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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Harney County
Community Health Assessment
2019

Qualitative Report

Focus Group



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

Date of Report: December 7, 2018

Date of Focus Group: May 9, 2018

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

Overview of Data Collection

The EOCCO Community Health Assessment Focus Groups were held on May 9, 2018 at the Chamber of Commerce in Burns, OR. The focus group session was recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. Focus group participants were provided food and offered a \$25 gift card for their participation. In-person, interactive discussions by community members guided by semi-structured interview protocols (Focus Groups) are a valid method of community health assessment data collection. Specifically, we collected and analyzed the narratives of participants’ attitudes, perceptions and beliefs. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health*. (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

Part 1. SUMMARY FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included: social and community context (social cohesion & community norming), (b) health and health care (availability of services, affordable coverage, & health behaviors), economic stability (housing insecurity), and neighborhood and environmental conditions (access to healthy foods).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Social & Community Context – <u>Social Cohesion</u>	<p><i>“I’d say...I noticed...when someone is in need, whether they had and accident or cancer, we as a community lift them up we come and fundraise for them or just...wrap [our] arms around them in this community.”</i></p> <p><i>“Years ago, the schools were facing an economic crisis and the schools were going to do away with all the after school activities the community came together in just a few weeks and raised...\$219,000 dollars to support that budget for that year.”</i></p>
Social & Community Context – <u>Community Norming</u>	<p><i>“I think some...of these things are encompassed in to a general attitude in our rural community: ‘oh just buck up, you’ll get better’... ‘you don’t need to go to the doctor.’ So that plays in to the preventative piece.”</i></p> <p><i>“I think [the] work ethic is at its lowest this year right now...respect, pride, those things are not being built up in our children.”</i></p>

Health & Health Care – <u>Availability of Health Services</u>	<i>“We offer those living with chronic conditions, and several versions of that, powerful tools for caregivers. Both are Stanford based programs [and]...we are working with the hospital, trying to look at ways to draw people in to those and help people with pain management and those that are living with diabetes. I think those programs go a long way, they are powerful tools, something huge, that would benefit...providers and people coming in...[from] foster providers to the kids at DHS and people caring for their aging parents or spouses.”</i>
Health & Health Care – <u>Health Behaviors</u>	<i>“Getting families involved and getting them more active [to] eat... healthier.”</i> <i>“Lifestyle...diabetes is genetic part of it and there is also lifestyle change. Not enough activity, too many carbohydrates.”</i>
Health & Health Care – <u>Affordable Coverage</u>	[In reference to conversation related to small business offering wellness programs to employees] <i>“...the smaller employers can’t do those things...They can’t even afford to offer insurance...[and] the Oregon Health Plan needs to offer incentives.”</i>
Economic stability – <u>Housing Insecurity</u>	<i>“We have a shortage of rental housing available. Many of the houses we have are not able to be HUD approved. Or may not be able to live in, or management type positions or providers coming in, they get to live where they live, or what’s available to buy. Our housing stock, 60% was built before 1970... [we don’t have enough housing for] our work force, our blue collar work force, folks at Safeway... They don’t have the ability to buy. We had... 24 units now that have been notified they had to move in the last two years with no place to go.”</i> <i>“We were notified today that Section 8 housing vouchers will not be issued anymore in Harney or Malheur County. The reason being there has been such a draw on them. Once you get a voucher you have to be in the area for a year, use that voucher and you can take that voucher anywhere. And someone might have got a house in this area for \$500-600 bucks a month but there are communities where they are moving to \$3000 a month.”</i>
Neighborhood & Built Environment – <u>Access to Healthy Foods</u>	<i>“They are existing on food bank donations and the snack program or the Oregon Trail Card. You can get a whole lot of top ramen cheap, grains, that kind of stuff for a whole lot less than fresh meat, fresh fruits, vegetables, and so they really are at a disadvantage. They may be overweight and overfed but they are way under nourished with rich nutrients. I think that there is a real disparity there.”</i>

Social and Community Context: Participants provided examples of **community members coming together to support** specific individuals during crises (such as health condition), as well as to support an entire school during budget woes. Fundraising events, school sport events and additional activities were used as examples of community cohesion that was highly regarded by focus group participants.

Participants’ narratives astutely linked the likely influence of **community norms** on health issues in their community. They underscored that the culture of a community, such as their belief that individuals need to “walk-off” physical pain symptoms before running to the doctor, can work against prevention initiatives. Conversely, they also stated that they see the need to promote healthy behaviors and ethical behavior to children, as well as role modeled between adults.

Health and Healthcare Services: Participants discussed at length health services that were readily available in their community including special programs such as employee wellness programs that are evidenced-based, to community screenings, and the need for health clinics at schools.

The importance of **health behaviors** such as physical activity and healthy eating stood out. Participants used the phrase “lifestyle” to link health behaviors to health and furthermore underscored the need to increase opportunities for healthy behaviors across settings and sub-populations such as work-commuters, students at school, and among older adults. Notably participants also raised concerns about substance use in the community.

Economic Stability-Housing: Shortage of housing and its impact on vulnerable populations in particular was discussed at length. Participants were concerned about the short and long-term outlook of given the trajectory of supply and demand which is not in favor for Harney county in the region.

Neighborhood & Built Environment-Access to Healthy Foods: Participants expressed their concern about the challenges experienced by families to healthy foods. Notably, these concerns regarding healthy foods were by large raised during health disparities and social determinants of health discussions.

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). By large respondents in this section of the focus groups, participants focused on

- Affordable Coverage
- Access to healthy foods
- Access to health services

The first two topics were covered in the high coverage area above; below is an example of a community a participants' statement concerning challenges in receiving routine health services and its implications for prevention health services.

Table 2. Health and Healthcare Disparity

Health Disparity Topic	Direct Quote Examples
Health and Healthcare -<u>Access</u>	<i>"I know I wouldn't call up there for something that was preventative because I hear people aren't able to get in to the doctor who are sick...and if you're not sick why do you want to go in to a place where everybody is sick so you can get sick too (laughter) so you have to see your doctor. It's seems counterproductive."</i>

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). Participants articulated their awareness of the importance of the social determinants that is highlighted in four major domains for analysis: a) Economic Stability (Economic Development, Transportation), b) Education (Skills Training) and c) Neighborhood and Build Environment (Public Safety). See examples in Table 3 below.

Table 3. Social Determinants of Health

SDoH Topics	Direct Quote Examples
Economic Stability - <u>Economic Development</u>	<i>"Financially viable...Growing businesses...[ability] to provide all the services that are needed"</i>
Economic Stability- <u>Transportation</u>	<p>[Regarding public transportation] ... <i>"[Transportation services are open] seven days a week...the only county in Eastern Oregon that has public transportation available seven days a week... [transportation department is starting] a fixed route. So there is going to be an opportunity to hop-on hop-off a route. So, there is that availability where folks plan and get used to using it."</i></p> <p><i>"There are a lot of cultural things around... [the concept that people in the county] ...need to drive your own truck. That it be a 4x4 and preferably diesel."</i></p>
Education – <u>Skills Training</u>	<i>"You can't get in to an electrical or plumbing apprenticeship. Like they're so hard to get in to, yet there is nobody in those fields. There is a huge need...there are kids wanting to do it"</i>

	<i>but they are on a list...You can look at the other side of that like we have the work load to hire another journeyman...And another apprentice possibly. We can't find anyone to work...you cannot find anyone to work...It's a dying trade...they are already busy. I think it was a push in the past for college."</i>
Neighborhood & Built Environment- <u>Public Safety</u>	<i>"The only person that cares for seniors, it's really changing for them, their safety, in that they have to change their behaviors, they are having to change their lock, their sheds, their cars, and now they have to do those things and it worries them, scares them, it makes them victims, which is an issue, and...[our] seniors...in Harney County is over 25% over 60 which is much higher than the rest of the state in rural parts of the state. And, it's only going to get bigger as time goes by."</i>

- Economic development: Participants skillfully linked the need for economic development with the overall economic well-being of the community and the sustainability of its key institutions.
- Education: Participants expressed the importance of education paths and trajectories as a means to improve individuals' economic well-being and that of the community.
- Public Safety: Concerns for issues regarding safety were discussed, at times, with special attention to vulnerable populations such as older adults.
- Transportation: Participants highlighted the notable inroads made in Harney County to improve the availability of public transportation and at the same time noted the challenges in meeting transportation needs and the cultural shifts needed to change mindsets of community members to use public transportation.

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

APPENDIX A: Focus Group Protocol

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

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Provide at least three strengths of the conversation]

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

1. _____
2. _____
3. _____

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

APPENDIX B: Focus Group Analyses Procedure

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

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Harney	Harney	Harney	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	2013	2015	2017	2017
Total Population	7,315	7,265	7,360	4,141,100
Age 0-17 2013, 2015, 2017	1,601	1,547	1,486	869,330
Age 0-17 % of Total Population	22%	21%	20.2%	21.0%
Age 16-64 2013, 2015, 2017	4,224	4,108	4,092	2,557,575
Age 16-64 % of Total Population	58%	57%	55.6%	61.8%
Age 65 and Over	1,490	1,610	1,782	714,196
Age 65 and Over % of Total Population	20%	22%	24.2%	17.2%
Race				
% White	92.9%	87.6%	87.3%	77.0%
% American Indian/Native Alaskan	2.9%	3.38%	3.3%	0.9%
% African American/Black	0.4%	0.35%	0.6%	1.8%
% Asian	1%	0.56%	0.4%	4.0%
% Pacific Islander	0.1%	0%	0.1%	0.4%
% Other	0.3%	2.90%	0.6%	0.1%
% 2 or More	2.3%	1.4%	2.7%	4%
Ethnicity				
Hispanic	3.8%	5.1%	4.9%	12.4%
Gender				
% Females	48.4%	51.6%	50.1%	52.0%
% Males	51.6%	48.4%	49.9%	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	2.75	2.8	3.1
% Single Parents - ACS	30.9%	30.9%	6.8%	8.3%
Unemployment - OR Dept of Employment	12.6%	9.8%	6.3%	4.9%
Education				
% of Population without a High School Diploma - ACS	11.2%	7.3%	10.4%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	89.42	84.62	76.0%	77.80%

	Harney 2013	Harney 2015	Harney 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	18.6%	18.1%	16.4%	15.7%
Child Poverty Rate - ACS	28.0%	25.5%	26.7%	20.4%
Language				
% of Limited English Speaking Households	2.2%	1.4%	1.7%	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	6.8	8.3	6.2
SOCIAL DETERMINANTS OF HEALTH				
Housing				
Occupied Housing Units - ACS	NA	NA	80.4%	90.6%
Renter Occupied Housing Units - ACS	NA	NA	29.4%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	35.2%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	40%	52%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	0.7%	1.3%
No Telephone Available in Household - ACS	3.8%	3.0%	2.6%	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	4	1	NAP
Unsheltered	NA	2	18	NAP
Transportation				
No Personal Transportation Available in Household - ACS	6.6%	4.0%	3.7%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	2,679	3,255	3,215	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	146.07	187.93	172.11	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	59.7%	51.7%	41.5%	47.6%
Estimated # of Food Insecure Children (OSU, Communitis Reporter, 2013, 2014, 2015)	510	490	410	194,070
Estimated # of Food Insecure Individuals (OSU, Communitis Reporter, 2013, 2014, 2015)	1,360	1,300	1,150	572,790
Estimated % of Food Insecure Children (OSU, Communitis Reporter, 2013, 2014, 2015)	32.3%	31.6%	26.8%	22.5%
Estimated % of Food Insecure Individuals (OSU, Communitis Reporter, 2013, 2014, 2015)	18.6%	17.9%	15.9%	14.2%

	Harney 2013	Harney 2015	Harney 2017	OREGON 2017
Food Hunger and Insecurity - (Medicaid BRSS 2014)				
Hunger	NA	NA	NA	22.3%
Food Insecurity	NA	NA	NA	48.6%
Average Monthly Num. of Children in SNAP-Oregon Dept of Human Services	434	396	401	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate	NA	7.4	S	4.6
Low Birthweight	90.9	64.2	69.4	68.3
Births to Mothers Receiving Inadequate Prenatal Care	7.2%	1.4%	2.9%	6.1%
Births to Mothers under the age of 18	3.4%	81.4	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	12.3	21.2	45.7	12.8
Children in Foster Care per 1,000 - OR DHS	14	22	30.7	9.2
Homeless Youth Age < 18				
With Parents	NA	0	0	NA
Unaccompanied	NA	0	1	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	28.0	NA
\$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	\$6,000	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	39%	43%	51%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	72.3%	40.0%	52.5%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Health Division	53.4%	62.0%	66.0%	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	20.6%	20.6%	19.7%	23.9%

	Harney 2013	Harney 2015	Harney 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	94.8	87.8	88.5	86.3
% Reporting Good, Very Good, or Excellent Mental Health	88.6	75.8	65.1	75.0
Preventative Care Visit, % last 12 months	49.8	66.4	54.2	61.8
Emergency Care Visit, % last 12 months	35.1	40.8	43.5	34.8
Oral Health Visit, % last 12 months	77.7	73.3	76.9	74.0
Suicidal Ideation, % last 12 months	15.2	15.6	21.2	16.9
% Have had Sexual Intercourse	9.9	12.9	15.5	8.4
Substance Use, % Abstaining - Tobacco	97.2	93.8	82.3	91.6
Substance Use, % Abstaining - Alcohol	85.2	86.8	61.4	73.2
Substance Use, % Abstaining - Marijuana	91.3	96.5	89.1	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	85.3	90.3	87.5	83.2
% Reporting Good, Very Good, or Excellent Mental Health	85.4	70.3	73.6	66.3
Preventative Care Visit, % last 12 months	50.1	59.6	57.0	62.2
Emergency Care Visit, % last 12 months	29.3	74.4	26.0	35.7
Oral Health Visit, % last 12 months	72.9	67.6	72.6	73.8
Suicidal Ideation, % last 12 months	11.1	16.0	18.9	18.2
% Have had Sexual Intercourse	48.2	68.5	49.0	40.9
Substance Use, % Abstaining - Tobacco	87.4	80.8	77.3	81.1
Substance Use, % Abstaining - Alcohol	60.5	69.6	40.4	44.7
Substance Use, % Abstaining - Marijuana	88.8	80.1	68.2	60.5

	Harney 2013	Harney 2015	Harney 2017	OREGON 2017
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	73.2	95.4	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	33.8	43.6	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	16.9	27.3	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	261.8	250.8	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	78.8	65.4	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	67.6	749.1	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	61.9	76.3	48.3
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	39.4	43.6	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	14.1	8.2	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	188.6	166.3	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	5.6	5.5	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	39.4	35.4	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	83.6%	83.1%	73.9%	82.9%
Overall Mental Health (2010-2013 BFRSS)	75.9%	69.7%	64.6%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	21.9%	S	20.3%
Tobacco Use Total (2010-2013 BRFSS)	43.0%	36.1%	19.1%	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	14.3%	10.8%	10.8%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	28.7%	25.3%	25.3%	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)	S	S	S	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	S	S	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	29.9%	NA	25.2%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	54.0%	28.2	28.2%	25.1%

MORBIDITY	Harney	Harney	Harney	OREGON
	2013	2015	2017	2017
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	22.8%	38.7%	38.7%	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	230.9	205.3	3.7%	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	62.5	73.1	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	8.5^	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	8.0^	NA	9.9%	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	7.5^	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	23.2	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	15.7	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	2.3^	NA	3.7%	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	50.2	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	57.6%	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.

SELF-REGULATION					
	2013	2014	2015	2016	2017
Harney	3.6	3.3	3.4	3.3	3.5

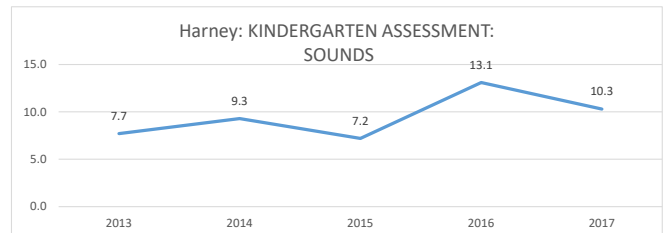
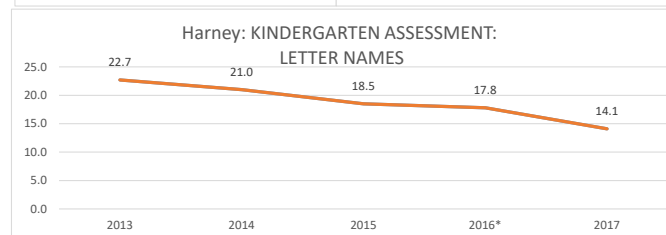
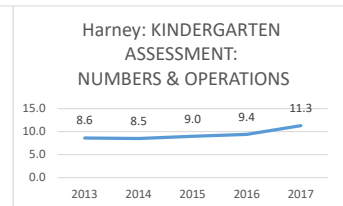
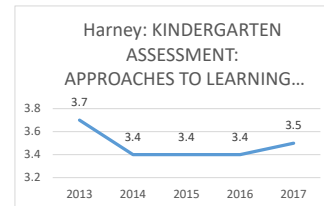
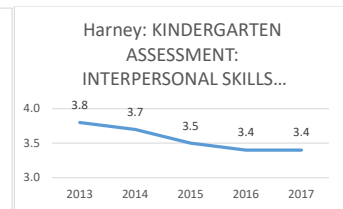
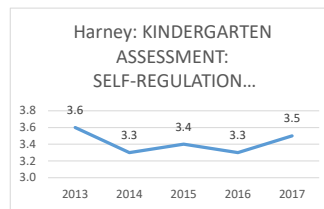
INTERPERSONAL SKILLS					
	2013	2014	2015	2016	2017
Harney	3.8	3.7	3.5	3.4	3.4

APPROACHES TO LEARNING					
	2013	2014	2015	2016	2017
Harney	3.7	3.4	3.4	3.4	3.5

NUMBERS & OPERATIONS					
	2013	2014	2015	2016	2017
Harney	8.6	8.5	9.0	9.4	11.3

LETTER NAMES					
	2013	2014	2015	2016*	2017
Harney	22.7	21.0	18.5	17.8	14.1

SOUNDS					
	2013	2014	2015	2016	2017
Harney	7.7	9.3	7.2	13.1	10.3



EARLY CARE & EDUCATION PROFILES

HARNEY 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



Harney County, Oregon



CHILDREN



1,072

Children under age 13 living in the county ¹

- 244 children 0-2 years old ¹
- 163 of children 3-4 years old ¹
- 665 of children 5-12 years old ¹

Over **10%** of children are Hispanic or Non-white ²



Just over **2/3** of children under age six have both parents employed or a single parent employed ³



CHILD CARE & EDUCATION

121

Slots in centers and family child care homes for children ⁴



- 94 slots in Child Care Centers ⁴
- 27 slots in Family Child Care Homes ⁴

49% of 3-4 year olds are enrolled in preschool ⁵



11% of children under age 13 have access to visible child care ⁴



AFFORDABILITY

\$6,000

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

\$7,680

Median annual price of public university tuition in Oregon ⁶

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

28% of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler ⁷



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

[INSUFFICIENT DATA]

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

References

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

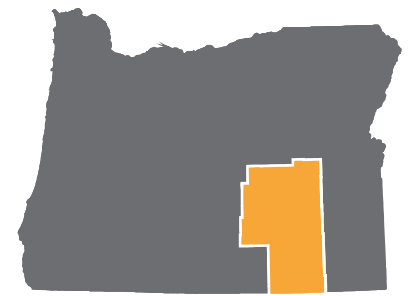
To Cite

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



HARNEY COUNTY

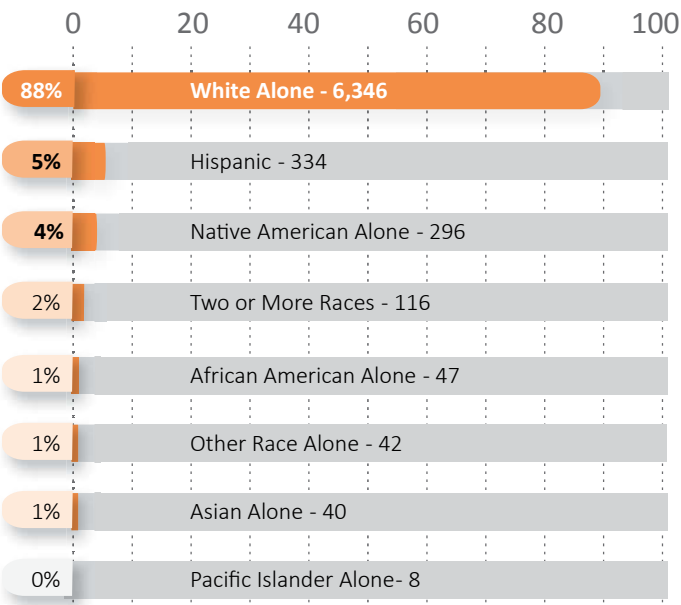
DEMOGRAPHIC & HOUSING PROFILES



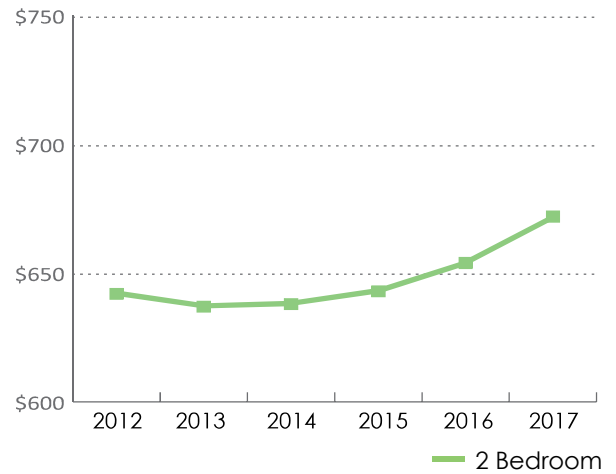
Harney County

Population	Harney	Oregon	United States
Total (2015 est.)	7,200	4,028,977	312,418,820
# Change since 2010	-222	197,903	12,673,282
% Change since 2010	-3.0%	5.2%	4.1%

Population by Race/Ethnicity, 2011-2015



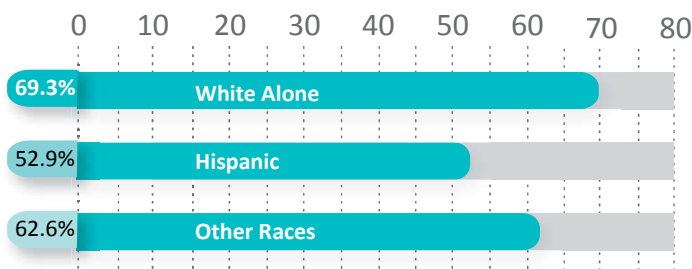
Fair Market Rents, 2012-2017



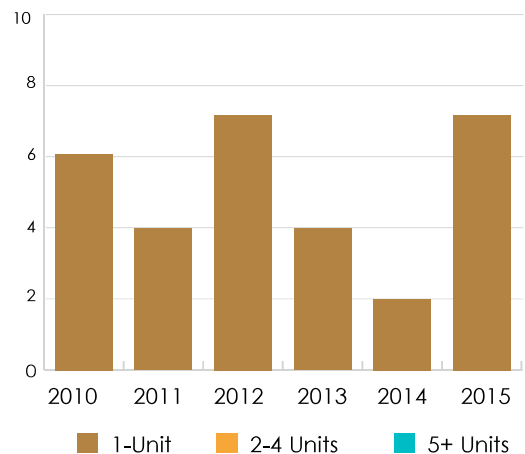
Vacancy Rates, 2011-2015



Homeownership Rates by Race/Ethnicity, 2011-2015



Building Permits Issued in County



HARNEY COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	779	26.1%	\$28,866
Construction	60	-75.7%	\$29,572
Manufacturing	72	-64.5%	\$32,229
Wholesale Trade **	14	-84.3%	\$32,973
Retail Trade**	280	-22.9%	\$32,973
Transportation **	133	98.5%	\$32,973
Information	25	-60.9%	\$41,295
Finance	48	-31.4%	\$32,848
Professional, Scientific	149	52.0%	\$26,520
Education, Healthcare	648	4.9%	\$27,811
Leisure, Hospitality	210	-51.2%	\$13,305
Public Administration	366	1.9%	\$17,422
Other Services	117	34.5%	\$53,716
Total	2,901	-12.4%	

** Combined average wage shown per BLS.

\$10.35

Harney County's mean renter wage

\$13.10

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



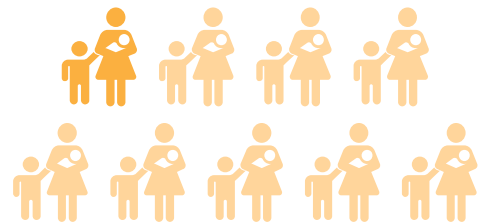
Fifty-two hours per week at minimum wage is needed to afford a 2-bedroom apartment.

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Harney County	Not Available
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 9



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

1 out of 2



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

6.3%

Harney County

4.9%

Oregon

Unemployment Rates, 2016



HARNEY COUNTY

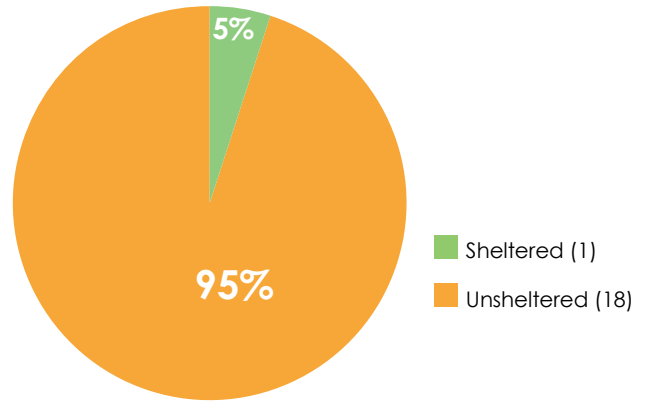
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	115	380	640
Affordable Units	325	780	1,054
Surplus / (Deficit)	210	400	414
Affordable & Available*	140	380	704
Surplus / (Deficit)	25	Not Available	64

*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	\$156,938	\$125,550	\$78,469
% of Stock Affordable	66.8%	35.0%	29.8%

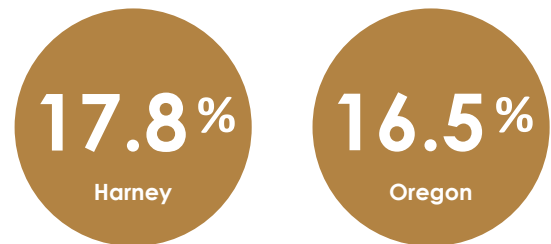
Point-in-Time Homelessness, 2017 Harney County: Total 19



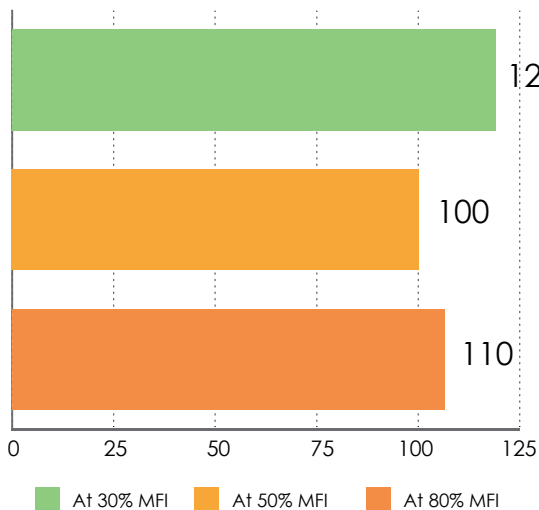
\$40,182

Harney County's
Median Family Income (MFI)

Poverty Rates, 2011-2015



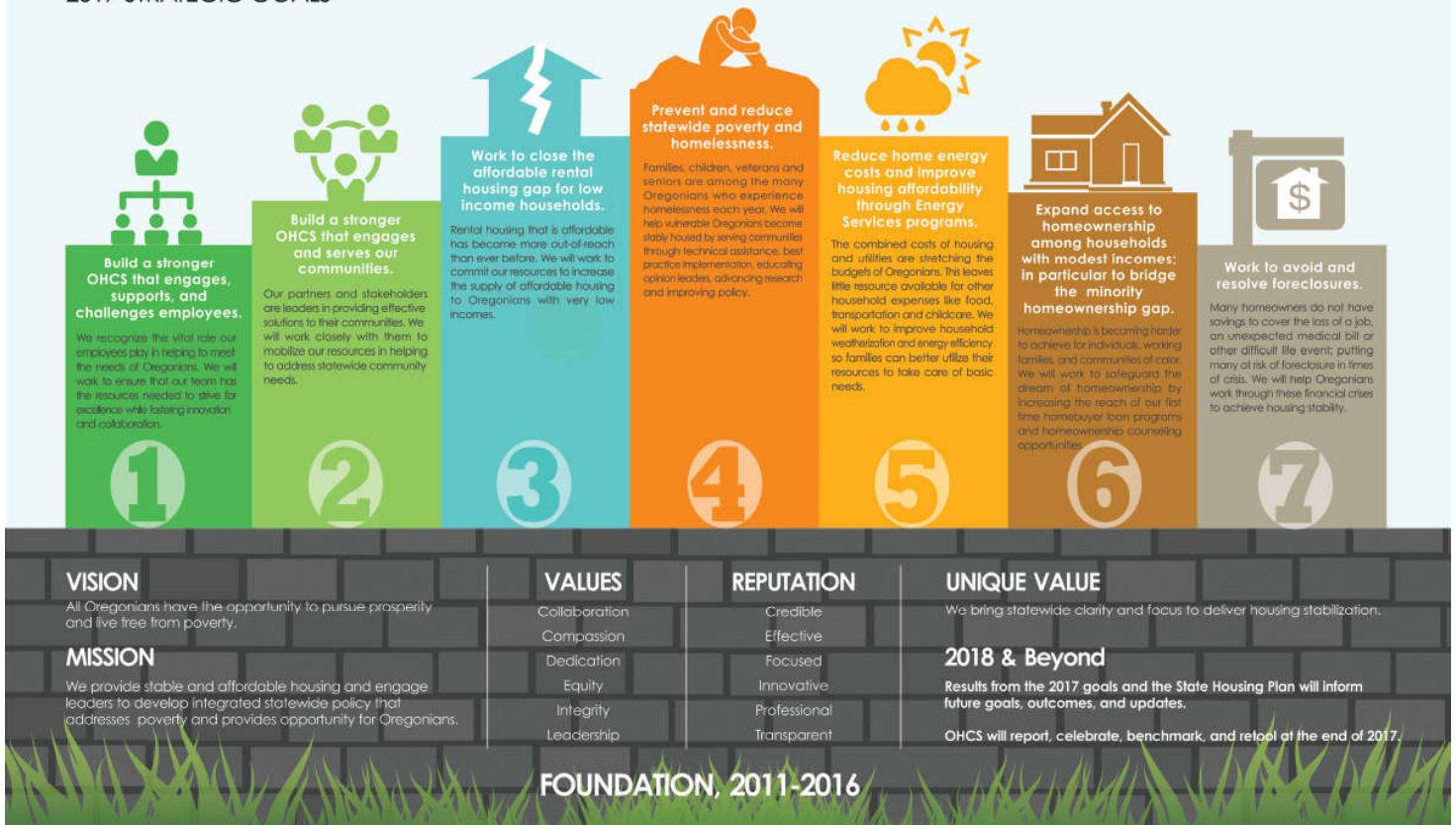
Affordable and Available Rental Homes per 100 Renter Households, 2015



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
Harney	\$17,301	\$25,840	\$39,588
Jackson	\$19,728	\$37,497	\$47,587
Klamath	\$19,264	\$27,477	\$41,817
Lane	\$19,892	\$43,125	\$60,005
Marion	\$19,642	\$31,149	\$43,779
Multnomah	\$19,993	\$47,037	\$65,027
Umatilla	\$18,377	\$28,436	\$43,134
Washington	\$24,353	\$47,571	\$65,800

OREGON HOUSING AND COMMUNITY SERVICES
2017 STRATEGIC GOALS



Data Sources

Page 1:

Population Estimates: U.S. Census Bureau, Annual Population Estimates, 2010 and 2015
 Population by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
 Homeownership Rates by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
 Fair Market Rents: U.S. Department of Housing and Urban Development, 2012-2017
 Vacancy Rates: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
 Building Permits: U.S. Census Bureau, Building Permit Survey, 2010-2015

Page 2:

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

Regions:

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

Page 3:

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



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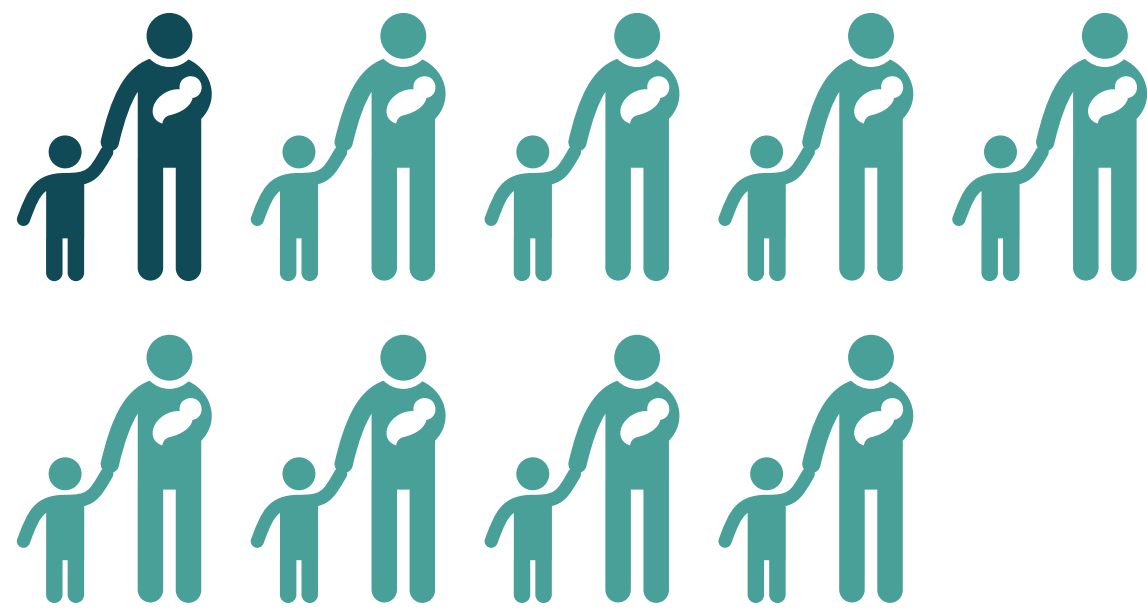


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A Place to Call Home: Harney County

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

1 out of 9



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

Workers can't afford rent

\$10.35

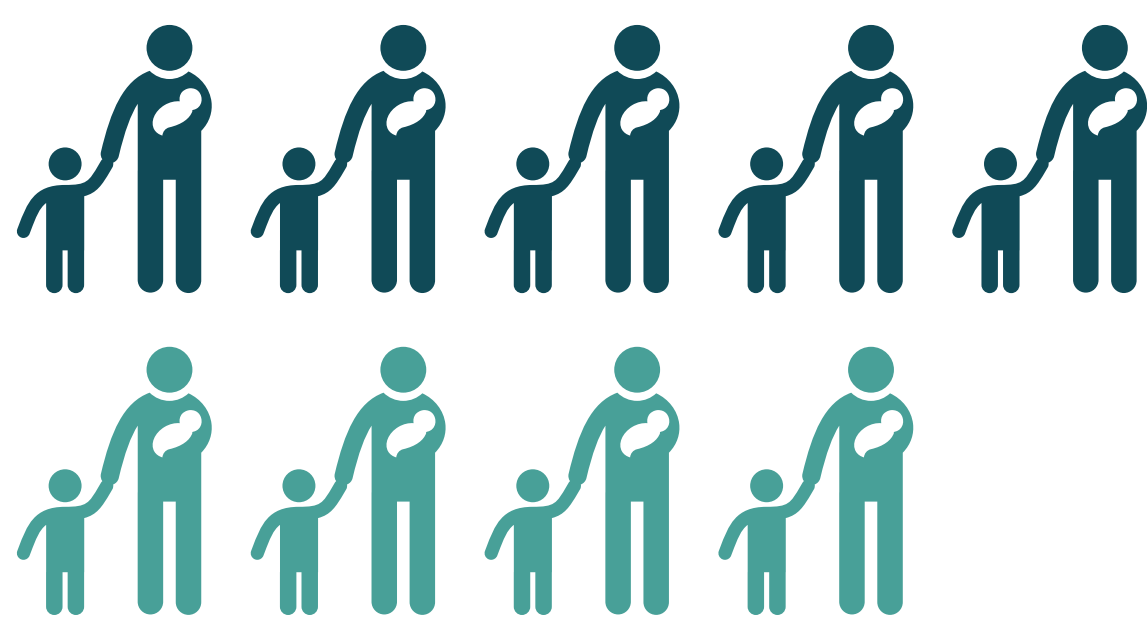


Mean renter wage

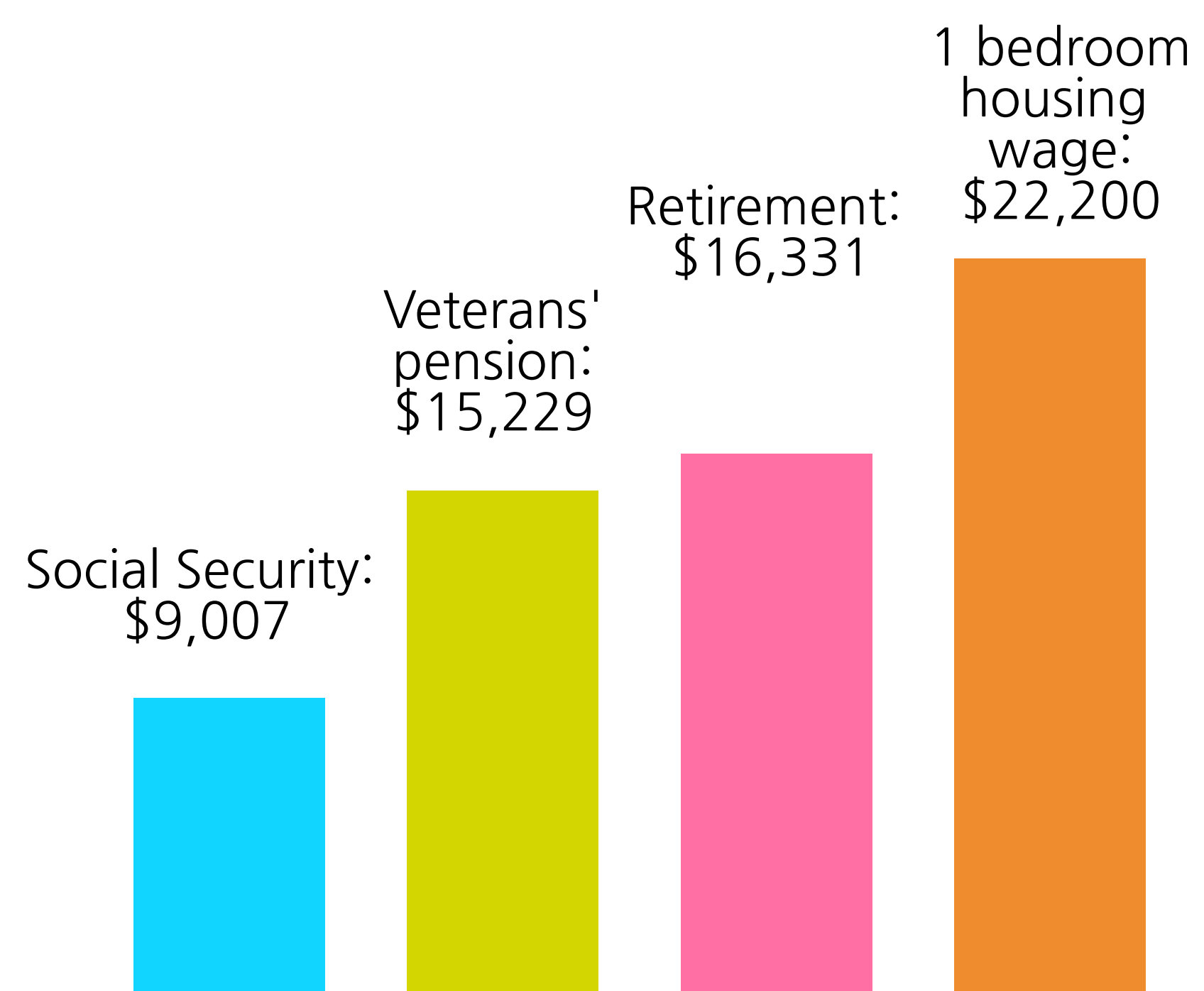


Number of hours per week at minimum wage needed to afford a 2 bedroom apartment

5 out of 9

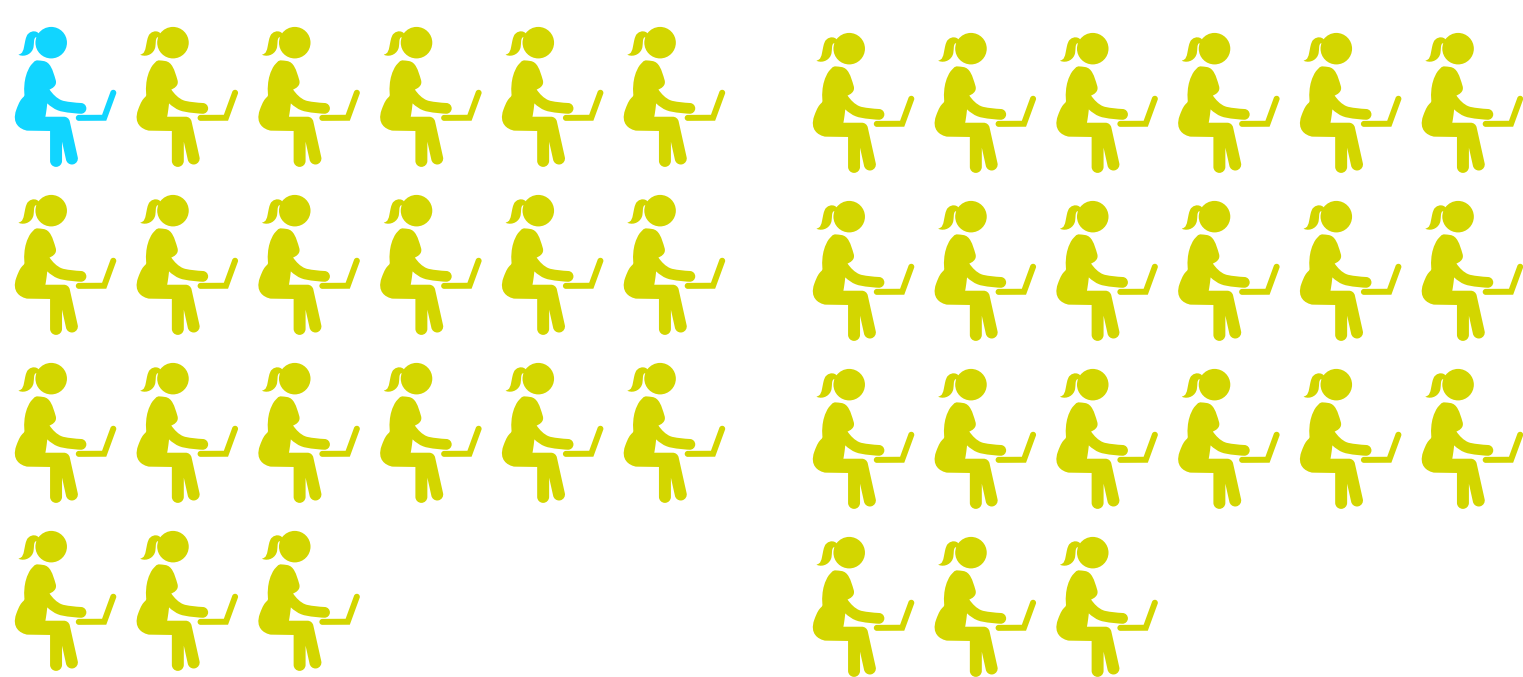


renters with extremely low incomes are paying more than 50% of their income in rent

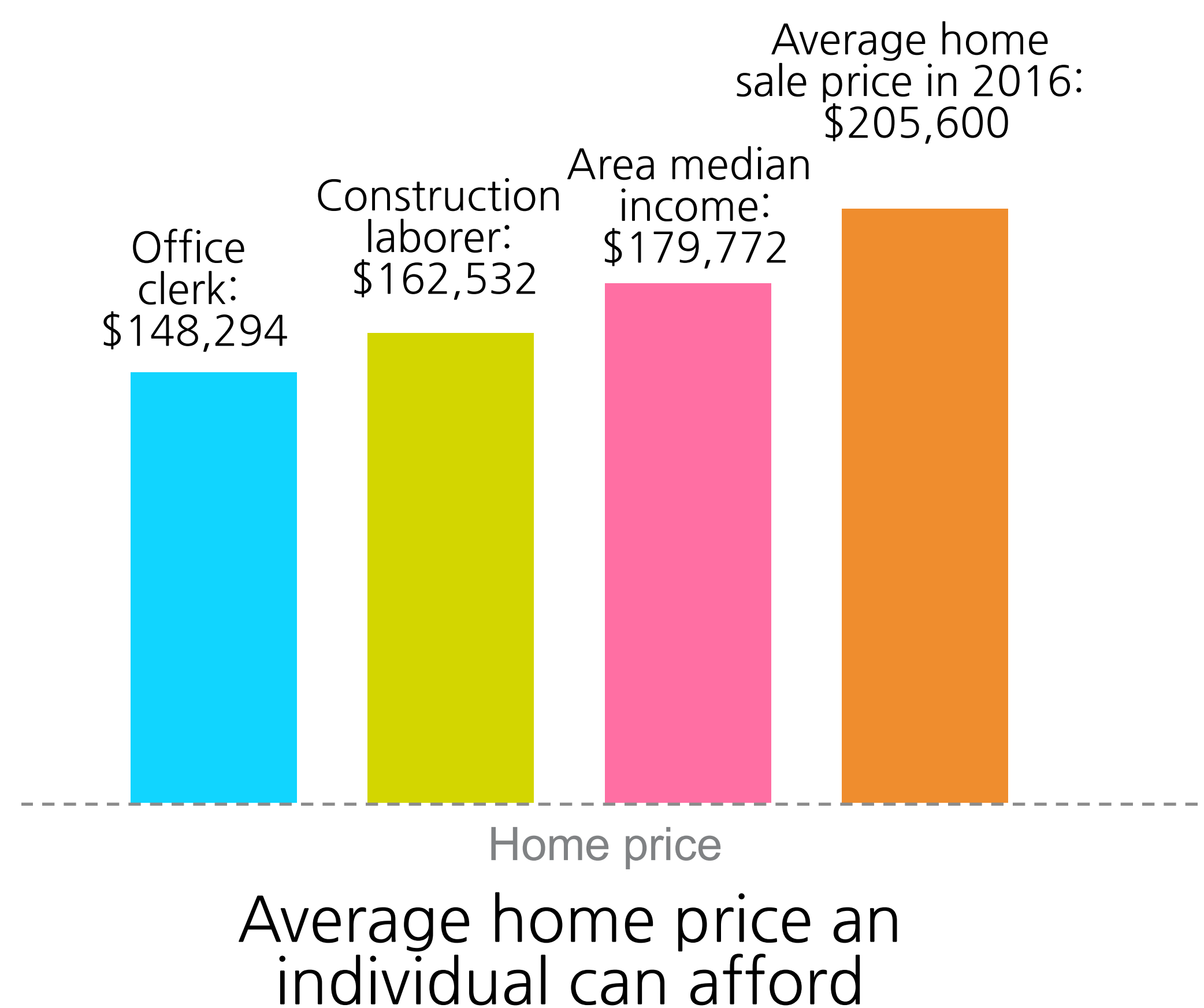


1 student

in every two classrooms experienced homelessness in 2016-2017



That's 36 children during the 2016-17 school year in Harney County.



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Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Harney 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%	23.3%	26.3%	22.7%	36.5%	43.5%
									44/194	69/189	103/237
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	50.3%	36.7%	22.4%	17.2%	16.8%
									272/1215	127/739	124/739
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	63.9%	79.2%	83.3%
									23/36	19/24	40/48
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	29.2%	36.7%	48.4%	44.0%
									79/215	92/190	92/209
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	9.0%	11.5%	42.5%	18.0%
									26/227	99/233	53/295
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	53.3%	70.6%	75.5%	90.0%	86.4%
									74/98	99/110	102/118
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	49.6%	53.8%	51.3%	42.1%
									112/208	100/195	104/247
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	45.2	48.5	49.5	45.8	39.6
									1071/21633	1004/21899	876/22120
10	Emergency Department Utilization for Patients Experiencing Mental Illness*	N/A	N/A	N/A	N/A	119.5	N/A	N/A	N/A	N/A	85.8
											334/3891
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%	74.5%	14.6%	32.2%	21.8%	N/A
							158/212	43/295	19/59	154/708	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	64.3%	58.6%	55.0%	60.9%	N/A
							477/742	1086/1853	94/171	120/197	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	87.6%	16.2%	31.6%	34.5%	N/A
							220/251	112/691	24/76	30/87	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	N/A	11.6%	N/A
										106/911	
16	PCPCH Enrollment	60.0%	60.0%	60.0%	60.0%	60.0%	N/A	N/A	N/A	N/A	N/A
17	EHR Adoption	47.8%	63.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	Timeliness of Prenatal Care	79.50%	90.0%	93.0%	91.0%	91.7%	100.0%	100.0%	100.0%	92.9%	N/A
							9/9	12/12	18/18	13/14	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	90.9%	73.9%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	100.0%	100.0%	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2018 Data is through 11/30/2018

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

2014 ADULT BRFSS	OR	All OHP	EOCCO	Harney County	Adults 2017 1102
Depression	24.4%	36.8%	34.5%	380	
Diabetes	9.2%	11.6%	10.5%	116	
All Chronic Diseases	54.8%	64.7%	61.0%	672	
Physical health Not Good	38.5%	53.1%	51.0%	562	
Mental Health Not Good	38.9%	50.5%	48.4%	533	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	367	
High Cholesterol		38.4%	35.9%	396	
High Blood Pressure	29.1%	28.3%	28.4%	313	
No Physical Activity Outside of Work	16.5%	28.2%	32.3%	356	
Overweight / Obese	62.3%	66.1%	69.3%	764	
Obese	26.9%	36.2%	40.8%	450	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	107	
Sleep < 8	31.3%	38.0%	41.4%	456	
High Blood Sugar	64.4%	60.1%	57.0%	628	
Colon Cancer Screening	66.0%	49.8%	44.9%	495	
Dental Visit	67.0%	51.7%	53.0%	584	
Smoking	16.2%	29.3%	29.9%	329	
Tobacco Chewing	3.5%	3.6%	6.2%	68	
Want to Quit	68.1%	76.4%	75.4%	248	
Tried to Quit	58.2%	62.2%	61.9%	204	
Binge Drinking	14.7%	12.1%	10.2%	112	
Heavy drinking	7.6%	5.0%	3.8%	42	
Food Insecurity	19.9%	48.6%	44.7%	493	
Hunger	10.3%	22.3%	18.8%	207	
4 or more ACE's	22.5%	34.7%	33.7%	371	
Effective Contraceptive Use	68.9%	58.4%	59.7%	658	
5 or more fruits / vegetables per day		26.7%	24.7%	272	