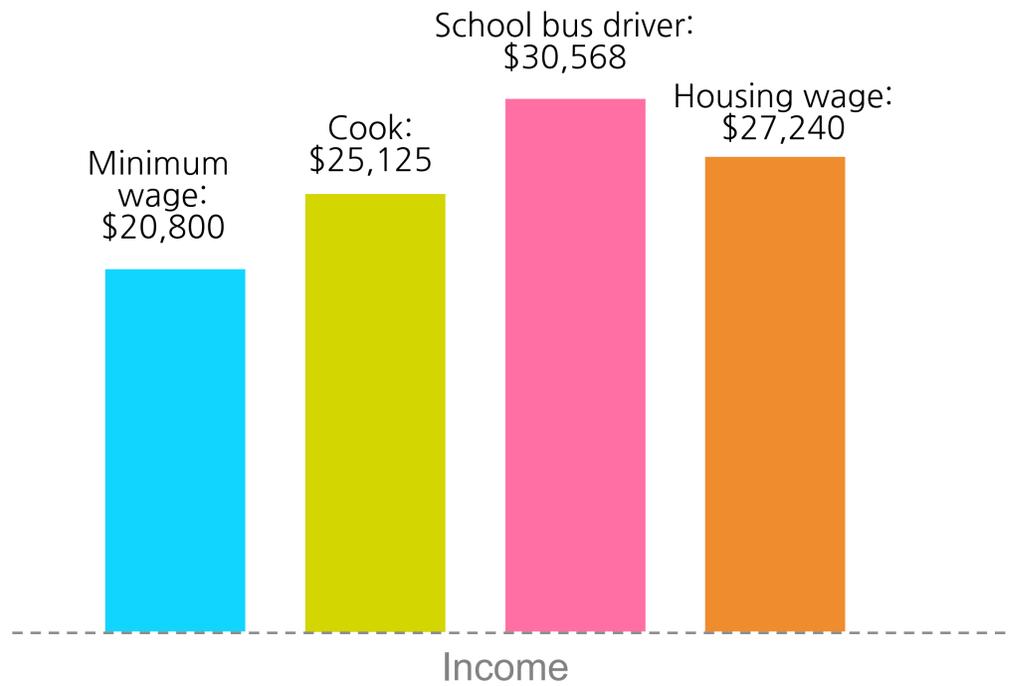


Mean renter wage



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

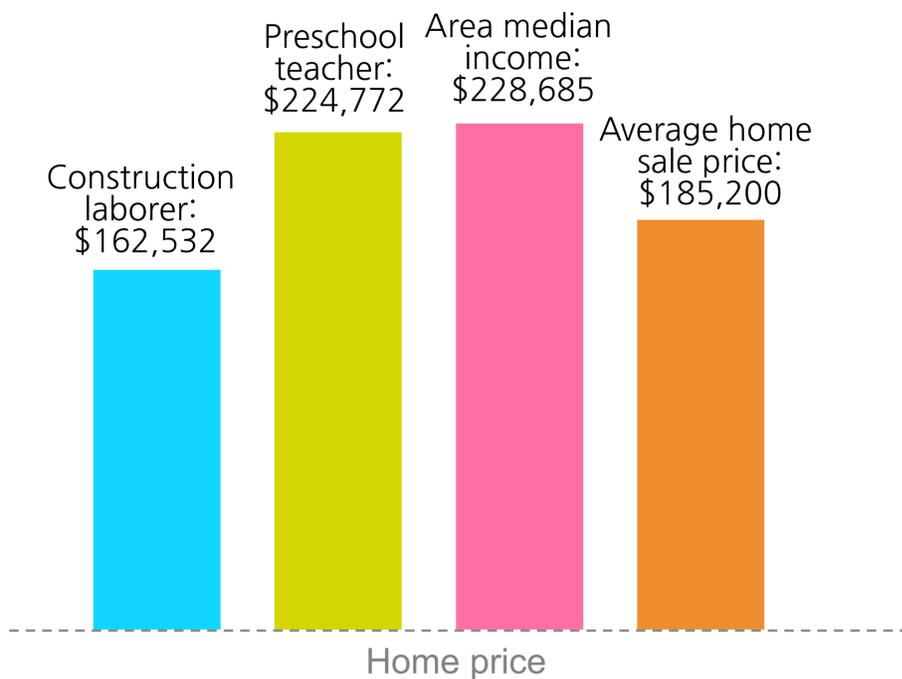
A household must earn at least \$27,240 to afford a 2 bedroom apartment at fair market rent.



Average home price an individual can afford

\$185,200

average home sale price, September 2016



Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Grant 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%	19.4%	23.3%	35.1%	29.8%	44.4%
								13/41	57/191	95/214	
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	1.4%	2.5%	14.9%	5.3%	31.0%
								146/977	50/936	275/888	
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	65.2%	66.7%	38.5%
								15/23	14/21	5/13	
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	26.5%	24.5%	25.1%	31.3%
								39/159	42/167	52/166	
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	4.8%	31.6%	40.6%	39.3%
								53/170	78/192	72/183	
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	5.2%	29.9%	39.0%	43.3%	72.5%
								30/77	26/60	50/69	
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	44.3%	28.2%	44.1%	51.2%
								48/170	67/152	106/207	
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	42.2	68.5	74.1	63.0	59.1
								1296/17487	1095/17379	1014/17171	
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	128.4
										338/2633	
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	
12	Depression Screening and Follow Up Plan	N/A	20.4%	25.0%	52.9%	60.3%	N/A	N/A	5.4%	32.4%	N/A
								43/798	241/744		
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	26.6%	N/A	55.7%	31.2%	N/A
							29/109	49/88	59/93		
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	17.0%	N/A	10.2%	18.1%	N/A
							17/100	66/646*	13/72		
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	N/A	35.1%	N/A
									47/134		
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%	100.0%	100.0%	100.0%	91.7%	N/A
							6/6	8/8	6/6	11/12	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	77.8%	78.9%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	83.3%	50.0%	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2014 Medicaid Behavioral Risk Factor Surveillance System, Oregon Health Authority

2014 ADULT BRFSS	OR	All OHP	EOCCO	Grant County	Adults 2017 921
Depression	24.4%	36.8%	34.5%	318	
Diabetes	9.2%	11.6%	10.5%	97	
All Chronic Diseases	54.8%	64.7%	61.0%	562	
Physical health Not Good	38.5%	53.1%	51.0%	470	
Mental Health Not Good	38.9%	50.5%	48.4%	446	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	307	
High Cholesterol		38.4%	35.9%	331	
High Blood Pressure	29.1%	28.3%	28.4%	262	
No Physical Activity Outside of Work	16.5%	28.2%	32.3%	297	
Overweight / Obese	62.3%	66.1%	69.3%	638	
Obese	26.9%	36.2%	40.8%	376	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	89	
Sleep < 8	31.3%	38.0%	41.4%	381	
High Blood Sugar	64.4%	60.1%	57.0%	525	
Colon Cancer Screening	66.0%	49.8%	44.9%	414	
Dental Visit	67.0%	51.7%	53.0%	488	
Smoking	16.2%	29.3%	29.9%	275	
Tobacco Chewing	3.5%	3.6%	6.2%	57	
Want to Quit	68.1%	76.4%	75.4%	208	
Tried to Quit	58.2%	62.2%	61.9%	170	
Binge Drinking	14.7%	12.1%	10.2%	94	
Heavy drinking	7.6%	5.0%	3.8%	35	
Food Insecurity	19.9%	48.6%	44.7%	412	
Hunger	10.3%	22.3%	18.8%	173	
4 or more ACE's	22.5%	34.7%	33.7%	310	
Effective Contraceptive Use	68.9%	58.4%	59.7%	550	
5 or more fruits / vegetables per day		26.7%	24.7%	227	