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EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION

Union County  
Community Health Assessment  
2019

Qualitative Report

Focus Group



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

**Date of Report: January 24, 2019**

**Date of Focus Group: July 11, 2018**

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

**Overview of Data Collection**

The EOCCO Community Health Assessment Focus Group was held on July 11, 2018 at the Northeast Oregon Transit Office in La Grande, Oregon. The focus group session was recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All focus group participants from each focus group were provided food and offered a \$25 gift card for their participation. Focus Groups are method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health*. (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures).

**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) Economic Stability (Housing Insecurity and Transportation), b) Social and Community Context (Discrimination/Rural Parity, Social Cohesion and Community Programs) and c) Health and Healthcare (Access to Care).

- a) **Economic Stability**:- The participants touched on two main aspects of economic stability in the community that they have struggled with, housing and transportation. Housing and transportation issues, in this focus group, are tied to overall health and safety of the community. Without appropriate transportation, especially for those that live in outlying areas, may struggle with food and economic stability. Also illustrated was the overall financial burden the housing market has placed on the local community, specifically individuals that already struggle financially, and finding a safe, affordable place to live (rent or own) is a challenge in this community.
- b) **Social and Community Context**: Participants focused on several positive aspects of being part of a social, rural community. It was evident that the participants have a sense of pride in the collaborative nature of their community, from the innovations to problem solving, to lifting up and supporting programs that will benefit the overall health and wellbeing for those in need.
- c) **Health and Healthcare Services**: The primary focus for this section was on the correlation of accessing healthcare services in a rural community and the difficulties many struggle with in securing transportation, gas and time-off to travel for care not easily accessible in this community. The group articulated that those individuals who can acquire and/or afford this type of healthcare (particularly referrals to specialty services) will have better, overall health outcomes than those who cannot.

**Table 1. Examples of High Coverage Topics**

Health Topics	Direct Quote Examples
<p>Economic Stability – <b><u>Housing Insecurity</u></b></p>	<p>“...things that make me proud in the community...is the...warming station...there was a lot of planning. Getting out of your comfort zones, thinking creatively, and sharing resources.... [the public] awareness, ...poverty... [that is] not as visible...because of the cold weather too, a lot of the housing instability and homelessness means that people go inside to unsafe homes...”</p> <p>“It is not cheap to rent a house in this area...it’s red tape... to rent a reasonable house in a decent neighborhood is really expensive... the people renting houses are lower income, [with] less resource(s), so that’s just putting more burden on those that aren’t affluent.”</p>
<p>Economic Stability – <b><u>Transportation</u></b></p>	<p>“I think that there is a measure of difficulty in transportation to get to places where food is distributed, to get to work. Especially if it can’t be tied to something medical and it’s not near the fixed outline.”</p> <p>“[Transportation is a] county issue...because you’re not going to live in an outlying area if you don’t have transportation. And...there’s a lot of the seniors in the outlying areas that don’t get to come to town. They don’t get to come grocery shopping because they have no transportation. They don’t get to be there unless they have a family member to take them shopping.”</p>
<p>Social/Community Context - <b><u>Discrimination and Rural Parity</u></b></p>	<p>“We just talked about equity.... certain demographics, just being a [person of] color, or... transgender or being disabled that just make it hard to be successful or to get a promotion or get a job or get housing because on the application your...name is Trayvon instead of Brad. And Brad gets the housing instead of Trayvon...every level for that person in their life, things are harder. “</p> <p>[Discussion on efforts in the community] “...innovation...and...equity. We’ve hit on how these are awesome projects...for those that are the most vulnerable, or just [to] build [up] the whole community by building [up] those that need the support.”</p>
<p>Social/Community Context - <b><u>Social Cohesion</u></b></p>	<p>“...we honestly want to help people...it is in our hearts to help people. When something happens community wise, the community pulls together and does whatever they can to help whatever the situation is that needs to be done.”</p> <p>“I think we really have a good connection between all of the different community partners, like communication.”</p>
<p>Social/Community Context - <b><u>Community Programs</u></b></p>	<p>[Referencing the Double Up Food Bucks Program] “...at the farmer’s market...if you have SNAP (Supplemental Nutrition Assistance Program) benefits you can double at this moment up to ten dollars of that SNAP benefit. So instead of ten you now have twenty that you can spend on produce at the farmer’s market.... It’s also community, bringing communities together, and getting families out to the produce and music at the market and meeting neighbors and building that sense of community. Building social connections.”</p>
<p>Health and Healthcare – <b><u>Access to Care</u></b></p>	<p>“Access to getting to the services that are available...overall we have a provider issue...for health care, for the most part, the services you need are here or you can get a referral to them. But the people that are able to use them are going to do better. They have access, or they can get to that appointment or they can travel to the appointment that is 250 miles away.”</p>

**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 addition to the topics discussed above, respondents linked health disparities (differences in health disparities among community sub-groups) primarily to Health and Healthcare, specifically around Health Behaviors, Health Literacy and Affordability and Coverage. See examples in Table 2 below.

**Table 2: Health and Healthcare Disparity**

Health Topic	Direct Quote Examples
Health and Healthcare – <b><u>Health Behaviors</u></b>	<i>“[Our] senior population...unless they are on deaths door, they probably aren’t going to the doctor...that’s their mentality. They aren’t a burden to anybody, they’re fine, they can slap some mud on it, we’ll be ok...It’s their mindset.”</i>
Health and Healthcare – <b><u>Health Literacy</u></b>	<i>“[The need to] reemphasiz(e) health and our daily steps to prioritize health and well-being as opposed to [a] response when something is broken or needs attention.”</i>
Health and Healthcare – <b><u>Affordability and Coverage</u></b>	<i>I think we also have a lack of providers in the area that will bill Medicare...We have some people going to [other locations] because that provider [accepts Medicare] ...So limited availability based on the type of health coverage you have.”</i>  <i>“That gap between Medicaid eligibility and Medicare eligibility...there are programs out there that are meant to serve that gap. And those are the ones who need funding coverage.”</i>

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

- a) **Education (Skills Training/Vocational Skills):** Participants mentioned that need for more vocational training opportunities (similar to other counties through programs at the Community Colleges) that offer trade programs with hands on experience for students to build an economically stable workforce.
- b) **Social and Community Context (Stigma, Community Norming and Community Outreach):** Several participants spent time discussing the community at large, from the diversity of the community in positions of authority (university/school district) to opportunities for more equitable outreach through neighborhood programs and reaching out to regional/state decision-makers. This portion of the focus group had the feel of a “neighborhood scan” of the positive and thoughtful improvements to the overall health and wellbeing of the Union County community.
- c) **Economic Stability:** This discussion was brief, but the direct quote example was poignant. When thinking about those in need or who have fallen into poverty, there is an understanding that these local, community partners are not generally working with one issue; there are multiple, often generational complexities that compound the needs of these individuals, requiring take collaborative efforts and resources.
- d) **Neighborhood and Built Environment (Natural Resources):** Participants also commented that some of the resources, programs and environmental upgrades are often localized to La Grande, and do not consider some of the “resource poor” outlying communities. There was discussion that limited exposure to these amenities in the community can affect the physical health as well as the emotional and social well-being of citizens living outside La Grande.

**Table 3: Social Determinants of Health**

Health Topic	Direct Quote Examples
Education – <b><u>Skills Training/Vocational Education</u></b>	<i>“I would like to see more training in Union County that prepares [students] for jobs that are available in Union County. Not so that I can go get my fine arts literature degree so I can go work at Walmart.”</i>

<p>Social and Community Context - <b><u>Stigma</u></b></p>	<p><i>"...what our educational system shows is that white people are educated...we have a Latino superintendent ...and I think that is a fantastic step, but if you look at the college, it's just white people. Why don't we have any Latinos or people of color that are professors or administrators...I think that would set the example [that] everyone needs [and deserves] an education not just white people."</i></p>
<p>Social and Community Context - <b><u>Community Norming</u></b></p>	<p><i>"I think most of what we do, in the different interactions we have...is to help disadvantaged folks, which is fantastic, which is where the focus should be. But I think that there is an opportunity to look at all of us from the most affluent, to everyone else, and what are some things that can help everyone be healthier. And I think a lot about the Blue Zones, and how that's just like a culture, a lifestyle that is healthy. And...it's something that's for everybody."</i></p>
<p>Social and Community Context- <b><u>Community Outreach</u></b></p>	<p><i>"I would like to see more people more often going to the outlying areas and really seeing what's going on. Particularly, ultimately, because [others outside the community are] making the decisions and I don't know that they are making them with the knowledge [about our community] they could have when they make them."</i></p>
<p>Economic Stability - <b><u>Poverty</u></b></p>	<p><i>... "issues of generational poverty and how it's like they're starting from negative five. They're not starting at ground zero."</i></p>
<p>Neighborhood and Built Environment – <b><u>Natural Resources</u></b></p>	<p>[Discussion regarding services being localized in La Grande and not being available in the outlying communities] ... <i>"...not just services, sidewalks or healthy produce, or activities for kids. Swimming lessons."</i></p>

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

## APPENDIX A: Focus Group Protocol

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

#### **OPENING REMARKS AND INTRUCTIONS/GUIDELINES**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**[Provide at least three strengths of the conversation]**



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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

**APPENDIX B: Focus Group Analyses Procedure**

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of data analysts drew largely from the Healthy People 2020’s Social Determinants of Health Framework ([www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health](http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)) that includes Health and Healthcare, five 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 five major domains was used to examine and summarize the focus group transcript.

# Quantitative Reports

Data Set

Data Dictionary

Kindergarten Readiness

Child Care Early Education

Housing

<b>DEMOGRAPHICS</b>	<b>Union</b>	<b>Union</b>	<b>Union</b>	<b>OREGON</b>
<b>Population (PSU, Center for Population Research and Census) (2018 in December of 2018)</b>	<b>2013</b>	<b>2015</b>	<b>2017</b>	<b>2017</b>
Total Population	26,170	26,485	26,900	4,141,100
Age 0-17 2013, 2015, 2017	5,956	6,025	6,049	869,330
Age 0-17 % of Total Population	23.0%	23.0%	22.5%	21.0%
Age 16-64 2013, 2015, 2017	15,540	15,359	15,250	2,557,575
Age 16-64 % of Total Population	59.0%	58.0%	56.7%	61.8%
Age 65 and Over	4,671	5,101	5,602	714,196
Age 65 and Over % of Total Population	18.0%	19.0%	20.8%	17.2%
<b>Race</b>				
% White	94%	88.8%	89.7%	77.0%
% American Indian/Native Alaskan	0.4%	1.24%	0.8%	0.9%
% African American/Black	0.4%	0.37%	0.7%	1.8%
% Asian	0.8%	2.37%	1.1%	4.0%
% Pacific Islander	0.1%	0.9%	1.2%	0.4%
% Other	0.8%	2.4%	0.1%	0.1%
% 2 or More	2.8%	2.9%	2.2%	3.5%
<b>Ethnicity</b>				
Hispanic	3.5%	4.7%	4.4%	12.4%
<b>Gender</b>				
% Females	49.1%	49.1%	48.0%	52.0%
% Males	50.9%	50.9%	52.0%	48.0%
% Other				
<b>Sexual Orientation</b>				
% LGBTQ Population 2017 - The William's Institute Gallop Poll (38% of LGBTQ Oregonians have an annual income of < \$24,000)	NA	NA	4.8%	4.8%
<b>SOCIO-ECONOMICS</b>				
<b>Family Size - ACS</b>	2.85	2.96	2.9	3.1
<b>% Single Parents - ACS</b>	<b>31.2%</b>	<b>31.2%</b>	7.9%	8.3%
<b>Unemployment - OR Dept of Employment</b>	<b>9.2%</b>	<b>7.4%</b>	<b>5.9%</b>	4.9%
<b>Education</b>				
% of Population without a High School Diploma - ACS	<b>11.0%</b>	5.7%	7.4%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	92.21%	83.82%	88.30%	77.80%

	Union 2013	Union 2015	Union 2017	OREGON 2017
<b>Poverty</b>				
Total Population 100%, 185% - ACS	15.8%	19.4%	18.6%	15.7%
Child Poverty Rate - ACS	24.7%	21.2%	25.0%	20.4%
<b>Language</b>				
% of Limited English Speaking Households	0.0%	0.4%	0.4%	2.7%
<b>Uninsured - ACS</b>				
<b>2013-Insurance Rates for the EOCCO Counties, 2015, 2017-Oregon Health Insurance Survey Fact Sheets, OHA, 3 Regions within EOCCO</b>				
% Uninsured	16.4	5.8	7.7	6.2
<b>SOCIAL DETERMINANTS OF HEALTH</b>				
<b>Housing</b>				
Occupied Housing Units - ACS	NA	NA	87.9%	90.6%
Renter Occupied Housing Units - ACS	NA	NA	36.2%	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	40.6%	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	41%	44%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	1.9%	1.3%
No Telephone Available in Household - ACS	3.1%	2.9%	2.3%	2.7%
<b>Point in Time - Houseless Population - OR Dept of Housing and Community Services</b>				
Sheltered	NA	29	1	NAP
Unsheltered	NA	46	42	NAP
<b>Transportation</b>				
No Personal Transportation Available in Household - ACS	7.4%	6.6%	6.3%	7.9%
<b>Non-Emergency Medical Transports - GOBHI</b>				
Total one way trips by county (2015, 2016, 2017)	5,314	6,986	6,957	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	89.85	123.45	123.20	135.92
<b>Food</b>				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	53.3%	52.4%	50.7%	47.6%
Estimated # of Food Insecure Children (OSU, Communitas Reporter, 2013, 2014, 2015)	1,580	1,500	1,410	194,070
Estimated # of Food Insecure Individuals (OSU, Communitas Reporter, 2013, 2014, 2015)	4,260	4,220	4,130	572,790
Estimated % of Food Insecure Children (OSU, Communitas Reporter, 2013, 2014, 2015)	27.5%	26.2%	24.7%	22.5%
Estimated % of Food Insecure Individuals (OSU, Communitas Reporter, 2013, 2014, 2015)	16.6%	16.4%	16.0%	14.2%

	Union 2013	Union 2015	Union 2017	OREGON 2017
<b>Food Hunger and Insecurity for Adults EOCCO - (Medicaid BRFS 2014)</b>				
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	2,120	1,974	1,903	NA
<b>VULNERABLE POPULATIONS</b>				
<b>Maternal Health</b>				
Infant Mortality Rate per 1,000 births	<b>12.7</b>	<b>6.5</b>	<b>12.8</b>	4.6
Low Birthweight per 1,000 births	<b>85.4</b>	60.5	<b>111.1</b>	68.3
Births to Mothers Receiving Inadequate Prenatal Care	3.8%	4.7%	<b>9.9#%</b>	6.1%
Births to Mothers under the age of 18	<b>2.5%</b>	0.09%	<b>1.7%</b>	0.9%
<b>Maternal Depression - PRAMS Data by State</b>				
% During Pregnancy	<b>22.1</b>	<b>23.7</b>	<b>28.9</b>	20.1
% Postpartum-EOCCO rate	20.9	21.3	<b>47.6</b>	21.3
<b>Children</b>				
Victim Rate Child Abuse per 1,000 - OR DHS	<b>22.5</b>	<b>18.0</b>	<b>15.9</b>	12.8
Children in Foster Care per 1,000 - OR DHS	<b>24</b>	<b>42</b>	4.1	9.2
<b>Homeless Youth Age &lt; 18</b>				
With Parents	NA	6	0	NA
Unaccompanied	NA	3	7	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	32.0	NA
\$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	\$6,720	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	58%	55%	52%	58%
<b>Kindergarten Readiness - See Separate Report Behind</b>				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	66.0%	<b>34.5%</b>	<b>39.1%</b>	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Health Division	<b>63.7%</b>	75.0%	<b>63.0%</b>	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
<b>Disabled</b>				
% of Population with Recognized Disability Status - ACS	<b>26.9%</b>	<b>26.9%</b>	15.0%	23.9%

	Union 2013	Union 2015	Union 2017	OREGON 2017
<b>Teen Health</b>				
<b>8th Grade Data Elements</b>				
% Reporting Good, Very Good, or Excellent Physical Health	90.5	89.0	88.6	86.3
% Reporting Good, Very Good, or Excellent Mental Health	83.7	84.4	81.0	75.0
Preventative Care Visit, % last 12 months	<b>52.5</b>	<b>49.2</b>	62.9	61.8
Emergency Care Visit, % last 12 months	38.9	31.2	<b>53.0</b>	34.8
Oral Health Visit, % last 12 months	72.8	70.0	69.9	74.0
Suicidal Ideation, % last 12 months	17.4	11.4	18.3	16.9
% Have had Sexual Intercourse	8.5	5.5	<b>9.2</b>	8.4
Substance Use, % Abstaining - Tobacco	<b>94.8</b>	<b>96.7</b>	84.0	91.6
Substance Use, % Abstaining - Alcohol	<b>86.3</b>	71.6	65.6	73.2
Substance Use, % Abstaining - Marijuana	<b>94.2</b>	<b>95.1</b>	<b>90.6</b>	86.3
<b>11th Grade Data Elements</b>				
% Reporting Good, Very Good, or Excellent Physical Health	90.1	89.6	<b>80.7</b>	83.2
% Reporting Good, Very Good, or Excellent Mental Health	79.8	77.3	<b>60.0</b>	66.3
Preventative Care Visit, % last 12 months	<b>48.4</b>	<b>57.6</b>	<b>58.9</b>	62.2
Emergency Care Visit, % last 12 months	33.1	<b>40.8</b>	<b>36.7</b>	35.7
Oral Health Visit, % last 12 months	<b>71.4</b>	81.9	<b>69.2</b>	73.8
Suicidal Ideation, % last 12 months	<b>19.9</b>	13.2	<b>19.1</b>	18.2
% Have had Sexual Intercourse	<b>47.8</b>	<b>46.2</b>	<b>56.7</b>	40.9
Substance Use, % Abstaining - Tobacco	<b>84.1</b>	<b>91.7</b>	63.7	81.1
Substance Use, % Abstaining - Alcohol	<b>58.9</b>	<b>45.3</b>	32.4	44.7
Substance Use, % Abstaining - Marijuana	<b>82.2</b>	<b>89.0</b>	<b>62.2</b>	60.5
<b>HEALTH STATUS</b>				
<b>Deaths - OHA Cntr for Health Statistics per 100,000</b>				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>47.3</b>	<b>56.1</b>	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	11.4	13.5	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	34.3	30.7	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>209.9</b>	<b>212.6</b>	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>52.7</b>	45.7	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>51.9</b>	<b>47.2</b>	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>69.5</b>	<b>80.1</b>	48.3

	Union 2013	Union 2015	Union 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	23.7	22.5	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>24.4</b>	<b>17.2</b>	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>183.2</b>	<b>202.8</b>	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	8.4	12.0	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	<b>21.4</b>	<b>18.0</b>	17.9
<b>HEALTH BEHAVIORS</b>				
Overall Health (2010-2013 BRFSS)	87.0%	86.0%	<b>82.8%</b>	82.9%
Overall Mental Health (2010-2013 BRFSS)	<b>63.9%</b>	<b>62.5%</b>	<b>64.7%</b>	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	<b>27.5%</b>	<b>24.4%</b>	20.3%
Tobacco Use Total (2010-2013 BRFSS)	<b>34.9%</b>	<b>41.8%</b>	<b>24.3%</b>	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	14.0%	18.6%	18.6%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	<b>20.9%</b>	<b>23.2%</b>	<b>23.2%</b>	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	1.80%	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	7.1%	4.8%	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	20.6%	S	21.4%	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	6.6%	5.6%	<b>16.2%</b>	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	30.6%	NA	30.7%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	50.0%	29.6	29.6%	25.1%
<b>MORBIDITY</b>				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	23%	<b>27.7%</b>	<b>27.7%</b>	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	177.2	170.1	<b>7.8%</b>	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	62.6	59.5	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	11.2	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	9.7	NA	<b>11.0%</b>	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	10.9	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	19.2	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	8.7	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	6.4	NA	<b>7.8%</b>	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	53.5	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	<b>56.7%</b>	54.3%

**CODES:**

NA = Not Available

NAP = Not Applicable

S = Suppressed Data

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

/ = Gilliam, Sherman, and Wasco Counties Combined

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

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

. = Percentages exclude missing answers.

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

# = Rate is significantly different from the state rate.

& = Detailed reporting of small numbers may breach confidentiality.

! = Insufficient data.





# Community Advisory Council Needs Assessment Data Dictionary

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



# Community Advisory Council Needs Assessment Data Dictionary

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



# Community Advisory Council Needs Assessment Data Dictionary

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



# Community Advisory Council Needs Assessment Data Dictionary

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

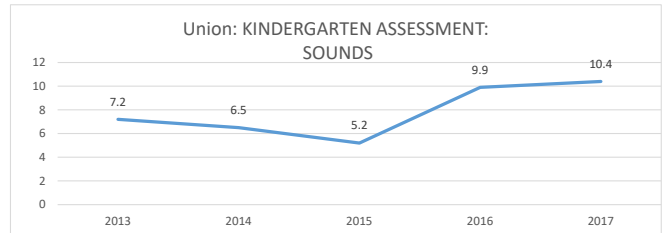
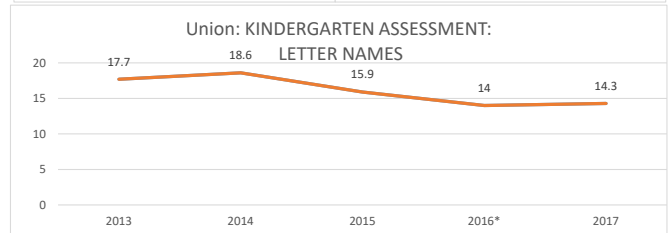
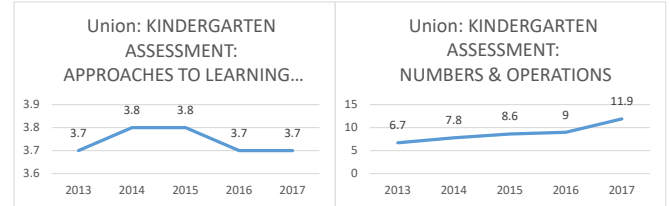
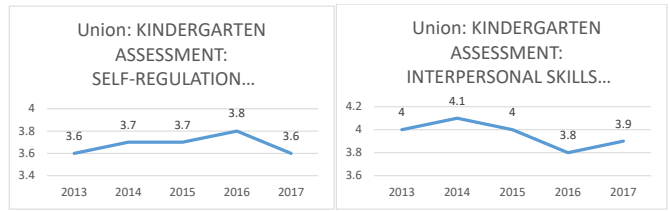


# Community Advisory Council Needs Assessment Data Dictionary

Children in Foster Care per 1,000 Children 2017 (DHS)	Early Childhood and Maternal Health	Department of Human Services - Office of Reporting, Research, Analytics and Implementation, 2017 Child Welfare Data Book	Children in foster care per 1,000 children population(Point-in-time on 9/30/17)
ALICE Data	Social Determinants	Asset Limited, Income Constrained, Employed – United Way of the Pacific Northwest 2016	% of households who are one major payment issue from financial crises
% Without Health Insurance	Social Determinants	Oregon Health Insurance Survey Fact Sheets, OHA 2015, 2017	3 Regions within the EOCCO service area
Maternal Depression	Early Childhood and Maternal Health	Pregnancy Risk Assessment Monitoring System (PRAMS), Oregon Health Authority 2013, 2015, 2017	% of pregnant women experiencing during pregnancy or postpartum
Child Care Costs	Early Childhood and Maternal Health	Oregon State University Extension Service 2017	Cost of Childcare
% of Children age 3 and 4 NOT enrolled in school	Early Childhood and Maternal Health	Oregon Department of Education, 2013 through 2017	Children age 3 or 4 not enrolled in school
% of children meeting the 3 <sup>rd</sup> grade reading level assessment	Early Childhood and Maternal Health	Oregon Department of Education, 2013	Children meeting 3 <sup>rd</sup> 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
Union		3.6	3.7	3.7	3.8	3.6
		INTERPERSONAL SKILLS				
		2013	2014	2015	2016	2017
Union		4.0	4.1	4.0	3.8	3.9
		APPROACHES TO LEARNING				
		2013	2014	2015	2016	2017
Union		3.7	3.8	3.8	3.7	3.7
		NUMBERS & OPERATIONS				
		2013	2014	2015	2016	2017
Union		6.7	7.8	8.6	9.0	11.9
		LETTER NAMES				
		2013	2014	2015	2016*	2017
Union		17.7	18.6	15.9	14.0	14.3
		SOUNDS				
		2013	2014	2015	2016	2017
Union		7.2	6.5	5.2	9.9	10.4

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

UNION 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



# Union County, Oregon



## CHILDREN



**4,595**

Children under age 13 living in the county <sup>1</sup>

- 1,132 children 0-2 years old <sup>1</sup>
- 755 of children 3-4 years old <sup>1</sup>
- 2,708 of children 5-12 years old <sup>1</sup>

About **15%** of children are Hispanic or Non-white <sup>2</sup>



Just over **1/2** of children under age six have both parents employed or a single parent employed <sup>3</sup>



## CHILD CARE & EDUCATION

**749**

Slots in centers and family child care homes for children <sup>4</sup>



- 313 slots in Child Care Centers <sup>4</sup>
- 436 slots in Family Child Care Homes <sup>4</sup>

**45%**

of 3-4 year olds are enrolled in preschool <sup>5</sup>



**16%** of children under age 13 have access to visible child care <sup>4</sup>



## AFFORDABILITY

**\$6,720**

Median annual price of toddler care in a child care center <sup>7</sup>

**\$7,680**

Median annual price of public university tuition in Oregon <sup>6</sup>

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

**32%** of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler <sup>7</sup>



Annual median teacher wages range (median low - median high) <sup>8</sup>

[INSUFFICIENT DATA]



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### *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.

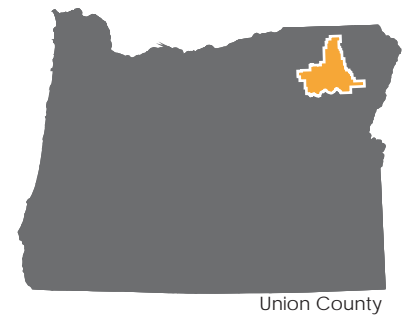


#### **For more information:**

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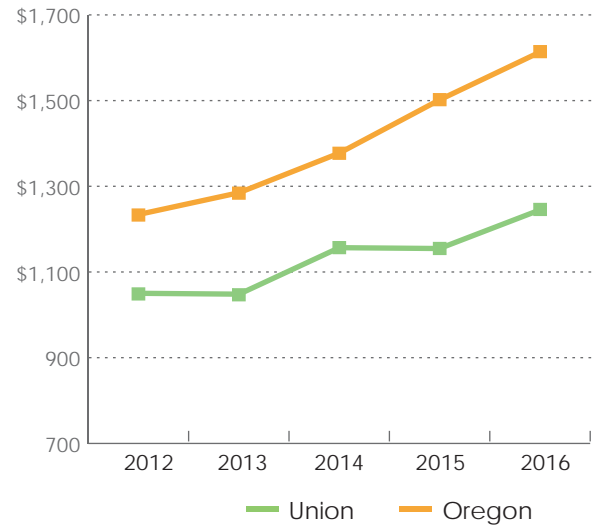
# UNION COUNTY

## DEMOGRAPHIC & HOUSING PROFILES

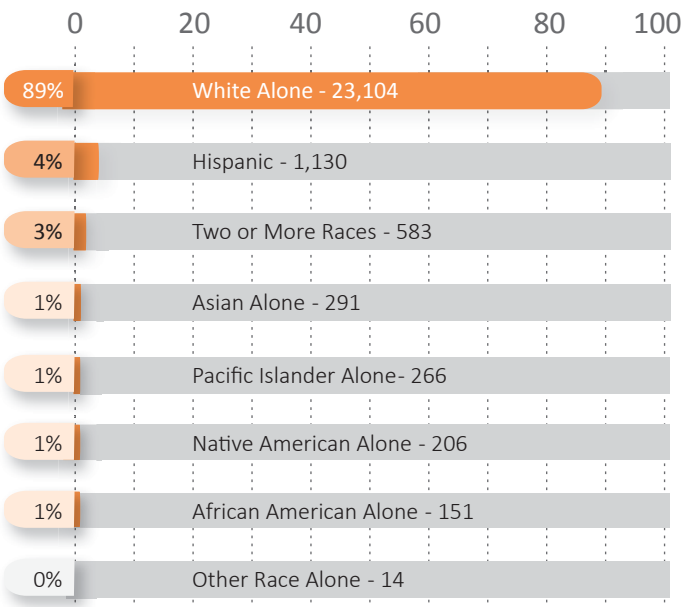


Population	Union	Oregon	United States
Total (2015 est.)	25,790	4,028,977	312,418,820
# Change since 2010	42	197,903	12,673,282
% Change since 2010	0.2%	5.2%	4.1%

### Median Rents, 2010-2016



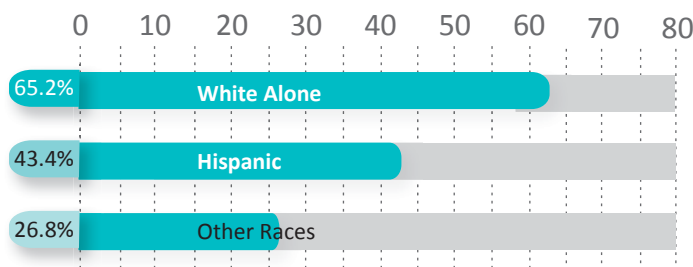
### Population by Race/Ethnicity, 2011-2015



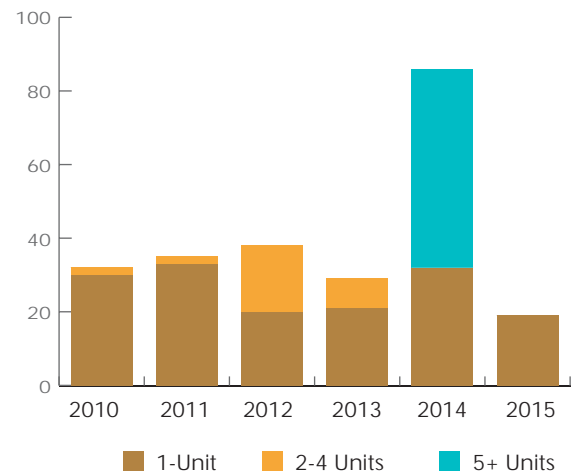
### Vacancy Rates, 2011-2015



### Homeownership Rates by Race/Ethnicity, 2011-2015



### Building Permits Issued in County



# UNION COUNTY

## Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	767	-7.3%	\$32,123
Construction	608	-27.7%	\$37,873
Manufacturing	1,048	-18.9%	\$48,083
Wholesale Trade **	316	49.1%	\$29,407
Retail Trade**	1,345	-1.5%	\$29,407
Transportation **	609	-18.4%	\$29,407
Information	244	58.4%	\$32,790
Finance	502	4.8%	\$38,167
Professional, Scientific	587	-17.3%	\$36,851
Education, Healthcare	3,002	13.3%	\$44,084
Leisure, Hospitality	729	-15.7%	\$13,660
Public Administration	710	8.9%	\$19,647
Other Services	557	19.0%	Not Available
<b>Total</b>	<b>11,024</b>	<b>-2.1%</b>	

\*\* Combined average wage shown per BLS.

# \$ 9.15

Union County's mean renter wage

# \$13.10

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



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

## Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Union County	\$161,512
Central	\$276,545
Eastern	\$143,468
Gorge	\$238,045
North Coast	\$221,895
Portland Metropolitan Statistical Area	\$315,632
South Central	Not Available
Southwestern	\$212,159
Willamette Valley	\$217,611

\*Regions are defined on the back cover.

# 1 out of 3



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

# 5 out of 7



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

# 5.9%

Union County

# 4.9%

Oregon

Unemployment Rates, 2016



# UNION COUNTY

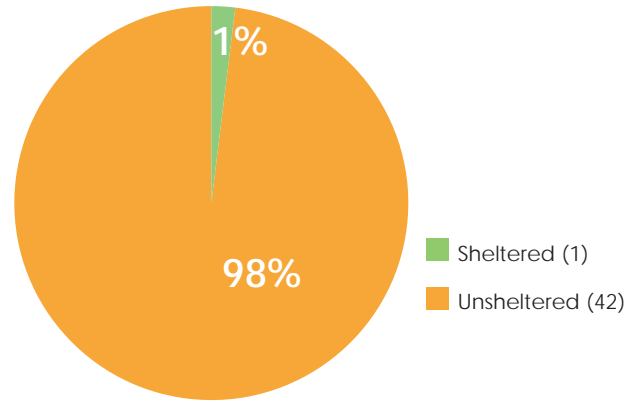
## Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	990	1,615	2,365
Affordable Units	525	1,560	3,380
Surplus / (Deficit)	(465)	(55)	1,015
Affordable & Available*	300	990	2,275
Surplus / (Deficit)	(690)	(625)	(90)

\*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	\$210,340	\$168,272	\$105,170
% of Stock Affordable	64.9%	51.8%	25.4%

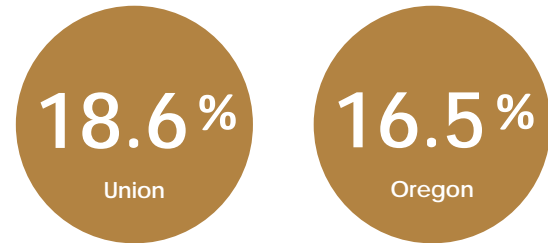
## Point-in-Time Homelessness, 2017 Union County: Total 43



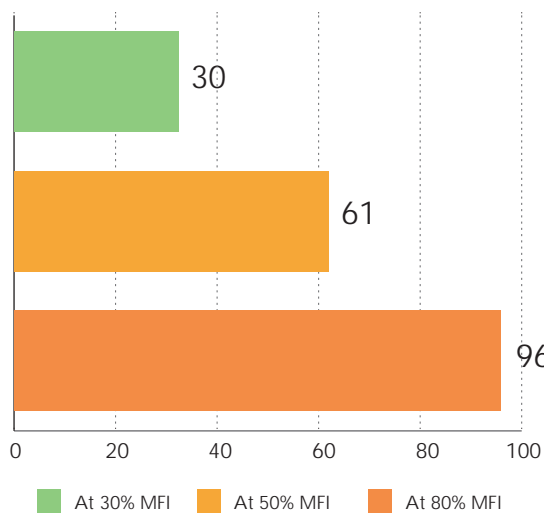
# \$53,855

Union County's  
Median Family Income (MFI)

## Poverty Rates, 2011-2015



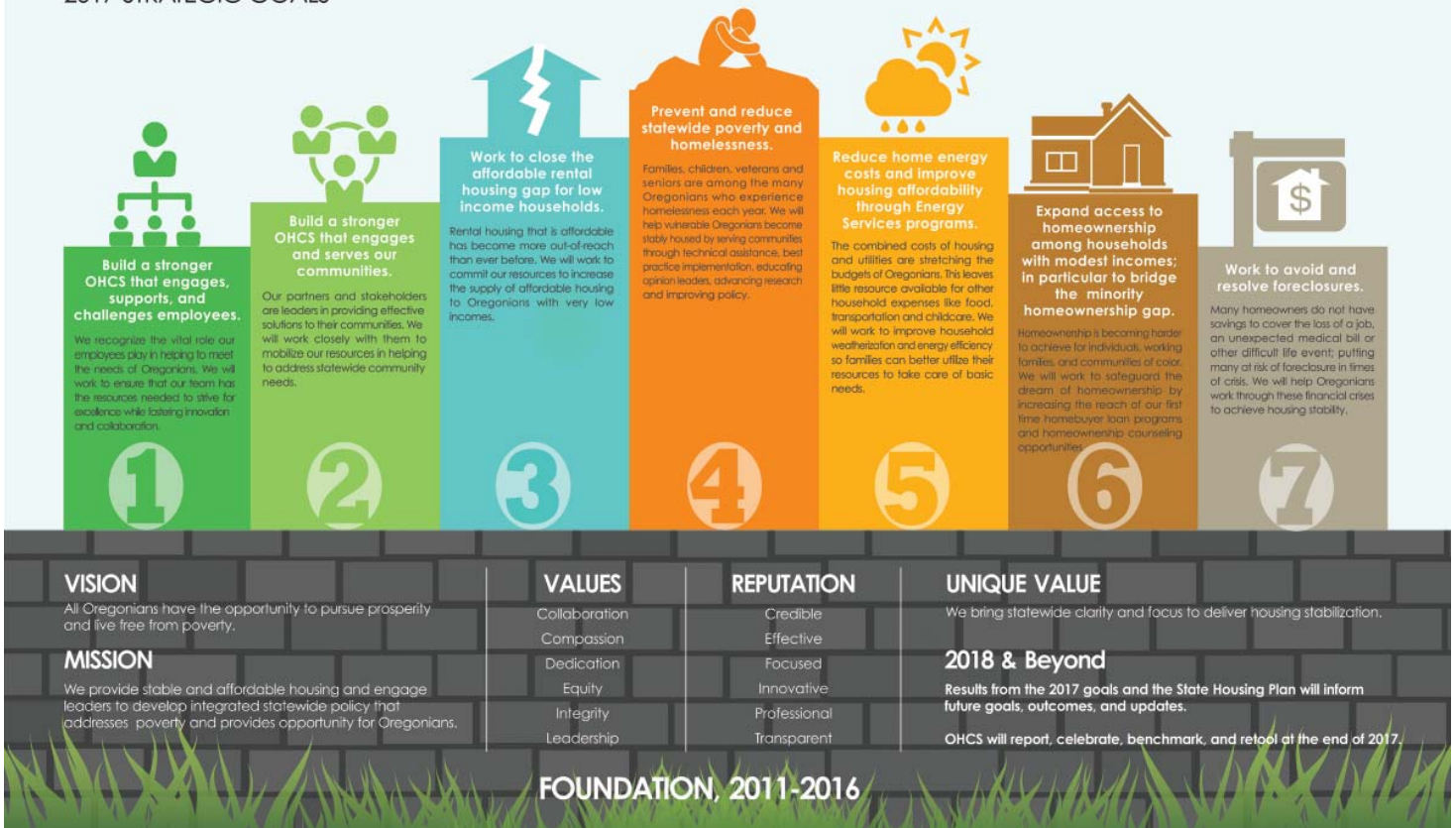
## Affordable and Available Rental Homes per 100 Renter Households, 2015



## 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
Crook	\$18,788	\$26,848	\$40,473
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
Union	\$17,731	\$26,635	\$40,716
Washington	\$24,353	\$47,571	\$65,800

OREGON HOUSING AND COMMUNITY SERVICES  
2017 STRATEGIC GOALS



Data Sources

Page 1:

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

Page 2:

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

Regions:

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

Page 3:

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



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# A Place to Call Home: Union County

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

## We have a serious shortage of affordable housing

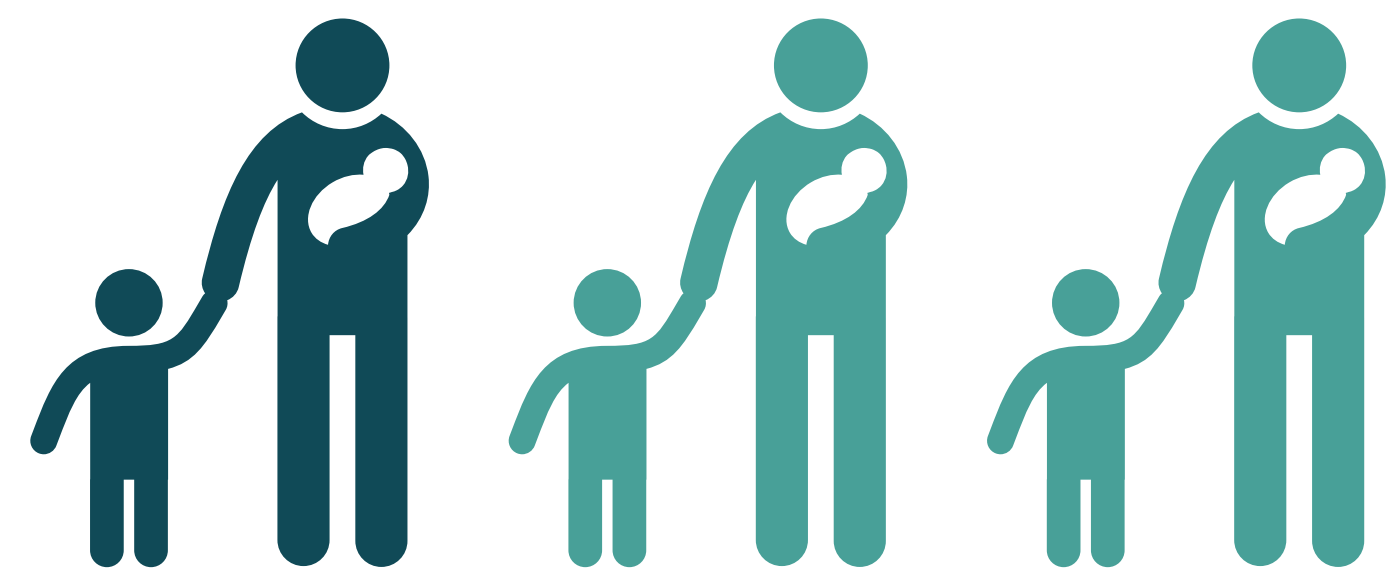
For every 100 families with extremely low incomes, there are only 30 affordable units available.



690

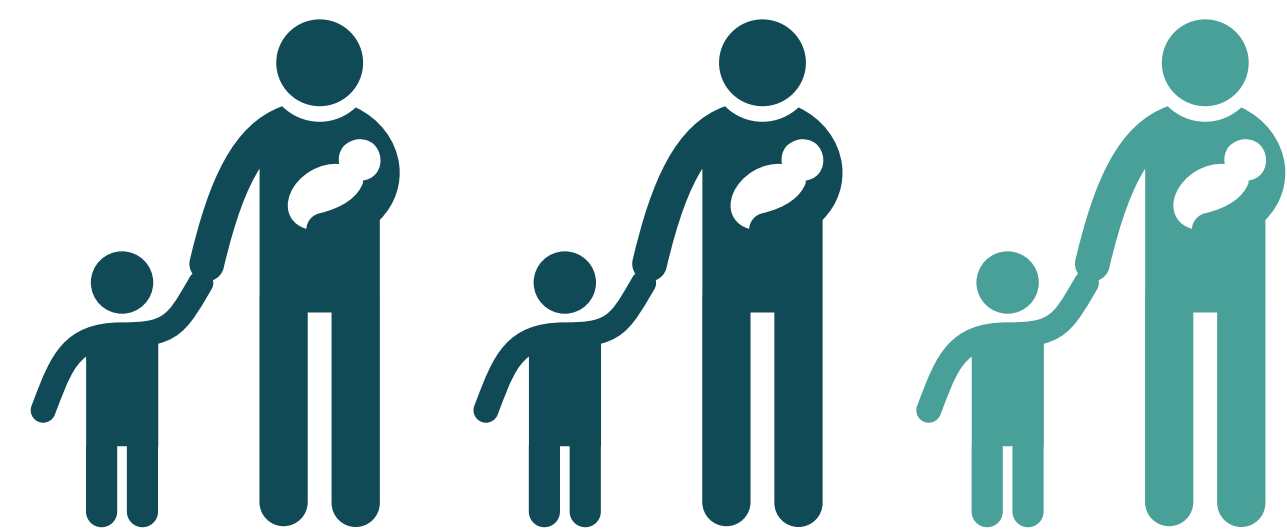
units are needed to meet the need

1 in 3



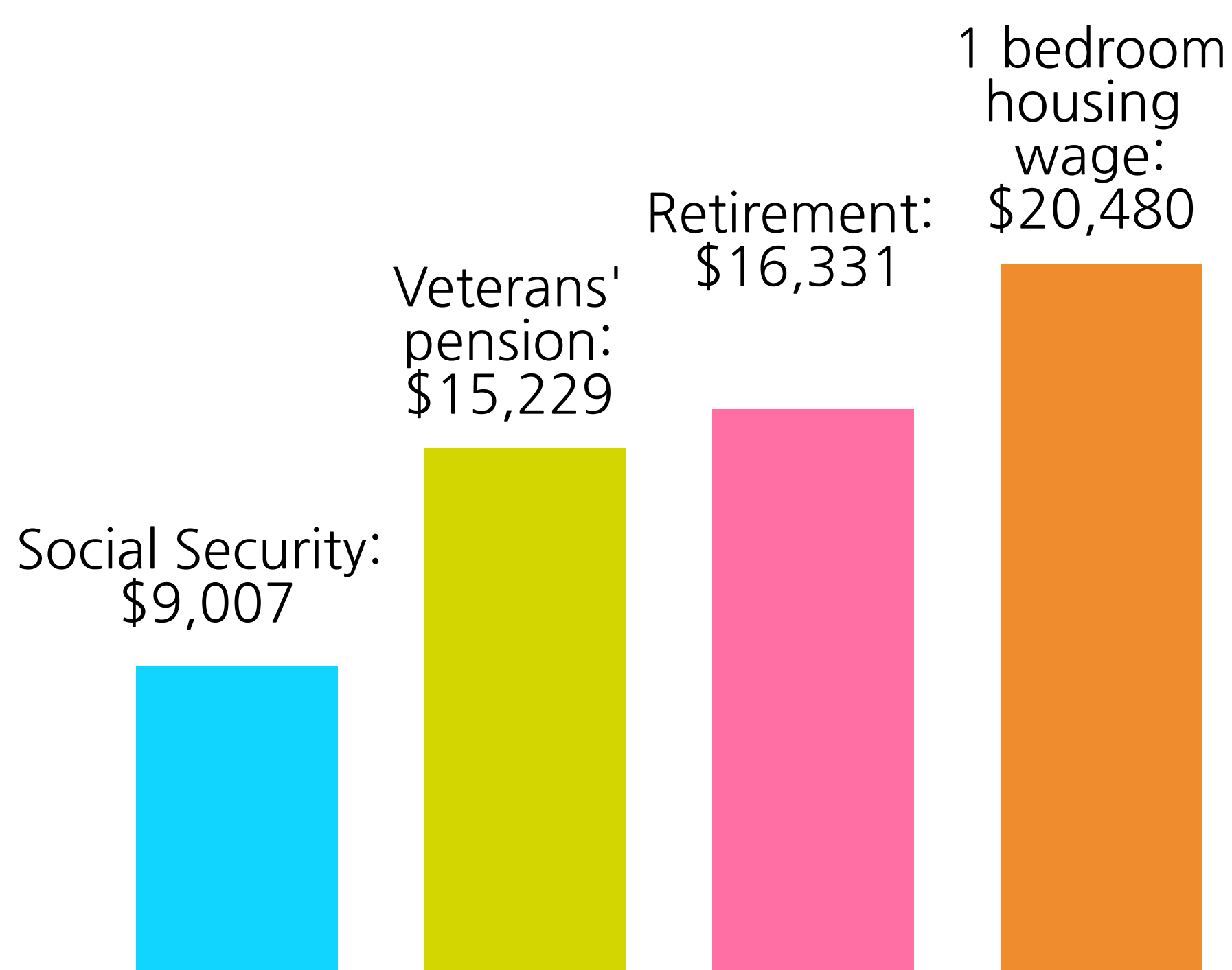
of all renters are paying more than 50% of their income in rent

More than 2 out of 3



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

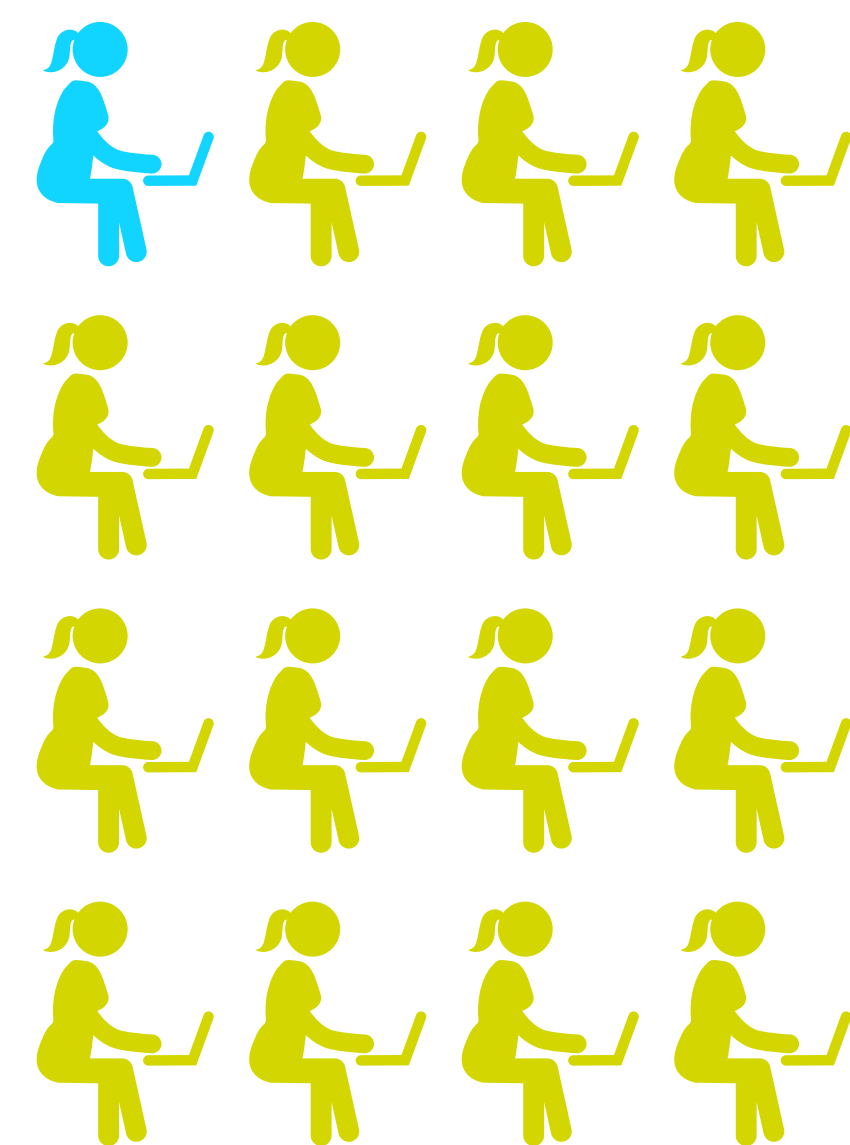
## Our neighbors are facing homelessness



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

1 in 16 students

experienced homelessness in 2016-2017



That's 243 children during the 2016-17 school year in Union County.

## Workers can't afford rent

**\$9.15**

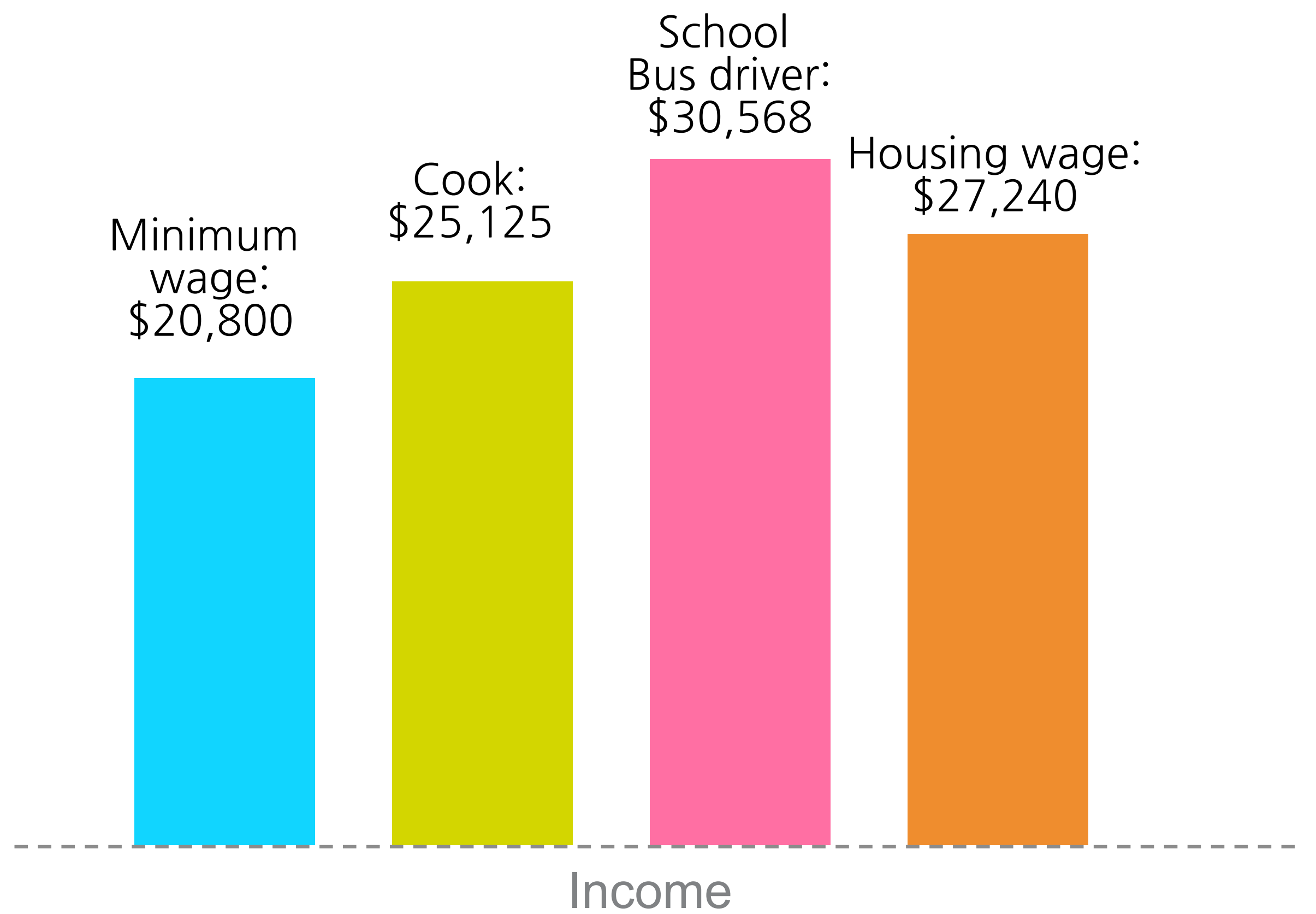


Mean renter wage



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

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

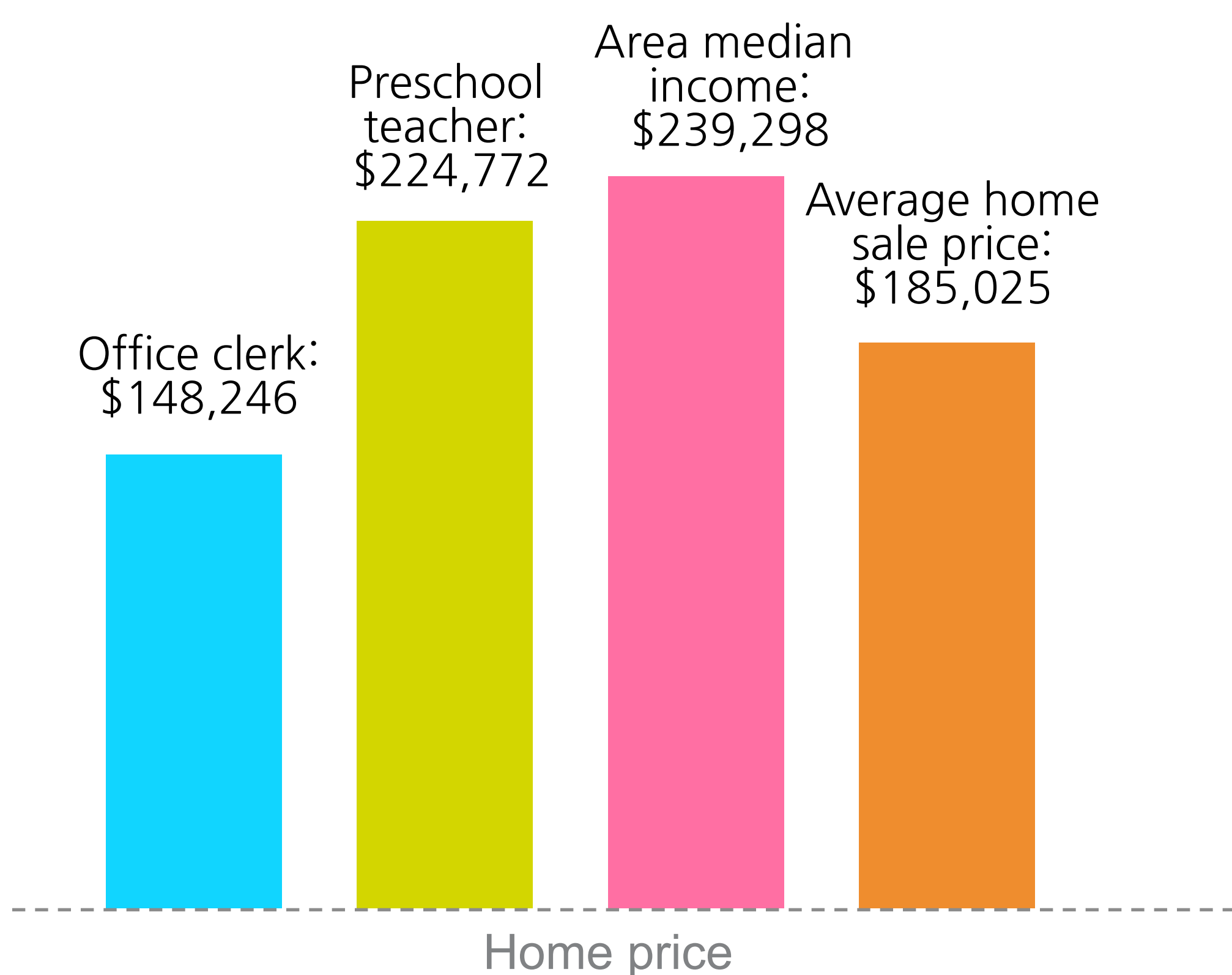


## Homeownership is out of reach for many

Average home price an individual can afford

**\$185,025**

average home sale price in 2017



# Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members



## EOCCO Incentive Measures

		EOCCO Targets					Union 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%	15.3%	16.9%	36.9%	39.0%	45.9%
									262/710	299/767	419/912
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	11.5%	18.6%	29.9%	21.7%	17.7%
									1049/3512	655/3020	431/2439
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	57.1%	66.7%	67.7%
									60/105	64/96	73/108
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	29.8%	34.2%	39.1%	40.8%
									138/404	149/381	174/426
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	4.3%	3.6%	17.8%	15.4%
									32/888	179/1007	153/1128
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	60.2%	73.2%	82.3%	82.8%	85.3%
									283/344	280/338	296/347
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	42.2%	46.1%	48.2%	48.3%
									311/675	326/677	454/939
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	52.7	63.5	62.7	62.8	50.8
									4396/70091	4394/69962	3684/72526
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	92.9
											1276/13731
11	Follow-Up after Hospitalization for Mental Illness	58.3%	66.6%	72.5%	75.7%	N/A	N/A	N/A	N/A	N/A	N/A
12	Depression Screening and Follow Up Plan	N/A	20.4%	25.0%	52.9%	60.3%	16.1%	41.9%	57.2%	68.4%	N/A
							1051/6517	3972/9482*	4715/8249*	4685/6845*	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	58.3%	67.6%	67.0%	68.2%	N/A
							1025/1757	2162/3199	2728/4074*	244/358	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	12.3%	45.1%	19.1%	23.7%	N/A
							87/708	575/1275	274/1438	41/173	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	29.3%	31.6%	N/A
									766/2615	715/2265	
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%	96.9%	86.8%	100.0%	95.7%	N/A
							31/32	46/53	31/31	44/46	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	83.1%	66.7%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	77.3%	60.0%	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	Union County	Adults 2017 3362
Depression	24.4%	36.8%	34.5%	1160	
Diabetes	9.2%	11.6%	10.5%	353	
All Chronic Diseases	54.8%	64.7%	61.0%	2051	
Physical health Not Good	38.5%	53.1%	51.0%	1715	
Mental Health Not Good	38.9%	50.5%	48.4%	1627	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	1120	
High Cholesterol		38.4%	35.9%	1207	
High Blood Pressure	29.1%	28.3%	28.4%	955	
No Physical Activity Outside of Work	16.5%	28.2%	32.3%	1086	
Overweight / Obese	62.3%	66.1%	69.3%	2330	
Obese	26.9%	36.2%	40.8%	1372	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	326	
Sleep < 8	31.3%	38.0%	41.4%	1392	
High Blood Sugar	64.4%	60.1%	57.0%	1916	
Colon Cancer Screening	66.0%	49.8%	44.9%	1510	
Dental Visit	67.0%	51.7%	53.0%	1782	
Smoking	16.2%	29.3%	29.9%	1005	
Tobacco Chewing	3.5%	3.6%	6.2%	208	
Want to Quit	68.1%	76.4%	75.4%	758	
Tried to Quit	58.2%	62.2%	61.9%	622	
Binge Drinking	14.7%	12.1%	10.2%	343	
Heavy drinking	7.6%	5.0%	3.8%	128	
Food Insecurity	19.9%	48.6%	44.7%	1503	
Hunger	10.3%	22.3%	18.8%	632	
4 or more ACE's	22.5%	34.7%	33.7%	1133	
Effective Contraceptive Use	68.9%	58.4%	59.7%	2007	
5 or more fruits / vegetables per day		26.7%	24.7%	830	