Sherman County

Community Health Assessment

2019

Qualitative Report

Focus Group

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

Date of Report: November 30, 2018
Date of Focus Group: July 5, 2018
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Overview of Data Collection
The EOCCO Community Health Assessment Focus Groups were held on July 5, 2018 at the Oregon State University Extension Building. The focus group session was recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All 5 focus group participants were provided lunch and 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 OF FINDINGS: High Coverage Topics
As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included (a) Economic Stability (Poverty), (b) Health Care (Health Behaviors) and (c) Social and Community Context (Rural Parity).

Table 1. Examples of High Coverage Topics

Health Topics	Examples
Economic Stability - _Poverty_	*"Well it's right now more than ever…the percentage of the kids in school, more for that population, more now than ever, have trauma and [they are] either with one parent or the other…and have behavioral health issues, broken families, very high poverty."* *"Poverty and illness go hand in hand. Because their lives aren't hard enough."*
Health & Health Care – _Health Behaviors_	**"***I think we have a focus on… outdoor recreation and maybe that's just my personal belief, that we're not like this frontier in rural verses urban. We don't live in a concrete jungle. We're by four rivers. People fish and hunt here and then do outdoor activities. And that to me, is a healthier way to live, then constantly being in…rec[reation] centers. Connecting with nature. I think, and were very nature based here because it's the actual livelihood of people.*

	"When you…take the number of people that go the recreation center and you put in school sports programs…on a percentage basis, this has got to be probably one of the fittest counties there is. That people actually participating in something." *"We have a group of seniors that are way more popular and social, which is very important to their health, mental and physical. We have quite a group of senior mafia's, (Laughing) I don't know what to call them or the right term is, but… that is something that is keeping them healthy."* *"Well they're [seniors] being engaged and doing things socially. There more active. They're going for walks. They go to the Wellness Center."*
Social/Community Context - _Rural Settings_	*"The fact that economics and things lack growth… and [a] continued population… [our community has] less than ten people…this year than last year…. It's less than five percent of our population…that's the great things that make our community amazing, and so the things happening in big cities are still happening out here, are still happening often only on a smaller level for people.* *"There's a problem…in that housing what is available is pretty cheap, and we have families move in with huge mental and health issues that drain and drill the school. [They] put [a] huge demand on resources and our availability to provide for them. And so, we have had people at times foster caring three, four, five people in their house and all of these kids had, very demanding school, health care, and other needs, social needs. And the drain on the community…[and our] resources…"*

Economic Stability: Participants deduced linkages of poverty and economic instability to overall healthcare, including illness and other health risk factors such as trauma. This was particularly noticeable with observations of student behavior within the education system.

Health and Healthcare Services: There was clear indication from the participants that outdoor recreational activities are important for overall health and wellness. Several focus group participants stressed the importance of walking and availability of natural resources to engage in outdoor activities as well as social, recreational outlets (i.e. Wellness Center) to improve overall health.

Social and Community Context: Focus group participants expressed concern about the apparent shrinking size of the population in small, rural communities among families who do move into the county. Even though there is a smaller percentage of families leaving the county compared to urban counterparts, the effect is still felt within the community's economy. Participants also expressed that there is an appearance of low-income individuals/families that disproportionately put a strain in the community's resources to meet the multitude of needs for these individuals/families.

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 additional topics around Heath Disparities and Social Determinants of Health, specifically focusing on the following sub-categories: Social and Community Context (Social

Cohesion) Health and Healthcare Disparities (Vulnerable Population, Access) and Environmental Conditions (Quality of Housing)

Table 2. Examples of Additional Findings

Health Topics	Examples
Social & Community Context – _Social Cohesion_	*"Every time I go to a school function, there are a hundred people there, grandparents, cousins. School functions are very well attended and that makes me feel proud that [we are] …community focused."* *[In response to the clarifying question of community being multi-generational] …" They really built itself around the kids… [being from Sherman County] …everybody identifies in that sense…Exactly, and that's one of the things that describes the pride of Sherman County. Because when people ask my kids when they were younger, you know where are you from? They didn't say Moro or Wasco or they said Sherman County…when I went to college and lived in The Dalles…I don't say I'm from Grass Valley, I'm from Sherman County…Who else in the State of Oregon references their home by their county?"*
Health Disparities – _Vulnerable Populations_	*[In reference to the growing adult population] … "The stats are for 2011, 2012, 2013 and 2014 and every year consistently we have our population, 6-9 more deaths than births. You know. Most of them are elderly…I just think that we have an older population.* *[In reference to concerns of the growing adult population] …" Do they have access to care they need? I mean we live very rurally. And then, not just as a town, but a lot of people live 15 miles out of the small town…[it's an issue of] social isolation."*
Health & Health Care - _Access_	*"We rely on a volunteer, incredible volunteer ambulance service, and I know it's politically incorrect and I know we had the option. They can't provide an option in the clinics for 24-hour call in service, there has got to be somebody they can [call on] …if you have a three-month old who is spiking a fever and you've got a three-year-old and four-year-old…are you going to drive to the Dalles? How are you going to handle all of this? And I think of the old people in the room… I think health care and access for older people*
Environmental Conditions – _Quality of Housing_	*"We don't have the housing available … quality housing, I think the county has taken some steps through the Oregon Solutions Group…but I'm not sure we are even beginning to see, the lack of the sun rise, the sunset, yah we have a long ways to go."*

- **Social & Community Context (Social Cohesion):** Participants spoke highly about how well-attended the community events are in Moro; they described being a resident of Sherman County as a source of identity that makes them proud. They also noted that many community functions are accomplished through the hard work of volunteers and noted that this is a contrast to other settings where individuals might get paid to perform those functions.
- **Health Disparities (Vulnerable Populations):** Focus group participants were very observant in noticing populations that were presented implicitly as vulnerable. Specifically, of note were the following: a) the increasing population of elderly are at highest risk for social isolation, b) the notable number of kids with likely traumatic backgrounds have grandparents as their primary

care-takers, and c) the increasing number of individuals who appear to be transient in the county.

- **Health and Healthcare (Access):** Participants also expressed concern for the older adult population accessing health care services.
- **Environmental conditions (Quality of Housing):** Participants noted concerns with the lack of quality housing.

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

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 Procedures

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. Our team of GOBHI/EOCCO analysists drew information largely from the Office of Disease Prevention and Health Promotions' Healthy People 2020[1] framework of Social Determinants of Health (SDOH) that includes Health and Health Care, plus four major SDOH domains: Economic Stability, Education, Neighborhood and Built Environment, and Social and Community Context.

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

APPENDIX C: References

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

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Sherman	Sherman	Sherman	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	1,765	1,785	1,800	4,141,100
Age 0-17 2013, 2015, 2017	348	346	337	869,330
Age 0-17 % of Total Population	20%	19%	18.7%	21.0%
Age 16-64 2013, 2015, 2017	1,012	1,002	998	2,557,575
Age 16-64 % of Total Population	57%	56%	55.5%	61.8%
Age 65 and Over	405	437	465	714,196
Age 65 and Over % of Total Population	23%	24%	25.9%	17.2%
Race				
% White	95.9%	87.9%	88.3%	77.0%
% American Indian/Native Alaskan	0.4%	1.82%	2.5%	0.9%
% African American/Black	0.2%	0.17%	0.5%	1.8%
% Asian	0.2%	0.17%	0.1%	4.0%
% Pacific Islander	0.1%	0%	0.0%	0.4%
% Other	1.2%	2.0%	0.0%	0.1%
% 2 or More	2.3%	4.7%	3.5%	4%
Ethinicity				
Hispanic	5.8%	7.8%	5.1%	12.4%
Gender				
% Females	50.5%	49.5%	49.0%	52.0%
% Males	49.5%	50.5%	51.0%	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	2.78	2.83	2.7	3.1
% Single Parents - ACS	**26.0%**	**26.0%**	5.3%	8.3%
Unemployment - OR Dept of Employment	**8.4%**	**7.5%**	4.6%	4.9%
Education				
% of Population without a High School Diploma - ACS	**9.6%**	**5.9%**	**6.7%**	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	100%	**71.43**	**72.0%**	77.80%

	Sherman 2013	Sherman 2015	Sherman 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	15.0%	**17.1%**	**17.7%**	15.7%
Child Poverty Rate - ACS	**23.7%**	**20.7%**	**24.6%**	20.4%
Language				
% of Limited English Speaking Households	4.4%	**1.6%**	0.0%	2.7%
Uninsured - ACS				
2013-Insurance Rates for the EOCCO Counties,				
2015, 2017-Oregon Health Insurance Survey Fact Sheets, OHA, 3 Regions within EOCCO				
% Uninsured	**16.4**	5.6	**6.9**	6.2
SOCIAL DETERMINANTS OF HEALTH				
Housing				
Occupied Housing Units - ACS	NA	NA	**85.6%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	39.6%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	**44.5%**	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	35%	62%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	0.6%	1.3%
No Telephone Available in Household - ACS	1.3%	0.5%	1.4%	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	0	0	NAP
Unsheltered	NA	0	1	NAP
Transportation				
No Personal Transportation Available in Household - ACS	2.2%	2.0%	3.2%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	292	703	1,486	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	87.16	219.69	448.94	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	**52.4%**	**48.1%**	**53.4%**	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	110	90	80	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	310	290	300	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**30.2%**	**26.9%**	**26.4%**	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	**16.4%**	**16.3%**	**16.5%**	14.2%

	Sherman 2013	Sherman 2015	Sherman 2017	OREGON 2017
Food Hunger and Insecurity - (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	113	101	101	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate	NA	0	**58.8**	4.6
Low Birthweight	NA	**75.9**	66.7	68.3
Births to Mothers Receiving Inadequate Prenatal Care	**9.1%**	0.0%	0.0%	6.1%
Births to Mothers under the age of 18	NA	**63.2**	0.0%	0.9%
Maternal Depression - PRAMS Data by State				
% During Pregnancy	**22.1**	**23.7**	**28.9**	20.1
% Postpartum-EOCCO rate	20.9	21.3	**47.6**	21.3
Children				
Victim Rate Child Abuse per 1,000 - OR DHS	NA	S	6.2	12.8
Children in Foster Care per 1,000 - OR DHS	9	0	S	9.2
Homeless Youth Age < 18				
With Parents	NA	0	0	NA
Unaccompanied	NA	0	0	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	!	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	!	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	**67%**	**56%**	31%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	50.0%	93.8%	62.5%	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	72.0%	72.0%	73.0%	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	**28.7%**	**28.7%**	14.9%	23.9%

Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	11.6	34.3	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	**34.7**	**22.8**	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	**57.8**	**80.0**	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	**393.1**	**331.2**	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**57.8**	45.7	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	34.7	**45.7**	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**57.8**	**57.1**	48.3

	Sherman 2013	Sherman 2015	Sherman 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	23.1	11.4	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	**11.6**	0.0	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**196.5**	**331.2**	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	**23.1**	**22.8**	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	11.6	**22.8**	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	**77.7%**	83.6%	**77.8%**	82.9%
Overall Mental Health (2010-2013 BFRSS)	66.8%	64.5%	61.5%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	37.7%	S	20.3%
Tobacco Use Total (2010-2013 BRFSS)	**31.2%**	19.6%	S	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	**22.8%**	**19.6%**	**19.6%**	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	**84.0%**	S	S	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	S	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	S	S	4.4%	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	17.0%	14.2%	15.5%	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	**43.0%**	S	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	# 38.9%	NA	**34.3%**	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	57.0%	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	**31%**	**33.6%**	NA	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	251.7	170.6	S	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	22.9	22.7	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	S	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	S	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	NA	NA	S	54.3%

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.

% 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

Indicator	Category	Source	Description
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.

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

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.

A Place to Call Home: Sherman County

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

We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 19 affordable units available.

61 units are needed to meet the need

More than 3 out of 4

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

Social Security: $9,007

Veterans' pension: $15,229

Retirement: $16,331

1 bedroom housing wage: $22,320
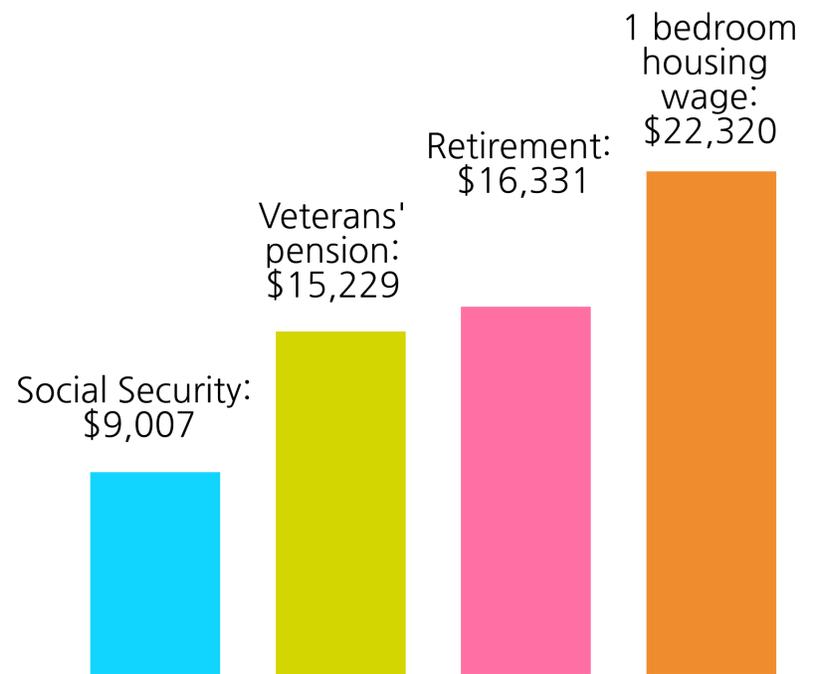
Oregonians on fixed incomes struggle to pay rent even for a one bedroom apartment.

Workers can't afford rent

A household must earn at least $29,320 to afford a 2 bedroom apartment at fair market rent.

Minimum wage: $20,800

Cook: $27,038

School bus driver: $32,125

Housing wage: $29,320

Income
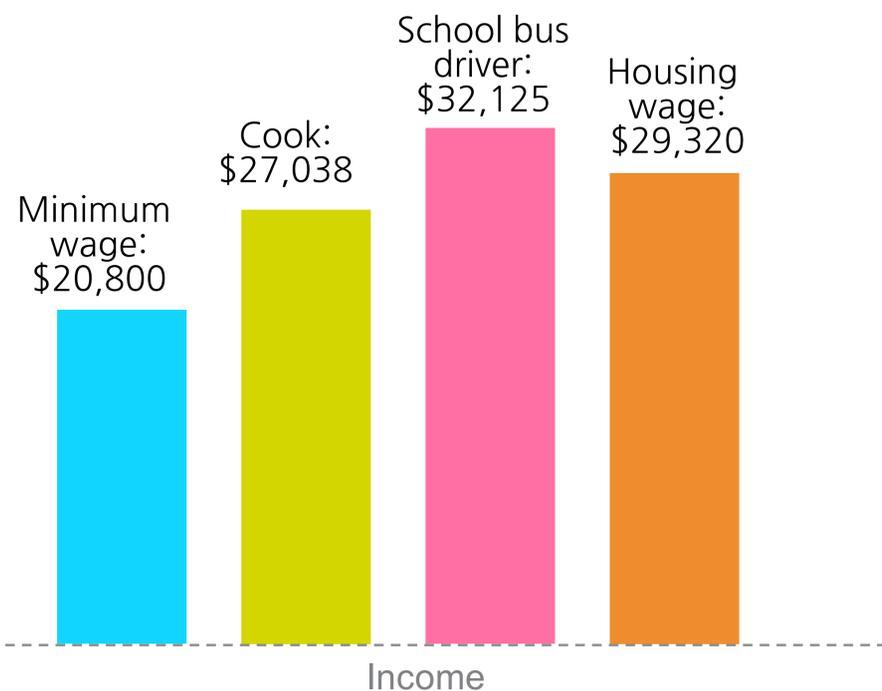
$13.77

Mean renter wage

56 hours

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

SHERMAN COUNTY

DEMOGRAPHIC & HOUSING PROFILES

Sherman County

Population	Sherman	Oregon	United States
Total (2015 est.)	1,680	4,028,977	312,418,820
# Change since 2010	-85	197,903	12,673,282
% Change since 2010	-4.8%	5.2%	4.1%

Population by Race/Ethnicity, 2011-2015

- 85% White Alone - 1,525
- 7% Hispanic - 128
- 4% Two or More Races - 71
- 3% Native American Alone - 57
- 1% African American Alone - 10
- 0% Asian Alone- 4
- 0% Pacific Islander Alone - Not Available
- 0% Other Race Alone - Not Available

Homeownership Rates by Race/Ethnicity, 2011-2015

- 63.5% White Alone
- 18.2% Hispanic
- 58.8% Other Races

Fair Market Rents, 2012-2017

— 2 Bedroom
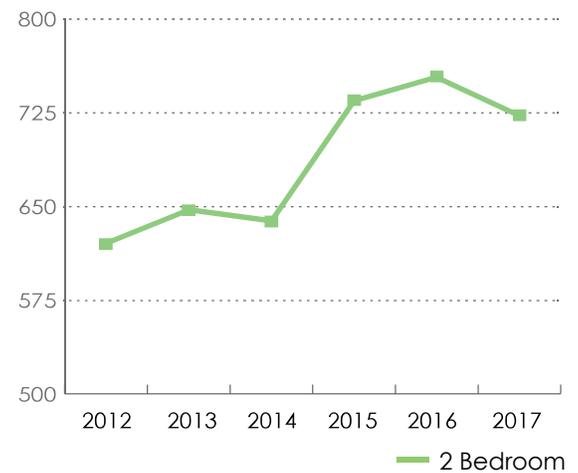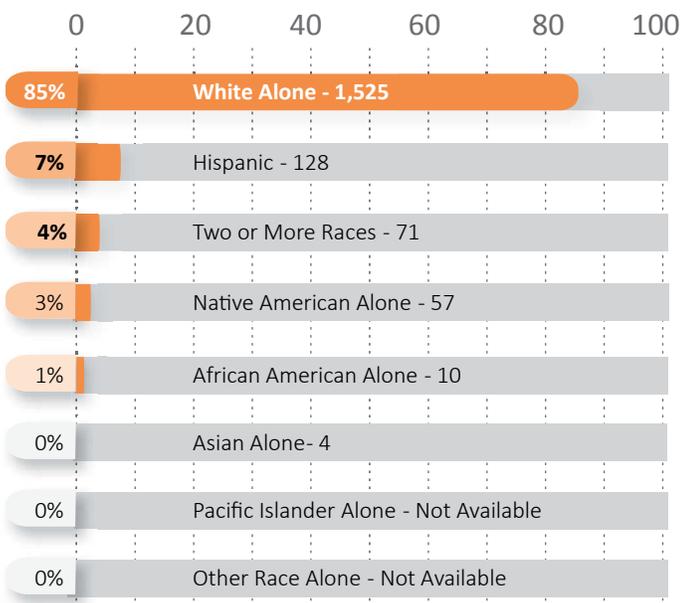
Vacancy Rates, 2011-2015

0.2% Owner Rate

5.8% Renter Rate
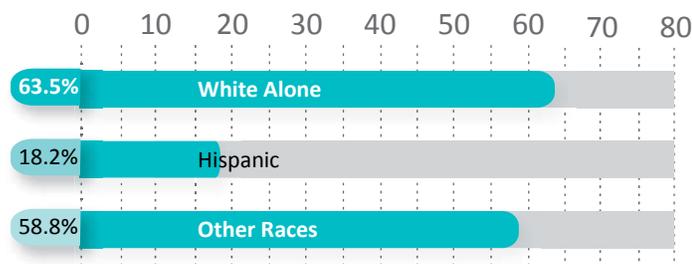
Building Permits Issued in County

Data Not Available

1-Unit   2-4 Units   5+ Units
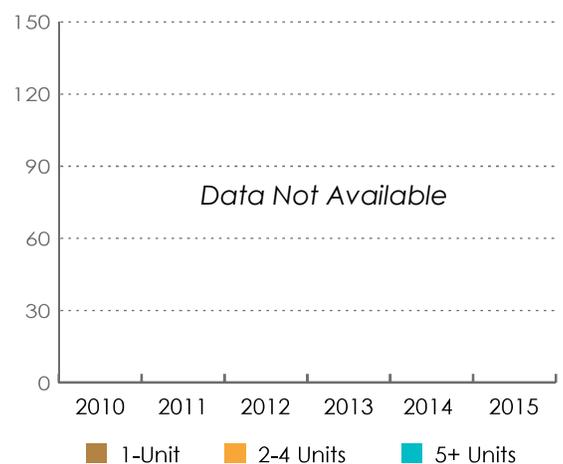
SHERMAN COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	138	-13.8%	Not Available
Construction	50	-18.0%	Not Available
Manufacturing	18	-5.3%	Not Available
Wholesale Trade **	59	55.3%	$33,816
Retail Trade**	66	-27.5%	$33,816
Transportation **	54	-43.2%	$33,816
Information	5	400.0%	Not Available
Finance	19	35.7%	$35,720
Professional, Scientific	35	-25.5%	$67,738
Education, Healthcare	152	19.7%	$13,855
Leisure, Hospitality	59	-33.7%	$20,008
Public Administration	44	-15.4%	$50,419
Other Services	47	422.2%	Not Available
Total	**746**	**-7.1%**	

** Combined average wage shown per BLS.

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Sherman County	$87,437**
Central	$276,545
Eastern	$143,468
Gorge	$238,045
North Coast	$221,895
Portland Metropolitan Statistical Area	$315,632
South Central	Not Available
Southwestern	$212,159
Willamette Valley	$217,611

*Regions are defined on the back cover
** This is the Zillow Home Value Index Estimate as of December 2015

4.6% Sherman County

4.9% Oregon

Unemployment Rates, 2016

$13.77

Sherman County's mean renter wage

$14.10

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

56 hours

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

3 out of 10

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

5 out of 6

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

SHERMAN COUNTY

Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	75	105	145
Affordable Units	69	189	274
Surplus / (Deficit)	(6)	84	129
Affordable & Available*	14	63	142
Surplus / (Deficit)	(61)	(42)	(3)

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	$230,680	$184,544	$115,340
% of Stock Affordable	76.3%	65.6%	38.3%

$59,063

Sherman County's
Median Family Income (MFI)

Point-in-Time Homelessness, 2017
Sherman County: Total 1

100%

■ Sheltered (0)
■ Unsheltered (1)

Oregon Poverty Rate, 2011-2015

21.6%
Sherman County

16.5%
Oregon

Affordable and Available Rental Homes per 100 Renter Households, 2015

19
60
98

■ At 30% MFI   ■ At 50% MFI   ■ At 80% MFI
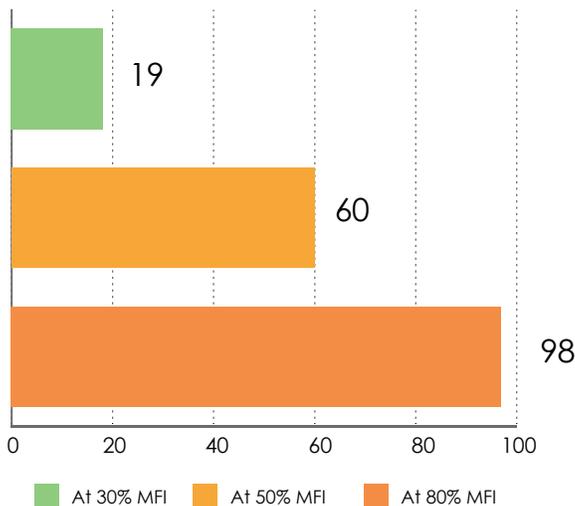
Self-Sufficiency Standard for Select Counties and Family Types, 2014

	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
Hood River	$22,367	$45,674	$64,255
Jackson	$19,728	$37,497	$47,587
Lane	$19,892	$43,125	$60,005
Marion	$19,642	$31,149	$43,779
Multnomah	$19,993	$47,037	$65,027
Sherman	$18,612	$25,975	$39,832
Umatilla	$18,377	$28,436	$43,134
Wasco	$19,809	$31,084	$44,524
Washington	$24,353	$47,571	$65,800

Build a stronger OHCS that engages, supports, and challenges employees.

We recognize the vital role our employees play in helping to meet the needs of Oregonians. We will work to ensure that our team has the resources needed to strive for excellence while fostering innovation and collaboration.

1

Build a stronger OHCS that engages and serves our communities.

Our partners and stakeholders are leaders in providing effective solutions to their communities. We will work closely with them to mobilize our resources in helping to address statewide community needs.

2

Work to close the affordable rental housing gap for low income households.

Rental housing that is affordable has become more out-of-reach than ever before. We will work to commit our resources to increase the supply of affordable housing to Oregonians with very low incomes.

3

Prevent and reduce statewide poverty and homelessness.

Families, children, veterans and seniors are among the many Oregonians who experience homelessness each year. We will help vulnerable Oregonians become stably housed by serving communities through technical assistance, best practice implementation, educating opinion leaders, advancing research and improving policy.

4

Reduce home energy costs and improve housing affordability through Energy Services programs.

The combined costs of housing and utilities are stretching the budgets of Oregonians. This leaves little resource available for other household expenses like food, transportation and childcare. We will work to improve household weatherization and energy efficiency so families can better utilize their resources to take care of basic needs.

5

Expand access to homeownership among households with modest incomes; in particular to bridge the minority homeownership gap.

Homeownership is becoming harder to achieve for individuals, working families, and communities of color. We will work to safeguard the dream of homeownership by increasing the reach of our first time homebuyer loan programs and homeownership counseling opportunities.

6

Work to avoid and resolve foreclosures.

Many homeowners do not have savings to cover the loss of a job, an unexpected medical bill or other difficult life event; putting many at risk of foreclosure in times of crisis. We will help Oregonians work through these financial crises to achieve housing stability.

7

VISION
All Oregonians have the opportunity to pursue prosperity and live free from poverty.

MISSION
We provide stable and affordable housing and engage leaders to develop integrated statewide policy that addresses poverty and provides opportunity for Oregonians.

VALUES
Collaboration
Compassion
Dedication
Equity
Integrity
Leadership

REPUTATION
Credible
Effective
Focused
Innovative
Professional
Transparent

UNIQUE VALUE
We bring statewide clarity and focus to deliver housing stabilization.

2018 & Beyond
Results from the 2017 goals and the State Housing Plan will inform future goals, outcomes, and updates.

OHCS will report, celebrate, benchmark, and retool at the end of 2017.

FOUNDATION, 2011-2016

Data Sources

Page 1:
Population Estimates: U.S. Census Bureau, Annual Population Estimates, 2010 and 2015
Population by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Homeownership Rates by Race/Ethnicity: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Fair Market Rents: U.S. Department of Housing and Urban Development, 2012-2017
Vacancy Rates: U.S. Census Bureau, 2011-2015 American Community Survey Estimates
Building Permits: U.S. Census Bureau, Building Permit Survey, 2010-2015

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

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

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

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EARLY CARE & EDUCATION PROFILES

SHERMAN 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

Sherman County, Oregon

CHILDREN

254

Children under age 13 living in the county [1]

- 66 children 0-2 years old [1]
- 44 of children 3-4 years old [1]
- 144 of children 5-12 years old [1]

4 in 10

children are Hispanic or Non-white [2]

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

CHILD CARE & EDUCATION

44

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

- 20 slots in Child Care Centers [4]
- 24 slots in Family Child Care Homes [4]

53% of 3-4 year olds are enrolled in preschool [5]

17% of children under age 13 have access to visible child care [4]

AFFORDABILITY

[INSUFFICIENT DATA]

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

$7,680

Median annual price of public university tuition in Oregon [6]

Child care costs and university tuition cannot be compared - INSUFFICIENT DATA

[INSUFFICIENT DATA] of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler [7]

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

[INSUFFICIENT DATA]

References

[1] 2017 population estimates from the Center for Population Research at Portland State University.

[2] U.S. Census Bureau, American Community Survey (ACS), Tables B01001,B01001H&I, 2012-2016 five-year estimate.

[3] U.S. Census Bureau, American Community Survey (ACS), B23008, 2012-2016 five-year estimate.

[4] Estimated Supply of Child Care in Oregon as of January 2018. Analysis by Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).

[5] U.S. Census Bureau, American Community Survey 7 (ACS), B14003, 2012-2016 five-year average.

[6] Average annual tuition for an OUS undergraduate student during 2017-2018 academic year from Oregon universities' websites.

[7] Grobe, D. & Weber, R.. 2018 Oregon Child Care Market Price Study. Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).

[8] Structural Indicators: 2018 Oregon Child Care Research Partnership (OCCRP), Oregon State University (OSU).

To Cite

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

Oregon State University

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KINDERGARTEN ASSESSMENT BY SHERMAN COUNTY: EOCCO

YEAR	Self-Regulation	Interpersonal Skills	Total Approaches to Learning	Number & Operrations	Letter Names	Capital Letter Names	Small Letter Names	Sounds
2013	3.5	3.9	3.6	7.3	21.9	NAP	NAP	5.8
2015	3.1	4.0	3.4	6.5	18.8	NAP	NAP	8.1
2017	2.7	3.2	2.9	11.2	NAP	15.6	13.9	10.4
STATE 2017	3.5	3.8	3.6	11.2	NAP	14.5	12.1	8.2

Sherman: KINDERGARTEN ASSESSMENT: SELF-REGULATION...

3.5 3.4 3.1 3.2 2.7
2013 2014 2015 2016 2017
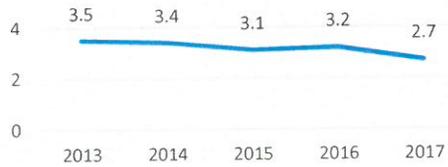
Sherman: KINDERGARTEN ASSESSMENT: INTERPERSONAL SKILLS...

3.9 3.8 4 3.7 3.2
2013 2014 2015 2016 2017
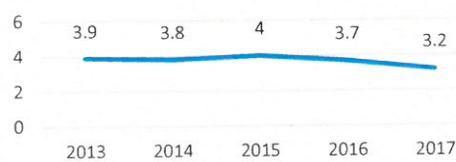
Sherman: KINDERGARTEN ASSESSMENT: APPROACHES TO LEARNING...

3.6 3.5 3.4 3.4 2.9
2013 2014 2015 2016 2017
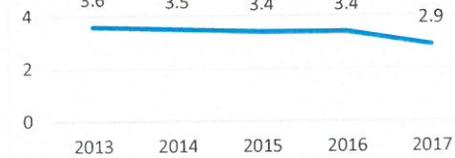
Sherman: KINDERGARTEN ASSESSMENT: NUMBERS & OPERATIONS

7.3 7.8 6.5 7.6 11.2
2013 2014 2015 2016 2017
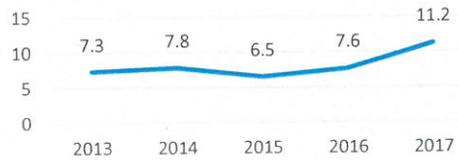
Sherman: KINDERGARTEN ASSESSMENT: LETTER NAMES

21.9 19.2 18.8 15 14.8
2013 2014 2015 2016* 2017

Sherman: KINDERGARTEN ASSESSMENT: SOUNDS

5.8 6.1 8.1 11.8 10.4
2013 2014 2015 2016 2017
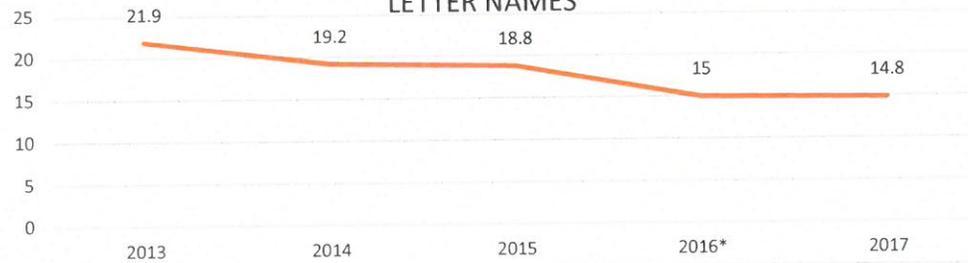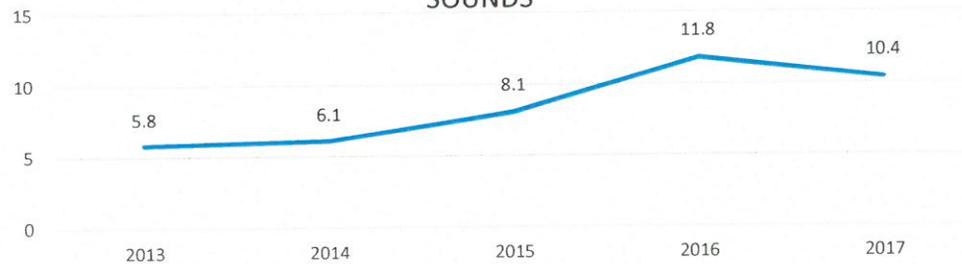
Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Sherman 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%	21.9%	34.3%	36.8% 14/38	42.2% 19 /45	32.5% 13 /40
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	15.8%	15.4%	17.9% 41/229	17.8% 37/208	11.7% 24 /206
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	66.7% 2/3	50.0% 1/2	100.0% 2 /2
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	18.5%	29.3% 12/41	41.9% 13/31	25.0% 7/28
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	0.0%	14.6% 7/48	30.4% 14/46	4.8% 2/42
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	18.2%	42.9%	35.7% 5/14	62.5% 5/8	46.2% 6/13
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	45.5%	46.4% 13/28	33.3% 10/30	23.9% 11/46
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	39.6	55.2	45.9 186/4051	32.1 125/3898	38.5 139/3608
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	96.5 44/456
11	Follow-Up after Hospitalization for Mental Illness	58.3%	66.6%	72.5%	75.7%	N/A	N/A	N/A	N/A	N/A	N/A
12	Depression Screening and Follow Up Plan	N/A	20.4%	25.0%	52.9%	60.3%	N/A	N/A	N/A	N/A	N/A
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	N/A	N/A	N/A	N/A	N/A
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	N/A	N/A	N/A	N/A	N/A
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	N/A	N/A	N/A
16	PCPCH Enrollment	60.0%	60.0%	60.0%	60.0%	60.0%	N/A	N/A	N/A	N/A	N/A
17	EHR Adoption	47.8%	63.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	Timeliness of Prenatal Care	79.50%	90.0%	93.0%	91.0%	91.7%	N/A	60.0% 3/5	75.0% 3/4	100.0% 1/1	N/A
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	100.0%	50.0%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	100.0%	N/A	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2018 - Through 11/30/2018

2014 Medicaid Behavioral Risk Factor Surveillance System, Oregon Health Authority

2014 ADULT BRFSS	OR	All OHP	EOCCO	Sherman County	Adults 2017 199
Depression	24.4%	36.8%	34.5%	69	
Diabetes	9.2%	11.6%	10.5%	21	
All Chronic Diseases	54.8%	64.7%	61.0%	121	
Physical health Not Good	38.5%	53.1%	51.0%	101	
Mental Health Not Good	38.9%	50.5%	48.4%	96	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	66	
High Cholesterol		38.4%	35.9%	71	
High Blood Pressure	29.1%	28.3%	28.4%	57	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	64	
Overweight / Obese	62.3%	66.1%	69.3%	138	
Obese	26.9%	36.2%	40.8%	81	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	19	
Sleep < 8	31.3%	38.0%	41.4%	82	
High Blood Sugar	64.4%	60.1%	57.0%	113	
Colon Cancer Screening	66.0%	49.8%	44.9%	89	
Dental Visit	67.0%	51.7%	53.0%	105	
Smoking	16.2%	29.3%	29.9%	60	
Tobacco Chewing	3.5%	3.6%	6.2%	12	
Want to Quit	68.1%	76.4%	75.4%	45	
Tried to Quit	58.2%	62.2%	61.9%	37	
Binge Drinking	14.7%	12.1%	10.2%	20	
Heavy drinking	7.6%	5.0%	3.8%	8	
Food Insecurity	19.9%	48.6%	44.7%	89	
Hunger	10.3%	22.3%	18.8%	37	
4 or more ACE's	22.5%	34.7%	33.7%	67	
Effective Contraceptive Use	68.9%	58.4%	59.7%	119	
5 or more fruits / vegtables per day		26.7%	24.7%	49	