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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Morrow County

Community Health Assessment

2019

Qualitative Report

Focus Group

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

Date of Report: January 29, 2019
Date of Focus Groups: June 14, 2018 (Boardman and Heppner); June 15, 2018 (Boardman-Spanish)
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Overview of Data Collection

The EOCCO Community Health Assessment Focus Groups were held on June 14-15, 2018 in Boardman and Heppner, OR. Three focus groups were completed, two in English and one in Spanish. In this report the data from the three focus groups were aggregated and site specific results can be found in Appendix C-E. The focus group sessions were recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All focus group participants from each focus group were provided food and offered a $25 gift card for their participation. Focus Groups are method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health.* (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

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) Health and Healthcare (Vulnerable Populations, Health Behaviors, Availability and Access to Health Services and Affordability of Coverage), b) Social and Community Context (Social Cohesion, Civic Pride/Participation, Community Norming and Community Programs and Cross-Sector Collaborations), c) Education (Early Childhood Education and Development) and d) Economic Stability (Transportation).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare ***– Vulnerable Populations***	*"…low-income Hispanic kids don't get the stuff that they need. Oftentimes their parents don't know where to go. The money's not there. They don't understand the programs. They don't have social security numbers or they're here illegally so they're terrified…I have seen youth [who has] a cavity that's just killing them for months, because they don't have the support. Then I've seen church groups come together and make that happen or individuals that say we'll put up the money so this kid can have that done."* (Boardman-English)
Health and Healthcare***– Health Behaviors***	[Discussion of eating habits in school and in the community] "*Cómo podemos hacer para integrar esa comunidad a lo que es la comida saludable en la escuela o qué porque también es más difícil después hacernos entender a nosotros, no es saludable 50-70 años comiendo esto y estoy bien cómo vas a decir que comer hamburguesas y pizza todos los días no es saludable?... ese cambio de mentalidad de los dos lados muy muy importante entonces. "* **[Translation]** *"How can you integrate [into a] community what constitutes a healthy school meal, because it is also more difficult to have us understand (what is healthy eating), 50-70 years of eating this way; what do you say to (the notion)*

	that eating burgers and pizza all day is not healthy…this change of mentality of both sides that very important." (Boardman-Spanish)
Health and Healthcare– ***Availability and Access to Services***	"*…we have a dental van [and]…we want to focus on those people who do not have the ability to either pay for services or they just can't get to it, and so that's the time that we try to get them in there. And we're fortunate enough that when we do a health fair, some of the dental personnel will volunteer and take care of that." (*Boardman-English*)* *"If someone wants to go to a doctor, well you have one option. You go to the Health District. You know, if you want to be in town." (*Heppner-English*)*
Health and Healthcare ***– Affordable Coverage***	"*Si en realidad sí, muchas de las veces nos quedamos mejor en la casa enfermos, con alergias a curarnos uno mismo porque no tenemos esos recursos y hay en lugares donde va uno y quieren que al momento pague uno y sin tener uno el dinero si no pagan no te atienden*" **[Translation]** "*The reality is that many times we stay sick at home with allergies to get better by ourselves because we don't have those resources and there are places where we go to look for care and they want you to pay right here and without the money up-front, they won't provide you the health care."* (Boardman-Spanish)
Social and Community Context– ***Social Cohesion***	*"…this is kind of a sports thing…we'll go and we'll play other teams [we are the away team] …and we'll have more fans than the home team does…It's pretty moving. Families coming together… for support."* (Heppner-English)
Social and Community Context **–** ***Civic Pride & Participation***	***"****Last year when we got the Rec Center [we were] …very proud…that it came…to our community."* (Boardman-English)
Social and Community Context **–** ***Community Norming***	*... "when you don't feel a sense of safety or a sense that kids or adults are making good decisions, then you call them on it. I think people in Heppner hold people accountable…if you see that kids are making poor choices, or destroying something, or hurting something, or not being where there supposed to be…there is a village mentality."* (Heppner-English)
Social and Community Context **–** ***Community Programs & Cross-Sector Collaboration***	*"Both Irrigon and Boardman have senior centers, which are very active. So that helps the older people find out information, get food, and different things…"* (Boardman-English) *…" the clinic collaborated very well with the health department and the school district to get the students in for well child checks so there was a lot of communication and a lot of planning and collaboration between the school district, health department, the clinic…, and the outreach."* (Boardman-English)
Education – ***Early Childhood Education and Development***	"*…el control prenatal … muchas veces empieza después de los 6 meses entonces van y buscan a ver con quién pueden hacer el control médico. Te estamos tratando de que empiecen el control médico antes, porque se generan este, diferentes problemas sino para evitar para prevenir el curso del embarazo sea …más temprano entre más temprano mejor, entonces ay varias agencias que dijeron vamos a para que estos nacimientos sean lo más saludable…*" **[Translation]** "*Prenatal care often starts after the sixth month …We are trying to get individuals to begin medical care before that otherwise problems emerge and we are trying to avoid them…the earlier the better; various agencies starting working on this …"* (Boardman-Spanish)
Economic Stability- ***Transportation***	*"Transportation is a huge one. We have 'The Loop'… in Morrow County which is great…It's transportation for Morrow County for residents. It takes [patients] to appointments and there is also medical transportation. You have to be OHP eligible, which is great."* (Boardman-English)

Table 2: High Coverage Topic Comparison (English vs. Spanish Focus Groups), Boardman

Health Topic (English)	Health Topic (Spanish)	Direct Quote Examples
Health and Healthcare – ***Vulnerable Populations***	Neighborhood and Built Environment – ***Environmental Conditions***	(Vulnerable Populations-English) *"Our Veteran's Service Officer… in Morrow County has been able to cover a number of areas that even ten years ago we just simply either didn't have the transportation or…was too far….that [the VA] made a great step forward in wanting to cover those gaps and I really do appreciate what the State of Oregon and our federal people have done…to try to make that work."*
		(Environmental Conditions-Spanish) *"…pero estamos rodeados de las avionetas que andan espray ando con los niños que andan afuera y todo con esos químicos que no se puede ni siquiera caminar…. Tienen un criadero de abejas, tienen muchos panales (colmenas) en medio del fil, y están todas las casitas de las abejas reproduciendo y está enfrente de la escuela y esta la pasadera de muchos niños."* **[Translation]** *"…we are surrounded by the airplanes that go and spray with children who walk outside and all those chemicals…you can't even walk… …[and] they have a Kennel (beehives) of bees [and there are] many kennels (beehives) in the middle of the field, and all the houses of bees reproducing, and they are right in front of the school..."*
Health and Healthcare – ***Availability and Access to Services***	Health and Healthcare – ***Vulnerable Populations***	(Availability and Access to Services-English) "*Sometimes there are programs…for families…that have certain requirements to be in the program, to qualify for this program. [For example] …I have a child…who qualifies] for these programs, I have mental health services, I have Head Start, I have DHS involved, I have all these services… [but, if] …something happens… [such as] I'm not a fit mother, they remove my child…and I no longer have services. So what happens to my mental health? All these services are removed because you are no longer eligible. What makes you eligible is your child. And we know with mental health… they might not be in a place where they [can or want to] accept help…sometimes [the] requirements, policies that we need to follow are a barrier to…health"*
		(Vulnerable Populations-Spanish) *"Hasta donde sé porque yo tengo familias trabajando y yo pienso que es muy estresante porque ahorita las que son mamás y que por ejemplo mis hijas son mamás solteras éste están muy estresadas por la razón de que no entiendo yo mucho perdónenme pero los días que les daban según para enfermedad de niños se los quitaron de las vacaciones y es mucho problema porque ellas se estresan mucho por la razón de que si se les enfermo el niño se les hace muy difícil para poder faltar, que si faltan ya les dan ticket de año y no es de 8 días, ya es de un año entonces ellas con niños si se les enferman por ejemplo 2 niños ya faltan dos días."* **[Translation]** "*As far as I know, because I have families working and I think that it is very stressful…right now…for example my daughters are single moms [who] are very stressed for reason(s) that I do not understand I much forgive me but they days per year(that they are allowed to miss) due to illness of children were taken out of their vacation time and it becomes a stressful problem because if they have two children and each gets sick, they miss 2 days ..so if they miss more days (go over their limit) they get a (sanction) "ticket."*

Social and Community Context – ***Social Cohesion***	Health and Healthcare – ***Health Behaviors and Health Education***	(Social Cohesion-English) *"Community collaboration where a lot of agencies work together in trying to give support to those communities…[having] the school district… come and talk to them (parents) about parenting and integrate it in to their community and schools. And…working together with them, and the extension service…t's a collaboration of several agencies to make it work."*
		(Health Behaviors/Health Education-Spanish) *"…. pero ya veo qué, pues un buen ambiente. Yo creo que sobre todo para los que jóvenes … yo digo que es muy bueno el ambiente, … no hay tantas cosas malas para los jóvenes que pueden ser saludable, en vez de andar drogando, pueden hacer ejercicio o hacer algo que se yo, tantos deportes que ay. Yo pienso que sería algo para la salud, para cuidar la salud porque pues..."* **[Translation]** *"…I see that it is a good environment. I think above all for youth… I say it is a very good environment… there aren't too many bad things happening and youth can be healthy; instead of using drugs they can exercise or engage in one of the many sports that exist. So [a healthy community] needs to keep people healthy.".*
Social and Community Context – ***Community Programs & Cross-Sector Collaboration***	Health and Healthcare- ***Availability and Access to Services***	(Community Programs & Cross-Sector Collaboration-English) "*Having access to support things whether its health or schools. When you feel all alone it's hard to have a healthy community; [our community is healthier when] we feel like we have access to libraries and other people. Rec Centers and police departments. You know just community services..."* *…"the LCAC meetings… you get to see everybody partnering up, and you see a lot of, this is what I can offer, addressing the social determinants of health, and everybody taking a lead on that…we do a lot of collaboration."*
Social and Community Context – ***Civic Pride & Participation***	Education- ***Early Childhood Education and Development***	(Early Childhood Education and Development-Spanish) *"…el control prenatal … muchas veces empieza después de los 6 meses entonces van y buscan a ver con quién pueden hacer el control médico. Te estamos tratando de que empiecen el control médico antes, porque se generan este, diferentes problemas sino para evitar para prevenir el curso del embarazo sea …más temprano entre más temprano mejor, entonces ay varias agencias que dijeron vamos a para que estos nacimientos sean lo más saludable…"* **[Translation]** *"Prenatal care often starts after the sixth month …We are trying to get individuals to begin medical care before that otherwise problems emerge and we are trying to avoid them…the earlier the better; various agencies starting working on this …"*

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 these focus groups linked disparities as driven by Health Behaviors (covered above). Other topics worthy of attention included: a) Economic Stability (Housing and Poverty), b) Education and c) Social and Community Context (Family Involvement). See Table 3 for examples.

Table 3. Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Economic Stability - ***Housing Insecurity***	*"También lo que aquí hemos visto es que…mucha gente que no tiene casa, mucha gente sin hogar que anda pues mal. Ese es un problema realmente. ¿Cómo se enteran de todo?"* **[Translation]** "*What we have here seen is also…many people who do not have[a] house, many homeless people that is so wrong. That's really a problem. How do they learn anything?"* (Boardman-Spanish)
Economic Stability - ***Poverty***	[In discussing income as it relates to health] *"…if you have the money to have a gym membership and buy healthy nutritious food…or own a farm while you're working all the time. It…[makes] a big difference [to your health]."* (Boardman-English)
Education	*"I think the Extension Service has a 'Puente's Program'…it's another program that works with the students to keep them in school. And it also works with families and uh, educating them about resources and to better support their children so they keep them safe…I think they work with high schools."* (Boardman-English)
Social and Community Context - ***Family Involvement***	*"I think that's a major building block…how strong a community is, how strong our families are, that's how strong the community is. If you've got weak families, you've got weak communities. If you have strong families, you have strong communities. You've got a really strong family; you've got a really strong community."* (Boardman-English)

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). Topics discussed included a) Economic Stability (Food Insecurity and Employment), b) Neighborhood and Built Environment (Public Safety) and c) Social and Community Context (Trauma). Examples can be found in Table 4 below.

Table 4. Social Determinants of Health

Health Topic	Direct Quote Examples
Economic Stability - ***Food Insecurity***	*"…pero por ejemplo como el banco de comida. Ese es un muy buen ejemplo. ¿Ay un banco de comida aquí? Ay un banco de comida, pero a mi ver, no sé ustedes una ocasión yo fui y la verdad lo que lo que a mí me dieron fue puro pan y ya caducado a mí me toco como otras personas que no se vendieron un montón de aguacates pero que todos fueron al bote de la basura y cobrando ya ni me acuerdo cuanto se me hace que fue como $18 o $20."* **[Translation]** *"…for example the food bank….in my mind, [the food bank is] …not a very good one. I went and…what was given to me was pure bread [that had] already expired, like others that did not sell… a lot of avocados…and it all went to the garbage and… [I] remember they charged me like $18 or $20."* (Boardman-Spanish)
Economic Stability - ***Employment***	*"…it's hard for our clinics to[stay] staff[ed], but it's also hard for the population to stay employed…[in] good jobs. And to have access to good jobs, and have access to provide what they need, and provide enough to provide for themselves, and to be healthy, and to figure out some of those things like budgeting…"* (Heppner)
Neighborhood and Built Environment- ***Public Safety***	"*Pero si estas en la zona de la escuela y vives a menos de 10 cuadras o lo que sea menos de 2 millas de distancia debes ir caminando. Pero los niños de 5 años que apenas van a entrar al kínder y que uno no puede. Está bien y no porque donde está la seguridad."* **[Translation]** *"…if you are in the school zone and you live les than 10 blocks away or less than 2 miles, you must walk. But kids who are five who are just entering kindergarten…it's fine [to walk] …where is the security."* (Boardman-Spanish)
Social and Community Context - ***Trauma***	*"…adverse childhood events. I think children are impacted by something and by the time they enter the school system, teachers and our administrators are seeing those*

	problems…it's a component of family life and the dynamic [of] mental and behavioral health." (Heppner)

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

In addition to these topics that dominated this section of the discussion, the *breadth of SDOH topics discussed* during the entire focus group discussion was remarkable. Below is an overview summary of additional SDOH topics (not covered above) by the five major domains in outline form (details are available upon request).

Neighborhood-Environment

- Natural Resources
- Quality of Housing
- Crime

Economic Stability

- Economic Development
- Rural Parity
- Child care

Health and Healthcare

- Health Literacy

Education

- High School Education/Enrollment in Higher Education
- Skills Training/Vocational Education

Social and Community Context

- Sense of Belonging
- Social Isolation
- Community Outreach

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 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

APPENDIX C: Boardman (English) Additional Topic Examples

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare- ***Vulnerable populations***	[Discussing prescription medication for seniors] "*I'll get it in three days. So I think it's pretty cool if you can get it [prescription medication] brought to you. Especially the older population…they don't leave their homes sometimes."* *"I think there is a disparity in those people in the middle that make too much money to get any help, but they don't make enough money to really cover their own needs…that's a huge part of our population here. I don't think we're a super upper end place but we have a lot working families that are white, English speaking, that can't care for their own medical needs."*
Health and Healthcare- ***Availability of and Access to Health care services***	(Availability of Healthcare Services) "*… one of our major focuses has been with the adolescent well-child and trying to get…that particular population screened for depression and substance abuse and mental health services. Physical health of course too, and expanding that into dental and vision…And then…[duplicating] what we have here to surrounding communities to impact that as well, and give those kids an opportunity to[get] checked out…and…deliver to the pharmacy. [The clinics] …transport a lot of patients and bring them to their appointments and bring them home. [The clinics] have integrated behavioral health…[and] a dietician coming on board in a month to kind of bolster up…education and teaching people how to cook, eat healthy. We have a large percentage of diabetic patients in this community…that particular demographic needs a lot of extra support."* (Access to Healthcare) "*We don't have access to a lot of doctors here. We have some great physician's assistants. We don't have a lot of doctors and I think of people…that are aging and need some specific things, they end up going to the Tri-Cities because that's where they can get doctors that can help them with the issues they have*."
Health and Healthcare – ***Health Literacy***	"*…we do need…education about the difference between a doctor and a physician's assistant and how qualified a physician's assistant is…and a nurse practitioner*."
Social and Community Context **– *Social Cohesion***	**"***… a healthy community is organizations like churches, women's groups… book clubs. I think when we have things…that bring people together and help them to know one another, we have support systems, smaller communities in communities that can then work together. I think when we know each other, and we like each other, we want to go walk with our friends and we want or be out in the park. As we make personal connections."*
Social and Community Context **– *Community Programs, and Cross-Sectors***	(Community Programs) *"CAPECO (Community Action Program of East Central Oregon) sponsors a senior center. And they have somebody once a month that comes down and does a check and also our Fire Department every week comes and does blood pressure.*" (Cross Sector Collaborations). "*… the school district come(s) and talk(s) to them (parents) about parenting and integrates it in to their community and schools…working together with them, and the [OSU] Extension Service…[is] a collaboration of several agencies to make it work*".
Social and Community Context – ***Communication and Outreach***	**"…***education. Maybe we are not educating our community enough on the services we provide.*"

Neighborhood and Built Environment - ***Environmental Conditions***	**"***The places I lived, that were focused on healthy stuff…it's about having access to… activities that get you out… [to be] more active… towns that had better walking trails… felt…healthier. Having good parks for kids to go play at… it was… the visual side of feeling…towns where there were no sidewalks, I felt like I was less healthy because I felt unsafe to walking around the town. And my access to help was less I felt so I assumed it was the same for others."* "*I think that in recent years…we have a lot of parks for how little our town is. And they're awesome, our marina, both Irrigon and Boardman…there's not anybody here, this is gorgeous! [People] can't believe we have these beautiful, beautiful parks in such small towns*".
Education-***Early Childhood Education and Development***	"*The police station has [the Children's Fair] at the park, for sports and kids. I like it because they (police officers) are engaging with the children, teaching them that…officers shouldn't be feared."* *"…Head Start [has a program] called Healthy Families where a person comes in and works with the parent prenatally. And just siphons through the pregnancy with self-care and learning about child development and when the baby is born. And then they service that baby until it turns three*."
Economic Stability - ***Transportation***	*"Transportation is a huge one. We have 'The Loop'… in Morrow County which is great…It's transportation for Morrow County for residents. It takes [patients] to appointments and there is also medical transportation. You have to be OHP eligible, which is great."*

a) **Health and Health Care:** Participants voiced their awareness of the health needs of a range of **vulnerable populations** in the community specifying senior citizens and those that "fall between the cracks" for eligibility of health and healthcare related services (e.g. Working Poor). **Availability of health care** services both shortage as well as increased availability in local clinics were noted; **access to services** were discussed including the challenges posed by shortage of doctors locally as well as the benefits of transportation services that provide access to appointments.

b) **Social and Community Context**: Participants voiced at length several ways in which community members come together both informally and formally. Some examples illustrated **social cohesion** while others focused on **community programs**, the collaboration agencies across institutions and organizations (**cross-sector collaboration**), **community outreach** efforts to let as many community members know about services as well as community events, as well as **civic pride and civic participation**.

c) **Neighborhood and Built Environment**: Participants discussed the importance of **environmental conditions** on health with an emphasis on the benefits of recreational and physical activity opportunities in the outdoors as well as in facilities.

d) **Education:** Participants underscored existing education opportunities and program for **early childhood** such as activities sponsored by the police department as well as a variety of family programs and services that focus on raising healthy children. Participants also discussed health literacy issues such as the need for community members to gain increasing knowledge and understanding of the services that different health providers can offer, following prescribed mediation, and on behavioral health risks.

e) **Economic Stability:** The hardships of poor access to **transportation** that is commonly faced by rural residents were also raised by this Boardman focus group.

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). This was a limited section given the extent of material and time that took place in the prior sections, but topics discussed included a) Health and Healthcare (Affordability and Coverage) and b) Economic Development (Poverty). Direct quote examples can be found below in Table 2.

Table 2. Health and Healthcare Disparity Examples

Health Topic	Direct Quote Examples
Health & Health Care – ***Affordability and Coverage***	"People that have insurance who can't afford the deductibles because insurance is…. huge [and]…it's changed so much…insurances at different places have been widely different …it's one thing to be able to pay that insurance, but it's another to hit that $10,000 deductible…. You have that insurance but it only helps out if you are dying. But the rest of the time you are shelling out $200 a doctor visit…for well care.
Economic Development – ***Poverty***	[In discussing income as it relates to health] *"…if you have the money to have a gym membership and buy healthy nutritious food…or own a farm while you're working all the time. It…[makes] a big difference [to your health]."* (Boardman-English)

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). This was a limited section given the extent of material and time that took place in the prior sections. In this SDoH section, participants discussed the following topics a) Social and Community Context (Sense of Belonging, Community Norming and Family Involvement) and b) Neighborhood and Built Environment (Public Safety). See Table 3 for examples (details available upon request).

Table 3. Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Social and Community Context – ***Sense of Belonging***	"… for a number of years…we've been voting for our recreation district county-wide for recreation…we decided to tax ourselves back when we had problems…one of the teachers wanted to go on strike and…that was the beginning…this recreation district. I think it's .43 cents [for every] $1,000 that we tax ourselves in the county…and that allows for money to go to the Kiwanis…toward the Fourth of July celebrations [and] the Watermelon Festival"
Social and Community Context – ***Community Norming***	"I think at schools, they are raising them from little, that we are all equal…If you go to the high school, there aren't…Hispanic groups of kids and white groups of kids…it's not like that…not like it was a long time ago…if you play baseball, it doesn't matter what color you are or what language you speak…I think they (schools) have done a great job of that, and I think it's going to improve as they grow up and become adults in our communities…There's awareness and the schools are getting really involved…"
Social and Community Context – ***Family Involvement***	*"*…I think there is a lot more family involvement. We used to have huge family involvement in the middle '80's. It kind of went away for a while and now I'm seeing it come back…I see what's going on in the schools…we are getting back to more family involvement and that makes for a very healthy community."
Neighborhood and Built Environment – ***Public Safety***	*"*How safe do you feel in your community? You know immigration is a topic that's been talked about a lot here more recently. And trauma and past experiences all that affects your health [immigration stress] …am I going to come home today from work? We see a lot of stories and it's not something that is being kept from kids anymore. So that stress of you know, 'my dad went to work, and didn't come back' or 'my uncle was sent back to his country'…[even concerns of] I don't know if it's safe for my child to be in school…"

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

In addition to these topics that dominated this section of the discussion, the ***breadth of SDoH topics discussed*** during the entire focus group discussion was remarkable. Below is an overview summary of additional SDoH topics (not covered above) by the four major domains in outline form (details are available upon request).

Neighborhood-Environment

- Housing Instability

Economic Stability

- Food Insecurity
- Economic Development
- Quality of Housing

Education

- High School Education/Enrollment in Higher Education
- Language Literacy

APPENDIX D: Boardman (Spanish) Additional Topic Examples

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Neighborhood and Built Environment - ***Environmental Conditions***	**"***Y también lo que yo miro aquí, están haciendo cosas con los niños que pueden ir a jugar basquetbol o futbol también cuando hicimos el rec center ahí miro muchos niños que van allí a jugar el basquetbol y swimming….* *Natación. Y como ahorita apenas acabamos de hacer cercas del City Hall es un batting cage para los niños que juegan baseball y softball y para los niños que pueden ir todo el tiempo del ano. También en el invierno.*" **[Translation]** *"I also see that there are more opportunities for children to play basketball or football in the recreation center, I see a lot of kids there …swimming…we just finished [building] a batting cage for children, near City Hall…[so] children [can] play baseball and softball all year around, including during the Winter."* "*…están los químicos en agricultura. Es una preocupación, este grabe porque de verdad que hubo un tiempo en que se estuvieron usando químicos, a como mencionaría este sin control y entonces éste eso para nosotros éste hasta cierta forma nos preocupó, este otra de las preocupaciones menos grabe porque afortunadamente ya parte de esos químicos que estaban almacenados en el arma, pero fueron destruidos, pero persiste el peligro.*" **[Translation]** *"…there are the chemicals from agriculture. It's worrisome because there was a time that the chemicals were being used without control and this made us concerned… but fortunately the chemicals that were being warehoused by the Army were destroyed, but the danger persists."*
Health and Healthcare- ***Vulnerable Populations***	**"***Sí, pero ese servicio de medicare no les da ese servicio específico a los ojos y a los dientes. Debería de haber más ayuda para las gentes más adultas porque pienso yo, que lo necesitan más, pienso yo que uno de padres podemos trabajar, pero él ya está más difícil. Usted sabe que cuando están grandes ya no pueden trabajar y son más gastos de doctor y dentista*." **[Translation]** "*Yes, but Medicare does not provide eye and dental care. There should be more help for older adults because I think that they need it the most… As you know, older adults are not in a position to work."* "*...para todos los niños a partir de enero eso fue un hecho grande el OHP Plus ahora para todos los niños de 0 a 18*" **[Translation]** *"…beginning in January , something big happened, OHP Plus now provides health coverage for all individuals from age 0 to 18 years."*
Health and Healthcare-- ***Health Behaviors***	*"…. pero ya veo qué, pues un buen ambiente. Yo creo que sobre todo para los que jóvenes … yo digo que es muy bueno el ambiente, … no hay tantas cosas malas para los jóvenes que pueden ser saludable, en vez de andar drogando, pueden hacer ejercicio o hacer algo que se yo, tantos deportes que ay. Yo pienso que sería algo para la salud, para cuidar la salud porque pues..."* **[Translation]** *"…I see that it is a good environment. I think above all for youth… I say it is a very good environment… there aren't too many bad things happening and youth can be healthy; instead of using drugs they can exercise or engage in one of the many sports that exist. So [a healthy community] needs to keep people healthy.".*

Health and Healthcare ***- Affordability and Coverage; Availability of Healthcare Services***	(Affordability and Coverage) "*Si en realidad sí, muchas de las veces nos quedamos mejor en la casa enfermos, con alergias a curarnos uno mismo porque no tenemos esos recursos y hay en lugares donde va uno y quieren que al momento pague uno y sin tener uno el dinero si no pagan no te atienden*" **[Translation]** "*The reality is that many times we stay sick at home with allergies to get better by ourselves because we don't have those resources and there are places where we go to look for care and they want you to pay right here and without the money upfront, they won't provide you the health care].* (Availability of Healthcare Services) "*Están hablando de la fertilidad yo miro que aquí en Boardman, les hace falta una clínica para atender a mujeres embarazadas…. Todas las embarazadas tienen que ver por donde porque aquí no ay nada de eso*." **[Translation]** "*Speaking of fertility, I see here that in Boardman there's a need for prenatal clinics….women have to search for that care because it is not found here."*
Health and Healthcare ***–Health Literacy***	**"***Entonces volvemos a lo de la educación, la educación en cuanto conocimiento de lo que hay disponible y qué cosas entonces todos los que tienen la seguranza pública ay un número de teléfono y puedes llamar y lo vienen a buscar y lo llevan para la cita médica lo esperan y lo traen de vuelta*." **[Translation]** *"So we're back to education ... regarding the knowledge that there is public insurance and a phone number to call and you can get an appointment and get round trip transportation."*
Education-***Early Childhood Education and Development***	"*…el control prenatal … muchas veces empieza después de los 6 meses entonces van y buscan a ver con quién pueden hacer el control médico. Te estamos tratando de que empiecen el control médico antes, porque se generan este, diferentes problemas sino para evitar para prevenir el curso del embarazo sea …más temprano entre más temprano mejor, entonces ay varias agencias que dijeron vamos a para que estos nacimientos sean lo más saludable…*" **[Translation]** "*Prenatal care often starts after the sixth month …We are trying to get individuals to begin medical care before that otherwise problems emerge and we are trying to avoid them…the earlier the better; various agencies starting working on this …"*
Social and Community Context **– *Civic Participation & Pride***	"También la librería cuando se abrió, fuimos a ayudar a que voluntarios a ayudar." **[Translation]** *"… also when the library opened, we volunteered to help."* "*Que este grupo era para ayuda de la comunidad por ejemplo alguien estaba pintar su casa los Caballeros de Colón estábamos ahí para ir a ayudar a pintar, a visitar enfermos…. Pero es un grupo de apoyo para apoyar a las diferentes necesidades de la comunidad y tal vez no era exclusivamente para cuestiones de salud podría ser ayudarle a que si su casa necesita algo entonces varias necesidades y podrían incluir."* **[Translation]** *"This group ('Knights of Columbus) were there to help paint, to visit the ill … a support group to provide different types of support, not exclusively to attend sick people, we could visit houses and provide different type of help."*
Social and Community Context **– *Family Involvement***	*"Nosotros siempre procuramos es animar a los jóvenes a seguir estudiando y que, aunque muchos se vayan a estudiar, no por eso se libran de siempre introducirse en las drogas, pero a través de consejos y de pláticas y todo, esto hemos tenido resultados aquí en la comunidad de nuestros hijos. Este ya*

	regresando como profesionales, trabajando ya aquí en la comunidad y en otras comunidades, entonces vemos si se puede hacer a través de animarlos y de platicar con ellos y decirles que es bueno y qué es malo …" **[Translation]** "W*e are deliberate in encouraging our youth to make academic progress… some study and do not stay away from drugs… but through advise and talks we have had good results in this community with our children. Some are coming back as professionals and work here in our community and other communities… so we see that we can achieve results through advice and talking about rights and wrongs with them."*
Social and Community Context – ***Social Cohesion***	*"… fui a diferentes lugares donde muchas agencias hablan de trabajar juntos para el mismo objetivo, es difícil a veces lograrlo y me tocó vivir lo. Que sí, sí se logra diferentes agencias trabajando todas para mismo objetivo de mejorar la comunidad, servir a la comunidad y es el trabajo en equipo."* **[Translation]** *"…I've been to various places where there are several agencies talking about working together to achieve the same objective, it's challenging work but I have been witnessed to it … That is, it can be done; different agencies work together to achieve the same objective to improve the health of the community, to serve the community, it's team work."*
Economic Stability - ***Transportation***	*"El transporte en no hay transporte público. Más allá de hace un tiempo empezaron con un transporte público de luz y si es para él todo el condado, pero es muy poco."* **[Translation].** *"There's no public transportation. Long ago it got started and it was for the whole county but it's not enough."*

a) **Neighborhood and Built Environment**: **Environmental conditions** were discussed by participants who expressed much appreciation for buildings and facilities that benefit families such as a public library and recreational facilities, and concern over exposure to toxins such as chemicals used in agriculture or those from weapons warehoused in the surrounding area.

b) **Health and Healthcare:** Participants voiced their awareness of the health needs of **vulnerable populations** in the community. Although they voiced the needs of children and youth, they also mentioned the Latina/o community as well as the need of older adults. Participants discussed **health behaviors** with an emphasis on opportunities for children / youth to engage in healthy eating as well as physical activities and other extra-curricular/leisure activities as alternatives or deterrents of engaging in substance use. Participants narrated the need to make certain health care services available and affordable with an emphasis on localized prenatal care and having more education regarding the affordable options for healthcare services.

c) **Education:** Participants discussed the need to educate the community on available health services and on good health practices such as those that promote healthy eating for children, availability of healthy foods in schools and substance use education (prevention) programs. There was an emphasis on children/youth health including prenatal services and education.

d) **Social and Community Context**: Participants provided voiced **their civic pride and participation**, speaking fondly of schools and libraries that have opened recently and provided examples of their own participation in city government and in volunteering to meet community needs. Participants provided examples of the importance of **family involvement** in the healthy development of their children/youth including working with schools to address academic and non-academic issues, parenting advice, and supporting healthy eating. Participant comments also illustrated the importance of **social cohesion** with examples of instances in which community members come together to celebrate, organizations come together to collaborate on initiatives and provide informal, community group activities.

e) **Economic Stability:** Participants both having access to **transportation** that facilitates attending medical appointments as well as challenges in traveling to health services outside the area; they also reported challenges

in taking kids to school in the absence of public transportation in cases where distances are far for pre-kindergarten and kindergarten aged children.

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). In this section, participants emphasized Economic Stability segment focused on Housing Instability, which can be found in Table 2 below.

Table 2. Health and Healthcare Disparity Examples

Health Topic	Direct Quote Examples
Economic Stability - ***Housing Instability***	"*También lo que aquí hemos visto es que ay mucha gente que no tiene casa, mucha gente sin hogar que anda pues mal*." **[Translation]** "*Also we are seeing here a lot of homeless people, a lot of people without a home and they are in a bad situation."*

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). This was a limited section given the extent of material and time that took place in the prior sections. In this SDoH section, participants discussed the following topics a) Economic Stability (Transportation, Employment and Childcare) and b) Neighborhood and Built Environment (Public Safety). See Table 3 below for direct quote examples.

Table 3. Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Economic Stability – ***Transportation***	*"…y también no ay transporte para los de la primaria, el transporte para los niños es limitado…los míos no tienen transporte…casi la mayoría."* **[Translation]** *"…there is also limited transport for children in primary school…mine do not have transportation…"*
Economic Stability – – ***Employment***	"Hay uno que es muy importante que estamos dejando pasar y es el aumento de trabajo en esta comunidad, en los últimos años ha subido mucho el porcentaje de trabajo, nuevas plantas, bodegas y bueno independiente de eso los que ya están trabajando en las plantas…" **[Translation]** "*There is one thing we are forgetting, and that is the increase of work in this community, in recent years, the percentage of work, new plants, warehouses and good independent [workers] that are already working in the plants has gone up.*"
Economic Stability – – ***Childcare***	*"Y si hace falta entonces eso también hace a lo que decía, no es solo el niño está enfermo y no pudo ir a trabajar, eso no tengo quien lo cuide…"* **[Translation]** *" …it is not only that the child is sick and I could not go to work…I do not have anyone to take care of [my child]…"*
Neighborhood and Built Environment – ***Public Safety***	"*Pero si estas en la zona de la escuela y vives a menos de 10 cuadras o lo que sea menos de 2 millas de distancia debes ir caminando. Pero los niños de 5 años que apenas van a entrar al kínder y que uno no puede. Está bien y no porque donde está la seguridad."* **[Translation]** *"…if you are in the school zone and you live less than 10 blocks away or less than 2 miles, you must walk. But kids who are five who are just entering kindergarten…it's fine [to walk] …where is the security."*

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

In addition to these topics that dominated this section of the discussion, the *breadth of SDOH topics discussed* during the entire focus group discussion was remarkable. Below is an overview summary of additional SDOH topics (not covered above) by the four major domains in outline form (details are available upon request).

Neighborhood and Built Environment

- Crime and Violence

Economic Stability

- Food Insecurity
- Poverty

Social and Community Context

- Community Outreach
- Community Norming
- Community Programs
- Sense of Belonging

APPENDIX E: Heppner Additional Topic Examples

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Social and Community Context – ***Community Norming***	"*I…think it's an opportunity, whether you're talking about a philosophy or mindset. So if you have a community that thinks negatively, or…has unhealthy habits to practice against a positive norm…that [becomes the] mentality first and then…the physical environment…help[s] promote that [mentality].*" *... "when you don't feel a sense of safety or a sense that kids or adults are making good decisions, then you call them on it. I think people in Heppner hold people accountable…if you see that kids are making poor choices, or destroying something, or hurting something, or not being where there supposed to be…there is a village mentality."*
Social and Community Context – ***Social Cohesion***	**"…***it was a grass roots [project]…a group of people, are working on making sure kids who don't have lunch, have lunch. [They] are putting together peanut butter and jelly sandwiches, fruit, chips, drinks and they are down at the park every day from 11:30 to 12:30pm*." **"***…when people are ill or have been in a really bad accident, immediately there are groups of people that form dinners or fundraisers for those people and the turnout on them is incredible. There's lots of donations…money just raised in this community in one single night… it's pretty impressive. And it happens multiple times throughout the year…*"
Social and Community Context – ***Community Programs***	"*When you say community, I think of even broadly, more than our towns, our county. About seven years ago…many people in the county desired assistance with weight management, obtaining a healthy weight, being more active, that type of thing. And through our county, we were able to provide…a short three-month program around that concept… [and it was] hugely successful. Unfortunately, one of the downfalls we face in our small communities is finding volunteers to run the programs…usually it is short lived, but here it is eight years later, and we are still conversing about it. We would like something like that again, or become educated, we can support one another*."
Health and Healthcare- ***Health Behaviors***	"*…in the last year, there is a gal that started Zumba class through Blue Mountain Community College. …. the biggest complaint for a long time was we don't have a gym…we can't exercise…or we can't be healthy because we don't have a gym. Well…people…are finding places to do those small group activities that I think is really positive. Yah and I go to a morning workout class. We use a church. And in the summertime, we use the parking lot, or the basketball court, or outside the pool, or the stairway by the hospital…so that it's not so repetitive…[there are] those things that I think stemmed off that weight loss, the county weight loss challenge."*
Health and Healthcare –***Healthcare Workforce***	"*…sometimes we don't have the work force whether it's paid or volunteer to fund mental health providers, or…any other work force needs. It's very hard…[for] our Public Health Department [to] recruit nurses. And our work force pool to reach them and just hope like the devil you can retain them*."
Neighborhood and Built Environment – ***Public Safety***	"*…distracted driving…II can pass eight cars between Heppner and Lexington and five people will not be looking at me…[it's] very concerning…they think that they are on a rural road and no one is coming near them*."

a) **Social and Community Context**: Participants voiced the value of **community norms** that both reinforce and promote desirable behaviors as well as deter against undesirable behaviors such as truancy. Community well-being was also

highlighted with examples of a palpable **social cohesion** through examples of participation in community activities and mutual support. Participants also highlighted the value of **community programs** in promoting health.

b) **Health and Health Care:** Participants shared their awareness of the importance of **health behaviors** including the value of physical activity and healthy eating on health as well as their concern for observed substance use and risky sexual behaviors. The shortages in **health care workforce** that impact rural communities were also discussed by focus group participants.

c) **Neighborhood and Built Environment**: Participants voiced that **public safety** is an important aspect of community well-being as well as their concern for high speed traffic around their community.

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). This section focused on Health Behaviors (examples are included above in Table 1) as well as brief comments about health in general and vulnerable population (additional details available upon request).

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). In this section participants discussed Health Behaviors and community Norming (covered above). Participants also raised the importance of a) Economic Stability (Food Insecurity) and b) Social and Community Context (Trauma). Examples can be found in Table 2 below.

Table 2. Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Economic Stability - ***Food Insecurity***	"*…we are doing a Food Back Pack Project this next year…I feel like we need to do more than just provide [students] with the backpacks. We're going to give [them] to the kids…so they can have food, not for their parents, for them…[and] trying to teach them some skills so that it's not a generational thing*."
Social and Community Context - ***Trauma***	"*…generational determinants, generational poverty, generational abuse, generational drug abuse…foster care. All of those are ACE (Adverse Childhood Experiences) type factors, and they are determinants, and medical and mental health research shows that hugely…they really stress out young minds, young lives…I hear concerns that children come into the school system having high exposure to these types of stressors*."

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

In addition to these topics that dominated this section of the discussion, the *breadth of SDOH topics discussed* during the entire focus group discussion was remarkable. Below is an overview summary of additional SDOH topics (not covered above) by the four major domains in outline form (details are available upon request).

Social and Community Context

- Poverty
- Rural Parity
- Civic Pride
- Social Isolation
- Sense of Belonging

Neighborhood-Environment

- Natural Resources
- Access to Foods that Support Healthy Eating Patterns

Economic Stability

- Employment
- Transportation
- Economic Development

Education

- Skills Training/vocational Education

Health and Healthcare

- Health Education

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Morrow	Morrow	Morrow	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	11,300	11,525	11,890	4,141,100
Age 0-17 2013, 2015, 2017	3,125	3,089	3,003	869,330
Age 0-17 % of Total Population	28.0%	27.0%	25.3%	21.0%
Age 16-64 2013, 2015, 2017	6,630	6,722	6,955	2,557,575
Age 16-64 % of Total Population	59.0%	58.0%	58.5%	61.8%
Age 65 and Over	1,545	1,714	1,932	714,196
Age 65 and Over % of Total Population	14.0%	15.0%	16.2%	17.2%
Race				
% White	88.0%	60.5%	61.2%	77.0%
% American Indian/Native Alaskan	0.7%	0.91%	0.4%	0.9%
% African American/Black	0.2%	0.60%	0.1%	1.8%
% Asian	0.9%	0.72%	0.4%	4.0%
% Pacific Islander	0.0%	0.1%	0.1%	0.4%
% Other	6.1%	1.9%	0.0%	0.1%
% 2 or More	0.4%	3.4%	3.1%	3.5%
Ethinicity				
Hispanic	30.6%	35.2%	34.7%	12.4%
Gender				
% Females	50.9%	49.1%	45.4%	52.0%
% Males	49.1%	50.9%	54.6%	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	3.35	3.50	3.3	3.1
% Single Parents - ACS	**33.2%**	**33.2%**	**9.8%**	8.3%
Unemployment - OR Dept of Employment	**8.2%**	**7.1%**	**5.0%**	4.9%
Education				
% of Population without a High School Diploma - ACS	**22.9%**	**12.4%**	**24.9%**	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	84.82%	83.52%	80.30%	77.80%

	Morrow 2013	Morrow 2015	Morrow 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	**16.1%**	**16.8%**	15.2%	15.7%
Child Poverty Rate - ACS	**24.5%**	**22.9%**	**22.9%**	20.4%
Language				
% of Limited English Speaking Households	0.9%	NA	NA	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	**86.1%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	**28.1%**	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	27.3%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	41%	41%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	0.7%	1.3%
No Telephone Available in Household - ACS	**3.0%**	1.8%	1.1%	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	0	0	NAP
Unsheltered	NA	0	0	NAP
Transportation				
No Personal Transportation Available in Household - ACS	6.1%	5.1%	2.6%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	2,762	3,370	3,413	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	92.81	125.19	135.87	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	**71.4%**	**71.3%**	**72.3%**	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	810	750	670	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	1,230	1,230	980	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**25.4%**	**23.7%**	21.2%	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	10.9%	11.0%	8.7%	14.2%

	Morrow 2013	Morrow 2015	Morrow 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	1,292	1,268	1,173	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate per 1,000 births	NA	3.9	**6.1**	4.6
Low Birthweight per 1,000 births	49.1	41.2	29.4	68.3
Births to Mothers Receiving Inadequate Prenatal Care	**9.4%**	**10.5#%**	**11.3#%**	6.1%
Births to Mothers under the age of 18	**1.8%**	0.11%	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	**16.5**	9.2	12.0	12.8
Children in Foster Care per 1,000 - OR DHS	**22.0**	**20.0**	3.8	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	19.0	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	$4,008	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	**71%**	**65%**	**64%**	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	65.7%	**38.9%**	**40.9%**	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	**68.1%**	74.0%	69.0%	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	23.2%	23.2%	16.9%	23.9%

	Morrow 2013	Morrow 2015	Morrow 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	92.2	87.4	88.0	86.3
% Reporting Good, Very Good, or Excellent Mental Health	86.0	86.6	**70.9**	75.0
Preventative Care Visit, % last 12 months	**49.9**	**45.3**	**53.5**	61.8
Emergency Care Visit, % last 12 months	28.0	33.3	**35.3**	34.8
Oral Health Visit, % last 12 months	**67.9**	**62.1**	**67.2**	74.0
Suicidal Ideation, % last 12 months	12.9	15.1	**17.0**	16.9
% Have had Sexual Intercourse	**9.2**	3.7	**9.4**	8.4
Substance Use, % Abstaining - Tobacco	**96.7**	**97.6**	**91.9**	91.6
Substance Use, % Abstaining - Alcohol	**85.7**	70.4	65.7	73.2
Substance Use, % Abstaining - Marijuana	**90.2**	**96.3**	**91.0**	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	85.7	89.0	88.7	83.2
% Reporting Good, Very Good, or Excellent Mental Health	77.6	74.4	78.9	66.3
Preventative Care Visit, % last 12 months	**55.5**	**51.9**	**54.4**	62.2
Emergency Care Visit, % last 12 months	**39.2**	29.3	26.9	35.7
Oral Health Visit, % last 12 months	74.2	**68.7**	**67.1**	73.8
Suicidal Ideation, % last 12 months	16.0	15.7	13.6	18.2
% Have had Sexual Intercourse	**61.2**	**47.1**	**44.2**	40.9
Substance Use, % Abstaining - Tobacco	84.0	**97.5**	90.6	92.3
Substance Use, % Abstaining - Alcohol	55.0	38.9	**75.4**	73.1
Substance Use, % Abstaining - Marijuana	73.9	**85.1**	**86.4**	79.1
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	**49.9**	**50.7**	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	**19.6**	17.5	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	12.5	17.5	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	180.0	180.1	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**55.3**	43.7	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	28.5	33.2	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	41.0	47.2	48.3

	Morrow 2013	Morrow 2015	Morrow 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	16.0	14.0	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	7.1	5.2	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	101.6	125.9	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	8.9	10.5	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	5.3	10.5	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	85.7%	**82.7%**	**72.1%**	82.9%
Overall Mental Health (2010-2013 BFRSS)	74.8%	76.2%	64.5%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	NA	**48.8%**	20.3%
Tobacco Use Total (2010-2013 BRFSS)	**42.6%**	**33.7%**	**23.1%**	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	**23.0%**	15.8%	15.8%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	**19.6%**	**17.9%**	**17.9%**	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	**18.6%**	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	S	S	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	3.6%	S	**28.8%**	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	**16.6%**	**18.6%**	**30.9%**	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	**	NA	S	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	52.0%	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	**36%**	**29.5%**	**29.5%**	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	118	108.8	**10.0%**	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	39.3	38.6	4.5%	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	11.5^	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	9.6^	NA	**11.9%**	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	10.4^	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	17.4^	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	14.8	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	8.1^	NA	**10.0%**	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	44.8	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	3.8^	NA	48.5%	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.

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% 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.

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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

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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
Morrow	3.9	3.5	3.6	3.4	3.3

INTERPERSONAL SKILLS

	2013	2014	2015	2016	2017
Morrow	3.5	3.9	3.7	3.7	3.5

APPROACHES TO LEARNING

	2013	2014	2015	2016	2017
Morrow	3.7	3.6	3.7	3.5	3.4

NUMBERS & OPERATIONS

	2013	2014	2015	2016	2017
Morrow	7.1	7.8	7.6	7.6	10.9

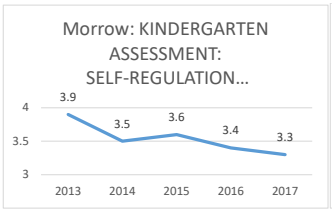
LETTER NAMES

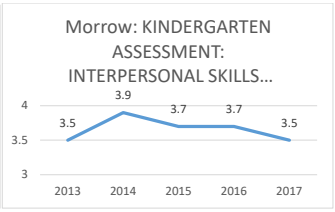
	2013	2014	2015	2016*	2017
Morrow	11.0	14.0	11.6	8.4	8.9

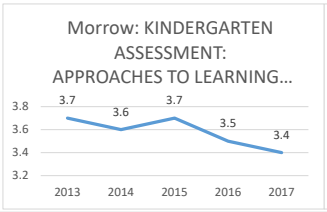
SOUNDS

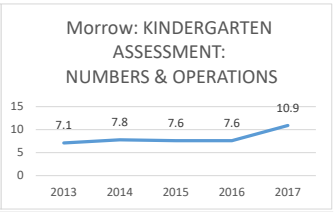
	2013	2014	2015	2016	2017
Morrow	3.3	4.9	3.8	4.4	4.7

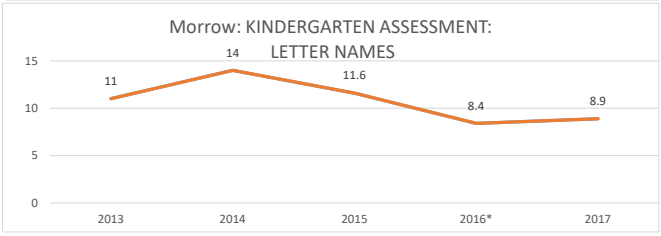
Source: Oregon Department of Education
Compiled by Cade Burnette, Blue Mountain Early Learning Hub
NOTE: Elements of the actual assessment changed between 2013 and 2017

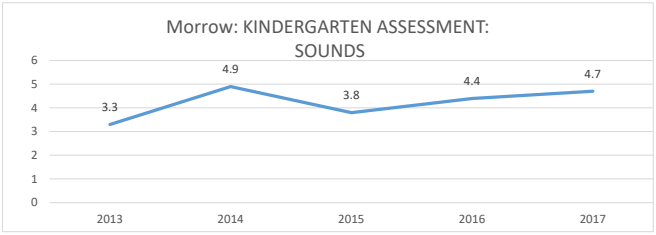












EARLY CARE & EDUCATION PROFILES

MORROW 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

Morrow County, Oregon

CHILDREN

2,212

Children under age 13 living in the county [1]

- 469 children 0-2 years old [1]
- 312 of children 3-4 years old [1]
- 1,431 of children 5-12 years old [1]

Over **1/2** 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

217

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

- 180 slots in Child Care Centers [4]
- 37 slots in Family Child Care Homes [4]

35% of 3-4 year olds are enrolled in preschool [5]

10% of children under age 13 have access to visible child care [4]

AFFORDABILITY

$4,008

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

19% 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]

$24,128 - $50,710

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.

Oregon State University

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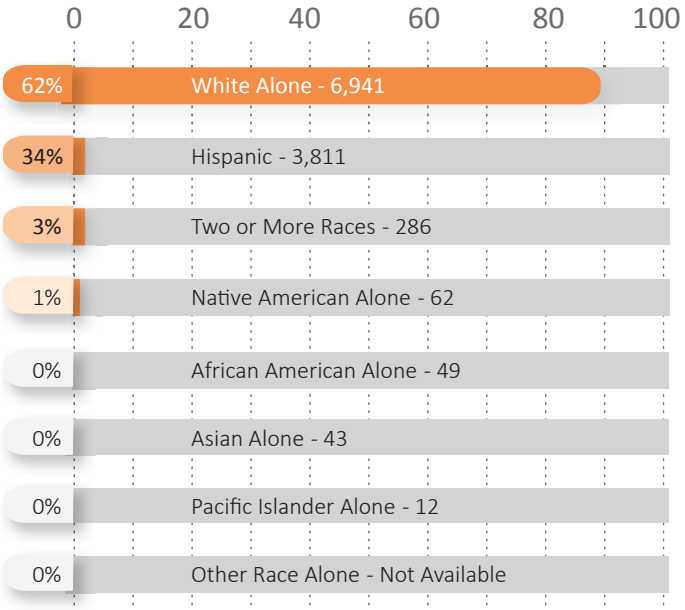
MORROW COUNTY

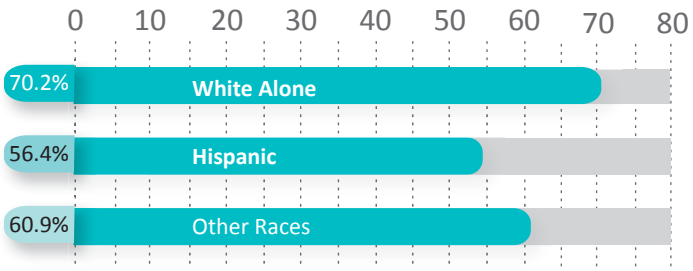
DEMOGRAPHIC & HOUSING PROFILES

Population	Morrow	Oregon	United States
Total (2015 est.)	11,190	4,028,977	312,418,820
# Change since 2010	17	197,903	12,673,282
% Change since 2010	0.2%	5.2%	4.1%

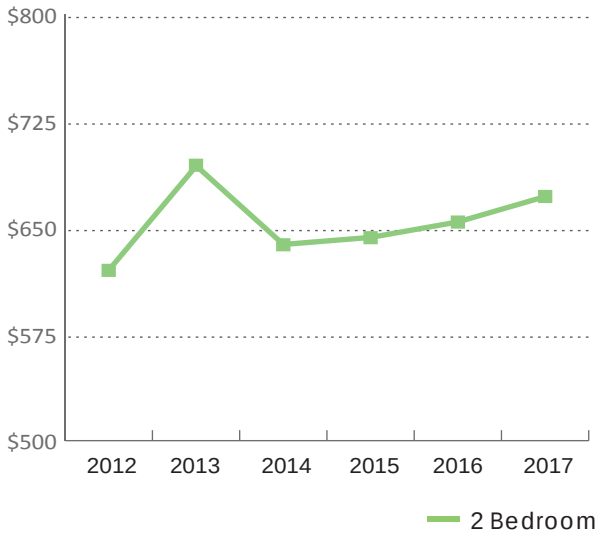
Population by Race/Ethnicity, 2011-2015



Homeownership Rates by Race/Ethnicity, 2011-2015



Fair Market Rents, 2012-2017

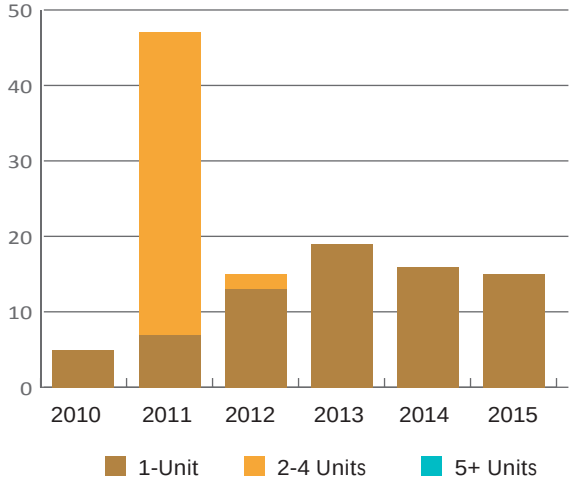


Vacancy Rates, 2011-2015

3.8% Owner Rate

4.5% Renter Rate

Building Permits Issued in County



MORROW COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	1,152	11.1%	$42,064
Construction	158	-40.6%	$91,506
Manufacturing	757	21.5%	$46,287
Wholesale Trade **	207	132.6%	$54,095
Retail Trade**	363	-35.1%	$54,095
Transportation **	301	-5.6%	$54,095
Information	29	-23.7%	Not Available
Finance	162	82.0%	$35,353
Professional, Scientific	189	-38.0%	$49,322
Education, Healthcare	619	-23.0%	$30,481
Leisure, Hospitality	475	90.8%	$19,295
Public Administration	267	-7.3%	Not Available
Other Services	148	-20.0%	Not Available
Total	**4,827**	**-0.5%**	

*** Combined average wage shown per BLS.*

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Morrow County	$137,970
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.*

Unemployment Rates, 2016

$15.76

Morrow 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 7

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

MORROW COUNTY

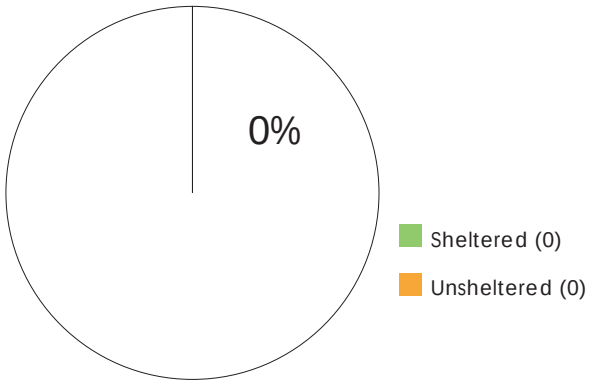
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	240	525	710
Affordable Units	120	595	1,075
Surplus / (Deficit)	(120)	70	365
Affordable & Available*	60	290	710
Surplus / (Deficit)	(180)	(235)	0

**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	$214,866	$171,893	$107,433
% of Stock Affordable	85.1%	71.4%	41.2%

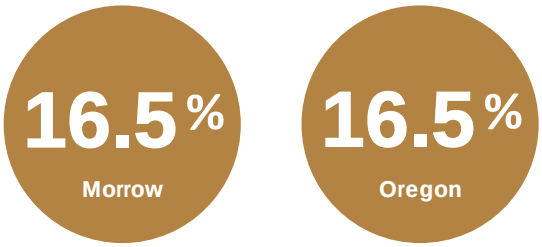
Point-in-Time Homelessness, 2017
Morrow County: Total 0



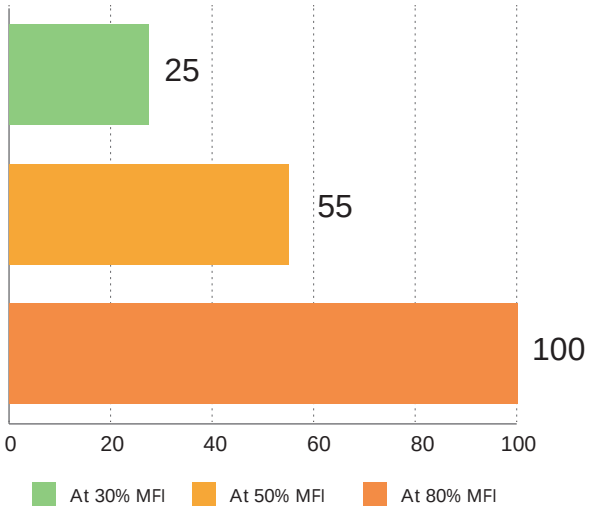
$55,014

Morrow County's
Median Family Income (MFI)

Poverty Rates, 2011-2015

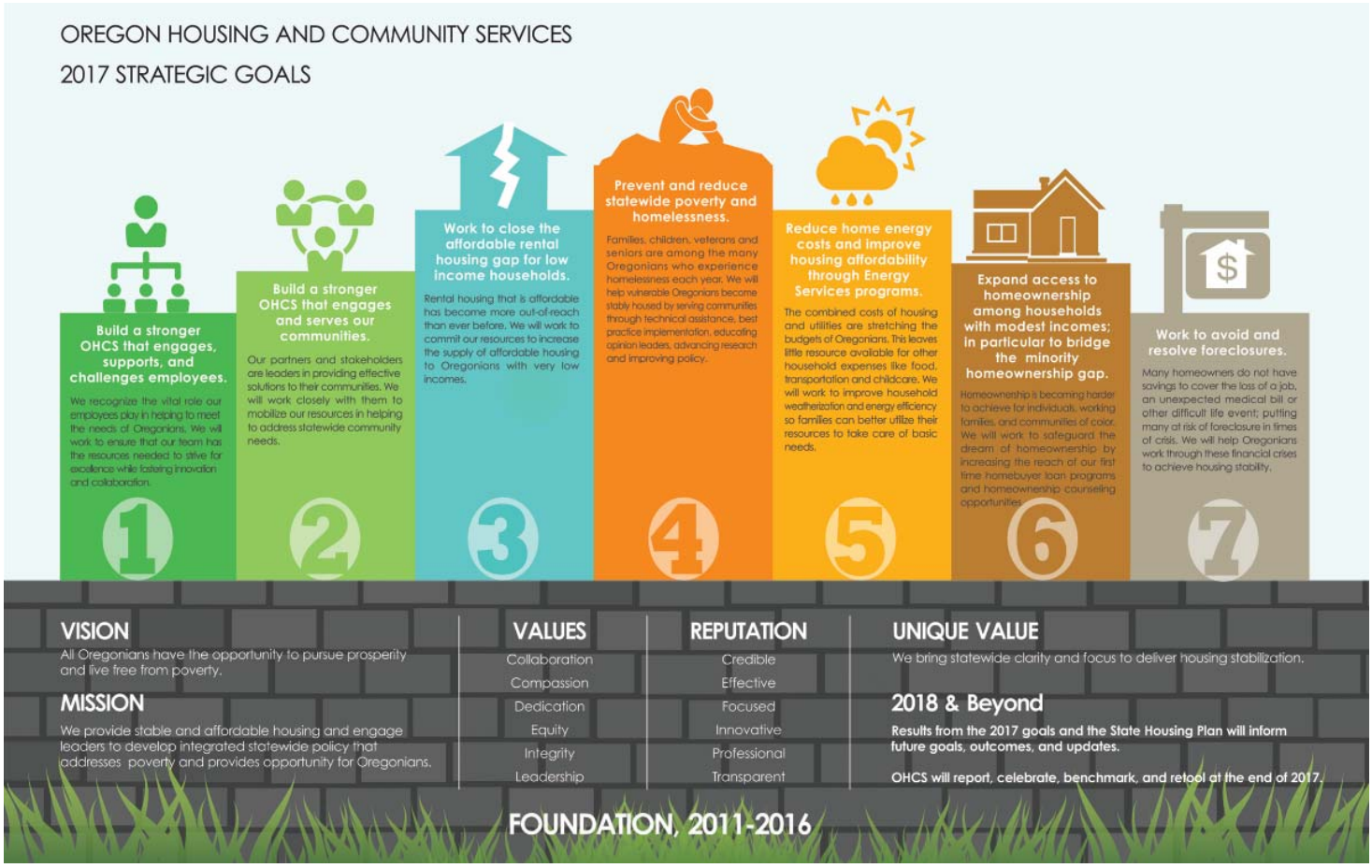


Affordable and Available Rental Homes per 100 Renter Households, 2015



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

	One Adult	One Adult One Preschooler	Two Adults One Preschooler One School-Age
Clackamas	$24,469	$47,211	$65,490
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
Morrow	$17,324	$26,212	$40,115
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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A Place to Call Home: Morrow County

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

We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 25 affordable units available.

180

units are needed to meet the need

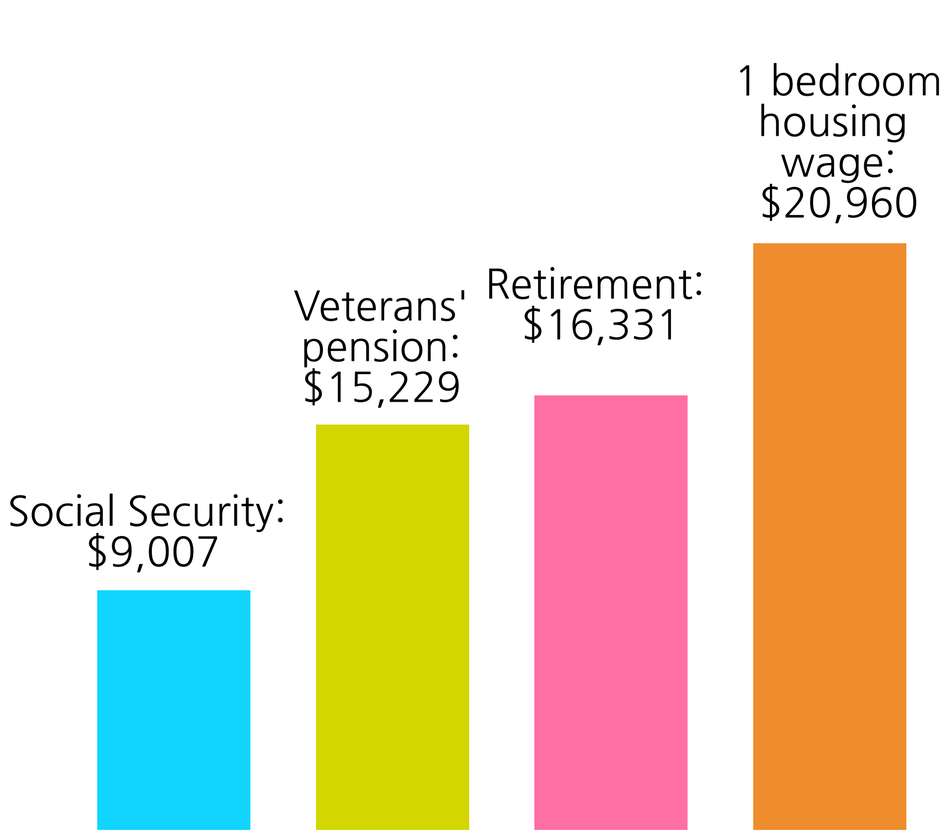
1 out of 7

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

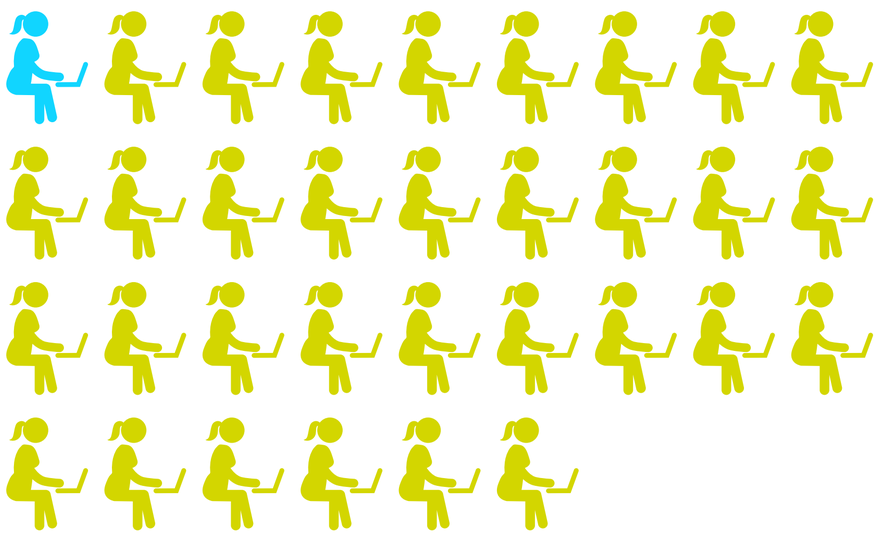
Our neighbors are facing homelessness



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

1 in 33 students

experienced homelessness in 2016-2017



That's 74 students in Morrow County during the 2016-17 school year.

Workers can't afford rent

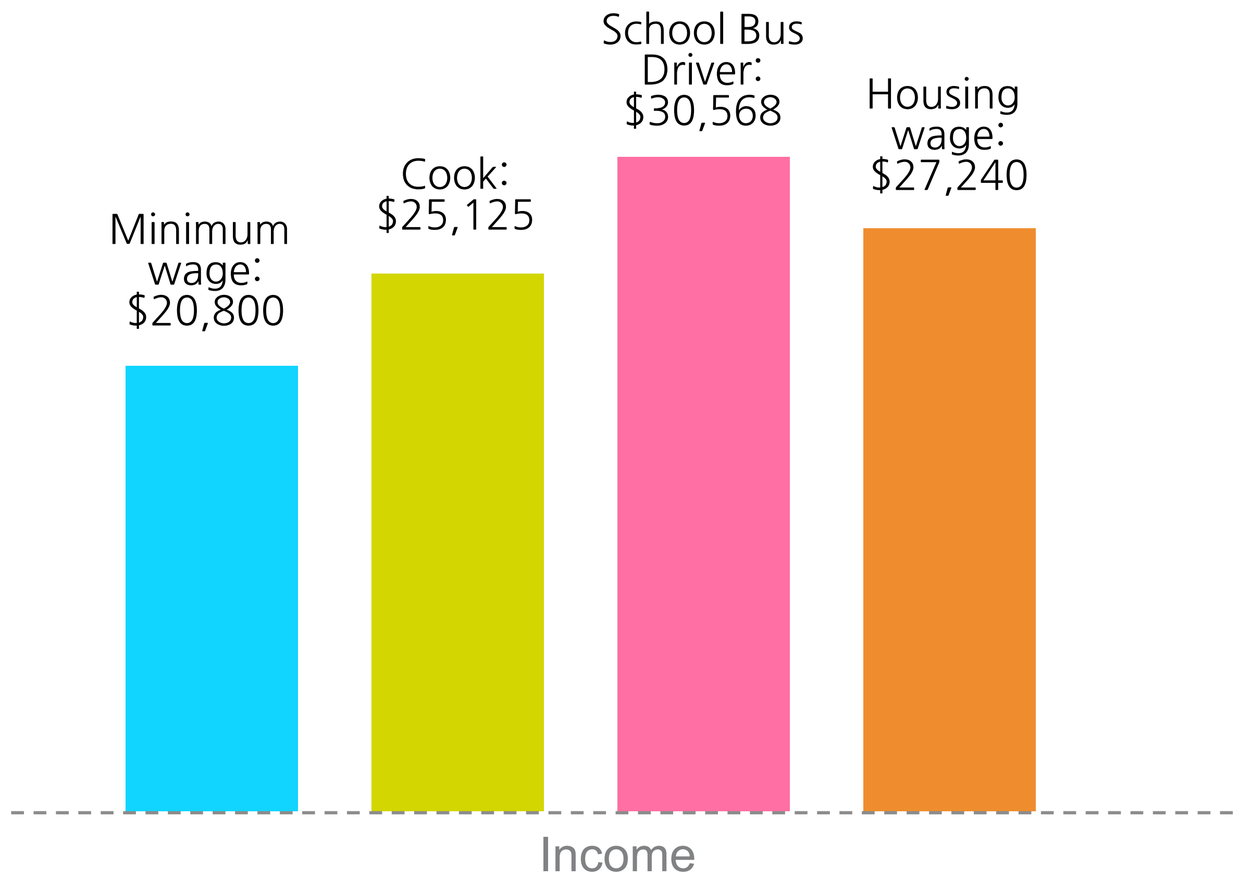
$15.76

Mean renter wage

52 hours

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.



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					Morrow 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%	22.5%	27.4%	42.6%	46.2%	44.2%
									167/392	180/390	210/475
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	2.0%	15.1%	31.2%	24.0%	28.0%
									478/1530	284/1185	281/1003
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	80.0%	68.8%	90.2%
									52/65	44/64	46/51
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	34.1%	33.8%	40.5%	45.7%
									66/195	68/168	75/164
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	12.9%	32.8%	24.4%	32.2%
									154/470	109/447	177/550
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	4.3%	12.6%	31.4%	43.6%	54.3%
									64/204	92/211	114/210
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	31.7%	50.2%	49.6%	36.3%
									128/255	117/236	129/355
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	41.6	48.8	51.4	50.0	38.2
									1743/33892	1547/30927	1259/32940
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	98.4
											375/3812
11	Follow-Up after Hospitalization for Mental Illness	58.3%	66.6%	72.5%	75.7%	N/A	N/A	N/A	N/A	N/A	N/A
12	Depression Screening and Follow Up Plan	N/A	20.4%	25.0%	52.9%	60.3%	8.1%	13.2%	29.1%	32.2%	N/A
							329/4040	331/2508	776/2667	864/2684	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	15.1%	51.8%	59.4%	66.8%	N/A
							341/2261	253/488	316/532	445/666	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	6.7%	33.3%	39.2%	40.3%	N/A
							144/2147	108/324	135/344	181/449	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	38.7%	33.9%	N/A
									162/419	113/333	
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%	92.3%	80.0%	92.9%	95.7%	N/A
							12/13	12/15	26/28	22/23	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	75.9%	76.5%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	81.3%	92.9%	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	Morrow County	Adults 2017 1114
Depression	24.4%	36.8%	34.5%	384	
Diabetes	9.2%	11.6%	10.5%	117	
All Chronic Diseases	54.8%	64.7%	61.0%	680	
Physical health Not Good	38.5%	53.1%	51.0%	568	
Mental Health Not Good	38.9%	50.5%	48.4%	539	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	371	
High Cholesterol		38.4%	35.9%	400	
High Blood Pressure	29.1%	28.3%	28.4%	316	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	360	
Overweight / Obese	62.3%	66.1%	69.3%	772	
Obese	26.9%	36.2%	40.8%	455	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	108	
Sleep < 8	31.3%	38.0%	41.4%	461	
High Blood Sugar	64.4%	60.1%	57.0%	635	
Colon Cancer Screening	66.0%	49.8%	44.9%	500	
Dental Visit	67.0%	51.7%	53.0%	590	
Smoking	16.2%	29.3%	29.9%	333	
Tobacco Chewing	3.5%	3.6%	6.2%	69	
Want to Quit	68.1%	76.4%	75.4%	251	
Tried to Quit	58.2%	62.2%	61.9%	206	
Binge Drinking	14.7%	12.1%	10.2%	114	
Heavy drinking	7.6%	5.0%	3.8%	42	
Food Insecurity	19.9%	48.6%	44.7%	498	
Hunger	10.3%	22.3%	18.8%	209	
4 or more ACE's	22.5%	34.7%	33.7%	375	
Effective Contraceptive Use	68.9%	58.4%	59.7%	665	
5 or more fruits / vegtables per day		26.7%	24.7%	275	