

# Yamhill Community Care Community Health Assessment

2019





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# Executive Summary

Yamhill Community Care is required by the state of Oregon to create an assessment of its community's health at least once every five years. This is because CCOs cannot assume what their members and their community need without asking them, and YCCO values the voices of those it serves. From its beginning in 2012, Yamhill Community Care has been a community-based, grassroots organization. When the call for CCO applications went out, the community decided it didn't want an outside agency coming in and making choices for those who actually live here. Instead, local health leaders came together and chose to form their own small CCO, with the help of some benevolent bigger players like CareOregon out of Portland and the local Health and Human Services. CCOs are designed to return control to the members, and YCCO strives to remain true to that vision. The Community Health Assessment is one way to understand what is going on in the neighborhoods, schoolyards, gathering places, and homes of people in the area YCCO serves. While the focus of YCCO, as a health plan, is to address needs of people who require the most help affording their healthcare, it is also to improve quality of life for the whole community, based on the community's recommendations.

This assessment was not done in a vacuum. It was informed by the assessments that came before it. A key part of this process was building relationships with other agencies and being able to share understanding and information, so work does not get duplicated and everyone can share knowledge freely with one another, without competition or ownership. More data is better data! Yamhill County Public Health Department completed a robust, 14-month Community Health Assessment of its own that formed the foundation of YCCO's. Providence Hospital in Newberg completes its own CHA and CHIP, and YCPH and Providence were both great partners to YCCO in its efforts. The YCCO CHA was informed by other local assessments, like the Yamhill County Transit Area assessment, and a survey done locally by the Oregon Community Foundation.

These partnerships will continue. The YCCO CHA is an iterative process. More information will always change the team's understanding of its community and its strategies. This document sets baselines for what is going on right now; this data will continue to be processed, updated, refined, revised, and altered as the available information changes and improves.

YCCO will also continue to hold focus groups, send out surveys, chat with members and agencies, and perpetually seek out better knowledge. This document shows a great many

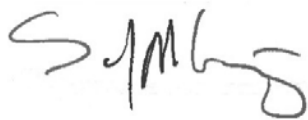
gaps in knowledge and attempts to be transparent about those. Agencies can collectively always do better, especially in collecting demographics, where understanding things like race and ethnicity, gender identity and sexual orientation, housing situation, and other parts of community members' identity would help ensure all people have fair and equal access to good health care well-suited to their needs.

One of YCCO's biggest assets is its Community Advisory Council. This council is made up of members of YCCO's health plan and people who work closely with OHP/YCCO members. This group of passionate people generously offer their time to solve problems together, ask hard questions, give honest feedback, and ultimately drive the entire Community Health Assessment and Improvement Plan process. They created the following vision, which hints at the goals within the CHA and CHIP and will provide a focal point for the work to follow.

*"Our healthy community is accessible and inclusive, has diverse resources, and focuses on social determinants of health and trauma-informed care. Our healthy community provides and promotes regular preventative care, in partnership with medical providers, to support healthy families and individuals."*

Yamhill Community Care has been proud to serve this vibrant community for the past six years and looks forward to more.

Best,



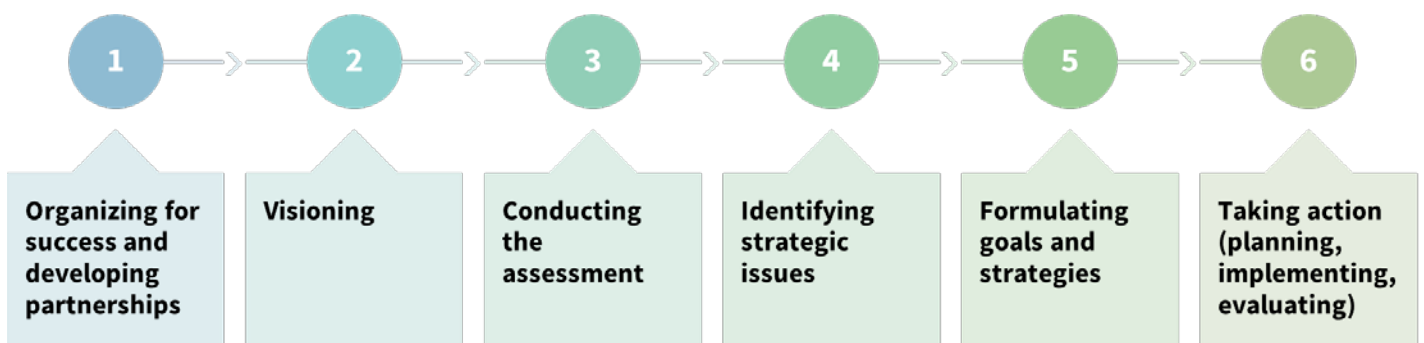
Seamus McCarthy, PhD  
President & CEO, Yamhill Community Care



# PROCESS

A Community Health Assessment (CHA) identifies health status indicators to provide a snapshot of a community's health. It describes areas for health improvement and builds on community knowledge and efforts. This is accomplished through the collection and analysis of health data and input from community stakeholders. Yamhill Community Care Organization worked with its Community Advisory Council (CAC), Quality and Clinical Advisory Panel (QCAP), and Board of Directors to identify, collect, analyze, and share information about the health assets, strengths, resources, and needs of its members. The Community Advisory Council, or CAC, is made up of people who are, have been, or care for someone on Oregon Health Plan. They understand the experience of being an OHP member, and this group guided the entire CHA and CHIP process, asking the questions they wanted answered, choosing and voting on the topics that matter most to them, and assisting in building the feedback process.

While the CAC guided the process, YCCO followed a structure called Mobilizing for Action through Planning and Partnerships, or MAPP. Most population and public health-oriented organizations doing health assessments use this process to help community members get feedback, prioritize public health concerns, and identify assets to address them. Yamhill County Public Health and Oregon Health Authority both use this process for their CHA. YCCO did a simplified version, building on the work that public health performed over 14 months of information gathering. The results create an accurate picture of “health” in Yamhill County.



This report focuses on the assessment portion of the process, particularly the Community Health Status Assessment and the Community Themes and Strengths Assessment. Every community member brought a unique perspective as to what specific health data would be included in the CHA and helped identify available assets and barriers.

YCCO conducted a Community Survey (Appendix A), which gathered information about the things that matter to the people who live, work, and play in the Yamhill County area. The survey asked a series of demographic questions about what people think affects health in the community, what issues matter most for children and families, and what survey respondents' individual experiences were regarding things like trauma, safe environments, and chronic pain. Surveys were created in English and Spanish, and people were given the opportunity to complete them anonymously online, on paper, or on the phone if requested. YCCO sent the survey out through email to more than 2000 partners and contacts, encouraging partner organizations to share surveys and feedback opportunities with their clients, patients, and partners. Posters and paper copies of surveys were strategically placed in peer drop-in centers, sites of community meals, churches, and other locations that specifically outreach to homeless individuals.

Focus groups supplemented the surveys (Appendix 2), giving YCCO the opportunity to hear more about the information gathered and add narratives and anecdotes to further inform the data being collected. Focus group outreach included a Spanish-language session with a community health worker group in Newberg, a county developmental disabilities committee, at a senior center, and with the Virginia Garcia Patient Advisory Council. Other focus groups had representation from members who have disabilities, members with children with disabilities, are members of the LGBTQ community, community members on Medicare, members experiencing mental illness, and others that were likely not disclosed.

Results from the community survey identified four top priority areas highlighted throughout the assessment:

2014 Survey Priorities	2019 Survey Priorities
Extended clinic hours	Mental health
Health education	More doctors
More doctors	Health education
	Alternative health care

The input gathered for the CHA was used to inform and guide the development of strategies in the Community Health Improvement Plan (CHIP) with the overall goal of improving the health of Yamhill CCO

members. The CHIP was developed and implemented with the Triple Aim of improving patient care, improving health, and reducing costs. After the CHA was completed, community members were given the opportunity to attend three forums to develop and prioritize CHIP strategies (Appendix 3). The CHIP was also formed in alignment with other CCO plans like the overall Strategic Plan, Early Learning Hub Strategic Plan, and Transformation and Quality Strategy, which includes more clinical and health plan-based strategies.

Despite the comprehensive CHA assessment, there are some important limitations to the data. Secondary data sources had limited geographical and demographically stratified data to assess subgroups like different ethnic populations and people living in different parts of the county. To assess social determinants of health, it is vital to have consistent local and state data sources for comparison. The primary data source, the community survey, was implemented with a convenience sampling methodology due to capacity and financial restraints. This means it was sent widely and the people who took it did so voluntarily. The focus group assessment was also a convenience sampling method with an incentive program. Some focus group participants were selected based on a collaborative project with Yamhill County Public Health, which focused on assessing participants over 40 and had interest in cancer barriers. This assessment may have caused bias in focus group responses because it targeted those participants specifically and asked questions specifically about cancer. Other methods focus on making sure the people answering a survey represent the exact population being studied, but this often means fewer people respond and data collection takes much longer. Convenience sampling increases selection bias and risks higher sampling error, but it can still give a sense of what is going on in a community.

# Acknowledgments

On behalf of the Community Health Assessment Workgroup, thanks to all the people who completed the community health survey or attended focus groups and shared their views. Please see Appendix 4 for a more complete list of partners.

## **Community Health Assessment and Improvement Planning Group Members**

Corynn Bernhardt	Newberg Children's Clinic
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## **Community Advisory Council (CAC)**

Holden Avery	Community Representative
Gary Dawson	Community Representative
Jerry Dawson	Community Representative
Heather Hunter	Champion Team
Michael Peterson	Community Representative
Ginny Rake	Chair, Project Able
Chris Trunde	Project ABLE
Guadalupe Vega	Community Representative
Jeff White	Community Representative

# | Section 1: Introduction

## - Our Community -

The Yamhill County area is relatively small geographically but has a wide range of landscapes, industries, and people. It is considered rural; its largest town is McMinnville, with 34,617 people.<sup>1</sup> Focus groups and community members report differences in how each community operates, but all reported appreciating the small-town feel and community closeness.

Yamhill County is the 10<sup>th</sup> largest county in the state, with a population of a little more than 100,000.<sup>2</sup> It is 45 miles south of the Portland metropolitan area and 30 miles from Salem. Many residents are commuters, but a fair amount of people both live and work locally. Yamhill County is the heart of the Willamette Valley, which is a lush viticultural area, and the area has grown largely because of tourism. The majority of people in Yamhill County are centralized to either McMinnville, the county seat, or Newberg (pop. 23,884), with the remaining half living in smaller towns scattered throughout this diverse county.<sup>3</sup> Sheridan, in the west part of the county, is a 30-minute drive from McMinnville and has 6,206 people.<sup>4</sup> The west part of the county includes territory of the Confederated Tribes of Grand Ronde and the Spirit Mountain Casino. Yamhill County's rural, dispersed population often make access to services a long and arduous process, especially without private transportation.

Yamhill Community Care serves most of the people who have Oregon Health Plan (OHP) in and near Yamhill County. Approximately one fourth of people in the area are on OHP, and so YCCO serves most of those people; 48% of people in the county on OHP are children.

Yamhill County and the surrounding area is known for its wineries and its robust agricultural community but sees a wide disparity in wages among those who live there. More than half of renters in the area spend more than a third of their income on housing. In the 2018 Yamhill Community Action Partnership homeless population count, 1,386 people in Yamhill County were estimated to be homeless. Affordable housing and easily accessible transportation rise to the top as barriers within the area; most services are local to the McMinnville and Newberg areas.

**“Living in rural areas it’s easy to become isolated. Public transportation isn’t an option because buses don’t go to rural areas as much. Everything is spaced very far apart which makes it hard to get to a doctor.”**

-McMinnville Focus Group

## - Community Health Assessment-

The Community Health Assessment for Yamhill Community Care Organization will be used to inform the prioritization of health issues and the development of a Community Health Improvement Plan (CHIP). A CHIP is an action-oriented plan for addressing the most significant issues identified by community partners.

YCCO used the Yamhill County Public Health Community Health Assessment to begin the data collection process because the Yamhill Community Care Organization service area covers all of Yamhill County and a few areas outside of Yamhill County. To gather more information specific to the members served, YCCO community surveys (Appendix 1) were distributed to community partners and community members via email, social media, and paper copies. Surveys were distributed through the Service Integration Teams, Early Learning Hub mailing lists to early childhood partners, parents, and caregivers, and through a variety of local agencies, libraries, schools, and businesses. Posters, cards, and paper surveys were delivered throughout each town in the YCCO service area, giving community members the chance to fill out and provide feedback on important issues that impact their health. Focus groups were held in every community in Yamhill County, and gave an opportunity to learn more about the things people in the community care about. Follow-up workgroups and public forums again gave community members the opportunity to share their opinions, experiences, and feedback. Together, this community formed the health assessment.

YCCO is required to complete CHA and CHIP under the Oregon Health Authority requirements OAR 410-141-3145 and ORS 414.627. As a part of the integrated care coordination rules, this process fosters alignment and coordination between agencies to get the most information to best understand this population.

## - Mobilizing for Action through Planning and Partnerships (MAPP) -

YCCO CHA Workgroup adopted the Mobilizing for Action through Planning and Partnership (MAPP) process as its planning framework to guide the CHA process. The MAPP tool, which was developed by the National Association of County and City Health Officials (NACCHO), was chosen to capture an in-depth picture of community health status through quantitative and qualitative data collection methods. The MAPP framework includes four assessments. Of these, three assessments were selected for the 2019 CHA:

The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that residents and community leaders feel are important to the health of their communities. This process used a YCCO Community Health Survey and various focus groups.

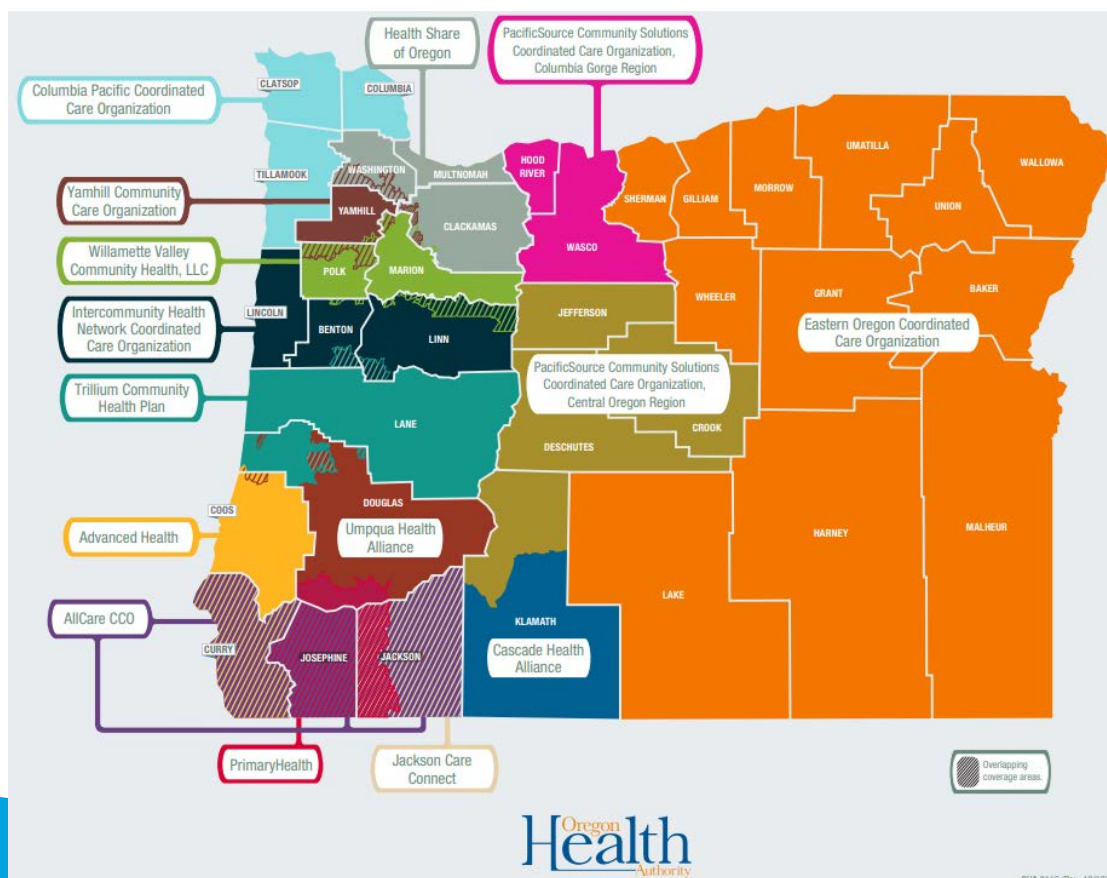
The **Forces of Change Assessment** measures environmental forces affecting the health of Yamhill County residents. CAC members performed this assessment to contextualize the issues and strategies in the CHA and CHIP, respectively.

The **Community Health Status Assessment** uses national, state, and local county data to figure out the health status of Yamhill County and its residents, who will be served by the Yamhill Community Care Organization.

### - Coordinated Care Organizations and Medicaid -

Coordinated Care Organizations are a model designed to provide better care to improve health and lower cost. They help medical providers communicate with one another and with the insurance plan (YCCO) to make sure patients get the best care possible. CCOs also focus on preventative care and are working to shift the culture from sick-care, where symptoms and illnesses are treated, to well-care, which catches risks before they become illnesses. CCOs are designed to help foster a partnership between medical providers and patients, in which patients receive team-based care where they are a member of their health care team.

The Yamhill Community Care Organization (YCCO) coordinates care for enrollees in the Oregon Health Plan (OHP), or Medicaid, in Yamhill County and parts of surrounding counties. YCCO is a 501(c) grassroots nonprofit committed to building a unified, healthy community that celebrates physical, mental, emotional, spiritual, and social well-being.





YCCO is the only community care organization in the state to be awarded an Early Learning Hub by the Oregon Department of Education's Early Learning Division. The map above shows the 15 CCOs that currently serve Oregon, including Yamhill Community Care's Service area in the Yamhill County region.

### **- Health Equity and Social Determinants of Health -**

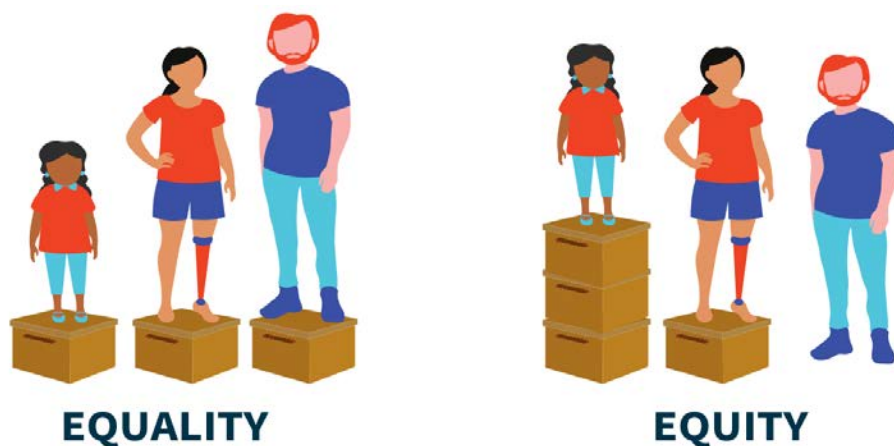
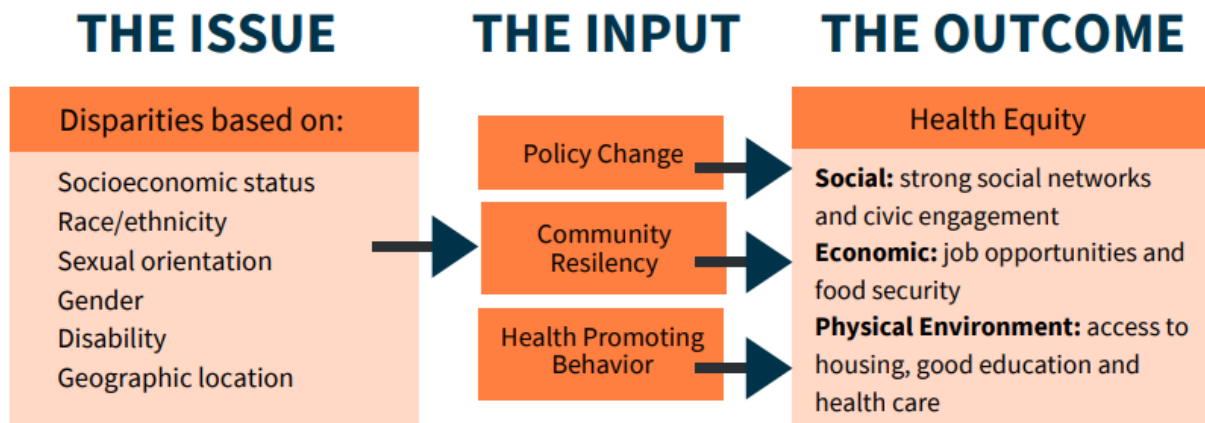
The CHA project looks at the community's health through a wide lens. When people think of health, they may think of it only in relation to disease or illness, but health is part of every aspect of daily life.

Social determinants of health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”<sup>5</sup> These factors affect a wide range of health outcomes and impact the health of people in different population groups and geographic areas. These disparities generally stem from deeper causes such as poverty and inadequate housing and can impact every part of a person's life. Differences in health are best faced by moving “upstream,” from focusing on one person's role in their health to a focus on changing systems that create places where anyone can have better health outcomes, no matter their environment or background. Put simply, it is more effective to improve someone's environment and fill it with walkable spaces and affordable fruits and vegetables than it is to tell people to exercise and eat healthy.

Social determinants of health capture a broad range of factors, such as opportunities for employment, transportation, access to healthy foods, and freedom from racism. These factors can affect people directly and influence how they act and the number of healthy decisions they make. A person's access to healthy food or a safe environment in which to exercise, work, or play can greatly affect their well-being. Different parts of a person's identity or environment can also indirectly affect their health. Policies and other interventions influence the availability and distribution of resources. Social groups, including those defined by socioeconomic status, race/ethnicity, sexual orientation, sex, disability status, and geographic location all have a correlation with health. Principles of social justice influence these multiple interactions and the resulting health outcomes. Unequal distribution of resources contributes to health disparities and health inequity, whereas equitable distribution of social determinants of health makes people healthier overall. Appreciation of how societal conditions, health behaviors, and access to health care affect health outcomes can increase understanding about what is needed to make a healthy future for all.



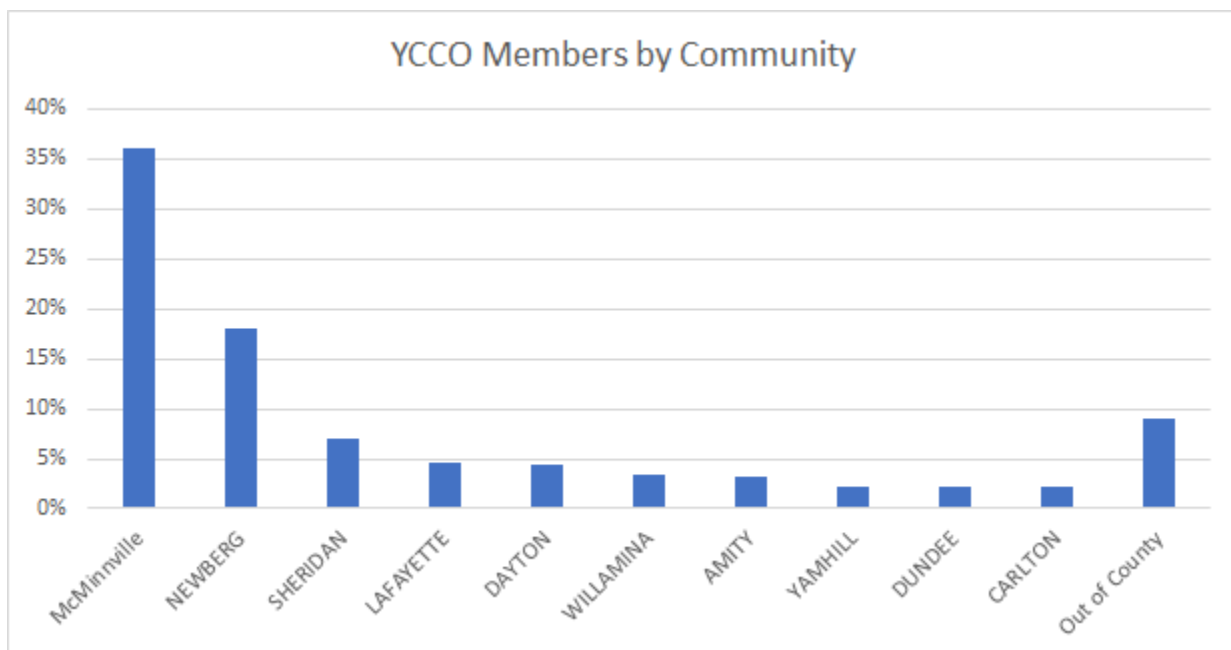
# SOCIAL DETERMINANTS OF HEALTH



# | Section 2: Who We Are

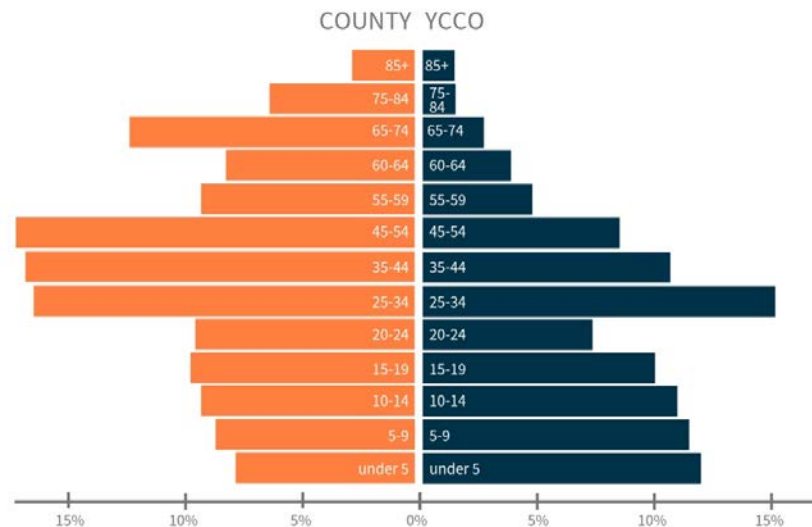
## - Geography and Rural Living -

Yamhill County is home to approximately 103,000 people. Approximately 23 percent of Yamhill County residents live in rural areas.<sup>6</sup> Rural geography often isolates families and individuals which is increased by limited public transportation options and the variable cost of gasoline.



## - Age -

Children represent a larger portion of the YCCO population than in the county population. This is because the requirements for children to be covered by OHP are broader than those for adults. Additionally, *OHP Now Covers Me!* was passed in 2018, which allows undocumented children to receive OHP benefits. In the future older individuals who are on Medicare but are also eligible for OHP will be automatically enrolled in CCOs. This change will affect the age distribution of the YCCO population. The graph on the next page compares the age distribution between YCCO members and Yamhill County.



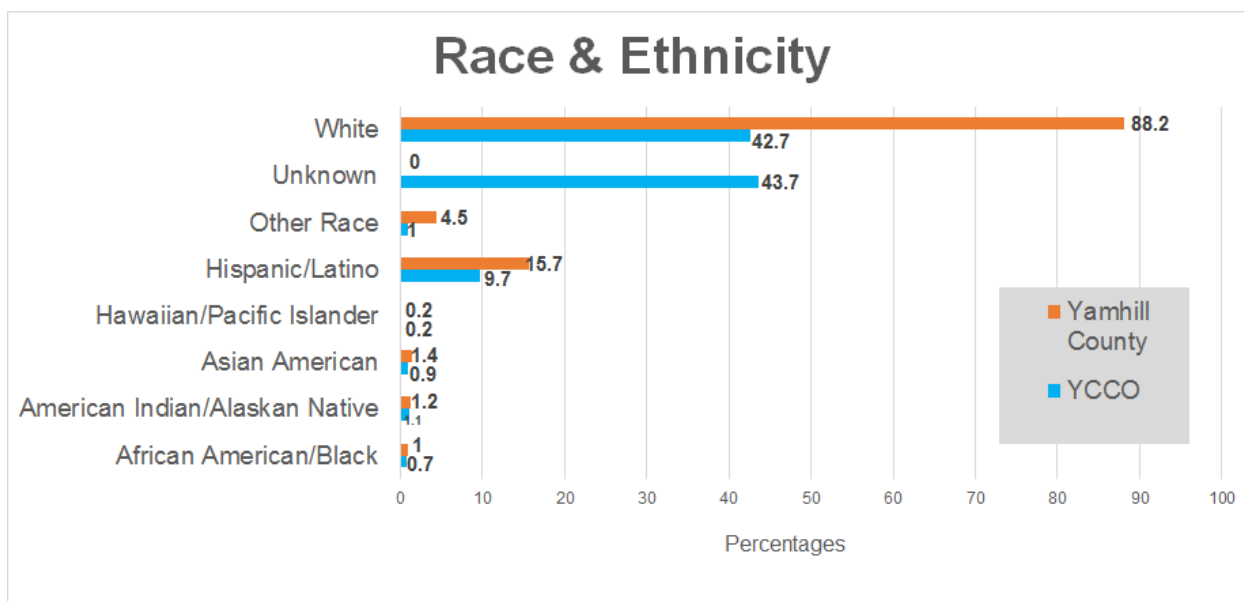
Source: ACS 2017 5-year average; YCCO member data 2018

## - Gender identity and sexual orientation -

Gender identity and sexual orientation are not questions included in the OHP application, so YCCO does not have an accurate sense of those figures among its members. The Community Health Survey also does not give an accurate sense of this population: only one respondent identified as something other than cisgender (or identified as the same gender as the sex they were assigned at birth). 7.6% identified as something other than heterosexual, although the population responding was disproportionately women (80%). Statewide, Oregon residents are approximately 5.6 % LGBTQ+ (lesbian, gay, bisexual, transgender, queer, etc.).<sup>7</sup> A successful assessment and plan must equip the agency to serve the unique needs of all its populations, and the first step of building this understanding is having an accurate picture of the population. Therefore, much more work is needed to collect data about member demographics and provider knowledge about serving often-marginalized people.

## - Race and Ethnicity -

The graph below shows the race and ethnicity of YCCO members compared to the race/ethnicity of the county as a whole. The purpose of this graph is not necessarily to understand the racial or ethnic makeup of the YCCO population, but instead to highlight how much of a gap in understanding there is. A full 43.7% of YCCO members are of unknown race because that portion was left blank in their OHP application.

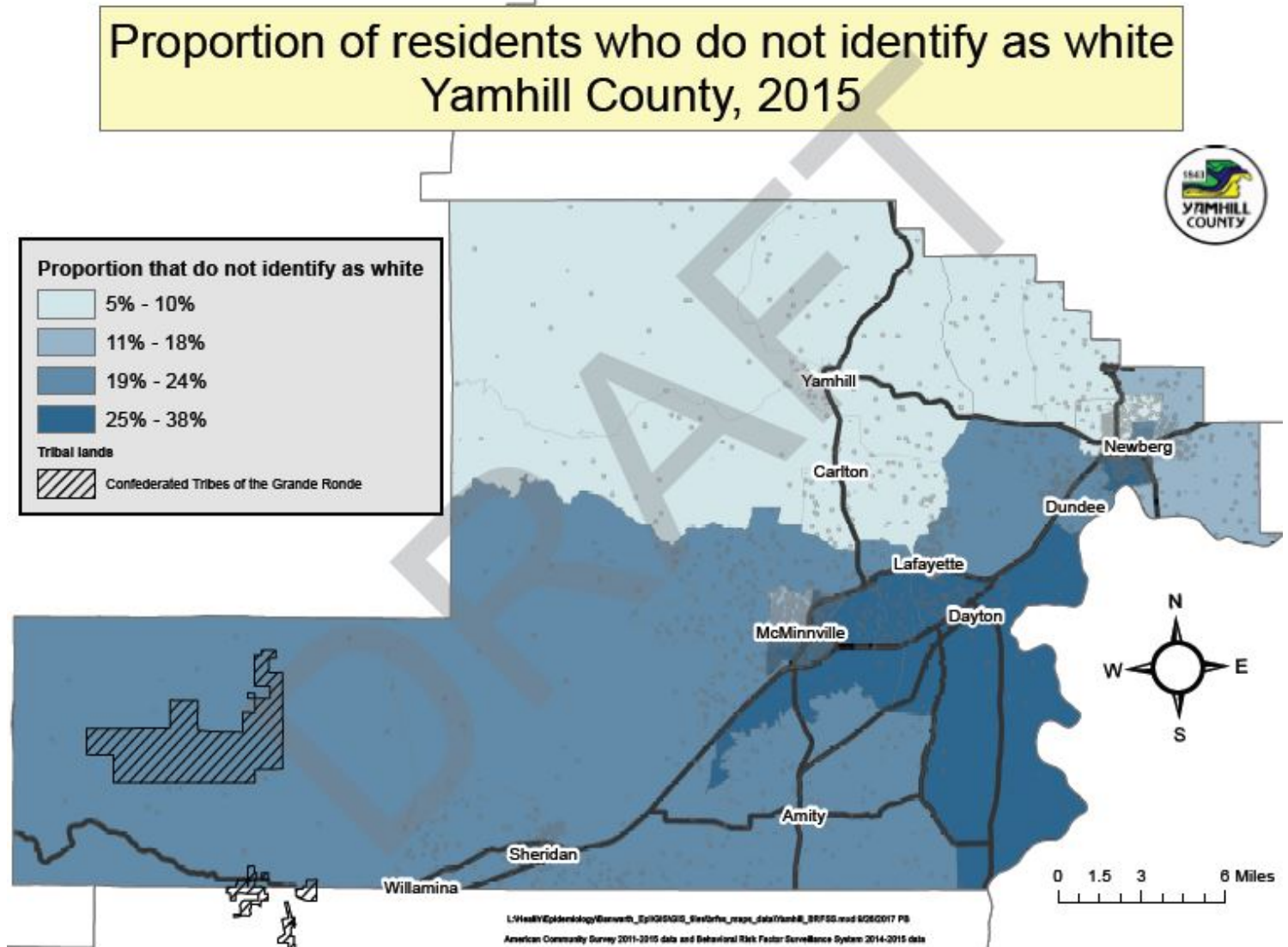


Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2013-2017 and YCCO race/ethnicity data 2017

The county as a whole is 91.5% white, 16% Hispanic/Latino, 1.9% American Indian, and less than 2% African American/Black, Asian American, or Hawaiian/Pacific Islander.<sup>8</sup> The west part of the county includes Willamina, in which the school district serves students who are 58% white, 23% American Indian/Alaska Native, 9% Hispanic/Latino, and under 10% African American, Asian American, Hawaiian/Pacific Islander or other. Dayton, in contrast, serves students who are 56% white, 38% Hispanic/Latino, and 2% American Indian/Alaska Native, and less than 2% African American, Asian American, Hawaiian/Pacific Islander, and other.<sup>9</sup> Considering almost half of YCCO members are children, understanding this diversity across the county is vital to understanding how best to meet the needs of each individual community, and this data is currently lacking.

One tenth of Oregonians are immigrants, and approximately 110,000 undocumented immigrants live in Oregon, or 2.6% of the total population.<sup>10,11</sup> Documentation status can have lasting ramifications for access to health care. Through OHP Now Covers Me! or ¡Ahora OHP es Para Mí!, undocumented children can now receive OHP benefits, but their parents or caregivers often still remain without insurance.

The map below shows the distribution of non-white ethnicities throughout the county:



### - Language -

YCCO has more accurate information around the main language spoken by its members. 87% of YCCO members speak English, and only 2% of members are “unknown.” Spanish speakers make up 10% of the YCCO member population, with the next largest group being Cantonese, Mandarin, and other Chinese/Asian languages, with 36 total speakers. The dominance of English speakers can create barriers for non-English speaking members, as many agencies often aren’t as prepared to offer multilingual services. YCCO continues to monitor its clinics and its own services for language availability and to improve processes around language access for its members.

## - Disabilities -

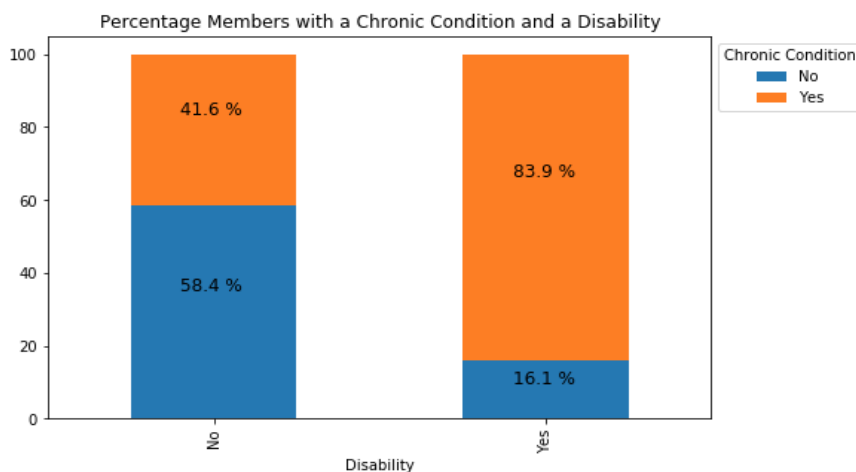
A disability may include physical, intellectual, or sensory impairment, medical conditions, or mental illness. Such conditions may be permanent or short term, but typically affect day-to-day functioning.

People with disabilities need health care and health programs for the same reasons anyone else does—to stay well,

active, and to reach their full potential. A clear relationship exists between disability status and poverty, which often makes it even harder for people living with a disability to access the right services to stay healthy, both mentally and physically.

The graph below

indicates that CCO members with a disability are also often more likely to have a chronic condition, meaning they must often manage multiple medical providers, medications, and conditions at the same time to stay healthy. Services like care coordination, Community Health Workers, and health education classes can help people manage all these factors, and YCCO offers all of these.



# | Section 3: Social

## Determinants of Health

People are constantly interacting with the environment they live in. Some of these interactions have the potential to improve health, while others can negatively impact it. The natural environment is made up of the air, water, open spaces, and weather or geologic activity. The human-made environment consists of homes, communities, and infrastructure.

Humans benefit from clean water and air, places to exercise and enjoy the outdoors, safe living and working spaces, and opportunities to engage in healthy behaviors such as active commuting and consuming healthy food. However, when an environment lacks these characteristics, the complex interactions of health and environment can worsen health issues. For example, poor air quality can raise the risk of asthma, heart attack, or stroke;<sup>12</sup> the design of communities can limit opportunities for recreation or access to healthy, affordable food;<sup>13</sup> and natural disasters can disproportionately affect vulnerable populations.

### - Transportation -

Transit includes how walkable, bikeable, and drivable an area is and how much public transit there is between people's homes, work, and services needed. It also includes how roads and pathways are built, specific services are delivered, and how easily people can access things like medical transportation and places for physical activity and play. The number and quality of medical clinics, shelters, food pantries, grocery stores, and other services are vital to a successful and strong community, but these services are meaningless if people cannot get to them.

Yamhill County Transportation Department performed a survey in 2017 assessing the most pressing issues with the local public transportation system. The survey results on the next page show six significant issues:

Frequency	How long people must wait for services and how often they appear.
Reliability	Sometimes transport is late or does not meet the schedule.
Comfort	Some of the buses are old and need upgrades.
Branding	Transit isn't always easily recognizable.
Legibility	The system can be complicated to navigate.
Service diversity	More service in smaller towns would be helpful.

According to the YCCO Community Health Survey, community members identified transportation as one of the main challenges to access to care, particularly in more rural parts of the county.

### - Housing -

Affordable, quality housing provides shelter that is safe and healthy for all people. Housing that costs more than 30 percent of household income is considered to be “unaffordable.”<sup>14</sup> The following table shows the similarities in housing affordability between the state of Oregon, Yamhill County and the cities of McMinnville, Newberg and Willamina. Similar to State findings, 52% of renters in Yamhill County spend 30% or more of household income on housing rent. In Willamina, 63% of renters spend 30 percent or more of household income on housing.<sup>15</sup>

Category	Occupants with housing cost burden more than 30% of income (2013-17)				
	Oregon	Yamhill County	McMinnville	Newberg	Willamina
Household with no vehicles	7.7%	4.7 %	6.1%	5.3%	5.8%
Renters	38.3%	32.1 %	40.5%	38.2%	38.8%
Owners with mortgages	66.8%	70.0 %	65.9%	78.5%	78.5%
Owners without mortgages	33.2%	30.0 %	34.1%	21.5%	21.5%3832
30%> household income for Rent	52.4%	52.1%	51.5%	56.4%	62.7%

Source: U.S. Census Bureau, American Community Survey, 2013-2017



With many people unable to comfortably afford rent, the risk of homelessness is higher. Homelessness is defined in a wide range of ways. The Oregon's Ending Homelessness Advisory Council defines homelessness as being without a decent, safe, stable, and permanent place to live that is fit for human habitation.<sup>16</sup> It is difficult to accurately understand how many people are homeless in a given community because surveys and population counts often rely on the reliability of permanent addresses or phone numbers, which are less common among more transient populations.

Each January, Oregon Housing and Community Services requires communities to conduct a point-in-time count of their homeless population. This snapshot of the homeless population is limited in scope and depth. Canvassers visit shelters, transitional housing, and known homeless encampments. Individuals staying with other people out of economic necessity are not counted, nor are homeless people who are in areas not covered by the canvassing. Furthermore, the one-night count misses any individuals who are homeless at other points during the year. The point-in-time count has happened over many years, and so even if it does not capture everyone, it gives a sense of rate of change over time.

The most recent data on homeless populations is from 2018. In January of that year, there were 1,386 individuals identified in shelters, couch surfing and in unsheltered locations and more than 40% of the people counted were under age 18. Yamhill County has the second highest rate of homeless people who are fleeing domestic violence in the state (only Multnomah is higher), and the fifth highest number of people who are homeless and have serious mental illness.

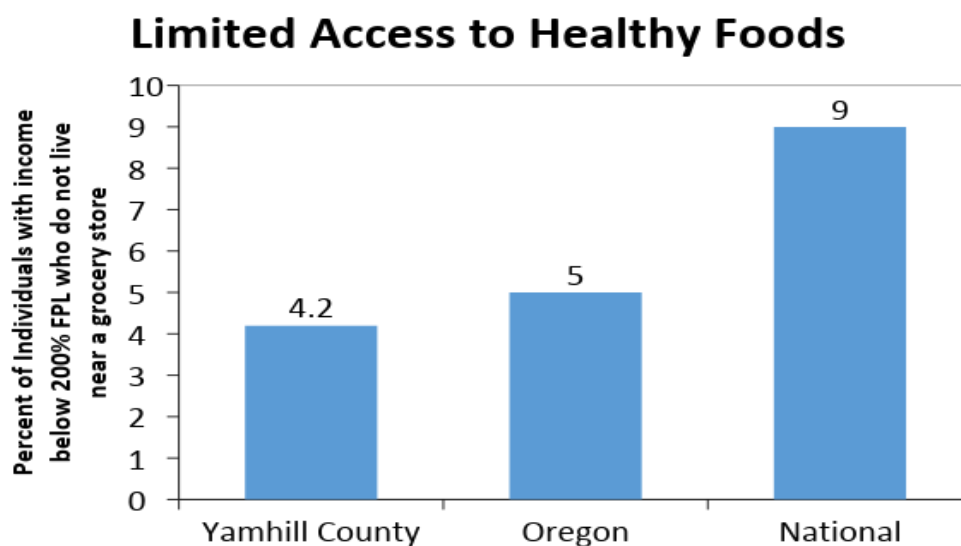
YCAP Homeless Count	2018
<b>Total count</b>	<b>1, 386</b>
Sheltered count	240
Unsheltered count	417
Couch Surfing	729
Male	680
Female	691
Transgender	3
Non-conforming and declined	11
Children under 18	569
Unaccompanied children under 18	98
Veterans	37
Fleeing Domestic Violence	137
Chronically homeless	114

*Source: Yamhill Community Action Partnership, 2018.*

## - Healthy Foods -

Survey respondents listed access to healthy foods as the top thing that would help children in the area be healthier. The services in Yamhill County include many community meals and food pantries, but accessible affordable grocery stores are limited. The graph below looks at the proportion of people and families who have a low income (defined here as below 200% of the federal poverty level) and live more than one mile from a grocery store in urban areas and more than ten miles from a grocery store in rural areas. Limited access to supermarkets or grocery stores may make it harder for residents with a low income to eat a healthy diet.

Related to limited access to healthy food is food insecurity, which is defined as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods.<sup>17</sup>



*Source: County Health Rankings, 2017*

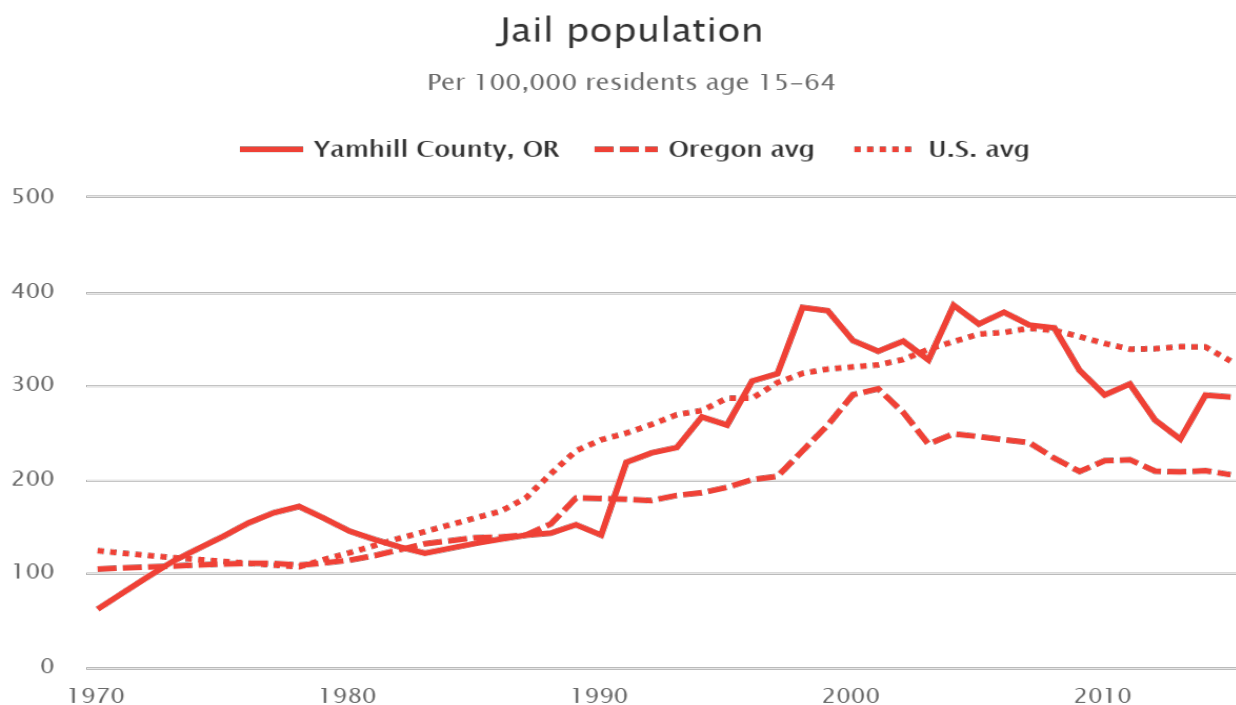
Children exposed to food insecurity are at risk of negative impacts on their health and development. Adequate nutrition is important for children because it affects their cognitive and behavioral development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing obesity and asthma. They may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety, bullying, and difficulty concentrating on tasks.<sup>18</sup>

Obesity is linked to food insecurity because often access to food is limited to foods with limited nutritional value. If the only nearby affordable place to buy food is a gas station or a fast food restaurant, families will have a more difficult time finding fresh or frozen produce. Families face a multitude of barriers when it comes to preparing nutrient-dense foods or produce. Fresh vegetables, meats, and fruits spoil more quickly, requiring more frequent trips

to a grocery store. Preparing fresh foods is more time consuming and often uses valuable utilities and electricity. People with chronic conditions, disabilities, people who are homeless or people who hold multiple jobs may be unable to spend time traveling to a grocery store, farmer's market, or food pantry, so they must rely on affordable, nearby convenient foods. A plan to fight obesity in communities must also address these social factors.

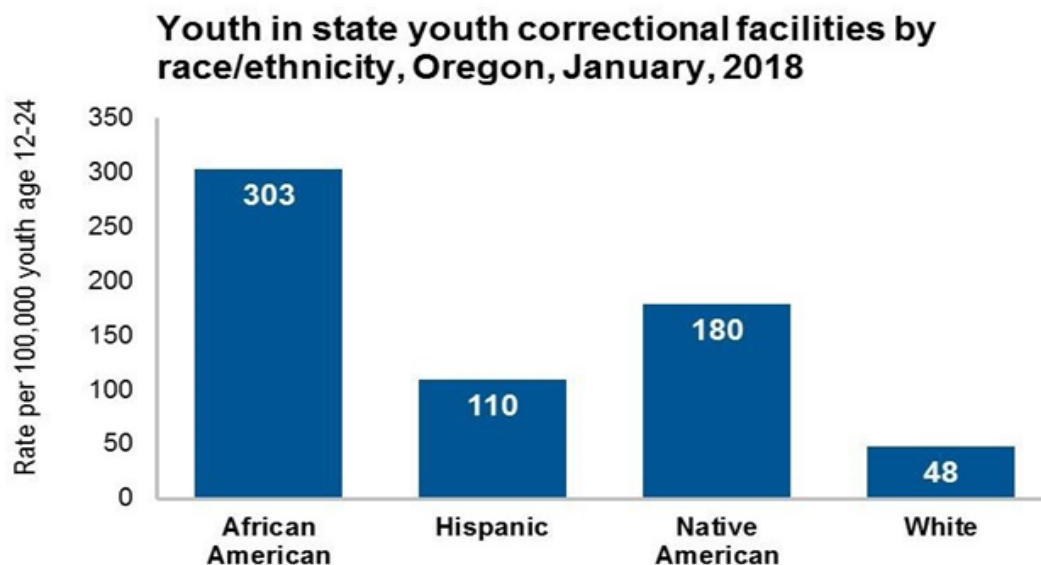
### - Incarceration -

Incarceration rates in the United States are steadily increasing. With many prisons and jails reaching or exceeding capacity many facilities are only able to offer limited health services. This has led to an increase in adverse health conditions among incarcerated and formerly incarcerated individuals. Between 2001 and 2014 approximately 3,000 deaths occurred annually within state penitentiaries nationwide. Leading causes of death included cancer, heart disease, liver disease, respiratory disease, suicide and AIDs.<sup>19</sup> Individuals often face challenges integrating once they are released; struggles finding housing and employment can increase individual's risk of health problems and of returning to jail or prison.



Source: <http://trends.vera.org/rates/yamhill-county-or>

People in jail or in prison do not receive Oregon Health Plan benefits, but many are eligible once they leave. This is a unique population with unique needs, and current systems help incarcerated people enroll or reapply for OHP, so they can receive preventative or treatment services as soon as possible after being released.



*Note: All other races shown exclude Hispanic ethnicity. Rates for other groups not available.*

*Source: Oregon Youth Authority*

People of color are much more likely to be incarcerated, even when they commit the same crimes at similar rates as white people.<sup>20</sup> In the state of Oregon, African American youth are disproportionately incarcerated comparative to other races and ethnicities. According to the Oregon Youth Authority African American youth has a rate of 303 youth incarcerated compared to Caucasian of 48 per 100,000 population. In addition, the Oregon Department of Corrections reported in 2018 that 34.6% of adults in custody had moderate to high mental health needs. Sixty one percent of adults had dependence or addiction to one or more substances.<sup>21</sup>

## - Income and Poverty -

Income is the strongest predictor of health among all social determinants of health. Not only do many studies show a strong association between income and health,<sup>22</sup> but income also affects all other social determinants of health, including education, food security, and housing. The National Longitudinal Mortality Survey found that people in the top five percent of incomes had life expectancies 25% longer than people in the bottom 5% of incomes.<sup>23</sup> While income is not a “one size fits all” measure of health, understanding the income of the region provides a solid foundation for measuring social determinants of health in Yamhill County.

Poverty is also closely associated with health outcomes. Poverty is related to limited income and lack of economic stability, limited choices in education, employment, and living conditions, and reduced access to safe places to live, work, and play. It can also frequently limit choices and access to healthy food. The United States Census Bureau determines the Federal Poverty Level (FPL) each year. The FPL was originally an estimate of the amount of money required to meet the cost of living for individuals or families. Currently, the FPL is a statistical threshold of poverty.<sup>24</sup> It is not generally recognized as an accurate measure of true poverty, but it is used for determining eligibility for assistance programs. The FPL for individuals and families is presented below, as well as additional FPL ratios that are used for eligibility and comparison purposes.

Family size	Percent of Federal Poverty Level, 2018				
	100%	138%	150%	200%	400%
Individual	\$12,140	\$16,753	\$18,210	\$24,280	\$48,560
Three-person family	\$20,780	\$28,646	\$31,170	\$41,560	\$83,120
Four-person family	\$25,100	\$34,638	\$37,650	\$50,200	\$100,400

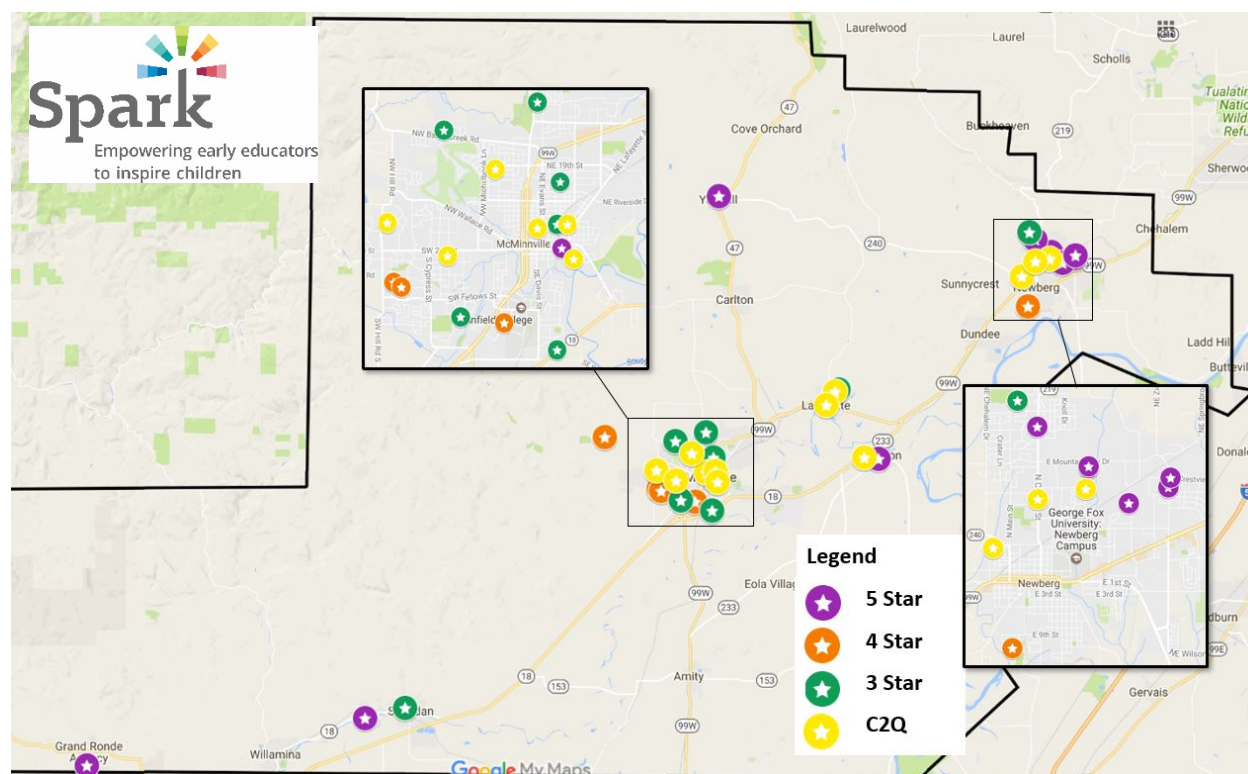
*Source: U.S. Census Bureau, Historical Poverty Threshold Table, 2018*

The poverty rate in Yamhill County is 16.6%, essentially equivalent to the state poverty rate (13.7%)., although nearly 25% of Yamhill County are YCCO members. Female heads of household with children under five years of age have the most severe poverty rates in the county, with 67% countywide and 77% within McMinnville area. Building in supports for these families is vital to creating a healthy community with healthy children, and YCCO and the Early Learning Hub work closely together to surround these families with support.

## - Childcare -

Finding affordable childcare enables parents and caregivers to work, take breaks, and ensure children are receiving high-quality education from an early age. A child's brain undergoes a huge amount of development in the first few years of life and requires good nutrition and a stimulating environment to develop the most successfully.<sup>25</sup> To be best prepared to start school, children need to develop social and emotional skills like getting along with other people, listening, and sharing, as well as developing academic skills like learning numbers and letters. Children who receive high-quality childcare are more likely to be healthier and see better job and social outcomes.<sup>26</sup>

Affordable early childhood care is limited in Yamhill County; focus group feedback shared that Head Start (free to families) slots are limited. Head Start consistently has a waiting list. Other childcare or preschool is often too expensive for families who don't quite qualify for Head Start. The below map shows where SPARK -rate providers are in Yamhill County. Spark is a program that trains and certifies childcare providers to ensure safe, high-quality care for young children. The map shows how limited quality care is in the more rural parts of the county. The Early Learning Hub is working with partners like Head Start and Childcare Resource and Referral to both increase the number of trained providers and increase the level of skill for existing childcare providers.



# | Section 4: Access to Care

YCCO Community Health Survey and focus groups results showed that, regardless of insurance provider and income level, getting an appointment with a doctor or dentist quickly is often difficult. However, access to care is more than getting an appointment. It includes getting an appointment at a convenient time and place, with a provider (or interpreter) who speaks the best language for the patient to understand, and has any necessary cultural understanding required to offer the best care. Access also includes finding providers and clinic staff who understand trauma and treat patients with dignity and respect.

The Institute of Medicine (IOM) defines access to health care as "the timely use of personal health services to achieve the best health outcomes," with a special focus on the importance of health equity among different groups of people.<sup>27</sup>

According to the Agency for Healthcare Research and Quality (AHRQ) 2013 National Healthcare Disparities Report (NHDR), there are three steps to attaining adequate access to health care:

- Entering the healthcare system,
- Getting access to sites of care where patients can receive needed services, and
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust.<sup>28</sup>

## - Health Insurance Coverage -

The Affordable Care Act (ACA), enacted on a federal level in 2010, made it illegal to deny coverage due to pre-existing medical conditions, mandated health coverage for most individuals, expanded Medicaid funding and coverage, and subsidized health insurance through exchanges for lower income individuals, among other provisions.<sup>29</sup> Health insurance exchanges were created so individuals can compare plans from different insurance companies and purchase individual health insurance. Individuals with a qualifying level of income can receive federal subsidies to help pay premiums on health insurance plans. As part of the ACA, Oregon accepted federal funding to expand Oregon Health Plan (OHP) membership, setting targets for enrollment and expanding the variety of services (e.g. dental services). Statewide, membership in OHP increased 104% over seven years, from 469,000 members in January 2010 to 957,000 members in January 2017. The 2012 ACA expansion raised the number of people eligible for OHP in the Yamhill County area to almost 25%. While



insurance coverage does not guarantee convenient access to the appropriate care, it does drastically improve health.

### - Getting Care -

As seen in the graph below, use of primary care appears to be increasing over time. This means more patients are seeing their doctor for regular check-ups and sick visits; however, YCCO would like to see those numbers even higher. Only half of adults on YCCO had a doctor visit in 2017, barely one third had a dentist visit. Mental health visit data only represent visits to one network of providers, through Health and Human Services, and are not preventative care, but many more people could be using mental health supports.

#### HOW MANY YCCO MEMBERS ARE GETTING TO THE DOCTOR?

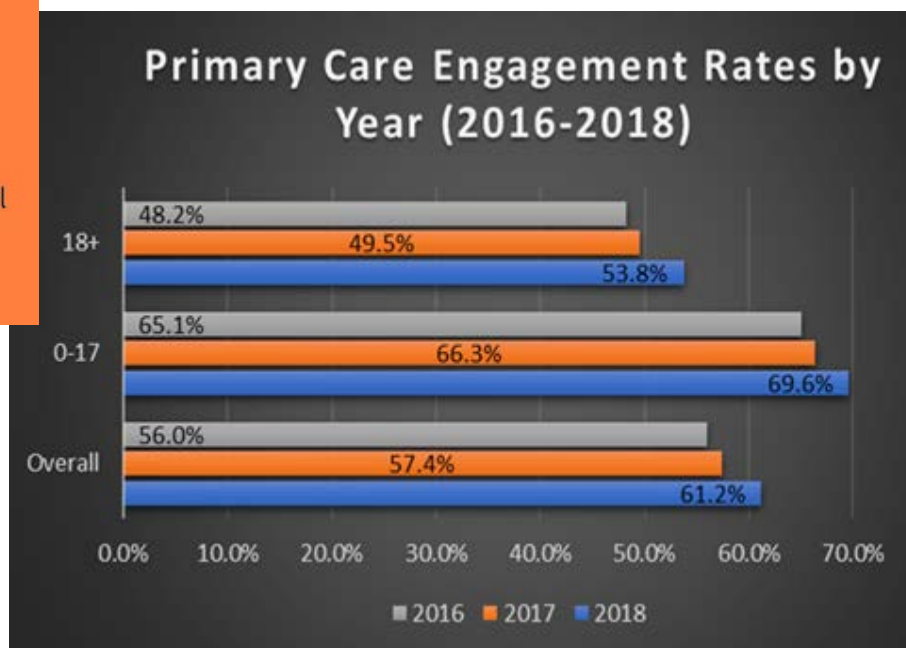
**50%** adults had a doctor visit (2017)  
**66%** kids

**35%** adults had a dentist visit (2018)  
**68%** kids

**7%** adults had a mental health or addictions visit (2017)  
**4%** kids

think they need regular care, but when lack of transportation, appointment times, and appropriate services keep them from care, these issues can be improved. Because of this, YCCO continues to provide more options for accessing care and promoting preventative health.

YCCO members' emergency room utilization, which often reflects barriers to timely care, has been the highest in the state for the last few years. The Yamhill County area has only one OHP-contracted urgent care center, which is in Newberg. Patients may not access preventative care for a variety of reasons. They may be overall healthy and not





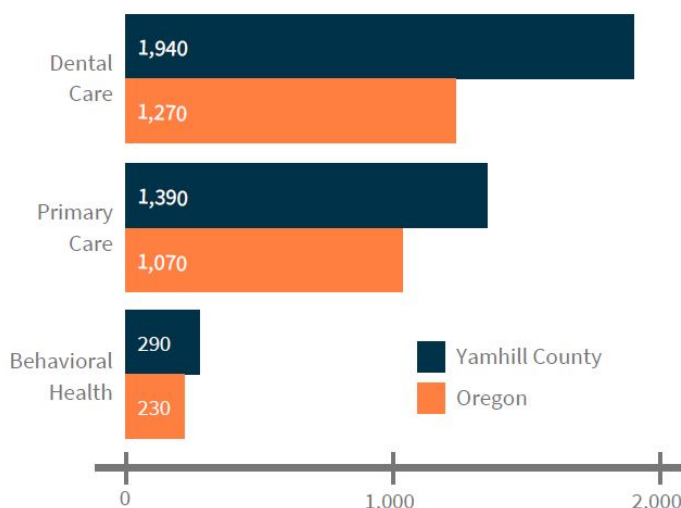
## - Access to Doctors -

Yamhill County has fewer providers per resident than the state overall, which means that doctors, dentists, physicians' assistants, nurse practitioners, etc. are not as plentiful in this rural area than in other areas.

The availability of Primary Care Physicians (PCPs) was measured as the number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 people.

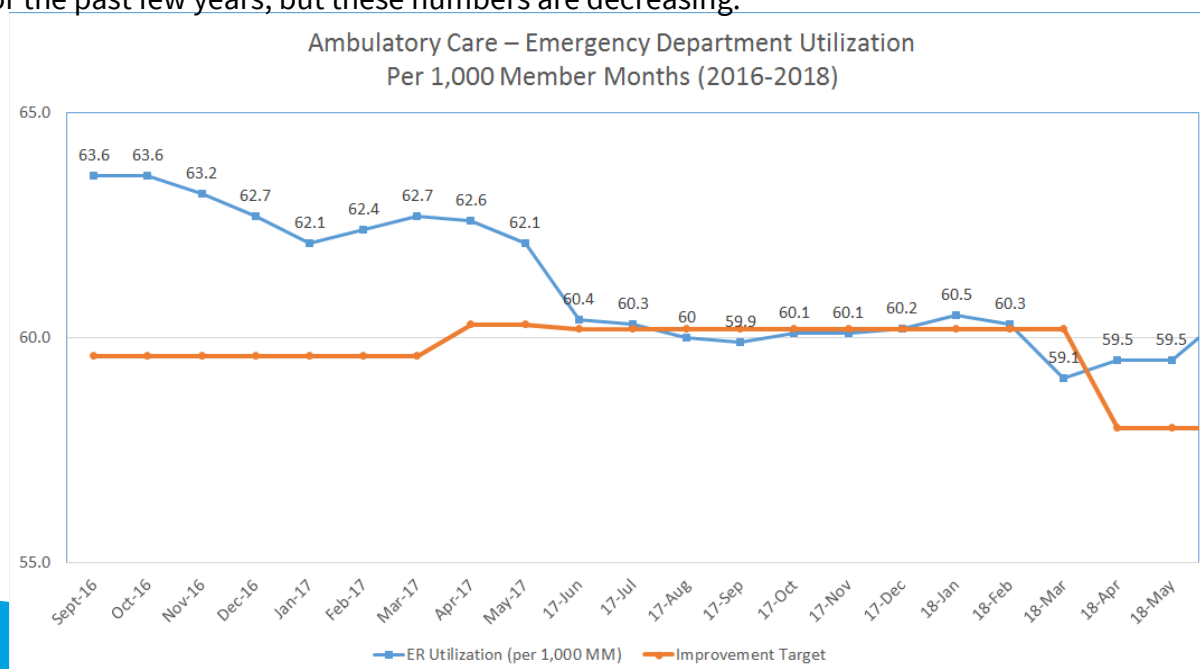
Having access to care requires not only having financial coverage but also access to providers. Having enough available primary care physicians is essential so that people can get preventive and primary care, and when needed, referrals to appropriate specialty care.

### NUMBER OF RESIDENTS PER PROVIDER 2018

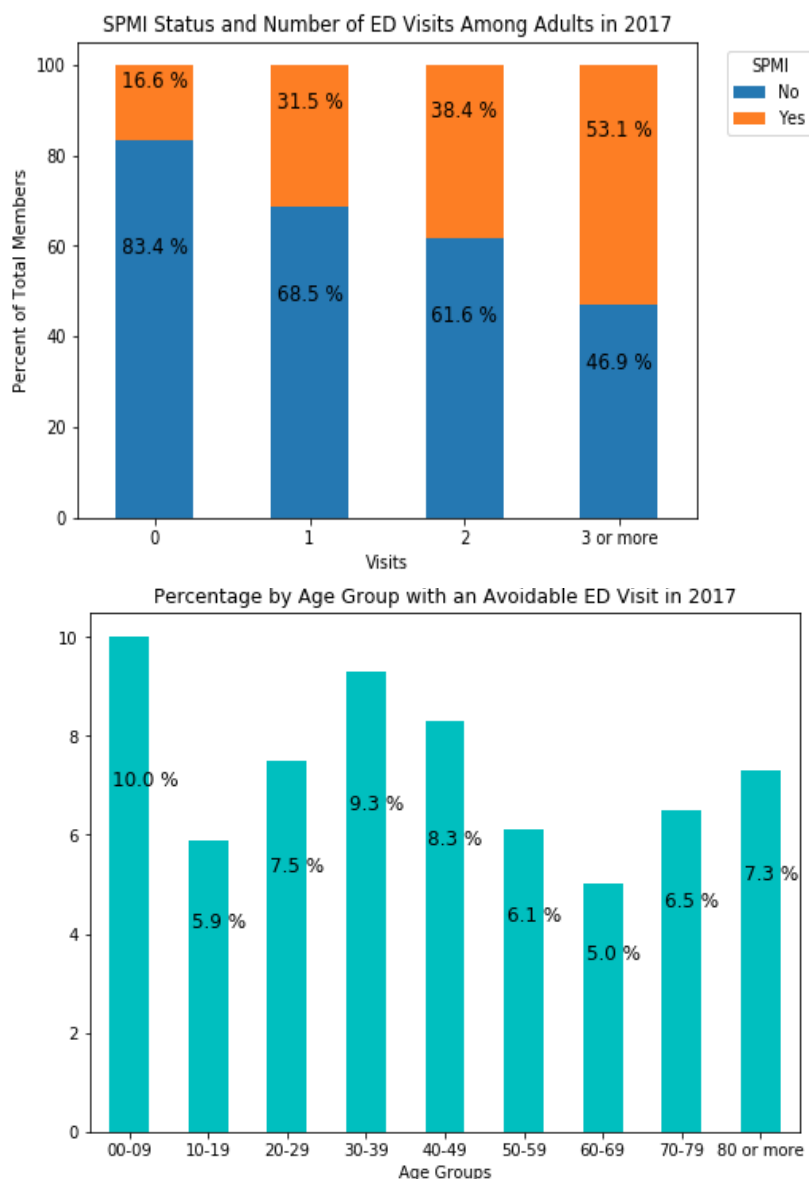


## - Emergency Department Use -

YCCO members aren't exclusively using the emergency department (ED); most who use it also see their primary care physician (PCP). YCCO has led the state in ED use for non-emergencies for the past few years, but these numbers are decreasing.



Barriers to care can lead people to use the ED. YCCO called 159 people who had used the ED more than five times in one year. Nearly a third of them reported they used the ED because they were in some sort of acute distress, but another third reported things like their need occurred after clinic hours, the PCP could not see the patient, they could not get in touch with their PCP, the clinic is too far away, or their PCP told them to go to the ED.



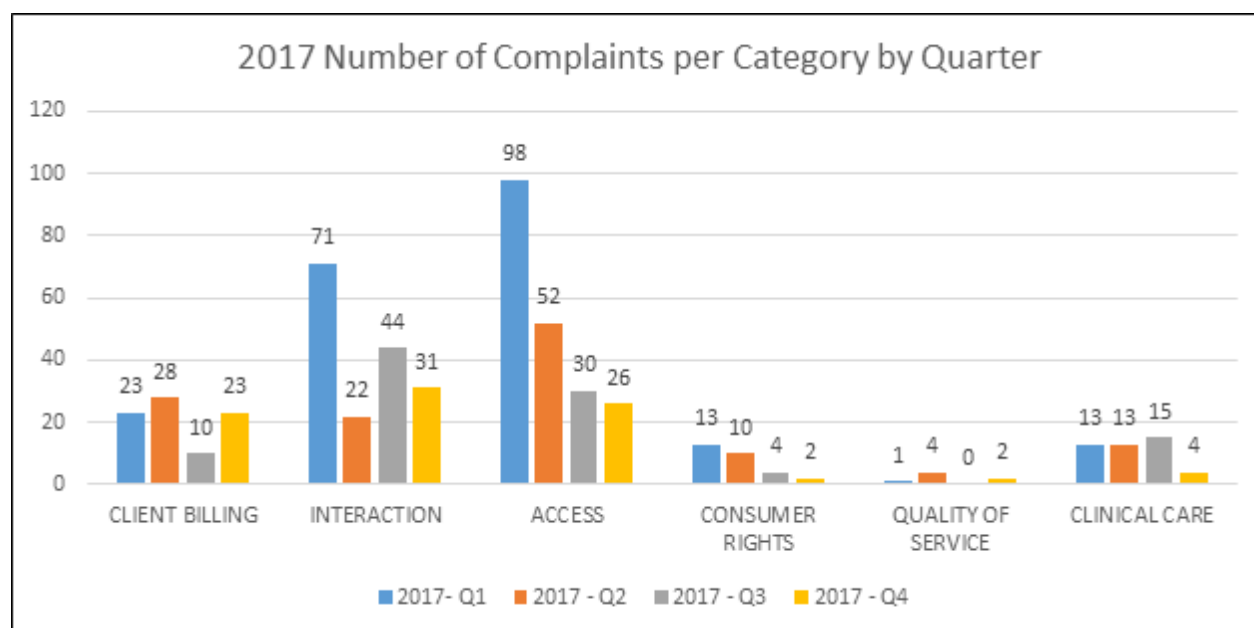
People with many different health needs are more likely to access services, simply because they have more emergent needs. The graph above shows one subgroup, people with what is considered severe and persistent mental illness (things like schizophrenia and bipolar disorder) and ED use. Many people with mental health issues are showing up to the ED with physical health complaints, which also highlights the need to prioritize and discuss mental health as part of whole-person wellness. The next graph shows that children are the population most represented at the emergency room for visits considered “avoidable,” which is for things like stomachaches, coughs, and colds.

## - Patient Experience -

Access also includes experience of care. Oregon conducts a yearly survey, called the Oregon Consumer Assessment of Healthcare Providers and Systems (CAHPS), which asks questions about people’s opinions of their healthcare. In this survey 84.5% of YCCO member respondents said that they thought they received care when they needed it in 2017,

compared to 82.4% in 2016. When asked if they were satisfied with their care, 87.1% of members agreed; in 2016 85.8% of members agreed. Anecdotal reports from YCCO focus groups, however, say that patient access to care is consistently limited, and experience of care is generally positive but can be especially negative, especially for those with disabilities.

YCCO also tracks care experience by taking complaints and feedback through its clinics, calls to customer service, and written complaints and grievances. YCCO compiles and keeps track of these complaints and reports them to its Community Advisory Council (members), Quality and Clinical Advisory Panel (providers), and its other governance bodies as appropriate. Here is what was reported in 2017:



People reported rudeness as the most common complaint. When the actual complaints were reviewed, YCCO found that complaints were more likely to be about staff, customer service, or front desk employees than the main medical provider. Provider explanation, appointment timeliness, and office unresponsiveness were the other top complaints.

It is also worthy of note that very few complaints, less than 5%, were from Spanish speakers, even though 10% of members are Spanish-speaking. None came from people who speak languages other than English or Spanish. There will be more investigation to understand how complaints and feedback from non-English speakers can be better collected. There

Language Spoken by members filing complaints by percentage.		
	Q2.18	Q1.18
English	100%	96%
Undetermined	0%	0%
Spanish	0%	4%
Other Languages	0%	0%

may be cultural barriers to sharing feedback, and there may also be more fear of retribution or stigma against complaining.

A 2018 Health and Human Services satisfaction survey for people receiving mental or substance use help for themselves or their children showed that while 93% of people felt “safe to complain,” 12% of people reported not knowing who to talk to or what to do if they had a complaint.

Getting feedback is a positive part of operating a health plan, or any business, and should never impact members negatively. Feedback allows YCCO to grow, improve, and serve its members better. The quickest way to offer feedback is to call customer service at 1-855-722-8205 or mail a letter to 807 NE 3<sup>rd</sup> St., McMinnville OR 97128.

### - Meeting Cultural and Language Needs -

Of 627 currently registered interpreters in Oregon, only 42 (6.7%) serve Yamhill County. Yamhill County makes up 6.8% of the total population of Oregon, which indicates there are an even proportion of interpreters distributed throughout Oregon; however, only 42 interpreters serving over 100,000 people in Yamhill County is not enough. Standards for availability, skill level, and certification vary, and in many cases family members, friends, or uncertified staff or aides will interpret in situations they are not trained to interpret.

Providers can sometimes meet the needs of non-English speaking members, but there are again not sufficient numbers of providers to necessarily fully meet the needs of members. This table shows how many primary care providers speak the languages YCCO members speak.

Access to care is a priority area in the CHIP because so many factors related to access affect health outcomes. The community health focus groups identified how many resources are present in the community, and how educating people about available services, reducing barriers, and connecting people to those services would have a great impact.

Language	Members	Primary Care Providers
Arabic	1	19
Armenian	1	1
Hindi	2	30
Indonesian	1	2
Khmer	3	0
Korean	5	23
Lao	4	0
Punjabi	1	3
Portuguese	2	1
Russian	16	24
Samoan	1	0
Spanish	2913	671
Swahili	15	2
Thai	2	3
Vietnamese	14	24
Chinese	36	44
English	21,890	
Undetermined	154	

# |Section 5: Prevention & Chronic Disease

Chronic diseases typically last one or more years and need to have continuous treatment and/or inhibit activities of daily life.<sup>31</sup> Many chronic diseases like heart disease and diabetes are some of the leading causes of death in the United States.<sup>31</sup> Chronic diseases are influenced by lifestyle, such as tobacco use, nutrition, physical activity, and alcohol use,<sup>31</sup> but can also be caused by external factors. Environment, air quality, trauma, poverty, access to health foods, etc. all have a large impact on health. Approximately 47% of YCCO members have a chronic condition, meaning nearly half of this population must manage a series of lifestyle, medication, and doctor's appointments, and supporting them is vital to improving the health of the population.

Chronic disease is managed mostly outside of the doctor's office. Managing a chronic disease and preventing disease relies partly on lifestyle choices. Stopping tobacco use, or never starting, reduces an individual's risk for heart disease, cancer, type 2 diabetes, and lung disease.<sup>32</sup> Maintaining a healthy diet can prevent, delay, and manage heart disease, type 2 diabetes, and other illnesses.<sup>32</sup> Incorporating fruits and vegetables, proteins and fats into meals and limiting sugars and alcohol creates a balanced diet. However, many do not have access to affordable healthy food options which makes the creation and maintenance of a balanced diet difficult. Establishing a daily exercise routine of moderate activity can help prevent or manage chronic diseases.<sup>32</sup> However, many people cannot access safe places to exercise or find childcare or time to do so.

Chronic disease is also strongly linked to childhood trauma. That is, if someone has experienced trauma in their youth, their physical health will be negatively impacted later in life. This highlights the need to address social and environment safety for young children and families to prevent some of this chronic disease in the first place. See Section 8 for more information about the impact of trauma on chronic disease.

## - Diabetes -

Diabetes is the seventh leading cause of death in the United States and roughly 84.1 million adults have prediabetes.<sup>30</sup> Diabetes is a good indicator of overall population health because diabetics must monitor their health regularly, and so YCCO places special focus on the health

and care management of its diabetic patients. Diabetes affects how the body turns food into energy, by making it harder to regulate blood sugar. When it is not managed properly, it can cause serious health problems, such as heart disease, vision loss, and kidney disease.

74.7% of CCO members had good control of their diabetes in 2017, meaning when screened, their blood sugar levels were within a safe range. Frequent screenings help assess the management of diabetes by telling them how well they are managing their diabetes. If their blood sugar is not controlled, they can work with their doctor to prevent complications. Diabetes is one chronic condition that represents how much health management falls into the patient's hands – people must take their medications, exercise frequently, maintain healthy eating habits, and check their blood sugar among other things. Care support like community health workers and peer support specialists, as well as classes like diabetes prevention and management classes, can help with all these things.

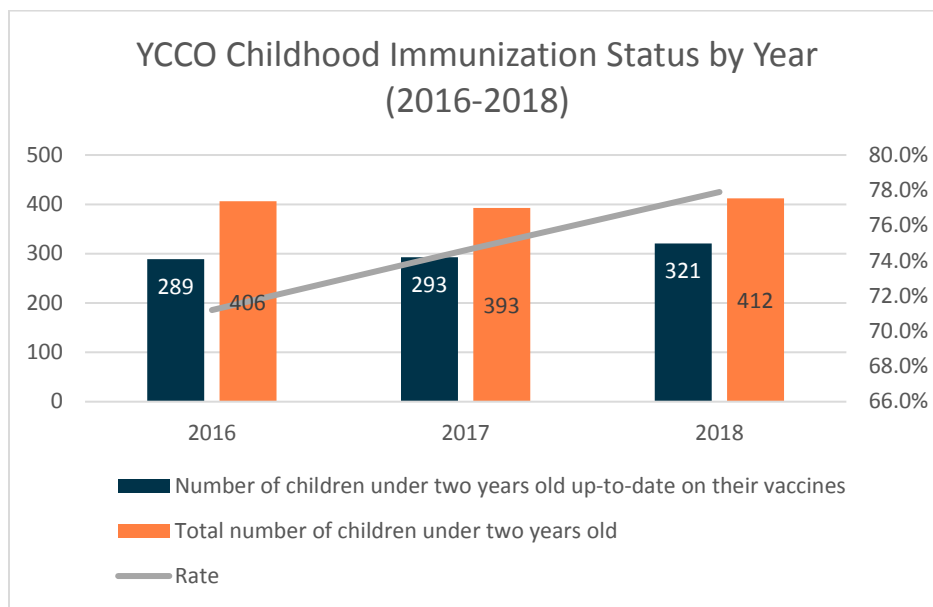
### **- Chronic Pain -**

Chronic pain is not always defined in the same way, but YCCO uses the definition of having pain that typically lasts three or more months or past the time of normal healing.<sup>31</sup> Chronic pain can be caused by numerous underlying issues like a disease, injury, medical treatment, inflammation, while other times the cause of chronic pain isn't known. Assessment and treatment of chronic pain is often a challenge for health providers, as finding the best way for patients to control their pain takes time. Chronic pain can have clinical, psychological and social consequences including decreased physical activity, work productivity, and quality of life and stigma that goes along with the invisible condition. Members of racial and ethnic minorities, women, elders, person with cognitive impairment or cancer, and those at end of their life are most at risk for receiving inadequate pain treatment.<sup>32</sup>

There is a wide array of therapeutic options to treat chronic pain, including opioid pain medication.<sup>33</sup> Evidence has supported short-term use to reduce pain and improve function in noncancerous, nociceptive and neuropathic pain; however, there is not much research to assess long-term benefits of opioids for chronic pain, and it appears that the risks outweigh any benefits. Yamhill Community Care has been working collaboratively with healthcare providers to limit access and decrease the pill count of opioid pain medication prescriptions while working to understand the effectiveness of alternative pain therapies. However, Yamhill County has limited local alternative medicine options for community members needing services. See Section 6: Mental Health and Substance Use to read more about opioids.

## - Immunization -

Vaccines are one of the most effective and important measures of preventive medicine. They have been able to completely eliminate diseases such as smallpox and rinderpest and continue to protect people from a whole host of other disease and infection.<sup>34</sup> According to Healthy People 2020, vaccines are among the most cost-effective clinical preventive services. Childhood immunization programs provide a very high return on investment. For example, vaccinating each birth cohort in the US with the routine immunization schedule saves 33,000 lives, prevents 14 million cases of disease, reduces direct health care costs by \$9.9 billion, and saves \$33.4 billion in indirect costs.<sup>35</sup>



Source: YCCO claims data, 2016-8

Child immunization rates are measured as the rate of two-year-olds who have had all the recommended vaccinations. These are vaccinations for diphtheria, pertussis and tetanus (DTaP), Polio, Measles, Mumps and Rubella (MMR), Hemophilus influenzae type b (Hib), Hepatitis B, and Varicella. In recent years, an anti-vaccination movement has increased fear around vaccinations and reduced the number of parents and caregivers choosing to vaccinate their children

The decreased vaccination has led to recent outbreaks of diseases like measles that were thought to be eliminated. The drop in immunizations poses a threat to herd immunity, which is the idea that vaccinating children and adults who are old enough or healthy enough to

receive vaccinations will protect those who are not able to be vaccinated. The only way to protect populations against rapidly spreading disease is when the majority is immune.

As the graph above shows, immunization rates for YCCO children jumped to 77.9% in 2018, which are some of the highest among CCOs in the state. YCCO works to make sure children have free access to vaccines that will protect them throughout their lives.

### **- Preventive Screenings -**

Health care in the United States is often based on treating symptoms when they appear instead of catching and preventing them before they start. Prevention starts before birth, with ensuring planned, healthy pregnancies and complication-free births. It also includes ensuring that social and environmental factors that negatively affect children like poverty, abuse and neglect, and food scarcity are eliminated. Whether social and environmental needs are met, checking in with a doctor regularly helps make sure potential illnesses are caught before they become bigger problems. Prevention services that promote making healthy lifestyle choices are key for good health and well-being. Nationally, Americans use preventive services about half as much as recommended, with cost of services often a main cause for this discrepancy. With chronic disease accounting for 7 of every 10 deaths among Americans each year and 75% of health spending nationwide, it's crucial to have access to screening services.

### **- Colorectal Cancer Screening -**

Cancer has a major impact on society, estimating \$147.3 billion in medical care expenditure in the United States. The most common cancers are breast cancer, lung and bronchus cancer, prostate cancer, rectum cancer and melanoma of the skin.<sup>36</sup> Cancer mortality is higher among men than women (481.0 per 100,000 men and 417.1 per 100,000 women). The median age of diagnosis is estimated at 66 years old, but 17.8 % of cancer cases are being diagnosed between 35-54 years of age.<sup>37</sup>



Cancer screenings is a preventive measure to ensure early detection which can be life-saving. One screening that YCCO uses as an indicator of its members' health is colorectal cancer (CRC) screening, (screening for cancers of the colon or rectum). Colorectal cancer is the second deadliest cancer, but is very easy to prevent with regular screening, which does not always need to be a colonoscopy. CRC screening can happen at home with a mail-in kit, or through other procedures in the doctor's office. Rates of CRC screening for YCCO members were 49.9% in 2017, with 55.9% in Yamhill County and 64.8% statewide. Since people on Medicaid are not receiving these life-saving screenings at the same rate as the general population increasing screening rates is a focus area for improvement for YCCO.

There are myriad reasons people might not access preventative care, including the fact that it is often frightening or uncomfortable to get screened or a talk to a doctor about personal issues. A local Yamhill County survey found that the main reasons parents found it difficult to get to a doctor was time, not knowing the well-visit schedule, and perceiving that their child didn't need to go to the doctor when they're not sick. The top response for youth that took the survey was not needing to go to the doctor when not sick. Prevention requires a shift of culture to make well-care just as important as sick-care.

YCCO continues to increase its understanding of why people are not accessing care, especially within specific demographics and subgroups. While vaccination rates for young children on YCCO are higher than the population, CRC screening rates are lower. The more detailed data YCCO has about disparities within particular populations and illnesses, the more ability there is to address these issues effectively in the region.

# |Section 6: Mental Health and Substance Use

Mental health affects people of all race/ethnicities, ages, genders, gender identities, incomes, and social statuses. However, factors like discrimination, institutional racism, or stigma because of any aspect of someone's identity can increase the risk of struggling with mental health and can increase the risk of suicide. An estimated 26% of Americans age 18 years and older have been diagnosed with a mental health disorder in any given year and 46% will have a mental health disorder during their lifetime.<sup>38</sup> These diagnoses can include things like anxiety, substance use, depression, behavior disorders, persistent suicidal thoughts, schizophrenia, and Alzheimer's disease. The risk can be greater in rural areas where there is increased isolation from others and from treatment. Loneliness and isolation cause an increased risk of depression, cognitive decline, early onset of Alzheimer's disease, and many other risk factors.<sup>39</sup>

Behavioral health includes both mental health and substance use, which is the use of different substances like alcohol, marijuana, heroin, prescription drugs, and other legal and illegal drugs in order to change someone's state of mind or mood. Mental health problems and substance abuse are both issues that can be treated with help from professionals, group or individual therapy, and/or medications, in the same way physical health problems are treated by professionals.

## - Getting Care -

Mental health is equally as important as physical health, and the two are fully intertwined, but the two are not always associated and are often treated as separate from one another. Yet 96% of people responding to the YCCO Community Health Survey indicated that they agree or strongly agree that mental health affects the

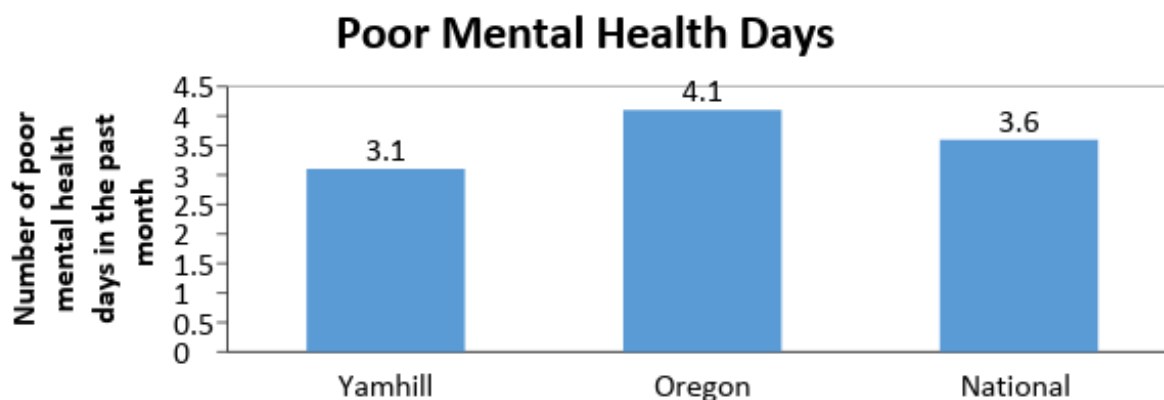
body. YCCO is working to integrate the two in other ways, placing people who address mental health in clinics for primary care and vice versa. There are behaviorists in every school district, yet respondents to the YCCO community survey still listed mental health as a key issue to address; it is one of the few issues that was not as highly ranked in the 2014 survey. Focus group respondents brought up mental health again and again. The most recent satisfaction survey from Yamhill County Health and Human Services indicates a high level of

**"With mental health crises, people may sit in the ED for days because there is nowhere else to go."**

*Developmental Disabilities  
Committee Focus Group, McMinnville*

happiness with services. Less than 6% of respondents said they felt staff treat them unfairly, and 97% of people said the staff treat them with dignity and respect at all times.

Part of collecting this information is understanding where the gaps are and continuing to ask questions to get a more complete picture. The graph below indicates that Yamhill County residents experience fewer poor mental health days than the state or the country, but this issue continues to be ranked as a top need. Mental health is more than attending therapy and/or taking medications, it includes social connections, finding purpose or fulfilling activities, and finding coping strategies like exercise or meditation.



Having good mental health sometimes means getting help. 2,803 people on YCCO received services at Yamhill County Health and Human Services (YCHHS) mental health clinics in 2017, which is only about 11% of the total members. However, there are other places people can access mental health services that YCCO does not have data on, and many people simply do not need or think they need mental health services, so these numbers are likely lower than reality. These numbers could still hint at barriers to getting services, including stigma or lack of providers with appropriate training to meet cultural needs. For example, only 2.4% of these were Spanish-speakers, even though Spanish speakers represent almost 10% of YCCO membership.

## - Suicide -

Results from the 2018 Student Wellness Survey show that the rate of suicidal thoughts for youth in grades 8 and 11 are higher than the state. YCHHS reported three members both expressing suicidal ideation and completing suicide in 2017. Good mental health support, social support, and media messaging can all impact suicide rates. Prevention programs like the Good Behavior Game (GBG), a classroom intervention that builds connections and purpose among children, and Starting Strong, a program which support individual student mentors, are both examples of programs that can build protective factors for children.

### 4.2 Depression and Suicide Ideation

Suicide is the second leading cause of death among Oregon youth aged 10-24. Depression is the most common underlying cause of suicide. The following table reports the percentage of students who had signs of depression, thoughts about suicide, or actually attempted suicide during the last 12 months.

Table 22: Depression and Suicide Ideation by Students  
Past 12 Months

	Grade 6		Grade 8		Grade 11	
	County %	State %	County %	State %	County %	State %
Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	20.0	22.8	30.5	29.2	34.2	35.6
Did you ever seriously consider attempting suicide?	8.0	13.3	21.3	19.9	20.8	19.7
Actually attempted suicide?	4.8	7.5	10.8	10.2	6.1	8.1

• Percentages exclude missing answers.

2018 Student Wellness Survey

Social isolation, or spending a lot of time alone, can contribute to less-than-optimal mental health.<sup>40</sup> Older populations are more likely to live alone, and older people generally have higher suicide rates.

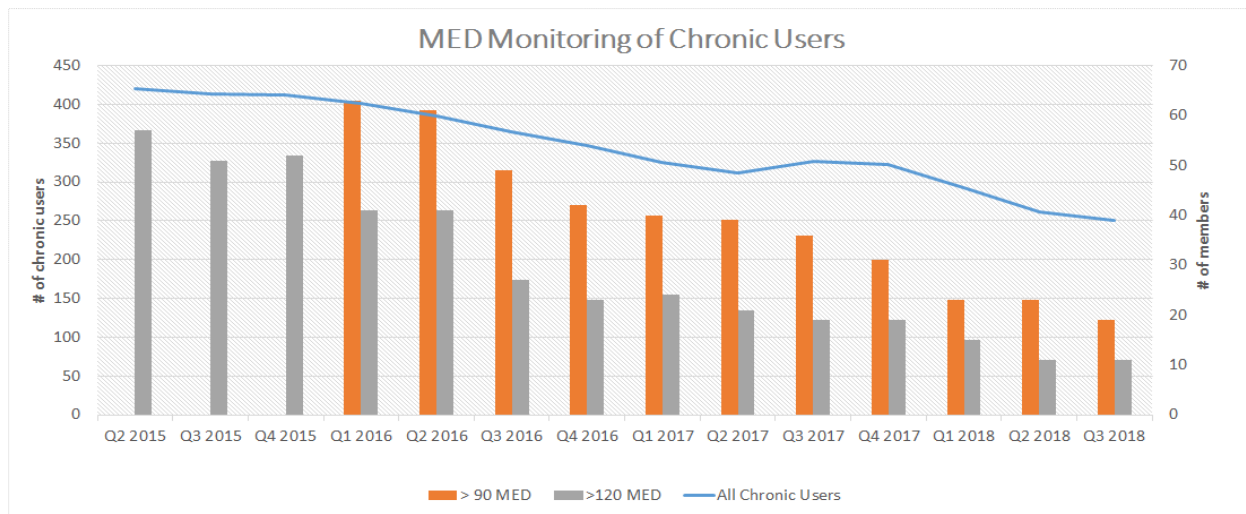
The below chart depicts number of people who live alone in three age brackets.<sup>41</sup> Fewer older Yamhill County people live alone than in the state or nation overall, but this risk factor will continue to be monitored.

<b>Rates of Living Alone in 2017</b>	<b>Age 15-34:</b>	<b>Age 35-64:</b>	<b>Age 65-plus:</b>
<b>United States</b>	22.8%	22.7%	42.9%
<b>Oregon</b>	20.5%	22.9%	43.2%
<b>Yamhill County</b>	11.1%	18.3%	40.6%

## - Opioids -

Opioid pain medication use has shown to present serious health risk including overdose and opioid use disorders. In the past decade, opioid death has increased rapidly in the United States, making it the leading cause of death in the country.<sup>42</sup> More people are dying from opioid overdoses than from car accidents. The increase of opioid pain medication prescriptions parallels the opioid-related overdose deaths.<sup>43</sup>

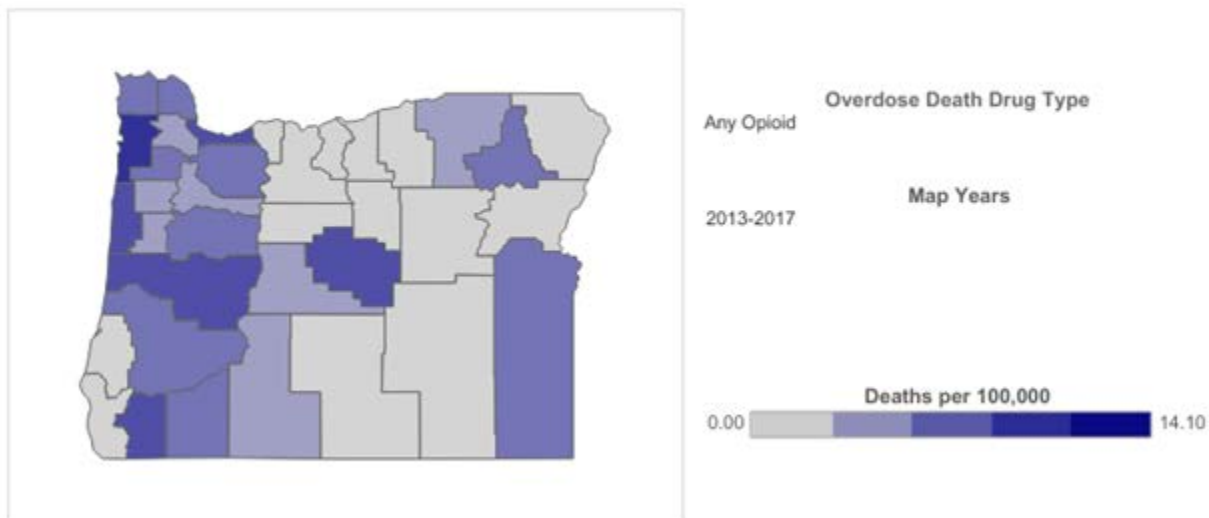
Opioid use and chronic pain are complicated issues that the community and the nation have been grappling with for years. One main strategy YCCO uses to create guidelines limiting the number of opiates doctors prescribe to their patients. This reduces the overall number of pills in the community.



Limiting prescriptions, however, creates a need for effective addiction treatment and alternatives to manage pain. Nationally, while deaths from methadone (usually prescribed pills) have fallen almost 10%, deaths from other opioids like heroin have increased.<sup>44</sup>

For residents that are struggling with opioid use disorders, Yamhill County has begun to offer medication-assisted treatment (MAT) services. MAT is a substance use disorder treatment that combines counseling with medication support. Currently four providers within the county provide Buprenorphine or Vivitrol MAT services in the County. There are no methadone MAT services in the county, meaning some people must travel to Salem or Portland to access these resources.

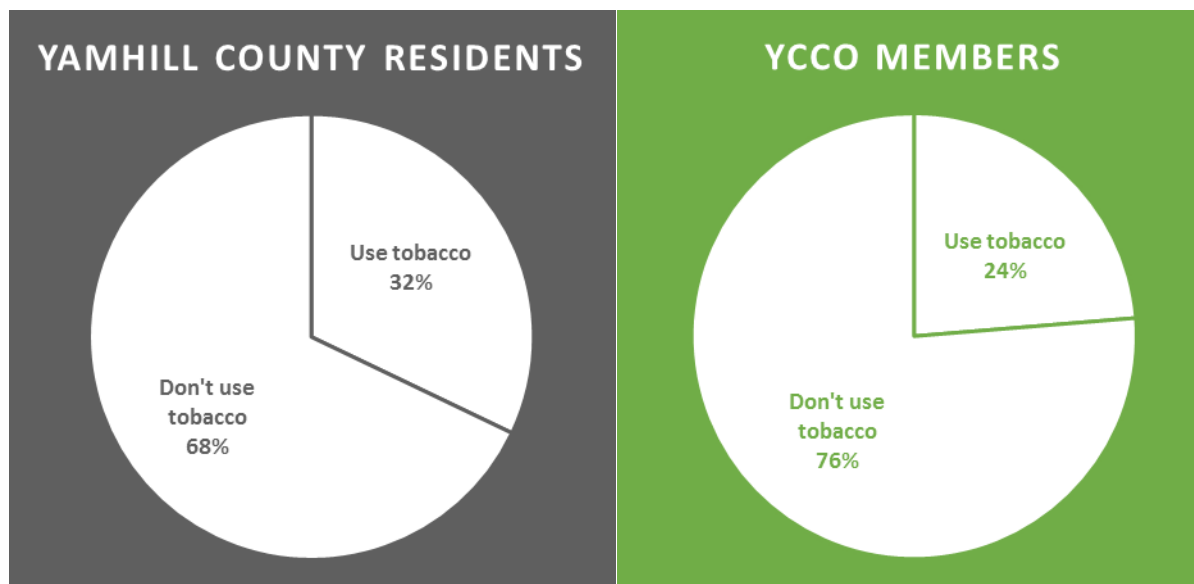
## Oregon Drug Overdose Deaths - Death Certificates



Yamhill County does not lead the state in opioid deaths, but people in the county see the impact of opioids regularly. In addition to MAT services, YCCO and Yamhill County are partnering to make Narcan more widely available, which can prevent death in the case of an overdose; explore alternative pain management resources; and to fund a needle exchange to help reduce the harm caused by reusing needles.

## - Tobacco Use -

The biggest cause of death that could be prevented is smoking. Tobacco use is expensive and high-risk. Though many people want to quit smoking, quitting an addictive substance is incredibly difficult and much less likely to happen without support.<sup>45</sup> Increases in vaping and the use of e-cigarettes presents a new risk, especially for younger people; prevention is a key component of addressing the problem of tobacco use. The most recent information averaging 2013-2017 indicates that YCCO members are using tobacco at a slightly lower rate than the county as a whole, although typically tobacco use rates are higher for those on Medicaid (in Oregon, 25% of residents use tobacco, while 35% of OHP members do).



Source: Oregon Public Health Assessment Tool 2014-17

Resources to quit smoking tobacco in Yamhill County are fairly limited and underutilized. Quitline is a benefit to YCCO members and is also available through YC Public Health to anyone in the county. People can call Quitline when they are ready to quit and receive both phone counseling and nicotine replacement therapies, like patches and gum, for free. However, only 34 YCCO members used Quitline in 2017. The other service that has been available is the Willamette Valley Cancer Foundation's in-person tobacco cessation classes. These have an average of 32 attendees per year. The more times someone tries to quit, the more likely they are to quit, and so having a plethora of available ways to support quit attempts is a key strategy for YCCO.

# |Section 7: Oral Health

It is only within the past five years that OHP members could get dental care as a covered benefit. Many members still aren't aware they have dental, according to focus groups, although it seems many do: 93% of survey respondents with children on OHP reported that they knew their children have dental coverage.

Oral health is an essential aspect of an individual's whole-body health and its importance is often overlooked. 95% of survey respondents confirmed that oral health affects physical and mental health. Oral health impacts self-esteem, work and school attendance, ability to speak, smile, and eat. Oral health involves the wellness of the teeth, gums, and the mouth and face. Poor oral health can lead to the development of oral diseases like cavities, gum disease, and oral cancer. It is also linked to heart disease, premature and low birth weight babies and tooth loss.<sup>46</sup>

Despite all their risks, oral health issues are incredibly common. Nearly one-third of all adults in the United States have untreated tooth decay, or tooth cavities, and one in seven adults ages 35 to 44 years old has periodontal (gum) disease. By the age of 34, more than 80% of people have had at least one cavity and more than 40% of adults have felt pain in their mouth in the last year.<sup>47</sup> Tooth decay is the most prevalent chronic disease affecting children in the U.S. One in five children ages five to 11 and one in seven adolescents aged 12 to 19 have at least one untreated decayed tooth. Youth from low income families have a higher rate of untreated tooth decay than their peers from higher-income households.<sup>48</sup> It is difficult to have good oral health without access to good, nutritious foods low in sugars and simple carbohydrates, or access to oral health supplies and education.

Tooth decay or cavities occur when the enamel on the tooth is broken down by the acids created by bacteria from the plaque that gathers by the gum line and in the crevices on the chewing surfaces of the tooth. Periodontal or gum disease occur when the gums and bone that support the teeth become infected and inflamed. A weakened immune system, poor oral hygiene, diabetes, or genetics can all increase an individual's risk for gum disease.<sup>49</sup>

Fluoride is something that helps strengthen teeth and prevents dental diseases, but not everyone can buy fluoride toothpaste regularly or maintain consistent brushing and flossing habits. Fluoridating water is a key way to reduce cavities and improve oral health for individuals and families, especially those who face barriers to accessing dental health care or who cannot afford fluoridated products. Only two towns in Yamhill County incorporate fluoride into their water systems, McMinnville and Sheridan.



## - Getting Care -

Going to the dentist regularly helps to keep on top of fighting plaque and gum disease. As shown in the table below, children who are YCCO members are more likely to be taken to the dentist than adult members. 68% of children who have dental coverage are using these services, while only 35% of adults are. Focus groups indicated some difficulty in getting appointments, but dental care has been steadily improving for YCCO members since the health plan started working with a single Dental Care Organization: Capitol Dental Care. Capitol has capacity to serve YCCO's entire membership, and YCCO will continue to track engagement and utilization as awareness of the benefit and coordination with Capitol goes on.

### Capitol Dental: Oral Health Engagement 2018

Age segment	Enrolled	Seen	% Utilization
0-17	7,519	5,107	68%
18+	9,115	3,226	35%
Total	16,634	8,333	50%

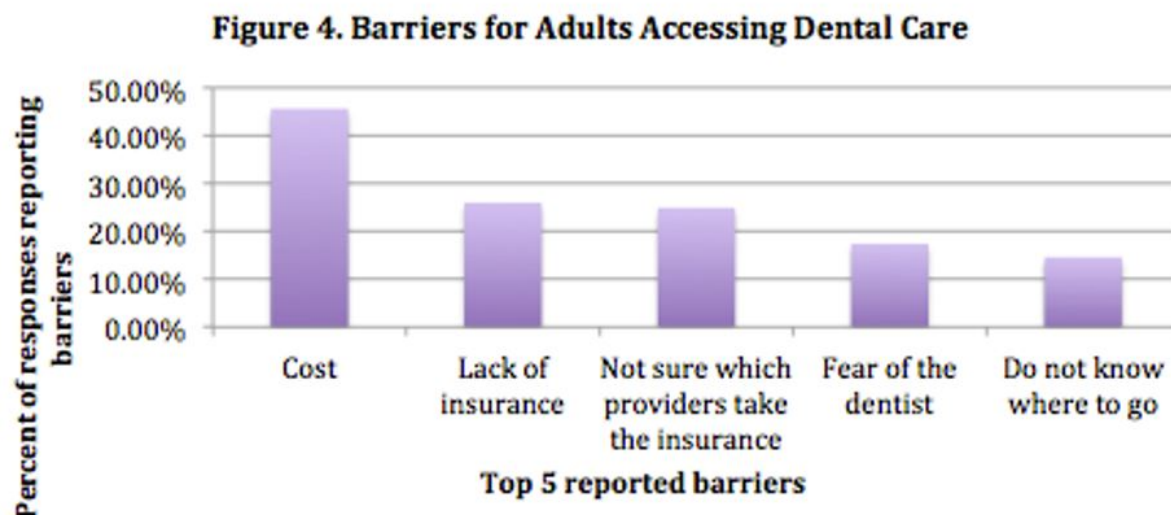
The percent of people going to the dentist is higher for YCCO members that identify as Hispanic. This many indicate that

there are fewer language barriers in the dental setting for those who speak Spanish or stigma about going to the dentist for that population, but this will require a better understanding about access to dental care for each demographic group.

Ethnicity	Sum of Enrolled	Sum of Seen	% of enrolled population seen for care in 2018	% of population
Caucasian -English	13,180	6,205	48.7%	79.2%
Hispanic (includes Portuguese and Spanish speaking)	2,733	1,763	66.3%	16.4%
Other Undetermined	271	175	70.4%	1.6%
Native American	185	80	49.5%	1.1%
Asian	119	57	50.7%	0.7%
African-American	102	42	46.5%	0.6%
Pacific Islander	22	6	37.5%	0.1%
Swahili	13	3	37.5%	0.1%
Russian	7	2	50.0%	0.0%
Indian	2	0	0.0%	0.0%
<b>Total</b>	<b>16,634</b>	<b>0</b>	<b>100.0%</b>	<b>100.0%</b>

## - Barriers -

Survey respondents to a 2016 Yamhill County Oral Health Needs Assessment indicated good oral health overall— 45% reported good oral health 12.4% very good, while 30% of respondents said their oral health was only fair and 13.4% said poor. Additionally, though most respondents to the YCCO Community Health Survey knew their children had dental benefits if they are on OHP, education around oral health is limited.



In a 2015 Oral Health Needs Assessment Survey of Yamhill County residents, respondents reported the barriers listed in the graph above, naming cost and insurance as key issues, yet this should not present as a barrier to most CCO members. Additionally, fear was listed as the fourth highest barrier, which necessitates addressing how to integrate trauma-informed care and more social supports into dental care.

Education around benefits could extend to education around oral health in general. Like any chronic disease, caring for dental health requires management outside of the clinic. One fifth of respondents to the survey said children should have their first dentist appointment after their second birthday, while children should be having a dentist appointment as soon as they get their first tooth, or their first birthday. Dentists and hygienists can help reduce fear for both adults and children, and offer education around good brushing and flossing habits, limiting infants' time with bottles, and restricting fruit juices and sodas.

## - Dental Sealants for Children -

YCCO can track indicators of good dental health. One of those is sealants. Sealants are a substance brushed onto teeth, usually a child's first molars, to help keep bacteria and decay from taking hold on the teeth. Sealants are often administered in school settings, where dental providers can reach the most children, with their caregivers' consent.

In 2016, 19.7% of YCCO children between ages 6-14 received sealants on their molars, which will help them prevent decay in permanent teeth and reduce risk of cavities. In 2017, this number jumped to 23.2%, meaning more children are getting dental care. Much of this is due to programs in schools, which reach a large number of children at once, in an environment they feel comfortable.

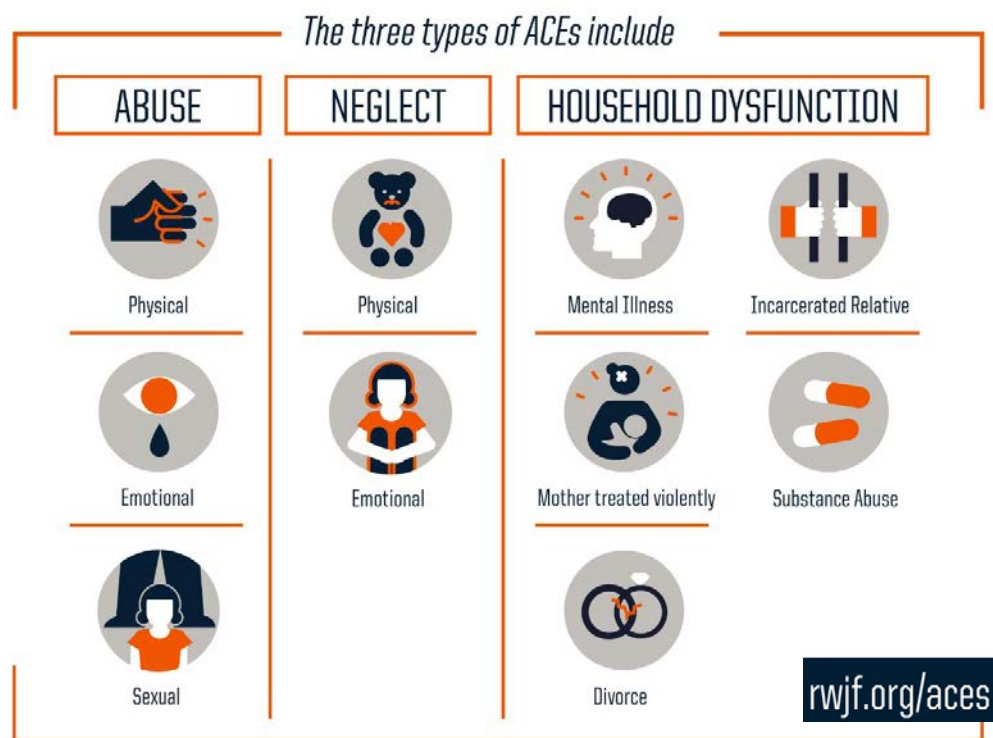
Two of the top three reasons people who were not engaged with primary care visited the emergency room in 2018 were related to dental issues. More education about dental needs, dental care, and accessing preventative dental services and advice outside of clinic hours can help reduce these issues and reduce the need to go the emergency room. Part of the intervention plan includes delivering dental care in an increased number of settings outside of a dental office, like in schools, as well as primary care or maternal medical homes and in places like peer support centers. In these settings, people may feel safer and more comfortable. Accessing dental care in general can be a traumatic or retraumatizing experience, and YCCO continues to develop and explore strategies to improve the experience of care for its members.

# |Section 8: Trauma & Resilience

## - Adverse Childhood Experiences -

Adverse childhood experiences (ACEs) are events like neglect, abuse, violence and/or a distressed family environment that affect a person before they turn 18 years old. These events can disrupt stages of a child's development and make children more likely to have negative health effects later in life. Research has shown a link between ACEs and poor health outcomes including risky health behaviors, chronic health conditions, and even early death.<sup>50</sup> New discoveries about toxic stress also indicate that ACEs can actually change the way genes are expressed in a person.<sup>51</sup>

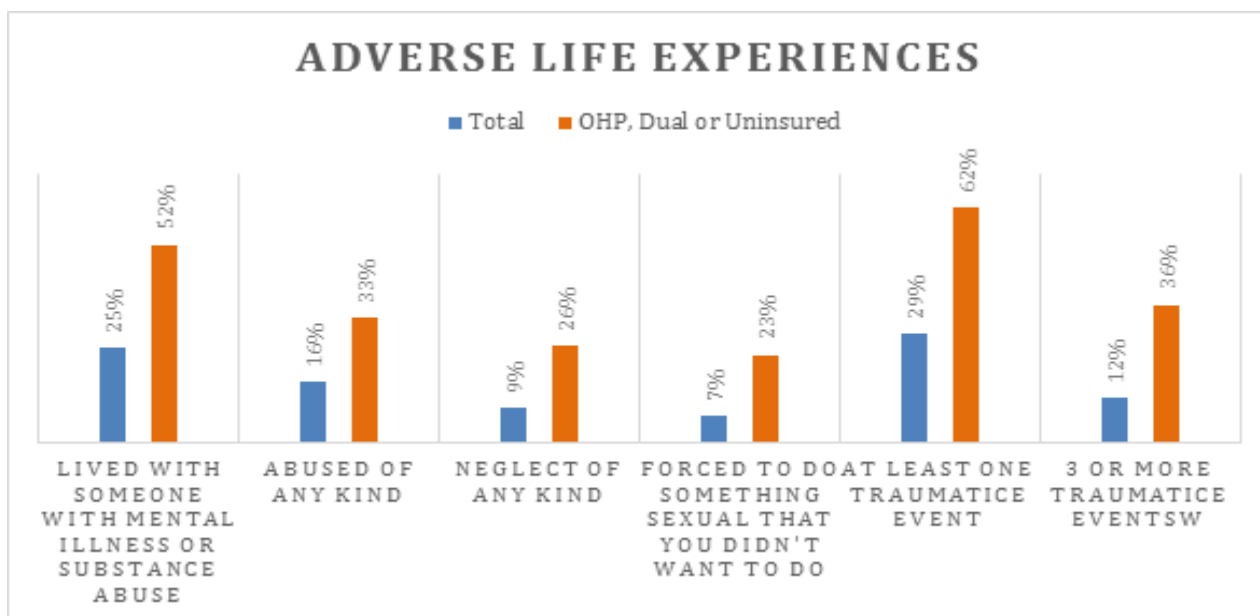
There are ten types of childhood trauma that are measured to determine ACEs score:



Each type of experience is counted as one “point”; the higher someone scores the higher the risk of negative health outcomes over the course of one's life. Other factors continue to expand beyond the original ten to also include things like racism and childhood bullying.

ACEs are not fate; they do not determine a person's life, and with protective and supportive factors like good healthcare and social connections, people can thrive, living largely unaffected by ACEs. Focus group respondents and CAC members both highlighted how people who have experienced ACEs have additional resiliency, empathy, and strength. Of people reporting one or more ACEs in the YCCO Community Health Survey, 91% of those people also said they felt they could recover from stress or bad experiences.

The Providence Newberg Hospital conducted a community health survey that asked questions about the trauma people have experienced. The table below compares responses from individuals on OHP or who are uninsured with the total sample population. The results from the survey were only weighted by age and may not fully represent the Providence Newberg Hospital community population. The data shows that individuals on OHP or who are uninsured have higher rates of trauma exposure than the total sample population.

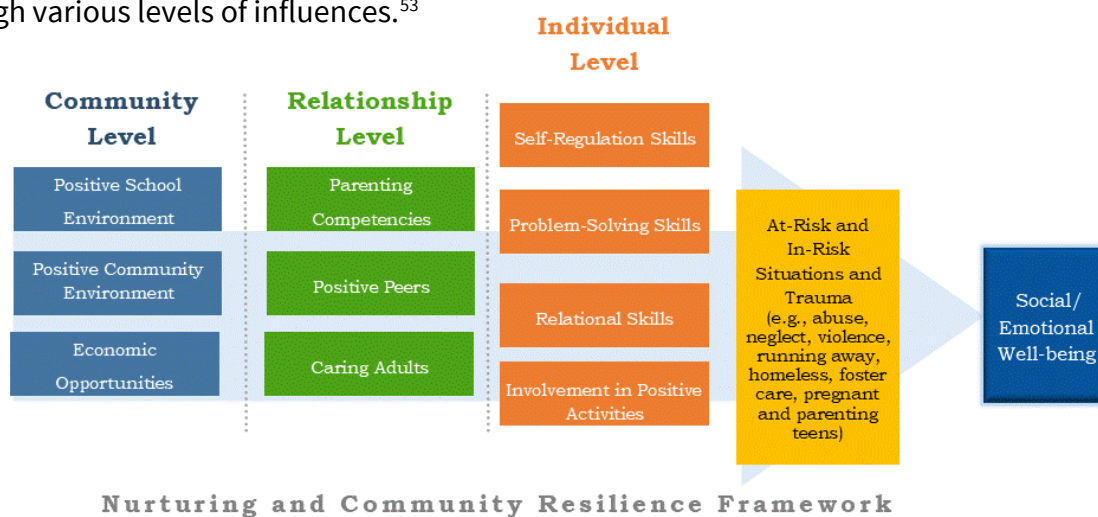


Nearly half of all people responding to the YCCO Community Survey indicated they had experienced at least one bad life event in their childhood that they still think affects them today. In a behavioral health survey performed by Health and Human Services in 2018, 68% of clients reported one or more traumatic event(s) in their or their child's life that has affected their mental health or influenced their use of drugs or alcohol. A huge number of people have experienced some sort of trauma. Those who have are not alone, and services are growing increasingly aware of how to address this. The original study was conducted on largely white, middle-class individuals; while some groups are more likely to experience trauma, it does not discriminate.

## - Building Resiliency -

Protective factors or “buffers” are conditions that help reduce risk and promote healthy development and well-being of children and families. Adopting protective factors can help to strengthen families and build a foundational framework to prevent child abuse and neglect.<sup>52</sup> Programs like Lutheran Community Services’ A Family Place, which offers home visiting, parenting education, diaper banks, and respite support for families help wrap supports around families. This can reduce the risk of abuse and neglect. Parenting is hard, and the many programs in the Yamhill County area can help.

Positive long-term outcomes related to health, school success and successful transitions to adulthood typically do not occur as the result of single intervention. Building protective factors by addressing social and environmental factors can reduce risk and create resilience for all children, youth and families. Below image provides a crosswalk between protective factors through various levels of influences.<sup>53</sup>



Social support is a vital piece of resiliency. Ninety-one percent of community survey respondents said they could rely on at least one close friend or family member when they need help, and 85% of respondents to the 2018 Oregon Healthy Teens Survey said they could rely on support from family and friends during times of stress and need. Seventy percent of 8th graders and 75% of 11th graders report having a teacher or other adult at school who cares about them.

A strong community is one that nurtures everyone who lives, works, and plays there. It creates systems of social, financial, health, and education support that are integrated and aligned in their missions. A healthy community is accessible and inclusive, has diverse resources, and has a focus on the social determinants of health and trauma-informed care. Building resilience and fostering health requires a community to address all of these factors and understand them.

# |Section 9: Community Health Improvement Plan

What's next? The information collected from other assessments; national, state, and local data; YCCO claims and health plan information; surveys; and focus groups was compiled and presented to the Community Advisory Council, CHIP planning workgroup, and in three public forums in Willamina, McMinnville, and Newberg. The issues that rose to the top were used to information strategy forming, and the seven CHIP priority areas were formed from this information, through multiple sessions and discussions: Behavioral health, including suicide, substance use, and tobacco; Trauma and Resiliency; Children and Families; Social Determinants of Health; Access to Care, including experience of care; and Oral Health. The first four align closely with Yamhill County Public Health, and the last three are specific to Yamhill CCO members and initiatives.



The strategies listed in the CHIP will be implemented over the next three to five years and will be closely tracked from baselines identified in 2019 to targets set in the goal year of their completion. Community members can look for regular updates on the YCCO website and through community newsletters like the Service Integration Team list serve.



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