Yamhill Community Care Organization

Community Health Assessment

June 2014
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Yamhill Community Care Organization
Your Local Health Partner

Data Compiled in 2013 and 2014 by: Haleigh Leslie, MPH; Rhianna Wallace, BS; Steven Grauer, BS; Beth Appert, MPH

Written and Reviewed by: Haleigh Leslie, MPH; Steven Grauer, BS; Anuja Shah, MPH, Bonnie Corns, MPA, CHES

Front cover photos taken by Eleanor Gorman, 2014
Executive Summary

To understand the needs and root causes of a community it is important to conduct a Community Health Assessment (CHA). The process of completing a CHA includes collecting and analyzing health data and gathering input from community members. Yamhill Community Care Organization (Yamhill CCO) worked with its Community Advisory Council (CAC), Clinical Advisory Panel (CAP), and Board of Directors to identify, collect, analyze, and share information about the health assets, strengths, resources, and needs of its clientele. The CAC was the lead on this project.

The Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning tool and Guidance for Coordinated Care Organizations from the Oregon Health Authority were used to help the CAC prioritize the health needs and identify resources to help address them. The process and its results help to paint a picture of the overall health and health needs of Yamhill CCO members. The input from each CAC member and Yamhill CCO surveys collected, provided a unique prospective on what health data we should include in the CHA and helped identify community supports and barriers to overall health and well-being.

There are six phases in the MAPP process:

- Organizing for success and developing partnerships
- Visioning
- Conducting the assessment
- Identifying strategic issues
- Formulating goals and strategies
- Taking action (planning, implementation, evaluation)

This report focuses on the assessment portion of the MAPP process, specifically the Community Health Status Assessment, the Forces of Change Assessment, the Environmental Scan, and the Community Themes and Strengths Assessment. Results from the community survey and focus groups identified four priority areas highlighted throughout the assessment.

The data and input gathered to compile the CHA 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. The CHIP will be developed and implemented to reach the goals of the Triple Aim, which are: improving patient care, improving population health, and reducing costs.

Health improvements can only be made with individual acceptance and commitment from our members, providers and Yamhill CCO, and we are ready to start making these changes in our community.

Jim Carrough, CEO
Yamhill Community Care Organization
Introduction

Yamhill Community Care Organization Service Area:

The Yamhill Community Care Organization (Yamhill CCO) serves members in Yamhill County and parts of Marion, Polk, and Clackamas counties.

Community Health Status Assessment

What It Is:

The Community Health Status Assessment is a compilation of national, state, and local county data that was collected and analyzed to provide comprehensive data and a better understanding of the health needs of Yamhill County residents who will be served by the Yamhill Community Care Organization.

Method:

We used the Yamhill County Public Health (YCPH) Community Health Assessment to begin the data collection because the Yamhill CCO service area covers all of Yamhill County and a few areas neighboring Yamhill County. We updated the data used in the Community Health Assessment to reflect the most recent data and to narrow our focus to the population served by Yamhill CCO. We distributed surveys to community partners and community members, using email, the Yamhill CCO website, and paper copies, to provide feedback on important health issues for Oregon Health Plan (OHP) members in Yamhill County. In addition to these surveys, we partnered with Providence Newberg Medical Center to conduct focus groups for the Latino population to better understand their health needs.

Community Partners:

Community Advisory Council (CAC), Clinical Advisory Panel (CAP), Yamhill CCO’s Innovator Agent, Love In Action, Head Start, Early Learning Hub, Yamhill County Health & Human Services, Providence Newberg Medical Center, Willamette Valley Medical Center, Newberg Public Schools, Housing Authority of Yamhill County, Cover Oregon, Trappist Abbey, Love Inc., WIC, Project Able, Northwest Senior and Disability Services, and Care Oregon.

Survey (Appendix A):

This survey was distributed using email, in person and on the Yamhill CCO website for community members and partners to provide input on what are the most important needs in the community. The survey was available in both English and Spanish.

Where health indicators came from:

The final list of health indicators were developed from County Health Rankings 2013, Yamhill CCO Community Advisory Council, Yamhill CCO Clinical Advisory Panel, survey responses from community members, and the focus groups with members and providers.
Where targets came from:

Targets for the health indicators were taken from County Health Rankings 2013 and Healthy People 2020. The source is listed in each target for reference.

Forces of Change Assessment

What It Is:

The goal of the Forces of Change Assessment was to determine forces such as trends, factors, or events that are currently affecting or may be influencing the availability of services offered and the overall health and well-being of the members being served by Yamhill CCO.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government
- Factors are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation (MAPP Forces of Change, NACCHO, 2014).

Method:

Yamhill CCO Community Advisory Council members participated in the Forces of Change Assessment during the January Community Advisory Council meetings. The members provided input in an open discussion to address the trends, factors, and events that are occurring and may occur that will affect the way Yamhill CCO provides services to its members.

Summary of findings:

Yamhill CCO has been gaining traction within its service area which is a positive trend and to continue this growth connecting in the ever changing social media technology will be important. The Yamhill CCO client population is adding more adults to its population due to the Medicaid Expansion that now covers individuals and families who previously did not have health insurance coverage. This growth is challenging because some doctors are now reaching retirement and it is difficult to recruit doctors to the Yamhill County area because it is more rural than the nearby Portland-metro area. There is also a need for culturally appropriate care because of the growing Latino population in the service area. A positive collaboration that has recently occurred is the development of the Early Learning Hub, which is housed within Yamhill CCO. This partnership will provide many opportunities to improve health starting within the family and at an early age. The trends, factors, and events that are or have been occurring in the Yamhill CCO service area provide many opportunities and challenges to create a healthier community.

Vision and Values

The Yamhill Community Care Organization Community Advisory Council was in charge of developing the vision and values for the community health assessment and community health improvement plan. They decided that the vision and values that were developed for the Yamhill CCO fit very well with what the community health assessment and the community health improvement plan are trying to accomplish.
The vision and values were developed by the CAC, with community input, and were then reviewed by the Clinical Advisory Panel and the Yamhill CCO Board of Directors. After careful deliberation and discussion the members of the CAC voted to adopt the vision and values of Yamhill CCO because the vision and values are what this process embodies: Vision: “A unified healthy community that celebrates physical, mental, emotional, spiritual, and social well-being.”

Values (Guiding Principles):

1. Cost Efficiency
2. Accountability
3. Innovation
4. Evidence-Based Clinical Care
5. Transparency
6. Shared Responsibility
7. Member Empowerment
8. Wellness Promotion
9. Equity
10. Stewardship

Community Advisory Council Membership
Current as of June 2014

- Michelle Bernards - Family of OHP member
- Bonnie Corns - Yamhill County Health and Human Services - Public Health
- Rebecca Eichhorn, Co-Chair - Family of OHP member
- Lydia Finley - OHP Member
- Lorri Flores - Dayton Together for a Drug Free Community
- Michele Gray - Yamhill County Head Start
- Barbara Harrington - OHP member
- Melissa Ivey - Family of OHP member
- Megan Muilenberg - OHP Member
- Paul Partridge - Yamhill County Health and Human Services - Developmental Disability Services
- Jennifer Richter, Co-Chair - Family of OHP member
- Leanne Wasson - OHP Member

Community Themes and Strengths Assessment

*What It Is:* The goal of the Community Themes and Strengths assessment is to gather information on community thoughts, opinions, and concerns as well as quality of life. This information was gathered during the CAC meetings using the following questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What assets do we have that can be used to improve community health?
Method: During a CAC meeting the CAC members worked in small groups or pairs and with the large group to complete the Community Themes and Strengths assessment. For this assessment community was defined as Yamhill CCO members because that is the population served and most affected by Yamhill CCO operations.

Summary of Findings: The following is what the CAC members expressed for each of the questions.

1. There were many things listed as important to our community. Some of the most commonly reported were employment, family and community relationships, quality education, access and quality of comprehensive health care, and an overall sense of health and well-being.

2. Quality of life is perceived as poor. For most people it is hard for them to meet their basic needs, so there is a sense of just surviving and a feeling that it is hard to get ahead.

3. There are quite a few assets in Yamhill County that can be used to improve community health. There is a good relationship between Yamhill CCO and Yamhill County Health & Human Services. The faith community is well connected and has a strong desire to serve. Yamhill County has two hospitals, two school based health centers, the Early Learning HUB, and Head Start as active participants in the community. There are many assets that we can work to partner with as well as work to strengthen current relationships in order meet the needs of the community.

Environmental Scan

What It Is: A process to look at internal organizational strengths and weaknesses as well as external threats and opportunities. The organization in this process is Yamhill CCO and its relationships internally and externally. Internal refers to the people employed by Yamhill CCO, the Board of Directors, Community Advisory Council, Clinical Advisory Panel, and providers and organizations that have already partnered with Yamhill CCO. External refers to outside influences that could hinder or support Yamhill CCO’s growth and development such as new partnerships or economic changes.

Method: During a CAC meeting the CAC members and some community partners wrote down and discussed what they saw were the internal strengths and weaknesses and the external threats and opportunities to Yamhill CCO operations.

Summary of Findings: Yamhill CCO has many internal strengths that are building a strong foundation. The CAC is a cohesive group with committed support from the Board of Directors who are dedicated and passionate about improving health outcomes for Yamhill CCO members. There is a good understanding of community issues in part due to the strengthening and developing of partnerships with Yamhill County Public Health, Early Learning HUB, and many other organizations. There has been a lot of change in a short period of time which has made it difficult to recruit a culturally diverse CAC. This lack of diversity is a weakness that makes it difficult to address the needs of all Yamhill CCO populations.

The CAC feels that there are many external opportunities to take advantage of, but there are some external threats we need to be conscious of while pursuing these opportunities. Yamhill CCO is working on developing new relationships with non-traditional partners and health providers. They are actively working on grants, and expanding outreach to the Latino community, as well as strengthening existing relationships with partners such as Providence, Yamhill County Health & Human Services, and health
providers that have been active in Yamhill CCO from the beginning. One of the biggest advantages Yamhill CCO has over other CCO’s in Oregon is the integration of the Early Learning HUB with Yamhill CCO and CAC members believe this partnership will be very important. Some threats to consider when working on these opportunities are the rate at which things are changing for members and providers, as well as the overall system. It will be important to have regular communication with all parties involved and to continue to develop more feedback and buy in from members and providers. Overall Yamhill CCO CAC members are excited about the internal strengths and external opportunities of Yamhill CCO and know that we need to keep the internal weaknesses and external threats in our minds as we continue to develop Yamhill CCO operations.

**CCO Framework for embedding health equity and elimination of health disparities from info in CHA to implement in CHIP**

During a CAC meeting, the CAC members worked through a health disparity and health equity worksheet to help them take the information from the surveys and focus groups to create strategies to make sure we address health disparities and eliminate health inequities. Before completing this activity the CAC members participated in a presentation and discussion from the Oregon Health Authority Office of Equity and Inclusion. Health disparities are differences in health. Health inequities are preventable unjust differences in health status experienced by certain population groups, which tend to be created and maintained by historical and current policies and systems (adopted from the Oregon Health Authority Office of Equity and Inclusion).

The most prominent health disparities and health inequities focus on geographical isolation and the health of the Latino community. There is a lack of healthcare access in the rural parts of the Yamhill CCO service area as well as a lack of transportation. Through the community surveys and focus groups we found that there is a lack of bilingual-bicultural providers and staff to address the health needs of the Latino members of Yamhill CCO as well as a high need for culturally appropriate diabetes care and mental health services.

Throughout the strategies for each of the four goals we are addressing these needs through various methods such as provider recruitment and information dissemination that is culturally and linguistically appropriate. Yamhill CCO will be offering more community health classes in both English and Spanish to address the growing need of education expressed through the surveys and focus groups. Through researching Paramedicine and Telehealth options we may be able to reach geographically isolated members. Another way of addressing geographical isolation and the health needs of the Latino community is through diverse provider recruitment and retention efforts.

Yamhill CCO will continue to strive to recruit more diverse community members and providers to the CAC and CAP, respectively, as well as regularly gather feedback from Yamhill CCO members on ways to better serve their health needs to address health inequities and reduce health disparities.

**Community Health Status Assessment Findings**

**Who We Are**

**Demographic Characteristics**
Yamhill CCO Members by Age and Sex

<table>
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<tr>
<th>Age Group</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>Newborn</td>
<td>603</td>
<td>291</td>
<td>312</td>
</tr>
<tr>
<td>Kids 1-11</td>
<td>6,695</td>
<td>3,272</td>
<td>3,423</td>
</tr>
<tr>
<td>Kids 12-19</td>
<td>3,678</td>
<td>1,831</td>
<td>1,839</td>
</tr>
<tr>
<td>Adults</td>
<td>12,339</td>
<td>3,896</td>
<td>8,443</td>
</tr>
<tr>
<td>Disabled Adults</td>
<td>530</td>
<td>288</td>
<td>147</td>
</tr>
<tr>
<td>Disabled Children</td>
<td>147</td>
<td>51</td>
<td>96</td>
</tr>
</tbody>
</table>

Yamhill CCO Members by Race/Ethnicity

- American Indian or Alaskan Native: 0.39%
- Asian or Pacific Islander: 0.27%
- Asian Pacific American: 0.54%
- Black or African American: 0.01%
- Caucasian: 8.30%
- Hispanic: 0.95%
- No ethnicity/not provided: 0.54%
- Other race or ethnicity: 0.02%
- White: 62.00%
- Other: 27.53%

Yamhill CCO, June 2014
Yamhill CCO Members by Geographic Area

- McMinnville/Lafayette: 45%
- Newberg/Dundee: 9%
- Sheridan/Willamina/Grand Ronde: 12%
- Amity/Dayton: 8%
- Yamhill/Carlton: 3%
- Outlying Areas: 23%

Yamhill CCO, June 2014
Who We Are
Demographic Characteristics

Disabilities affect people in all age groups, genders, and races.\(^1\) Disabilities may include, but are not limited to physical impairments, medical conditions or mental illnesses.\(^1\) In Yamhill County, 13% of the population lives with a disability compared to 13.9% in Oregon and 12.2% nationally.\(^2\) The percent of people 65 years old living with a disability is higher than any other age group in Yamhill County (36.6%), Oregon (37.5%), and Nationally (35.9%) respectively. Such impairments, conditions or illnesses may be from permanent to temporary in nature.

Source:

\(^1\)World Health Organization Disabilities 2013  
[www.who.int/topics/disabilities/en/](http://www.who.int/topics/disabilities/en/)

\(^2\)United States Census Bureau, American Fact Finder 2012 Percent of People with a Disability  
Socioeconomic Characteristics

Education may be one of the strongest predictors of health. High school graduation is reported as the percent of an entering 9th grade class that graduates high school in four years. In Yamhill County the rate of graduating in four years is 72% which is lower than the state (76.3%) and national (78.2%) average high school graduation rates.\(^1\) People who achieve their high school diploma tend to earn more money throughout their lifetime, experience less unemployment, have lower death rates, and other positive health outcomes compared to people who do not achieve their high school diploma.\(^2\)

Source:

\(^1\) County Health Ranking & Roadmaps, High School graduation 2013  
http://www.countyhealthrankings.org/app/oregon/2013/measure/factors/21/data/sort-0


Who We Are
Socioeconomic Characteristics

There is a strong correlation between the number of years of higher education and improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. All four post-secondary categories, Some College (No Degree), Associate’s Degree, Bachelor’s Degree, and Graduate/Professional Degree, for the county are lower than state measures. The data shows that there is a large disparity between those who live in Yamhill County (6.2%) compared to the state average that have earned a Graduate or Professional degrees (11.3%).

Source:

1United States Census Bureau
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_GCT1810.US05PR&prodType=table
Unemployment is measured as the percent of the civilian labor force, age 16 and older, that is unemployed but seeking work.\(^1\) The unemployment rate is a key indicator of the local economy. Yamhill County has a slightly lower unemployment rate when compared to the rest of Oregon. Yamhill County has an 8.7% unemployment rate compared to 11% in Oregon and 9.4% nationally.\(^2\)

People living with disabilities tend to experience higher unemployment rates than those living without a disability. In Yamhill County, people with any disability had a 22.4% unemployment rate compared to the state average of 21.1% and the national average of 18%.\(^2\)

Unemployment may lead to an increase in unhealthy behaviors or decrease the number of healthy options available, such as healthy foods, doctors, and exercise due to a lack of resources to purchase healthy options. These factors can lead to increased risk for disease or early death.

Source:

\(^1\)United States Census Bureau, American Fact Finder 2012 Employment Status
http://factfinder2.census.gov/faces/tablesservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S2301
&prodType=table

\(^2\)United States Department of Labor, Bureau of Labor Statistics 2013 Unemployment
http://www.bls.gov/cps/cps_htgm.htm

Who We Are
Socioeconomic Characteristics
Unemployment rates are lower level for people age 25 to 64 with a bachelor’s degree or higher compared to those without a high school degree in Yamhill County, Oregon, and Nationally. Those without a high school degree in Yamhill County have a higher unemployment rate (17.4%) than those with at least a Bachelor’s degree (7.2%).

Source:

1United States Census Bureau, American Fact Finder Employment Status 2012 http://factfinder2.census.gov/faces/tables-services/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S2301&prodType=table
Homelessness is often referred to as being without a decent, safe, stable, and permanent place to live.\(^1\) Oregon has a higher rate of homelessness, with a rate of 40.9 per 10,000 people compared to the national rate of 20.3 per 10,000 people nationally.\(^2\) In the State of Homelessness in America report 2013, Oregon ranked 49\(^{th}\) of 50 states in Overall Homelessness, which means Oregon has higher rates of homelessness than every state but Hawaii.\(^2\)

Source:

\(^1\)Yamhill County 10-Year Ending Homelessness Plan, 2009 Yamhill Community Action Partnership

\(^2\)State of Homelessness in America 2013. Homelessness Research Institute, National Alliance to End Homelessness. [http://b.3cdn.net/naeh/bb34a7e4cd84ee985c_3vm6r7cjh.pdf](http://b.3cdn.net/naeh/bb34a7e4cd84ee985c_3vm6r7cjh.pdf)
The 2014 Point in Time Homelessness Count found just over half of households experiencing homelessness had at least one child living with them. Addressing homelessness is important because many people who are homeless are not able to get the health care that they need. Children who experience homelessness tend to do poorer in school, which can affect future job opportunities, as well as tend to have poorer health behaviors that negatively affect their overall health and well-being.

Source: Point in Time Homelessness Count (2014) Yamhill Community Action Partnership

The 2014 Point in Time Homelessness Count for Yamhill County reported 274 households in Yamhill County with at least one adult and one child experiencing homelessness. During the count 868 surveys were completed by people experiencing homelessness. Over one half of persons reported to be under the age of 18.

Source: Point in Time Homelessness Count (2014) Yamhill Community Action Partnership

Who We Are
Socioeconomic Characteristics
The 2014 Yamhill County Point in Time homelessness count found 290 households without children experiencing homelessness. During the count, 308 surveys were completed by people without children (under 18 years old and living with them) experiencing homelessness. Of those who completed the survey, more than half reported to be over the age of 24.

Source: Point in Time Homelessness Count (2014) Yamhill Community Action Partnership
Who We Are
Socioeconomic Characteristics

The incidence of poverty varies widely across the population according to age, education, employment status, family living arrangements and area of residence, among other factors.¹ An average family of four in 2012 was considered to be living in poverty if their pre-tax cash income for the year was below $23,492. In Yamhill County, 14.1% of residents are living in poverty which is lower than the state rate of 17.3%.²

Populations with higher rates of poverty tend to have higher rates of disease and early deaths as well as poorer overall health and well-being. Some factors that may affect these rates are fewer resources to health food options, fewer well-paying jobs, lack of access to health care providers, and fewer education options.

Source:

http://www.census.gov/did/www/saipe/data/index.html

²United States Census Bureau, American Fact Finder 2012
http://factfinder2.census.gov/faces/tablesservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_DP03&prodType=table
Socioeconomic Characteristics

**Children Living in Poverty**

![Bar chart showing poverty rates for Yamhill County, Oregon, and Nationally.]

Poverty can result in negative health consequences, such as increased risk of mortality, and increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. Children in poverty is measured as the percentage of children under the age 18 living below the Federal Poverty Line, which is $23,550 for a family of four. The children in poverty measure is highly correlated with overall poverty rates. The percent of children living in poverty is slightly lower for Yamhill County (20%) as compared to (23%) for the state of Oregon and Nationally (22.5%).

Sources:

1. Census Bureau

2. 2013 Poverty Guidelines. Office of the Assistant Secretary for Planning and Evaluation.
   [http://aspe.hhs.gov/poverty/13poverty.cfm](http://aspe.hhs.gov/poverty/13poverty.cfm)

Who We Are
Children in single-parent households is a measure of the percent of all children who live in a household headed by a single parent. Adults and children in single-parent households are both at a higher risk for adverse health outcomes such as mental health problems like substance abuse, depression, and suicide as well unhealthy behaviors such as smoking and excessive alcohol use compared to two-parent households.

The percentage of children living in single-parent households in Yamhill County (28%) is about the same as the national percent of 27.3%, which is slightly lower than the average for Oregon (30%).

Sources:

1County Health Rankings 2013
http://www.countyhealthrankings.org/app/oregon/2013/rankings/yamhill/county/outcomes/overall/snapshot
Limited access to healthy foods is defined as the percent of the population that is low income and does not live close to a grocery store. In rural areas “live close” is defined as living less than 10 miles from a grocery store and in nonrural areas it is defined as living less than 1 mile from a grocery store. Four percent of the low income population in Yamhill County has limited access to healthy foods which is about the same as the state percent of 5%.

Source:

12013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/measure/factors/83/data/sort-0
Health Resource Availability

Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports. On average Oregon has 12 recreational facilities per 100,000 population per county as compared to 8 for Yamhill County. The availability of recreational facilities can influence individuals’ and communities choices to engage in physical activity.

Source:

1 2013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2012/measure/factors/68/data/sort-0
Health Resource Availability

This data represents the percentage of people living within a ½ mile of the boundary of a park. According to the 2013 County Health Rankings, 60% of Yamhill County residents live within ½ mile of a park as compared to 54% for the state.

Source:

1County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/measure/additional/130/data/sort-0
The rate of preventable hospital stays is often used to assess the effectiveness and accessibility of primary healthcare. Preventable hospitalizations for Yamhill County (37 per 1000 Medicare enrollees) were lower than the state (43 per 1000 Medicare enrollees) and national (49 per 1000 Medicare enrollees) rates.

Source:

1. Centers for Disease Control and Prevention
http://www.cdc.gov/pcd/issues/2013/12_0322.htm

2. County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2012/measure/factors/5/map
Health Resource Availability

**Childhood Immunizations**

Childhood immunizations are a safe and effective way to protect children from becoming infected by preventable diseases.\(^1\) The best way to protect kids and our community is to vaccinate children, especially from birth to two years of age. Youth Immunization rates measured as two years old up-to date who have 4+ diphtheria, pertussis and tetanus (DTaP), 3+ Polio, 1+ Measles, Mumps and Rubella (MMR), 3+ Haemophilus influenza type b (Hib), 3+ Hepatitis B, 1+ Varicella (4:3:1:3:3:1). Childhood immunization rates for Yamhill County (71.7\%) is higher than the state average of (65.2\%) but lower than the national average of 77.6\%.\(^2\)

Source:

\(^{1}\)Washington State Department of Health (Childhood Immunizations are Important)  

\(^{2}\)Oregon Health Authority  
Who We Are
Health Resource Availability

It is also important for adolescents to be up-to-date on their immunizations to help prevent the spread of disease.\(^1\) Yamhill County adolescent immunization rates for Tdap and meningococcal infections are 90% and 68% as compared to 90% and 65% for the state, respectively.\(^2\) However, rates of influenza vaccinations for adolescent in Yamhill County are only 31% as compared to 36% for the state.

Source:

\(^1\)Oregon Health Authority
http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/RateTeenChart.pdf

\(^2\)Oregon Health Authority
http://public.health.oregon.gov/PreventionWellness/Vaccinesimmunization/Pages/researchteen.aspx
Yamhill County has one primary care physician for every 1,381 persons. The state average is one primary care physician for every 1,134 persons.\(^1\) Having enough primary care physicians in a community is important to make sure that people have regular check-ups with their doctors, which helps prevent more serious illnesses and conditions.

Source:

\(^1\) 2013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/measure/additional/62/data/sort-0
Yamhill County has one Mental Health Provider for every 2,924 people. The state average is one mental health provider every 2,193 persons.\(^1\) Having enough mental health providers in a community is important to make sure that people can receive mental health services in a timely manner.

Source:

\(^1\) 2013 County Health Rankings
Who We Are
Health Resource Availability

Yamhill County has one dentist for every 2,185 persons. The state average is one dentist for every 1,479 persons.\(^1\) Having enough dentists in a community is important to make sure that people who need oral health services can receive the right care in a timely manner. The lack of providers in Yamhill County classifies us as a Dental Care Health Professional Shortage Area.\(^2\)

Regular oral health care is important to prevent more severe oral health problems that prevent children going to school and adults from working because of pain. The lack of providers makes it difficult for both children and adults to receive the oral health care services they need to be healthy and prevent more serious and more costly needs.

Source:

\(^1\) 2013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/measure/additional/62/data/sort-0

\(^2\) Health Resources and Services Administration. U.S. Department of Health and Human Services.
http://hpsafind.hrsa.gov/
Who We Are
Health Resource Availability

211info is a system that Oregon residents can call to request assistance for meeting needs and finding resources locally. From July 1, 2013 – September 30, 2013 there was a total of 771 caller needs to the 211info system for Yamhill County.¹ Of those calls there were 113 instances where a referral was not available for the caller’s requested need. From the calls that have been received by 211info the largest concerns for Yamhill County residents are electricity assistance and rent and rental deposit assistance.

Source:
¹211info
www.211info.org
Who We Are
Health Resource Availability

According to County Health Rankings\(^1\), the percent of residents under the age of 65 without health insurance has hovered around 19%. With the Medicaid expansion in Oregon we are seeing a decrease in the percent of our population without health insurance. The goal of this expansion is to increase the number of people who have access to affordable healthcare and to reduce overall healthcare costs by providing more preventative care at a high quality.

Source:

\(^1\) 2013 County Health Rankings

http://www.countyhealthrankings.org/app/oregon/2013/measure/additional/62/data/sort-0
Who We Are
Health Resource Availability

From December 2013 to April 2014 the number of people enrolled in the Yamhill Community Care Organization has increased by almost 6,500 people which is a 40% increase in enrollees \(^1\). This increase in enrollment is due to the Medicaid expansion. Most of the new enrollees are adults.

Source:

\(^1\)Office of Health Analytics, Oregon Health Authority.
Strengths and Risks
Behavioral Risk Factors

Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health outcomes.\(^1\) Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.\(^2\) The percentage of adults who smoke in Yamhill County (18.5\%) is higher than the state rate (17.1\%).\(^3\) The National rate is a little higher at 21\% than both Yamhill County and Oregon.

Source:


\(^2\) Oregon Health Authority Public Health, Topics by County, 2006-2009 http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx

\(^3\) Oregon Health Authority Public Health, 2013 http://public.health.oregon.gov/ProviderPartnerResources/PublicHealthAccreditation/Pages/HealthStatusIndicators.aspx#death
Strengths and Risks
Behavioral Risk Factors

Nearly all first-time tobacco use occurs before high school graduation, and 88% of adult smokers who smoke daily reported that they began smoking before age 16.\(^1\) If prevention efforts are focused on youth then we may see reduced rates of adult smoking. Yamhill County teen smoking rates (16.7%) are similar to those found in the state of Oregon (16.1%) and are a couple percentage points lower than the national average of 18.1%.\(^2\)

Source:


Strengths and Risks
Behavioral Risk Factors

Secondhand smoke exposure is measured as the percent of 8th and 11th grade youth who reported that someone (other than themselves) smokes cigarettes inside the house. In Yamhill County, 3.2% of 8th graders are exposed to secondhand smoke as compared to 4.1% in Oregon. For Yamhill County students in the 11th grade, 3.2% are exposed to secondhand smoke compared to 4% of 11th grade students in Oregon.

Source:
1 Oregon Health Authority
Strengths and Risks
Behavioral Risk Factors

The adult obesity measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30.\(^1\) Adult obesity increases the risk for health conditions such as coronary heart disease, Type 2 diabetes, cancer, high blood pressure, and many other health related problems. Adults who are overweight have an increased risk for becoming obese and increase the risk for the health conditions associated with obesity. In Yamhill County 24.5% of adults are obese which is lower than the percent of adults who are obese in Oregon 28.4% and nationally 35.9%.\(^2\) The adult overweight measures the percent of the adult population that has a BMI between 25 and 29.9 pounds/inches.\(^1\) In Yamhill County 36.6% of adults are overweight compared to 36.1% of adults in Oregon.\(^2\)

Source:

\(^1\) Centers for Disease Control and Prevention, 2012, Obesity and Overweight Data are for the U.S. 
http://www.cdc.gov/nchs/fastats/overwt.htm

\(^2\) Oregon Health Authority
http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/in dex.aspx
Strengths and Risks
Behavioral Risk Factors

Overweight in childhood is defined as a body mass index (BMI), that is determined by the weight to height ratio, at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. Obesity in childhood is defined as a BMI at or above the 95th percentile for children of the same age and sex.\(^1\) Yamhill County has higher rates of overweight and obese 8th and 11th graders than Oregon and nationally, as seen in the graph above.

Childhood obesity can have a harmful effect on the body in a variety of ways.\(^1\) Obese children are more likely to have high blood pressure and high cholesterol. These are risk factors for cardiovascular disease, Type 2 diabetes, as well as many other health problems. Obese children are more likely to become obese adults. If children are overweight, obesity in adulthood is likely to be more severe.

Source:

\(^1\)Oregon Health Authority
Strengths and Risks
Behavioral Risk Factors

The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person’s blood alcohol concentration (BAC) to 0.08 grams of alcohol per 100 grams of person’s blood or above.\(^1\) In general, this pattern is consuming five or more drinks for men and four or more drinks for women in one sitting and is a risk factor for a number of adverse health outcomes.\(^1\) Such outcomes include; unintentional injuries, poisoning, stroke, and other dangerous health related problems. The percentage of males who binge drink in Yamhill County (16.4\%) is lower than the state average of 18.5\%.\(^2\) Females in Yamhill County (9.5\%) have a slightly lower rate of binge drinking compared to the state of Oregon (10.2\%).\(^2\)

Source:

\(^1\)Centers for Disease control and Prevention, 2013
http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

\(^2\)Oregon.Gov Public Health Selected Topics by County, 2006-2009
http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx
Strengths and Risks
Behavioral Risk Factors

The teen binge drinking measure reflects the percent of students that reports five or more drinks of alcohol in a row in one sitting at least once during the past 30 days.¹

Binge drinking is a risk factor for a number of negative health outcomes such as unintentional injuries, intentional injuries, alcohol poisoning, high blood pressure, sexually transmitted diseases, higher risk of suicide and homicide, and unintended pregnancy.² Yamhill County has slightly lower teen binge drinking levels for 8th graders (11.3%; 12.8% respectively) and the rates are almost identical between 11th graders in Yamhill County (27.7%) and across the state of Oregon (27.3%).²

Source:

¹Oregon.gov/Public Health OHT 2007-2009

²Center for Disease Control and Prevention, 2013
http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
Strengths and Risks
Behavioral Risk Factors

Illicit drug use by youth measures the percent of the 8th and 11th grade population that reported using illicit drugs at any time during their lives. 1 Yamhill County youth are using a variety of illicit drugs and marijuana is the most commonly used illicit drug for both 8th and 11th graders. 2

Illicit drug use has a major impact on individuals, families, and communities. 3 The effects of illicit drug use are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

Source:

1 Oregon Health Authority

2 Oregon Health Authority

3 Centers for Disease Control and Prevention (Adolescent and School Health)
http://www.cdc.gov/healthyyouth/alcoholdrug/
Strengths and Risks
Behavioral Risk Factors

Evidence suggests that mammography screening reduces breast cancer mortality, especially among women over the age of 50.\(^1\) Yamhill County has a higher screening rate than the national average but the screening rate is approximately 6% lower than the rest of the state.\(^2\) Early detection can increase the chance that a woman will survive breast cancer and is also more cost effective than a later diagnosis.

Source:

\(^1\)Centers for Disease Control and Prevention, Cancer Screening – United States, 2010 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6103a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6103a1.htm).

Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of glycated hemoglobin.¹

Regular hemoglobin A1c screening among diabetic patients is considered the standard of care.¹ It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia (high blood sugar) is addressed and controlled, complications from diabetes can be delayed or prevented. Yamhill County (84%) is slightly behind the state of Oregon (86%) in the number of diabetic screenings that are performed and below the national target of 90%.²

Source:

¹Center for Disease Control and Prevention
http://www.cdc.gov/search.do?q=diabetes+screenings&spell=1&ie=utf8

²County Health Rankings
http://www.countyhealthrankings.org/app#/oregon/2013/measure/factors/7/description
Strengths and Risks
Behavioral Risk Factors

The Patient Activation Measure (PAM) is a 10 question survey that members fill out about their health. See Appendix B for a copy of the survey. The scores reflect their confidence and ability to manage their own health. The scoring system is from 1 to 100, broken up into 4 levels of confidence/readiness to change (level 1 = not ready, up to level 4 where they are managing their health well).

The Community Health Workers, from the Community Health Worker HUB, do one initial survey during the first visit with a client to capture their baseline, then one survey every 3 months until they are “done” with their program. The Community Health Worker HUB focuses on serving Yamhill CCO members who are using the emergency department more than what is considered normal and works with these members to help them access primary care and other resources in the community to lower healthcare costs and improve overall health and well-being.
Chlamydia is a common sexually transmitted disease (STD) caused by a bacterium. It is used as an estimate for the overall STD rate in a population. STDs are largely preventable by safe sex practices and clean needle use. STDs are costly and can lead to poor health outcomes. Examples of social, economic, and behavioral factors that affect the spread of STDs are racial and ethnic disparities, poverty, access to health care, substance abuse, sexual networks, and stigma around sexuality. Yamhill County rate of Chlamydia, 266 cases per 100,000 population, is lower than Oregon 347.5 per 100,000 and nationally 456.7 per 100,000 when compared side by side. Each of these rates is higher than the national target of 92 cases per 100,000 population.

Source:

1 Centers for Disease Control and Prevention

2 Healthy People 2020

3 2013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/measure/factors/45/data
Strengths and Risks
Communicable Diseases

In 2012, 61 cases of tuberculosis (TB) were verified in Oregon, which is a rate of 1.6 cases per 100,000 residents. This rate is a decrease from 2011, when 74 cases were reported. The national TB disease rate is higher than Oregon’s rate; in 2012 the national rate was 3.2 cases per 100,000 residents. It is important to note that Oregon TB disease incidence remains higher in foreign-born residents. In 2012, 74% of TB cases were diagnosed among foreign-born residents. It is important to prevent the spread of TB because it is costly and time consuming to treat.

Source:

1Oregon Health Authority
http://public.health.oregon.gov/DiseaseConditions/CommunicableDisease/Tuberculosis/Pages
Strengths and Risks
Maternal and Child Health

The teen birth rate is defined as the number of live births per 1,000 females, ages 15-19 years. The teen birth rate in Yamhill County is 33 per 1,000 compared to 28.2 per 1,000 for Oregon and 34.2 per 1,000 nationally.\(^1\) As explained by the graph, the teen birth rate in Yamhill County is slightly higher than the state average but lower than the national average.

Teen pregnancy increases the risk of repeat pregnancies and contracting an STI both of which have negative impacts on the mother, children, families, and community. Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely to have gestational hypertension and anemia, poor maternal weight gain and low birth weight infants. 

Source:

\(^1\)County Health Rankings

[http://www.countyhealthrankings.org/app#/oregon/2013/measure/factors/14/data/sort-0](http://www.countyhealthrankings.org/app#/oregon/2013/measure/factors/14/data/sort-0)
Strengths and Risks
Maternal and Child Health

Low birth weight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs 8oz.). The percent of low birth weight infants in Yamhill County (5.4%) is comparable to the state (6.1%) both of which are lower than national average of 8.1%.

Low birth weight may be representative of maternal exposure to health risks and an infant’s current and future risk of disease, as well as premature death risk.

Source:

1County Health Rankings
http://www.countyhealthrankings.org#app/oregon/2013/measure/outcomes/1/data/sort-0

2Centers for Disease Control and Prevention
http://www.cdc.gov/nchs/births.htm
Our Health Status
Death, Illness, & Injury

According to the Center for Disease Control and Prevention (CDC), motor vehicle crashes are a leading cause of death in the United States.\(^1\) Motor vehicle crash deaths are measured as the crude mortality rate per 100,000 people due to on- or off-road accidents involving a motor vehicle.

Motor vehicle deaths in Yamhill County are higher (14 deaths per 100,000 people) as compared to 12 deaths per 100,000 for the state and 10 deaths per 100,000 for the United States.\(^2\)\(^3\)

Source:


\(^3\)Centers for Disease Control and Prevention: Injury Prevention & Control: Motor Vehicle Safety [http://www.cdc.gov/Motorvehiclesafety/index.html](http://www.cdc.gov/Motorvehiclesafety/index.html)
Our Health Status
Death, Illness, & Injury

Violent crime is composed of four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault, all in which the offender uses or threatens to use violent force on the victim.\(^1\) The rate of violent crime in Yamhill County is relatively low when compared to the state or national rate.\(^2\) The violent crime rate in Yamhill County is 81 cases per 100,000 people as compared to 247.6 cases per 100,000 people for Oregon and 386.3 cases per 100,000 people nationally.

Source:

\(^1\) Centers for Disease Control and Prevention
http://www.cdc.gov/search.do?q=violent+crime&btnG.x=0&btnG.y=0&oe=UTF-8&ie=UTF-8&sort=date%3AD%3AL%3Ad1&ud=1&site=default_collection

\(^2\) FBI 2013
Our Health Status
Death, Illness, & Injury

Premature death is represented by years of potential life lost (YPLL) before age 75. Each death before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost to a county’s YPLL. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of death. The YPLL measure is presented as a rate per 100,000 populations and is age-adjusted to the 2000 US data. Yamhill County has 5,401 premature deaths per 100,000 people, whereas the National rate of premature deaths is 6,981 per 100,000 people.

Source:

1Center for Disease Control and Prevention
http://www.cdc.gov/mmwr/preview/mmwrhtml/00001264.htm

2County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/measure/outcomes/1/datasource
Our Health Status
Death, Illness, & Injury

This graph shows you the leading causes of death in the United States per 100,000 people and as you can see the highest rate is disease of the heart.

Source:

Our Health Status
Death, Illness, & Injury

Determining and monitoring the leading causes of death is an important indicator of a geographic area’s (county, state, country) overall health status or quality of life. The five leading causes of death for Yamhill County are malignant neoplasms (cancer), heart disease, chronic lower respiratory disease, cerebrovascular disease, and unintentional injuries. The leading causes of death in Yamhill County are the same as in Oregon. Yamhill County does have a slightly higher rate of Malignant Neoplasms than Oregon, but the other leading causes of death Yamhill County have lower rates.

Source:

1 Oregon Health Authority

2 Centers for Disease Control and Prevention

Our Health Status
Death, Illness, & Injury

This graph looks at the foodborne illness rate per 100,000 people.\(^1\) Yamhill County has very similar rates of foodborne illness like Salmonellosis and Camplobacteriosis to Oregon rates. Foodborne illness (sometimes called “foodborne disease,” “foodborne infection,” or “food poisoning) is a common, costly public health problem that is preventable. A foodborne outbreak occurs when two or more cases of a similar illness results from eating a common food source.

More than 250 different foodborne diseases have been described. Most of these diseases are infections, caused by a variety of bacteria, viruses, and parasites that can be foodborne. Some common early symptoms of foodborne illness are nausea, vomiting, abdominal cramps and diarrhea. Foodborne illness is a preventable and underreported public health problem that is difficult both general and at-risk populations.

Source:

\(^1\)Center for Disease Control and Prevention
Our Health Status
Mental Health & Addictions

Self-reported health status is a general measure of health-related quality of life in a population. This measure is based on survey responses to the question, “In general, would you say that your health is excellent, very good, fair, or poor?” Fifteen percent of people in Yamhill County said that they rate their health fair or poor compared to 14% of those people that live in Oregon.¹

Source:

¹2013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2012/measures/outcomes/2/map
Our Health Status
Mental Health & Addictions

Physically unhealthy days are calculated by assessing the response to the survey question, “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” Yamhill County residents report 3.6 poor physical health days which is about the same reported by Oregon residents (3.7 days).  

Source:

1 2013 County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2013/rankings/yamhill/county/outcomes/overall/snapshot
Our Health Status
Mental Health & Addictions

Poor mental health days are calculated by assessing the responses to the survey question. “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health good”. Yamhill County residents reported 3.1 poor mental health days which is about the same as Oregon residents overall (3.2 days).  

Source:

1County Health Rankings
http://www.countyhealthrankings.org/app/oregon/2012/measure/outcomes/42/map
Appendix A

COMMUNITY HEALTH NEEDS SURVEY

This survey is intended to gather community opinion about how to improve health services in Yamhill County. Your input is needed to help identify areas for improvements. This survey is anonymous; please do not put your name on this sheet. If you would like to see the results of the survey, please go to www.yamhillcco.org after Jan. 15. Thank you for your time and your input!

1. In the past year, have you or anyone living in your home used health services at any of the following locations?

<table>
<thead>
<tr>
<th>Please select all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital, including hospital emergency room. (Name of hospital) ________________________</td>
</tr>
<tr>
<td>Urgent care or immediate care clinic</td>
</tr>
<tr>
<td>Doctor’s office or other outpatient medical clinic</td>
</tr>
<tr>
<td>Veterans Health Administration hospital or clinic</td>
</tr>
<tr>
<td>Addictions treatment center</td>
</tr>
<tr>
<td>Dental services</td>
</tr>
<tr>
<td>Public Health Department services (immunizations, home visiting nurses, family planning, sexually transmitted diseases testing and treatment, WIC – Women, Infants and Children)</td>
</tr>
<tr>
<td>Mental health/behavioral health or other counseling services</td>
</tr>
<tr>
<td>911 (for an ambulance or health emergency)</td>
</tr>
<tr>
<td>Other: __________________________________________________________________________</td>
</tr>
</tbody>
</table>

Thank you for your time and your input!
2. What conditions exist now in your community to help create or foster good health?  

<table>
<thead>
<tr>
<th>Please check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have access to good doctors and other health care providers in our community who care about their patients.</td>
</tr>
<tr>
<td>We have access to medical specialists in our community, such as cardiologists, oncologists (cancer) and neurologists.</td>
</tr>
<tr>
<td>We have health services to help prevent health problems in our community. (Smoking cessation, nutritional counseling, diabetes education, stress management, etc.)</td>
</tr>
<tr>
<td>We have a wide variety of recreational activities for all ages.</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

3. What do you think are the three (3) most important ways to create a healthier community?

<table>
<thead>
<tr>
<th>Please check only 3 boxes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A clean environment</td>
</tr>
<tr>
<td>Access to healthy foods</td>
</tr>
<tr>
<td>Affordable housing</td>
</tr>
<tr>
<td>Racial/cultural acceptance</td>
</tr>
<tr>
<td>Education/schools</td>
</tr>
<tr>
<td>Mental health treatment</td>
</tr>
<tr>
<td>Food banks/hunger programs</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>
4. What do you think are the three (3) most critical health problems in your community? (Those that have the biggest impact on community health.)

**Please check only 3 boxes:**

<table>
<thead>
<tr>
<th>Problem</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td></td>
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<tr>
<td>Respiratory/lung disease</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Heart disease/stroke</td>
<td></td>
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<tr>
<td>High blood pressure</td>
<td></td>
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<tr>
<td>Tobacco use</td>
<td></td>
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<tr>
<td>Obesity</td>
<td></td>
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<tr>
<td>Mental illness</td>
<td></td>
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<tr>
<td>Alcohol/drug addiction</td>
<td></td>
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<tr>
<td>Dental problems</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
</tr>
<tr>
<td>Other factors important to the health of your community:</td>
<td></td>
</tr>
</tbody>
</table>
5. What do you think are the three (3) most critical health needs in your community? (Those that have the biggest impact on community health.)

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of mental health treatment facilities</td>
<td></td>
</tr>
<tr>
<td>High crime rates</td>
<td></td>
</tr>
<tr>
<td>High cost of mental health services</td>
<td></td>
</tr>
<tr>
<td>Not enough doctors and clinics</td>
<td></td>
</tr>
<tr>
<td>High cost of health care/lack of health insurance</td>
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</tr>
<tr>
<td>Too few recreational and exercise facilities</td>
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</tr>
<tr>
<td>Poor eating habits</td>
<td></td>
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<tr>
<td>Lack of access to healthy foods</td>
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<tr>
<td>Domestic violence</td>
<td></td>
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<tr>
<td>Lack of transportation to medical facilities</td>
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<tr>
<td>Lack of affordable housing</td>
<td></td>
</tr>
<tr>
<td>Child abuse</td>
<td></td>
</tr>
<tr>
<td>Too few educational opportunities after high school (college, trade schools, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other factors important to the health of your community:</td>
<td></td>
</tr>
</tbody>
</table>
6. If you could pick just three (3) things to improve your community’s access to health care, what would they be?

Please check only 3 boxes:

<table>
<thead>
<tr>
<th>More health education and wellness services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>More doctors/health care providers</td>
<td></td>
</tr>
<tr>
<td>More disease prevention and screening services</td>
<td></td>
</tr>
<tr>
<td>More alcohol and drug treatment programs</td>
<td></td>
</tr>
<tr>
<td>More dentists</td>
<td></td>
</tr>
<tr>
<td>Medical appointments after 5 p.m. and weekends</td>
<td></td>
</tr>
<tr>
<td>More culturally sensitive care</td>
<td></td>
</tr>
<tr>
<td>Transportation assistance to appointments</td>
<td></td>
</tr>
<tr>
<td>More mental health services</td>
<td></td>
</tr>
<tr>
<td>Alternative health care (acupuncture, naturopathy, etc.)</td>
<td></td>
</tr>
<tr>
<td>More tobacco cessation programs</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

7. Think about the most recent time when you or a family member living in your home went without needed health care. What were the reasons why?

Please check all that apply:

<table>
<thead>
<tr>
<th>Cost too much</th>
<th></th>
<th>Don’t know where to go to get care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have insurance</td>
<td></td>
<td>I was afraid of what they might find wrong with me</td>
<td></td>
</tr>
<tr>
<td>Childcare issues</td>
<td></td>
<td>Do not have a regular doctor</td>
<td></td>
</tr>
<tr>
<td>Transportation problems</td>
<td></td>
<td>Couldn’t get appointment quickly enough</td>
<td></td>
</tr>
<tr>
<td>Do not like doctors/ refused to go</td>
<td></td>
<td>On the Oregon Health Plan, but do not have a doctor</td>
<td></td>
</tr>
<tr>
<td>Waited for the health problem to go away</td>
<td></td>
<td>Doctor’s office not open when needed</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please tell us a little bit about you:

8. Age: 0-17  18-29  30-39  40-49  50-59  60+

9. Gender: Male  Female

10. Zip Code: ________________

11. Please check a box for income:

<table>
<thead>
<tr>
<th>Income:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $5,000</td>
<td></td>
</tr>
<tr>
<td>$5,000 - $9,999</td>
<td></td>
</tr>
<tr>
<td>$10,000 - $14,999</td>
<td></td>
</tr>
<tr>
<td>$15,000 - $24,999</td>
<td></td>
</tr>
<tr>
<td>$25,000 - $34,999</td>
<td></td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
<td></td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td></td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td></td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td></td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td></td>
</tr>
<tr>
<td>$200,000 or more</td>
<td></td>
</tr>
</tbody>
</table>
12. Please check all boxes that apply to your race/ethnicity:

<table>
<thead>
<tr>
<th>Race / Ethnicity: (please check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African-American</td>
<td></td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Caucasian (white)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for sharing your thoughts with us. Please add any other comments you have about the local health care system.
Appendix B

Patient Activation Measure Survey

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Agree Strongly</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When all is said and done, I am the person who is responsible for taking care of my health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Taking an active role in my own health care is the most important thing that affects my health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I know what each of my prescribed medications do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I am confident that I can tell a doctor concerns I have even when he or she does not ask.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I am confident that I can follow through on medical treatments I may need to do at home.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I know how to prevent problems with my health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I am confident I can figure out solutions when new problems arise with my health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submit and Clear

<table>
<thead>
<tr>
<th>Activation Score</th>
<th>PAM Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix C

Contact Information

Temporary Office:
627 NE Evans Street
McMinnville, OR 97128

Mailing address:
P.O. Box 40328
Portland, OR 97240

Call:
Toll Free: 1-855-722-8205
Portland area: 503-488-2800
TTY/TDD: 1-800-735-2900

E-mail:
info@yamhillcco.org

Media contact:
JimRickards, M.D.
Health Strategy Officer
E-mail: JRickards@yamhillcco.org
Phone: 773-793-8074

Office hours:
Monday – Friday 8 a.m. to 5 p.m. We are closed on most government holidays.

Our offices are wheelchair accessible.