Wallowa County

Community Health Assessment

2019

Qualitative Report

Focus Group

2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus Group Report: Wallowa County
Date of Report: February 6, 2019
Date of Focus Group: July 9, 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 9, 2018 at Community Connections in Enterprise, OR. The focus group session was recorded for accuracy and lasted one hour and twenty minutes, including time for group discussion and follow-up questions. Focus Group participants were provided food and offered a $25 gift card for their participation. 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) Health and Healthcare (Availability of Healthcare Services, Healthcare Workforce and Access to Care) and b) Social and Community Context (Community Programs, Social Cohesion and Sense of Belonging).

a) <u>Health and Healthcare (Availability of Healthcare Services, Healthcare Workforce, Access to Care)</u>: The primary focus for this section was on the services (or lack thereof) available in the community, compounded with the geographic remoteness of Wallowa County that makes recruitment and retention of healthcare providers (and their families) somewhat difficult. The respondents were particularly poignant on how recruitment to a frontier community is challenging when there are limited employment opportunities for new families, and once they are settled in the community, how important self-care is to the overall quality of care provided. Respondents also highlighted access to some services as somewhat difficult, such as maintaining continuity and being seen quickly with their established primary care provider; while other services, such as diagnostic testing, labs and x-rays may be much quicker to access.

b) <u>Social and Community Context (Community Programs, Social Cohesion, Sense of Belonging)</u>: Participants shared several positive aspects of being part of a social, rural community, particularly with mention of 'The Underground' that reaches out to community partners to request items, resources and services for those in need. Some responded to questions in this section as "finding their tribe" or being able to find members in the community that they can connect with on a deeper level, whether it be for social engagements or in working together to improve the community.

Table 1. Examples of High Coverage Topics

Health Topics	Direct Quote Examples
Health and Healthcare – *Available Healthcare Services*	*"… the lack of health departments… [and a clinic] stepped forward and said you need a reproductive health program in this community. Because they don't teach sex education in the school. So the reproductive health program continues on… and immunizations…[trying to] recreate, that health department or building into a safe gathering, affirming place for people to come and get educated and learn to be accepted."*
Health and Healthcare – *Healthcare Workforce*	*"… [what about] the significant other who also is a professional in health care and…there is no job for that person it's hard to relocate your family. Or, you don't want to live so frontier or remote. It does take a special person. But I think when you work in that field and you can feel all the providers and clinicians, just their sense of self care, because they want to give so much, and they are, and you see them kind of drained, and tired, and not being able to be their best self to their patients. And so I think it's really impacting the quality of care we are having."*
Health and Healthcare – *Access to Care*	*"… you go and you may or may not see the person you were hoping to see…Or you end up in the ER, you're not going to see the same person…If you want to be seen quickly you're not going to see your primary care provider…And we can get seen really quickly, you can get…x-rays and CTs and some other things quicker than a lot of areas…so there is a lot of good stuff…as far as continuity."*
Social and Community Context - *Community Programs*	*"… 'The Underground'…I had no idea who belongs to 'The Underground', but if we need anything we can call 'The Underground' and through our connections and the things show up. I never recall a time when we asked something of 'The Underground' [and] we didn't get it. It can be beds…durable medical equipment…transportation or access to it…we are a very giving community I think."*
Social and Community Context- *Social Cohesion*	*"…getting involved with a network of providers and learning about all the different services that are offered in our community. We see kids falling through the cracks whether that is academically, emotionally, socially. Parents, people in the community, providers all get really concerned."*
Social and Community Context- *Sense of Belonging*	*"They found their tribe…I'm just talking, creativity, music, and art…amazing athletes…so they feel connected…they tend to connect over something that would have a benefit to your health and your life."*

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 <u>worse</u> health than others as well as why some have <u>better</u> health than others. Notably the questions were constructed in those terms so that members were not driven by the questions to focus on a specific group (e.g., by ethnicity or gender). In addition to the topics discussed above, respondents linked health disparities (differences in health disparities among community sub-groups) to a) Neighborhood and Built Environment (Access to Foods that Support Healthy Eating Patterns) and b) Economic Stability (Transportation), c) Health and Healthcare (Health Integration and Health Behaviors) and d) Social and Community Context (Community Norming).

    a) <u>Neighborhood and Built Environment (Access to Foods that Support Healthy Eating Patterns)</u>: Participants shared their opinions about accessing healthy foods, especially during the winter months where the growing season is limited. Not only is the quality of the produce, year round, of a poor quality, the cost of purchasing fresh fruits and vegetables is staggering. There was even mention of a potential solution to reduce the cost of produce by implementing a "residents only" process to prevent locals from having to pay the resort prices for certain foods.

b) <u>Economic Stability (Transportation):</u> Transportation in this rural, frontier community was also mentioned as an issue, specifically for individuals seeking specialty care outside the county/state. There was mention that many local agencies pay out of pocket or pool funds together to support patient's transportation needs. This is just another example of the social cohesion and community connectedness that is present in Wallowa County and highlighted in this focus group analysis.

c) <u>Health and Healthcare (Health Integration and Health Behaviors):</u> While there is mention of the challenges of healthcare integration, Wallowa County is working toward a cohesive solution, with tremendous support from the community. In addition to the discussion about cultivating healthy relationships as a necessity for a healthy community, it is the building and strengthening of these relationships (mentioned in the quote below) that will make health integration grow and thrive, especially in a community where local resources and services are limited.

d) <u>Social and Community Context (Community Norming):</u> This section, while brief, highlighted that sometimes the stigma of services in the community, such as behavioral health treatment centers, can be the biggest barrier to positive changes. Mental health and recovery issues, specifically, have a historical stigma that may add additional, perceived challenges, specifically when sharing the work with the public in a small, rural community.

Table 2: Health and Healthcare Disparity

Health Topic	Direct Quote Examples
Neighborhood and Built Environment – ***Access to Foods that Support Healthy Eating Patterns***	*"…we talked about…the lack of food. Safeway is your only chance to get fresh fruits and vegetables in the wintertime. It's the end of the road…a lot of its pretty rotten…We get it second [hand] from La Grande. And we pay resort pricing here…And we don't have a residency card like you do in other communities where you can say oh no I'm a local. Like in Hawaii, you pop out your residence card and their like oh, Mahalo. There you go. We need a residency card here so we don't have to pay those exuberant prices for things at Safeway…. or local nonprofit local families, were working on it… [trying to adapt] to root cellar [foods] but if you're not creative and you don't know how to cook healthy foods …that's another challenge…so you all need nutrition and cooking classes. How to really find fresh stuff and go to the grocery store, how to take these weird looking root cellars and potatoes and turn them in to an amazing delicious meal."*
Economic Stability - ***Transportation***	*"I think that even though we try to mitigate barriers…transportation best we can, we don't have transportation system here in the community. So if we have a patient here that needs to got to Walla Walla to a specialist or Lewiston even Boise overnight for something…we all pitch in the money to do that."*
Health and Healthcare – ***Health Integration***	[Discussing new integrated care facility in Wallowa County] … *"…that has been a great way of two organizations going to integrate before the building gets built. We are already talking about team trainings together…the possibility of…more and more people…[thinking]… it's great how our health care community is thinking holistically and bigger and they're excited. They're just excited for their own health care to see what happens."* *"…support for more integrated care and facility has been a struggle…understanding [that]…health care issues is [a] struggle."*
Health and Healthcare – ***Health Behaviors***	*"Cultivating…healthy relationships are really what makes that mycelial web work so well. And from political, like county commissioners, to public health department, to mayor to city administrator, to coordinated care organizations, to private health care…the whole web of it all is huge and trauma informed care…that works out is so great, just talking about how important healthy relationships are. Whether that's all the connections you are making in your brain with yourself…or others…that's really key and how were going to make things thrive in this community."*
Social and Community Context – ***Community Norming***	*"…[let's] talk about recovery… that aspect in this community was… trying to create a men's recovery program here between Enterprise and Joseph…[but] received a lot of pushback."*

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). However, due to time constraints during the focus group, the Social Determinants of Health section was not discussed or recorded for analysis. Many of the topics listed in the tables above, while not asking explicitly, did provide context that would be appropriate to include in the Social Determinants of Health category.

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

APPENDIX A: Focus Group Protocol

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

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

[GROUND RULES] This focus group will last about one-and-a half hours (90 minutes) and there is a lot of material to cover, so let's set some ground rules for today:
1. We will be covering various topics related to health in your community and we would like to hear from everyone, so please let's respect one another's opinions
2. If I interrupt, I am not trying to be rude, but making sure everyone can participate and that we stay on time
3. Only one person may speak at a time and try not to talk over one another
4. Please silence your phones for the next 90 minutes
5. The questions I will ask provide a semi-structured guide for discussion. I may need to ask follow-up questions for clarification and to make certain we understand your answer

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

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

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

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

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

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

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

PART II: DISPARITIES] Now we are going to talk a little bit about health disparities, which is often defined as the difference in illness, injury, disability or mortality experienced by one population group relative to another. Healthcare disparities typically refer to differences between groups in health insurance coverage, access to and quality of care.
8. In thinking about neighborhoods and groups in your community, do some people in your community have more health issues than others? If yes, why?
    a. **Prompt if necessary***: What are some of the reasons why some people have more health problems and poorer health than other areas in your community?*
9. Now think of the reverse, in neighborhood and groups of people in your community, why do some people in your community have **less** health issues than others [better health]?
    a. **Prompt if necessary***: What are some reasons why some people have fewer health problems and better health than other areas in your community?*

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

10. What are examples of social determinants of health, that may impact the overall health in your community
    a. **Prompt if necessary: Tell** *me how the settings/places where people live, learn, work and play impact the health in your community.*
    b. **Prompt if necessary***: Tell me how social stressors, such as hostility, racism and sexism impact the health in your community.*
    c. **Prompt if necessary***: Tell me how employment, education and skills training opportunities impact the health in your community*.
    d. **Prompt if necessary***: Tell me how social resources (transportation, housing, food) or a lack of social resources impact the health in your community.*
[CLOSING REMARKS, FINAL COMMENTS] We are close to wrapping up our focus group but before we do I want to ask a few final questions…

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

[Provide at least three strengths of the conversation]

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

1. _____

2. _____

3. _____

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

APPENDIX B: Focus Group Analyses Procedure

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of 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)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

DEMOGRAPHICS	Wallowa	Wallowa	Wallowa	OREGON
Population (PSU, Center for Population Research and Census) (2018 in December of 2018)	**2013**	**2015**	**2017**	**2017**
Total Population	7,015	7,070	7,195	4,141,100
Age 0-17 2013, 2015, 2017	1,356	1,374	1,393	869,330
Age 0-17 % of Total Population	19.0%	19.0%	19.4%	21.0%
Age 16-64 2013, 2015, 2017	3,904	3,777	3,677	2,557,575
Age 16-64 % of Total Population	56.0%	53.0%	51.1%	61.8%
Age 65 and Over	1,756	1,920	2,125	714,196
Age 65 and Over % of Total Population	25.0%	27.0%	29.5%	17.2%
Race				
% White	96.3%	93.4%	93.7%	77.0%
% American Indian/Native Alaskan	0.4%	0.8%	0.4%	0.9%
% African American/Black	0.2%	0.49%	0.4%	1.8%
% Asian	0.2%	0.51%	0.2%	4.0%
% Pacific Islander	0.6%	0%	0.0%	0.4%
% Other	0.5%	2.1%	0.1%	0.1%
% 2 or More	1.9%	2.4%	2.6%	3.5%
Ethinicity				
Hispanic	2.2%	2.6%	2.6%	12.4%
Gender				
% Females	50.0%	50.0%	50.7%	52.0%
% Males	50.0%	50.0%	49.3%	48.0%
% Other				
Sexual Orientation				
% LGBTQ Population 2017 - The William's Institute Gallop Poll	NA	NA	4.8%	4.8%
(38% of LGBTQ Oregonians have an annual income of < $24,000)				
SOCIO-ECONOMICS				
Family Size - ACS	2.86	2.88	2.8	3.1
% Single Parents - ACS	**35.1%**	**35.1%**	**8.5%**	8.3%
Unemployment - OR Dept of Employment	**10.2%**	**10.2%**	**6.7%**	4.9%
Education				
% of Population without a High School Diploma - ACS	7.3%	4.9%	6.8%	10.0%
5 Year High School Graduation Rates/100 - OR Dept of Education	95.08%	98.68%	93.60%	77.80%

	Wallowa 2013	Wallowa 2015	Wallowa 2017	OREGON 2017
Poverty				
Total Population 100%, 185% - ACS	**16.0%**	15.1%	14.6%	15.7%
Child Poverty Rate - ACS	**26.3%**	**26.2%**	**22.7%**	20.4%
Language				
% of Limited English Speaking Households	2.5%	0.3%	0.5%	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	**74.2%**	90.6%
Renter Occupied Housing Units - ACS	NA	NA	**32.1%**	38.6%
% of Renters Spending more than 35% on Rent - ACS	NA	NA	**45.4%**	44.0%
ALICE - Asset Limited, Income Constrained, Employed- United Way of the Pacific NW	39%	43%	NA	NA
Lacking Complete Kitchen Facilities - ACS	NA	NA	0.7%	1.3%
No Telephone Available in Household - ACS	2.1%	**2.9%**	**3.2%**	2.7%
Point in Time - Houseless Population - OR Dept of Housing and Community Services				
Sheltered	NA	11	4	NAP
Unsheltered	NA	12	4	NAP
Transportation				
No Personal Transportation Available in Household - ACS	5.1%	5.6%	7.0%	7.9%
Non-Emergency Medical Transports - GOBHI				
Total one way trips by county (2015, 2016, 2017)	1,660	1,991	2,284	63,238
Rate per 100 EOCCO Plan Members (2015, 2016, 2017)	102.60	129.03	145.02	135.92
Food				
Students Eligible for Free/Reduced Lunch - OR Dept of Ed	37.5%	37.9%	45.4%	47.6%
Estimated # of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	330	350	330	194,070
Estimated # of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	1,090	1,150	1,100	572,790
Estimated % of Food Insecure Children (OSU, Communites Reporter, 2013, 2014, 2015)	**25.6%**	**27.2%**	**26.4%**	22.5%
Estimated % of Food Insecure Individuals (OSU, Communites Reporter, 2013, 2014, 2015)	**15.7%**	**16.7%**	**16.1%**	14.2%

	Wallowa 2013	Wallowa 2015	Wallowa 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	349	337	329	NA
VULNERABLE POPULATIONS				
Maternal Health				
Infant Mortality Rate per 1,000 births	NA	**10.4**	S	4.6
Low Birthweight per 1,000 births	16.4	48.9	31.4	68.3
Births to Mothers Receiving Inadequate Prenatal Care	1.5%	**9.7%**	3.2%	6.1%
Births to Mothers under the age of 18	**1.6%**	0.03%	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	**14.9**	**13.6**	**27.7**	12.8
Children in Foster Care per 1,000 - OR DHS	8.0	8.0	8.5	9.2
Homeless Youth Age < 18				
With Parents	NA	0	0	NA
Unaccompanied	NA	1	1	NA
% of Minimum Wage For Child Care - OSU Extension, 2017	NA	NA	37.0	NA
$ Median Annual Price of Child Care - OSU Extension, 2017	NA	NA	$7,800	NA
% Children Age 3 to 4 Not Enrolled in School - 2013, 2014, 2015	57%	58%	53%	58%
Kindergarten Readiness - See Separate Report Behind				
3rd Grade Reading Levels - OR Dept of Ed: School Year Ending in 2013, 2015, 2016	84.1%	**47.2%**	**40.0%**	47.4%
Current Immunization Rates age 3 - 2017 Oregon Public Heatlh Division	**57.9%**	**56.0%**	**66.0%**	68.0%
% EOCCO Children Development Screen	NA	NA	NA	NA
Disabled				
% of Population with Recognized Disability Status - ACS	21.2%	21.2%	16.7%	23.9%

	Wallowa 2013	Wallowa 2015	Wallowa 2017	OREGON 2017
Teen Health				
8th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
11th Grade Data Elements				
% Reporting Good, Very Good, or Excellent Physical Health	NA	NA	NA	NA
% Reporting Good, Very Good, or Excellent Mental Health	NA	NA	NA	NA
Preventative Care Visit, % last 12 months	NA	NA	NA	NA
Emergency Care Visit, % last 12 months	NA	NA	NA	NA
Oral Health Visit, % last 12 months	NA	NA	NA	NA
Suicidal Ideation, % last 12 months	NA	NA	NA	NA
% Have had Sexual Intercourse	NA	NA	NA	NA
Substance Use, % Abstaining - Tobacco	NA	NA	NA	NA
Substance Use, % Abstaining - Alcohol	NA	NA	NA	NA
Substance Use, % Abstaining - Marijuana	NA	NA	NA	NA
HEALTH STATUS				
Deaths - OHA Cntr for Health Statistics per 100,000				
Accidents (Death rate per 100K 2009-2013, 2012-2016)	NA	**75.4**	**90.3**	44.5
Alcohol Induced (Death rate per 100K 2009-2013, 2012-2016)	NA	17.4	**19.7**	18.5
Alzheimer's (Death rate per 100K 2009-2013, 2012-2016)	NA	14.5	5.6	35.8
Cancer (Death rate per 100K 2009-2013, 2012-2016)	NA	**284.0**	253.9	189.7
Cancer - Lung (Death rate per 100K 2009-2013, 2012-2016)	NA	**52.2**	**59.2**	47.5
CeVD - Cerebral Vascular Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**75.4**	**70.5**	43.8
CLRD - Chronic Lower Respiratory Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**60.9**	**53.6**	48.3

	Wallowa 2013	Wallowa 2015	Wallowa 2017	OREGON 2017
Diabetes (Death rate per 100K 2009-2013, 2012-2016)	NA	**37.7**	25.4	27.3
Flu & Pneumonia (Death rate per 100K 2009-2013, 2012-2016)	NA	**17.4**	**22.6**	10.7
Heart Disease (Death rate per 100K 2009-2013, 2012-2016)	NA	**284.0**	**332.9**	157.9
Hypertension (Death rate per 100K 2009-2013, 2012-2016)	NA	**17.4**	**14.1**	12.7
Suicide (Death rate per 100K 2009-2013, 2012-2016)	NA	**29.0**	**31.0**	17.9
HEALTH BEHAVIORS				
Overall Health (2010-2013 BRFSS)	88.8%	89.0%	90.2%	82.9%
Overall Mental Health (2010-2013 BFRSS)	77.9%	77.3%	70.6%	60.9%
Adult Fruit & Vegetable Consumption (2010-2013 BRFSS)	NA	55.2%	**19.9%**	20.3%
Tobacco Use Total (2010-2013 BRFSS)	**32.0%**	20.3%	15.1%	20.9%
Tobacco Use, Cigarette Smoking (2010-2013 BRFSS)	13.0%	8.6%	8.6%	19.0%
Tobacco Use, Smokeless (2010-2013 BRFSS)	**19.0%**	**11.7%**	**11.7%**	7.7%
Alcohol Use, Heavy Drinking Males (2010-2013 BRFSS)	1.4%	S	S	7.80%
Alcohol Use, Heavy Drinking Females (2010-2013 BRFSS)	**8.2%**	**28.5%**	S	7.90%
Alcohol Use, Binge Drinking Males (2010-2013 BRFSS)	**27.0%**	S	S	21.5%
Alcohol Use, Binge Drinking Females (2010-2013 BRFSS)	**16.6%**	**43.1%**	S	12.4%
Adults Who Averaged Less Than 7 Hours of Sleep in a 24-Hour Period (2010-2013 BRFSS)	10.3%	NA	11.6%	31.1%
Physical Activity Levels Met CDC Recommendation (2010-2013 BRFSS)	44.0%	S	S	25.1%
MORBIDITY				
Adult Obesity (2004-2007, 2006-2009, 2010-2013 BRFSS)	19.5%	22.2%	22.2%	26.9%
Arthritis (2004-2007, 2006-2009, 2010-2013 BRFSS)	235.6	257.5	**7.2%**	4.0%
Asthma (2004-2007, 2006-2009, 2010-2013 BRFSS)	62.5	66.5	S	2.9%
Cancer (2004-2007, 2006-2009, 2010-2013 BRFSS)	3.7	NA		7.9%
Cardiovascular Disease (2004-2007, 2006-2009, 2010-2013 BRFSS)	6.8	NA	**10.6%**	7.9%
COPD (2004-2007, 2006-2009, 2010-2013 BRFSS)	2.6^	NA	NA	NA
Depression (2004-2007, 2006-2009, 2010-2013 BRFSS)	20.8^	NA	NA	NA
Diabetes (2004-2007, 2006-2009, 2010-2013 BRFSS)	9.2^	NA	NA	NA
Heart Attack (2004-2007, 2006-2009, 2010-2013 BRFSS)	4.6	NA	**7.2%**	4.0%
One or More Chronic Illnesses (2004-2007, 2006-2009, 2010-2013 BRFSS)	46	NA	NA	NA
Stroke (2004-2007, 2006-2009, 2010-2013 BRFSS)	S	NA	53.3%	54.3%

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

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

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

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

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

SELF-REGULATION					
	2013	2014	2015	2016	2017
Wallowa	3.5	3.4	3.6	3.7	3.7

INTERPERSONAL SKILLS					
	2013	2014	2015	2016	2017
Wallowa	3.8	4.0	3.9	4.0	4.1

APPROACHES TO LEARNING					
	2013	2014	2015	2016	2017
Wallowa	3.6	3.6	3.7	3.8	3.9

NUMBERS & OPERATIONS					
	2013	2014	2015	2016	2017
Wallowa	9.5	9.2	9.7	9.8	13.4

LETTER NAMES					
	2013	2014	2015	2016*	2017
Wallowa	23.2	21.7	20.4	14.9	15.9

SOUNDS					
	2013	2014	2015	2016	2017
Wallowa	11.1	9.7	10.4	10.4	11.5

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

Wallowa: KINDERGARTEN ASSESSMENT: SELF-REGULATION...

Wallowa: KINDERGARTEN ASSESSMENT: INTERPERSONAL SKILLS...

Wallowa: KINDERGARTEN ASSESSMENT: APPROACHES TO LEARNING...

Wallowa: KINDERGARTEN ASSESSMENT: NUMBERS & OPERATIONS

Wallowa: KINDERGARTEN ASSESSMENT: LETTER NAMES

Wallowa: KINDERGARTEN ASSESSMENT: SOUNDS
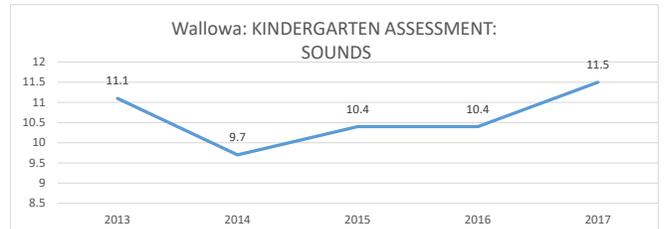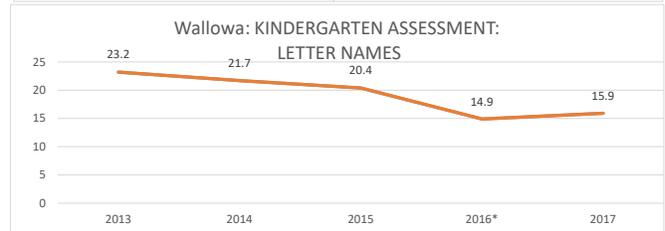
EARLY CARE & EDUCATION PROFILES

WALLOWA 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

Wallowa County, Oregon

CHILDREN

1,093

Children under age 13 living in the county [1]

- 284 children 0-2 years old [1]
- 190 of children 3-4 years old [1]
- 619 of children 5-12 years old [1]

1 in 10

children are Hispanic or Non-white [2]

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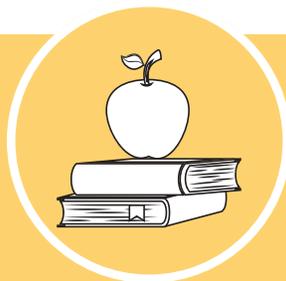
CHILD CARE & EDUCATION

131

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

- 85 slots in Child Care Centers [4]
- 46 slots in Family Child Care Homes [4]

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

12% of children under age 13 have access to visible child care [4]

AFFORDABILITY

$7,800

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

$7,680

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

The price of child care is slightly more than the tuition at Oregon's public universities

37% of a minimum wage worker's annual earnings would be needed to pay the price of child care for a toddler [7]

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

[INSUFFICIENT DATA]

References

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

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

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

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

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

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

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

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

To Cite

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Oregon State University

WALLOWA COUNTY

DEMOGRAPHIC & HOUSING PROFILES

Wallowa County

Population	Wallowa	Oregon	United States
Total (2015 est.)	6,856	4,028,977	312,418,820
# Change since 2010	-152	197,903	12,673,282
% Change since 2010	-2.2%	5.2%	4.1%

Population by Race/Ethnicity, 2011-2015

- 94% White Alone - 6,415
- 3% Hispanic - 183
- 3% Two or More Races - 179
- 0% African American Alone - 21
- 0% Asian Alone - 16
- 0% Native American Alone - 16
- 0% Other Race Alone - 13
- 0% Pacific Islander Alone - 13

Fair Market Rents, 2012-2017
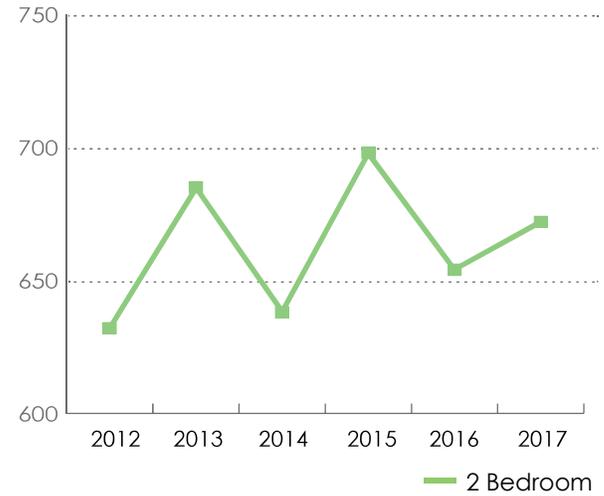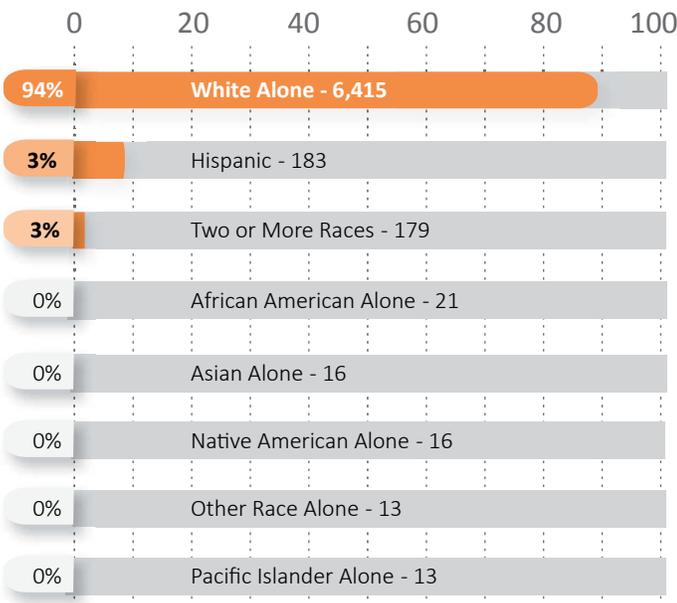
— 2 Bedroom

Vacancy Rates, 2011-2015

3.8% Owner Rate

3.1% Renter Rate

Homeownership Rates by Race/Ethnicity, 2011-2015

- 67% White Alone
- 73% Hispanic
- 44.7% Other Races
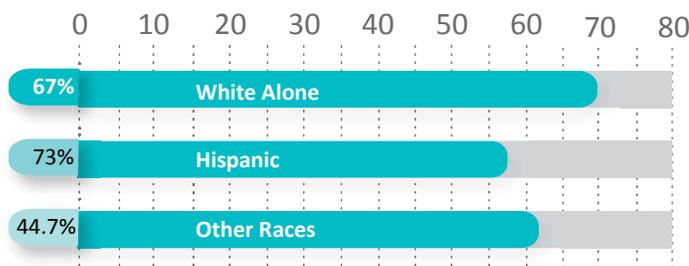
Building Permits Issued in County

■ 1-Unit ■ 2-4 Units ■ 5+ Units
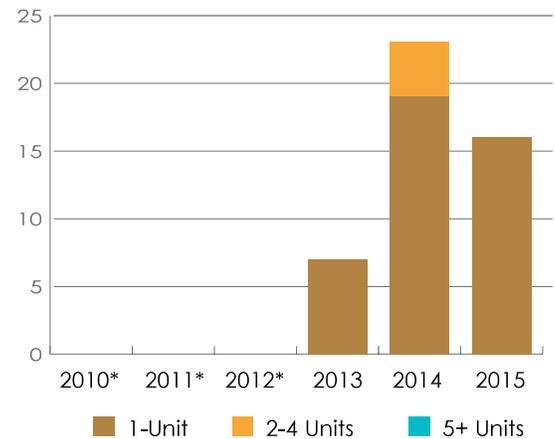
* Building Permit data is not available for 2010-2012.

Employment and Industry Growth

Jobs by Industry	2015	% Change Since 2009	2015 Average Wage
Natural Resources	533	15.4%	$36,410
Construction	262	2.7%	$34,127
Manufacturing	137	-38.3%	$24,383
Wholesale Trade **	19	-38.7%	$31,824
Retail Trade**	314	-22.3%	$31,824
Transportation **	108	9.1%	$31,824
Information	28	-26.3%	$46,054
Finance	165	-5.2%	$38,451
Professional, Scientific	143	-32.5%	$32,349
Education, Healthcare	686	11.5%	$26,477
Leisure, Hospitality	221	-7.1%	$14,814
Public Administration	160	-7.0%	$21,128
Other Services	122	-34.4%	$50,679
Total	**2,898**	**-6.8%**	

*** Combined average wage shown per BLS.*

Median Home Sales by Region, 2015

Oregon Region*	Sales Price
Wallowa County	$179,060**
Central	$276,545
Eastern	$143,468
Gorge	$238,045
North Coast	$221,895
Portland Metropolitan Statistical Area	$315,632
South Central	Not Available
Southwestern	$212,159
Willamette Valley	$217,611

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

6.7% Wallowa County

4.9% Oregon

Unemployment Rates, 2016

$ 7.80

Wallowa County's mean renter wage

$13.10

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

52 hours

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

2 out of 7

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

5 out of 8

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

Shortage of Affordable Units, 2010-2014

Renter Affordability	< 30% MFI	< 50% MFI	< 80% MFI
Renter Households	200	465	600
Affordable Units	155	389	819
Surplus / (Deficit)	(45)	(76)	219
Affordable & Available*	105	249	564
Surplus / (Deficit)	(95)	(216)	(36)

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	$214,917	$171,934	$107,459
% of Stock Affordable	51.8%	38.3%	16.4%

Point-in-Time Homelessness, 2017
Wallowa County: Total 8

50% 50%

- Sheltered (4)
- Unsheltered (4)
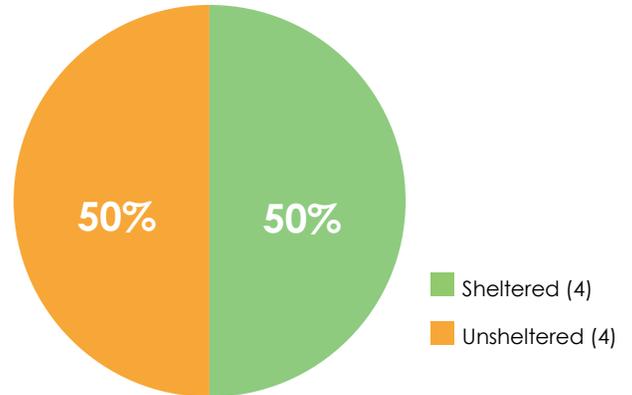
$55,027

Wallowa County's
Median Family Income (MFI)

Oregon Poverty Rate, 2011-2015
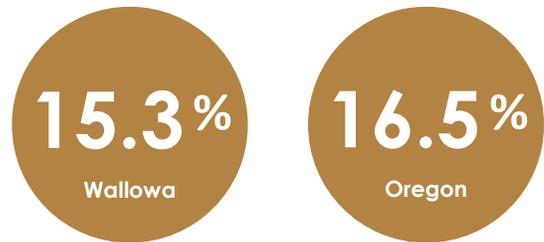
15.3% Wallowa

16.5% Oregon

Affordable and Available Rental Homes per 100 Renter Households, 2015

52.5

53.5

94

0   20   40   60   80   100

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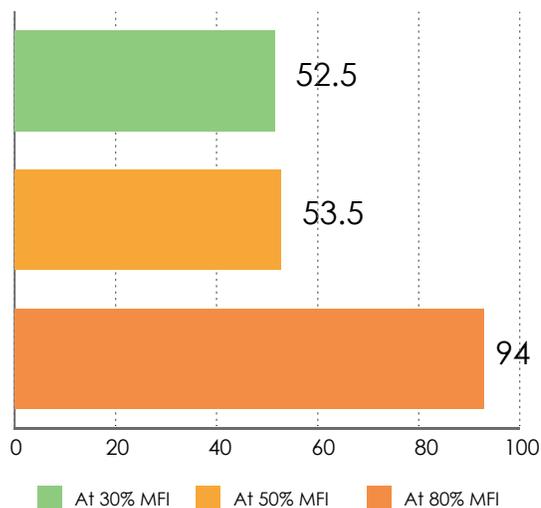
Self-Sufficiency Standard for Select Counties and Family Types, 2014

	One Adult	One Adult One Preschooler	Two Adults One Preschooler One School-Age
Clackamas	$24,469	$47,211	$65,490
Deschutes	$20,631	$40,088	$49,572
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
Wallowa	$18,086	$26,089	$39,890
Washington	$24,353	$47,571	$65,800

OREGON HOUSING AND COMMUNITY SERVICES
2017 STRATEGIC GOALS

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

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

1

Build a stronger OHCS that engages and serves our communities.

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

2

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

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

3

Prevent and reduce statewide poverty and homelessness.

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

4

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

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

5

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

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

6

Work to avoid and resolve foreclosures.

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

7

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

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

VALUES
Collaboration
Compassion
Dedication
Equity
Integrity
Leadership

REPUTATION
Credible
Effective
Focused
Innovative
Professional
Transparent

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

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

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

FOUNDATION, 2011-2016

Data Sources

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

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

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

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

Oregon Housing and Community Services

STATE OF OREGON

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Facebook.com/OregonHCS
Twitter.com/OregonHCS
#oregonstatewidehousingplan

A Place to Call Home: Wallowa County

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

We have a serious shortage of affordable housing

For every 100 families with extremely low incomes, there are only 53 affordable units available.

95

units are needed to meet the need

1 in 4
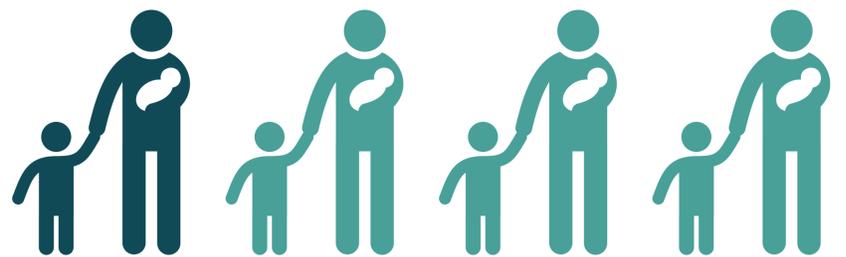
of all renters are paying more than 50% of their income in rent

Nearly 2 out of 3
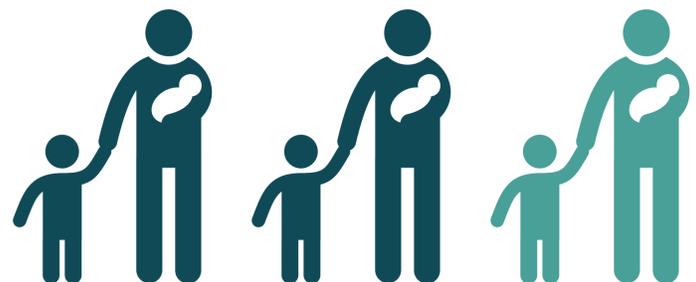
renters with extremely low incomes are paying more than 50% of their income in rent

Our neighbors are facing homelessness

1 bedroom housing wage: $23,320

Retirement: $16,331

Veterans' pension: $15,229

Social Security: $9,007

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

1 in 40 students

experienced homelessness in 2016-2017
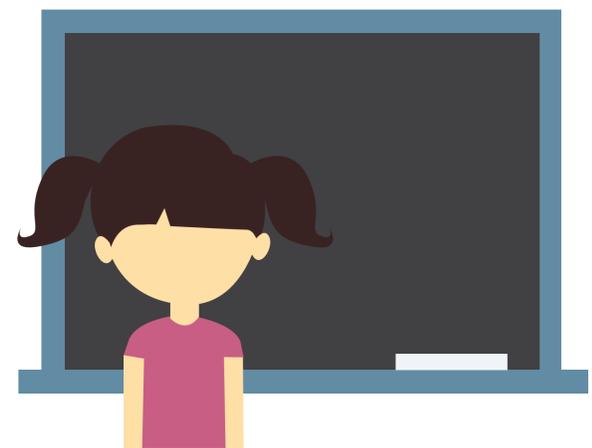
That's 22 children during the 2016-17 school year in Wallowa County.
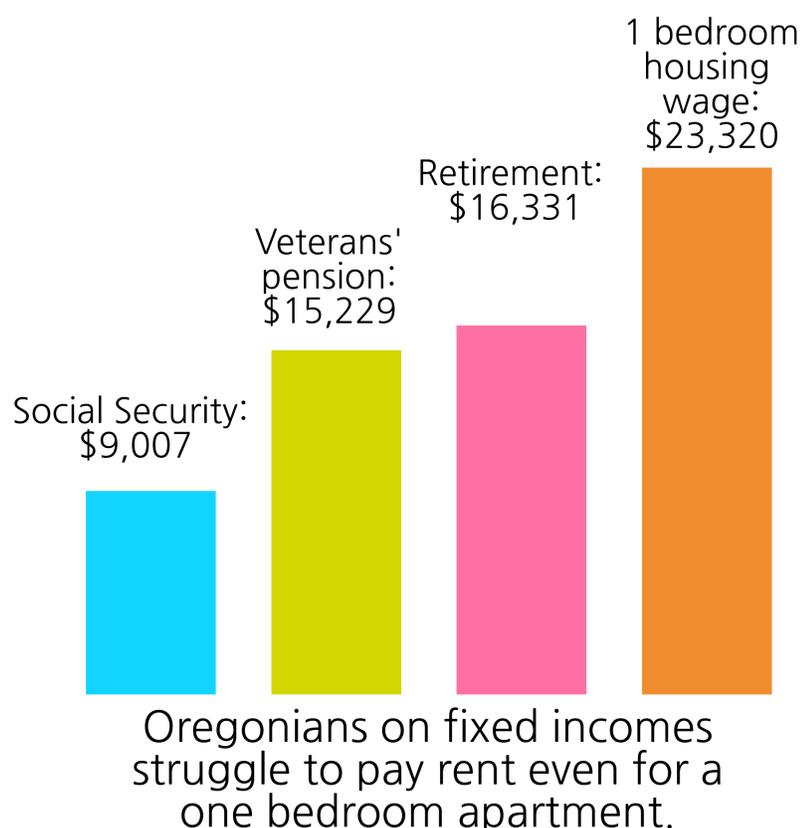
Workers can't afford rent

$7.80

Mean renter wage

---

52 hours

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

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

School
Bus driver:
$30,568

Cook:
$25,125

Housing wage:
$27,240

Minimum
wage:
$20,800

Income
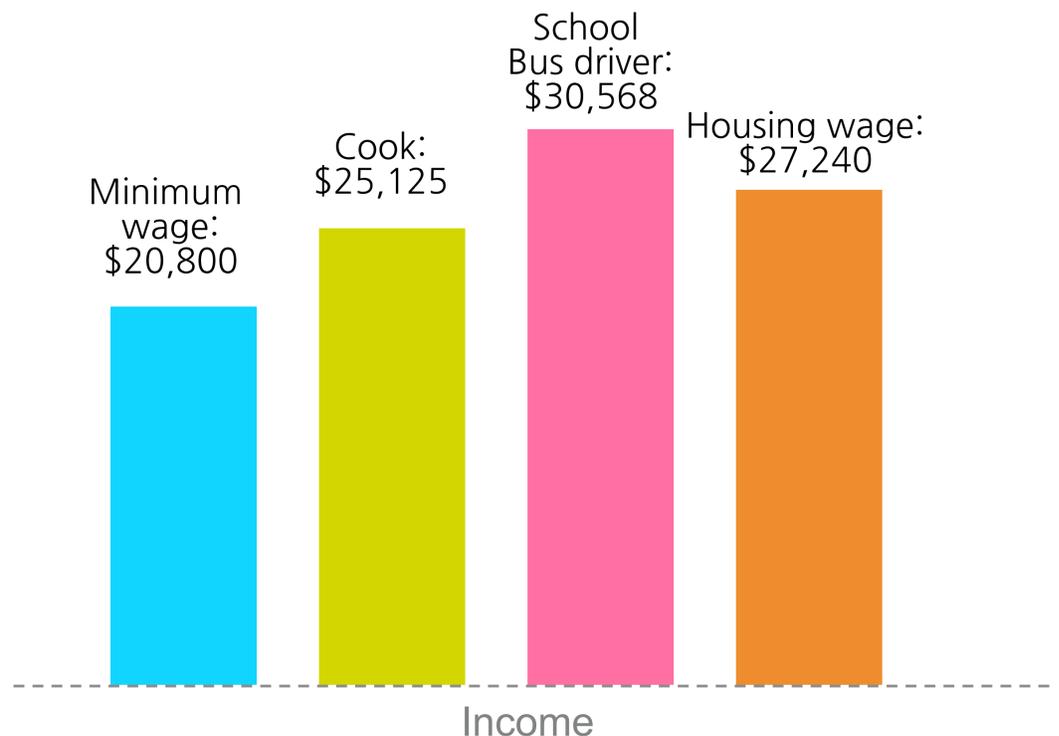
Homeownership is out of reach for many

Average home price an individual can afford

Area median
income:
$247,143

Construction
laborer:
$162,532

Average home
sale price:
$173,600

Office clerk:
$148,294

Home price

$173,600

average home sale price
in 2017

SOLD

...a 9.1% increase since 2016

HOUSING
ALLIANCE

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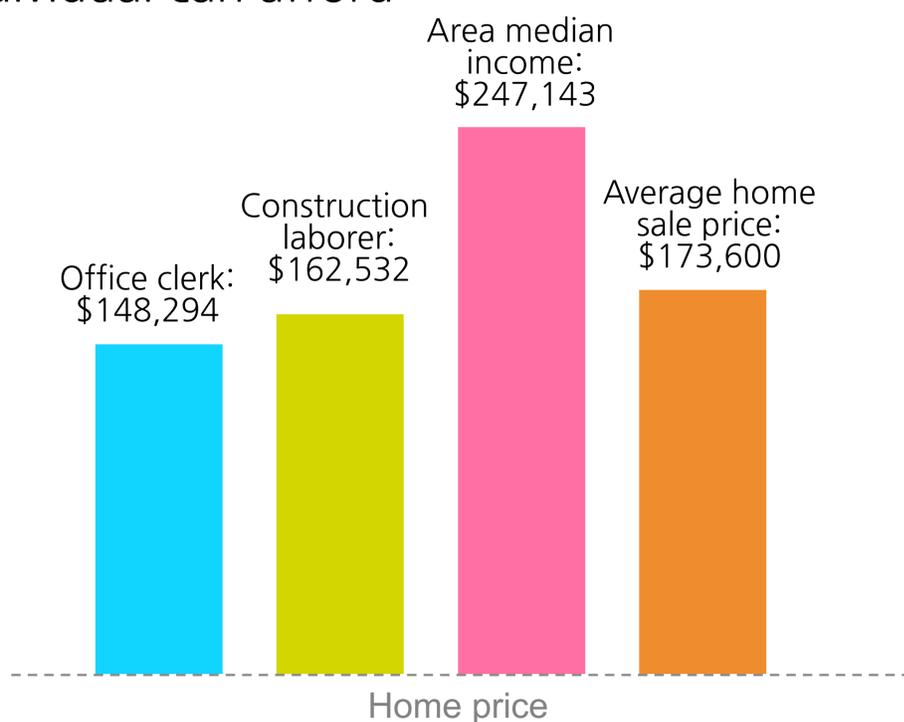
Incentive Measure Progress

2014- 2018 Progress

Estimates of Prevalence of BRFSS

by EOCCO Plan Members

EOCCO Incentive Measures

		EOCCO Targets					Wallowa 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%	35.7%	30.8%	39.4%	47.9%	50.4%
									74/188	90/188	118/234
2	Alcohol and Drug Misuse: SBIRT	3.8%	7.9%	11.8%	15.0%	12.0%	3.2%	8.3%	9.5%	7.6%	17.0%
									102/1072	83/1088	165/973
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	78.9%	78.3%	70.4%
									15/19	18/23	19/27
5	Colorectal Cancer Screening	47%	38.3%	39.0%	43.9%	46.8%	N/A	32.8%	39.4%	53.7%	58.4%
									74/188	102/190	115/197
6	Dental Sealants	N/A	7.9%	17.4%	20.0%	22.9%	N/A	19.0%	5.3%	16.8%	11.4%
									11/206	40/238	31/272
7	Developmental Screening in the First 36 Months of Life	32.0%	37.3%	47.7%	57.3%	65.6%	43.1%	40.0%	67.6%	80.0%	84.5%
									50/74	52/65	71/84
8	Effective Contraceptive Use	N/A	34.6%	42.7%	48.1%	50.0%	N/A	29.3%	38.8%	44.7%	41.7%
									62/160	68/152	100/240
9	Emergency Department Utilization*	57.7	52.6	51.5	51.8	51.8	26.8	29.2	29.9	30.7	30.6
									583/19483	593/19302	622/20329
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	62.1
											255/4106
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%	72.7%	73.3%	24.3%	59.9%	N/A
							386/531	393/536	363/1494	459/766	
13	Controlling High Blood Pressure	N/A	55.2%	62.1%	66.9%	69.0%	60.4%	58.0%	40.7%	64.7%	N/A
							99/164	116/200	224/551	121/187	
14	Diabetes HbA1c Poor Control*	N/A	34.0%	23.4%	23.5%	28.0%	29.8%	28.3%	23.1%	31.6%	N/A
							14/47	17/60	27/117	18/57	
15	Cigarette Smoking Prevalence*	N/A	N/A	N/A	30.0%	25.0%	N/A	N/A	29.3%	23.2%	N/A
									209/714	243/1049	
16	PCPCH Enrollment	60.0%	60.0%	60.0%	60.0%	60.0%	N/A	N/A	N/A	N/A	N/A
17	EHR Adoption	47.8%	63.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	Timeliness of Prenatal Care	79.50%	90.0%	93.0%	91.0%	91.7%	100.0%	90.9%	100.0%	100.0%	N/A
							8/8	10/11	10/10	13/13	
19	CAHPS Access to Care	85.7%	86.8%	84.3%	83.7%	78.2%/88.8%	N/A	N/A	64.3%	90.9%	N/A
20	CAHPS Satisfaction with Care	86.5%	85.3%	89.2%	86.7%	N/A	N/A	N/A	50.0%	62.5%	N/A

*Lower is better

**Measurement changed

***EOCCO still met metric

2014 Behavioral Risk Factor Surveillance System Survey, Oregon Health Authority

2014 ADULT BRFSS	OR	All OHP	EOCCO	Wallowa County	Adults 2017 1025
Depression	24.4%	36.8%	34.5%	354	
Diabetes	9.2%	11.6%	10.5%	108	
All Chronic Diseases	54.8%	64.7%	61.0%	625	
Physical health Not Good	38.5%	53.1%	51.0%	523	
Mental Health Not Good	38.9%	50.5%	48.4%	496	
Sugary Drinks 1 or More per day	19.7%	27.2%	33.3%	341	
High Cholesterol		38.4%	35.9%	368	
High Blood Pressure	29.1%	28.3%	28.4%	291	
No Phyical Activity Outside of Work	16.5%	28.2%	32.3%	331	
Overweight / Obese	62.3%	66.1%	69.3%	710	
Obese	26.9%	36.2%	40.8%	418	
Morbidly Obese BMI > 40	4.2%	8.3%	9.7%	99	
Sleep < 8	31.3%	38.0%	41.4%	424	
High Blood Sugar	64.4%	60.1%	57.0%	584	
Colon Cancer Screening	66.0%	49.8%	44.9%	460	
Dental Visit	67.0%	51.7%	53.0%	543	
Smoking	16.2%	29.3%	29.9%	306	
Tobacco Chewing	3.5%	3.6%	6.2%	64	
Want to Quit	68.1%	76.4%	75.4%	231	
Tried to Quit	58.2%	62.2%	61.9%	190	
Binge Drinking	14.7%	12.1%	10.2%	105	
Heavy drinking	7.6%	5.0%	3.8%	39	
Food Insecurity	19.9%	48.6%	44.7%	458	
Hunger	10.3%	22.3%	18.8%	193	
4 or more ACE's	22.5%	34.7%	33.7%	345	
Effective Contraceptive Use	68.9%	58.4%	59.7%	612	
5 or more fruits / vegtables per day		26.7%	24.7%	253	