
2019 COMMUNITY HEALTH ASSESSMENT



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WHO WE ARE

COMMUNITY HEALTH ASSESSMENT VISION

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.

YCCO VISION

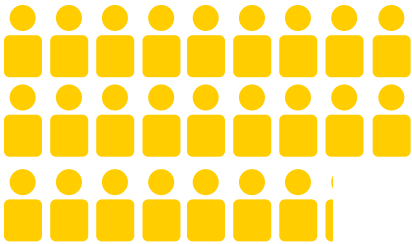
A unified healthy community that celebrates physical, mental, emotional, spiritual, and social well-being.

YCCO MISSION

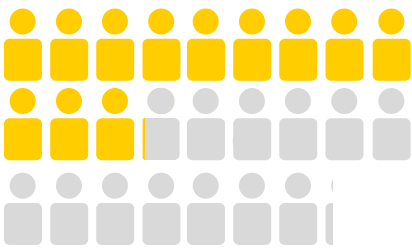
Working together to improve the quality of life and health of Yamhill Community Care Organization members by coordinating effective care.

OUR MEMBERS*

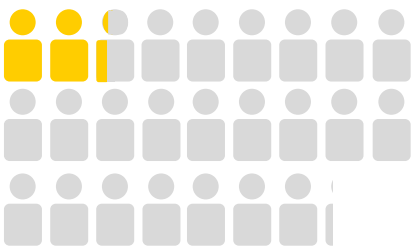
25,072 members



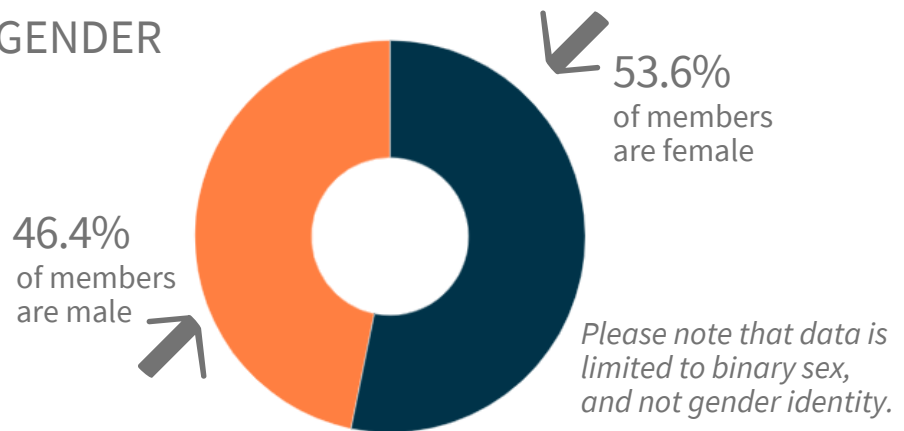
12,066 (48%) are 19 or under



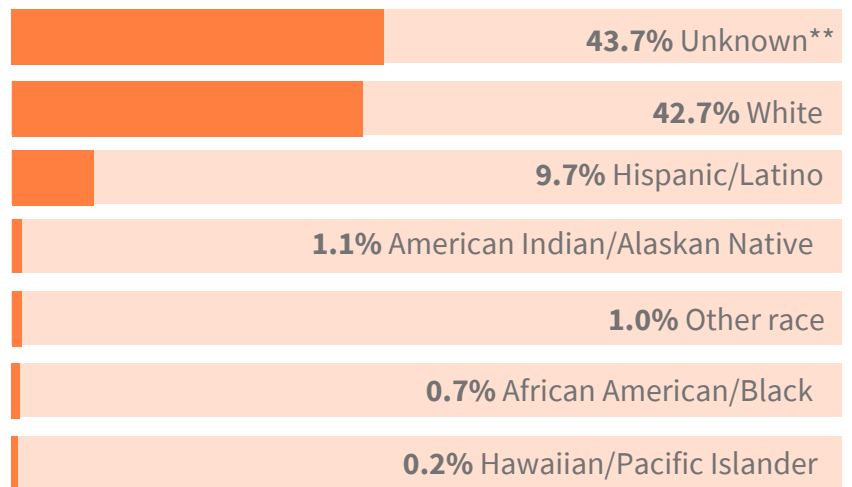
2,277 (9%) are 60 or older



GENDER



RACE/ETHNICITY



LANGUAGE

12.9% of members speak a language other than English.

Our members speak over 22 languages.

The most frequently spoken languages are English and Spanish.

“Everyone is self-sufficient and independent, [but] if there is a need the community will swarm together to help out.”

-Grand Ronde SIT

*Information compiled from 2017 data

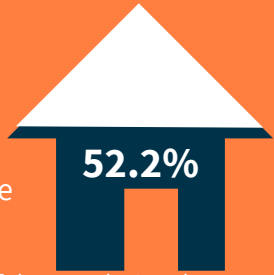
** YCCO data on its members' race and ethnicity is very limited. We do not know the race of more than four out of every ten members. This is an area of focus moving forward.

 = 1,000 people

SOCIAL DETERMINANTS OF HEALTH

AFFORDABLE HOUSING

52% of County residents don't have affordable housing.



**Based on the percent of the population that pays more than 30% of their income on rent.*

1,386 people were counted as living in shelters, in unsheltered locations, or couch surfing during the 2018 YCAP Homeless Count.

In need of housing support?

Reach out to YCAP by calling 503-472-0457 or visiting yamhillcap.org/shelter.

“ People are leaving the whole county because there’s not housing anywhere...they are on housing waiting lists for years and years. ”

-Newberg SIT

These are the main factors, or social determinants, that influence and impact the health outcomes of individuals and groups.



TRANSPORTATION



In rural communities the bus only runs 5 times a day during the week and not at all on the weekend.



YCCO offers free transportation to medical appointments for all OHP members.

Call 1-844-256-5720 to schedule a ride.

“ Even available childcare is all booked up; people can’t leave children to go to work. ”

-Grand Ronde SIT

“ There are a lot of resources, but if families can’t make it to them it’s not helpful. ”

-Grand Ronde SIT

FAMILY & YOUTH

#1 Respondents voted that access to affordable healthy food was the top factor that might improve children's well being in Yamhill County.

As of 2018, the median annual price of toddler care in Yamhill County is

\$11,844

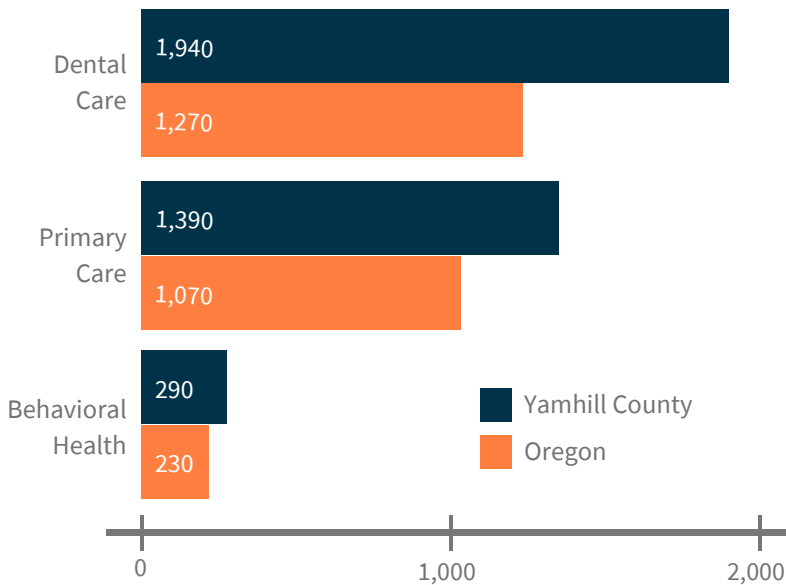


DO YOU KNOW?

67% of single mothers in Yamhill County live under the poverty line.

HEALTH FACTORS

NUMBER OF COUNTY RESIDENTS PER PROVIDER IN 2018



HOW MANY YCCO MEMBERS ARE GETTING TO THE DOCTOR?

50% adults had a doctor visit (2017)

66% kids had a doctor visit (2017)

35% adults had a dentist visit (2018)

68% kids had a dentist visit (2018)

7% adults had a mental health or addictions visit to an HHS clinic (2017)

4% kids had a mental health or addictions visit to an HHS clinic (2017)

TOP HEALTH PRIORITIES IN 2019

WEST VALLEY
Health Education
Mental Health
Alternative Health Care

YAMHILL-CARLTON
Mental Health
More Doctors
Health Education
Extended hours

PRIORITIES IN 2014

Extended hours
Health education
More doctors

NEWBERG-DUNDEE
Mental Health
Transportation
Housing

MCMINNVILLE AREA
Mental Health
Alternative Health Care
More doctors

“ [I] can't get in [to the doctor's office] the same day anymore, but I used to. They want you to go to the ER instead of trying to fit you in...[you] feel like you're just a number. ”

MOBILIZING FOR ACTION

NEXT STEPS

Yamhill Community Care surveyed 571 people in the community, held over 15 focus groups, and used national, state, local, and health plan data to understand what is going on in the community. This information will be used to inform and guide the development of goals and strategies to address identified needs in the Community Health Improvement Plan (CHIP) with the overall goal of improving the health of Yamhill CCO members.

OUR GOALS

Identify gaps that need filling

Spark interest among fellow community members

Improve the health and well-being of every person in Yamhill County

Foster community connections

GET INVOLVED!

Attend Community Health Improvement Planning sessions

Send feedback!
info@yamhillcco.org

Have your organization or agency adopt a strategy to achieve our community goals

“El tener una comunidad latina vibrante, que les gusta estar aquí.”

-Promotores de Salud focus group

“Yamhill County has more services and resources than other [counties]; they reach out more.”

-Dayton SIT

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

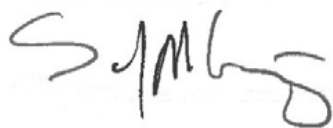
gaps in knowledge and attempts to be transparent about those. Agencies can collectively always do better, especially in collecting demographics, where understanding things like race and ethnicity, gender identity and sexual orientation, housing situation, and other parts of community members' identity 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,

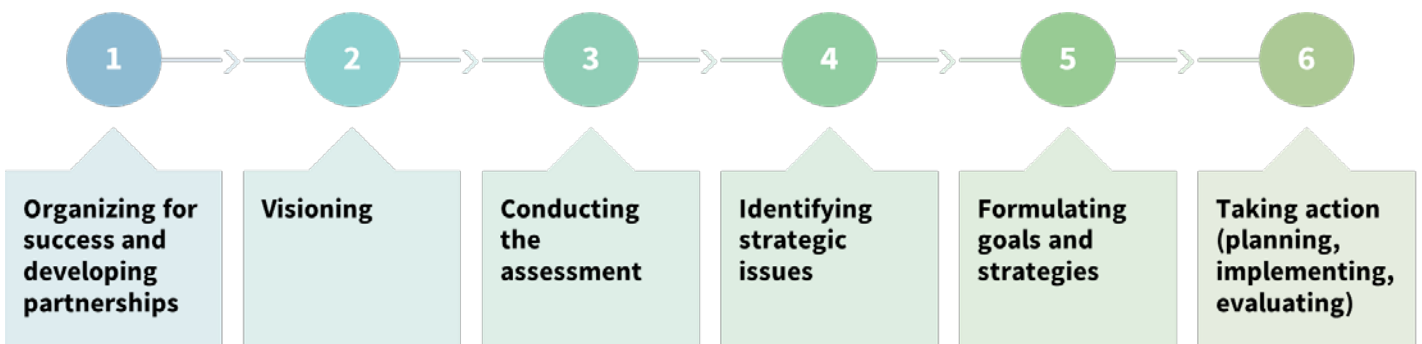


Seamus McCarthy, PhD
President & CEO, Yamhill Community Care

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 Health education More doctors	Mental health 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
Massey Casper	Housing Authority of Yamhill County
Amanda Champagne	Yamhill Community Care
Karen Hall	Capitol Dental Care
Jenna Harms	Yamhill Community Care
Tyler Hartman	Yamhill Community Care
Emily Johnson	Yamhill Community Care
Samantha Kinney	Yamhill County Public Health
Brian Leon	Yamhill County Public Health
India Neville	AmeriCorps VISTA
Cristina Pinzon	Virginia Garcia Memorial Health Center
Ginny Rake	Project ABLE and Community Advisory Council
Vicki Woolsey	Newberg Children’s Clinic
Yanira Vera	Housing Authority of Yamhill County

Staff Support- YCCO & YCPH interns

Cailyn Cattell	Linfield College
Hannah Ellsworth	Linfield College
Cameron Fox	Linfield College
Audrey Hyem	Linfield College
Katelyn Obregon	Linfield College
Korynn Oleson	Linfield College
Kameron Walker	Linfield College

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.¹ 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 10th largest county in the state, with a population of a little more than 100,000.² 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.³ Sheridan, in the west part of the county, is a 30-minute drive from McMinnville and has 6,206 people.⁴ 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.

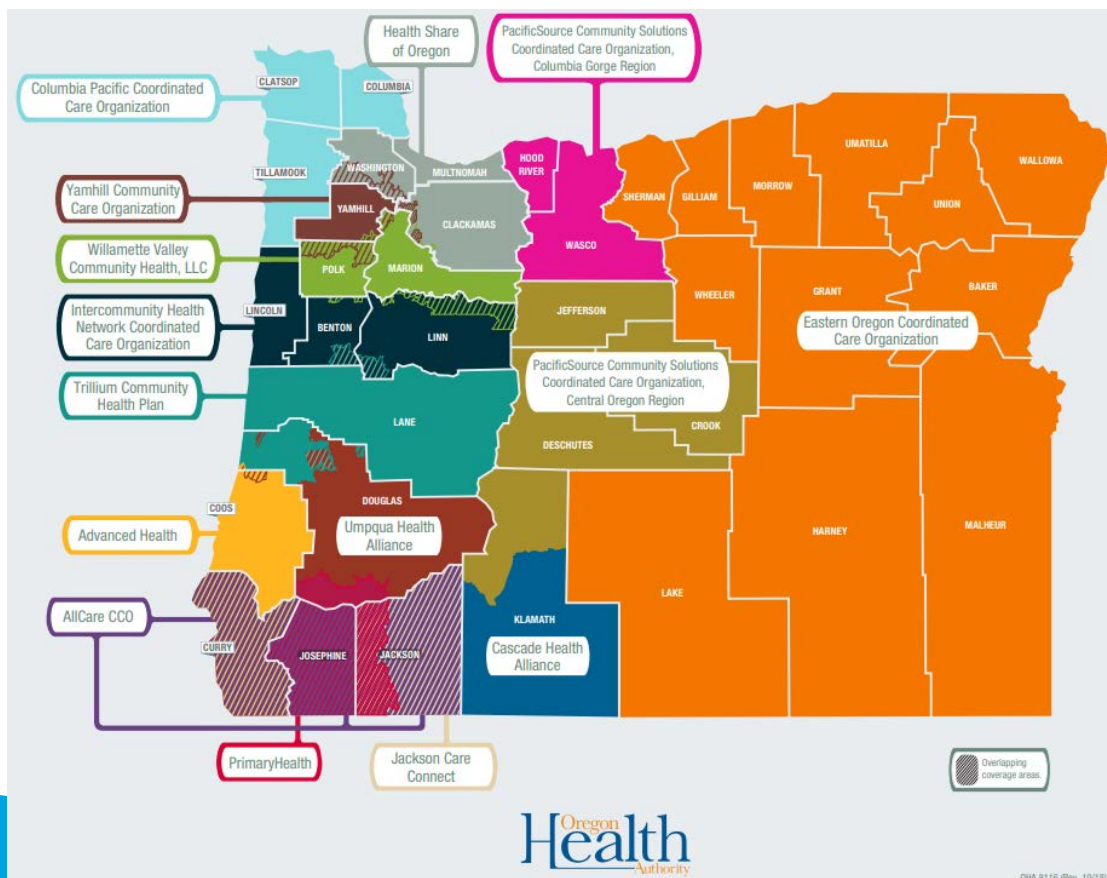
The **Forces of Change Assessment** measures environmental forces affecting the health of Yamhill County residents. CAC members performed this assessment to contextualize the issues and strategies in the CHA and CHIP, respectively.

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.

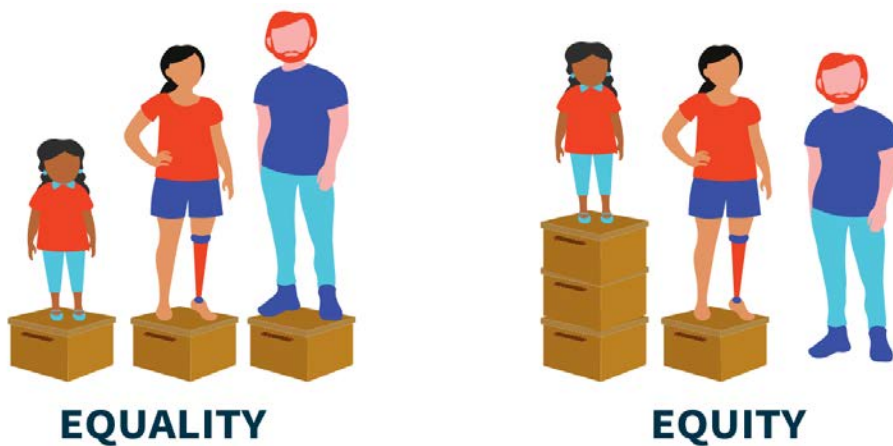
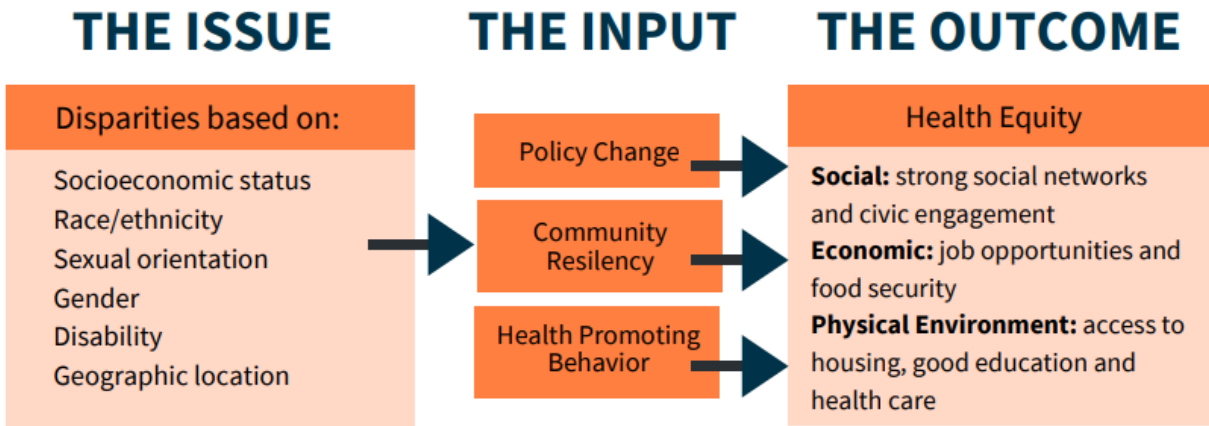
- Health Equity and Social Determinants of Health -

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.”⁵ 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.

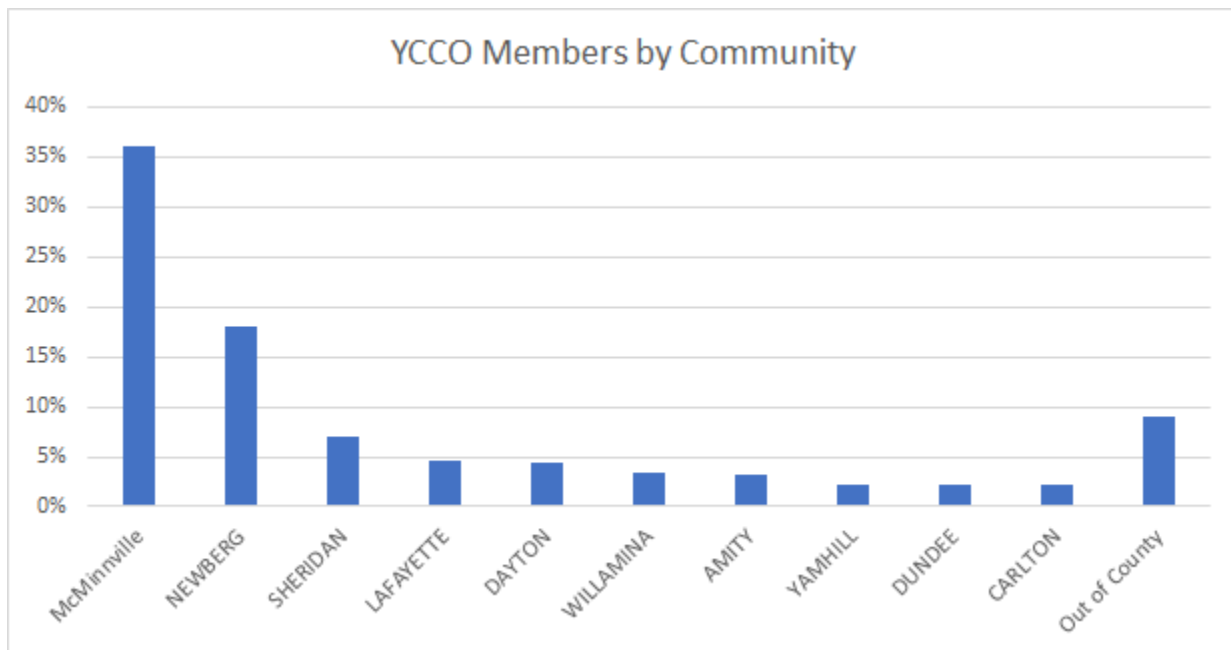
SOCIAL DETERMINANTS OF HEALTH



| Section 2: Who We Are

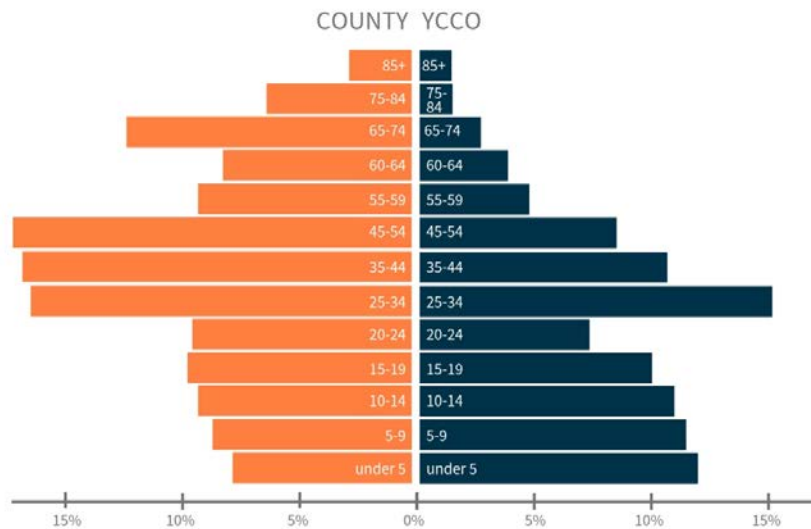
- Geography and Rural Living -

Yamhill County is home to approximately 103,000 people. Approximately 23 percent of Yamhill County residents live in rural areas.⁶ 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.



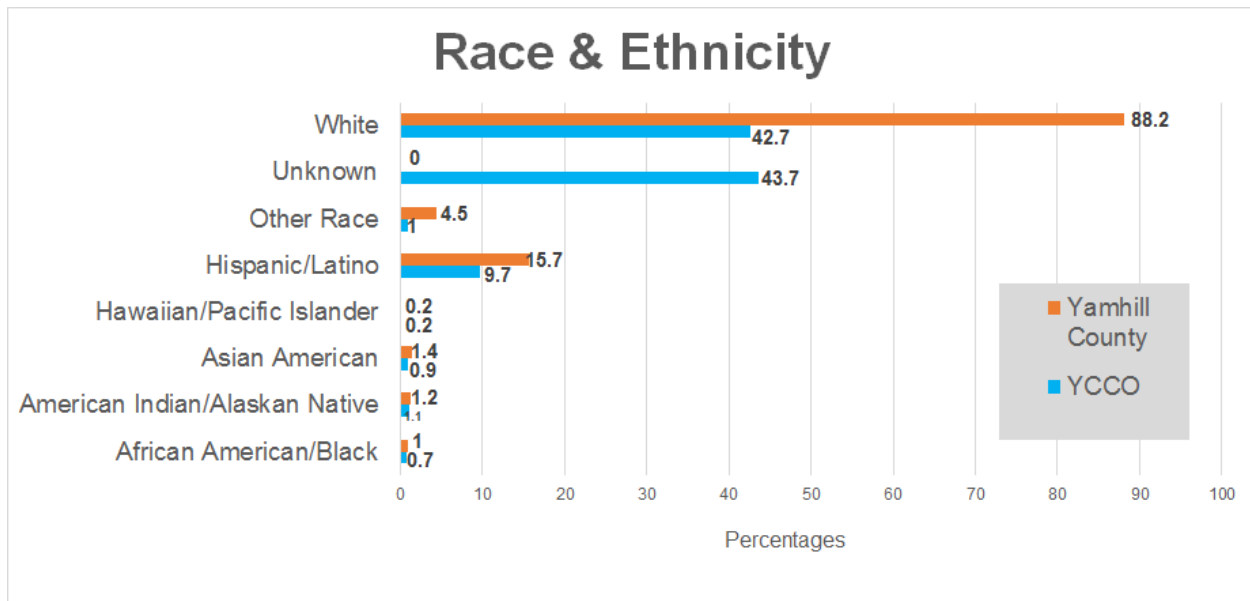
Source: ACS 2017 5-year average; YCCO member data 2018

- 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.).⁷ 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.



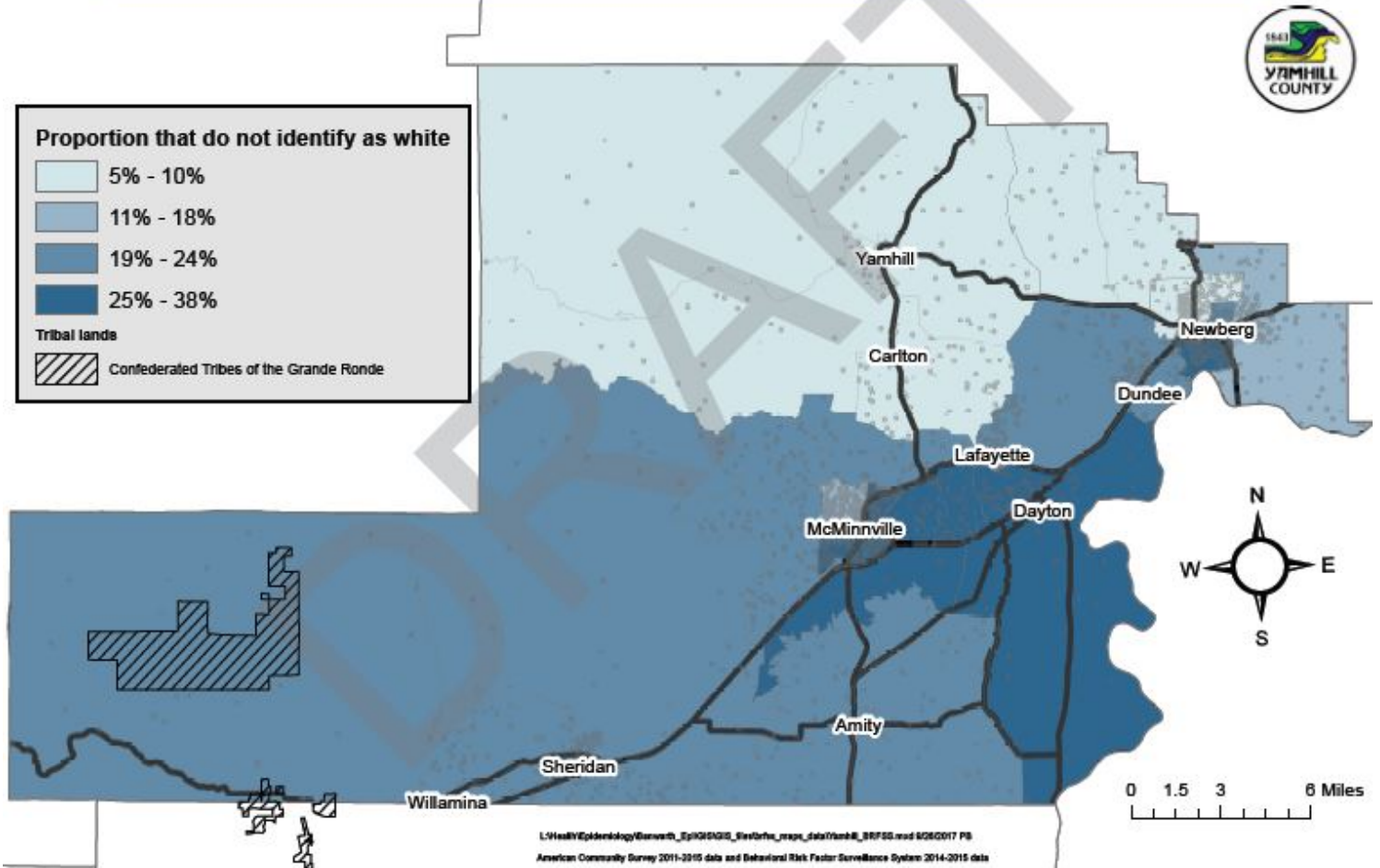
Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2013-2017 and YCCO race/ethnicity data 2017

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.⁸ 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.⁹ 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.^{10,11} 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:

Proportion of residents who do not identify as white Yamhill County, 2015



- 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 -

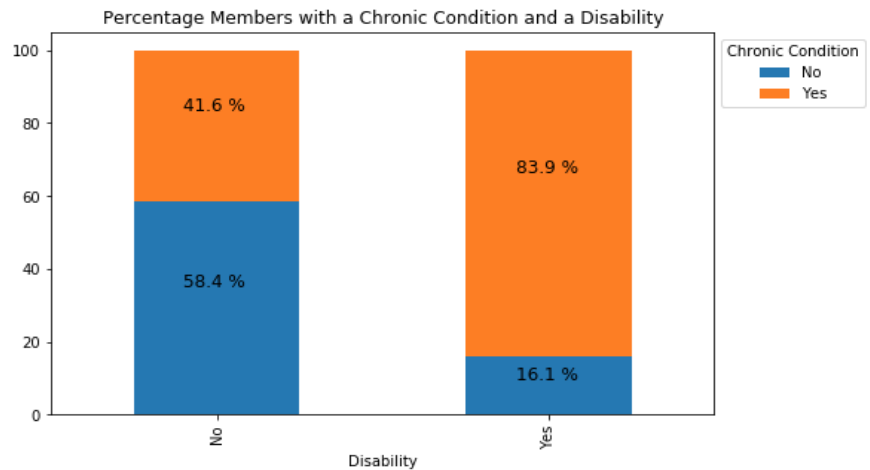
A disability may include physical, intellectual, or sensory impairment, medical conditions, or mental illness. Such conditions may be permanent or short term, but typically affect day-to-day functioning.

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;¹² the design of communities can limit opportunities for recreation or access to healthy, affordable food;¹³ 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.”¹⁴ 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.¹⁵

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.¹⁶ 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.

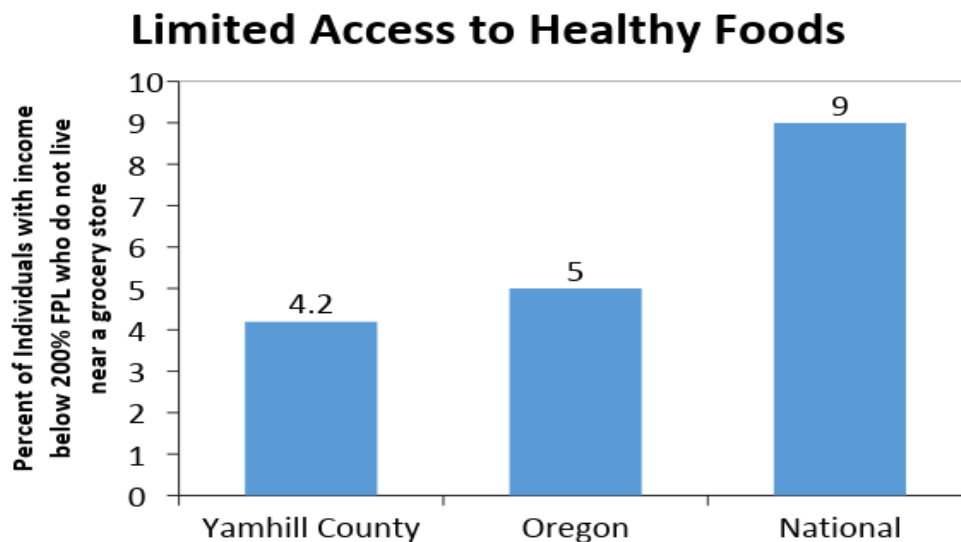
YCAP Homeless Count	2018
Total count	1, 386
Sheltered count	240
Unsheltered count	417
Couch Surfing	729
Male	680
Female	691
Transgender	3
Non-conforming and declined	11
Children under 18	569
Unaccompanied children under 18	98
Veterans	37
Fleeing Domestic Violence	137
Chronically homeless	114

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.¹⁷



Source: County Health Rankings, 2017

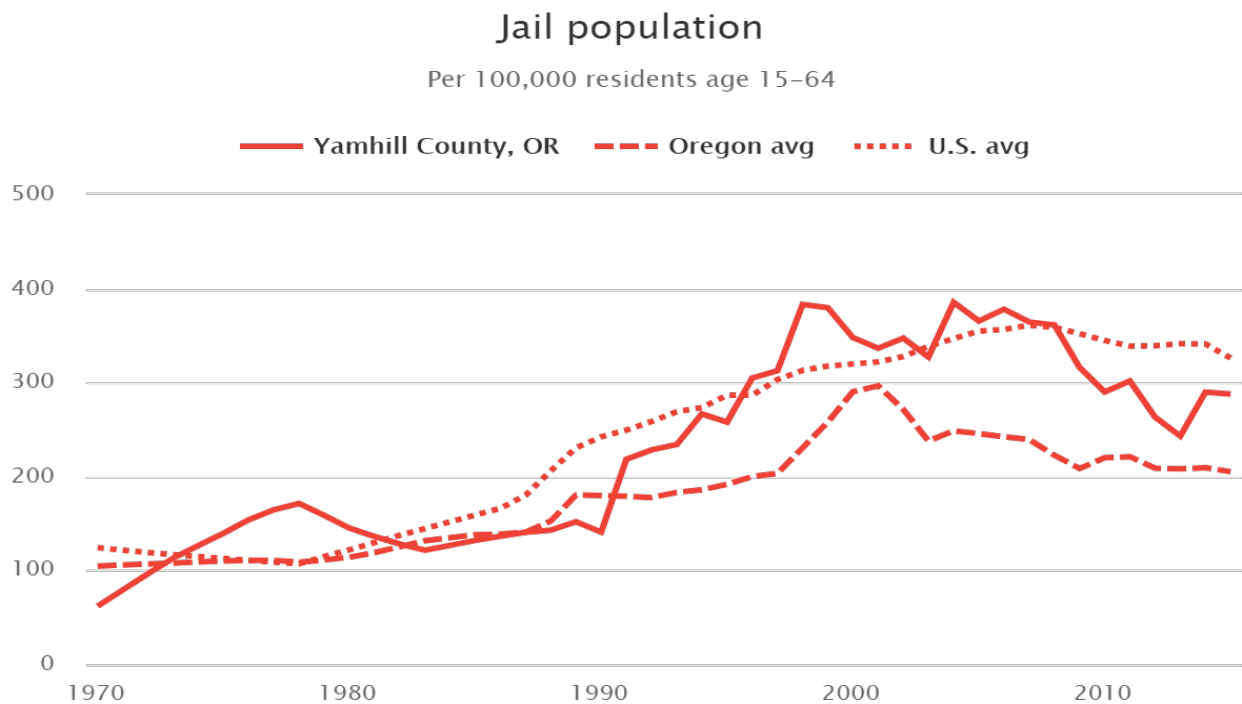
Children exposed to food insecurity are at risk of negative impacts on their health and development. Adequate nutrition is important for children because it affects their cognitive and behavioral development. Children who are food insecure are more likely to be hospitalized and may be at higher risk 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.¹⁸

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 -

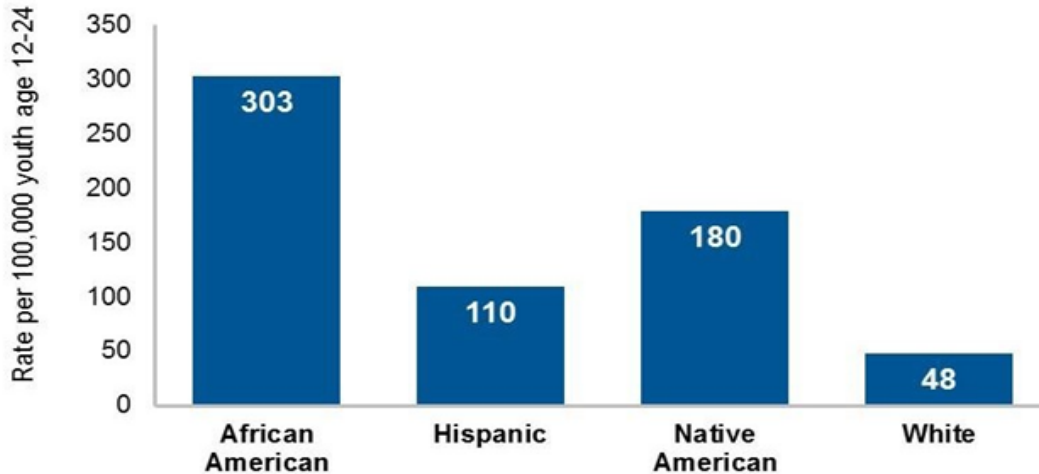
Incarceration rates in the United States are steadily increasing. With many prisons and jails reaching or exceeding capacity many facilities are only able to offer limited health services. This has led to an increase in adverse health conditions among incarcerated and formerly incarcerated individuals. 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.¹⁹ 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.

Youth in state youth correctional facilities by race/ethnicity, Oregon, January, 2018



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.²⁰ 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.²¹

- 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,²² 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.²³ 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.²⁴ 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

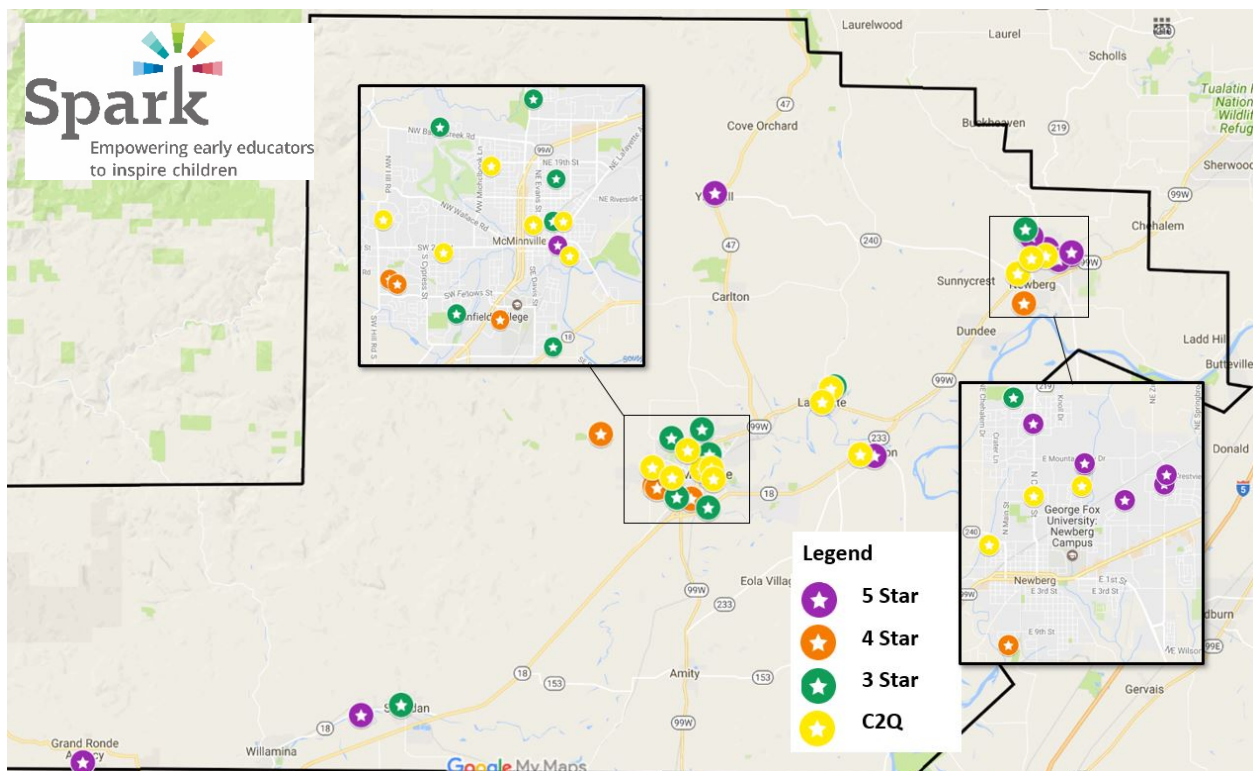
Source: U.S. Census Bureau, Historical Poverty Threshold Table, 2018

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.²⁵ 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.²⁶

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.²⁷

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.²⁸

- 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.²⁹ 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 -

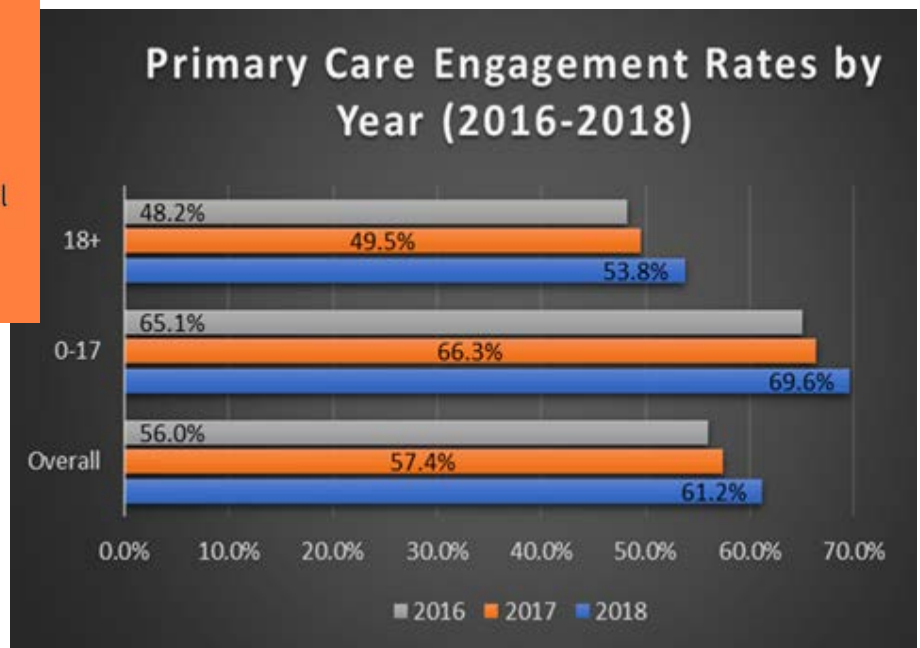
As seen in the graph below, use of primary care appears to be increasing over time. This means more patients are seeing their doctor for regular check-ups and sick visits; however, YCCO would like to see those numbers even higher. Only half of adults on YCCO had a doctor visit in 2017, barely one third 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 had a doctor visit (2017)
- 35%** adults had a dentist visit (2018)
- 68%** kids had a dentist visit (2018)
- 7%** adults had a mental health or addictions visit (2017)
- 4%** kids had a mental health or addictions visit (2017)

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

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.



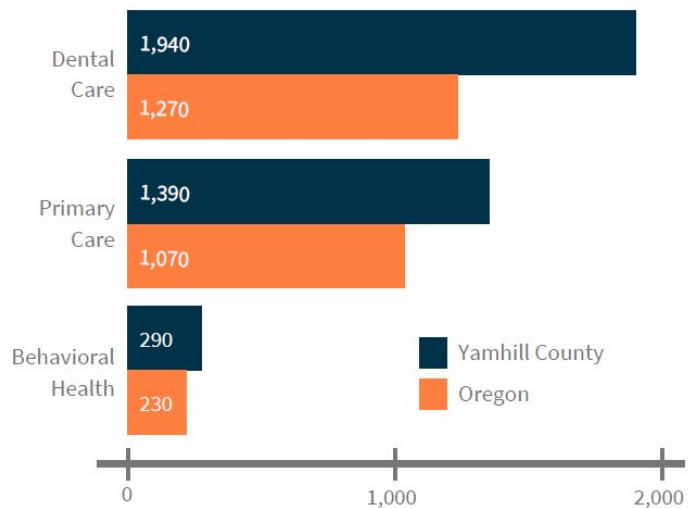
- Access to Doctors -

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.

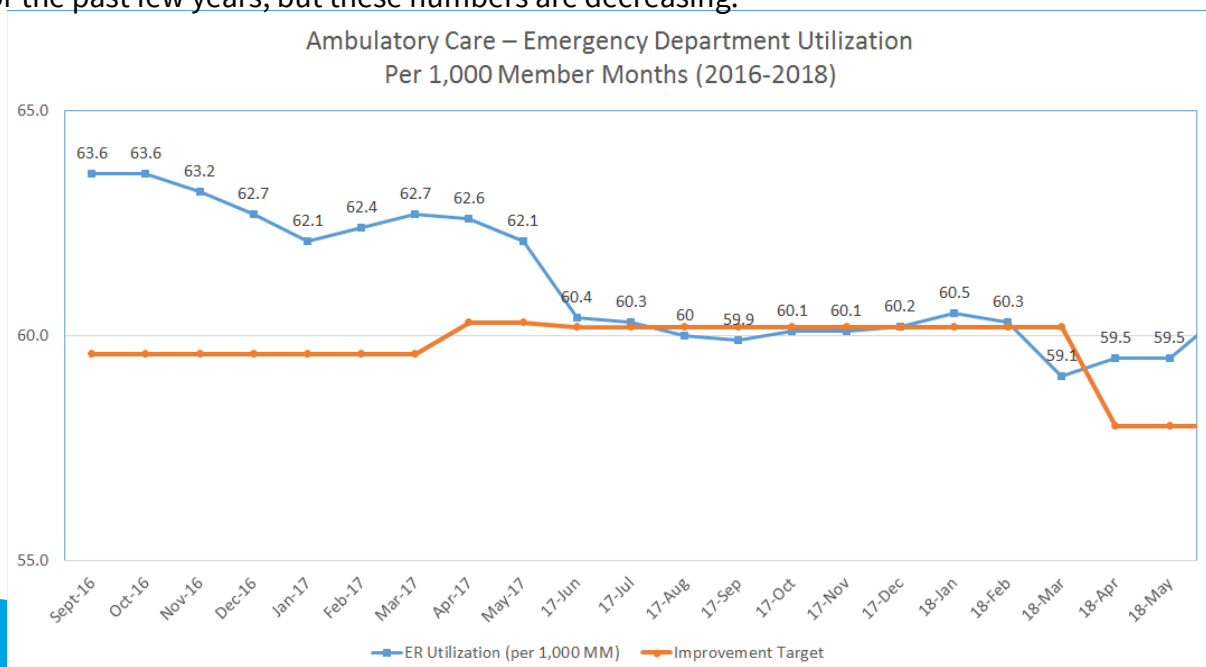
Having access to care requires not only having financial coverage but also access to providers. Having enough available primary care physicians is essential so that people can get preventive and primary care, and when needed, referrals to appropriate specialty care.

NUMBER OF RESIDENTS PER PROVIDER 2018

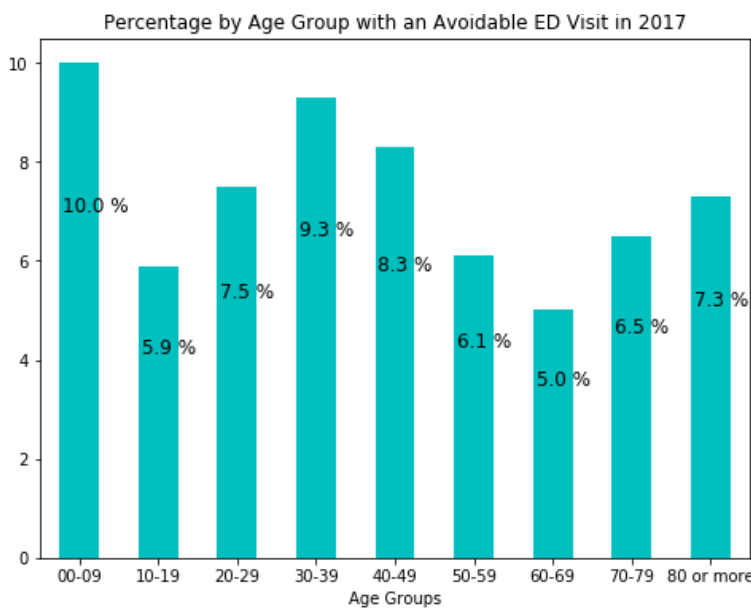
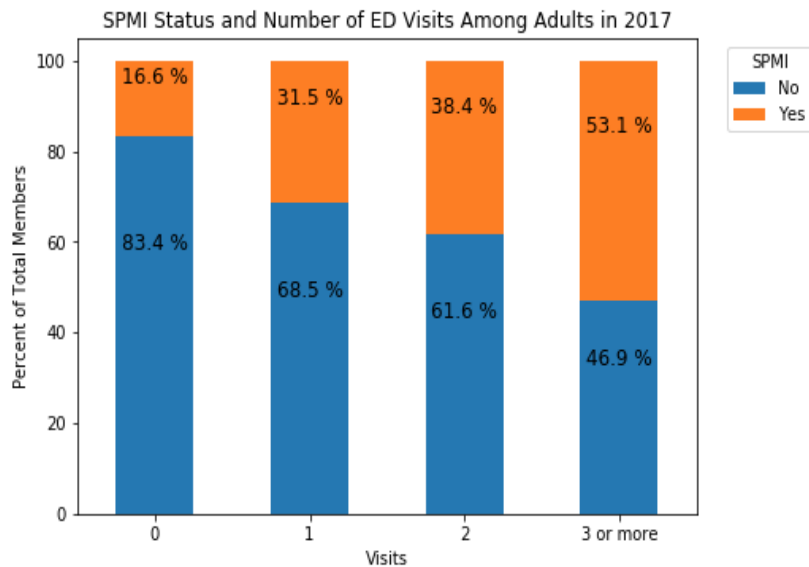


- Emergency Department Use -

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.



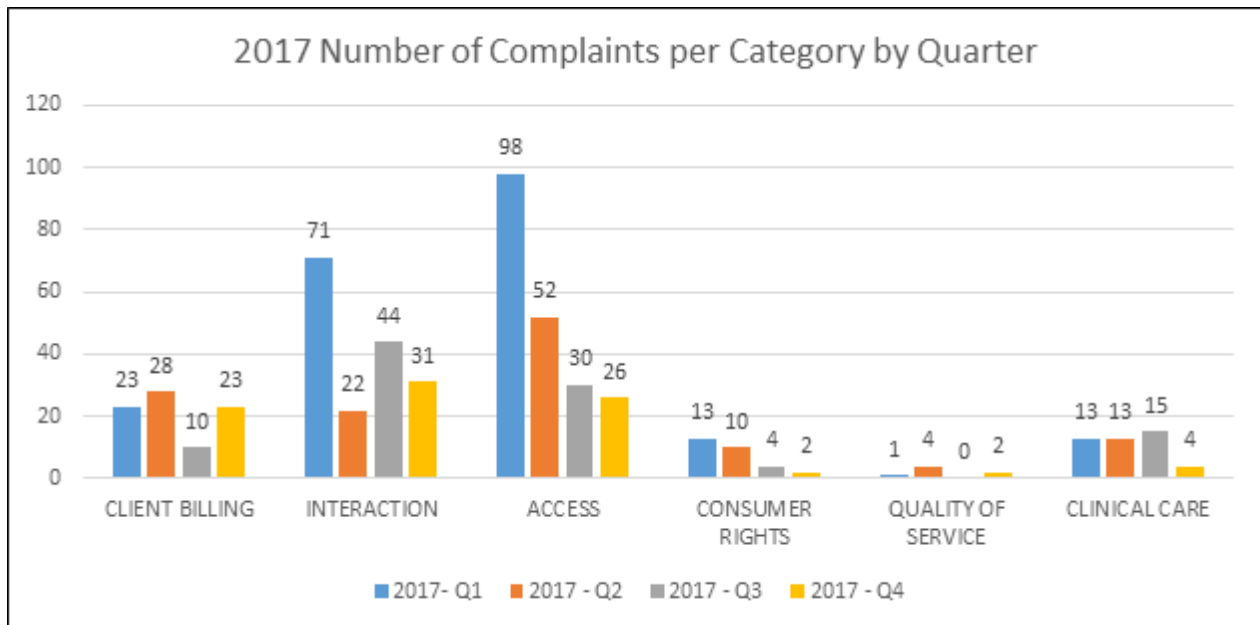
People with many different health needs are more likely to access services, simply because they have more emergent needs. The graph above shows one subgroup, people with what is considered severe and persistent mental illness (things like schizophrenia and bipolar disorder) and ED use. Many people with 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 3rd 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.³¹ Many chronic diseases like heart disease and diabetes are some of the leading causes of death in the United States.³¹ Chronic diseases are influenced by lifestyle, such as tobacco use, nutrition, physical activity, and alcohol use,³¹ 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.³² Maintaining a healthy diet can prevent, delay, and manage heart disease, type 2 diabetes, and other illnesses.³² 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.³² 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.³⁰ 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.

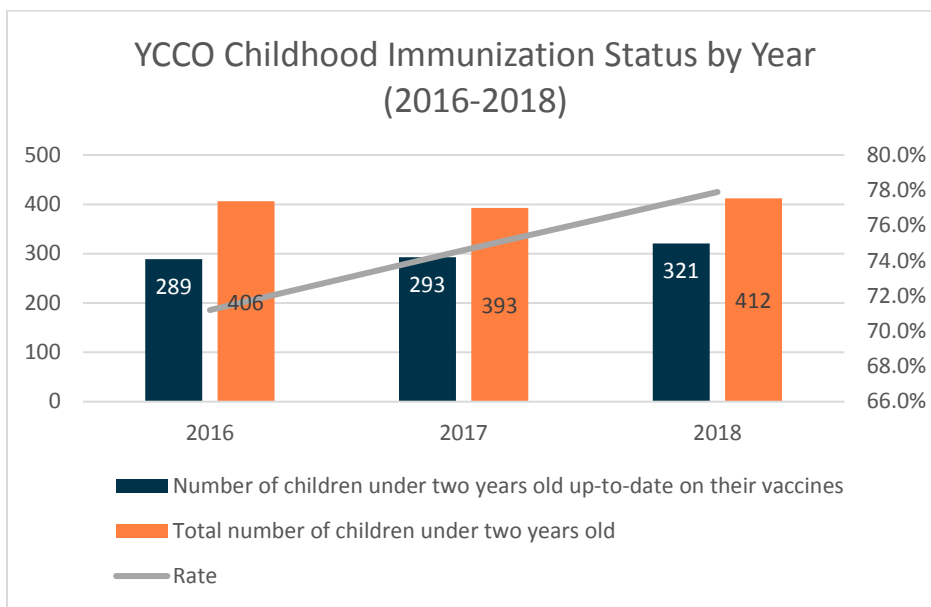
- Chronic Pain -

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.³¹ 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.³²

There is a wide array of therapeutic options to treat chronic pain, including opioid pain medication.³³ 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.³⁴ 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.³⁵



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.³⁶ 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.³⁷

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.³⁸ 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.³⁹

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

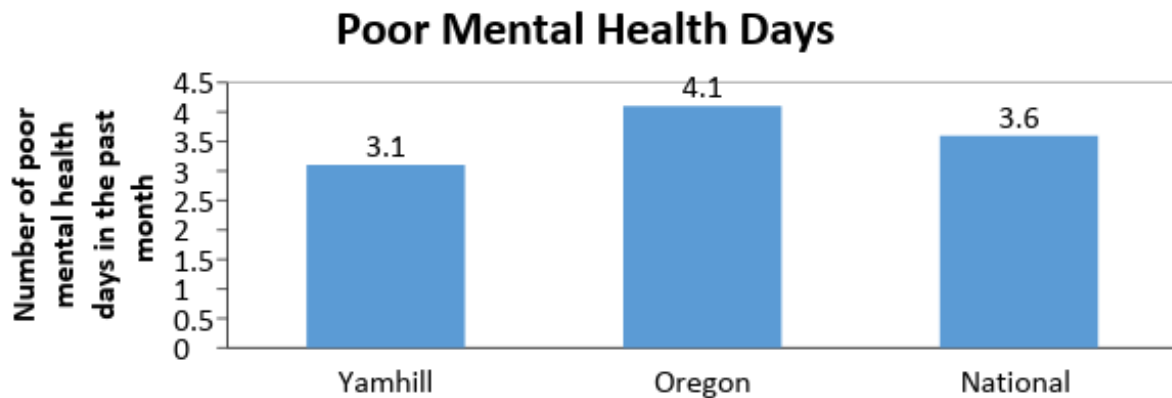
body. YCCO is working to integrate the two in other ways, placing people who address mental health in clinics for primary care and vice versa. There are behaviorists in every school district, yet respondents to the YCCO community survey still listed mental health as a key issue to address; it is one 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.⁴⁰ Older populations are more likely to live alone, and older people generally have higher suicide rates.

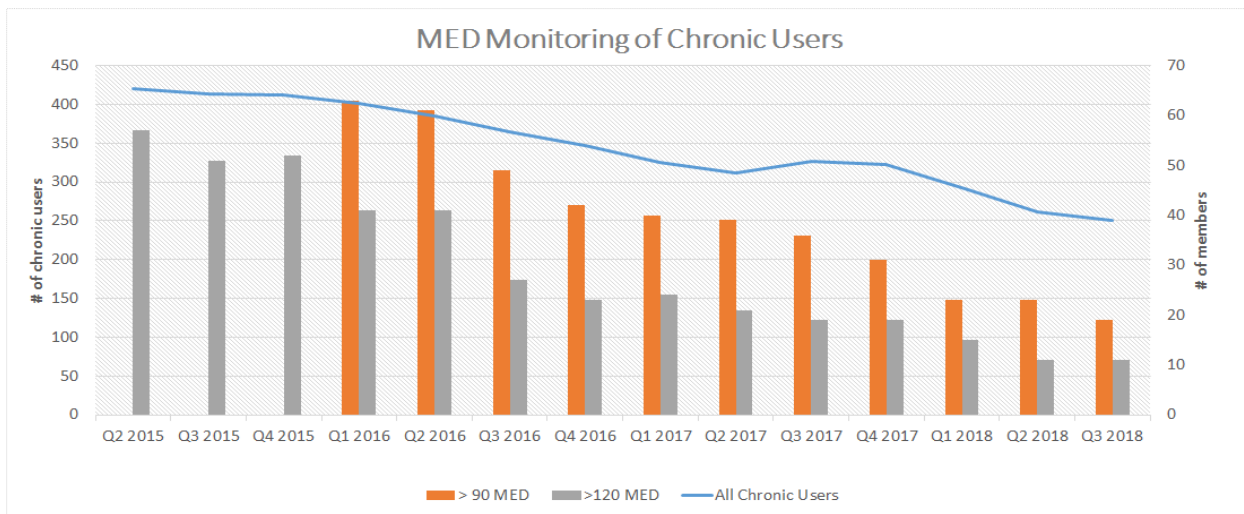
The below chart depicts number of people who live alone in three age brackets.⁴¹ Fewer older Yamhill County people live alone than in the state or nation overall, but this risk factor will continue to be monitored.

Rates of Living Alone in 2017	Age 15-34:	Age 35-64:	Age 65-plus:
United States	22.8%	22.7%	42.9%
Oregon	20.5%	22.9%	43.2%
Yamhill County	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.⁴² More people are dying from opioid overdoses than from car accidents. The increase of opioid pain medication prescriptions parallels the opioid-related overdose deaths.⁴³

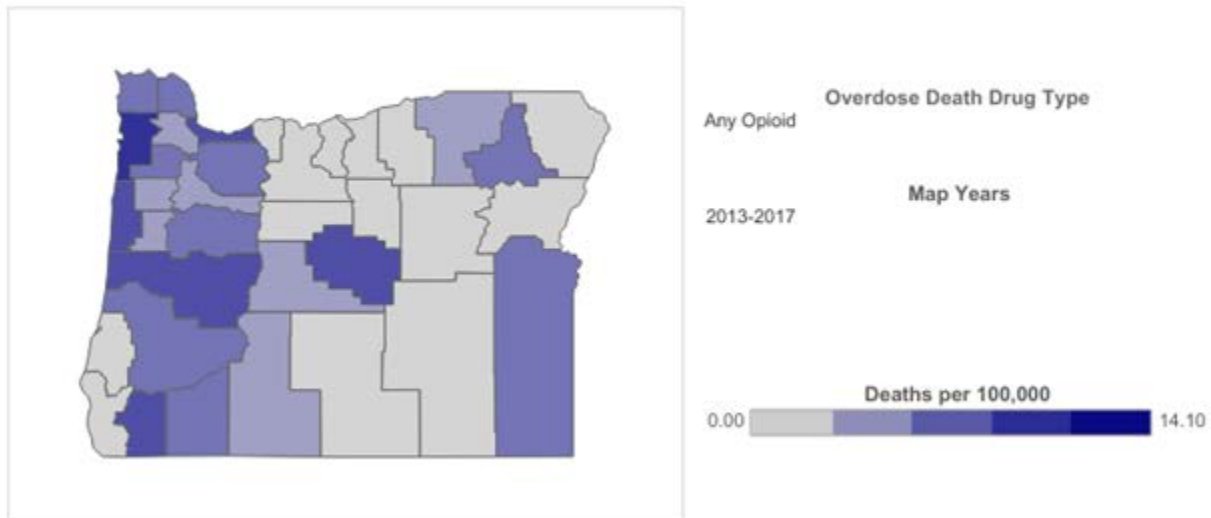
Opioid use and chronic pain are complicated issues that the community and the nation have been grappling with for years. One main strategy YCCO uses to create guidelines limiting the number of opiates doctors prescribe to their patients. This reduces the overall number of pills in the community.



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.⁴⁴

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.

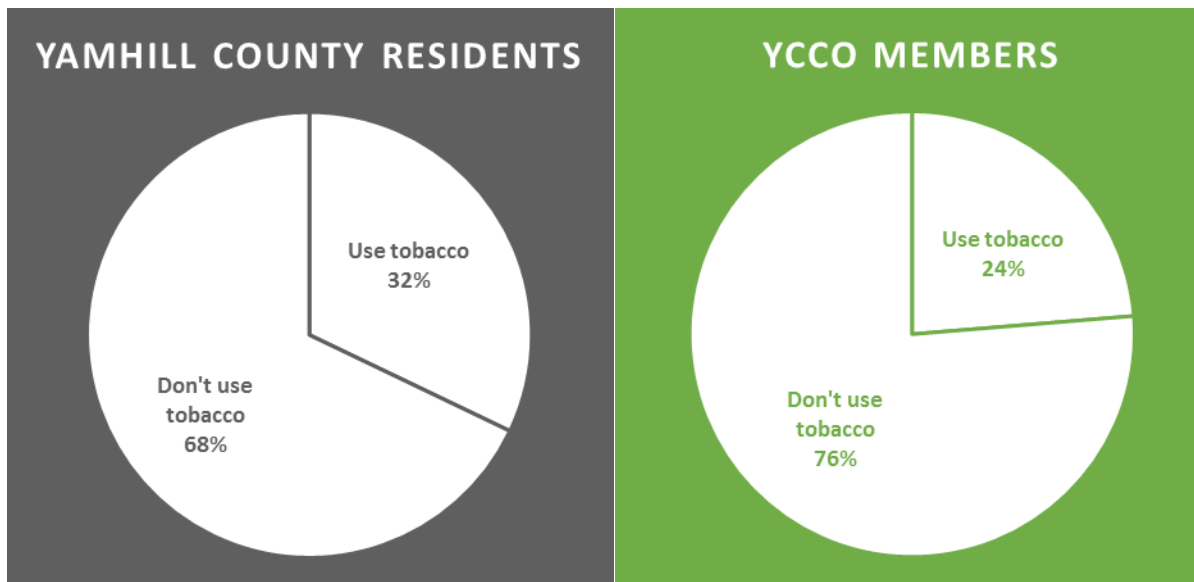
Oregon Drug Overdose Deaths - Death Certificates



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.⁴⁵ 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.⁴⁶

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.⁴⁷ 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.⁴⁸ 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.⁴⁹

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%

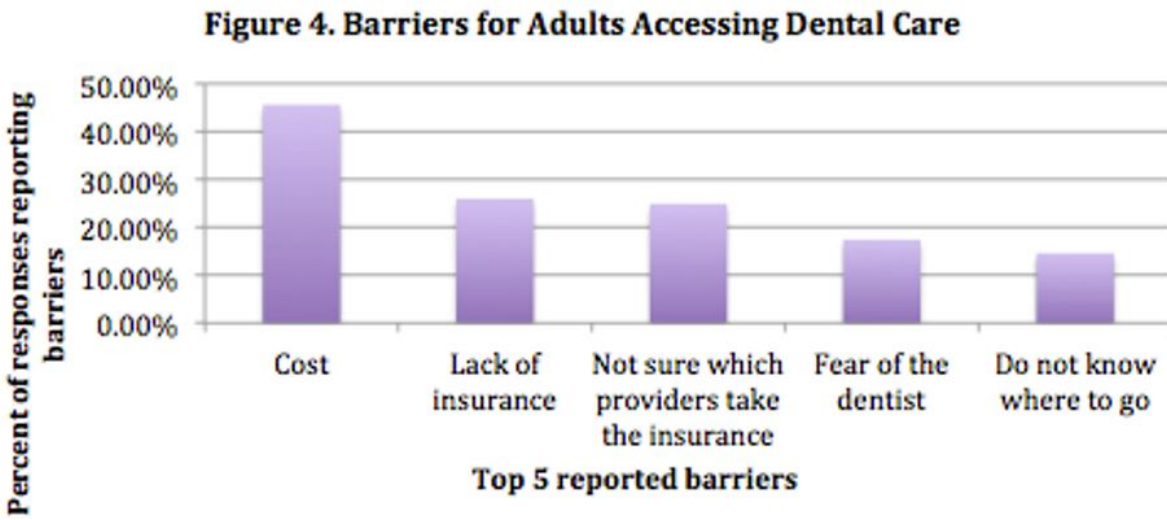
The percent of people going to the dentist is higher for YCCO members that identify as Hispanic. This many indicate that

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%
Total	16,634	0	100.0%	100.0%

- 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.

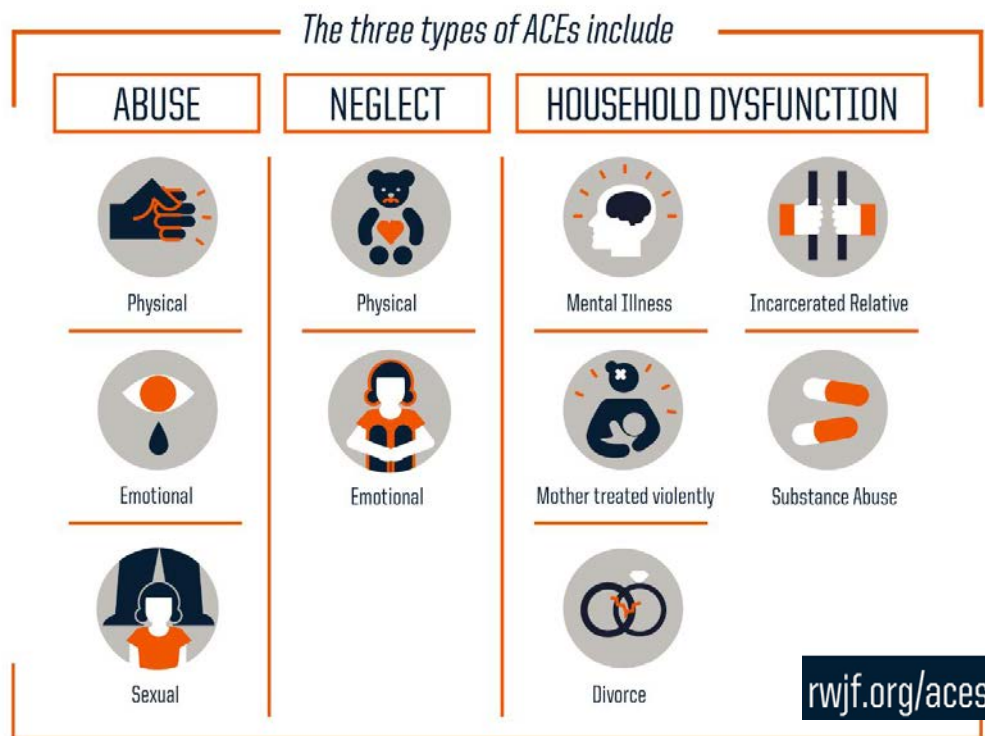
Two of the top three reasons people who were not engaged with primary care visited the emergency room in 2018 were related to dental issues. More education about dental needs, dental care, and accessing preventative dental services and advice outside of clinic hours can help reduce these issues and reduce 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.⁵⁰ New discoveries about toxic stress also indicate that ACEs can actually change the way genes are expressed in a person.⁵¹

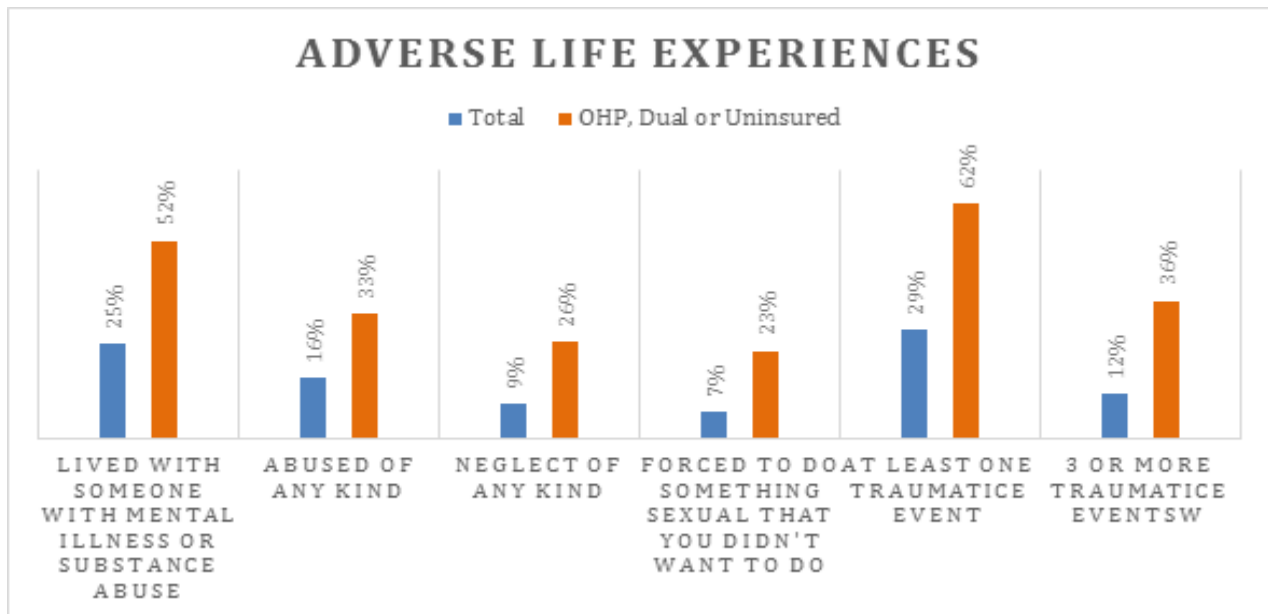
There are ten types of childhood trauma that are measured to determine ACEs score:



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.

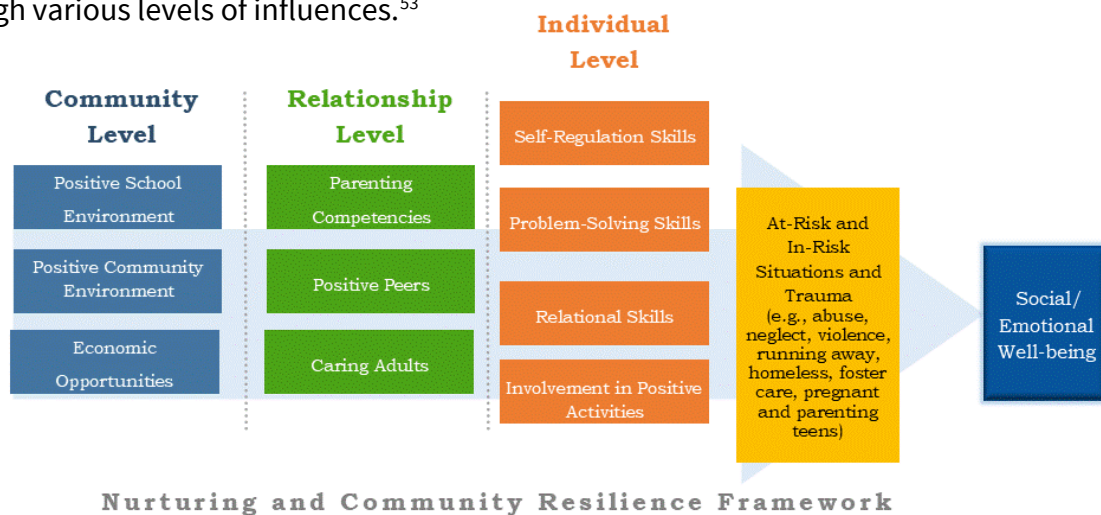


Nearly half of all people responding to the YCCO Community Survey indicated they had experienced at least one bad life event in their childhood that they still think affects them today. In a behavioral health survey performed by Health and Human Services in 2018, 68% of clients reported one or more traumatic 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.⁵² 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.⁵³



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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Your opinion matters!

Help us improve your health care! When you finish this survey, your view will be added to many others from this community. We use this information to bring people together to solve problems, and learn where our work will matter most to you and your neighbors.

This survey is private – no one will be able to tell who you are by your answers. Once you have finished the survey, you can add your contact info and get a chance to win a \$75 gift card! There are 5 gift cards to give away and you can choose from over 10 different options!

We will only use your phone or email information to contact you if you won. It will be deleted after the winner is announced.

If you need this survey in another language contact ejohnson@yamhillcco.org or call 503-376-7428.

Si necesita esta encuesta en otro idioma, comuníquese con ejohnson@yamhillcco.org o llame al 503-376-7428.



A healthy life for everyone

Your view matters. This survey is about you and your neighbors in Yamhill County.

We are Yamhill Community Care. Our purpose is to guide better health, better care and lower costs by working together with others in the community. Our health plan covers people on Medicaid in Yamhill County, but we're all about helping everyone live a healthy life. You do not need to be an OHP member to fill out this survey!

This survey is private. Please answer for yourself, and be honest. Allow 15 minutes to finish the survey.

Questions? Contact Emily Johnson at ejohnson@yamhillcco.org or 503-376-7428.

Your Health Coverage

1. Have you heard about Yamhill Community Care Organization before?

- Yes
- No

2. Do you spend most of your time in Yamhill County?

- Yes
- No

3. What kind of health insurance do you have right now? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Through my job or a family member | <input type="checkbox"/> Tribal Health Insurance |
| <input type="checkbox"/> Private insurance I buy on my own | <input type="checkbox"/> Veteran's Administration (VA) |
| <input type="checkbox"/> Insurance through the Marketplace (Healthcare.gov) | <input type="checkbox"/> Tricare (active military) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Student health insurance |
| <input type="checkbox"/> Medicaid (Oregon Health Plan) | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> Other | |

4. If you selected Oregon Health Plan, are you a member of Yamhill Community Care Organization?

- Yes
- No
- I don't know

Your Community

5. If you could pick three things to improve your community's access to health care, what would they be?
Choose only 3.

- | | |
|---|---|
| <input type="checkbox"/> Health education and wellness programs (like healthy eating and diabetes programs, family planning services, and programs to help people stop smoking) | <input type="checkbox"/> Medical visits after 5pm and on weekends |
| <input type="checkbox"/> Disease prevention and screening services (like cancer screening and vaccines) | <input type="checkbox"/> Help with transportation |
| <input type="checkbox"/> Alternative health care (acupuncture, naturopathy, etc.) | <input type="checkbox"/> More dentists |
| <input type="checkbox"/> Care that meets cultural needs (including language needs) | <input type="checkbox"/> More support for families with children |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> More available childcare |
| <input type="checkbox"/> More doctors and health care providers | <input type="checkbox"/> Housing programs |
| <input type="checkbox"/> Alcohol and drug treatment | |
| <input type="checkbox"/> Other (please specify) | |

6. What are the top three things that would improve life for children in this community? Choose only 3.

- | | |
|---|---|
| <input type="checkbox"/> Better social supports for families (things like parent groups and places for families to meet each other) | <input type="checkbox"/> More libraries |
| <input type="checkbox"/> More childcare | <input type="checkbox"/> More public places to play |
| <input type="checkbox"/> Mentorship or role model programs | <input type="checkbox"/> Affordable healthy foods |
| <input type="checkbox"/> Affordable preschool | <input type="checkbox"/> Access to child abuse prevention resources |
| <input type="checkbox"/> Better access to health care | <input type="checkbox"/> More parenting classes or education |
| <input type="checkbox"/> Other (please specify) | |

7. Think about the most recent time you or a family member did not get the health care they needed. What were the reasons why? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Afraid of what might be wrong |
| <input type="checkbox"/> Did not want to go | <input type="checkbox"/> Couldn't get an appointment quickly |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Doctor's office wasn't open |
| <input type="checkbox"/> Do not have a regular doctor | <input type="checkbox"/> I waited for the problem to go away |
| <input type="checkbox"/> Do not have insurance | |
| <input type="checkbox"/> Not applicable | |

Your Health

8. What kinds of things or services help you most when you are not feeling well (physically or mentally)? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Going to a doctor's office, dental clinic, or mental health clinic and talking to someone there | <input type="checkbox"/> Going to urgent care (includes places like Walgreens or Zoomcare) |
| <input type="checkbox"/> Going to the emergency room | <input type="checkbox"/> Calling a clinic or nurse hotline |
| <input type="checkbox"/> Researching my symptoms on the internet | <input type="checkbox"/> Asking a friend or relative for advice |
| <input type="checkbox"/> Treating it myself | <input type="checkbox"/> Talking to a community health worker or health advocate |
| <input type="checkbox"/> Finding peer support (someone at places like Project ABLE, Champion Team, or Provoking Hope) | |

9. Do you have chronic pain (pain in your body for more than three months at a time)?

- Yes
- No

10. If you answered yes, how do you manage your pain? Check all that apply.

- Prescription opioids (drugs like Vicodin, morphine, and Percocet)
- Alternative medicine (like acupuncture, chiropractic, or massage)
- Exercise (like yoga or other movement)
- Recreational drugs (drugs like marijuana, heroin)
- Over-the-counter or other prescription drugs (like Advil or Gabapentin)
- I don't use anything to manage my pain

11. How much does taking care of a person's mental health (things like counseling and treatment for addiction) affect their physical health, or the health of the rest of their body?

- Very much Not at all
- Somewhat I don't know
- Not very much

12. How much does taking care of a person's mouth and teeth affect their body and mind?

- Very much Not at all
- Somewhat I don't know
- Not very much

Your Experiences

13. Do you feel safe in the place you sleep most nights?

- Yes
- No
- Sometimes

14. Have you had a difficult or bad life event in your childhood that you think still affects you today?

- Yes, one event No
- Yes, two events I don't know
- Yes, three or more events

15. I have one or more close friends or family members I can go to when I need help.

- Yes
- No
- I don't know

16. I feel that I can recover from stress or bad experiences.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Your Family

17. Are you the main caregiver for a child or children under 18? If you answer no, please skip to question 23.

Yes

No

18. How many children are under your care?

1

5

2

6

3

7

4

More than 7

19. How old is/are your child(ren)? Check all that apply.

0-3

11-15

4-6

16-18

7-10

20. What insurance(s) do(es) your child(ren) have? Check all that apply.

Through my job or a family member

Tribal Health Insurance

Private insurance I buy on my own

Veteran's Administration (VA)

Insurance through the Marketplace (Healthcare.gov)

Tricare (active military)

Medicare

Student health insurance

Medicaid (Oregon Health Plan)

My child doesn't have health insurance

21. What health insurance benefits do(es) your child(ren) have? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Physical health – They get check-ups and regular visits at a clinic when sick | <input type="checkbox"/> Vision health – They can go to an eye doctor and get an exam and glasses |
| <input type="checkbox"/> Dental health – They can get screenings, cleanings, and fillings at a dental clinic | <input type="checkbox"/> Transportation – They can get rides, repayment, or gas vouchers to doctor visits |
| <input type="checkbox"/> Mental health – They can see a mental health doctor or substance abuse counselor | <input type="checkbox"/> I don't know |

22. When should a child first visit the dentist?

- | | |
|---|--|
| <input type="radio"/> Before their first birthday (12 months) | <input type="radio"/> After their third birthday (36 months) |
| <input type="radio"/> Between their first and second birthdays (12-24 months) | <input type="radio"/> I don't know |
| <input type="radio"/> Between their second and third birthdays (24-36 months) | |

Demographics

Yamhill Community Care works to give the best service to everyone, no matter what their background is. We try to make sure that every person in our county has a voice. Answering the next 13 questions helps us know we are getting the best picture of our community. You may skip any questions you prefer not to answer, but all answers are grouped so you will not be linked to your answers.

23. Zip code

24. Age

- Under 18
- 18-24
- 25-44
- 45-64
- 65-85
- 86+

25. How do you define your race, ethnicity, tribal affiliation, or ancestry?

26. Please choose the race, ethnicity, tribal affiliation, or ancestry that best fits you:

- American Indian or Alaska Native
- Hispanic or Latino/a
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- White
- Other
- Unknown

27. What is your yearly income?

- Less than \$10,000
- \$10,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 – \$74,999
- \$75,000 - \$99,999
- More than \$100,000

28. How many people are in your household, including you?

- 1
- 2
- 3
- 4
- 5
- 6
- More than 6

29. What language do you prefer to speak?

- | | |
|--|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Swahili |
| <input type="radio"/> Spanish | <input type="radio"/> Chinese |
| <input type="radio"/> Russian | <input type="radio"/> Vietnamese |
| <input type="radio"/> Other (please specify) | |

30. How well do you speak English?

- Very well
- Well
- Not very well
- I don't speak English at all

31. Does a physical, mental, or emotional condition limit your daily activities in any way?

- Yes
- No
- I don't know

32. What is your current gender identity?

- Female
- Male
- Transgender man
- Other (please specify)
- Transgender woman
- Non-binary
- Unknown

33. What best represents how you currently think of yourself?

- Straight/heterosexual
- Gay or lesbian
- Bisexual
- Other (please specify)
- Queer
- Questioning
- Unknown

34. Do you have a car/reliable transportation?

- Yes
- No
- Sometimes

35. What is your housing like right now? Choose what fits you best.

- I own a home
- I am couchsurfing
- I rent with housing vouchers or government help
- I rent
- I live in shared housing
- I am homeless
- I live with friends or family

Thank you for completing our survey! You are helping make life better for people in our community! If you would like to enter for a chance to win a \$75 gift card, please click this link to give us your contact information. This info will be completely separate from your survey responses.

www.surveymonkey.com/r/XVDYPKH

¡Su opinión importa!

¡Ayúdenos a mejorar su atención médica! Cuando termine esta encuesta, su opinión se sumará a muchas otras opiniones de la comunidad. Utilizamos esta información para ayudar a que las personas resuelvan los problemas, y para saber las áreas dónde nuestro trabajo importaría más para usted y sus vecinos.

¡Termine la encuesta y participe para ganar una tarjeta de regalo \$75!

La encuesta es privada - nadie podrá saber quién es usted por sus respuestas. Cuando haya terminado la encuesta, usted puede ingresar su información de contacto para participar de un sorteo para ganar una tarjeta de regalo de \$75.

Sólo utilizaremos su teléfono o correo electrónico para comunicarle si gana. Después de anunciar al ganador dicha información será borrada.

Si necesita esta encuesta en otro idioma, comuníquese con ejohnson@yamhillcco.org o llame al 503-376-7428.



Una vida saludable para todos

Su opinión importa. Esta encuesta es sobre usted y sus vecinos en el condado de Yamhill.

Somos Yamhill Community Care. Nuestro objetivo es mejorar la salud, mejorar la atención y reducir los costos a través del trabajo conjunto con otros en la comunidad. Nuestro plan cubre a las personas que tienen Medicaid en el condado de Yamhill, pero nuestra intención es ayudar a que todos vivan una vida sana. ¡No necesitas ser miembro de OHP para completar el formulario!

La encuesta es privada. Por favor responda por sí mismo y sea honesto. Conceda 15 minutos para terminar la encuesta.

¿Tiene preguntas? Comuníquese con Emily Johnson a ejohnson@yamhillcco.org o llame al 503-376-7428.

Su cobertura de salud

1. ¿Escucho antes de Yamhill Community Care Organization?

- Sí
- No

2. ¿Pasa la mayor parte de su tiempo en el condado de Yamhill?

- Sí
- No

3. ¿Qué tipo de seguro de salud tiene en este momento?

- | | |
|--|---|
| <input type="radio"/> A través de mi trabajo o de un miembro familia | <input type="radio"/> Administración de Veteranos del Seguro de Salud Tribal (VA) |
| <input type="radio"/> Seguro privado, lo compro por mi cuenta | <input type="radio"/> Tricare (militar activo) |
| <input type="radio"/> Seguro a través del Mercado (Healthcare.gov) | <input type="radio"/> Seguro de salud para estudiantes |
| <input type="radio"/> Medicare | <input type="radio"/> No tengo seguro de salud |
| <input type="radio"/> Medicaid (Plan de Salud de Oregón) | <input type="radio"/> Otro |

4. Si seleccionó el Plan de Salud de Oregón, ¿es miembro de Yamhill Community Care Organization?

- Sí
- No
- No lo sé

Su Comunidad

5. Si pudiera escoger tres cosas para mejorar el acceso al sistema de atención médica de su comunidad, ¿qué escogería? Elija 3 solamente.

- | | |
|---|--|
| <input type="checkbox"/> Programas de bienestar y educación de la salud (como programas de alimentación sana y diabetes, servicios de planificación familiar y programas para ayudar a las personas que quieren dejar de fumar) | <input type="checkbox"/> Visitas médicas después de las 5 de la tarde y los fines de semana. |
| <input type="checkbox"/> Servicios de prevención y de detección de enfermedades (como detección del cáncer y vacunas) | <input type="checkbox"/> Ayuda con el transporte |
| <input type="checkbox"/> Atención médica alternativa (acupuntura, naturopatía, etc.) | <input type="checkbox"/> Más dentistas |
| <input type="checkbox"/> Atención que satisface necesidades culturales (incluidas las necesidades lingüísticas) | <input type="checkbox"/> Más apoyo para familias con niños. |
| <input type="checkbox"/> Servicios de salud mental | <input type="checkbox"/> Más ayuda con el cuidado infantil |
| <input type="checkbox"/> Más médicos y proveedores de atención médica. | <input type="checkbox"/> Programas de vivienda |
| <input type="checkbox"/> Tratamiento de alcohol y drogas | |
| <input type="checkbox"/> Otro (aclarar) | |

6. ¿Cuáles son las tres cosas más importantes que mejorarían la vida de los niños en la comunidad? Elija 3 solamente.

- | | |
|---|---|
| <input type="checkbox"/> Mejores servicios de apoyo para las familias (como grupos de padres y lugares para que las familias se conozcan) | <input type="checkbox"/> Más bibliotecas |
| <input type="checkbox"/> Más servicios para el cuidado infantil | <input type="checkbox"/> Más lugares públicos para jugar |
| <input type="checkbox"/> Programas de mentores o de modelos a seguir | <input type="checkbox"/> Alimentos saludables a precios razonables |
| <input type="checkbox"/> Escuelas preescolares a precios razonables | <input type="checkbox"/> Acceso a recursos de prevención del abuso infantil |
| <input type="checkbox"/> Mejor acceso a la atención médica | <input type="checkbox"/> Más clases para padres o educación |
| <input type="checkbox"/> Otro (aclarar) | |

7. Piense cuál fue la última vez en que usted o un miembro de su familia no recibió la atención médica que necesitaba. ¿Cuáles fueron las razones? Marque todo lo que corresponda.

- Costo
- de la atención infantil
- No quería ir
- No sabía a dónde ir
- No tengo un médico de cabecera
- No tengo seguro
- Transporte
- Temía cuál podía ser el problema
- No pude obtener una cita rápidamente
- La oficina del doctor no estaba abierta
- Esperé a que el problema pasara
- No aplica

Su Salud

8. ¿Qué tipo de cosas o servicios le ayudan más cuando no se siente bien (física o mentalmente)? Marque todo lo que corresponda.

- Ir al consultorio de un médico, clínica dental o clínica de salud mental y hablar con alguien allí
- Ir a lugares que atienden urgencias (incluye lugares como Walgreens o Zoomcare)
- Ir a la sala de emergencias
- Llamar a una clínica o línea directa de enfermería
- Investigar mis síntomas en Internet
- Pedir consejo a un amigo o familiar
- Tratarme por mi cuenta
- Hablar con un trabajador comunitario de salud o con un intercesor de la salud
- Encontrar apoyo entre pares (alguien en lugares como Project ABLE, Champion Team o Provoking Hope)

9. ¿Tiene dolor crónico (dolor en su cuerpo por más de tres meses a la vez)?

- Sí
- No

10. Si respondió Sí, ¿cómo controla el dolor? Marque todo lo que corresponda.

- | | |
|---|---|
| <input type="checkbox"/> Opioides recetados (medicamentos como Vicodin, morfina y Percocet) | <input type="checkbox"/> Drogas recreativas (drogas como la marihuana, heroína) |
| <input type="checkbox"/> Medicina alternativa (como acupuntura, quiropráctica o masaje) | <input type="checkbox"/> Medicamentos de venta libre u otros medicamentos recetados (como Advil o Gabapentin) |
| <input type="checkbox"/> Ejercicio (como yoga o de otro tipo) | <input type="checkbox"/> No uso nada para controlar el dolor. |

11. ¿Cuánto afecta la atención de salud mental de una persona (como consejería, y el tratamiento de adicciones) a su salud física o la salud del resto de su cuerpo?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mucho | <input type="checkbox"/> Nada |
| <input type="checkbox"/> Poco | <input type="checkbox"/> No lo sé |
| <input type="checkbox"/> No mucho | |

12. ¿Cuánto afecta el cuidado de la boca y los dientes de una persona a su cuerpo y mente?

- | | |
|--------------------------------|--------------------------------|
| <input type="radio"/> Mucho | <input type="radio"/> Nada |
| <input type="radio"/> Poco | <input type="radio"/> No lo sé |
| <input type="radio"/> No mucho | |

Su Vida

13. ¿Se siente seguro en el lugar donde duerme casi todas las noches?

- Sí
- No
- A veces

14. Ha sufrido un evento difícil o malo en su infancia que cree que aún le afecta hoy?

- | | |
|---|--------------------------------|
| <input type="radio"/> Sí, un evento | <input type="radio"/> No |
| <input type="radio"/> Sí, dos eventos | <input type="radio"/> No lo sé |
| <input type="radio"/> Sí, tres o más eventos. | |

15. Tengo uno o más amigos o familiares cercanos a los que puedo acudir si necesito ayuda.

- Sí
- No
- No lo sé

16. Siento que puedo recuperarme de una situación estresante o de una mala experiencia.

- Totalmente de acuerdo
- De acuerdo
- En desacuerdo
- Totalmente en desacuerdo

Su Familia

17. ¿Es usted el(la) cuidador(a) principal de un niño o niños menores de 18 años? Si respondió No, por favor pase a la pregunta 23.

- Sí
- No

18. ¿Cuántos niños tiene bajo su cuidado?

- | | |
|-------------------------|--------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 |
| <input type="radio"/> 3 | <input type="radio"/> 7 |
| <input type="radio"/> 4 | <input type="radio"/> Más de 7 |

19. ¿Qué edad tiene(n) su(s) hijo(s)? Marque todo lo que corresponda.

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 0-3 | <input type="checkbox"/> 11-15 |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> 16-18 |
| <input type="checkbox"/> 7-10 | |

20. ¿Qué seguro o seguros tienen sus hijos? Marque todo lo que corresponda.

- | | |
|--|--|
| <input type="checkbox"/> A través de mi trabajo o de un miembro familiar | <input type="checkbox"/> Administración de Veteranos del Seguro de Salud Tribal (VA) |
| <input type="checkbox"/> Seguro privado, lo compro por mi cuenta | <input type="checkbox"/> Tricare (militar activo) |
| <input type="checkbox"/> Seguro a través del Mercado (Healthcare.gov) | <input type="checkbox"/> Seguro de salud para estudiantes |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Mi hijo no tiene seguro de salud |
| <input type="checkbox"/> Medicaid (Plan de Salud de Oregón) | |

21. ¿Qué tipo de beneficios ofrece el seguro de salud de su(s) hijo(s)? Marque todo lo que corresponda.

- | | |
|---|--|
| <input type="checkbox"/> Salud física - Reciben chequeos y visitas regulares en una clínica cuando se enferman | <input type="checkbox"/> Salud mental - Pueden ver a un médico de salud mental o un consejero de abuso de sustancias |
| <input type="checkbox"/> Salud de la visión - Pueden acudir a un oculista para hacerse un examen y obtener anteojos | <input type="checkbox"/> Transporte – Pueden obtener viajes, reembolsos o cupones de gasolina para visitar a un médico |
| <input type="checkbox"/> Salud dental - Pueden obtener exámenes, limpiezas y empastes en una clínica dental | <input type="checkbox"/> No lo sé |

22. ¿Cuándo debería un niño visitar al dentista por primera vez?

- | | |
|--|--|
| <input type="radio"/> Antes de su primer cumpleaños (12 meses) | <input type="radio"/> Después del tercer cumpleaños (36 meses) |
| <input type="radio"/> Entre su primer y segundo cumpleaños (12-24 meses) | <input type="radio"/> No lo sé |
| <input type="radio"/> Entre su segundo y tercer cumpleaños (24-36 meses) | |

Demografía

Yamhill Community Care procura ofrecer el mejor servicio a todos, sin importar su origen. Tratamos de asegurarnos de que todas las personas del condado tengan voz. Su respuesta a las siguientes 13 preguntas nos ayuda a saber que estamos obteniendo la mejor descripción de nuestra comunidad. Puede omitir las preguntas que no quiera responder, pero todas las respuestas están agrupadas por lo tanto no estarán vinculadas a sus respuestas.

23. Código postal

24. Edad

- | | |
|-----------------------------------|-----------------------------|
| <input type="radio"/> Menos de 18 | <input type="radio"/> 45-64 |
| <input type="radio"/> 18-24 | <input type="radio"/> 65-85 |
| <input type="radio"/> 25-44 | <input type="radio"/> 86+ |

25. ¿Cómo definiría su raza, etnia, afiliación tribal o ascendencia?

26. Escoja la raza, etnia, afiliación tribal o ascendencia que mejor le corresponda:

- | | |
|--|--|
| <input type="checkbox"/> Nativo Americano o Nativo de Alaska | <input type="checkbox"/> Negro o Afroamericano |
| <input type="checkbox"/> Hispano o Latino/a | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Nativo de Hawái o de las Islas del Pacífico | <input type="checkbox"/> Desconocido |

27. ¿Cuál es su ingreso anual?

- | | |
|---|---|
| <input type="radio"/> Menos de \$10,000 | <input type="radio"/> \$50,000 – \$74,999 |
| <input type="radio"/> \$10,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$25,000 - \$49,999 | <input type="radio"/> Más de \$100,000 |

28. Cuántas personas viven en su hogar, con usted incluido?

- 1 5
 2 6
 3 Más de 6
 4

29. ¿Qué idioma prefiere hablar?

- Inglés Swahili
 Español Chino
 Ruso Vietnamita
 Otro (aclarar)

30. ¿Qué tan bien habla inglés?

- Muy bien
 Bien
 No muy bien
 No hablo inglés

31. ¿Tiene una condición física, mental o emocional que limite sus actividades diarias de alguna manera?

- Sí
 No
 No lo sé

32. ¿Cuál es su identidad de género actual?

- Mujer Mujer transgénero
 Hombre No binario
 Hombre transgénero Desconocido
 Otro (aclarar)

33. ¿Cuál de las siguientes opciones representa mejor cómo se siente actualmente?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Heterosexual | <input type="radio"/> Queer |
| <input type="radio"/> Gay o lesbiana | <input type="radio"/> Cuestionamiento |
| <input type="radio"/> Bisexual | <input type="radio"/> Desconocido |
| <input type="radio"/> Otro (aclarar) | |

34. ¿Tiene carro o transporte confiable?

- Sí
- No
- A veces

35. ¿Cuál es su situación actual de vivienda? Elija lo que mejor se aplique a usted.

- | | |
|---|--|
| <input type="checkbox"/> Soy dueño de una casa | <input type="checkbox"/> Vivo en una vivienda compartida |
| <input type="checkbox"/> Estoy couchsurfing | <input type="checkbox"/> No tengo hogar |
| <input type="checkbox"/> Alquilo con vales de vivienda o ayuda del gobierno | <input type="checkbox"/> Vivo con amigos o familiares |
| <input type="checkbox"/> Alquilo | |

Cuando haya terminado la encuesta, usted puede ingresar su información de contacto para participar de un sorteo para ganar una tarjeta de regalo de \$75.

www.surveymonkey.com/r/XVDYPKH



Yamhill Community Care Organization-CHNA Focus Group Protocol

For the purposes of this discussion, “community” is defined as where you live, work, and play.

Opening Question (5 minutes)

1. To begin, why don't we go around the table and introduce ourselves. State your name (or whatever you would like us to call you) and what makes you most proud of your community.

General Community Questions (5 minutes)

I want to begin our discussion today with a few questions about health and quality of life in your community.

2. What makes a community healthy? Who are the healthy people here?
3. What do you believe are the 2-3 most important issues that must be addressed to improve health and people's lives in your neighborhood, town, or county?
 - a. What are the biggest health problems/conditions in your community?

Health Services Questions (10 minutes)

We are curious about your experience getting health services here. This might be physical health, like check-ups with a doctor or specialist, mental health, substance use treatment with a clinic or counselor, and dental health care.

2. Much does taking care of a person's mouth and teeth affect their body and mind?
 - a. Why or why is it not important?
3. How much does taking care of a person's mental health (with things like counseling and treatment for addiction) affect their physical health, or the health of the rest of their body?
 - a. Why or why is it not important?
4. If you need to go to the doctor, what is that experience like? How does the process go for you?
 - a. FOR PROVIDERS How do you perceive the experience of your clients when they need to go to the doctor?
5. Do you feel you have ever been treated differently because of some part of your identity? This might be your race/ethnicity, your gender, or how much money you make.
 - a. FOR PROVIDERS In what ways have you seen clients experience discrimination?

Cancer-Related Questions (10 minutes)

6. How does Yamhill County promote cancer screenings? What have you noticed?
7. Do you have ideas for promotion that you think the county might consider?

8. In thinking about Yamhill County, how would you rate cancer care in the county from 1-5 with 5 being the best. Can you explain your rating for us? What factors went into your rating?

Improvement Questions (5 minutes)

9. What resources does your community have that can be used to improve community health?
10. How do you get your information?
 - a. This could be health info, information about events and activities, or information about what's going on in the community.

Facilitator Summary & Closing Comments (5-10 minutes)

Let's take a few minutes to reflect on responses you provided today. We will review the notes we took and the themes we observed. This is your opportunity to clarify your thoughts or to provide alternative responses.

[Co-facilitator provides a brief summary of responses for each of the questions or asks clarifying questions if he/she thinks he/she may have missed something.]

Thank you for your participation in this focus group meeting. You have all raised a number of great issues for us to consider. We will look at what you have told us and use this information to make recommendations at the Community Health Improvement Planning Workshop.



Yamhill Community Care Organization-CHNA Focus Group Protocol

Para fines de este debate, "comunidad" se define como el lugar donde vive, trabaja y juega.

Pregunta inicial (5 minutos)

1. Para empezar, visitemos las otras mesas y presentémonos. Diga su nombre (o como quiera ser llamado) y comparta qué es lo que le hace sentir más orgulloso de su comunidad.

Preguntas generales de la comunidad (5 minutos)

Quiero comenzar el debate haciendo algunas preguntas sobre la salud y la calidad de vida en su comunidad.

2. ¿Cuáles cree que son los 2-3 problemas más importantes que se deben tratar para mejorar la salud y la vida de las personas en su vecindario, ciudad o condado?
 - i. ¿Cuáles son los problemas / condiciones de salud más grandes en su comunidad?

Preguntas sobre servicios de salud (10 minutos)

Nos interesa saber su experiencia para obtener servicios aquí. Pueden ser servicios de salud física o salud mental, chequeos con un médico o especialista, tratamiento de abuso de sustancias en una clínica o con un consejero y atención de salud dental.

3. Si necesita ir al médico, ¿cómo fue esa experiencia? ¿Cómo va el proceso?
 - a. PARA PROVEEDORES ¿Cómo percibe la experiencia de sus clientes cuando necesitan ir al médico?
4. ¿Siente que alguna vez le han tratado de manera diferente debido a alguna parte de su identidad? Esta podría ser su raza / etnia, su género o la cantidad de dinero que gana.
 - a. PARA PROVEEDORES ¿De qué manera han visto a sus clientes experimentar discriminación?

Preguntas relacionadas con el cáncer (10 minutos)

5. ¿Cómo promueve el Condado de Yamhill las pruebas de detección de cáncer? ¿Qué ha notado?
6. ¿Tiene ideas para la promoción que cree que el condado podría considerar?
7. Al pensar en el condado de Yamhill, ¿cómo calificaría la atención del cáncer en el condado de 1 a 5, siendo 5 el mejor? ¿Podría explicarnos su valoración? ¿Qué factores entraron en su calificación?

Preguntas para implementar mejoras (5 minutos)

8. ¿Qué recursos tiene su comunidad que pueden usarse para mejorar la salud de la comunidad?

Resumen del facilitador y comentarios finales (5-10 minutos)

Tomemos unos minutos para reflexionar sobre las respuestas que brindó hoy. Repasaremos las notas que tomamos y los temas que escuchamos. Esta es su oportunidad para aclarar sus pensamientos o para ofrecer respuestas alternativas.

[El Co-facilitador proporciona un resumen breve de las respuestas para cada una de las preguntas o hace preguntas aclaratorias si cree que se puede haber olvidado de algo.]

Gracias por participar en el grupo de enfoque. Ustedes han planteado una serie de problemas importantes para que tengamos en cuenta. Repasaremos lo que nos ha dicho y utilizaremos esta información para hacer recomendaciones en el Taller de Planificación de Mejora de la Salud de la Comunidad.

WELCOME





Understanding Community Needs

Community Themes
and Strengths

Community Health
Status

Public Health
Assessment

Forces of Change

MAPP Process



Community Health Assessment



What are you
proud of
about our
community?

- Sense of community; neighborly
- Efforts to improve Newberg area
- People are willing to listen to others
- So many organizations provide services

“Accepting”

“Beautiful”

What are the
top most
important
issues to
improve
people's lives?

- Housing
- Transportation
- Translators and language barriers
- Affordable day care and preschool
- Mental health

*“It's not necessarily neighborly if
you can't afford to live here or
get transportation to services”*

Today's Focus

Oral health

Social determinants of
health

Access to care

Other Focus Areas

Children & families

Mental health & addictions

Trauma & resilience



In Oregon, more than half of children 6-9 years old have tooth decay

Poor oral health is related to things like heart disease and premature birth

Only two towns in Yamhill County have fluoridated water

Almost one out of every three Oregon adults avoid smiling because of their teeth



Older people are at higher risk for isolation

People with fewer close friendships have lower self-esteem, don't adjust as well, and have a higher risk of suicide

1,386 people in Yamhill County were considered homeless in 2018 (this number is probably lower than reality)

More than half of people in Yamhill County are paying more than 30% of their pay on rent



94% of Oregonians have health insurance – when the ACA expanded Medicaid, the rate of uninsured people went down

Yamhill County has some of the highest rates of Emergency Department visits in the state

There are 42 certified language interpreters serving all of Yamhill County

There are 1,390 people for every one medical care provider in Yamhill County

Scope

What are the resources?

Who is at highest risk and needs the most help?

How long will it take?

Is it related to the health of people on OHP?

Do an action



To make a
change



For a certain
group of
people



- Partner with local peer support agencies to improve access to dental care, including through locating dental services in peer support offices, to improve oral health for people experiencing homelessness and mental diversity
- Partner with the local Oral Health Coalition and Capitol Dental Care to explore teledentistry options at other non-clinical locations
- Explore community education options for increasing the number of fluoridated towns in Yamhill County



- Children and babies
- People with mental diversity
- People experiencing homelessness

- Provide travel vouchers to help people get to medical appointments, job interviews, and other family support functions
- Partner with rural libraries to conduct outreach to families of children 0-5 and connect them to school readiness, family support, and healthcare services
- Strengthen the Yamhill County Service Integration Teams by adding focus on housing to reduce the number of people facing homelessness
- Partner with local peer support agencies to reach out to the homeless population and connect them with services





- People experiencing homelessness in rural areas
- People with mental diversity
- Youth experiencing homelessness
- People experiencing isolation



- Hold regular listening sessions and conduct regular surveys, in collaboration with clinics, to obtain feedback from patients, clients, and community members about needs
- Collaborate with local interpretation and translation agencies to ensure quality language services and a strong workforce
- Provide community education materials, outreach sessions, and media offering education about member benefits, rights, and advocacy options
- Partner with local faith community to improve awareness of and access to mental health services



- People who do not speak English very well or at all
- People who are not accessing health services but have OHP
- Adults and adolescents

Yamhill



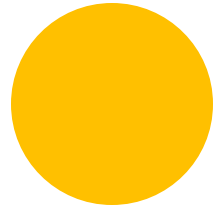
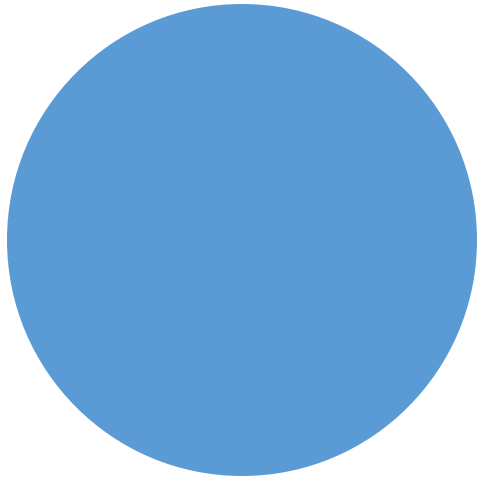
COMMUNITY CARE

Small group discussion

- Choose or create your own strategies under your table's priority area
- Rotate tables when told

Large group discussion

- Do these strategies work for you?
- What are the next steps?



Keep in touch!

Emily Johnson

Community Health Specialist

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BIENVENIDOS





Entender las
necesidades de
la comunidad

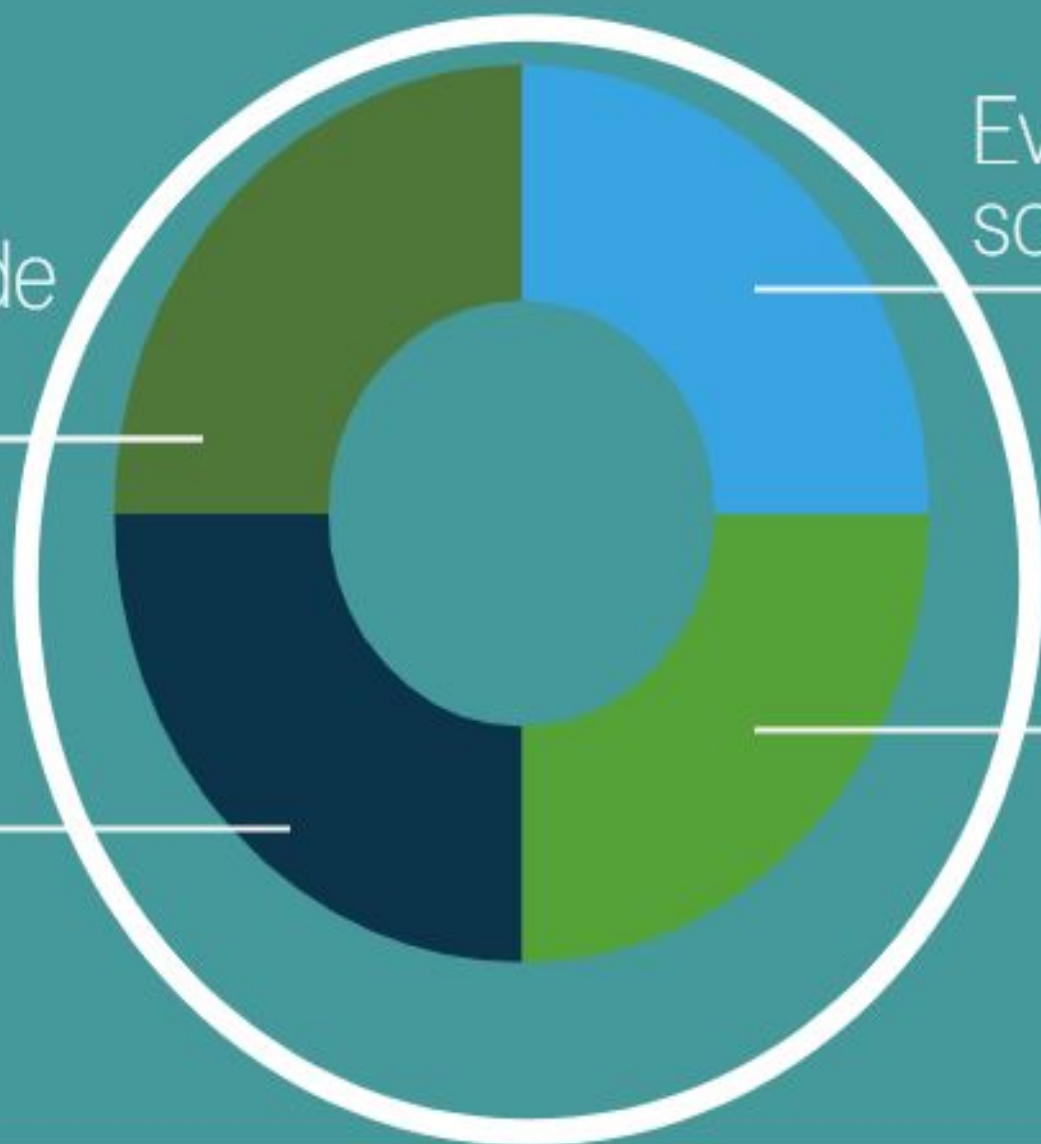
Temas y fortalezas de la comunidad

Evaluación de salud pública

Estado de salud comunitaria

Fuerzas de cambio

Proceso MAPP



Evaluación de salud comunitaria



¿Qué le
enorgullece
de la
comunidad?

- Sentido de comunidad; amigable
- Esfuerzos para mejorar el área de Newberg
- La gente está dispuesta a escuchar a los demás.
- Hay muchas organizaciones que prestan servicios.

“Aceptar”

“Hermoso”

¿Cuáles de
estos temas
importa más
para mejorar
la vida de las
personas?

- Vivienda
- Transporte
- Traductores y barreras idiomáticas
- Guardería accesible y preescolar
- Salud mental

Áreas prioritarias

Salud dental

Determinantes
sociales de la salud

Acceso a la atención

Otro áreas prioritarias

Niños y familias

Salud mental y adicciones

Trauma y resiliencia



En Oregón, más de la mitad de los niños de 6 a 9 años tienen caries.

La mala salud bucal está relacionada a cosas como la enfermedad cardíaca y el parto prematuro

Hay solo dos ciudades en el condado de Yamhill que tienen agua fluorada

Casi uno de cada tres adultos en Oregón evita sonreír debido a sus dientes



Las personas mayores corren mayor riesgo de aislamiento

Las personas con menos amigos cercanos tienen menos autoestima, no se adaptan muy bien socialmente y corren mayor riesgo de suicidio

En el 2018 había 1,386 personas en el condado de Yamhill consideradas sin hogar (es probable que este número sea más bajo que la realidad)

Más de la mitad de las personas del condado de Yamhill pagan más del 30% de su salario en alquiler



El 94% de los residentes de Oregón tiene seguro de salud - cuando la ACA amplió los servicios de Medicaid, la tasa de personas sin seguro se redujo

El condado de Yamhill tiene algunas de las tasas más altas de visitas a la sala de emergencias del estado

Hay 42 intérpretes de idiomas certificados que prestan servicio en todo el condado de Yamhill

Hay 1,390 personas por cada proveedor de atención médica en el condado de Yamhill

Yamhill



COMMUNITY CARE

Objetivos

¿Cuáles son los recursos?

¿Quién corre el mayor riesgo y necesita la mayor ayuda?

¿Cuánto demorará?

¿Se relaciona con la salud de las personas del OHP?

Hacer una acción



Hacer un
cambio



Para un
grupo de
personas



- Asociarse con agencias de apoyo local para mejorar el acceso a la atención dental, incluso mediante la búsqueda de servicios dentales en consultorios que ofrecen grupos de apoyo para mejorar la salud dental de las personas sin hogar y con diversidad mental
- Asociarse con Oral Health Coalition y Capitol Dental Care para ver las opciones de servicios dentales a distancia (teleodontología) en lugares sin clínicas
- Estudiar las opciones de educación de la comunidad para aumentar el número de ciudades con agua fluorada en el condado de Yamhill



- Niños y bebés
- Personas con diversidad mental
- Personas sin hogar

- Proporcionar cupones de viaje para que las personas puedan asistir a sus citas médicas, entrevistas de trabajo y otros eventos de apoyo familiar
- Asociarse con bibliotecas rurales para realizar actividades de extensión para familias de niños de 0 a 5 años y conectarlos con servicios de preparación escolar, de apoyo familiar y servicios de salud.
- Fortalecer los Equipos de Integración de Servicios del condado de Yamhill con un enfoque en la vivienda para reducir el número de personas sin hogar
- Asociarse con agencias de apoyo local para llegar a la población sin hogar y conectarlos con los servicios





- Personas sin hogar en áreas rurales
- Personas con diversidad mental
- Jóvenes sin hogar
- Personas que sufren aislamiento



- Organizar reuniones para escuchar a la gente y realizar encuestas periódicas junto a las clínicas para conocer la opinión de pacientes, clientes y miembros de la comunidad sobre sus necesidades.
- Colaborar con agencias locales de interpretación y traducción para garantizar servicios lingüísticos de calidad y una fuerza laboral sólida
- Proporcionar materiales de educación comunitaria, sesiones de extensión y educación a través de los medios sobre los beneficios, derechos y opciones de defensa de los miembros.
- Asociarse con la comunidad religiosa local para mejorar el conocimiento y el acceso a los servicios de salud mental



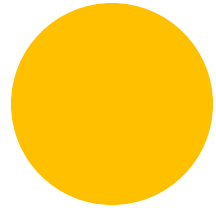
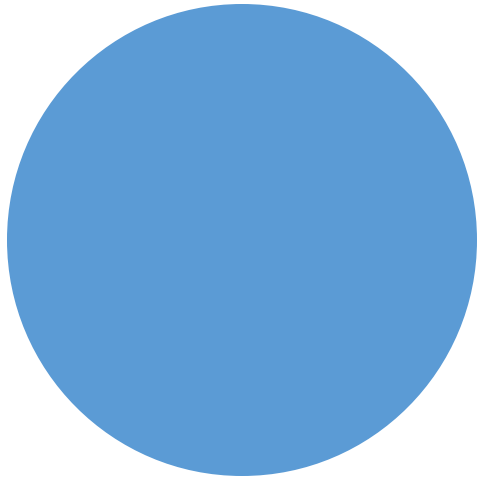
- Personas que no hablan inglés
- Personas que no visitan al médico
- Adultos

Discusión en grupos pequeños

- Crea o elija sus propias estrategias en el área de prioridad de su mesa
- Cambie de mesa cuando se lo digan

Discusión en grupos grandes

- ¿Le sirven estas estrategias?
- ¿Cuáles son los siguientes pasos?



¡Manténgase en contacto!

Emily Johnson

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Contributors & Collaborators

So many thanks to the partners, individuals, meeting-attenders, feedback-givers, survey respondents, colleagues, friends, community advocates, and members who contributed their time and expertise to this project. This is a community effort and would not exist without the agencies listed below.

211 Info

A Family Place

Amity Fire Department

Amity School District

Carlton Police Department

Champion Team

Chehalem Cultural Center

Chehalem Park and Recreation District

Child Care Resource and Referral

Children's Clinic Newberg

City of Newberg

Coyote Joe's

Dayton School District

Department of Human Services

Ford Family Foundation

Goodwill Job Connection

Gospel Rescue Mission

Grand Ronde Tribe Children & Family Services

Grand Sheramina Food Pantry

Head Start of Yamhill County

Henderson House

Hope on the Hill

Housing Authority of Yamhill County

Juliette's House

Linfield College

Love INC

McMinnville Cooperative Ministries

McMinnville Free Clinic

McMinnville Public Library

McMinnville School District

McMinnville Senior Center

MV Advancements

Newberg FISH Emergency Service

Newberg School District

Northwest Senior and Disability Services

Oregon Health Authority

PH Tech

Physicians' Medical Center

Polk County Service Integration Teams

Project ABLE

Promotoras de Salud

Providence Medical Center

Provoking Hope

Second Street Drop In Center

See Ya Later Foundation

Sheridan School District

Student Nutrition and Activity Clinic for Kids

United Way of the Mid-Willamette Valley

Virginia Garcia Memorial Health Center

Willamette Valley Cancer Foundation

Willamette Valley Medical Center

Yamhill-Carlton School District

Yamhill County Developmental Disability Services

Yamhill County Family and Youth

Yamhill County Health and Human Services

Yamhill County Transit Area

Yamhill Community Action Partnership

YOOP!

Youth Outreach

and many more organizations and individuals...