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EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Umatilla County

Community Health Assessment

2019

Qualitative Report

Focus Group

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

Date of Report: February 12, 2019
Date of Focus Groups: June 14, 2018 (Pendleton), August 7, 2018 (Milton Freewater-English & Spanish), August 8, 2018 (Hermiston-English & Spanish)
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Overview of Data Collection

The EOCCO Community Health Assessment Focus Groups were held on June 14, 2018, August 7 and August 8, 2018 in Pendleton, Hermiston and Milton Freewater. Five focus groups were completed, three in English and two 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 a method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health.* (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

Part 1. SUMMARY FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included (a) Social and Community Context (Social Cohesion), (b) Health and Healthcare (Vulnerable Populations, Specialty Care and Access to and Availability of Healthcare Services), (c) Education (Early Childhood Education and Development) and (d) Neighborhood and Built Environment (Environmental Conditions and Access to Foods that Support Healthy Eating Patterns).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Social and Community Context – ***Social Cohesion***	*"…the community coming together to participate in programs from a variety of health organizations…for example, free screen week in May…or a health fair. From April to October and just the Health Fairs. I think the community reacts positively to that. And they get to go around and see the resources that are available to them and opportunity to learn more and just participate."* (Pendleton)
Health and Healthcare – ***Vulnerable Populations***	*"…you got that loop…I would wish that they would help with more things for depression for kids. That was one kid once a week. But then we had four kids it got to be really sad. And I don't know if you are including that one little boy, and*

	I say, that went up to the Tri-Cities, (name), and that makes five…that was another suicide." (Hermiston, English)
Health and Healthcare – ***Specialty Care***	**"***Como aquí en este centro viene un van de Portland para hacer exámenes de la vista y no le cobran…. no cobran anda, si necesitas una referencia a un especialista ellos te lo hacen y ya si tienen seguro médico te ayudan*." **[Translation]** *"In this center, there's a van that comes from Portland to provide eye-exams and they don't charge; if you need a referral to an eye specialist, they give you one… and if you have insurance you can get the care."* (Milton Freewater, Spanish)
Health and Healthcare – ***Access to and Availability of Healthcare Services***	*"I think one of the largest challenges in this community is access to qualified people. From physicians, to health clinicians, to mental health clinicians, to everything, residential associates…[the] healthcare work force, broadly speaking, primary care, and different kinds of service providers…and especially ones that accept new patients…and those are the ones that have the biggest issue with driving somewhere."* (Pendleton)
Education – ***Early Childhood Education and Development***	[Discussion of Parenting Education] *"… hands on activities maybe involving the children…having some type of childcare services so you as a parent can go and focus, especially if it is not involving the children at point. Maybe there is a class that does, but we are trying to learn as parents on how to do x, y, and z."* (Milton Freewater, English)
Neighborhood and Built Environment – ***Environmental Conditions***	*"[Having] a policy could be that you are not allowed to use tobacco in your local parks…I don't think you should be able to smoke around kids, period."* (Hermiston, English)
Neighborhood and Built Environment – ***Access to Food that Supports Healthy Eating Patterns***	"*Si toda esa comida es muy accesible, no se no se echa a perder y que súper barata pues entonces a veces hay más que eso, que lo saludable que cuesta dinero y se puede echar a perder*." **[Translation]** *"All of this (junk) food is readily accessible, does not spoil, and is very cheap … so there's more of it (at home) compared to healthy foods that cost (more) money and can spoil."* (Milton Freewater-Spanish)

Table 2: High Coverage Topic Comparison (English vs. Spanish), Milton Freewater

Health Topic (English)	Health Topic (Spanish)	Direct Quote Examples
Health and Healthcare – ***Vulnerable Populations***	Health and Healthcare – ***Health Behaviors***	(Vulnerable Populations-English) *"It's a vicious circle. I think if more people could get the coverage…I know medical here is hard. One of the things that is hard too, our minimum wage is going up. And a lot of our people that live here in Oregon that work in Washington, so minimum wage is even higher in Washington, so people find out they are not qualifying for OHP because they are making too much money…"*
		(Health Behaviors-Spanish) "*… a los niños se las da una chuchería para comer en lo que la otra comida está preparada. Y los de aquí necesitamos ensenarlos a que coman frutas y verduras desde chicos…. Si todos traemos esa costumbre de agarrar lo que sea como cheetos y los de aquí no. Los de aquí no desde chiquitos les enseñan a comer frutas o verduras*."

		[Translation] *"… children often are given junk food as a snack while food (dinner) is being prepared…. And we need to teach them to eat fruits and vegetables starting when they are children … we fall in the habit of eating Cheetos … starting when they are little kids we should teach them to eat fruits and vegetables."*
Health and Healthcare – ***Availability of and Access to Healthcare Services***	Social and Community Context – ***Family Involvement***	(Availability of and Access to Healthcare Services-English) "*I want urgent care…or another clinic. I think more doctors, more clinics, more urgent care, more community. Something needs to be here to give the community somewhere to go instead of driving 15 miles or backed up clinics and you are waiting three and a half hours to do a swallow for strep throat when it takes five minutes to swab my throat."*
		(Family Involvement-Spanish) *"Pues a veces por la misma situación de que los padres por andar trabajando tanto. Y pues ya no les pone uno la misma atención. Entonces regresamos a esas presiones que tiene las familias de demasiada tienen que uno dos tres trabajos o simplemente las 12 horas de 6 de la mañana a 10 de la noche entonces éste es difícil estar dándoles atención y monitoreando."* **[Translation]** *"The situation is that with parent's high workload…they don't pay enough attention (to youth). So with parents working up to 12 hour shifts starting at 6am, until 10pm it is hard to provide attention and monitor youth."*
Social and Community Context – ***Rural Parity***	Economic Stability – ***Transportation***	(Rural Parity-English) "*I feel like we have a good group of people right now in the community that are trying to make Milton-Freewater live up to its potential and for people who…can't afford to live in Walla Walla…it's easier to buy to house here… to become part of the community because it is smaller. It's in Oregon, not Washington…"*
		(Transportation-Spanish) "*Yo dije pues que me interesaría mucho eso lo del dentista porque para el dentista yo tengo que meterme a Hermiston. Y el de los ojos y el corazón hasta Portland, hubiera aquí en Walla Walla estaría bien. Entonces, es el acceso y la transportación verdad, por el hecho de que se tienen que cubrir distancias grandes para navegar. Y habemos muchas personas que no sabemos manejar. O algunas sabemos, pero no hasta allá. Y luego te mandan a una ciudad grande donde no conoces las calles, que con poquito que te equivoques puedes chocar*." **[Translation]** *"I'm interested in dental care because typically I have to go to Hermiston. For dental care and heart problems people have to go to Portland (Transportation is an issue) ... sometimes people don't know how to drive, particularly in large cities where a minor mistake can cause accidents."*

Table 3: High Coverage Topic Comparison (English vs. Spanish), Hermiston

Due to technical difficulties, the Spanish translation of direct quote examples is not available in this section.

Health Topic (English)	Health Topic (Spanish)	Direct Quote Examples
Health and Healthcare – ***Vulnerable Populations***	Health and Healthcare – ***Availability of and Access to Healthcare Services***	(Vulnerable Populations-English) *"…those parents work so much, they're older kids that stay home and they want to play sports but they can't but they have to stay home and take care of little brother, little sister because moms at work and so long. And they don't get that community or get to do those sports they want or activities they want because they have to stay home. I think we should find a way to help those kids to join activities even if it's bring your little brother and sister. You know, have them join as well. Because that's why they have kids that get depressed staying home all the time and being able to do what they want."*
Health and Healthcare – ***Specialty Care***	Economic Stability – ***Housing Insecurity***	(Specialty Care-English) *"…I would [have to] take them (children) to Portland…or Tri-Cities."*
Economic Stability - ***Poverty***	Education – ***Early Childhood Education and Development***	(Poverty-English*) "Accessible to money. If you have a good job, most likely you're going to have insurance…better insurance…and you eat healthier because you can afford to buy better food. You don't eat the cheapest stuff in the store…I think too you are more aware. ..It's hard to eat healthy because healthy food is expensive…You have to work for it; you don't just pop it in the microwave."*
Economic Stability - ***Employment***	Health and Healthcare – ***Health Literacy***	(Employment-English) *"If you had better education, better job, and then all ties in. You have more money because you have education and job is better. Your money is better. You have the opportunity to go to whatever doctor you want to go to."*

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In this section, participants discussed topics, including (a) Social and Community Context (Community Programs and Civic Participation/Pride) and (b) Neighborhood and Built Environment (Public Safety). See examples in Table 3 below.

Table 3. Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Social and Community Context	*"Something that just says "open door". So you can just…show up and hang out for a while and come and go…I think sports involves everything. It could be*

- ***Community Programs***	*mental. If you have good people in place, good coaches…a coach is a teacher and a teacher is a coach. So it goes both ways. If you have those good people, you have that extension for anything for the mental…help… you have this small town, you know togetherness..."* (Hermiston, English)
Social and Community Context - ***Civic Participation and Pride***	*"…Hermiston was very friendly, for its ranking…I'd say it's a pretty tight community…every time there has been a tragedy...the community steps up."* (Hermsiton, English)
Neighborhood and Built Environment - ***Public Safety***	*"I mean safety. Knowing that your public officers are with you, not against you. Knowing that you are safe to call. Especially right now with all this immigration stuff that's going on and all these ICE themes…People are scared. They're scared to call for help or report things that happen. So you know having a sense of safety and knowing that public officers are there for you and not against you…"* (Milton Freewater-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 in Table 4, including (a) Social and Community Context (Sense of Belonging) and (b) Health and Healthcare (Healthcare Workforce).

Table 4. Social Determinants of Health

Health Topic	Direct Quote Examples
Social and Community Context - ***Sense of Belonging***	*"…moving here I feel a unity in the city. Everybody seems to know everybody and… pull(s) together…I think local businesses are pretty supportive financially."* (Hermiston-English)
Health and Healthcare - ***Healthcare Workforce***	*"…access to primary care…our community will lose five primary care providers and we've only recruited three. So a loss of two…[and] a shortage of six primary care providers. That's same song and story in every rural community. So access to primary care is really challenged."* (Pendleton-English)

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: Pendleton Additional Topic Examples

Part 1. SUMMARY FINDINGS: High Coverage Topics

Our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included:

a) **Health and Health Care:** Participants voiced their concern about the health and healthcare needs for a variety of **vulnerable populations**, including older adults, adolescents, homeless, individuals with chronic and serious health conditions, individuals with disabilities, individuals with low socio-economic background and Tribal populations. The focus group participants also discussed the benefits of locally available health services and programs, such as hospital services, local health fairs and grant programs for violence prevention. Participants also mentioned challenges in accessibility and availability of services, specifically specialty care and improvements to adolescent and behavioral/substance use services. Participants were also quick to highlight the fact that individual **health behaviors** drive overall health conditions and outcomes. Discussion was held about the benefits of community efforts to curtail tobacco use as well as the need to further combat youth substance use and provide opportunities for physical activity as a positive health behavior choice.

b) **Economic Stability:** Participants voiced their concern for the homeless population and **shortage of housing** in the community. **Transportation** needs were also mentioned, specifically the value of the non-emergency medical transportation and the challenges in serving special populations.

c) **Neighborhood and Built Environment:** Participants shared the positive work within the community of having a physical space for their warming stations that can positively impact the homeless population during the harsh winter months. Also mentioned was the accessibility of open spaces in the community to encourage outdoor exercise such as walking, as well as spaces for community events (Farmers Market, Health Fairs) and parks. Challenges in using these open spaces were focused on those with physical disabilities, including Veterans. The theme of accessibility also overlapped in conversation with the participant's discussion about accessibility of healthy food. While there are several options to access local, healthy foods in the area, including the local farmers market and Saturday markets, individuals that are socially disadvantaged, do not have access to local transportation and are socially isolated may have difficulty in benefitting from that level of access to healthy foods.

d) **Social and Community Context**: Participants described several instances of community members coming together to cooperate, collaborate and provide mutual support which conveyed a high level of **social cohesion**. Examples of community collaboration involved cooperation **across multiple sectors** in efforts to benefit community overall health and well-being.

e) **Education:** Participants expressed their concern for the healthy development children along with their value for the local programs for families with young children.

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare- ***Vulnerable Populations***	"*…we have quite a few…dementia [patients]…in the community, and finding them placement is like slim to none throughout Oregon. It's not just throughout this area. Finding Medicaid beds, just Medicaid beds directly. We have patients staying in our ER longer than they need to be… [if we can't] find them placement…they are out homeless*."

	"…[youth], with a lower socio-economic status…and…[that] also includes a lot of kids from the tribe… [there are] kids who are missing a lot of school, who are living in tents, who have a lot of sickness, and a lot of lice issues."
Health and Healthcare- ***Availability of and Access to Healthcare***	"*Violence Prevention Grant. We have a Pulmonary Rehab here and Cardiac Rehab, which is amazing for all of our patients with COPD and CHF diagnoses… a lot of people have heard amazing comments about the programs. Family members enjoy it as well because they get to be involved with the patient during the process of learning about their diagnosis with COPD… and it obviously helps with readmission to the hospital.*"
Health and Healthcare- ***Health Behaviors***	"*…we have done some positive things around tobacco cessation, and limiting access of tobacco products to youth. And through licensing of tobacco sales… that were passed down at the state. And right down to the city…banning [the] use of tobacco products in city parks and public areas... The state, the county, and the city pitched in on a particular problem…to Umatilla County... smoking continues to be…a major health risk. …I know out at the reservation they're self-govern[ing]…when that law was made, it didn't affect them. But they put that law in place themselves…so it would have been easy for the 18 year-olds to go out to the reservation to buy… tobacco products, but since they made that law, they can't.*" "*One thing I've noticed…is that teenagers are smoking e-cigarettes. It's ramped and it's not illegal, it just confuses me. There is no any indication [that] they're going to cut it."*
Economic Stability- ***Housing Instability***	"*One of the biggest things…is it doesn't matter where we're at, there are so many families… that are 'homeless.' They can't get assistance…[to] access to housing… [and is] …probably one of the biggest determinants of health*."
Economic Stability- ***Transportation***	"*…the non-emergency medical transportation (NEMT)…taking people from Lifeways…to go to counseling… [NEMT will] drive all the way to Irrigon and…sit there and [when we] get there… they say 'I don't want to go.'… So…time and…money [are wasted]…we don't get reimbursed for that."*
Neighborhood and Built Environment - ***Environmental Conditions***	"*…we are a very walkable town [for] being…small. There is the river walk. A lot of free exercise opportunities and access to the grocery stores and to be able to go to your home…but even walkability needs to be accessible to all modes of transportation. Walking, wheelchair, riding a bike…so being able to use a safe access*."
Neighborhood and Built Environment- ***Access to Foods that Support Healthy Eating Patterns***	"*There is a Farmer's Market…fresh food coming from very local towns across the Eastern part of Umatilla County…I think because there are fresh food options and a lot of the community from Pendleton comes down to have that experience. They get to interact with their neighbors or people that they don't know. There is…music. It just has an overall very happy feeling…. One of the other incredible programs that they have… is the food vouchers that they can get fresh food from the market with their food stamps...*" "*…all the grocery stores in Pendleton are in one spot. And it couldn't be further from [the] areas that the socially and economically disadvantaged…You can't walk from there to the Safeway or to the Wal-Mart. So there is a geographic [barrier for] the people who need it the most*."

Social and Community Context- ***Social Cohesion***	*"… when someone in the community has cancer [the community will do] …an auction for someone and they will have large turnouts for those. Whether you know that individual or not*."
Social and Community Context- ***Cross-Sector Collaborations***	***"****… we share a lot and…nothing that I see happens… without a really laudable level of cooperation…thanks to cooperation of the community of agencies…and plus, at the LCAC meeting you can see a lot of people that form together to help out*."
Education - ***Early Childhood Education and Development***	*"… a huge sense of community for… children…events…put on for…[the] community…like Health and Wellness Fairs. We have a lot of parks here for kids and families to be active and outside and…local agencies sponsor that, it's great…[to draw] people together and still be educational at the same time*."

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In this section, participants predominantly discussed: (a) Health and Healthcare (Health Behaviors), (b) Economic Stability (Housing Insecurity), and (c) Neighborhood and Built Environment (Environmental Conditions). All of these topics are described in Table 1 above.

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). In this section, participants predominantly discussed: (a) Health and Healthcare (Availability of Healthcare Services and Specialty Care), (b) Neighborhood and Built Environment (Environmental Conditions and Access to Foods that Support Healthy Eating Patterns), and (c) Economic Stability (Housing Insecurity). All of these topics are described in Table 1 above.

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

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

Economic Stability

- Rural Parity
- Poverty
- Employment
- Food Insecurity
- Economic Development
- Tourism

Health and Healthcare

- Health Literacy

Social and Community Context

- Family Involvement and Civic Participation

APPENDIX D: Milton Freewater Additional Topic Examples (English)

Part 1. SUMMARY FINDINGS: High Coverage Topics

Our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included:

a) **Health and Health Care:** Participants voiced their concern about the need for education, specifically for prevention services and promoting healthy eating habits to our most **vulnerable populations** in this community, children and the immigrant/migrant farmworkers. They also discussed challenges in the local **availability of** and **access to health** care services in the community, including specialty care and time, effort and expense to travel outside the service area for community education and follow-up appointments.

b) **Social and Community Context:** Participants linked their challenges in accessing services to their living in a small **rural setting**. They discussed at length that small, rural community mentality of **social cohesion**, looking out for one another and involvement in programs that benefit everyone in the community. Even with some programs mentioned by focus group participants, there was mention for an increase in **community programs,** specifically more organized events available for children, like after school programs or more opportunities to play sports.

c) **Economic Stability:** Participants narrated the importance of economic development in their community, including the low cost of living and recent additions to the community infrastructure with the new school and downtown renovations.

d) **Neighborhood and Built Environment:** Participants shared their concern about living in an area that surrounds many farms where pesticides exposure is a real concern to the community, it's in the air and may be coated on local produce. In relation to the concern of health fruits and vegetable options, participants also expressed concerns regarding the free and reduced lunch programs offered at school and needing a balance of choices.

e) **Education**: Participants expressed their appreciation in the community investment of the new school building for children kindergarten to 3rd grade.

Table 1: Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare- ***Vulnerable Populations***	"*I think there needs to be more education on fruits and vegetables…I know in the schools they could teach a little more…they have [an already robust] curriculum…but if you could promote more dinner on their plate instead of on the side.*" "*A lot of people who work in agricultural business need a lot more health care because they work under extreme heat, in extreme cold. It's so hard and physical. And unfortunately they get off at six with everyone else when all the clinics are closed. It's hard to get in to the doctor. If they do, they end up in the ER because of pesticides, because of lung issues… They need to offer like cancer screenings…because they are outside all the time. So they start getting these spots and they don't go get medical for that and then it could be longer and nothing they could do about it…right, when in fact you could have done something to avoid [it], …I think it just more resources and education*."
Health and Healthcare- ***Availability to and Access to***	"*I think [our community needs] more doctors, more clinics, more urgent care, more community. Something needs to be here to give the community somewhere to go instead of driving 15 miles or backed up clinics and you are*

Healthcare Services	*waiting three and a half hours to do a swallow for strep throat when it takes five minutes to swab*." **"***I think it would be access to services. That's something where we do lack unfortunately. We have one clinic here and if you're not assigned to that provider you can't go there. Everything is in Walla Walla now even the hospital [services]…OBGYN services are going down. Because there are so many people… the services aren't what they used to be. There is a lot of turnaround, a lot of new providers… [and patients wonder] have they (new provider) seen anybody that I know? What is their track record?..."*
Health and Healthcare – ***Specialty Care***	*"People are going out of town to [the] Tri-Cities or to Pendleton to get prenatal care...because it is hard to get in to here. And it gets expensive back and forth with travel...*"
Health and Healthcare – ***Health Education***	"*…we need to [have] more diabetic education activities in town. Because right now that's all in Walla Walla at the clinics and the hospitals during the day when people are working, so something like that would be great*."
Social and Community Context ***–Rural Parity***	"*[getting] senior care for the seniors, and when they need a new doctor…especially geriatrics…they (providers) are scheduled so far out. You know. Even my husband and I make appointments the same day so we don't have to go…several times, we have to schedule…six months ahead of time, so that we can go at the same time. Unfortunately, our area is just lacking in this stuff…We have to go to Walla Walla…"*
Social and Community Context ***–Social Cohesion***	*"I like this community. It's small. It's very homey…all my neighbors are very, very nice…I notice they have been trying to do a lot more…they are having a gathering at the Center Hall for the kids and their trying to do all these activities together to bring the community together… everybody tries to be more involved in the community and incorporate all ages too, which is awesome…I just think that everybody knows each other and they are kind of looking out for each other*."
Social and Community Context – ***Community Programs***	*"… community involvement especially with the younger kids. Because something happened [to these kids and] …there was a lack of something in that child's life…[some] obvious devious behavior...[Being able to offer more]…after school activities[would help]….maybe a community club for kids."*
Economic Stability - ***Economic Development***	"*I think what makes me proud is that people have put a lot of energy in making Milton-Freewater a better town. We are such a better community… that's flourished so much and had so much economic growth. I feel like we have a good group of people right now in the community that are trying to make Milton-Freewater live up to its potential…it's easier to buy to house here…to become part of the community because it is smaller… and all the city improvements that have been going on and the new school and the downtown renovations."*
Neighborhood and Built Environment – ***Environmental Conditions***	"*We are all exposed to pesticides all the time. Even if you don't live or work in agriculture, because the wind blows…we are surrounded by it…some people don't wash their fruit before they eat it. Especially when you go to the Farmer's Market you know, or you are at Safeway and you are ingesting this…"*
Neighborhood and Built Environment	[In reference to the free and reduced breakfast/lunch program] "*…children are getting breakfast or they make them have breakfast… it's great, and it's free,*

– ***Access to Foods that Support Healthy Eating Patterns***	*and it's awesome, and it's that assistance, but it's also looking at the quality of food. It's a balance... there are fruits and vegetables but they are an option. They are off to the side. So you go in and get what you want, so if the child forgets to get the broccoli or forgets to get the fresh fruit. They have the cardboard (pizza) that's there for lunch.*"
Education-***Early Childhood Education and Development***	"*I'm extremely proud that were having a new school open this fall. That is long overdue and many school bonds have not passed for years. That really makes me proud at the moment… Kindergarten through third grade*."

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In this section, participants predominantly discussed the Health and Healthcare section, specifically (a) Access to Health Care, (b) Health Education and (c) Availability of Health Services. All of these topics are described in Table 1 above.

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDOH). In this SDOH section, participants discussed the following topics: (a) Health and Healthcare (Specialty Care, Access to Health Care, Availability of Health Care Services Health Literacy and Affordability and Coverage), and (b) Social and Community Context (Discrimination). Several of the topics were highlighted in Table 1, excluding Discrimination, Health Literacy and Affordability and Coverage which are covered in Table 2 below.

Table 2: Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Social and Community Context - ***Discrimination***	"*It's also about being dismissed I think at some places. A dismissal kind of factor…if you feel like sometimes the nurses or the medical staff see that you're…half way there, and half way intelligent…they will work with you. But sometimes, especially when you don't have folks that speak the language or have a sixth grade education because that's all they were afforded, they get dismissed a lot…they don't know what they (medical staff) are talking about… they are trying to communicate in the way that they know how. And they are dismissed. It's not just [at clinics], it's everywhere. It could be at Safeway or it could be at the school…if they (people) come off as uneducated…unintelligent, they are dismissed. And I don't think that has to do with race…"*
Health and Healthcare – ***Health Literacy***	"*Language. A lot of people only go to [one particular clinic] which speaks Spanish, because they speak Spanish and sometimes there are services…and [dental services] …the new dentist. They don't speak Spanish…they don't have one single bilingual [translator]…you have to bring your own person."*

Health and Healthcare - ***Affordability and Coverage***	*"… they can get more from private insurance than they can from state insurance….and that's not what it should boil down to, because everyone should have their medical care they needed no matter what.* *"…my kids have state insurance now…[the] Oregon Health Plan…I think 90% of the kids are on state insurance. So I don't see a difference in [my clinical care]…"*

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

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

Economic Stability

- Transportation
- Economic Development
- Housing Instability

Neighborhood-Environment

- Public Safety
- Crime and Violence

Social and Community Context

- Cross-Sector Collaborations
- Community Norming
- Trauma
- Family Involvement

APPENDIX E: Milton Freewater Additional Topic Examples (Spanish)

Part 1. SUMMARY FINDINGS: High Coverage Topics

Our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included:

a) **Health and Health Care:** Participants voiced their awareness of the importance of **health behaviors** such as needing to eat healthy and exercise as a way to reduce obesity among all individuals, especially children, curtailing substance use, and offerings of recreational opportunities to combat stress. Participants narrated their challenges and struggles in being able to **afford healthcare,** especially when premiums are high and insurance only covers a portion of certain services. However, many specialty services, such as vision and dental screenings, are provided in the community at no charge. It was evident in the discussion that all the issues mentioned are compounded by those that are considered **vulnerable populations**, such as children and youth, immigrant families and older adults.

b) **Neighborhood and Built Environment:** Participants discussed the importance of having a clean and safe neighborhood for their children, families and community. There was also discussion about accessibility to healthy food sources, particularly for low-income individuals and families, where less healthy food options are readily available, cheaper and contain a longer shelf life.

c) **Education:** Participants highlighted the important programs available for new mothers/families that emphasize **early education** about physical health services, vaccinations and other programs for parents and children beginning at birth.

d) **Social and Community Context:** Participants also discussed the importance of **family involvement** in early childhood education as well as the difficulty in providing positive alternatives to youth/adolescents to avoid future involvement in substance use and/or gangs. Participants also described their community as being friendly and easily relatable; having a sense of **social cohesion** between community members is a valuable attribute towards a healthy community.

e) **Economic Development:** Participants discussed the challenges in receiving health care outside of this community, specifically if transportation is an issue (knowing how to drive in a big city).

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare- ***Health Behaviors***	"*… a los niños se las da una chuchería para comer en lo que la otra comida está preparada. Y los de aquí necesitamos ensenarlos a que coman frutas y verduras desde chicos…. Si todos traemos esa costumbre de agarrar lo que sea como cheetos y los de aquí no. Los de aquí no desde chiquitos les ensenan a comer frutas o verduras*." **[Translation]** *"… children often are given junk food as a snack while food (dinner) is being prepared…. And we need to teach them to eat fruits and vegetables starting when they are children … we fall in the habit of eating Cheetos … starting when they are little kids we should teach them to eat fruits and vegetables."* "*… a mí lo que me gustaría ver es un centro de ayuda para hispanos para salud mental. Como programas de cómo ayudar con el estrés, como saber qué pasos tomar que ejercicios necesitan. Que no necesariamente sean ya los casos extremos de citas y psiquiatras. Nada de llenar papeles o cosas así sino*

	programas donde tu participes, y te hagan hacer cosas…Si porque cada persona es diferente para sacar el estrés. Para que haya opciones verdad. *Si como un centro de recreación para tener opciones*." **[Translation]** *"… I would like to see a center (community) for the Hispanic community to promote mental health. With programs to help cope with stress… we need to know what steps to take, what exercises to do … Not necessarily the extreme approach of appointments with psychiatrists… and fill paper work or this type of thing… but the opportunity to participate in programs with structured activities... every person copes differently to get rid of stress… we need options."*
Health and Healthcare-***Affordability and Coverage***	"*Deberían de tener bien asegurados a los niños y los viejitos…Si porque entre más grande es uno menos cubre y luego te lo quitan. Y nada mas cubre el 80%. Ya no tiene uno como pagar, nos estresamos, tenemos problemas con la vista y es muy difícil. Y que hace uno*. " **[Translation]** "*Children and the elderly should be well-covered...the older, the less coverage, you lose coverage, or only get 80% coverage. We don't have the means to pay; it's stressful, if you need eye care, it's difficult. We don't know what to do."*
Health and Healthcare –***Specialty Care***	**"***Como aquí en este centro viene un van de Portland para hacer exámenes de la vista y no le cobran…. no cobran anda, si necesitas una referencia a un especialista ellos te lo hacen y ya si tienen seguro médico te ayudan*." **[Translation]** *"In this center, there's a van that comes from Portland to provide eye-exams and they don't charge; if you need a referral to an eye specialist, they give you one… and if you have insurance you can get the care."*
Health and Healthcare-***Vulnerable Populations***	"*También cuando uno tiene que llevar los niños al dentista y te dicen que les tienen que sacar estos dientes, pero solamente cubre tanto. También te limitan o te dicen que te tengo que referir haya, pero ya no te puedes regresar para acá, así que chiste. Te traen para ya y para acá como globo y pues así no*." **[Translation]** *"Also when we take children to the dentist and they have to extract teeth, but they only cover so much, there's a limit, or they refer you and you can't go back to them. You end up going back and forth (between providers)."*
Neighborhood and Built Environment –***Access to Foods that Support Healthy Eating Patterns***	"*Si toda esa comida es muy accesible, no se no se echa a perder y que súper barata pues entonces a veces hay más que eso, que lo saludable que cuesta dinero y se puede echar a perder*." **[Translation]** *"All of this (junk) food is readily accessible, does not spoil, and is very cheap … so there's more of it (at home) compared to healthy foods that cost (more) money and can spoil."*
Neighborhood and Built Environment –***Public Safety***	"*En el medio ambiente, aunque ay muchas huertas, tenemos muchos árboles, podemos caminar, ay un ambiente seguro, no tienes miedo que te roben que te asalten*." **[Translation]** *"In the environment … there are lots of tree farms, we can walk; it's a safe environment so we don't fear getting robbed."*
Neighborhood and Built Environment -	"*El ambiente, mantener tu lugar, para que no haiga tanta contaminación, como … Como aquí tranquilo y limpio. Te puedes mover a otro condado donde está*

Environmental Conditions	*bien sucio y tiene basura en las yardas y todo eso. Y aquí no. Se me hace un ambiente bien limpio, saludable*." **[Translation]** *"Environment counts, we need to keep it up so there's no contamination like in other places… this is a calm and clean place. People can end up in dirty places with trash in yards. Not here. This is a clean and healthy environment."*
Education- ***Early Childhood Education and Development***	"*…Un ejemplo puede ser de la salud física, puede ser de estarle dando atención a los niños. Y una de las cosas que lo hacen un buen programa es que cada niño desde que entra, desde las seis semanas de nacido es ayudarles a las familias a que sepan que necesitan los niños en la salud. Como por ejemplo a qué edad les toca la vacuna, a los seis meses el chequeo de hierro, al año que tengan su físico. Y también por ejemplo si el niño está un poco atrasado en su aprendizaje los conectamos con servicios. Tenemos una feria que viene de recursos aquí en el colegio de Blue Mountain para el 19 de septiembre y en esa oportunidad traemos a varias agencias para que ellos conozcan más*." **[Translation]** *"An example, is physical health…for children. There's a program that, for every child starting at six weeks post-birth, it helps families to know and track at what age the baby needs to be vaccinated, at six months they should check their iron, and at 1 year they should do a physical… if they start falling behind in learning, families are linked to services…"*
Social and Community Context – ***Family Involvement***	*"Pues a veces por la misma situación de que los padres por andar trabajando tanto. Y pues ya no les pone uno la misma atención.* *Entonces regresamos a esas presiones que tiene las familias de demasiada tienen que uno dos tres trabajos o simplemente las 12 horas de 6 de la mañana a 10 de la noche entonces éste es difícil estar dándoles atención y monitoreando."* **[Translation]** *"The situation is that with parent's high workload…they don't pay enough attention (to youth). So…parents working up to 12 hour shifts starting at 6am, until 10pm it is hard to provide attention and monitor youth."*
Social and Community Context **–** ***Social Cohesion***	"*Eso lo pacifico que esta todo ahorita, gracias a Dios. No tenernos que andar escondiendo ni someterlos a la casa. Y pues todos muy amables, se saludan todos. Es bonito eso. Aparte de que no se preocupan por qué no hay drama o preocupaciones la gente también se conoce y se saludan se toman en cuenta."* **[Translation]** *"Thank God things are calm and peaceful…Everyone is friendly/polite and people greet each other, that is very nice. Also there are hardly any worries or "drama" so people get to know each other, greet each other and keep others in mind].*
Economic Development - ***Transportation***	"*Yo dije pues que me interesaría mucho eso lo del dentista porque para el dentista yo tengo que meterme a Hermiston. Y el de los ojos y el corazón hasta Portland, hubiera aquí en Walla Walla estaría bien. Entonces, es el acceso y la transportación verdad, por el hecho de que se tienen que cubrir distancias grandes para navegar. Y abemos muchas personas que no sabemos manejar. O algunas sabemos, pero no hasta allá. Y luego te mandan a una ciudad grande donde no conoces las calles, que con poquito que te equivoques pues chocar*." **[Translation]** *"I'm interested in dental care because typically I have to go to Hermiston. For dental care and heart problems people have to go*

	to Portland ... sometimes people don't know how to drive, particularly in large cities where a minor mistake can cause accidents."

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In this section, participants discussed Health and Healthcare, specifically (a) Specialty Care, (b) Affordability and Coverage and (c) Health Behaviors. All of these sections are described in Table 1 above.

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). In this section, participants discussed the following topics: (a) Economic Stability (Transportation and Employment) and (b) Health and Healthcare (Specialty Care, Affordability and Coverage and Health Behaviors). All of these sections are described in Table 1 (above) except for Economic Stability (Employment) which is described in Table 2 below.

Table 2: Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Economic Stability - ***Employment***	"*A personas adultas no se les da la oportunidad de por medio, como por ejemplo en el campo u otros lugares es difícil que califiquen porque los padres no tienen a seguranza. Los hijos califican, pero muchas veces los adultos no. A veces el que te emplea no quiere pagar el seguro médico, o sea que ellos aporten la a seguranza tú pagas una cantidad y ellos pagan la otra. Pero no ay ese aspecto social que te dé la oportunidad que digas tu trabajo aquí y yo sé que en este trabajo me van a dar tanto a seguranza dental como médica. Y trabajas todo el año.*" **[Translation]** "*For adults the opportunity to get health care coverage is lacking…for those working in the field or even other places. Children get coverage but not adults. Because in some instances the employers do not contribute toward medical insurance…"*

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

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

Neighborhood and Built Environment

- Natural Resources
- Quality of Housing

Economic Stability

- Poverty

Social and Community Context

- Civic Pride/Participation
- Community Norming
- Sense of Belonging

APPENDIX F: Hermiston Additional Topic Examples (English)

Part 1. SUMMARY FINDINGS: High Coverage Topics

Our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics (see Table 1) that revealed high coverage included:

a) **Health and Healthcare:** Several participants highlighted aspects of their personal lives that impact their overall health, specifically making time to exercise and eat right as well as finding the space to practice self-care. In the same context, teaching these skills early on, in the school-aged years through some sort of mentorship program, was also discussed as an important part of a healthy community, especially for our most **vulnerable populations**, children.

b) **Neighborhood and Built Environment**: There was also some discussion about the facilities and activities available, year-round, for all ages of children and adults. While several city-wide programs exist and are valued in the community, such as sports programs, there are always opportunities for growth and innovation if the funding, time and resources are available.

c) **Social and Community Context**: Again, participants mentioned the need for more community programs for children, particularly for children that are *not* involved in school led or city league sports programs. While there was also mention of needing a friendly and safe space for students to gather, the school 'community' was discussed as being a very open and welcoming space for new students and families.

d) **Education**: Again the discussion in this section was focused on children and the community-wide involvement in children's sports teams. There is a sense of community pride when everyone is supportive of the teams in their county.

Table 1. Examples of High Coverage Topics

Health Topic	Direct Quote Examples
Health and Healthcare- ***Vulnerable Populations***	*"I would love to see something that is generated by the kids. Some type of mentorship. Because if you have some type of mentorship program…"*
Health and Healthcare- ***Health Behaviors***	*"…people who work don't have time [to have a healthy lifestyle] …and I've been working…going on two years, and I used to be healthy…keeping busy is good for…my sanity…but when I started working it took away the time that I would go workout for myself."* *"But I think like any place else, find the time to do something for yourself. Just having that me time."*
Neighborhood and Built Environment - ***Environmental Conditions***	*"They have a pool but it's not [available]…in the winter time. I would love to see something like that…they do have…soccer, basketball, football."*
Social and Community Context- ***Social Cohesion***	*"…the school system…as far as being a healthy community…our school has a pretty good system…and they are very welcoming…when we first moved here, we feel real welcome just going in to the store. We were real impressed how friendly they were here."*
Social and Community Context-	*"I would like…a place… like a Boys and Girls Club. I think that would be perfect. Because that involves a little bit of everything. Or even a Y (YMCA). Something where the kids can just go. There are a lot of kids that can't afford to play a lot of sports…so they don't have anything. We have a library but, that's limited.*

Community Programs	*Something that just says 'open door.' So you can just kind of show up…and come and go..."*
Education - ***Early Childhood Education and Development***	*"I'm proud of it [community] because they are so involved with the kids and their sports and they keep them busy and that's what I'm proud of…an active community…"*

Part 2: ADDITIONAL SUMMARY FINDINGS

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

Health and Healthcare Disparities. The focus group protocol explicitly asked the participants to share their views on health disparities: why/ how some groups have worse health than others as well as why some have better health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In this section, participants predominantly discussed: (a) Health and Healthcare (Health Behaviors) and (b) Neighborhood and Built Environment (Environmental Conditions). All of these topics are described in Table 1 above.

Social Determinants of Health: Even though individuals discussed social aspects of health early on the discussion, the focus group protocol also listed questions regarding Social Determinants of Health (SDoH). In this section, participants predominantly discussed: (a) Health and Healthcare (Affordability and Coverage), (b) Economic Stability (Poverty and Employment), and (c) Education. These topics are also described in Table 2 below.

Table 2: Social Determinants of Health Examples

Health Topic	Direct Quote Examples
Health and Healthcare - ***Affordability and Coverage***	*"I think everybody has to have health insurance nowadays."* *"If [people] had a better job…better insurance…Everyone has health insurance. But…health care is not equal…"*
Economic Stability - ***Poverty***	*"…where people move that work on farms or are low-income people…that's where they stay [in low income communities]. So you know your community…if you don't venture in to the other community, you don't know what they are going through."*
Economic Stability - ***Employment***	*"…a job gives you a different type of health coverage…So for a person who… doesn't work or somebody works…there is a difference [in health insurance]…with any job you have."*
Education	*"…I would say the school system is big…[for] being a healthy community. Our school has a pretty good system…and they are very welcoming."*

ADDITIONAL TOPIC NOT COVERED IN PRIOR SECTIONS

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

Economic Stability

- Transportation

Health and Healthcare

- Health Literacy

Social and Community Context

- Civic Participation and Pride and Rural Parity
- Sense of Belonging

Neighborhood and Built Environment

- Access to Foods that Support Healthy Eating Patterns

APPENDIX G: Hermiston Additional Topic Examples (Spanish)

This focus group experienced technical difficulties with the recording equipment, therefore transcription and qualitative analysis coding was not possible. For this section, highlights of discussion are provided and have been reviewed by a second party for accuracy.

Part 1. SUMMARY FINDINGS: Community Health

- Examples of reasons to be **proud of the community** included:
  - *People getting along and knowing each other; ability to greet "strangers" [participant from Irrigon, Morrow County]*
  - *There's a high supply of work; can log in over-time and there are times when there's more work need than time available (have to turn down opportunity for over-time). [participant from Irrigon, Morrow County]*
  - *There are city parks that provide opportunity for children to get out and not be in front of screens*
  - *The cities are clean*
  - *Calm atmosphere, tranquil*
  - *Fertile soil to grow vegetables (previous place where participant lived did not have fertile soil)*
  - *There are a lot of resources, sources for help/assistance for those who seek those opportunities…you need to look for the opportunities*
- Characteristics of a **healthy community** included:
  - *Parks and places for people to get out*
  - *Transportation helps… more bus routes are on the way and are going to help people without their own cars get around*
  - *Health clinics are helpful*
  - *We have to be careful with consumption of junk food … at movie theatres there are huge portions of popcorn and soda*
- Examples of **community coming together** to address health issues included:
  - *When there's a need to pay a health related bill, people come together and donate money; or they donate things that can be sold to generate funds*
  - *Schools support these special circumstances of high need; they might even send flyers home with children*
  - *At church, we have come together to collect winter clothes and distribute to families*
  - *My husband and I provide vegetables to the neighborhood from my garden*
- Examples of **health issues/concerns and obstacles for health**
  - *Bullying, there have been many incidents of this, some people say that suicides are related to this and it's not good for the kids and for the parents*
  - *There are instances of youth going around and stealing or doing things [vandalism]*
    - *Another participant: this is true. Sometimes they get arrested but then they are let go and they are back at it. There seems to be the need to address it a different way.*
  - *Access to service providers:*
    - *Challenges in enrolling and re-enrolling in OHP. There are delays between submission of paper work and getting responses*

        - *On-line submission seems to help but there are families who do not have access to on-line submission*
    - *Challenges in being assigned to providers who are far such as in Portland and Hood River*
    - *Challenges in wait times to get services needed*
        - *Example: delay in getting treatment to a knee injury, plus post-recovery physical therapy.*
        - *Example: delay in getting re-enrolled led to a child having an ear infection grow*
        - *Sometimes specific services are not covered and you get bills*
  - *There is a growing problem of obesity among children, they come home and want to eat junk food and spend time in front of screens*
    - *It can be expensive to get healthy food. $100 can be spent quickly at the groceries buying fresh produce, etc.*
    - *They pick up habits of eating hamburgers, pizza, and hot dogs at school, then when they come home, they start setting aside healthy foods that we cook at home and that they used to eat before*
    - *I teach my kids to eat healthy foods, vegetable first before they can touch other food*
    - *We have pizza and movie night on Fridays, and I told them one night that we'd change it to grilled steaks*
- Examples of **programs, policies and services that can** impact the community; programs that **they are participating** in and feel passionate about included:
  - *The Health clinics offer services and clinics*
  - *The Hospital has a program that is income-based; if you qualify they provide a lot of services free of charge*
  - *There's a Health Fair every year at the high school- several clinics come and provide free screenings for different issues*
    - *The only thing is that it was announced only a week or so in advance; we would like to get that type of information in advance*
  - *At school, they have a program that encourages children/students to do physical activity prior to earning rewards (food?)*
  - *There's a program that provides eye tests and eye care*
  - *Programs such as CAPECO and OCDC provides assistance, broadly, on basic needs, including paying utility bills; they also provide dental care*
  - *There are opportunities provided by OSU extension, for gardening classes, several classes to teach families; starting with seeds.*
  - *The churches organize events and programs to provide assistance*

Part 2. SUMMARY FINDINGS: Health and Healthcare Disparities

- Examples of **Disparities (Health and Healthcare)** included:
  - *Migrants/ immigrants have hardship navigating resources; when they arrive they are dealing with a lot of issues related to getting settled and have little to no information. Here at [OCDC] they are provided information and resources… but immigrants are at a disadvantage mostly due to language barrier.*
  - *We got an opportunity to make more money and all of the sudden we were disqualified to receive services, so it was harder for us, and with taxes we were making less money.*
    - *[different individual] …and to add to this, when they ask about our income, they use our Gross income to decide but our net income is much lower; there are lots of deductions in taxes, so it is a disadvantage because they think that we make more than we actually do*
  - *Individuals with citizenship qualify for more services and program so they do better*

- *There is at times favoritism based on who you know and if you have been here rather than on the basis of your income. In some programs, they might not provide you what you qualify for because they don't know you; it's hard for us who are new-comers.*

Part 3. SUMMARY FINDINGS: Social Determinants of Health

- Examples of **Social Determinants of Health** included:
  - *About the fertile soil and gardening, let's keep in mind that OSU Extension provides gardening classes*
  - *Our kids need better nutrition*
  - *It's good for the community to have activities for the kids to get them out*
  - *We all need can do better on eating healthier; it is good to see each other trying*
  - *Sometimes we feel like we are trapped in a system…back many years ago, people would go hunting and eat from hunting and growing food. Now we are totally dependent in the groceries stores, even the water, it lacks minerals and we are told we have to buy it bottled. So sometimes we feel like we are trapped; earning enough money so we can go to the grocery store but only afford certain types of foods...it's like a cycle*
    - *[another person] … yes and children come here and through the media and advertising they are consuming images and messages that come through their eyes and create expectations of what they should be consuming, and it's not all good.*
    - *[another person] I have ended up using the strategy of going to the grocery store by myself because when I take my kids; they want to pick up a lot of junk food. I just make my list and go by myself*
    - *[another person] I also go to the healthy food first with my children and give them limits on the foods that they can pick up*
  - *Some of us feel like the money just isn't enough, rent is very high for what we get. Rent keeps going up*
    - *In our case we have a major repair and have called the land-lords and it has been more than six months and they have not taken care of it.*
      - *[another person] …but I bet that they pick up the rent on a monthly basis on-time*

Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

DEMOGRAPHICS	Umatilla	Umatilla	Umatilla	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	77,120	78,340	80,500	4,141,100
Age 0-17 2013, 2015, 2017	20,397	20,500	20,496	869,330
Age 0-17 % of Total Population	26.0%	26.0%	25.5%	21.0%
Age 16-64 2013, 2015, 2017	46,434	46,703	47,857	2,557,575
Age 16-64 % of Total Population	60.0%	60.0%	59.4%	61.8%
Age 65 and Over	10,289	11,137	12,147	714,196
Age 65 and Over % of Total Population	13.0%	14.0%	15.1%	17.2%
Race				
% White	87.4%	66.9%	67.4%	77.0%
% American Indian/Native Alaskan	2.2%	3.19%	2.1%	0.9%
% African American/Black	0.6%	0.81%	0.7%	1.8%
% Asian	0.9%	1.14%	0.7%	4.0%
% Pacific Islander	0.1%	0.1%	0.2%	0.4%
% Other	4.2%	2.1%	0.1%	0.1%
% 2 or More	4.6%	5.0%	3.3%	3.5%
Ethinicity				
Hispanic	23.0%	25.7%	25.6%	12.4%
Gender				
% Females	48.0%	48.0%	49.8%	52.0%
% Males	52.0%	52.0%	50.2%	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	3.2	3.25	3.2	3.1
% Single Parents - ACS	**32.4%**	**32.4%**	**12.7%**	8.3%
Unemployment - OR Dept of Employment	**8.4%**	**7.9%**	**5.4%**	4.9%
Education				
% of Population without a High School Diploma - ACS	18.2%	**9.2%**	17.4%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	81.41%	**75.68%**	**75.50%**	77.80%

	Umatilla 2013	Umatilla 2015	Umatilla 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	**17.7%**	**17.1%**	**18.0%**	15.7%
Child Poverty Rate - ACS	**22.8%**	**26.3%**	**25.3%**	20.4%
Language				
% of Limited English Speaking Households	0.2%	**4.5%**	**4.5%**	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**	5.8	**7.7**	6.2
SOCIAL DETERMINANTS OF HEALTH				
Housing				
Occupied Housing Units - ACS	NA	NA	**89.5%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	**36.5%**	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	31.7%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	37%	45%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	1.2%	1.3%
No Telephone Available in Household - ACS	**3.0%**	**3.0%**	**3.7%**	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	24	24	NAP
Unsheltered	NA	28	31	NAP
Transportation				
No Personal Transportation Available in Household - ACS	6.1%	7.0%	7.7%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	20,710	26,810	25,131	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	109.66	149.64	148.06	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	**62.9%**	**64.0%**	**63.4%**	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	5,090	4,880	4,610	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	9,90	10,250	9,150	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**25.3%**	**24.3%**	**23.0%**	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	13.1%	**15.2%**	11.9%	14.2%

	Umatilla 2013	Umatilla 2015	Umatilla 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	7,805	6,835	6,268	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate per 1,000 births	4.0	4.6	**7.4**	4.6
Low Birthweight per 1,000 births	63.2	53.5	53.8	68.3
Births to Mothers Receiving Inadequate Prenatal Care	**6.9%**	**7.4%**	6.0%	6.1%
Births to Mothers under the age of 18	**3.6%**	0.12%	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	9.3	9.0	5.5	12.8
Children in Foster Care per 1,000 - OR DHS	**131**	**115**	5.8	9.2
Homeless Youth Age < 18				
With Parents	NA	1	3	NA
Unaccompanied	NA	7	4	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	45.0	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	$9,612	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	**68%**	**70%**	**73%**	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	58.7%	**41.0%**	**32.9%**	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	**58.0%**	73.0%	**64.0%**	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	21.0%	21.0%	18.2%	23.9%

	Umatilla 2013	Umatilla 2015	Umatilla 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	92.2	**85.4**	**85.9**	86.3
% Reporting Good, Very Good, or Excellent Mental Health	86.0	83.1	83.2	75.0
Preventative Care Visit, % last 12 months	**49.9**	**58.2**	**49.5**	61.8
Emergency Care Visit, % last 12 months	28.0	**35.2**	30.9	34.8
Oral Health Visit, % last 12 months	**67.9**	**66.8**	**63.4**	74.0
Suicidal Ideation, % last 12 months	12.9	9.9	12.2	16.9
% Have had Sexual Intercourse	9.2	7.4	**13.1**	8.4
Substance Use, % Abstaining - Tobacco	**96.7**	**99.0**	**95.8**	91.6
Substance Use, % Abstaining - Alcohol	**85.7**	63.7	62.9	73.2
Substance Use, % Abstaining - Marijuana	**90.2**	**96.0**	85.4	86.3
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	85.7	90.1	**80.1**	83.2
% Reporting Good, Very Good, or Excellent Mental Health	77.6	74.9	67.5	66.3
Preventative Care Visit, % last 12 months	**55.5**	**56.9**	**61.1**	62.2
Emergency Care Visit, % last 12 months	**39.2**	34.1	33.7	35.7
Oral Health Visit, % last 12 months	74.2	**72.4**	76.0	73.8
Suicidal Ideation, % last 12 months	16.0	**20.1**	18.0	18.2
% Have had Sexual Intercourse	**61.2**	**46.1**	**46.9**	40.9
Substance Use, % Abstaining - Tobacco	84.0	92.0	71.4	92.3
Substance Use, % Abstaining - Alcohol	55.0	35.2	33.5	73.1
Substance Use, % Abstaining - Marijuana	73.9	**82.0**	55.5	79.1
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	43.2	**46.7**	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	12.6	14.8	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	29.6	31.2	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	**191.2**	**195.7**	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**49.7**	47.5	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**45.8**	**45.5**	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**49.7**	**54.7**	48.3

	Umatilla 2013	Umatilla 2015	Umatilla 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	**32.9**	**32.7**	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	10.8	**23.3**	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	149.8	146.1	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	9.3	12.3	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	16.7	16.3	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	82.7%	**78.9%**	**78.2%**	82.9%
Overall Mental Health (2010-2013 BFRSS)	71.6%	70.7%	62.9%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	25.1%	**12.1%**	20.3%
Tobacco Use Total (2010-2013 BRFSS)	**68.7%**	**34.0%**	**26.0%**	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	**24.2%**	**22.9%**	**22.9%**	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	**13.3%**	**11.1%**	**11.1%**	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	3.10%	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	2.2%	2.6%	4.4%	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	15.9%	17.5%	23.1%	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	7.5%	6.6%	11.7%	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	**34.4%**	NA	**33.8%**	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	6.0%	13.4%	13.4%	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	**36%**	**33.2%**	**33.2%**	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	161.3	150.6	**5.6%**	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	50.4	47.3	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	6.2	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	8	NA	**8.7%**	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	5.3	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	20.9	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	7.4	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	5.0	NA	**5.6%**	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	47.5	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	2.9	NA	48.9%	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.

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
Umatilla	3.5	3.4	3.5	3.6	3.6

INTERPERSONAL SKILLS

	2013	2014	2015	2016	2017
Umatilla	3.9	3.9	3.9	3.9	3.9

APPROACHES TO LEARNING

	2013	2014	2015	2016	2017
Umatilla	3.6	3.6	3.6	3.7	3.7

NUMBERS & OPERATIONS

	2013	2014	2015	2016	2017
Umatilla	7.4	7.7	8.0	8.2	10.5

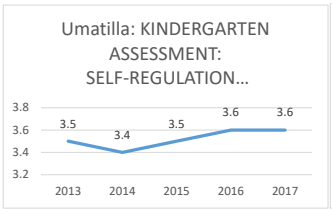
LETTER NAMES

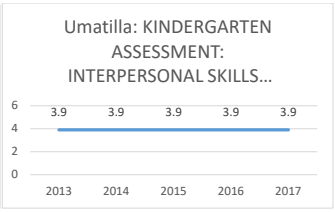
	2013	2014	2015	2016*	2017
Umatilla	14.1	14.4	16.4	11.2	11.1

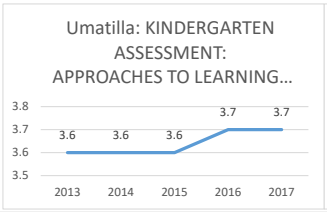
SOUNDS

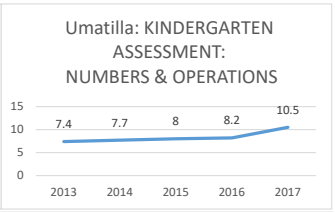
	2013	2014	2015	2016	2017
Umatilla	5.2	5.5	7.7	7.2	6.4

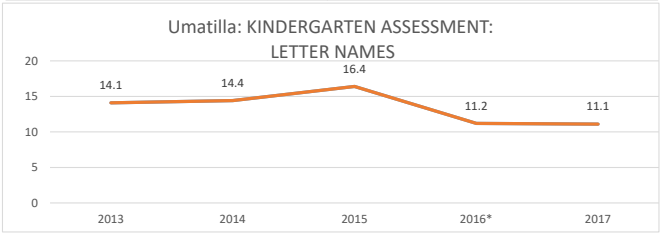
Source: Oregon Department of Education
Compiled by Cade Burnette, Blue Mountain Early Learning Hub
NOTE: Elements of the actual assessment changed between 2013 and 2017

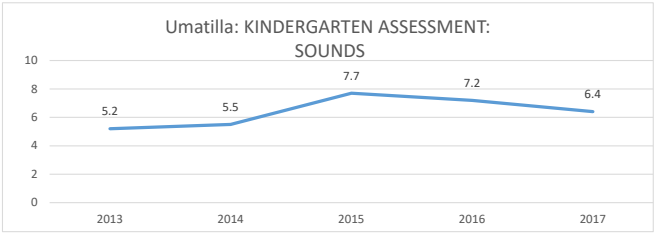












EARLY CARE & EDUCATION PROFILES

UMATILLA 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

Umatilla County, Oregon

CHILDREN

15,587
Children under age 13 living in the county [1]

- 3,714 children 0-2 years old [1]
- 2,476 of children 3-4 years old [1]
- 9,397 of children 5-12 years old [1]

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

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

CHILD CARE & EDUCATION

2,262
Slots in centers and family child care homes for children [4]

- 1,582 slots in Child Care Centers [4]
- 680 slots in Family Child Care Homes [4]

32% of 3-4 year olds are enrolled in preschool [5]

15% of children under age 13 have access to visible child care [4]

AFFORDABILITY

$9,612
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 can exceed the tuition at Oregon's public universities

45% of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler [7]

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

$24,128 - $50,710

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

References

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

To Cite

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

Oregon State University

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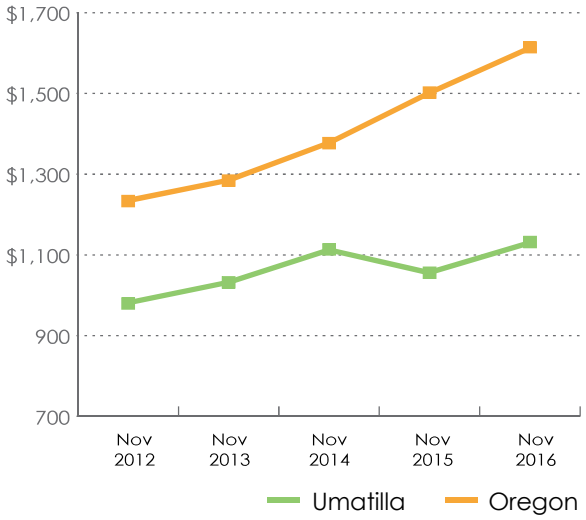
(541) 737-5373

UMATILLA COUNTY

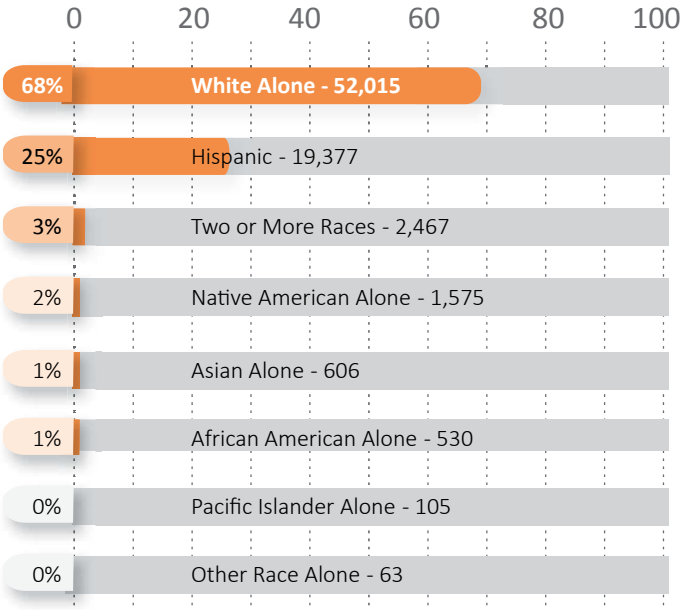
DEMOGRAPHIC & HOUSING PROFILES

Population	Umatilla	Oregon	United States
Total (2015 est.)	76,531	4,028,977	312,418,820
# Change since 2010	642	197,903	12,673,282
% Change since 2010	0.8%	5.2%	4.1%

Median Rents, 2012-2016

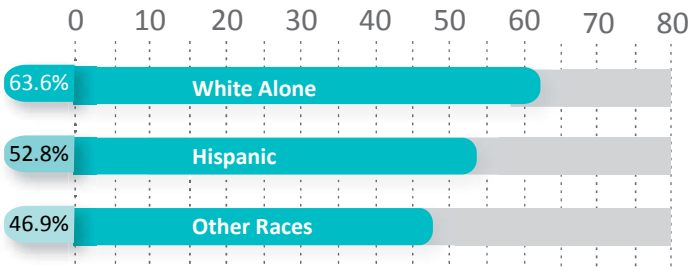


Population by Race/Ethnicity, 2011-2015

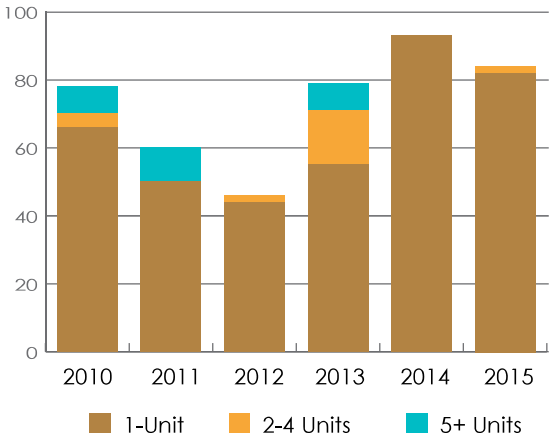


Vacancy Rates, 2011-2015

Homeownership Rates by Race/Ethnicity, 2011-2015



Building Permits Issued in County



UMATILLA COUNTY

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	2,957	-0.8%	$30,673
Construction	1,641	-5.7%	$49,504
Manufacturing	3,605	1.6%	$36,118
Wholesale Trade **	830	40.7%	$37,502
Retail Trade**	4,251	-5.6%	$37,502
Transportation **	2,065	1.0%	$37,502
Information	576	11.0%	$39,568
Finance	1,093	-9.4%	$42,405
Professional, Scientific	2,350	-4.6%	$35,963
Education, Healthcare	6,284	6.7%	$41,048
Leisure, Hospitality	2,867	3.2%	$15,297
Public Administration	2,630	6.7%	$23,431
Other Services	1,301	-2.4%	$59,851
Total	**32,450**	**1.2%**	

*** Combined average wage shown per BLS.*

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Umatilla County	$145,596
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.*

5.4% Umatilla County

4.9% Oregon

Unemployment Rates, 2016

$ 11.41

Umatilla County's mean renter wage

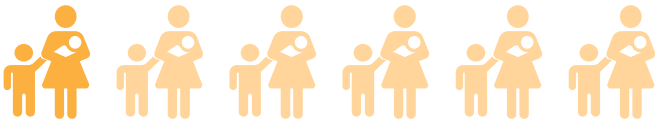
$13.56

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

54 hours

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

1 out of 6



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

1 out of 2

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

UMATILLA COUNTY

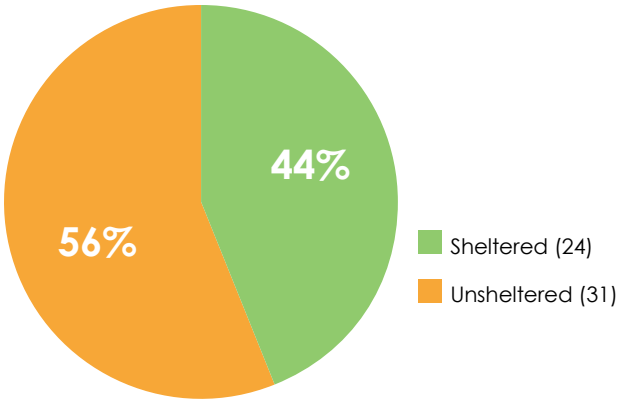
Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	1,850	3,995	6,275
Affordable Units	1,635	4,735	9,485
Surplus / (Deficit)	(215)	740	3,210
Affordable & Available*	770	2,505	5,900
Surplus / (Deficit)	(1,080)	(1,490)	(375)

**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	$223,307	$178,645	$111,653
% of Stock Affordable	76.2%	63.9%	33.0%

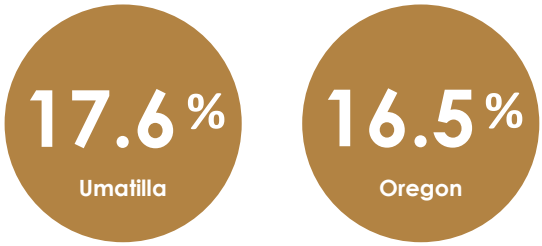
Point-in-Time Homelessness, 2017
Umatilla County: Total 55



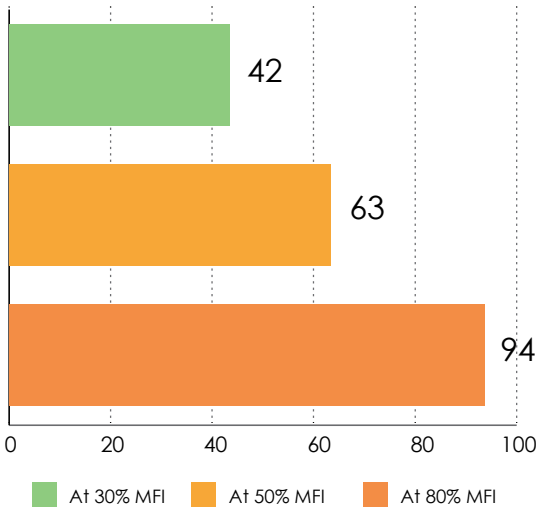
$57,175

Umatilla County's
Median Family Income (MFI)

Poverty Rates, 2011-2015

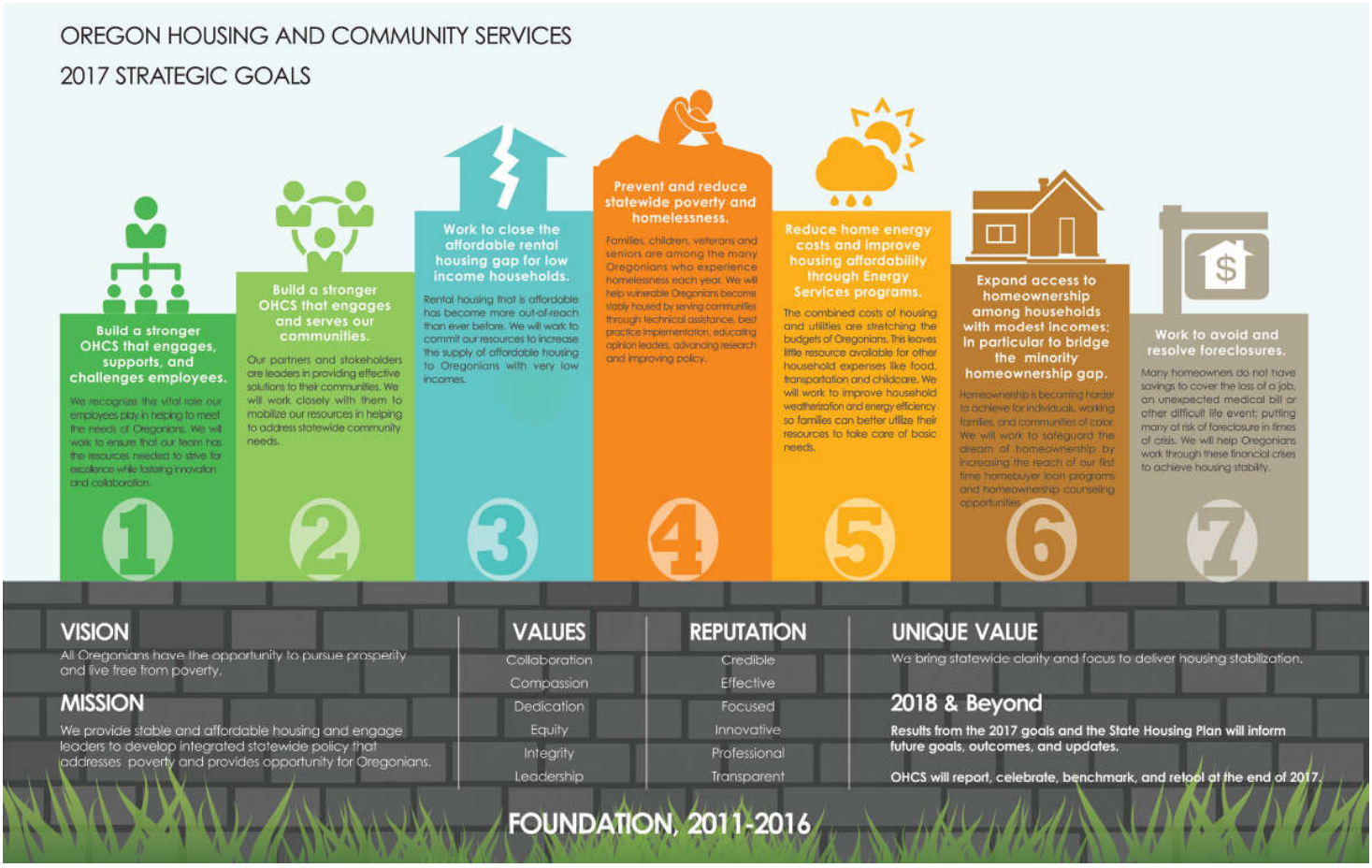


Affordable and Available Rental Homes per 100 Renter Households, 2015



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
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

Oregon Housing and Community Services
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Printed October 2017

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#oregonstatewidehousingplan

A Place to Call Home: Umatilla County

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

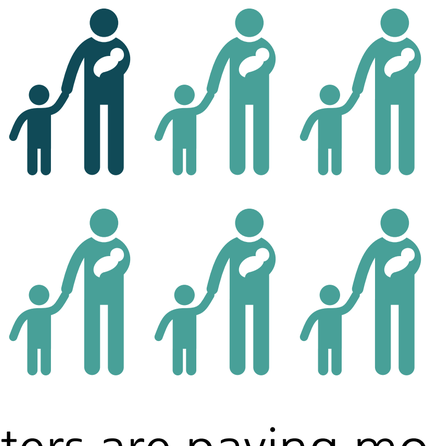
We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 42 affordable units available.

1,080

units are needed to meet the need

1 in 6

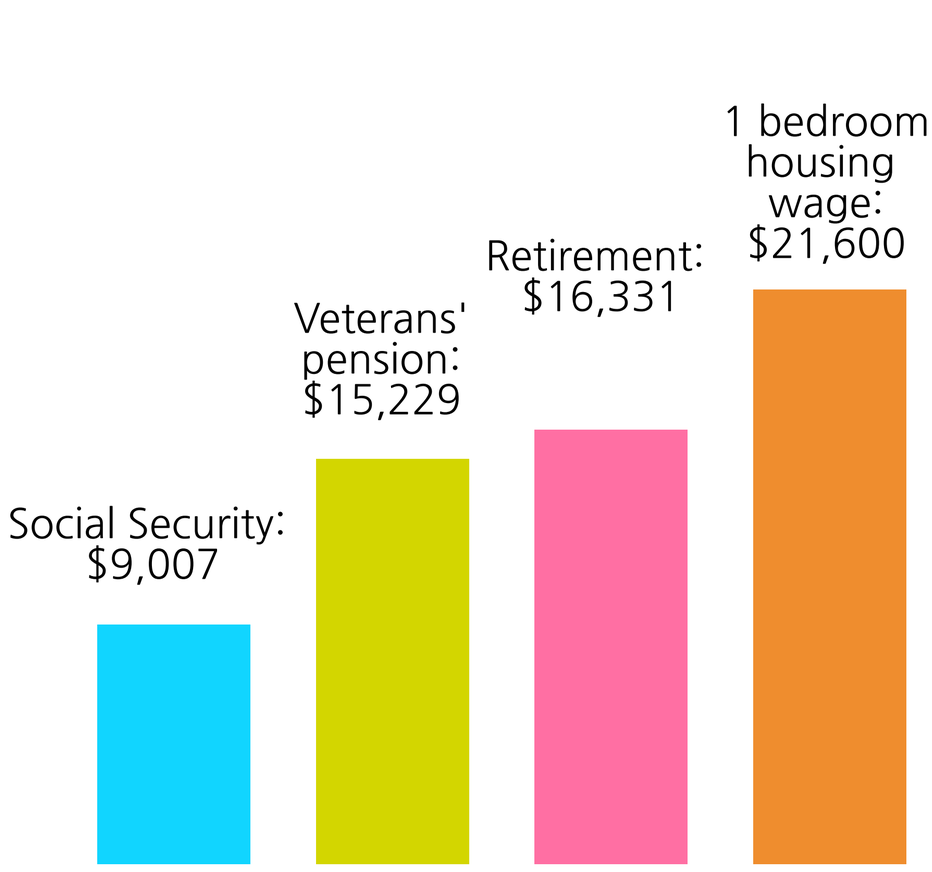


of all renters are paying more than 50% of their income in rent

More than half

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

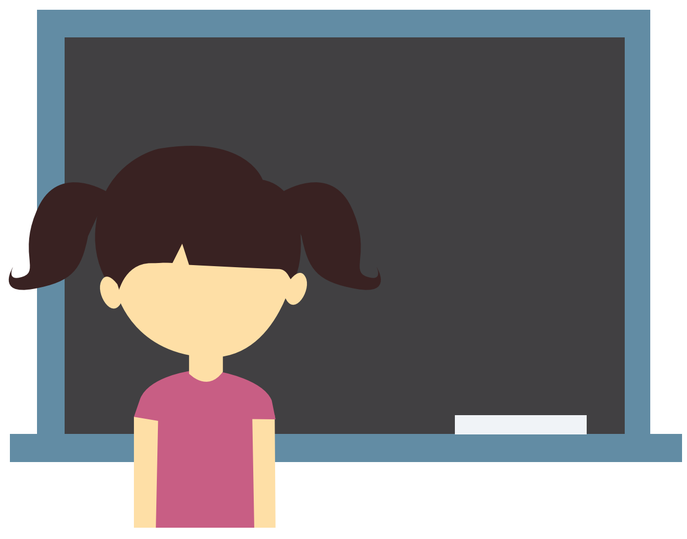
Our neighbors are facing homelessness



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

1 in 65 students

experienced homelessness in 2016-2017



That's 211 children during the 2016-17 school year in Umatilla County.

Workers can't afford rent

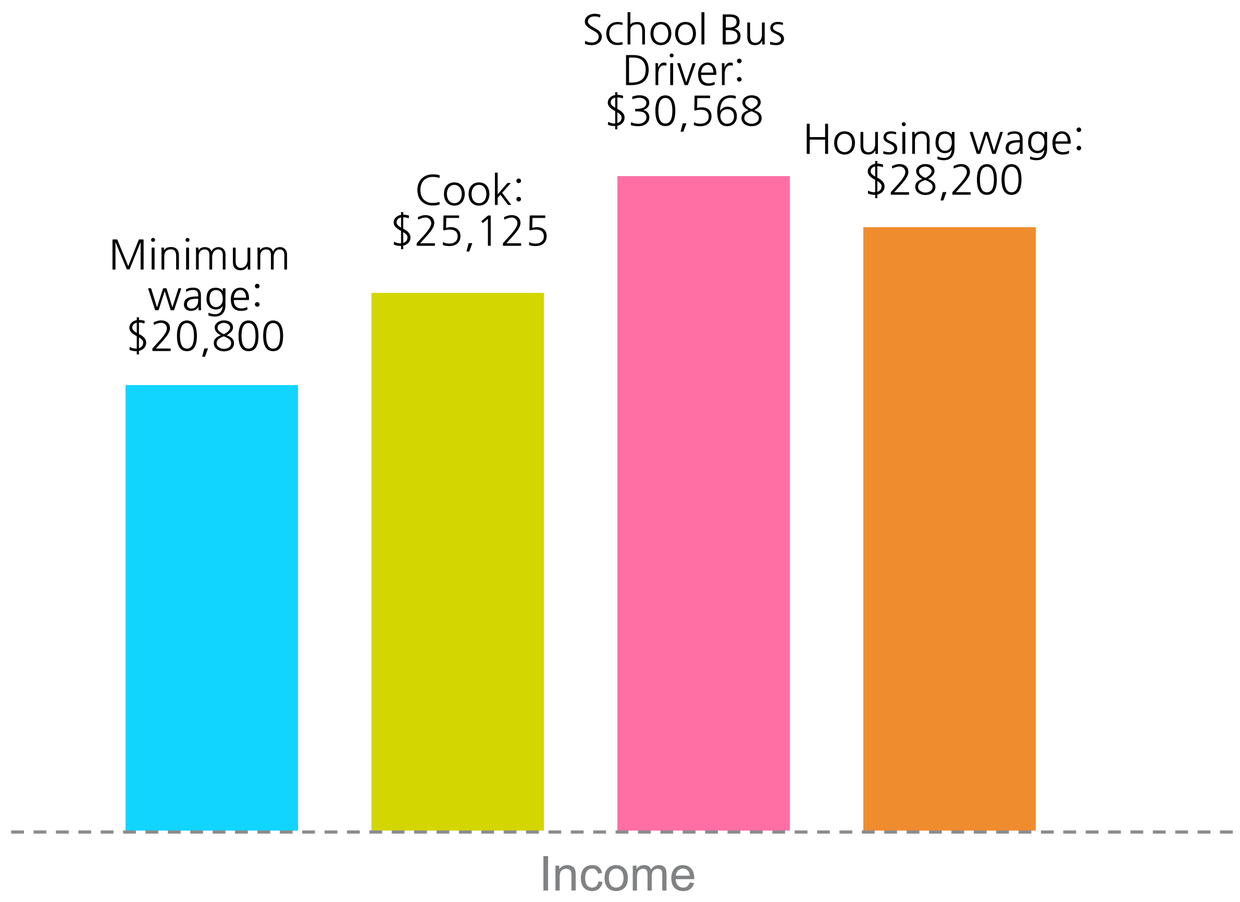
$11.41

Mean renter wage

54 hours

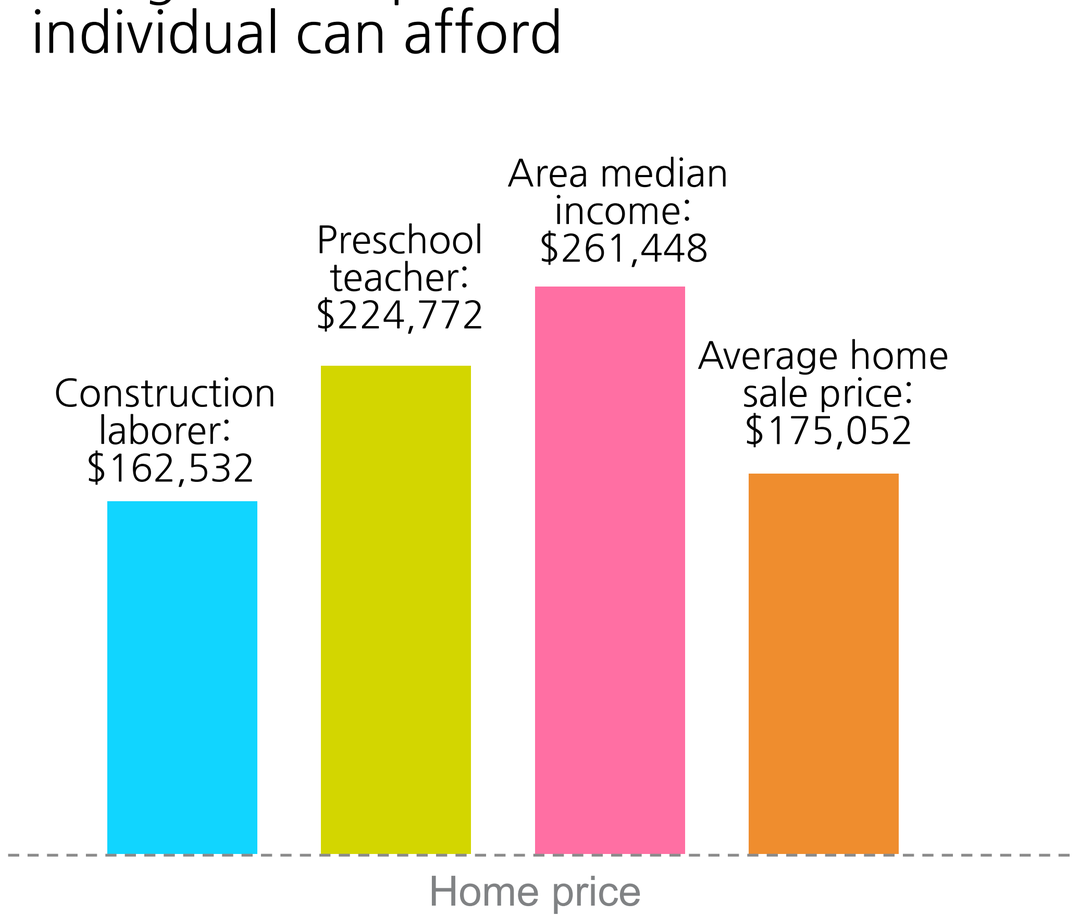
Number of hours per week at minimum wage needed to afford a 2 bedroom apartment

A household must earn at least $28,200 to afford a 2 bedroom apartment at fair market rent.



Homeownership is out of reach for many

Average home price an individual can afford



$175,052

average home sale price in 2017

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					Umatilla 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%	26.3%	26.4%	32.7%	39.5%	40.5%
									770/2358	942/2384	1136/2803
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	**0.6%**	3.9%	16.3%	15.1%	11.0%
									1583/9687	1290/8521	891/8073
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	71.7%	79.1%	72.3%
									274/382	258/326	258/357
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	31.1%	37.6%	44.1%	42.4%
									454/1208	482/1094	495/1168
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	7.6%	18.1%	24.0%	25.3%
									524/2895	725/3027	870/3437
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	17.0%	21.8%	36.6%	47.2%	53.0%
									478/1306	532/1126	662/1250
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	35.4%	44.1%	49.1%	42.8%
									859/1949	833/1697	1066/2493
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	50.8	59.5	59.6	53.6	45.5
									12850/215513	11127/207517	9798/215238
10	Emergency Department Utilization for Patients Experiencing Mental Illness*	N/A	N/A	N/A	N/A	119.5	N/A	N/A	N/A	N/A	98.1
											2780/28337
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%	15.8%	14.0%	68.3%	52.9%	N/A
							411/2594	416/2977	2010/2945	1949/3683	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	46.1%	56.7%	68.1%	68.3%	N/A
							292/633	5339/9417	3422/5024	4156/6086	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	43.0%	21.0%	29.7%	28.7%	N/A
							157/365	658/3129	673/2264	673/2345	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	26.3%	20.2%	N/A
									621/2363	1083/5355	
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%	97.5%	88.9%	93.8%	91.1%	N/A
							115/118	160/180	151/161	144/158	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	82.8%	84.2%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	89.7%	82.6%	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	Umatilla County	Adults 2017 8518
Depression	24.4%	36.8%	34.5%	2939	
Diabetes	9.2%	11.6%	10.5%	894	
All Chronic Diseases	54.8%	64.7%	61.0%	5196	
Physical health Not Good	38.5%	53.1%	51.0%	4344	
Mental Health Not Good	38.9%	50.5%	48.4%	4123	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	2836	
High Cholesterol		38.4%	35.9%	3058	
High Blood Pressure	29.1%	28.3%	28.4%	2419	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	2751	
Overweight / Obese	62.3%	66.1%	69.3%	5903	
Obese	26.9%	36.2%	40.8%	3475	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	826	
Sleep < 8	31.3%	38.0%	41.4%	3526	
High Blood Sugar	64.4%	60.1%	57.0%	4855	
Colon Cancer Screening	66.0%	49.8%	44.9%	3825	
Dental Visit	67.0%	51.7%	53.0%	4515	
Smoking	16.2%	29.3%	29.9%	2547	
Tobacco Chewing	3.5%	3.6%	6.2%	528	
Want to Quit	68.1%	76.4%	75.4%	1920	
Tried to Quit	58.2%	62.2%	61.9%	1577	
Binge Drinking	14.7%	12.1%	10.2%	869	
Heavy drinking	7.6%	5.0%	3.8%	324	
Food Insecurity	19.9%	48.6%	44.7%	3808	
Hunger	10.3%	22.3%	18.8%	1601	
4 or more ACE's	22.5%	34.7%	33.7%	2871	
Effective Contraceptive Use	68.9%	58.4%	59.7%	5085	
5 or more fruits / vegtables per day		26.7%	24.7%	2104	