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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Malheur County

Community Health Assessment

2019

Qualitative Report

Focus Group

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

Date of Report: January 11, 2019
Date of Focus Groups: June 18, 2018 (Vale); June 18, 2018 (Ontario-English), August 26, 2018 (Ontario-Spanish)
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Overview of Data Collection

The EOCCO Community Health Assessment Focus Groups were held on June 18, 2018 and August 26, 2018 in Vale and Ontario. Three focus groups were completed, two in English and one in Spanish. The focus group sessions were recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All focus group participants from each focus group were provided food and offered a $25 gift card for their participation. Focus Groups are method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health.* (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

Part 1. SUMMARY FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included Health and Healthcare (Availability of Healthcare Services, Specialty Care, Access, Health Behaviors, Healthcare Workforce and Affordable Coverage).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare – ***Availability of Healthcare Services***	*"I'm…passionate about the Children's Community Nursery and the Boys and Girls Club for what they do…they are overall for young children to [be able to] …start thinking positively about themselves and…raising kids to be…healthy physically and mentally. They take care of food needs, medical care, whatever they need… two year olds to 16-17 year olds are taken care of in this community just through those two agencies.(Ontario, English)"*
Health and Healthcare – ***Specialty Care***	*"… psychological evaluations… [getting services reimbursed] and even where you can get those…[people] have to go to Pendleton. That's another difficulty.(Vale)"*

Health and Healthcare - ***Access***	*"…having rural transportation in these rural areas. Trying to get to specialists…we can refer them, but the transportation is huge because…they have no way of getting there. (Vale)"* *"I do not understand why people don't have access to go to more providers than [local CMHP]. We just had a provider…send me an email about a month ago it would be [three months] before he can get a patient in... And I just thought here we have eight mental health providers and we can't see them.(Ontario, English)"*
Health and Healthcare – ***Health Behaviors***	"*Co-disorders often get the care they need for half of their problems. And that integrative approach in my opinion is needed to health reduce disparities for people with co-diagnoses. (Ontario, English)"* *"It goes from physical health to mental health…drugs are a problem in our community…there needs to be more education. More detox centers…drug and substance use in an epidemic. (Ontario, Spanish)"*
Health and Healthcare – ***Healthcare Workforce***	*"I am quite proud of the richness of relationships that people have within our communities, so that when providers are hoping that individuals touch those communities they learn about the natural helpers that are in those communities. I think we have an abundance of those natural helpers in those communities. (Ontario, English)"* *"Just lack of providers wanting to go in to rural health or lack of providers…(Vale)"*
Health and Healthcare – ***Affordable Coverage***	*"Education on a lot of things…I think a lot of people ignore symptoms and they don't go seek help. I think people on the Oregon Health Plan don't know what they are offered… [or what their insurance can so for them}. (Ontario, English)"*

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

Health Topic (English)	Health Topic (Spanish)	Direct Quote Examples
Health and Healthcare – ***Vulnerable Populations***	Health and Healthcare – ***Affordable Coverage***	*(Vulnerable Populations-English) "The interpretation services it is pretty difficult to get…an…interpretation line at cost…it's tough to be a medical assistant, when you can't communicate with the person."*
		(Affordable Coverage-Spanish) "Yo para mí una barrera también sería el dinero que sin los servicios médicos porque yo este año fui al a mi Pap y en verdad casi me salen $800 todo. Entonces doy 100 por mes cuando acabe ya me va el otro entonces incluyendo que necesito lentes o sea yo empieza el año y para mí es batalla porque hay que cambiar lentes anda uno con los dientes Entonces es mucho lo que no pagan servicios médicos." **[Translation]:** *" Another barrier is money…this year I went to get my Pap exam and it was $800 so I am paying $100 per month, by the time I'm done paying the next one will be due and there's glasses and dental care and there's a lot that it's not covered."*

Health and Healthcare - ***Access***	Health and Healthcare – ***Available Healthcare Services***	*(Access-English) "…the barrier is geography…a decentralization of services is another solution and so that is you may or may not be able to do through technology or through other avenues but that's …another route to overcoming the barrier of geography."*
		(Available Healthcare Services –Spanish) "*Yo pienso que también estoy orgullosa de los servicios que tenemos en nuestra comunidad. En el tiempo que nos ayudan, Como los hospitales y clínicas, eso es algo que depende mucho aquí en nuestra comunidad necesitamos todas las personas en una emergencia. Yo me siento orgullosa que en mi comunidad tengamos ese tipo de ayuda*." **[Translation]:** *"I also think that I am proud of the services we have in our community. In those times that we get help, like the hospitals and clinics, this is something that we depend on here in our community all of the people may need in an emergency. I feel proud that in our community we have this type of help/services."* "*Yo creo que es falta de servicio. Aquí tenemos nomas clínicas…que atienden los miércoles, entonces ellos parece que dan gratis el servicio, usted entra ahí y sale a las 12 de la noche. Entonces también a muchas personas es la falta de dinero y la falta de servicio*" **[Translation]:** *"I think it's lack of services. Here we have [primary care] clinics…that provides appointments on Wednesdays, and it appears that they are free of charge, you go there and leave at 12 midnight. So to many people it's lack of money and services."*
Social and Community Context – ***Rural Parity***	Education – ***Health Education***	*(Rural Parity-English) "…as [a] rural [community, there are] …more agencies and organizations available to the community that make a difference…I have visited a lot of rural areas that, other than a health department, there isn't much else…[What] we have…might be limited, we do have a selection of doctors…in various…of health fields."*
		(Health Education-Spanish) "*Otra es que no Vamos hasta que ya estamos enfermos Porque nos falta la educación de decir más vale prevenir que lamentar prevención es más barato que curar*." **[Translation]:** *"Another saying that we won't go until we are sick, because we are lacking in education to say it is better to prevent than to cure."* **[Discussion on Education for Prevention]:** "*Yo pienso que parte de una barrera puede ser que no he visto yo que eduquen a la gente verdad porque eso ya lo traemos de cultura muchas veces decimos no voy hasta que ya me veo bien enfermo. Entonces yo digo para que haiga, para que no haya una barrera puede ver primeramente educación para que le digan a la gente necitas ir antes que ya tenga la enfermedad. Es lo que yo ha visto en ocasiones*."

		[Translation]: *"I think that part of a barrier is that I have not seen efforts to educate people, because we carry this in our culture, many say that I won't go (to a medical appointment) until I'm very sick. So I say that to remove this barrier we firstly need education, to tell people that they need to go before you are ill…"*
Health and Healthcare – ***<u>Available Healthcare Services</u>***	Social and Community Context – ***<u>Social Cohesion</u>***	*(Available Healthcare Services) "There are other facilities in the state of Oregon, but as far as Oregon in itself, it's just not a [local CMHP] issue and it's just not this community issue. It's a state issue…There is just not enough mental health facilities… We have to go across the state line [into Idaho]."*
		(Social Cohesion –Spanish) **"***Pues uno yo pienso que es el respeto, el respeto verdad a la cultura las creencias de cada diferentes grupos porque aquí existen gentes de diferentes países entonces uno más que nada es el respeto y eso yo pienso que es una comunidad saludable y emocionalmente."* **[Translation]:** *"I think that one issue, is respect, you know, to cultures and belief systems of different groups of people who live here from different countries, so above all there has to be respect and I think that is a community that is healthy (physically and) emotionally."* "*Por ejemplo, cuando como hay tipo de eventos donde se unen diferentes culturas como vimos los policías americanos bailando. Y que tenemos la capacidad de convivir y pacientemente y en paz yo pienso que eso es para sentirse orgulloso de estar en esta comunidad podemos convivir y tener la mente abierta de diferentes culturas.*" **[Translation]** *"…when in events you see different cultures, you see American police officers dancing (through social media videos). [It shows] that we have the capacity to live [and] spend time together peacefully and that is to make us feel proud of this community and to have an open mind to different cultures."*

<u>Part 2: ADDITIONAL SUMMARY FINDINGS</u>

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 <u>worse</u> health than others as well as why some have <u>better</u> health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In this section, participants discussed topics discussed above in Table 1 including affordability of coverage, availability of and access to health services including specialty care. In addition to the topics discussed above, respondents linked health disparities (differences in health disparities among community sub-groups) to (a) Poverty, (b) Stigma/Discrimination, and (c) Health Literacy. See examples in Table 3 below.

Table 3. Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Social and Community Context - ***Poverty***	*"People who don't have the money, people who don't have, I don't know how to say, the poor people, they absolutely do not have the same as people who work…. So you have people who are sicker or chronic diseases who are the poorer population. (Vale)"*
Social and Community Context – ***Stigma/Discrimination***	"*Se sigue viendo discriminación eso me pasó hace 3 años y tenía seguro me mandaron con un especialista por un derrame en un oído al especialista me mandó para atrás con mi médico la recepcionista sabiendo que está en un medicamento muy estricto no me quiso dar en dos meses cita con mi doctor ahí tuve que moverme de doctor. (Ontario, Spanish)"* **[Translation]:** *"You continue to see discrimination, it happened three months ago and I had insurance when they referred me to a specialist for an ear infection and the receptionist referred me back to the doctor knowing that I was prescribed a peculiar medication and I was not given an appointment with my doctor for two months and I had to change doctors."*
Health & Healthcare – ***Health Literacy***	*"…teaching people how to advocate for themselves. To access to health insurance is pretty good with the Medicaid expansion, but a lot of people don't know how to use that insurance or when they go to appointments and use it they don't know how to advocate for themselves. So with our community health care workers that's something we focus on, how to teach people to advocate for themselves. (Ontario, English)"*

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). Participants articulated their awareness of the importance of the social determinants that are highlighted in major domains for analysis including:

(a) Economic Stability: Participants' comments underscored the importance **of Transportation**; they both reported it to be stressful to be lacking transportation to attend important appointments and meetings far from them as well as praised transportation programs available to them including mobile units and children's programs that include transportation. Challenges in rural settings (**Rural parity**) were also discussed including the need to cover large geographic distances but also additional challenges such as the ability to attract and retain professionals and workforces that cover various needs in the community especially in the context of **Housing Shortages** that compound this and other challenges.

(b) Education-Early Childhood Education and Development: Participants stressed the Importance of addressing the needs of children including education and special programs such as those that provide food and engaging activities. Participants underscored the importance of reducing early trauma and adverse experiences as well as recognized availability of specialty behavioral care and of s supply of teachers prepared to work with children.

(c) Environmental Conditions: Participants voiced their awareness of the importance of their physical environment and noted the need for recreation facilities that promote physical activity for children and the opportunities for families to get out and de-stress; as well as their desire for an overall secure environment that is safe for families.

Table 4. Social Determinants of Health

Health Topic	Direct Quote Examples
Economic Stability - ***Transportation***	*"One of the things I think that the community is doing well that's positive is …programs in place for kiddoes…they have transportation to therapy, they have education, they have a meal, they have really awesome education for parents. That's how a lot of people get in to see…providers are because they have provided them with good education about why it's important. They check on the kiddoes. That's a really positive thing that we need to make sure, continues to be supportive."*
Economic Stability – ***Rural Parity***	*"We don't have the people do to these programs for free, to come out here, they don't have the time…You know there's an instance we're working within that clinic and we tried to get someone from the other side of the state to come over here, because this is what they do, that's why they're in business, they don't want to come to Eastern Oregon. It's too small for them. So I think we have a hard time with people committing their time, their energy, their money for these programs to [work]."* *"…we don't have enough specialists to be able to go out in the rural countryside. And it's an all-day deal to go down to Adrian, Harper, or Ventura or to some of the other rural areas, to have a physician or a D.O. or P.A. or nurse practitioner and a dental hygienist and a behavioral health care specialist, but we're working on it."*
Economic Stability- ***Housing Insecurity***	*"We need more housing…There's not enough housing. We have tons of people on a wait list…And our local resources community…are out of money."*
Economic Stability - ***Poverty***	*"Income is generally related to what kind of skill set you have. The kind of skill set you have is based on your education. So what issues do we have with education and skills training in the community…[and] people can't pass…the initial drug test or criminal background check.."*
Education ***- Early Childhood Education and Development***	"*Early childhood… We have…a lot of teachers that are coming out or student teachers coming out or working through their student teaching so they are getting jobs at schools even when they're [done with their education]*."
Neighborhood and Build Environment - ***Environmental Conditions***	"*Where physical activity comes in to play, whether it's to go out hike, fish or swim, those kinds of things [are an] issue. Public safety is a concern*."

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

APPENDIX A: Focus Group Protocol

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

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

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

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

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

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

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

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

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

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

1. Give me an example of a time where you felt proud to be part of your community?
    a. ***Prompt if necessary****: In thinking about how you define a "community" tell me what makes you the proudest of your community?*
2. What do you believe are the 2-3 most important characteristics of a healthy community?
    a. ***Prompt if necessary****: What community characteristics help people stay healthy? Be healthy?*
3. Share with me a time when your community came together to improve a specific health issue.
    a. ***Prompt if necessary:*** *Give me some examples of people or groups working together to improve the health and quality of life in your community.*
4. Tell me about some concerns you have about the health/well-being in your community
    a. ***Prompt if necessary****: What do you believe are the* ***most important issues*** *that need to be addressed to improve the health and quality of life in your community?*
5. Give me an example of a specific challenges in your community that gets on the way of people having healthy lives.
    a. **Prompt if necessary**: What do you believe **is keeping your community** from doing what needs to be done to improve the health and quality of life?
6. Give me an example of a program or policy change that would help make the community healthier (policy example: laws about tobacco and alcohol use).
    a. **Prompt if necessary**: What actions, policies or funding priorities would you support to build a healthier community?
7. Give me an example of a health-related program or model that you are passionate about or that you currently participating in.
    a. **Prompt if necessary**: What would excite you to become involved (or more involved) in improving your community?

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

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

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

10. What are examples of social determinants of health, that may impact the overall health in your community

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

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

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

[Provide at least three strengths of the conversation]
Thank you again for your time today, specifically in sharing the challenges in your community. We have come away with several strengths in your community such as:

1. _____
2. _____
3. _____

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

APPENDIX B: Focus Group Analyses Procedure

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of Analysists largely drew from the Healthy People 2020 SDOH framework that includes Health and Car, 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

APPENDIX C: Vale Additional Topic Examples

Table 1: Examples of High Coverage Topics (Vale)

Health Topic	Direct Quote Examples
Health & Health Care- ***Access to health care***	"*We also have [primary care] coming into our high school…we are…scheduling for the mobile unit to come to our high school this fall. Again, providing that access because there are barriers to access and supports*." "[Regarding the mobile clinic in Malheur County] "*…raising awareness and providing access to primary health care for those who don't have access, don't have transportation…we are out there and we are providing mobile access…to help the underserved..."*
Health & Health Care- ***Specialty health care***	[Regarding specialty care in Malheur County] … *"if you need specialty in this area, Boise or here, it's months or months…"* *"… if they are saying… we are in Oregon and [you are referred to specialty care in Oregon] you won't go to Idaho which…[is] literally just right there… [you get sent] to Portland…which is an extreme hardship. You are away from family. You could get to Boise and back in half a day…the Portland people don't realize how far out we are in Eastern Oregon."*
Health & Health Care- ***Health Care Workforce***	*"We have times where we have two providers in [one clinic] and I have both of them just overbooked to the gill. And I get…phone calls in and I struggle to say where can I get this patient in to get them seen in a timely manner and still have a healthy work environment. To have employees that are feeling overworked, overstressed, working at home for three to four hours trying to complete the day's work."* *"I think we [need] …another provider… I know we've been trying to get one in. Just lack of providers wanting to go in to rural health…"*
Social & Community Context **– *Rural Parity***	*"…there's just no way for a rural community to support every aspect…you do have to travel and so you do…"*
Education –***Early Childhood Education and Development***	"*You know these kids…at a young age [need to] start to…see other options, other opportunities they can do rather than nothing or to get in to trouble…would love to see…more programs for kids*."

Health and Healthcare Services: Participants noted challenges in **Accessing** health care services and praised initiatives to improve access including mobile units. Participants also mentioned the challenges/hardships of accessing specialty care locally, especially when you live on a border town between two states with different processes for referrals. The challenges in **shortage of health care provides** as well as in the work-load of the existing providers were also noted in several instances.

Social & Community Context: In several comments participants explicitly linked living in a rural setting to other challenges such as access to health care or availability of programs and services; on the whole these comments reflect a **lack of parity in resources between rural and urban communities**.

Education: Participants were vocal about their awareness of the importance to provide educational opportunities for **children,** specifically early education and developmental programs for children.

Part 2: ADDITIONAL SUMMARY FINDINGS

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

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

Respondents predominantly linked disparities to:

- The ability of vulnerable populations to afford health care as well as the availability and usage of health services.
- The importance of health behaviors such as physical activity and diet

Table 2. Health and Healthcare Disparity Examples

Health Topic	Direct Quote Examples
Health & Health Care –***Affordable Coverage***	[Referencing the "affordability gap"] *"People who don't have the money…the poor people, they absolutely do not have the same as people who work [and/or] who have insurance. You know there are people out there…who don't have Medicaid and who can't afford insurance. They pay their tax penalty because it is cheaper than paying for insurance. So you have people who are sicker or [who have] chronic diseases who are the poorer population."* *"In our … area …. 30% of the population does not get health care at all, either because they cannot afford it, they don't have any insurance…they don't have Medicaid."*

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). During these segment participants predominantly discussed: a) Education (High School Education & Skills Training/Vocational Education) and b) Economic Stability (transportation).

Table 3. Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Education **–** ***High School Education & Skills Training/Vocational Education***	[Discussion of educational opportunities]. "*Well some of [the programs] are fairly new…the CTE programs we have…Career Technical Education…our auto program has been in commission for a number of years…and we have students that are graduating high school with skills to enter the work force. We also have students who are exiting, or graduating high school with welding certifications to enter the work force and earn a higher wage…nursing certifications…*" *"[Some students have the ability to] … finish… their education [and get] paid to do it…they offer college classes, at high school level to at a very discounted rate…So people can pick up a skill and find a job. They just might not be able to find a place to live."*
Economic Stability- ***Transportation***	*"…even if those vans serve the OHP population… [there is a] rule that if you have a mother with four kids, they can only go with the one kid that has an*

	appointment…and what are you supposed to do with the other three kids…they just end up not going. I think that's a huge issue." *"… people need to get to the court house to get business done… and need to go out to Nyssa…where the [bus] stops are…people need to walk to the bus. It's a huge issue*." "*We fill a lot of backpacks during the school year. And there are students we worry about during the summer. Because although we have two sites in town for the summer program…our district covers a lot of ground. A lot of square miles. And transportation again is very hard for a child or family who lives 20 miles out of town…And same in Nyssa…And even though the meal may be here, they maybe can't get to it…and the food banks during working hours*."

In addition to these topics that dominated this section of the discussion, the ***breadth of SDoH topics discussed*** in the entire focus group discussion was remarkable. Below is an overview summary of SDoH topics by the four major domains in outline form (details are available upon request)

Neighborhood and Built Environment

- Environmental Conditions
- Natural Resources

Economic Stability

- Transportation
- Poverty
- Food Insecurity
- Housing Instability
- Quality of housing
- Economic Development
- Childcare (in relation to compounding hardships)

Education

- High School Education
- Skills Training/Vocational Education
- Enrollment in Higher Education
- Early Childhood Education and Development

Social and Community Context

- Cross-Sectional Collaboration (e.g., between schools, community organizations, health care)
- Community Programs (specifically programs that benefit health)
- Importance of family involvement
- Social Cohesion
- Civic Participation
- Civic Pride

APPENDIX D: Ontario Additional Topic Examples (English)

Examples of High Coverage Topics (Ontario-English)

Health Topic	Direct Quote Examples
Education –***Early Education***	*"…the creation of more positive opportunities and after school opportunities for kids that fostered the development of the Boys and Girls club… [and this is] one of the major accomplishments of the community…in the last ten years. When it comes to impacting health. Having those kids have other opportunities, other perspectives on maybe what an adult role model is, what a positive parent is. I think that has been a very big thing for us."*
Social and Community Context – ***Community Programs***	[On engaging the community] … *"I think it's important [to know] what works for our population and what doesn't. We've had some really successful events and some that were less successful and really paying attention to what's working. [A successful event] …is good for the whole family. The first thing that comes to mind is the Fall Creek Kids Day…where we had the opportunity to provide educational things, like the Mountain Valley Booth and the other services in the area…the rodeo, the games, things that bring people together in the first place."*
Social and Community Context – ***Social Cohesion***	*"I felt very proud to be a part of both the health and social services provider community and the larger Malheur County community. I consider our rural frontier county a community of sorts."* *"…all providers… really work hard to serve a community that is not necessarily very rich. In fact, it's the opposite. And, we really are passionate about serving people even when the reimbursement might not be good or there are problems at home or a language barrier. I think that [providers] work really hard even though it's not necessarily the most acclimate community to serve everyone fully, regardless of where they are coming from."*
Social and Community Context **– *Community Norming***	*"I would say also that people are engaged, and whether that [means] engaged in their kids health or engaged in the kids' education or whatever it is their passionate about."*

Early Education: Participants focused much of their conversation to the resources and work around education, specifically early education program opportunities targeted to younger children.

Social & Community Context. In several comments participants expressed positively the importance of community and participating in rural community programs, from healthcare events to the local rodeo. There was a tremendous outpouring of community pride in how the community works together to reach a common goal, even in areas where resources and services may be limited.

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why

some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender).

In this section, participants emphasized Availability of Healthcare Services Healthcare Access (including specialty care) as well as Health Behaviors. Direct quote examples can be found in Table 1 of the main document.

Additionally, participants poignantly discussed both the in-roads and challenges in addressing the needs of the sub-population of individuals with co-occurring behavioral and physical health conditions. In particular, they discussed other topics, such as: a) Health and Healthcare (Health Literacy), specifically focusing on education in the community about behavioral health services, and b) Social and Community Context (Community Norming) and the overall benefits of following others' example of reaching out to receive behavioral health care.

Table 2. Health and Healthcare Disparity Examples

Health Topic	Direct Quote Examples
Health & Health Care ***– Health Literacy***	*"I know mental health…we have a stigma to have mental health issues. I think more education [and] just being more accepting, teaching, just because you're seeking mental health, you're not going to be considered a lunatic, because that's typically what happens… education around that particular population would help a lot. It's something that they don't openly embrace."*
Social and Community Context ***– Community Norming***	*"…educating our community neighbors, educating them on the mental health…we need to educate our community about the mentally ill."*

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). During these segment participants predominantly discussed: a) Social and Community Context (rural Parity), b) Neighborhood and Built Environment (Quality of Housing, Access to Healthy Foods) and c) Education (Early Education).

Table 3. Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Social and Community Context - ***Rural Parity***	*"…as [a] rural [community, there are] …more agencies and organizations available to the community that make a difference…I have visited a lot of rural areas that, other than a health department, there isn't much else…[What] we have…might be limited, we do have a selection of doctors…in various…of health fields."*
Neighborhood and Built Environment - ***Quality of Housing***	*"There is also a population of people that can't get in to housing… because of criminal history, and try[ing] to work with these folks and the places they find is appalling. No plumbing… [no heating], and maybe…these are folks that have a criminal record. But they are human beings and they need a place to be and…some of the places in this town that people rent are absolutely inhumane. I wouldn't put a dog in there."*
Neighborhood and Built Environment -	*"It might be [that] a person is uneducated and that's how they were raised when they were young and I think there's an opportunity to teach these recipients how to spend the money [particularly if a SNAP recipient]and how to*

Access to Healthy Foods	*properly feed the family so that you are getting the most nutrition for the family. Because some of these families save for the month, but when they are buying ten bags of chips, that's not sustainable…"*
Education ***–Early Education***	*"…the creation of more positive opportunities and after school opportunities for kids that fostered the development of the Boys and Girls club… [and this is] one of the major accomplishments of the community…in the last ten years. When it comes to impacting health. Having those kids have other opportunities, other perspectives on maybe what an adult role model is, what a positive parent is. I think that has been a very big thing for us."*

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

Neighborhood-Environment

- Environmental Conditions

Economic Stability

- Employment
- Food insecurity

Education

- High school/Higher Education/Skills Training & Vocational Education
- Early Childhood Education and Development
- Health Literacy

Social and Community Context

- Community Programs (with overall benefit to health and health outcomes)
- Community Norming
- Community Outreach
- Civic Participation/Civic Pride
- Sense of Belonging
- Cross-Sectoral collaboration (e.g., between schools, community organizations, health care)
- Stigma
- Importance of Family Involvement
- Social Cohesion

APPENDIX E: Ontario Additional Topic Examples (Spanish)

Table 1: Examples of High Coverage Topics (Ontario-Spanish)

Health Topic	Direct Quote Examples
Health & Health Care- ***Affordability, Availability of and Access to Health Care***	[**Affordability of Care**]. *"Yo para mí una barrera también sería el dinero que sin los servicios médicos porque yo este año fui al a mi Papanicolaou y en verdad casi me salen $800 todo. Entonces doy 100 por mes cuando acabe ya me va el otro entonces incluyendo que necesito lentes o sea yo empieza el año y para mí es batalla porque hay que cambiar lentes anda uno con los dientes Entonces es mucho lo que no pagan servicios médicos."* **[Translation]:** *"Another barrier is money…this year I went to get my Pap exam and it was $800 so I am paying $100 per month, by the time I'm done paying the next one will be due and there's glasses and dental care and there's a lot that it's not covered".* [**Availability of Health Care Services**]: "*Yo pienso que también estoy orgullosa de los servicios que tenemos en nuestra comunidad. En el tiempo que nos ayudan, Como los hospitales y clínicas, eso es algo que depende mucho aquí en nuestra comunidad necesitamos todas las personas en una emergencia. Yo me siento orgullosa que en mi comunidad tengamos ese tipo de ayuda*." **[Translation]:** *"I also think that I am proud of the services we have in our community. In those times that we get help, like the hospitals and clinics, this is something that we depend on here in our community all of the people may need in an emergency. I feel proud that in our community we have this type of help/services.* [**Access to Care- Discussion of Model Programs**]: "*El que avía comentado Dolores a mí me gusta. El que Soy Sano, el que se convirtió a OHP, porque se convirtió automáticamente a todos los niños documentados a OHP, ellos ya pueden llevar, la mama puede llevar a los dos niños al médico para que los atiendan, le dieron más amplificación y yo trato y se me hizo algo muy bueno para los niños que prácticamente alta que ya todos tienen ese servicio El programa Soy Sano. ¿Ustedes recuerdan?"* **[Translation]:** *"The program "Soy Sano' (I am healthy) became OHP because it automatically enrolled all un-documented children, the mother can take children to the medical doctor to receive care, the program got augmented…and [now] covers more children."*
Health & Health Care- ***Health Education***	**[Discussion on Education for Prevention]:** "*Yo pienso que parte de una barrera puede ser que no he visto yo que eduquen a la gente verdad porque eso ya lo traemos de cultura muchas veces decimos no voy hasta que ya me veo bien enfermo. Entonces yo digo para que haiga, para que no haya una barrera puede ver primeramente educación para que le digan a la gente necitas ir antes que ya tenga la enfermedad. Es lo que yo ha visto en ocasiones*." **[Translation]:** *"I think that part of a barrier is that I have not seen efforts to educate people, because we carry this in our culture, many say that I won't go (to a medical appointment) until I'm very sick. So I say that to remove this barrier we firstly need education, to tell people that they need to go before you are ill…"*

Social & Community Context ***– Social Cohesion***	*"Pues uno yo pienso que es el respeto, el respeto verdad a la cultura las creencias de cada diferentes grupos porque aquí existen gentes de diferentes países entonces uno más que nada es el respeto y eso yo pienso que es una comunidad saludable y emocionalmente."* **[Translation]:** *"I think that one issue, is respect, you know, to cultures and belief systems of different groups of people who live here from different countries, so above all there has to be respect and I think that is a community that is healthy (physically and) emotionally."*
Social & Community Context – ***Community Norming***	*"Que hay amor. Que entró la comunidad que hay mucha gente que se juntan y ayudan al uno y otro. Sí que hay amor y para usted. El otro más concretamente un ejemplo de que la gente se junta. Y entre muchos que ellos se reúnen y se junten. Conviven y se ayudan*." **[Translation]:** *"When there's love… in the community there are a lot of people that get together and help each other… more concretely it provides an example of people getting together, they spend time with one another and help each other".*

Health and Healthcare Services: Participants discussed at length the availability, affordability and access to health care services including instances in which community members fell short in receiving care. Notably they also praised instances and examples of programs and clinics that provide care, including the sense of pride for having clinics and emergency services as well as the virtues of OHP expansion of services to children, among others. Participants noted the need to provide **health education** the community at-large on the benefits to all when preventive medical services are used proactively relative to costlier services when individuals are acutely ill.

Social & Community Context: Participants highlighted the importance of community cohesion to the sense of having a healthy community. In particular, they noted the importance of respect among cultural and ethnic groups and between individuals with different belief systems. They also underscored the value of role modeling or community norming of prosocial behaviors such as displays of love (affection), spending time together, and helping each other.

Part 2: ADDITIONAL SUMMARY FINDINGS

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

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

In this section, participants emphasized Affordability and Availability of Health Care Services (all of these topics were covered above). Additionally, participants discussed topics that included: a) Economic Development (Poverty) and b) Social and Community Context (Discrimination). Examples can be found in Table 2.

Table 2. Health and Healthcare Disparity Examples

Health Topic	Direct Quote Examples
Economic Development - ***Poverty***	"*Aquí tenemos nomas* [clínicas] *que atienden los miércoles, entonces ellos parece que dan gratis el servicio, usted entra ahí y sale a las 12 de la noche. Entonces también a muchas personas es la falta de dinero y la falta de servicio*" **[Translation]:** "*Here we have (clinics) that provide care on Wednesdays, it looks like free of charge, you go in and leave around midnight. So there are a lot of people that lack money …"*
Social and Community Context – ***Discrimination***	*"Se sigue viendo discriminación eso me pasó hace 3 años y tenía seguro me mandaron con un especialista por un derrame en un oído al especialista me mandó para atrás con mi médico la recepcionista sabiendo que está en un medicamento muy estricto no me quiso dar en dos meses cita con mi doctor ahí tuve que moverme de doctor"* **[Translation]** "*You continue to see discrimination, it happened 3 months ago and I had insurance when they referred me to a specialist for an ear infection and the receptionist referred me back to the doctor knowing that I was prescribed a peculiar medication and I was not given an appointment with my doctor for two months and I had to change doctors."*

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDOH). This segment included the following notable topics: a) Health and Health Care (Health Behaviors) focused on healthy eating and physical activity, b) Social and Community Context (Family Involvement) as encouragement towards physical activity and a decrease in "screen time" replaced by quality family time together and c) Economic Development (Employment) focused on employment responsibilities as a challenge to parenting and how to get children more involved in family and physical activities.

Table 3. Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Health & Health Care - ***Health Behaviors***	*"Pues yo diría que el estilo de vida porque hoy en día a ver cuántos niños vez jugando en el parque. La tecnología juega un papel importante porque muchos niños prefieren quedarse a jugar al XBOX, el Wii, el PlayStation, hay que salir a jugar o a correr después de la escuela. Entonces este tipo de falta de actividad hace que los jóvenes y los niños tengan sedentarismo entonces van a sufrir de actividades. Corren el riesgo de sobrepeso y con el sobrepeso y obesidad y con la obesidad problemas cardíacos y respiratorios diabetes entonces un es como una cadenita a la falta de actividad y luego comer mucha comida alta en calorías."* **[Translation]:** *"I would say that it's lifestyle; in today's world there are not many children playing. Technology plays an important role because many children prefer to stay in and play in the XBOX, Wii, and PlayStation... when they should be going outside to play afterschool. This type of lack of physical activity makes youth and children sedentary … they run the risk of becoming overweight, and with overweight and obesity there are cardiac and respiratory health issues,*

	diabetes... so it is like a small chain beginning with lack of activity, eating highly caloric food."
Social and Community Context - ***Family involvement***	*"Es parte del balance y educación y hay grupos a veces para padres y que pueden compartir experiencias de que puedes cansar una de las 3 horas y las 2 vamos a caminar, vamos a ser algo verdad…o simplemente se puede jugar juegos de mesa y ya se ponen los teléfonos a un lado y hasta uno comunicándose con ellos. Como la lotería…Si exactamente o hacer cosas con ellos una película, pero ya todos conviven lo que cada quien con sus películas."* **[Translation]:** *"It's part of the balancing act and of education … there are groups for parents and parents can share their experiences ... if parents have three hours at home, they can rest during one and in the other two they can encourage activities such as walks or simply to play board games (with their children) such as "The Lottery" (Bingo-like board game) and have everyone set their phones aside then. Exactly, you can even watch a movie together, but now you're spending time together instead of having people what their own movie by themselves."*
Economic Development - ***Employment***	*"Por ahí seria si trabajan los papás y los papás trabajamos en el campo, y no tenemos tiempo de llevar a los niños al parque o a llevarlos a cosas así Entonces tenemos senderismo de la dependencia a la tecnología y la nutrición, pero toda esa problemática esta la familia."* **[Translation]:** *"But you see parents working in the fields and we do not have time to take the children to the park or do things along those lines. So we have sedentary lifestyles, dependence on technology and problems with nutrition…"*

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

Neighborhood-Environment

- Environmental Conditions
- Public Safety

Economic Stability

- Economic development
- Employment
- Transportation
- Poverty

Education

- Health Literacy

Social and Community Context

- Community programs that benefit health
- Community Norming of behaviors
- Civic participation and civic pride
- Belonging
- Importance of family involvement
- Trauma

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Malheur	Malheur	Malheur	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	31,395	31,470	31,845	4,141,100
Age 0-17 2013, 2015, 2017	7,927	7,810	7,620	869,330
Age 0-17 % of Total Population	25.0%	25.0%	23.9%	21.0%
Age 16-64 2013, 2015, 2017	18,533	18,396	18,583	2,557,575
Age 16-64 % of Total Population	59.0%	58.0%	58.4%	61.8%
Age 65 and Over	4,934	5,264	5,642	714,196
Age 65 and Over % of Total Population	16.0%	17.0%	17.7%	17.2%
Race				
% White	81.1%	61.0%	62.0%	77.0%
% American Indian/Native Alaskan	0.8%	0.83%	0.6%	0.9%
% African American/Black	1.4%	1.10%	1.0%	1.8%
% Asian	1.1%	1.66%	1.6%	4.0%
% Pacific Islander	0.1%	0%	0.1%	0.4%
% Other	10.0%	1.8%	0.1%	0.1%
% 2 or More	5.4%	4.7%	1.8%	3.5%
Ethinicity				
Hispanic	30.9%	33.5%	32.9%	12.4%
Gender				
% Females	54.6%	45.4%	46.2%	52.0%
% Males	45.4%	54.6%	53.8%	48.0%
% Other				
Sexual Orientation				
% LGBTQ Population 2017 - The William's Institute Gallop Poll	NA	NA	4.8%	4.8%
(38% of LGBTQ Oregonians have an annual income of < $24,000)				
SOCIO-ECONOMICS				
Family Size - ACS	3.25	3.24	3.2	3.1
% Single Parents - ACS	**31.6%**	**31.6%**	**11.7%**	8.3%
Unemployment - OR Dept of Employment	**9.8%**	**8.2%**	**5.6%**	4.9%
Education				
% of Population without a High School Diploma - ACS	20.4%	10.0%	19.9%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	79.5%	**76.1%**	84.3%	77.8%

	Malheur 2013	Malheur 2015	Malheur 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	**24.5%**	**29.4%**	**24.8%**	15.7%
Child Poverty Rate - ACS	**38.8%**	**33.9%**	**34.7%**	20.4%
Language				
% of Limited English Speaking Households	**5.1%**	**5.1%**	**4.6%**	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	**88.4%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	40.7%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	**51.3%**	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	56%	55%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	**2.0%**	1.3%
No Telephone Available in Household - ACS	2.7%	2.7%	**3.9%**	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	54	43	NAP
Unsheltered	NA	50	108	NAP
Transportation				
No Personal Transportation Available in Household - ACS	6.4%	**9.1%**	**9.0%**	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	7,153	10,012	10,750	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	78.60	112.84	120.84	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	**69.8%**	**70.9%**	**71.9%**	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	2,260	2,080	1,890	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	4,570	4,580	3,940	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**29.0%**	**27.2%**	**24.7%**	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	**14.8%**	**15.2%**	12.9%	14.2%

	Malheur 2013	Malheur 2015	Malheur 2017	OREGON 2017
Food Hunger and Insecurity for Adults EOCCO - (Medicaid BRFSS 2014)				
Hunger	NA	NA	NA	22.3%
Food Insecurity	NA	NA	NA	48.6%
Average Monthly Num. of Children in SNAP-Oregon Dept of Human Services	3,946	3,924	3,629	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate per 1,000 births	NA	3.5	**6.5**	4.6
Low Birthweight per 1,000 births	56.6	54.0	**99.8**	68.3
Births to Mothers Receiving Inadequate Prenatal Care	**12.4#%**	**15.6#%**	**12.3# %**	6.1%
Births to Mothers under the age of 18	**4.4%**	0.14%	**2.2%**	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	**19.4**	**24.8**	**30.6**	12.8
Children in Foster Care per 1,000 - OR DHS	**136.0**	**132.0**	**22.9**	9.2
Homeless Youth Age < 18				
With Parents	NA	13	15	NA
Unaccompanied	NA	16	43	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	34.0	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	$7,200	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	**71%**	**68%**	55%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	56.1%	**36.3%**	**39.4%**	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	**61.8%**	75.0%	73.0%	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	21.0%	21.0%	**24.2%**	23.9%

	Malheur 2013	Malheur 2015	Malheur 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	93.3	89.8	86.9	86.3
% Reporting Good, Very Good, or Excellent Mental Health	83.0	84.5	80.5	75.0
Preventative Care Visit, % last 12 months	**50.7**	**55.7**	67.8	61.8
Emergency Care Visit, % last 12 months	29.6	31.2	32.1	34.8
Oral Health Visit, % last 12 months	**68.1**	73.7	**69.6**	74.0
Suicidal Ideation, % last 12 months	**17.8**	16.6	16.9	16.9
% Have had Sexual Intercourse	**13.2**	**8.8**	**14.5**	8.4
Substance Use, % Abstaining - Tobacco	**96.9**	**97.0**	82.4	91.6
Substance Use, % Abstaining - Alcohol	**87.4**	**91.3**	62.5	73.2
Substance Use, % Abstaining - Marijuana	**91.7**	**92.7**	**91.1**	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	88.4	**82.2**	85.7	83.2
% Reporting Good, Very Good, or Excellent Mental Health	82.2	80.0	73.2	66.3
Preventative Care Visit, % last 12 months	**53.5**	66.1	64.7	62.2
Emergency Care Visit, % last 12 months	34.3	31.5	33.7	35.7
Oral Health Visit, % last 12 months	**73.5**	76.1	**71.3**	73.8
Suicidal Ideation, % last 12 months	14.9	11.3	17.6	18.2
% Have had Sexual Intercourse	**48.2**	**42.7**	35.5	40.9
Substance Use, % Abstaining - Tobacco	**96.2**	**95.3**	**81.9**	81.1
Substance Use, % Abstaining - Alcohol	**84.4**	**68.4**	**51.4**	44.7
Substance Use, % Abstaining - Marijuana	**93.7**	**91.2**	**75.3**	60.5
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	39.9	42.0	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	10.5	12.9	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	30.1	**47.2**	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	**206.6**	**204.2**	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**49.0**	45.9	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**60.2**	**61.4**	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**78.5**	**64.0**	48.3

	Malheur 2013	Malheur 2015	Malheur 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	**38.6**	**29.7**	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	**13.7**	**12.9**	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**221.7**	**232.0**	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	8.5	7.8	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	17.7	**20.0**	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	83.8%	82.4%	**73.9%**	82.9%
Overall Mental Health (2010-2013 BFRSS)	81.3%	76.0%	72.2%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	19.5%	**12.4%**	20.3%
Tobacco Use Total (2010-2013 BRFSS)	**45.5%**	**37.8%**	**25.4%**	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	**22.0%**	**22.5%**	**22.5%**	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	**23.5%**	**15.3%**	**15.3%**	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	**8.70%**	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	1.40%	S	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	13.20%	**S**	**25.6%**	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	4.2%	10.2%	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	28.5%	NA	29.7%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	57.0%	**23.5%**	**23.5%**	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	**33%**	**31.0%**	**31.0%**	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	237.3	234.4	**4.7%**	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	62	60.2	**5.0%**	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	7.2^	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	8.1	NA	**9.6%**	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	5.8^	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	21.2	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	8.7	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	4.0^	NA	**4.7%**	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	47.6	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	4.0^	NA	48.7%	54.3%

CODES:

NA = Not Available

NAP = Not Applicable

S = Suppressed Data

* = Statewide lists as "Asian / Pacific Islander" and county specific data lists two group = "Asian" and "Pacific Islander."

/ = Gilliam, Sherman, and Wasco Counties Combined

** = This number is suppressed because it is statistically unreliable.

^ = This number may be statistically unreliable and should be interpreted with caution.

. = Percentages exclude missing answers.

Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

= Rate is significantly different from the state rate.

& = Detailed reporting of small numbers may breach confidentially.

! = Insufficient data.

Community Advisory Council Needs Assessment Data Dictionary

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

Community Advisory Council Needs Assessment Data Dictionary

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

No Personal Transportation Available in Household (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified having no personal transportation at the home
Lacking Complete Kitchen Facilities in Home (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of all households that self-identified lacking complete kitchen facilities in the home
% of Renters Spending More than 35% of their Monthly Income on Rent (2012-16 ACS)	Social Determinants	US Census Bureau: American Community Survey 2012-16 Estimates	Estimated percent of home renters who spend over 35% of their monthly income on rental costs
Adult Obesity (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated age-adjusted percent of people ages 18 and over who are obese. Persons considered obese are those with a body mass index (BMI) of 30 or higher. BMI is a measure of the ratio between weight and height: weight in kilometers/height in meters, squared (kg/m2
Adult Fruit and Vegetable Consumption (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adults who consume five or more of servings of fruits and vegetables per day. Data are from aggregated sampling across years.
Overall Health Good, Very Good, or Excellent (2010-13 BRFSS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting that their health in general was "excellent", "very good", or "good" when asked on a five-point scale ("excellent", "very good", "good", "fair", and "poor").
Good Mental Health (2010-13 BRFSS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting having no poor mental health in past 30 days.
Heart Attack (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have experienced a heart attack.
Stroke (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have experience a stroke.
One or More Chronic Conditions 2013 (BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have one or more chronic conditions. One or more chronic diseases includes angina, arthritis, asthma, cancer, COPD, depression, diabetes, heart attack, or stroke.
Tobacco Use, Total (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting current tobacco use.
Tobacco Use, Cigarette Smoking (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reported being a current cigarette smoker.
Tobacco Use, Smokeless (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting current smokeless tobacco use.
Cardiovascular Disease (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of the population reporting to have cardiovascular disease.
Alcohol Use: Heavy Drinking, Males (2010-13 BRFFS)	Health Status	Oregon Health Authority - Public Health Division / Centers for Disease Control and Prevention: Behavioral Risk Factors Surveillance System 2010-13 Estimates	Estimated percent of adult males reporting to have had 2+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.

Community Advisory Council Needs Assessment Data Dictionary

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

Community Advisory Council Needs Assessment Data Dictionary

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

SELF-REGULATION

	2013	2014	2015	2016	2017
Malheur	3.5	3.6	3.3	3.4	3.4

INTERPERSONAL SKILLS

	2013	2014	2015	2016	2017
Malheur	4.0	4.0	3.8	3.8	3.7

APPROACHES TO LEARNING

	2013	2014	2015	2016	2017
Malheur	3.6	3.7	3.5	3.5	3.5

NUMBERS & OPERATIONS

	2013	2014	2015	2016	2017
Malheur	6.9	7.6	7.9	8.1	10.6

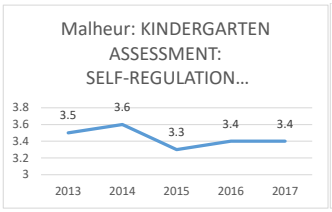
LETTER NAMES

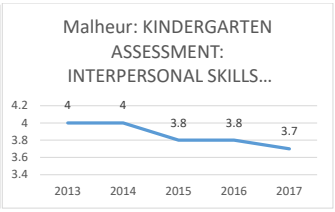
	2013	2014	2015	2016*	2017
Malheur	15.0	15.7	14.9	11.8	11.5

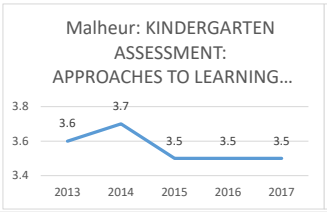
SOUNDS

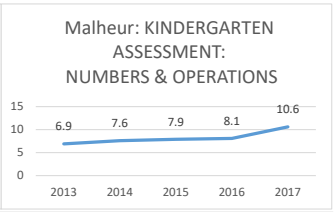
	2013	2014	2015	2016	2017
Malheur	4.7	6.4	6.3	8.2	7.5

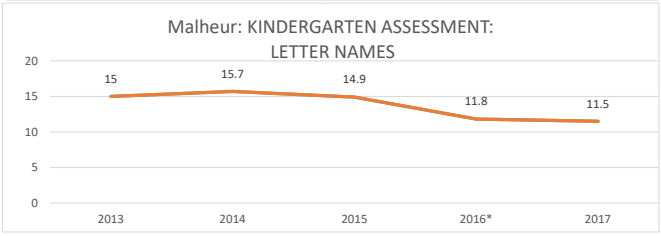
Source: Oregon Department of Education
Compiled by Cade Burnette, Blue Mountain Early Learning Hub
NOTE: Elements of the actual assessment changed between 2013 and 2017

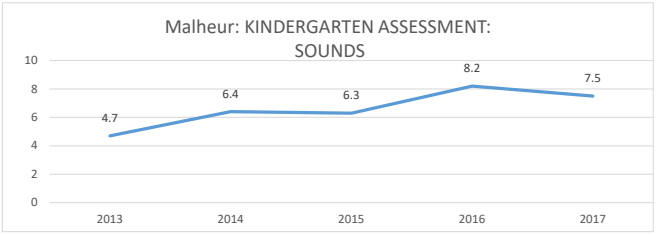












EARLY CARE & EDUCATION PROFILES

MALHEUR 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

Malheur County, Oregon

CHILDREN

5,823
Children under age 13 living in the county [1]

- 1,426 children 0-2 years old [1]
- 951 of children 3-4 years old [1]
- 3,445 of children 5-12 years old [1]

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

2/3 of children under age six have both parents employed or a single parent employed [3]

CHILD CARE & EDUCATION

745
Slots in centers and family child care homes for children [4]

- 553 slots in Child Care Centers [4]
- 192 slots in Family Child Care Homes [4]

43% of 3-4 year olds are enrolled in preschool [5]

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

AFFORDABILITY

$7,200
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 just under the tuition at Oregon's public universities

34% 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]

$21,330 - $27,560

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

References

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

To Cite

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Oregon State University

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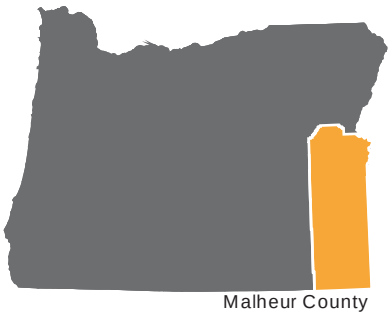
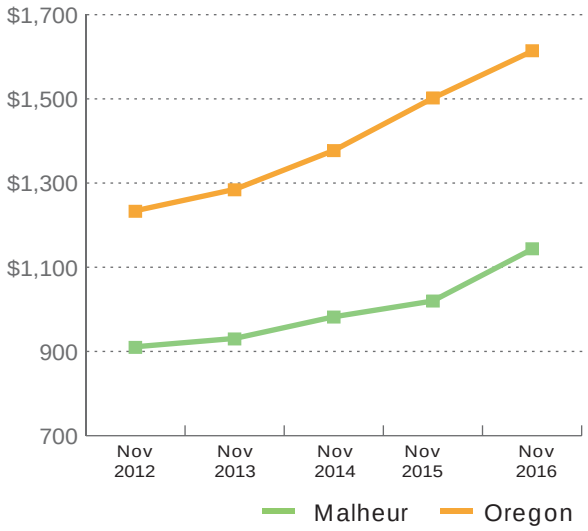
MALHEUR COUNTY

DEMOGRAPHIC & HOUSING PROFILES

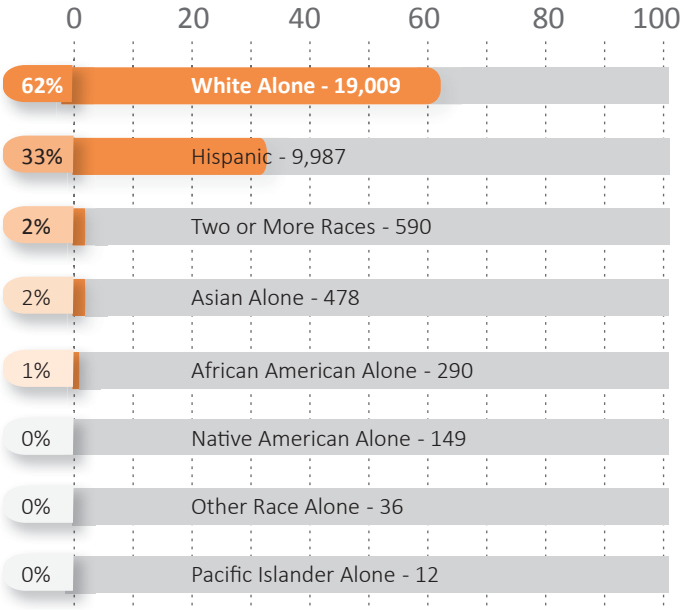


Population	Malheur	Oregon	United States
Total (2015 est.)	30,380	4,028,977	312,418,820
# Change since 2010	-933	197,903	12,673,282
% Change since 2010	-3.0%	5.2%	4.1%

Median Rents, 2012-2016

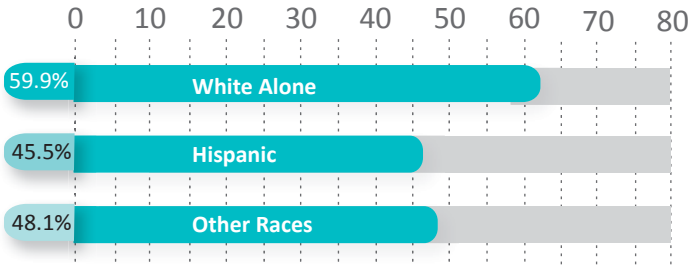


Population by Race/Ethnicity, 2011-2015

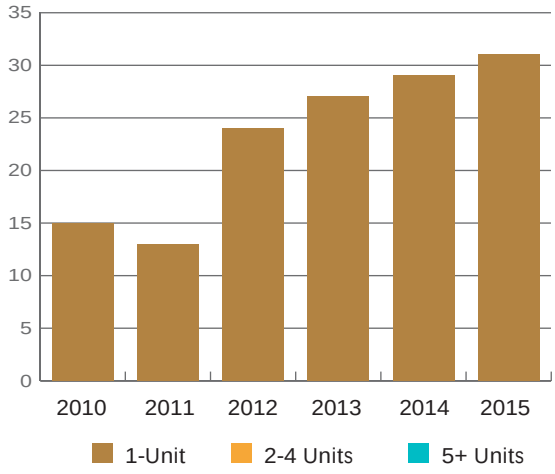


Vacancy Rates, 2011-2015

Homeownership Rates by Race/Ethnicity, 2011-2015



Building Permits Issued in County



MALHEUR COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	1,678	17.8%	$28,379
Construction	503	-38.2%	$31,702
Manufacturing	1,048	-8.8%	$32,324
Wholesale Trade **	520	3.8%	$31,114
Retail Trade**	1,059	-13.6%	$31,114
Transportation **	464	19.9%	$31,114
Information	81	-47.1%	$34,952
Finance	323	-30.8%	$39,858
Professional, Scientific	523	8.7%	$33,579
Education, Healthcare	2,006	-24.6%	$35,678
Leisure, Hospitality	1,089	24.2%	$14,603
Public Administration	866	-4.6%	$23,401
Other Services	435	-1.4%	Not Available
Total	**10,595**	**-7.8%**	

*** Combined average wage shown per BLS.*

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Malheur 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.*

5.6% Malheur County

4.9% Oregon

Unemployment Rates, 2016

$ 8.13

Malheur County's mean renter wage

$13.10

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

52 hours

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

1 out of 3

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

MALHEUR COUNTY

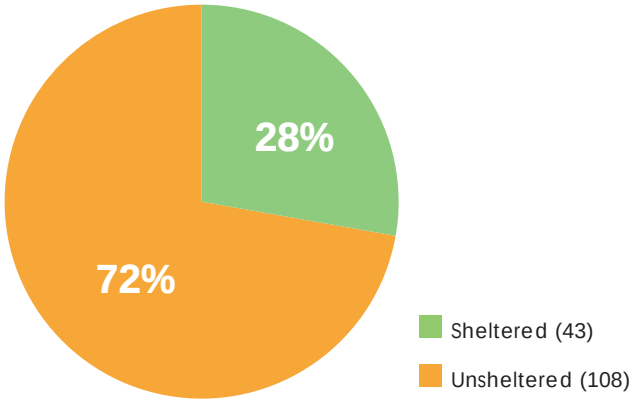
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	1,135	2,280	3,045
Affordable Units	870	2,145	3,915
Surplus / (Deficit)	(265)	(135)	129
Affordable & Available*	330	1,295	2,985
Surplus / (Deficit)	(805)	(985)	(60)

**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	$190,948	$152,758	$95,474
% of Stock Affordable	71.6%	59.0%	34.2%

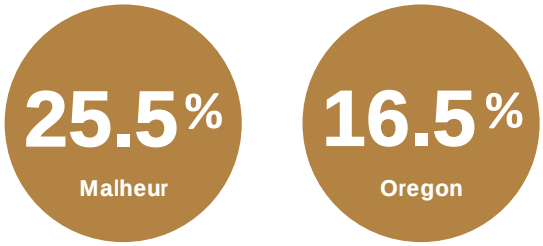
Point-in-Time Homelessness, 2017
Malheur County: Total 151



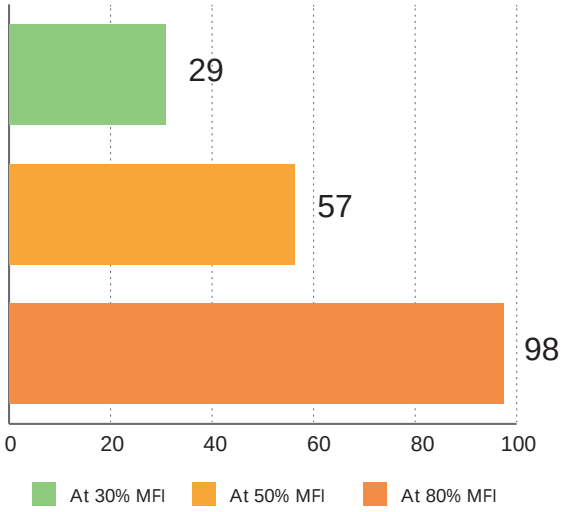
$48,890

Malheur County's
Median Family Income (MFI)

Poverty Rates, 2011-2015

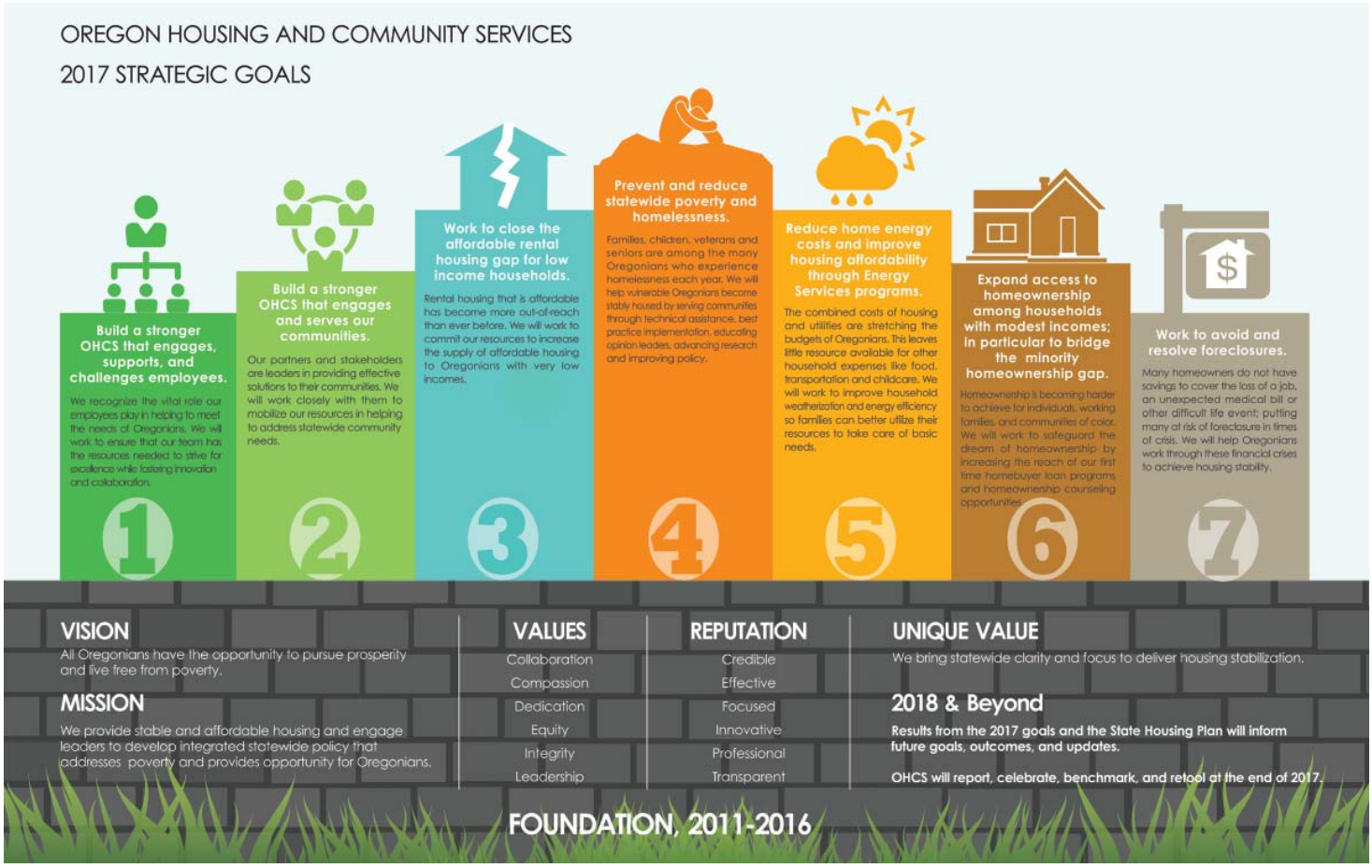


Affordable and Available Rental Homes per 100 Renter Households, 2015



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
Jackson	$19,728	$37,497	$47,587
Klamath	$19,264	$27,477	$41,817
Lane	$19,892	$43,125	$60,005
Malheur	$17,433	$24,765	$37,011
Marion	$19,642	$31,149	$43,779
Multnomah	$19,993	$47,037	$65,027
Umatilla	$18,377	$28,436	$43,134
Washington	$24,353	$47,571	$65,800



Data Sources

Page 1:
Population Estimates: U.S. Census Bureau, Annual Population Estimates, 2010 and 2015
Population by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Homeownership Rates by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Median Rents: Zillow Rent Index, 2010-2016
Vacancy Rates: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Building Permits: U.S. Census Bureau, Building Permit Survey, 2010-2015

Page 2:
Employment and Industry Growth: 2011-2015 American Community Survey Estimates and Oregon Employment Department, Employment and Wages by Industry
Median Home Sales by Region: RMLS Data from Local Administrators, 2015
Unemployment Rate: Oregon Employment Department, Unemployment Rates, 2016 Not Seasonally Adjusted
Oregon's Renter Wage, Housing Wage, and Hours Needed to Work at Minimum Wage: National Low Income Housing Coalition, Out of Reach 2016
Rent Burden Infographics: 2011-2015 American Community Survey Estimates

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

Page 3:
Shortage of Affordable Units: HUD, 2010-2014 Comprehensive Housing Affordability Strategy Data
Oregon's Median Family Income: 2011-2015 American Community Survey Estimates
Affordable and Available Rental Homes per 100 Renter Households: HUD, 2010-2014 Comprehensive Housing Affordability Strategy Data
Point-in-Time Homeless Count: 2017 Point-in-Time Count estimates from HUD Continuums of Care
Poverty Rate: 2016 American Community Survey Estimates
Self-Sufficiency Standard for Select Counties and Family Types: The Center for Women's Welfare, The Self-Sufficiency Standard for Oregon, 2014

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#oregonstatewidehousingplan

A Place to Call Home: Malheur County

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

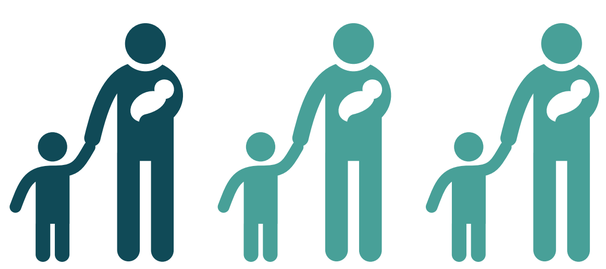
We have a serious shortage of affordable housing

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

805

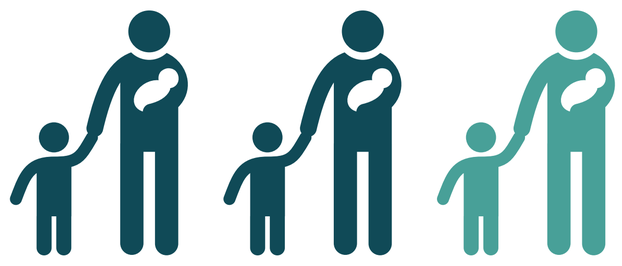
units are needed to meet the need

1 out of 3



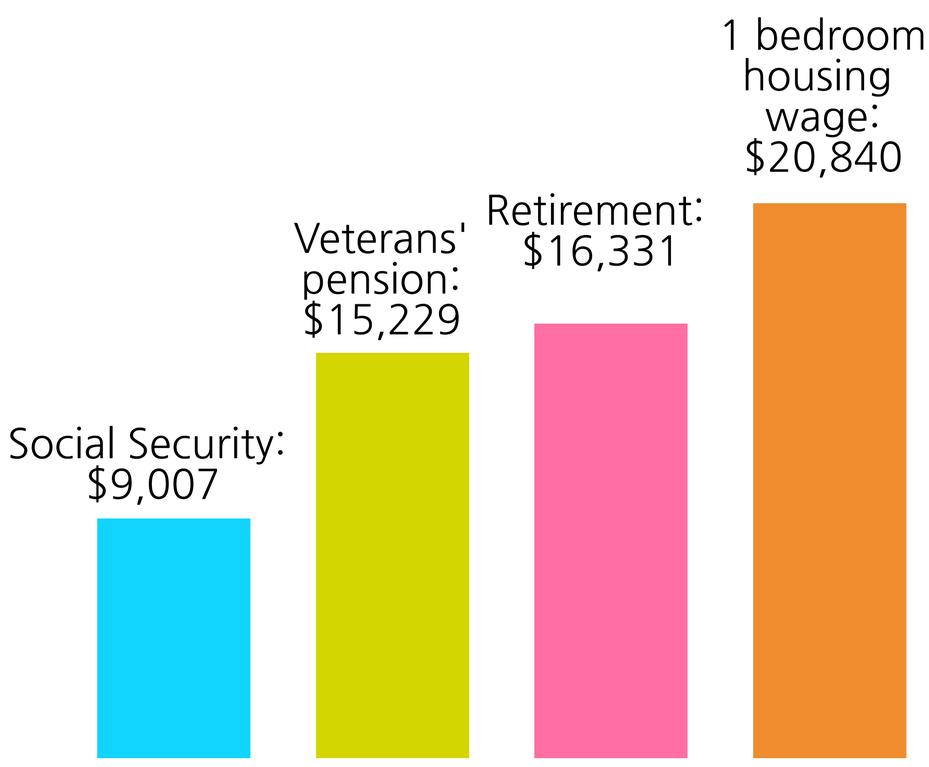
of all renters are paying more than 50% of their income in rent

2 out of 3



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

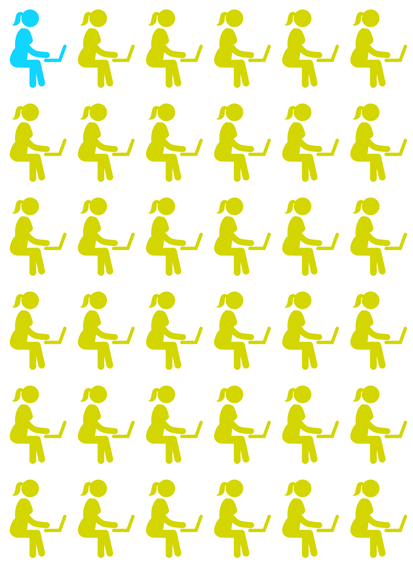
Our neighbors are facing homelessness



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

1 in 36 students

experienced homelessness in 2016-2017



That's 318 children during the 2016-17 school year in Malheur County.

Workers can't afford rent

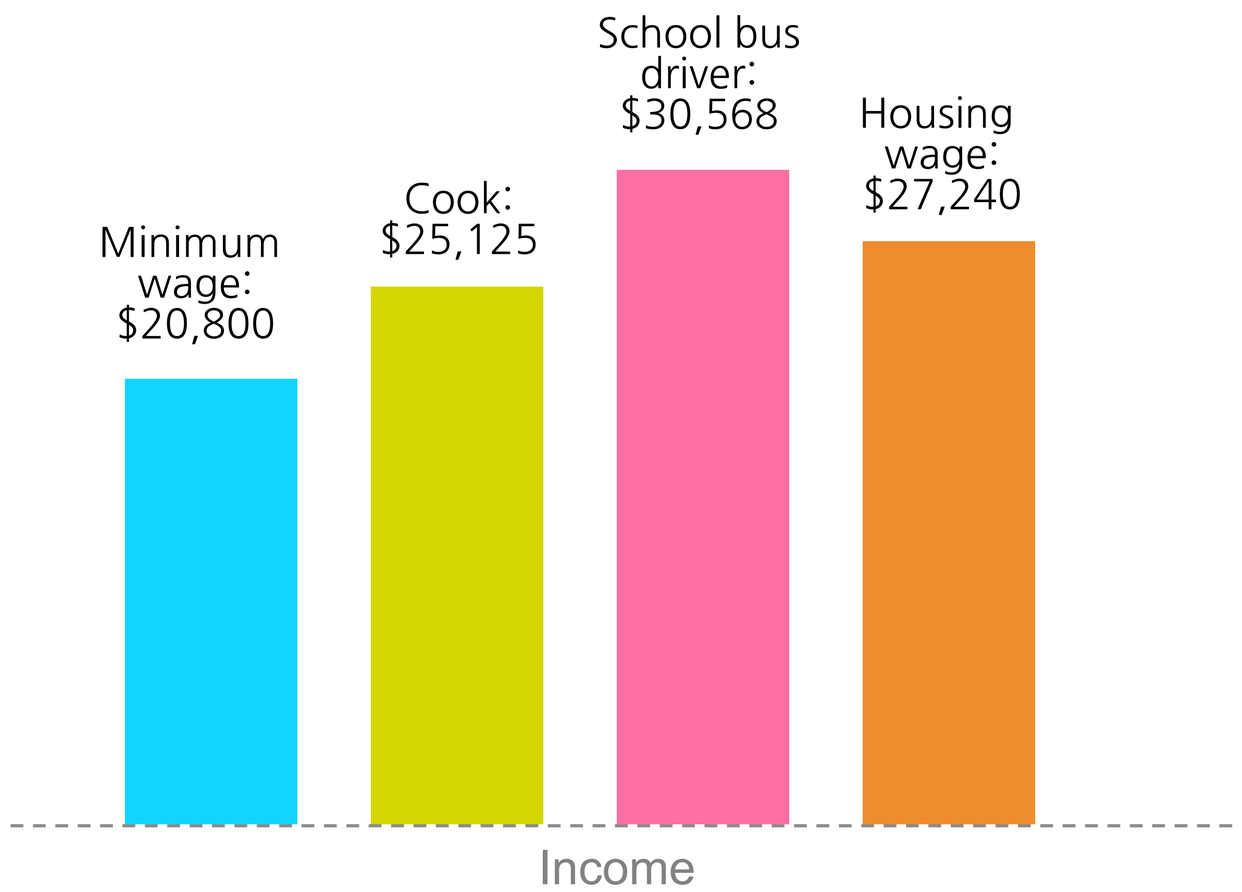
$8.13

Mean renter wage

52 hours

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

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



HOUSING ALLIANCE

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

Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Malheur 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%	20.2%	30.8%	41.5%	36.7%	35.3%
									525/1265	489/1334	588/1667
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	1.2%	8.7%	12.3%	13.4%	13.5%
									618/5038	670/5001	672/4961
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	79.4%	82.4%	79.3%
									127/160	136/165	165/208
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	30.9%	38.0%	43.6%	47.1%
									221/581	252/578	309/656
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	16.8%	18.2%	23.0%	22.9%
									284/1563	397/1728	472/2059
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	66.1%	73.9%	79.4%	84.0%	85.2%
									493/621	488/581	570/669
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	37.1%	46.5%	47.0%	40.1%
									446/960	439/935	578/1441
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	50.5	61.9	59.7	55.7	50.5
									6618/110787	6130/110109	6012/119057
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	118.4
											2137/18053
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%	16.2%	28.2%	56.4%	63.1%	N/A
							219/1353	2210/7835*	5144/9118*	1808/2866	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	79.2%	55.0%	57.1%	58.3%	N/A
							1791/2260	1085/1972	1220/2135	282/484	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	55.7%	41.3%	30.7%	29.5%	N/A
							182/327	459/1111	388/1262	98/332	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	31.9%	21.0%	N/A
									507/1591	237/1128	
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%	95.1%	92.6%	88.1%	91.4%	N/A
							58/61	75/81	89/101	85/93	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	86.1%	81.4%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	88.5%	96.9%	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

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

2014 ADULT BRFSS	OR	All OHP	EOCCO	Malheur County	Adults 2017 4690
Depression	24.4%	36.8%	34.5%	1618	
Diabetes	9.2%	11.6%	10.5%	492	
All Chronic Diseases	54.8%	64.7%	61.0%	2861	
Physical health Not Good	38.5%	53.1%	51.0%	2392	
Mental Health Not Good	38.9%	50.5%	48.4%	2270	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	1562	
High Cholesterol		38.4%	35.9%	1684	
High Blood Pressure	29.1%	28.3%	28.4%	1332	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	1515	
Overweight / Obese	62.3%	66.1%	69.3%	3250	
Obese	26.9%	36.2%	40.8%	1914	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	455	
Sleep < 8	31.3%	38.0%	41.4%	1942	
High Blood Sugar	64.4%	60.1%	57.0%	2673	
Colon Cancer Screening	66.0%	49.8%	44.9%	2106	
Dental Visit	67.0%	51.7%	53.0%	2486	
Smoking	16.2%	29.3%	29.9%	1402	
Tobacco Chewing	3.5%	3.6%	6.2%	291	
Want to Quit	68.1%	76.4%	75.4%	1057	
Tried to Quit	58.2%	62.2%	61.9%	868	
Binge Drinking	14.7%	12.1%	10.2%	478	
Heavy drinking	7.6%	5.0%	3.8%	178	
Food Insecurity	19.9%	48.6%	44.7%	2096	
Hunger	10.3%	22.3%	18.8%	882	
4 or more ACE's	22.5%	34.7%	33.7%	1581	
Effective Contraceptive Use	68.9%	58.4%	59.7%	2800	
5 or more fruits / vegtables per day		26.7%	24.7%	1158	