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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Gilliam County
Community Health Assessment
2019

Qualitative Report

Focus Group

GILLIAM COUNTY

Community Health Assessment Focus Group

FOCUS GROUP OVERVIEW

Introduction

As part of the Eastern Oregon Coordinated Care Organization’s 2019 Community Health Assessment a focus group was held at the Gilliam County Courthouse on June 7, 2018. The focus group session lasted over an hour including sign-up and wrap-up time in addition to the group discussion. Participants were provided food and a gift card for their participation.

Focus Groups are method of collecting 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 disparities*, and (c) *social determinants of health*. (See Appendix A). Analyses consisted of transcribing the focus group discussion, and coding the transcript for Community Health Assessment relevant topics (See Appendix B for detailed procedures)

FINDINGS

Part 1. High Coverage Topics.

An examination of the number of times a topic was raised (un-duplicate number of comments) and / or length of discussion, revealed that one set of topics received high coverage. It included: (a) health and health care (availability, access, affordable coverage & health behaviors), (b) social and community context of health (social cohesion and community programming), and (c) education.

Table 1. Examples of high coverage topics in Condon, Gilliam County

Health Topics	Examples
Social/Community Context - <u>Social Cohesion</u>	<p>[Segment 1]. <i>“I would have to say that this rings to everything you all have said, which is, every time there is something good or it’s something that’s trying, the community comes together and people volunteer. The amount of pride the community shows, the amount of comradery and it shows, and I think if you are not from here, it shows how unusual it is.”</i></p> <p>[Segment 2] <i>“I am going to have to say, during the auctions at fair, I think it’s uh, a pretty unique thing that happens. At that time, we get the businesses that donate, a lot of the people in the community that donate helping out young kids, middle aged kids, and really trying to support them in the work that they have done whether it is an animal or a picture or a cake they made.</i> <i>They felt proud to be part of the community.</i> <i>When there were grass fires in Condon, and I called to see if we could come out to help, and everybody was busy, and (Community Leader) couldn’t come to the phone because he was driving a water truck, um, (laughing) that sense of community that things needed done, people got up and did what needed to be done and that make me proud, I don’t live here and I’m not part of this community but it makes me proud.”</i></p>
Social/Community Context - <u>Community Programming</u>	<p>[Segment 1]. <i>“we came together as a community to go through Oregon Solutions stable housing project. And that was part of the reason I had assumed all along we were selected, is that our county would be able to invest in the solutions that that project came up with to help raise the quality of life.”</i></p>

	[Segment 2]. <i>“the new community wellness center I wasn’t here when all that took part but I am assuming they find a need for everyone to go exercise together to build through a variety of change to are Condon residents, Gilliam County residents. We have top of the line equipment and it’s free. How much better can it get!”</i>
Health Care - <u>Availability of Health Services</u>	[Segment 1]. <i>“The dental, the vision, the diabetes, the trucks that have been going around in the country that have these stations that have ? catch the population that may not be signed up somewhere may not want to go to the doctor may not see any issues and may not have family to address ...all of that to have it all inclusive wrap around service a couple times a year if you don’t have a clinic just bring it a couple times a year”</i> [Segment 2]. <i>“I think some children living in families don’t have the spectrum of well child services available to them in the county, and they have to travel out of town and they often don’t have transportation to get where they need to go.”</i>
Health Care - <u>Access</u>	<i>“I think not having an access to a PCP PCH like as a-parent who raised a kid who has chronic health issues you know to constantly be traveling to The Dalles to receive care or to get your prescription filled, or whatever. It is the need can become really.”</i>
Health Care - <u>Affordable Coverage</u>	<i>“Well we still have an issue. The health disparity is in working class poor because I have a friend who has a child that has and the only coverage they have in their family is the school insurance. She works somewhere where that doesn’t offer I know I shouldn’t say that out loud, she makes too much for Oregon Health Plan but not enough to buy private insurance so..</i> Moderator: Even using the exchange? <i>Well I’m trying to get her to that point to do that.”</i>
Health Care- <u>Health Behaviors</u>	[Segment 1-Discussion of challenge of passing drug test to gain employment] Moderator: “Oh, a drug test?” <i>Yah. Uh huh. Uh huh. And that’s not everybody but, does... This is a pot smoking community. Big time. Well it is big time.”</i>
Education – <u>Early Childhood & Childhood population</u>	[Segment 1]. <i>“I hate to say it but we have obesity issue in our community. I know when we looked at our K-8 population I would say that there is a higher percentage than overweight kids than not overweight kids. Its ...Absolutely. It’s more that 50% of our kids are overweight...”</i> [Segment 2]. <i>“Now its Columbia Crest, used to be? Um I think of something good I think that Gilliam County School keeping kids engaged and in school.”</i>
Education – <u>Health Education</u>	<i>“I feel the education that really needs to happen on a community level and remembering it is all one body. One thing impacts the other. Mental health impacts your physical health, your oral health, and we really need to have that brought out. And I think there is a lot of not understanding if you have serious oral health condition, it impacts your diabetes. It can make it worse. It affects babies. You’ve got cardio vascular health, and when they go to their primary care provider, if they’re going to the dentist, they need to be asking questions too. It needs to be across the board.”</i>

Health Care Services. Condon community members expressed both concern with availability and access to services as well as underscored experiences in which services were available (see Table 1).

- An example of the former is their concern with the need for families to travel out of town to find needed services
- An example of the latter is their discussion of “Health Trucks” that visit the community periodically and offer services that are in shortage locally

Regarding Affordable Coverage community members recognized that some families find themselves in a “bind” when their income is above the threshold for Oregon Health Plan but yet they do not have the option of benefits through an employer. This raised the importance of families’ ability to navigate enrollment in the Exchange (see Table 1).

Health Behaviors - Community members discuss their concerns with substance use in the community including marihuana (see Table 1), vaping substances, and alcohol use

Social Community Context of Health. Our protocol also gave ample opportunity for participants to offer their own perspectives of what is “community” and of the community and social contexts of health. Social Cohesion and Community Programs were discussed at length.

- The sense of community in mid-to-low size cities is common and this community was not an exception; they provided examples of community members from all walks of life coming together to support events. Focus group members expressed their pride to be part of this uniquely supportive community (see Table 1).
- Community Members also narrated instances in which community cohesion manifests in specific and structured community programs such as housing and community wellness center projects (see Table 1).

Education. Community members poignantly underscored the importance of education in health (see Table 1). They were pleased to see the engagement of children in school and school activities, and were concerned with increasing obesity problems and the overuse of technology among children. Moreover, members discussed the need for education for the population at-large on the interconnection between behavioral, physical and dental care (how each impacts the others).

Part 2. Additional Important Topics for Community Health Planning

There were topics did not receive the highest levels of coverage but remain important for community health planning. These include social determinants of health, and health disparities.

Social Determinants of Health (SDOH). Even though individuals discussed social aspects of health early on the discussion without explicitly being asked to do so, the focus group protocol also asked respondents to explicitly summarize and discuss Social Determinants of Health (SDOH). Participants showed their awareness of the importance of the social determinants in that the breadth of discussion points touched all four major domains of the model that we used: economic stability, neighborhood and built environment, social and community context, and education. The latter two were discussed above in Part 1; below we provide examples of the key insights on neighborhood / built environment and economic stability.

Community members discussed their concern with access to healthy foods , they: (a) used the term “food desert” to refer to areas with poor access to healthy food, (b) discussed the need for children to access healthy food, and (c) raised the need for education for families to prepare nutritious food (see Table 2 below).

- The low quality of housing in the context of housing shortages was discussed with details about the very poor living conditions and lack of options that would allow families to turn down poor living conditions (see Table 2 below).
- On the other hand, community members also commented on the positive signs of economic development in the county, and linked health to economic development (See Table 2 below).

Table 2. Examples of additional SDOH topics

SDOH topics	Examples
<p>Neighborhood & Built Environment: Access to Healthy Food</p>	<p>[Segment 1]. <i>“The distribution of food is keeping Gilliam County a food desert. Um, it when you hear small markets talking about distributors will not distribute to them, because they don’t have enough when I hear that they drive to Winco every week and by retail vegetables and fruits to put in there store. We are killing Oregonians just with our distribution systems not really being about food to people but about profit...”</i> Moderator: “Hmm. Great. Lot’s of heads nodding.” <i>.... “It’s sad to me that we are living in the middle of wheat and fruit country and we have people that can’t get access to fresh fruit and vegetables. It seems so ironic that we are goring food for the rest of the world and our own people are hungry and can’t access high quality food.”</i></p> <p>[Segment 2-Children Access to Healthy food at school]. <i>“Yah it’s anywhere between 65 and 70% free and reduced lunch. I mean but we are doing a really good job of taking care of that need. And it might not necessarily be, you know, the bountiful basket of fruits and vegetables, but they’re not hungry.and there’s been a lot of work around how do we teach them how to use some of the commodity they get, because theirs people that don’t know how to use a bag of dry beans and don’t know how to use a bag of rice without a minute rice recipe on it. So there has been a lot of work around that too”.</i></p>
<p>Neighborhood & Built Environment: Low Quality Housing</p>	<p>[Segment 1] <i>“people are kind of misinformed, lured in to that trailer park, and have no support groups and once they get there they have no way to leave, they have no transportation, they don’t have the income to allow them to move. I have been in every one of those trailer parks with mobile issues, ... the electricity, wiring are disgusting... The floors. You can see under the house.”</i></p> <p>[Segment 2] <i>“... “horrible housing, uck, absolutely horrible for people to live in... and They’re not even that cheap either. No. It’s really that... I was shocked how much people were charged for a trailer.”</i></p>
<p>Economic Stability</p>	<p>[Segment 1] <i>“... we have new fire hall, new emergency service buildings, we have invested in infrastructure at both ends of the county. We were on the way to a new childcare center that this we have been fortunate enough to have resources other counties don’t have”</i></p> <p>[Segment 2] <i>“Clear down to that basic level to be healthy, there has be a relative level of economic stability and Gilliam County is uniquely as a rural community is better poised for economic stability for all the residents which really put them at a different position. I mean every map I’ve seen lately, Gilliam County ... is a level of economic stability that permeates the community, so people are always wanting, people are wanting for food, and those sorts of basic needs, as other rural communities are finding themselves right now.”</i></p>

Health 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 focus group questions to focus on a specific group (e.g., by ethnicity or gender).

By large respondents in this focus group were preoccupied with disparities in usage of health care and including the importance of transportation and the affordability of coverage. Participants also examined disparities broadly without focusing on any single demographic group. For example, focus group participants ...

- Underscored that the lack of transportation for out –of-area health care appointments result in missed appointments

- Noted that older adults forego seeking services when they are in financial debt (even if they are covered) thus implying that affordable coverage impacts this sub-population
- Discussed that families who are poorly informed and / or lack the expertise to navigate health plan enrollment, experience fragmented and uncoordinated care as they go through cycles of enrollment and disenrollment resulting in gaps in coverage as well as involuntary shifts in health care service providers.
- Poignantly observed that living in Rural settings places them at a disadvantage in access to health care locally

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

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

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

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

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

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

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

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

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

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

1. Give me an example of a time where you felt proud to be part of your community?
 - a. ***Prompt if necessary:*** *In thinking about how you define a "community" tell me what makes you the proudest of your community?*
2. What do you believe are the 2-3 most important characteristics of a healthy community?
 - a. ***Prompt if necessary:*** *What community characteristics help people stay healthy? Be healthy?*
3. Share with me a time when your community came together to improve a specific health issue.

- a. **Prompt if necessary:** Give me some examples of people or groups working together to improve the health and quality of life in your community.
- 4. Tell me about some concerns you have about the health/well-being in your community
 - a. **Prompt if necessary:** What do you believe are the **most important issues** that need to be addressed to improve the health and quality of life in your community?
- 5. Give me an example of a specific challenges in your community that gets on the way of people having healthy lives.
 - a. **Prompt if necessary:** What do you believe **is keeping your community** from doing what needs to be done to improve the health and quality of life?
- 6. Give me an example of a program or policy change that would help make the community healthier (policy example: laws about tobacco and alcohol use).
 - a. **Prompt if necessary:** What actions, policies or funding priorities would you support to build a healthier community?
- 7. Give me an example of a health-related program or model that you are passionate about or that you currently participating in.
 - a. **Prompt if necessary:** What would excite you to become involved (or more involved) in improving your community?

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

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

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

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

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

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

[Provide at least three strengths of the conversation]

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

1. _____
2. _____
3. _____

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

APPENDIX B: Focus Group Analyses procedures

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of Analysts largely drew from the Office of Disease Prevention and Health Promotions' Healthy People 2020 framework of Social Determinants of Health (SDOH) that includes Health and Health Care, plus four major SDOH domains: Economic Stability, Education, Neighborhood and Built Environment, and Social and Community Context (U.S. Department of Health and Human Services, 2015).

Transcripts of two focus groups were pilot-tested to generate codes that captured the framework above as well as the nature of the focus group interview which was designed to address views of health disparities as well. The team generated over 50 'tags' or codes organized largely under the SDOH model (e.g., Community Norming code to identify a focus group segment that focused on how families role model positive health behaviors, categorized under "Social and Community Context"). Analysts coded focus groups and met weekly to discuss challenges in coding and needed adjustments or revisions to the coding scheme. Qualitative Analysis software allowed Analysts to produce summary tables by topics; those summary tables were used to prepare the reports.

U.S. Department of Health and Human Services. (2015). Healthy People 2020: An opportunity to address social determinants of health in the United States. Author. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Gilliam	Gilliam	Gilliam	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	2013	2015	2017	2017
Total Population	1,900	1,975	1,995	4,141,100
Age 0-17 2013, 2015, 2017	351	357	346	869,330
Age 0-17 % of Total Population	19%	18%	17.3%	21.0%
Age 16-64 2013, 2015, 2017	1,095	1,106	1,087	2,557,575
Age 16-64 % of Total Population	58%	56%	54.5%	61.8%
Age 65 and Over	454	512	563	714,196
Age 65 and Over % of Total Population	24%	26%	28.2%	17.2%
Race				
% White	92.8%	89.1%	86.6%	77.0%
% American Indian/Native Alaskan	0.2%	1.29%	2.8%	0.9%
% African American/Black	0.3%	0.26%	0.3%	1.8%
% Asian	0.3%	1.19%	0.0%	4.0%
% Pacific Islander	0.2%	0%	0.5%	0.4%
% Other	0.45%	1.70%	0.0%	0.1%
% 2 or More	1.7%	0%	0.0%	4%
Ethnicity				
Hispanic	8.3%	6.4%	9.7%	12.4%
Gender				
% Females	45.7%	54.3%	49.3%	52.0%
% Males	54.3%	45.7%	50.7%	48.0%
% Other				
Sexual Orientation				
% LGBTQ Population 2017 - The William's Institute Gallop Poll (38% of LGBTQ Oregonians have an annual income of < \$24,000)	NA	NA	4.8%	4.8%
SOCIO-ECONOMICS				
Family Size - ACS	2.6	2.77	3	3.1
% Single Parents - ACS	34.5%	34.5%	5.6%	8.3%
Unemployment - OR Dept of Employment	7.4%	8.0%	5.9%	4.9%
Education				
% of Population without a High School Diploma - ACS	13.2%	6.2%	10.1%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	93.33	80.00	73.9%	77.80%

	Gilliam 2013	Gilliam 2015	Gilliam 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	11.8%	11.9%	11.2%	15.7%
Child Poverty Rate - ACS	19.7%	17.9%	4.2%	20.4%
Language				
% of Limited English Speaking Households	0.3%	0.4%	0.8%	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	75.0%	90.6%
Renter Occupied Housing Units - ACS	NA	NA	36.4%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	23.8%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	29%	48%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	0.5%	1.3%
No Telephone Available in Household - ACS	1.9%	1.5%	3.3%	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	5.3%	4.0%	3.4%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	348	618	710	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	119.59	191.33	206.40	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	32.6%	61.8%	60.7%	47.6%
Estimated # of Food Insecure Children (OSU, Communitis Reporter, 2013, 2014, 2015)	80	80	80	194,070
Estimated # of Food Insecure Individuals (OSU, Communitis Reporter, 2013, 2014, 2015)	270	280	260	572,790
Estimated % of Food Insecure Children (OSU, Communitis Reporter, 2013, 2014, 2015)	21.9%	20.7%	18.9%	22.5%
Estimated % of Food Insecure Individuals (OSU, Communitis Reporter, 2013, 2014, 2015)	14%	14.4%	13.8%	14.2%

	Gilliam 2013	Gilliam 2015	Gilliam 2017	OREGON 2017
Food Hunger and Insecurity - (Medicaid BRFSS 2014)				
Hunger	NA	18.8%	NA	22.3%
Food Insecurity	NA	44.7%	NA	48.6%
Average Monthly Num. of Children in SNAP-Oregon Dept of Human Services	101	90	93	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate	NA	0	S	4.6
Low Birthweight	NA	34.4	S	68.3
Births to Mothers Receiving Inadequate Prenatal Care	0.0%	16.7	28.6%	6.1%
Births to Mothers under the age of 18	4.8%	22.9	0.0%	0.9%
Maternal Depression - PRAMS Data by State				
% During Pregnancy	22.1	23.7	28.9	20.1
% Postpartum-EOCCO rate	20.9	21.3	47.6	21.3
Children				
Victim Rate Child Abuse per 1,000 - OR DHS	60	S	13.7	12.8
Children in Foster Care per 1,000 - OR DHS	14	24	5.5	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	29.0	NA
\$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	\$6,180	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	81%	85%	86%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	56.0%	57.1%	36.3%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Health Division	68.7%	72.0%	65.0%	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	28.7%	28.7%	21.1%	23.9%

	Gilliam 2013	Gilliam 2015	Gilliam 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	41.6	43.2	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	20.8	32.4	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	62.3	64.8	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	197.4	194.4	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	41.6	10.8	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	31.2	21.6	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	31.2	64.8	48.3

	Gilliam 2013	Gilliam 2015	Gilliam 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	41.6	10.8	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	0.0	10.8	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	187.0	248.4	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	20.8	194.4	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	31.2	0.0	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	77.7%	83.6%	77.8%	82.9%
Overall Mental Health (2010-2013 BRFSS)	66.8%	64.5%	61.5%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	37.7%	S	20.3%
Tobacco Use Total (2010-2013 BRFSS)	31.2%	19.6%	S	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	22.8%	19.6%	19.6%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	84.0%	S	S	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	S	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	S	S	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	17.0%	14.2%	15.5%	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	43.0%	S	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	# 38.9%	NA	34.3%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	57.0%	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	31%	33.0%	NA	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	237.8	247.5	S	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	54.1	51.5	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	S	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	S	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	S	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 confidentiality.

! = Insufficient data.



Community Advisory Council Needs Assessment Data Dictionary

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



Community Advisory Council Needs Assessment Data Dictionary

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



Community Advisory Council Needs Assessment Data Dictionary

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



Community Advisory Council Needs Assessment Data Dictionary

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



Community Advisory Council Needs Assessment Data Dictionary

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

A Place to Call Home: Gilliam County

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

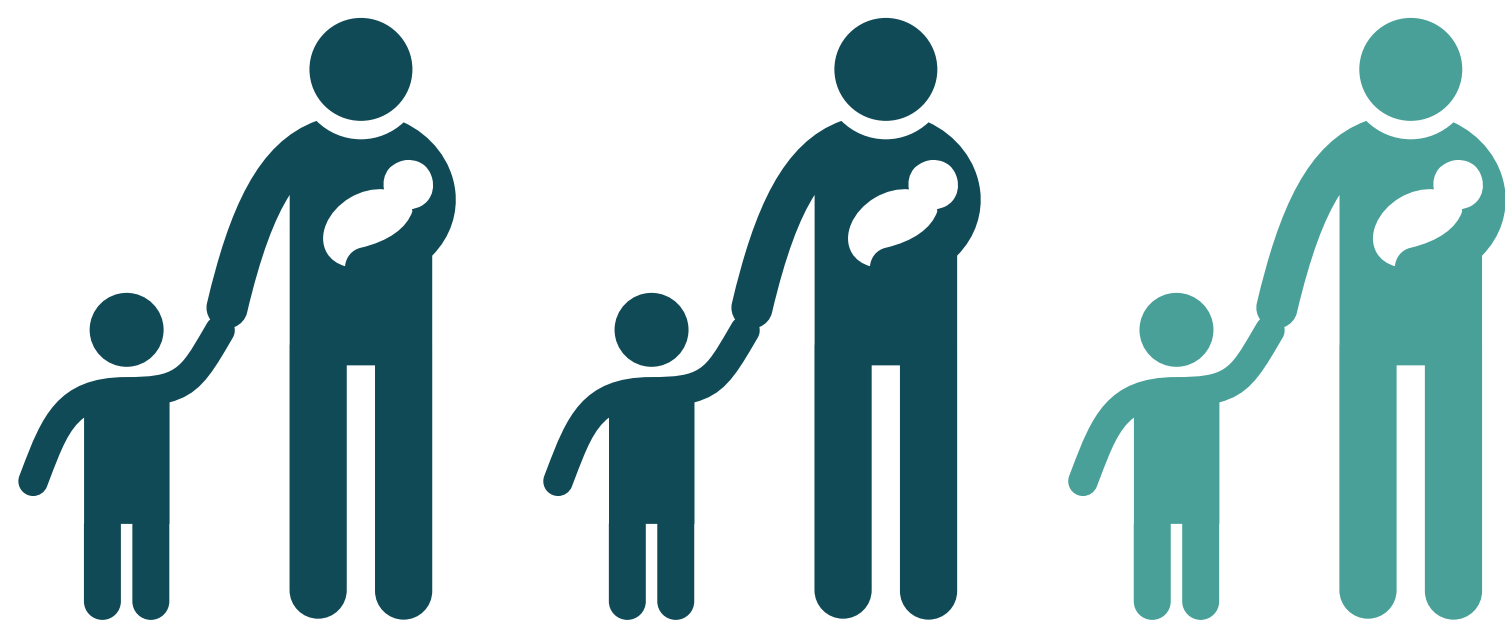
We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 23 affordable units available.

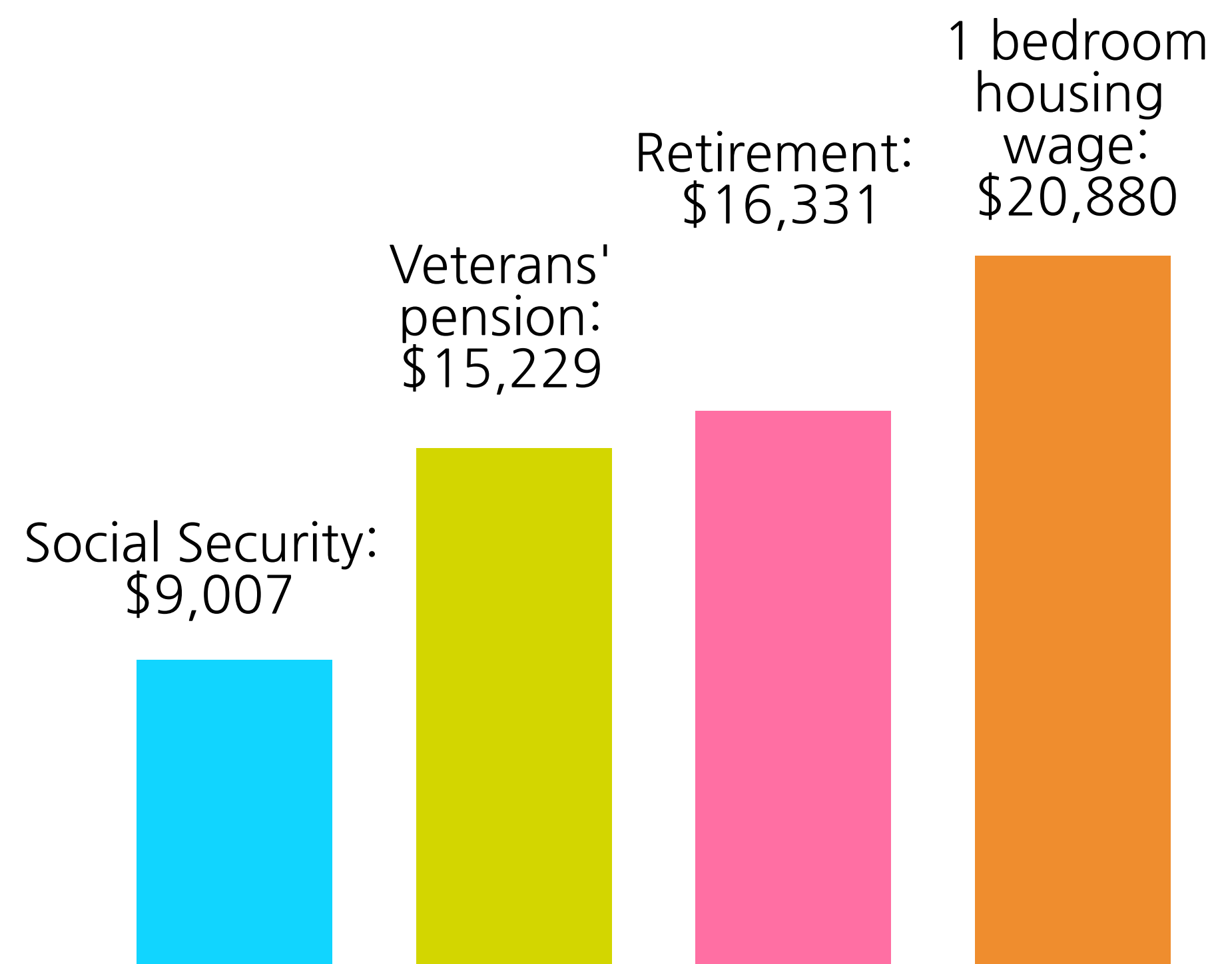


27 units are needed to meet the need

2 out of 3



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



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

Workers can't afford rent

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

\$17.92



Mean renter wage



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



GILLIAM COUNTY

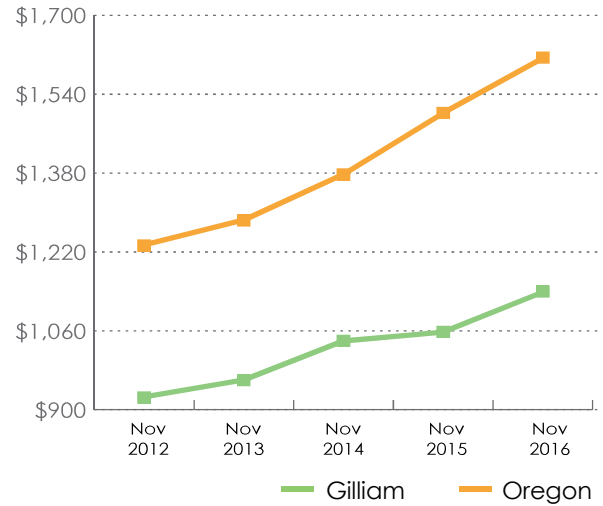
DEMOGRAPHIC & HOUSING PROFILES



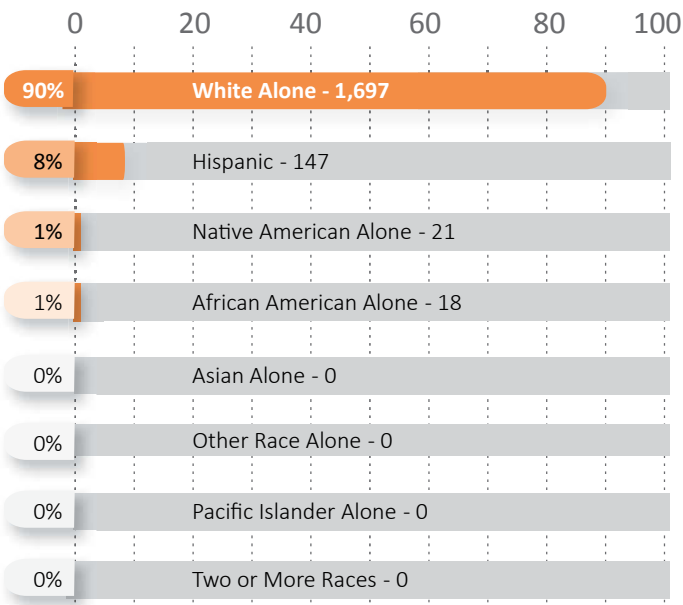
Gilliam County

Population	Gilliam	Oregon	United States
Total (2015 est.)	1,859	4,028,977	312,418,820
# Change since 2010	-12	197,903	12,673,282
% Change since 2010	-0.6%	5.2%	4.1%

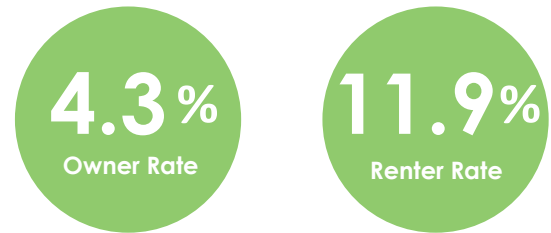
Median Rents, 2012-2016



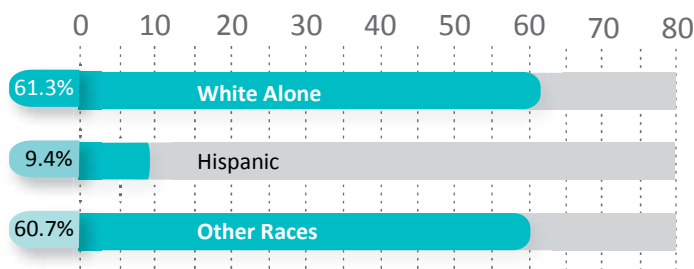
Population by Race/Ethnicity, 2011-2015



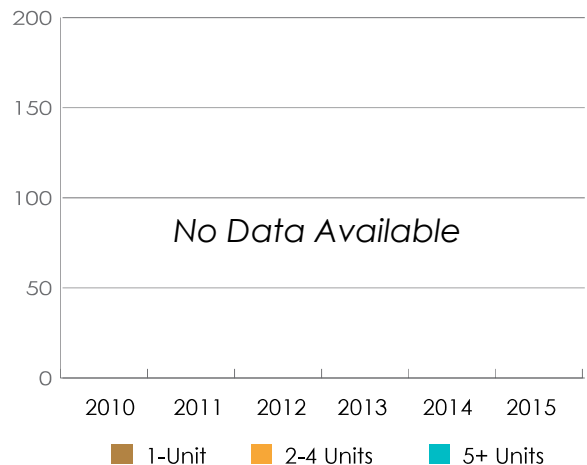
Vacancy Rates, 2011-2015



Homeownership Rates by Race/Ethnicity, 2011-2015



Building Permits Issued in County



GILLIAM COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	93	-56.9%	Not Available
Construction	77	87.8%	\$48,008
Manufacturing	39	-2.5%	Not Available
Wholesale Trade **	24	Not Available	\$38,993
Retail Trade**	102	52.2%	\$38,993
Transportation **	132	71.4%	\$38,993
Information	10	-66.7%	Not Available
Finance	15	-40.0%	Not Available
Professional, Scientific	79	-31.3%	\$61,537
Education, Healthcare	76	-30.9%	\$19,028
Leisure, Hospitality	45	-46.4%	\$13,120
Public Administration	70	4.5%	\$21,107
Other Services	21	110.0%	Not Available
Total	783	-13.6%	

** Combined average wage shown per BLS.

\$ 17.92

Gilliam County's mean renter wage

\$13.10

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



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

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Gilliam County	\$124,989
Central	\$276,545
Eastern	\$143,468
Gorge	\$238,045
North Coast	\$221,895
Portland Metropolitan Statistical Area	\$315,632
South Central	Not Available
Southwestern	\$212,159
Willamette Valley	\$217,611

*Regions are defined on the back cover.

1 out of 5



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

2 out of 3



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

5.9%

Gilliam County

4.9%

Oregon

Unemployment Rates, 2016

GILLIAM COUNTY

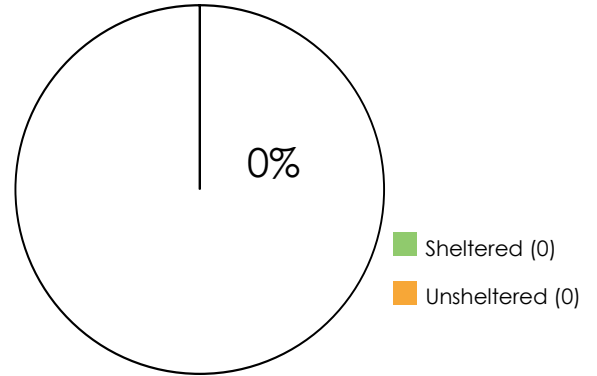
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	35	95	155
Affordable Units	104	244	319
Surplus / (Deficit)	69	149	164
Affordable & Available*	8	108	171
Surplus / (Deficit)	(27)	13	16

*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	\$227,161	\$181,729	\$113,581
% of Stock Affordable	83.7%	74.2%	46.1%

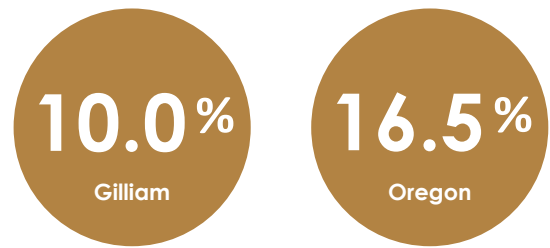
Point-in-Time Homelessness, 2017 Gilliam County: Total 0



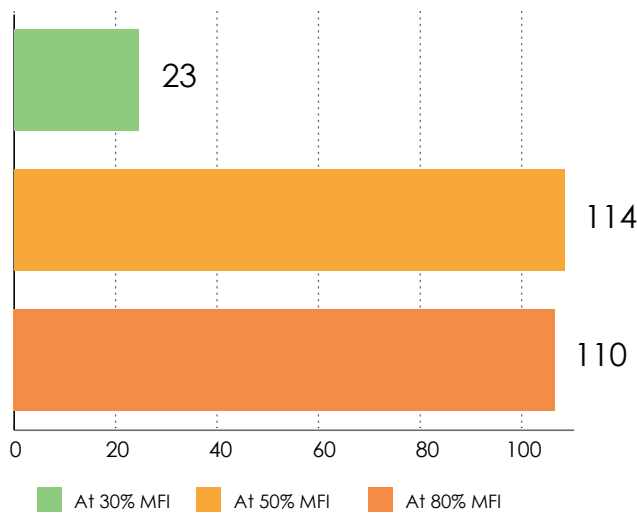
\$58,162

Gilliam County's
Median Family Income (MFI)

Poverty Rates, 2011-2015



Affordable and Available Rental Homes per 100 Renter Households, 2015



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

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

EARLY CARE & EDUCATION PROFILES

GILLIAM 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



Gilliam County, Oregon



CHILDREN

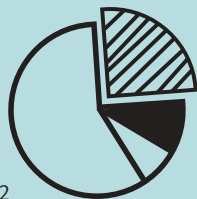


254

Children under age 13 living in the county₁

- 71 children 0-2 years old₁
- 47 of children 3-4 years old₁
- 136 of children 5-12 years old₁

There are **no** children that are Hispanic or Non-white₂



Just over **1/3** of children under age six have both parents employed or a single parent employed₃



CHILD CARE & EDUCATION

56

Slots in centers and family child care homes for children₄



- 40 slots in Child Care Centers₄
- 16 slots in Family Child Care Homes₄

16%

of 3-4 year olds are enrolled in preschool₅



22% of children under age 13 have access to visible child care₄



AFFORDABILITY

\$6,180

Median annual price of toddler care in a child care center₇

\$7,680

Median annual price of public university tuition in Oregon₆

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

29% of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler₇



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

[INSUFFICIENT DATA]

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

References

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

To Cite

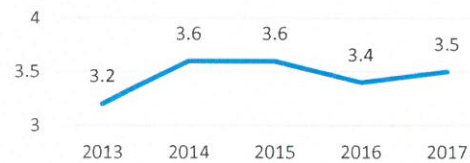
Early Care and Education Profiles: 2018 Oregon Child Care Research Partnership, Oregon State University.



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KINDERGARTEN ASSESSMENT BY GILLIAM COUNTY: EOCCO								
YEAR	Self-Regulation	Interpersonal Skills	Total Approaches to Learning	Number & Operations	Letter Names	Capital Letter Names	Small Letter Names	Sounds
2013	3.2	3.7	3.3	7.9	16.9	NAP	NAP	6.6
2015	3.6	3.8	3.6	9.2	24.5	NAP	NAP	9.9
2017	3.5	3.6	3.5	11.7	NAP	17.9	17.2	9.2
STATE 2017	3.5	3.8	3.6	11.2	NAP	14.5	12.1	8.2

Gilliam: KINDERGARTEN ASSESSMENT: SELF-REGULATION...



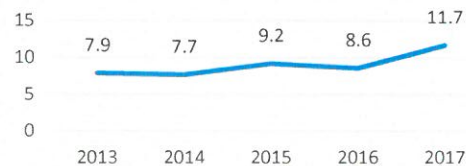
Gilliam: KINDERGARTEN ASSESSMENT: INTERPERSONAL SKILLS COMPARISON



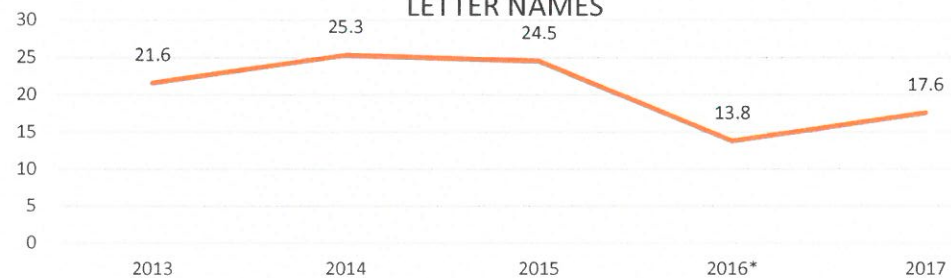
Gilliam: KINDERGARTEN ASSESSMENT: APPROACHES TO LEARNING COMPARISON



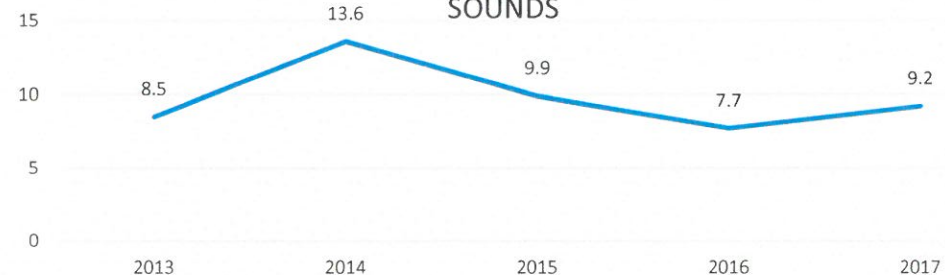
Gilliam: KINDERGARTEN ASSESSMENT: NUMBERS & OPERATIONS



Gilliam: KINDERGARTEN ASSESSMENT: LETTER NAMES



Gilliam: KINDERGARTEN ASSESSMENT: SOUNDS



Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Gilliam 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%	28.6%	32.0%	31.7%	50.0%	46.8%
									13/41	17/34	22/47
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	12.0%	13.2%	9.8%	8.4%	12.2%
									23/234	17/202	24/197
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	20.0%	85.7%	75.0%
									1/5	6/7	3/4
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	15.8%	18.5%	29.6%	38.7%
									5/27	8/27	12/31
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	28.6%	22.0%	32.2%	21.2%
									11/50	19/59	14/66
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	0.0%	7.7%	18.8%	50.0%	61.5%
									3/16	6/12	8/13
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	31.7%	35.7%	30.3%	27.5%
									15/42	10/33	11/40
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	22.2	39.8	43.0	37.3	26.0
									177/4120	147/3937	97/3737
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	51.5
											29/563
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%	N/A	N/A	N/A	N/A	N/A
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	N/A	N/A	N/A	N/A	N/A
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	N/A	N/A	N/A	N/A	N/A
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	N/A	N/A	N/A
16	PCPCH Enrollment	60.0%	60.0%	60.0%	60.0%	60.0%	N/A	N/A	N/A	N/A	N/A
17	EHR Adoption	47.8%	63.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	Timeliness of Prenatal Care	79.50%	90.0%	93.0%	91.0%	91.7%	N/A	100.0%	100.0%	100.0%	N/A
									1/1	3/3	1/1
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	100.0%	78.9%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	50.0%	50.0%	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2018 - Through 11/30/2018

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

2014 ADULT BRFSS	OR	All OHP	EOCCO	Gilliam County	Adults 2017 184
Depression	24.4%	36.8%	34.5%	63	
Diabetes	9.2%	11.6%	10.5%	19	
All Chronic Diseases	54.8%	64.7%	61.0%	112	
Physical health Not Good	38.5%	53.1%	51.0%	94	
Mental Health Not Good	38.9%	50.5%	48.4%	89	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	61	
High Cholesterol		38.4%	35.9%	66	
High Blood Pressure	29.1%	28.3%	28.4%	52	
No Physical Activity Outside of Work	16.5%	28.2%	32.3%	59	
Overweight / Obese	62.3%	66.1%	69.3%	128	
Obese	26.9%	36.2%	40.8%	75	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	18	
Sleep < 8	31.3%	38.0%	41.4%	76	
High Blood Sugar	64.4%	60.1%	57.0%	105	
Colon Cancer Screening	66.0%	49.8%	44.9%	83	
Dental Visit	67.0%	51.7%	53.0%	98	
Smoking	16.2%	29.3%	29.9%	55	
Tobacco Chewing	3.5%	3.6%	6.2%	11	
Want to Quit	68.1%	76.4%	75.4%	41	
Tried to Quit	58.2%	62.2%	61.9%	34	
Binge Drinking	14.7%	12.1%	10.2%	19	
Heavy drinking	7.6%	5.0%	3.8%	7	
Food Insecurity	19.9%	48.6%	44.7%	82	
Hunger	10.3%	22.3%	18.8%	35	
4 or more ACE's	22.5%	34.7%	33.7%	62	
Effective Contraceptive Use	68.9%	58.4%	59.7%	110	
5 or more fruits / vegetables per day		26.7%	24.7%	45	

Arlington and Condon Data

Focus Group

GEOGRAPHY

County: GILLIAM

Major Town: Arlington

Service area includes the following ZIP Codes: 97812

Major Geographic Features: Mountains: 1,700 feet; Valleys; Two rivers

Elevation: 285

TRANSPORTATION

		TYPE OF ROAD
Miles from Arlington	to:	
Nearest Larger Town:	Condon	38 – Primary
County Seat:	Condon	38 – Primary
Nearest Hospital:	The Dalles	54 – Interstate

Special Transportation Barriers: Gorge Wind, Ice

Systems: Gilliam County Special Transportation dial-a-ride

WEATHER

Climate Zone: The Columbia River, Deschutes-Umatilla Plateau

Average Temperature (Winter): 30

Average Temperature (Summer): 67



DEMOGRAPHY (Claritas 2018)

	Population	% Change	% Change RURAL	% Change URBAN	% Change OREGON
2000	742	n/a	n/a	n/a	n/a
2010	829	11.7%	9.0%	13.7%	12.0%
2018	882	6.4%	5.9%	10.7%	9.0%
2023	927	5.1%	4.8%	6.4%	5.8%

CHANGE FROM 2010 TO 2018

Age	2010 Pop	2018 Pop	% Change	% Change RURAL	% Change URBAN	% Change OREGON
0-14	131	160	22.1%	-1.2%	3.2%	1.7%
15-44	275	272	-1.1%	5.7%	6.9%	6.5%
45-64	293	264	-9.9%	-4.4%	7.7%	3.0%
65+	130	186	43.1%	30.9%	42.9%	37.5%
Total	829	882	6.4%	5.9%	10.7%	9.0%

DEMOGRAPHY (Claritas 2018 - continued)**2018 POPULATION BREAKDOWN BY AGE**

Age	Service Area				OREGON			
	Male	Female	Total	Percent	Male	Female	Total	Percent
0-14	79	81	160	18.1%	372,981	356,337	729,318	17.5%
15-20	32	19	51	5.8%	160,257	153,431	313,688	7.5%
21-24	20	11	31	3.5%	109,602	104,449	214,051	5.1%
25-34	43	36	79	9.0%	283,394	277,553	560,947	13.4%
35-44	52	59	111	12.6%	273,149	269,346	542,495	13.0%
45-64	133	131	264	29.9%	530,343	549,757	1,080,100	25.9%
65-74	68	46	114	12.9%	214,548	234,584	449,132	10.8%
75-84	26	28	54	6.1%	89,232	108,646	197,878	4.7%
85+	8	10	18	2.0%	31,663	54,767	86,430	2.1%
Total	461	421	882	100.0%	2,065,169	2,108,870	4,174,039	100.0%

OTHER POPULATION CHARACTERISTICS (Claritas 2018)

	<u>Service Area</u>	<u>Oregon</u>
Hispanic (all, including other and 2 or more, races)	8.6%	13.2%
Asian/Pacific Islander only (non-Hispanic)	1.8%	4.9%
African-American only (non-Hispanic)	0.1%	1.8%
Native American only (non-Hispanic)	1.5%	1.1%
Other, including 2 or more races (non-Hispanic)	2.5%	3.5%

SOCIOECONOMICS (2012 - 2016 American Community Survey)

	<u>Service Area</u>	<u>County</u>	<u>Rural</u>	<u>Oregon</u>
Population below Poverty Level (\$19,318 per year for 2 adults/1 child <18 in 2016)	13.6%	11.2%	16.5%	15.7%
Population below 200% of Poverty Level	44.2%	43.3%	39.1%	35.2%
Population <18 below Poverty Level	8.3%	4.2%	23.3%	20.4%
Population 16+ Unemployed	16.1%	10.6%	9.1%	8.1%
Population 18-64 with Disability	20.2%	16.8%	15.5%	12.3%
Population 65+ with Disability	45.8%	48.7%	39.4%	37.6%
Households receiving Cash Public Assistance	1.8%	1.3%	4.1%	4.0%
Population 25+ w/o High School Diploma	6.9%	10.1%	11.7%	10.0%
Population >5 who Speak English Less than "very well"	0.7%	2.4%	3.9%	5.9%
Uninsured Civilian Non-institutionalized Population	12.2%	14.9%	11.1%	10.4%
Total OHP Eligibles (OHA, Sept 2018)	28.3%	23.1%	29.0%	25.2%

SOCIOECONOMICS (various)

	<u>County</u>	<u>Oregon</u>
Receiving Temporary Assistance for Needy Families (7/2017)	0.7%	1.1%
Children Eligible for Free/Reduced Lunch (17-18 School Yr)	60.7%	47.6%
Receiving Food Stamps (7/2017)	12.9%	16.6%
Government Employees as % of Total Employment (2016)	31.1%	15.5%
Uninsurance (2017--OHA OHIS)	5.7%	6.2%
Medicare Enrollees (2/2018--CMS)	31.4%	19.2%

UNEMPLOYMENT RATES

	<u>County</u>	<u>Oregon</u>	<u>U.S.</u>
2000	4.8 %	5.1%	4 %
2010	9 %	10.6%	9.6 %
2017	4.2 %	4.1%	4.4 %
Percent in Poverty, 2016	12.2	13.4	14
Per Capita Income, 2017	\$47,614	\$48,137	\$51,640
Median Household Income, 2016	\$45,728	\$57,379	\$57,617

VITAL STATISTICS (Oregon Health Authority)

Maternity Characteristics		2012-2016 (Avg per year--rates per 1000 births)						
		TOTAL	Race					Ethnicity
			White	Black	NatAm	Asian	Other	Hispanic
S E R V I C E A R E A	Average Total Births per Year	9	7.6	0.0	0.0	0.4	0.4	0.6
	Low Birth Weight Rate	88.9	105.3	0.0	0.0	0.0	0.0	0.0
	Inadequate Prenatal Care Rate	44.4	52.6	0.0	0.0	0.0	0.0	0.0
	Infant Mortality Rate	22.2						
	Teen (15-19) Birth Rate	44.4	26.3	0.0	0.0	0.0	500.0	0.0
O R E G O N	Average Total Births per Year	45,388	31,045	949	476	2511	1774	8,489
	Low Birth Weight Rate	63.4	60.5	100.1	71.9	77.7	73.4	63.0
	Inadequate Prenatal Care Rate	56.5	48.4	110.2	121.5	74.2	77.7	65.8
	Infant Mortality Rate	5.0						
	Teen (15-19) Birth Rate	53.5	41	74	90	15	79.1	100

*race numbers do not add up to total due to rounding and noninclusion of "unknown" race

VITAL STATISTICS (Oregon Health Authority--continued)

MORTALITY FIGURES (rates are per 100,000 persons [2018 pop])

CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2012-2016):

	Service Area	County	Rural	OR	
Total:	748.3	1047.5	1028.1	824.5	Deaths per Year in Service Area (Average of 2012-16): 7
Cancer:	204.1	194.4	242.9	189.7	
Heart Disease:	204.1	248.4	200.4	157.9	
Chronic Lower Resp Disease	45.4	64.8	68.6	48.3	
Cerebrovascular Disease	0.0	21.6	54.2	43.8	
Unintended Injuries:	22.7	43.2	55.5	44.5	
Alzheimer's:	0.0	64.8	37.8	35.8	
Diabetes:	0.0	10.8	35.4	27.3	
Suicide:	0.0	0.0	21.7	17.9	
Alcohol Induced:	45.4	32.4	23.6	18.5	
Flu and Pneumonia:	0.0	10.8	12.9	10.7	

	Service Area	County	Oregon
Age-adjusted Death Rate, (Avg per year 14-16)	582.8	713.6	843.9
Comparative Mortality Figure, (Avg per year 14-16)	0.8	1.3	1.0
Years of Life Lost Index, (Avg per year 14-16)	0.9	1.5	1.0
Preventable Hospitalizations per 1000 Pop: (2015-2017, Apprise)	16.6	15.1	8.6

HEALTH RISK FACTORS (2010-2013 and 2012-2015 BRFSS; age-adjusted)

	County 2010-13	County 2012-15	Oregon 2012-15
% of Adults who have Cardiovascular Disease	8.6%	8.3	7.1
% of Adults who have Depression	24.7%	28.8	25.2
% of Adults who have Diabetes	10.7%	8.1	8.6
% of Adults who are Cigarette Smokers	19.6%	20	17.9
% of Adults who are Obese	33.6%	30.9	27.1
% of Adults with High Blood Pressure	36.0%	22.4	27.6
% of Adults with No Physical Activity Outside of Work	17.6%	16.1	16.8
% of Adults with 1 or More Chronic Diseases	53.6%	56.2	53.2
% of Adults with a Disability		29.9	25.5

ECONOMIC CONTRIBUTION OF HEALTH CARE EMPLOYMENT (2008)

Total Employment Contribution (Jobs in county)	59
Total Value-Added Contribution to County GDP (in \$Millions)	\$2.1

HEALTH CARE RESOURCES**PRACTITIONERS IN SERVICE AREA**

Primary Care	Licensed	
Family Med Physicians (2016-17 FTE)	0.0	
General Practice Physicians (2016-17 FTE)	0.0	
Internal Med Physicians (2016-17 FTE)	0.0	
Obstetricians/Gynecologists (2016-17 FTE)	0.0	
Pediatricians (2016-17 FTE)	0.0	
Nurse Practitioners (2016-17 FTE)	1.7	
Physician Assistants (2016-17 FTE)	0.0	
Dental		
Dentists (2016-17 FTE)	0.0	
Dental Hygenists (2017)	0	
Mental		
Psychiatrists (2016-17 FTE)	0.0	
Psychologists (2017)	0	
Licensed Counselors & LMFT (2017 FTE)	0.0	
Licensed Social Workers (2017)	0	
Psychiatric Nurse Practitioners (2016-17 FTE)	0.0	(subset of NP and not added to Total)
Other		
Chiropractors (2017)	0	
Direct Entry Midwives (2017)	0	
General Surgeons (2016-17 FTE)	0.0	
Naturopaths (2017)	0	
Nurse Anesthetists-CRNA (2016-17 FTE)	0.0	
Optometrists (2017)	0	
Other Surgeons (2016-17 FTE)	0.0	
Pharmacists (2017)	0	
Registered Nurses (2016-17 FTE)	0.2	(non-NPs/CRNAs)
Total	1.9	

SUPPLY AND DEMAND FOR PRIMARY CARE VISITS IN SERVICE AREA

	<u>Service Area</u>	<u>County</u>	<u>State</u>
Number of Persons Per Primary Care Physician:	0	0	1,193
Number of Visits Accommodated by:			
Primary Care Physicians (2017):	0		
Primary Care PAs and NPs (2017):	3,422		
Total:	3,422		
Number of Primary Care Visits Needed by 2018 Service Area Population:			2,438

HEALTH CARE RESOURCES (continued)

CLINICS IN SERVICE AREA

Number

Rural Health Clinics (RHC):

Federally Qualified Health Clinics (FQHC):

School-Based Clinics:

HOSPITALS IN SERVICE AREA (2017 Calendar Year)

Name:

of Staffed Beds:

Type:

CAH:

of Inpatient Discharges:

of ER Visits:

% Occupancy:

of Births:

Avg IP Length of Stay:

DESIGNATIONS OF SHORTAGE BY SERVICE AREA

- | | |
|---------------------------------|-----|
| 1. Geographic/Population HPSA*: | Yes |
| 2. MUA/MUP*: | Yes |
| 3. Mental Health HPSA*: | Yes |
| 4. Dental HPSA*: | Yes |

Office of Rural Health Unmet Need Area? Yes

M(S)FW = Migrant (seasonal) farm worker

GOV = Designated at the request of the state governor due to local barriers and/or health conditions

*Service Area geographies do not match exactly with Census Tracts or Sub-County Areas. Please check <https://www.ruralhealthinfo.org/am-i-rural> for the latest and most accurate data using your specific address.

"Urban" and "Rural" refer to ORH Rural definitions:

<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/index.cfm>

This report has been prepared by the Oregon Office of Rural Health at Oregon Health and Science University.

Printed on 12/17/2018

Additional information, maps, and lists are available at:

<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/data-publications.cfm>

For questions, comments, or sources, please contact Emerson Ong at: ong@ohsu.edu

GEOGRAPHY

County: GILLIAM

Major Town: Condon

Service area includes the following ZIP Codes: 97823, 97861

Major Geographic Features: Mountains: 2,800 feet; Valleys; One river

Elevation: 2844

TRANSPORTATION

		TYPE OF ROAD
Miles from Condon	to:	
Nearest Larger Town:	Heppner	44 - Primary
County Seat:	Condon	0 - n/a
Nearest Hospital:	Heppner	44 - Primary

Special Transportation Barriers: Fog

Systems: Gilliam County Special Transportation: dial-a-ride for seniors and disabled

WEATHER

Climate Zone: Deschutes-Umatilla Plateau

Average Temperature (Winter): 30

Average Temperature (Summer): 67



DEMOGRAPHY (Claritas 2018)

	Population	% Change	% Change RURAL	% Change URBAN	% Change OREGON
2000	1,135	n/a	n/a	n/a	n/a
2010	1,005	-11.5%	9.0%	13.7%	12.0%
2018	970	-3.5%	5.9%	10.7%	9.0%
2023	974	0.4%	4.8%	6.4%	5.8%

CHANGE FROM 2010 TO 2018

Age	2010 Pop	2018 Pop	% Change	% Change RURAL	% Change URBAN	% Change OREGON
0-14	140	143	2.1%	-1.2%	3.2%	1.7%
15-44	237	242	2.1%	5.7%	6.9%	6.5%
45-64	353	274	-22.4%	-4.4%	7.7%	3.0%
65+	275	311	13.1%	30.9%	42.9%	37.5%
Total	1,005	970	-3.5%	5.9%	10.7%	9.0%

DEMOGRAPHY (Claritas 2018 - continued)**2018 POPULATION BREAKDOWN BY AGE**

Age	Service Area				OREGON			
	Male	Female	Total	Percent	Male	Female	Total	Percent
0-14	68	75	143	14.7%	372,981	356,337	729,318	17.5%
15-20	30	28	58	6.0%	160,257	153,431	313,688	7.5%
21-24	18	11	29	3.0%	109,602	104,449	214,051	5.1%
25-34	40	28	68	7.0%	283,394	277,553	560,947	13.4%
35-44	42	45	87	9.0%	273,149	269,346	542,495	13.0%
45-64	135	139	274	28.2%	530,343	549,757	1,080,100	25.9%
65-74	77	74	151	15.6%	214,548	234,584	449,132	10.8%
75-84	41	51	92	9.5%	89,232	108,646	197,878	4.7%
85+	22	46	68	7.0%	31,663	54,767	86,430	2.1%
Total	473	497	970	100.0%	2,065,169	2,108,870	4,174,039	100.0%

OTHER POPULATION CHARACTERISTICS (Claritas 2018)

	<u>Service Area</u>	<u>Oregon</u>
Hispanic (all, including other and 2 or more, races)	6.5%	13.2%
Asian/Pacific Islander only (non-Hispanic)	0.6%	4.9%
African-American only (non-Hispanic)	0.2%	1.8%
Native American only (non-Hispanic)	0.9%	1.1%
Other, including 2 or more races (non-Hispanic)	1.5%	3.5%

SOCIOECONOMICS (2012 - 2016 American Community Survey)

	<u>Service Area</u>	<u>County</u>	<u>Rural</u>	<u>Oregon</u>
Population below Poverty Level (\$19,318 per year for 2 adults/1 child <18 in 2016)	8.0%	11.2%	16.5%	15.7%
Population below 200% of Poverty Level	43.1%	43.3%	39.1%	35.2%
Population <18 below Poverty Level	0.0%	4.2%	23.3%	20.4%
Population 16+ Unemployed	2.3%	10.6%	9.1%	8.1%
Population 18-64 with Disability	11.0%	16.8%	15.5%	12.3%
Population 65+ with Disability	52.5%	48.7%	39.4%	37.6%
Households receiving Cash Public Assistance	0.0%	1.3%	4.1%	4.0%
Population 25+ w/o High School Diploma	12.6%	10.1%	11.7%	10.0%
Population >5 who Speak English Less than "very well"	4.3%	2.4%	3.9%	5.9%
Uninsured Civilian Non-institutionalized Population	18.1%	14.9%	11.1%	10.4%
Total OHP Eligibles (OHA, Sept 2018)	18.1%	23.1%	29.0%	25.2%

SOCIOECONOMICS (various)

	<u>County</u>	<u>Oregon</u>
Receiving Temporary Assistance for Needy Families (7/2017)	0.7%	1.1%
Children Eligible for Free/Reduced Lunch (17-18 School Yr)	60.7%	47.6%
Receiving Food Stamps (7/2017)	12.9%	16.6%
Government Employees as % of Total Employment (2016)	31.1%	15.5%
Uninsurance (2017--OHA OHIS)	5.7%	6.2%
Medicare Enrollees (2/2018--CMS)	31.4%	19.2%

UNEMPLOYMENT RATES

	<u>County</u>	<u>Oregon</u>	<u>U.S.</u>
2000	4.8 %	5.1%	4 %
2010	9 %	10.6%	9.6 %
2017	4.2 %	4.1%	4.4 %
Percent in Poverty, 2016	12.2	13.4	14
Per Capita Income, 2017	\$47,614	\$48,137	\$51,640
Median Household Income, 2016	\$45,728	\$57,379	\$57,617

VITAL STATISTICS (Oregon Health Authority)

Maternity Characteristics		2012-2016 (Avg per year--rates per 1000 births)						
		TOTAL	Race					Ethnicity
			White	Black	NatAm	Asian	Other	Hispanic
S E R V I C E A R E A	Average Total Births per Year	9	7.4	0.2	0.0	0.0	0.2	1.0
	Low Birth Weight Rate	111.1	108.1	0.0	0.0	0.0	1000.0	0.0
	Inadequate Prenatal Care Rate	66.7	81.1	0.0	0.0	0.0	0.0	0.0
	Infant Mortality Rate	0.0						
	Teen (15-19) Birth Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0
O R E G O N	Average Total Births per Year	45,388	31,045	949	476	2511	1774	8,489
	Low Birth Weight Rate	63.4	60.5	100.1	71.9	77.7	73.4	63.0
	Inadequate Prenatal Care Rate	56.5	48.4	110.2	121.5	74.2	77.7	65.8
	Infant Mortality Rate	5.0						
	Teen (15-19) Birth Rate	53.5	41	74	90	15	79.1	100

*race numbers do not add up to total due to rounding and noninclusion of "unknown" race

VITAL STATISTICS (Oregon Health Authority--continued)

MORTALITY FIGURES (rates are per 100,000 persons [2018 pop])

CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2012-2016):

	Service Area	County	Rural	OR	Deaths per Year in Service Area (Average of 2012-16):
Total:	1319.6	1047.5	1028.1	824.5	
Cancer:	185.6	194.4	242.9	189.7	
Heart Disease:	288.7	248.4	200.4	157.9	
Chronic Lower Resp Disease	82.5	64.8	68.6	48.3	
Cerebrovascular Disease	41.2	21.6	54.2	43.8	
Unintended Injuries:	61.9	43.2	55.5	44.5	
Alzheimer's:	123.7	64.8	37.8	35.8	
Diabetes:	20.6	10.8	35.4	27.3	
Suicide:	0.0	0.0	21.7	17.9	
Alcohol Induced:	20.6	32.4	23.6	18.5	
Flu and Pneumonia:	20.6	10.8	12.9	10.7	

	Service Area	County	Oregon
Age-adjusted Death Rate, (Avg per year 14-16)	831.8	713.6	843.9
Comparative Mortality Figure, (Avg per year 14-16)	1.8	1.3	1.0
Years of Life Lost Index, (Avg per year 14-16)	2.0	1.5	1.0
Preventable Hospitalizations per 1000 Pop: (2015-2017, Apprise)	13.7	15.1	8.6

HEALTH RISK FACTORS (2010-2013 and 2012-2015 BRFSS; age-adjusted)

	County 2010-13	County 2012-15	Oregon 2012-15
% of Adults who have Cardiovascular Disease	8.6%	8.3	7.1
% of Adults who have Depression	24.7%	28.8	25.2
% of Adults who have Diabetes	10.7%	8.1	8.6
% of Adults who are Cigarette Smokers	19.6%	20	17.9
% of Adults who are Obese	33.6%	30.9	27.1
% of Adults with High Blood Pressure	36.0%	22.4	27.6
% of Adults with No Physical Activity Outside of Work	17.6%	16.1	16.8
% of Adults with 1 or More Chronic Diseases	53.6%	56.2	53.2
% of Adults with a Disability		29.9	25.5

ECONOMIC CONTRIBUTION OF HEALTH CARE EMPLOYMENT (2008)

Total Employment Contribution (Jobs in county)	59
Total Value-Added Contribution to County GDP (in \$Millions)	\$2.1

HEALTH CARE RESOURCES**PRACTITIONERS IN SERVICE AREA**

Primary Care	Licensed	
Family Med Physicians (2016-17 FTE)	0.0	
General Practice Physicians (2016-17 FTE)	0.0	
Internal Med Physicians (2016-17 FTE)	0.0	
Obstetricians/Gynecologists (2016-17 FTE)	0.0	
Pediatricians (2016-17 FTE)	0.0	
Nurse Practitioners (2016-17 FTE)	0.0	
Physician Assistants (2016-17 FTE)	1.9	
Dental		
Dentists (2016-17 FTE)	0.3	
Dental Hygenists (2017)	0	
Mental		
Psychiatrists (2016-17 FTE)	0.0	
Psychologists (2017)	0	
Licensed Counselors & LMFT (2017 FTE)	0.0	
Licensed Social Workers (2017)	0	
Psychiatric Nurse Practitioners (2016-17 FTE)	0.0	(subset of NP and not added to Total)
Other		
Chiropractors (2017)	0	
Direct Entry Midwives (2017)	0	
General Surgeons (2016-17 FTE)	0.0	
Naturopaths (2017)	0	
Nurse Anesthetists-CRNA (2016-17 FTE)	0.0	
Optometrists (2017)	0	
Other Surgeons (2016-17 FTE)	0.0	
Pharmacists (2017)	0	
Registered Nurses (2016-17 FTE)	0.0	(non-NPs/CRNAs)
Total	2.2	

SUPPLY AND DEMAND FOR PRIMARY CARE VISITS IN SERVICE AREA

	<u>Service Area</u>	<u>County</u>	<u>State</u>
Number of Persons Per Primary Care Physician:	0	0	1,193
Number of Visits Accommodated by:			
Primary Care Physicians (2017):	0		
Primary Care PAs and NPs (2017):	4,381		
Total:	4,381		

Number of Primary Care Visits Needed by 2018 Service Area Population:
3,101

HEALTH CARE RESOURCES (continued)

CLINICS IN SERVICE AREA	<u>Number</u>
Rural Health Clinics (RHC):	1
Federally Qualified Health Clinics (FQHC):	
School-Based Clinics:	

HOSPITALS IN SERVICE AREA (2017 Calendar Year)

Name:
 # of Staffed Beds:
 Type:
 CAH:
 # of Inpatient Discharges:
 # of ER Visits:
 % Occupancy:
 # of Births:
 Avg IP Length of Stay:

DESIGNATIONS OF SHORTAGE BY SERVICE AREA

1. Geographic/Population HPSA*: Yes
2. MUA/MUP*: Yes
3. Mental Health HPSA*: Yes
4. Dental HPSA*: Yes

Office of Rural Health Unmet Need Area? Yes

M(S)FW = Migrant (seasonal) farm worker

GOV = Designated at the request of the state governor due to local barriers and/or health conditions

*Service Area geographies do not match exactly with Census Tracts or Sub-County Areas. Please check <https://www.ruralhealthinfo.org/am-i-rural> for the latest and most accurate data using your specific address.

"Urban" and "Rural" refer to ORH Rural definitions:

<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/index.cfm>

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Additional information, maps, and lists are available at:

<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/data-publications.cfm>

For questions, comments, or sources, please contact Emerson Ong at: ong@ohsu.edu

Sources for ORH Service Area Profiles

Geography *Geography and Weather*

1 Oregon Economic and Community Development Department, Community Profiles

Geography *Distances*

2 3/2016 Google Maps

Geography *Transportation*

3 2/2014 Tripcheck

Demography *Population, Ethnicity, Race*

4 2018 Purchased annually from Claritas [by ZIP]

Socioeconomics *American Community Survey*

5 2012-2016 American FactFinder website [by ZIP]

Socioeconomics *Percent Total OHP Eligibles by Zip*

6 9/2018 Oregon Health Authority, Health Policy and Analytics Division, Health Analytics/HPAM Unit

Socioeconomics *TANF, Food Stamp Eligibles by County*

7 7/2017 Oregon Department of Human Services, Public Assistance Branch and Service Delivery Area Data, Oregon Public Assistance Programs, Historical Program Information by Branch and County

Socioeconomics *Reduced/Free Lunch Eligibles*

8 2017-2018 Oregon Department of Education, Statistics and Reports, School Finance Data and Analysis,
School Yr Reports, Students [by school]

Socioeconomics *Government Employees*

9 2016 Annual Oregon Employment Department, Current Employment by Industry [by county]
www.qualityinfo.org

Socioeconomics *Uninsurance*

10 2017 2017 Oregon Health Insurance Survey--
https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Insurance-Data.aspx [by county]

Socioeconomics *Unemployment Rates*

11 2017 Oregon Employment Department, Unemployment Rates--https://www.qualityinfo.org [by county]

Socioeconomics *County Per Capita Income*

12	2017	Bureau of Economic Analysis, Annual State Personal Income [by county]
Socioeconomics <i>County Poverty Rate, Median Household Income</i>		
13	2016	Census Small Area Income & Poverty Estimates-- https://www.census.gov/programs-surveys/saipe.html [by county]
Vital Statistics <i>Medicare Enrollees</i>		
14	2/2018	CMS Medicare Enrollment Dashboard-- https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html [by county]
Vital Statistics <i>Birth/Maternity Characteristics by Race</i>		
15	2012-2016	Purchased annually from Center for Health Statistics, Oregon Health Authority [by ZIP] Teen Births: 15-19
Vital Statistics <i>Cause-Specific Crude Death Rates and Deaths per Year</i>		
16	2012-2016	Purchased annually from Center for Health Statistics, Oregon Health Authority. Denominator is current Nielsen population. [by ZIP]
Vital Statistics <i>Age-Adjusted Death Rate, Mortality Figure, Years of Life Lost</i>		
17	2014-2016	Purchased annually from Center for Health Statistics, Oregon Health Authority. Denominator is current Nielsen population. [by ZIP]
Vital Statistics <i>Preventable Hospitalizations (ACSC)</i>		
18	2015-2017	Apprise [by hospital and ZIP]. These are also known as Ambulatory Care Sensitive Conditions.
Health Risk Factors <i>BRFSS</i>		
19	2012-2015, 2010-2013	Oregon Health Authority Chronic Disease Data [by County] http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/CountyData.aspx
Economic Contribution <i>Economic Contribution</i>		
20	2008	Oregon Healthcare Workforce Institute. The Economic Contributions of Oregon's Health Care Workforce, March 2011, http://oregonhwi.org/resources/documents/FinalEconORHCW211.pdf
Health Care Resources <i>Primary Care Physicians, Physician Specialists, Psychiatrists and PAs</i>		
21	2016-2017	Purchased from OHA Health Care Workforce Reporting. By work ZIP and direct patient care FTE. Primary and secondary locations. "Data from the Oregon Health Authority's Health Care Workforce Reporting Program Database was used to produce this product. Statements contained herein are solely those of the authors and the author assumes responsibility for the accuracy and completeness of the analyses contained in the product."

Health Care Resources *RNs, NPs, Psych NPs and Certified Nurse Anesthetists*
22 2016-2017 Purchased from OHA Health Care Workforce Reporting. By work ZIP and direct patient care FTE. Primary and secondary locations. "Data from the Oregon Health Authority's Health Care Workforce Reporting Program Database was used to produce this product. Statements contained herein are solely those of the authors and the author assumes responsibility for the accuracy and completeness of the analyses contained in the product."

Health Care Resources *Dentists*
23 2016-2017 Purchased from OHA Health Care Workforce Reporting. By work ZIP and direct patient care FTE. Primary and secondary locations. "Data from the Oregon Health Authority's Health Care Workforce Reporting Program Database was used to produce this product. Statements contained herein are solely those of the authors and the author assumes responsibility for the accuracy and completeness of the analyses contained in the product."

Health Care Resources *Dental Hygienists*
24 2017 Purchased from Oregon Board of Dentistry--www.oregondentistry.org

Health Care Resources *Pharmacists*
25 2017 Purchased from State Board of Pharmacy [by ZIP]

Health Care Resources *Chiropractors*
26 2017 State Board of Chiropractic Examiners [by ZIP]

Health Care Resources *Naturopaths*
27 2017 Purchased from Board of Naturopathic Examiners [by ZIP]

Health Care Resources *Direct Entry Midwife*
28 2017 Oregon Board of Direct Entry Midwifery [by ZIP]

Health Care Resources *Optometrists*
29 2017 Purchased from Oregon Board of Optometry [by ZIP]

Health Care Resources *Psychologists*
30 2017 Purchased from State Board of Psychologist Examiners [by Zip]

Health Care Resources *Licensed Clinical Social Worker*
31 2017 Purchased from State Board of Clinical Social Workers [by ZIP]

Health Care Resources *Professional Counselor/Marriage & Family Therapist*

32 2017 Purchased from OHA Health Care Workforce Reporting. By work ZIP and direct patient care FTE. Primary and secondary locations. "Data from the Oregon Health Authority's Health Care Workforce Reporting Program Database was used to produce this product. Statements contained herein are solely those of the authors and the author assumes responsibility for the accuracy and completeness of the analyses contained in the product."

Health Care Resources *Estimate of Visits Provided by Primary Care Physicians, PAs, and NPs*

33 2016 Medical Dept Provider FTEs and Encounters for Calendar Year 2016, for Oregon Federally Qualified Health Centers, from Oregon Primary Care Association

Health Care Resources *Primary Care Visits Needed*

35 2015 National Ambulatory Medical Care Survey: 2015 Summary Tables:
https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2015_namcs_web_tables.pdf

Health Care Resources *Clinics in Service Area*

36 2018 OHA:
<http://www.oregon.gov/oha/ph/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/forms.aspx>

Health Care Resources *Hospitals in Service Area*

37 2017 Apprise website--<http://apprisehealthinsights.com/public-reports/oregon-hospital-utilization-data/>

Designations of Shortage *HPSA*

38 2018 U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Health Professional Shortage Areas Database Query

Designations of Shortage *MUA/P*

39 2018 U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Medically Underserved Areas/Populations Database

Designations of Shortage *ORH Unmet Need*

40 2018 Oregon Office of Rural Health Unmet Need Designation--
<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/upload/2018-Area-of-Unmet-Health-Care-Need-Report.pdf>
