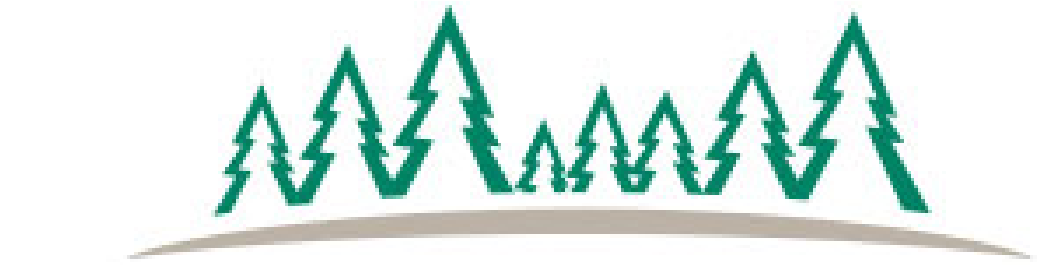


Columbia Pacific CCO

Clatsop County

Community Health Assessment - 2014

CONTENTS

INTRODUCTION AND OVERVIEW

The health of the public is the responsibility of everyone, not just our local public health agencies. Hospitals, clinics, behavioral health agencies, community based organizations, early learning councils and school-based health centers should build population health capacity together.

Columbia Pacific Coordinated Care Organization (CPCCO), as part of the CCO transformation plan, seeks to bring together stakeholders from diverse sectors to establish a common agenda, shared metrics, a structured process and a jointly-funded infrastructure for the purpose of creating a shared system of health.

As part of the process of bringing together stakeholders and health data to inform transformation plan activities, CPCCO conducted a community health needs assessment in its service area—Clatsop, Columbia, and Tillamook counties and the Reedsport area of Douglas County—with the goal of gathering community perceptions of health, health care needs and health equity.

CPCCO's four Community Advisory Councils (CACs) participated in and gave oversight to the needs assessment process, including supporting the development of a meta-analysis of existing clinical and community epidemiological health data. An emphasis was placed on reviewing local assessments already conducted in behavioral health, public health, hospital community benefit reporting, and other assessments from agencies or community based organizations that help address socioeconomic issues such as community vitality, employment and food insecurity.

Health disparity issues in rural areas include, but are not limited to: geographic separation; high patient ratio per number of providers to Oregon Health Plan members; limited resources; health care provider mix; and difficulty coordinating care between hospitals, clinics, behavioral health agencies, and social service safety net providers.

To address these disparities, CPCCO seeks to create a Community Health Improvement Plan that aligns to and is coordinated with other required community assessments when appropriate, such as public health department accreditation plans, hospital community benefit plans, the CPCCO Clinical Advisory Panel's clinical transformation priorities and community behavioral health agencies bi-annual improvement plans.

The goal of the CPCCO Community Health Improvement Plan is to use the data on community perceptions of health and health care needs from the community health survey that was conducted in the fall of 2013, along with existing epidemiological data to address the social determinants which lead to poor community health outcomes. The long-term goal is to create opportunities for shared ownership of the health of the community between the CCO,

hospitals, public health agencies, behavioral health agencies and other local stakeholders including natural supports. This collaboration offers the opportunity to mobilize and leverage resources to achieve measurable and sustainable improvements in health status and quality of life for the region as a whole.

The community health needs assessment and the resulting community health improvement plan incorporate all available findings, stories, priorities, and strategies for addressing gaps that result in health disparities and health inequity in the communities served by CPCCO.

Description of Needs Assessment Process:

CPCCO has four local CACs and a regional CAC. The charge of the local and regional CACs is to oversee and support the community health needs assessments and a regional community health improvement plan for CPCCO.

The purpose of the regional health needs assessment is to identify the largest challenges CPCCO members face in being healthy and to understand the types of collaborative programs or activities that CPCCO and its partners can undertake to positively impact the health of all members. A guiding principle of the region al health needs assessment process recognizes current perceptions of health equity within the CPCCO service area and works to create a culturally-specific definition of health and a community-specific definition of, and standards for, cultural competence.

To create the regional health needs assessment, CPCCO augmented secondary state and national epidemiological data with a six question community survey that asked participants their opinion of the health and health care needs of the community in which they live. Survey participants were community members in the CCO service area including, but not limited to, CPCCO members. CAC members and CPCCO staff collaborated to disseminate and collect surveys in locations within the community that were thought to be the best opportunities for gathering community voice. Surveys were available in a variety of locations from health clinics to high school health classes. There were 1,104 surveys completed in the region.

	Clatsop	Columbia	Tillamook	Reedsport area	Latin@
Percent of completed surveys: (n=1104)	15.4%	38.3%	33.8%	12.4%	6.9%
Percent of total service region population:	31.5%	42.0%	21.5%	5.0%	6.4%

US Census

Additionally, community meetings were held to discuss community health data and to gain feedback on the perception of health and health care needs reported at the local level.

Epidemiological data was used to identify health challenges at a county level. This data and the community survey results that identified local perceptions of health concerns and service needs combined to form a complete community health needs assessment.

The data from the community health needs assessment was disseminated to local CACs. A data analyst presented state, county, and local survey results to the CACs and highlighted the top drivers of health concerns. The health concerns were compared to the local community's perceptions of health and health care needs. The results and similarities between the epidemiological data and community concerns were discussed by the local and regional CACs.

The CACs went through a group decision-making process to identify three health priorities (along with sub-categories) at the local level. Each of these local health priorities was recommended to the regional CAC. The regional CAC was given these recommendations and the meta-analysis of data for each county and for the region as a whole. With this information, the regional CAC went through a similar group decision making process as the local CACs to identify regional health priorities.

Using the data from the four local community health needs assessments and after reviewing the local CAC recommendations, the regional CAC chose three health indicators/disparities to address at the regional level.

The three health priorities are: **obesity**, **mental health** and **substance abuse**.

Goals and strategies discussed related to each recommended health priority are:

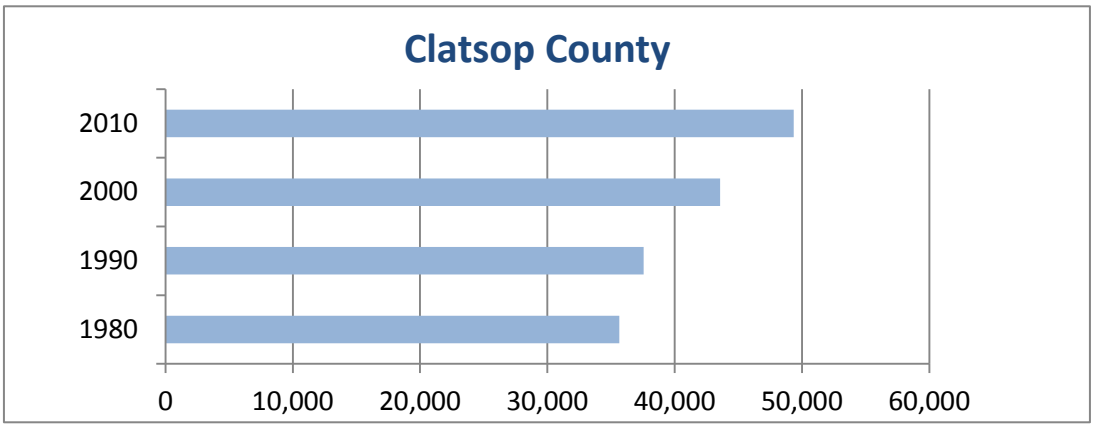
- *Improved nutrition* and *food access* as strategies to decrease obesity;
- *Crisis management* and *suicide prevention* as strategies to improve mental health;
- *Decreasing alcohol abuse in transition age youth and tobacco use by pregnant women* as strategies to reduce substance abuse;
- *Promotion of health and wellness* as foundational to all goals and strategies, including "upstream" prevention practices.

PEOPLE AND PLACE

Population overview

Clatsop County, established in 1844, has a population of 37,301 residents and a total area of 1,085 square miles. There is an estimated 22.9 persons per square mile of land. Clatsop County occupies the Northwest corner of Oregon. It is bordered by the Columbia River to the north, Columbia County to the east, Washington County to the southeast, Tillamook County to the south, and the Pacific Ocean to the west. There are five incorporated cities in Clatsop County: Astoria (the county seat), Cannon Beach, Gearhart, Seaside and Warrenton. In Clatsop County, 39 percent of residents live in rural areas, compared to 19 percent of Oregon residents. (U.S. Census Bureau, 2014).

	1980	1990	2000	2010	2014
Clatsop County	32,489	33,301	35,630	37,037	37,244



(U.S. Census Bureau, 2014)

Clatsop County is one of nine home-rule charter counties in Oregon, that allow local citizens to craft their own laws rather than relying on state statutes. As a result, local governance is granted to the citizens of Clatsop County. There Board of County Commissioners consists of five commissioners that establish policies and set the vision of the county. The commissioners also comprise the Board of Public Health.

Demographics

The average age of Clatsop County residents is 43.7. In the County, 20.1 percent of residents are below 18 years of age, 17.5 percent of residents are age 65 years and older. In Clatsop County, 51.1 percent of residents are female and 48.9 percent are male. Clatsop County has a slightly smaller percentage of residents under the age of 18 and a higher percentage of residents over the age of 65 than Oregon as a whole. (U.S. Census Bureau, 2014).

In Oregon, an estimated three percent of adults identify as lesbian, gay, or bisexual while seven percent of eleventh-grade youth identify as lesbian, gay bisexual or are not sure of their sexual identify. No population based data exists for gender minorities in Clatsop County.

There are 9,546 family households in Clatsop County, with an average family size of 2.90 individuals. There 3,393 households of children under the age of 18 living with one or parents. In Clatsop County, 37.3 percent of parents are single parents, compared to 30.4 percent of parents statewide.

Immigration and growing diversity

The population of Clatsop County grew by 1,552 (4.3 percent) from 2000 to 2012. It is projected that between 2015 and 2020 there will be a 2.1 percent increase in population for Clatsop County. The majority of Clatsop county residents are Non-Hispanic White, at 92.0 percent. The largest minority group in Clatsop County is Hispanic/Latino, representing 7.8 percent of the population. In Clatsop County, 5.6 percent of residents speak Spanish at home and 62.9 percent of residents who speak Spanish at home speak English "very well." In Clatsop County, the Hispanic population increased by 81 percent from 2000 to 2012. The largest non-Hispanic minority groups in Clatsop County are American Indian and Alaska Native (2.3 percent), Asian (2.2 percent) and African-American (1.1 percent). In Clatsop County, 3.2 percent of residents self-report having two or more races. (U.S. Census Bureau, 2014).

Total population	One race	White alone	Black or African-American alone	American Indian & Alaskan Native alone	Asian alone	Native Hawaiian & other Pacific Islander alone	Some other race alone
37,182	35,580	34,280	223	106	340	30	601
100%	95.7%	92.2%	0.6%	0.3%	0.9%	0.1%	1.6%

Total population	Two or more races	White and Black or African-American	White and American Indian & Alaska Native	White and Asian	Black or African-American and American Indian & Alaska Native
37,182	one,602	173	712	402	19
100%	4.3%	0.5%	1.9%	1.1%	0.1%

Total population	Total Minority Population	Hispanic of Latino (of any race)	White alone, not Hispanic or Latino

37,182	4,843	2,891	34,291
100%	13.0%	7.8%	92.0%

(U.S. Census Bureau, 2014)

Environmental hazards

Clatsop County residents are exposed to 10.6 micrograms per cubic meter of fine particulate matter on average each day, compared to 9.1 micrograms per cubic meter on average across Oregon. These particles can be direct emissions, such as those arising from controlled burns and forest fires, or the result of gas emissions reacting with the air, such as gases from automobiles and power plants. The public water systems in Clatsop County serve the population well, with no health-based violations in the last year.Three percent of Oregon residents received water from a public water system with at least one violation, which include maximum contaminant level and treatment technique violations. (Oregon Department of Enviornmental Quality, 2010)

Waste management

Most of Clatsop County is served by Recology Western Oregon for both garbage and recycling services. Recology Western Oregon serves Astoria, Cannon Beach, Gearhart, Seaside and select areas of unincorporated Clatsop County. The city of Warrenton has its own municipal garbage services, but uses Recology Western Oregon for recycling. Residents can also drop-off recycling and garbage to the Astoria Recycling Depot and Transfer Station. (Recology Waste Zero, 2014). Clatsop County Public Health runs the Hazardous Waste Program, which holds yearly Hazardous Waste Collection events and promotes education to increase awareness and decrease inappropriate disposal. (Household Hazardous Waste, 2014).

OPPORTUNITIES FOR HEALTH

Education and employment

Clatsop county residents are as likely as Oregon residents as a whole to have completed high school, with 90 percent graduation or obtaining their GED. Clatsop county residents, however, are less likely than Oregon residents as a whole to have obtained a bachelor's degree or higher (21.3 percent versus 29.3). (U.S. Census Bureau, 2014).

The unemployment rate in Clatsop County is 8.5 percent, lower than the Oregon unemployment rate of 9.5 percent. (Robert Wood Johnson Foundation, 2014). Participation in the labor force and employment rates are roughly equal for both white and Hispanic residents, with 62 percent participation and 54 percent employment. The most common industries of employment are: retail trade, accommodation and food services, health care and social assistance, educational services, manufacturing and construction. (Local Employment Dynamics Program, 2011)

Income, poverty and economic challenges

The median household income in Clatsop County between 2010 and 2012 was $45,691. The mean household income over the same period was $57,754. Median family income was $52,934 and mean family income was $66,177. In Clatsop County, 12.4 percent of families and 17.0 percent of all people had incomes in the past twelve months below the poverty level. This is approximately equal to the percentages of families and people below the poverty level in Oregon overall. In the County, 63.7 percent of single-parent households with children under 18 had incomes in the past year below the poverty level. Single-parent households with children under 18 are 5.8 percent of the households in Clatsop County. (U.S. Census Bureau, 2014).

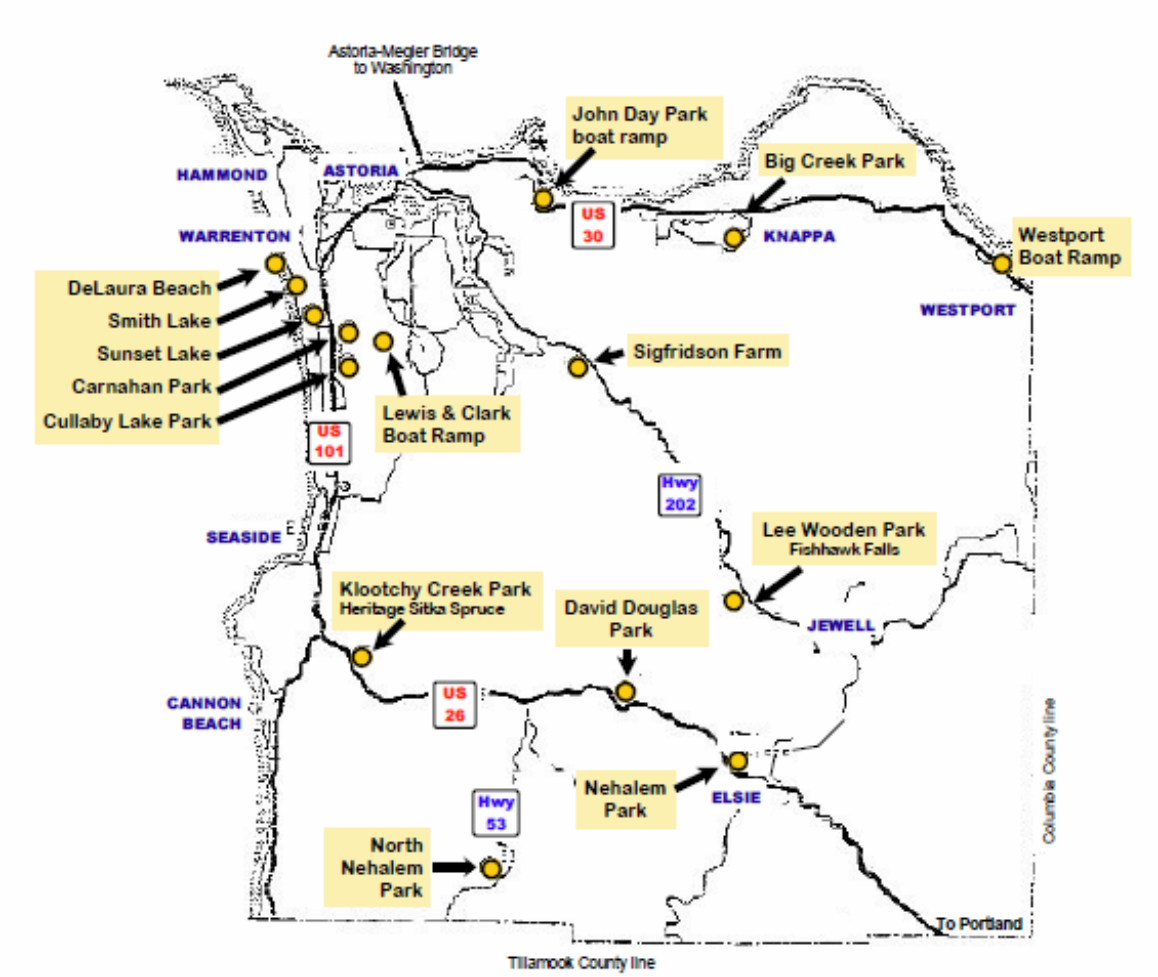
Housing and home ownership

Most residents of Clatsop County live in one-unit detached housing (71.9 percent). Roughly two-thirds of homes are owner occupied and one-third of homes are renter-occupied. Roughly two-thirds of owner-occupied homes have a mortgage, while roughly one-third does not. Of owner-occupied housing units with a mortgage, 26 percent of owners spend less than twenty percent of their monthly household income on their home while 36.4 percent spend thirty five percent or more of their monthly household on their home. Of housing units without a mortgage, 73.8 percent of owners spend less than twenty percent of their household income on their home. Household costs in this calculation include mortgage (when applicable), real estate taxes, insurances, utilities and fuels. Of renter-occupied housing units, 42.0 percent of renters spend 35 percent or more of their household income on gross rent. Gross rent in this calculation includes the cost of rent, utilities and fuels. (U.S. Census Bureau, 2014).

In 2010, Clatsop County conducted a one-night homeless count and identified 184 individuals to be homeless with 36 of the 184 individuals counted meeting the federal definition of chronic homelessness. (Oregon Housing and Community Services, 2010)

Outdoor and indoor environments

Clatsop County has a wide-variety of recreational activities run by municipal and county parks and recreation departments, with beaches, lakes, river access and forests for swimming, fishing, boating, hiking and more. (Community Health Assessment, 2014). There are four indoor recreational facilities in Clatsop County. (Robert Wood Johnson Foundation, 2014).



Access to medical care

In Clatsop County, 80.8 percent of residents had health insurance from 2010 to 2012, three points less than Oregon residents as a whole. In the County, 60.7 percent of residents had private health insurance and 34.9 percent of residents had public health insurance. Additionally, 19.2 percent of Clatsop county residents were uninsured. Among children and adolescents under 18 years, the uninsured rate was 7.5 percent and equal to the Oregon rate.

In 2012, Clatsop County had a total of 439 births with 75.1 percent of mothers getting care in the first trimester. In the County, 5.6 percent of mothers had less than five prenatal visits or care that began in the third trimester. Additionally, 167 of mothers were unmarried and of those, 66.5 percent received care in the first trimester and 6.2 percent had less than five prenatal visits or care that began in the third trimester. Low birth weight is a risk factor for future health and developmental challenges and may be a marker for poor maternal health, health habits or environment. In Clatsop County, 5.8 percent of babies born in in 2009 were low birthrate compared to the state rate of 6.1 percent. (OHA Program Design and Evaluation Services, 2013).

Clatsop County has two hospitals: Columbia Memorial Hospital in Astoria and Providence Seaside Hospital. Hospitalization discharges are a common measure of hospital utilization overall. In Oregon all hospitals have experienced declining admissions and discharges since a peak in 2008. The average length of stay in the hospital has not changed much over time and has been around 3.2 days for the last five years. Oregon's statewide average length of stay is well below the national average of 4.8 days. (Office of Health Analytics, 2013).

Related to hospitalizations, the top billing codes for Oregon are: normal newborn, vaginal delivery without complicating diagnoses, major joint replacement or reattachment of lower extremity without MCC, psychosis, cesarean section, septicemia or severe sepsis, neonate with other significant problems, esophagitis, gastroenteritis, cesarean section with complications and vaginal delivery with complicating diagnoses. (Office of Health Analytics, 2013).

Emergency department visits are reported as the number of visits to the hospital emergency department by patients that are not admitted into the hospital. Statewide emergency department visits decreased from 2012 to 2013. Columbia Memorial reduced its emergency room visits by 2.7 percent and Providence Seaside reduced emergency room visits 3.8 percent in the first two quarters of 2013 (Office of Health Analytics, 2013).

DISEASE AND INJURY

The Centers for Disease Control and Prevention list the top nine actual causes of death in the following order; tobacco use or second hand smoke, poor diet, alcohol consumption, microbial agents, toxic agents, motor vehicle accidents, firearms, sexual behavior and illicit drug use.

Clatsop County's public health department has programs that address tobacco prevention and education, WIC, communicable disease, environmental health, immunizations, emergency preparedness and family planning.

Leading causes of death

According to the Oregon Vital Statistics Annual Reports 2008-2012, the leading causes of death in Clatsop County were cancer (253.0 per 100,000 compared to 198.5 percent in Oregon), heart disease (211.0 per 100,000 compared to 51.0 in Oregon), stroke (67.4 per 1000,000 compared to 48.2 in Oregon), unintentional injuries (56.1 per 100,000 compared to 42.7 in Oregon), and chronic lower respiratory disease (52.9 per 100,000 compared to 51.0 in Oregon (OHA Program Design and Evaluation Services, 2013).

Cancer rates are somewhat elevated in Clatsop County compared to Oregon as a whole, but the magnitude of the difference is not large. The most recent cancer surveillance rates identified Clatsop County as substantially higher than Oregon as a whole in cancers of the colon and rectum: 51.6 per 100,000 for Clatsop County versus 42.7 per 100,000 for Oregon as a whole, from 2005 to 2009. While this is cause for concern, the estimate for Clatsop County was based on 25 cases and the margin of error was wide enough to make drawing firm conclusions impossible.

Disability

Disability is defined as a limitation in any way in any activities because of physical, mental, or emotional problems and having any health problem that requires you to use special equipment, such as a wheelchair or a special telephone. An estimated 17.8 percent of Clatsop County residents suffer from a disability of some kind, compared to 13.8 percent of Oregon residents. This rate increases to 37.8 percent of people age 65 years or older. The most common category of disability for residents 65 years or older is an ambulatory difficulty, affecting 25.2 percent of individuals in this category. The percent of individuals with a disability is much lower among Hispanic residents at 6.7 percent. In Clatsop County, 4.3 percent of residents have imputed disability status. (Office on Disability and Health, 2013)

Chronic diseases and conditions

Chronic diseases such as heart disease, stroke, cancer and diabetes are among the most prevalent, costly and preventable of all health problems. Although Clatsop County's chronic disease rates are similar to Oregon's for many conditions, a significant portion of the population

suffers from chronic conditions in Clatsop County. The most prevalent chronic conditions are: arthritis, asthma, cancer, diabetes, heart attack, stroke, high blood pressure, high cholesterol and obesity. The rates that these conditions occur in Clatsop County are higher than the state average in all categories with the exception of high cholesterol. Overall, adult chronic disease rates in Clatsop County mirror those of the state. Oregon Health Plan members seem more likely than their Oregon counterparts to be suffering from diseases common among older adults: prostate cancer, renal disease, heart failure, diabetes and dementias.

Clatsop County differs substantially from Oregon state rates for arthritis. Arthritis risk is increased by age, family history, sedentary lifestyle, overweight, joint injuries, infections and trauma (occupational or recreational injuries), but there are no identifiable reasons for Clatsop County to be higher than the state average. The 2011 Oregon Arthritis Report speculated that higher rates in Clatsop County might be due to greater prevalence of employment in forest products industry and work-related trauma; while the highest rates in Oregon are focused on heavily rural counties, there is no strong evidence to support this claim. (Community Health Assessment, 2014)

From 2006 to 2009, 6.6 percent of Columbia County adults were reported to have diabetes compared to 6.8 percent in Oregon. In this same time period 31.0 percent of Columbia County adults had high blood pressure compared to 25.8 percent in Oregon and 30.4 percent had high blood cholesterol compared to 33.0 percent in Oregon.

Childhood asthma is rarely fatal, but has substantial quality of life and health care resource implications. Asthma can be well-controlled with appropriate primary care and conversely can lead to repeated and expensive emergency department visits when poorly controlled. Trigger for asthma include both behavioral (activity) and environmental factors (poor housing, air pollution, including tobacco smoke) and other health conditions (colds, influenza). Rates of childhood asthma are similar in Clatsop County and Oregon; both rates represent a sizeable proportion of the population, considering the burden of asthma on children, their families, schools, health care resources and the County. (Community Health Assessment, 2014)

Obesity

Obesity is also roughly as prevalent in Clatsop County as in Oregon. This is matches the state and nationwide upward trend in obesity over the past few decades. The increase in body weight certainly contributes to much of the chronic disease in the county, particularly for diabetes, heart disease and some cancers.

Year	2010	2011	2012	2013	2014
Obesity rate (%)	25	24	26	26	26
Diabetes rate (%)	–	8	9	9	10

(Robert Wood Johnson Foundation, 2014).

In Clatsop County, little more than half of adults 45 years and older are reported to be getting enough physical activity and less than half of adults 75 years and older are at a healthy weight (body mass index at or above 18.5 and less than 25.0 kg/m) with the proportion of adults having an unhealthy weight being smaller among adults in the younger age groups.

The physical activity recommendation from the Centers for Disease Control (CDC) is for 30 minutes or more of moderate activity five days per week or 20 minutes or more of vigorous activity three days per week. The percentage of adults who met CDC recommendations for physical activity in Oregon was 55.8 percent and in Clatsop County were 54.0 percent.

Although 10.1 percent of eighth-graders in Clatsop County are obese compared to 10.7 percent of eighth-graders in Oregon, 61.9 percent of Clatsop County eighth-graders met the CDC daily physical activity recommendations, compared to 57.1 percent of eighth-graders in Oregon. This might be explained by the fact that only 20.9 percent of Clatsop County eighth-graders are reported to be consuming at least five servings of fruits and vegetables per day, compared to 21.6 percent of Oregon eighth-graders. (The State of Our Health 2013).

Clatsop County youth, while having considerable room for improvement, report greater rates of physical activity than their peers in Oregon, particularly in the 11th-grade (60 percent). Eighth-graders report a slightly higher rate of 61 percent.

Food access and nutrition

In Clatsop County, 11 percent of low-income residents have low access to healthy foods, compared to five percent of low income residents in Oregon. Low access to healthy foods is defined as living within 10 miles of a grocery store in rural areas and within one mile of a grocery store in urban areas. Clatsop County has a lower percentage of fast-food establishments at 25 percent of all restaurants, compared to 43 percent of restaurants in Oregon. Clatsop County also has a slightly lower rate of recreational facilities that Oregon as a whole, at 11 per 100,000 (four total), versus 12 per 100,000 statewide. In Clatsop County, 35 percent of Clatsop County residents live within half a mile of a park compared to 54 percent of residents in Oregon. (OHA Acute & Communicable Disease Prevention Section, 2012).

In Clatsop County, 41 percent of the restaurants can be defined as fast food establishments. (i.e.; food that is inexpensive such as hamburgers, tacos or fried chicken and is prepared and served quickly). The percent of adults who consumed at least five servings of fruits and vegetables per day in Oregon was 27 percent and in Clatsop County as 20.7 percent.

According to the Oregon Department of Education, 42.8 percent of public school children are eligible to receive free- or reduced-priced lunches during the school year. Nearly one in five

Oregon 11th-graders reported that they did not have enough money to buy the amount of food they needed and more than half of Oregon's eighth- and 11th-graders said they ate a meal together with their family every day.

Of all the students in Clatsop County in 2012, 56.8 percent were eligible for free- or reduced-price lunch compared to the state average of 47 percent of all students being eligible for free- or reduced-price lunch and 11th-graders were similar to the state regarding eating less than three servings of vegetables a day, eating in restaurants one to three times in the past seven days, with notable less 11th-graders compared to the state eating breakfast every day. (Annie E. Casey Foundation, 2012),

Alcohol

In 2008-2010, the estimated number of persons with alcohol abuse or dependence in Clatsop County by age category was: 12-17 years (151), 18-25 years (593), and 26 or older (1,685), with 54 percent of adults reporting any drinking of alcohol and 11 percent of adult females who report binge drinking in the past 30 days and 19 percent of males 18 and older who report binge drinking (Binge drinking is the consumption of five or more drinks by men or four or more drinks by women in about two hours).

Year	2010	2011	2012	2013	2014
Excessive drinking (%)	17	16	15	15	15
Alcohol-induced deaths (per 100,000)	23.8	24.2	16.1	–	–

(Robert Wood Johnson Foundation, 2014; OHA Health Statistics Unit, 2013)

Columbia County youth participating in the 2013 Oregon Healthy Teens Survey were asked if they had used alcohol three to five days in the last 30 days. While eighth -grade respondents were slightly higher than state average, 2.6 percent compared to 2.4 percent, 11th-grade respondents were about the same as the state with 6.8 percent reporting using alcohol three to five days in the last 30 days compared to Oregon, 6.9 percent.

Year	Grade	2004	2006	2008	2013
Drank alcohol in the past 30 days (%)	8th	38.0	35.2	26.6	9.7
	11th	52.2	61.3	50.8	37.6
Binge drinking in the past 30 days (%)	8th	20.6	12.7	8.3	4.6
	11th	26.3	46.0	31.2	22.5

(OHA Program Design and Evaluation Services, 2013)

Illegal and prescription drugs

Illicit drug use other than marijuana in Clatsop County is similar to the rate of use in Oregon. The use of cocaine, inhalants, hallucinogens, heroin or prescription drugs for 12-17 year olds was six percent, 18-25 year olds was 11 percent, and 26 and older four percent.

In the last ten years there has been a 450 percent increase in the number of deaths from prescription drug overdoses in Oregon. Currently, there are more deaths per year from prescription drug overdose than there are from automobile accidents. Prescription pain relievers are Oregon's fourth most prevalent substance of abuse following alcohol, tobacco and marijuana.

Year	2010	2011	2012	2013	2014
Drug-induced deaths (per 100,000)	29.1	32.3	29.6	–	–

(OHA Health Statistics Unit, 2013)

In Clatsop County, the percentage of adults, age 18-25, who used prescription pain relievers for non-medical reasons in the past year was 17 percent compared to the state at 15 percent. For Clatsop County residents, age 26 and older, the rate was equal to the state at five percent. (Clatsop County's Epidemiological Data on Alcohol,Drugs and Mental Health 2000-2012).

Clatsop County youth participating in the 2013 Oregon Healthy Teens Survey were asked if they have used prescription drugs without a doctor's order in the last 30 days. Eighth- and 11th-grade respondents who reported using prescription drugs one to two times were higher than the state average. In Clatsop County, 2.5 percent of eighth-graders compared to 2.0 percent of the state and 5.4 percent of 11th-graders compared to 3.7 percent of the state used prescription drugs without a doctor's order. (OHA Program Design and Evaluation Services, 2013).

Year	Grade	2004	2006	2008	2013
Marijuana use in the past 30 days (%)	8th	19.1	2.6	8.2	11.2
	11th	28.5	35.0	28.8	26.7
Prescription use without doctor's orders in the past 30 days (%)	8th	6.5	3.3	4.4	5.6
	11th	10.6	9.4	12.2	9.3

(OHA Program Design and Evaluation Services, 2013)

Tobacco

Of adults age 18 and over in Oregon, 16.3 percent reported tobacco use. With 6.9 percent using smokeless tobacco and 47.4 percent reporting a smoking quit attempt during the previous year. In Clatsop County, 20 percent report smoking cigarettes with 47 percent of smokers reporting a smoking quit attempt during the previous year.

Year	2010	2011	2012	2013	2014
Adult smoking rate (%)	26	24	22	21	18
Reported tobacco use in pregnant mothers (%)	16.9	16.5	17.8	–	–

(Robert Wood Johnson Foundation, 2014; OHA Health Statistics Unit, 2013)

Notably, in Clatsop County, 2.8 percent of 11th-graders compared to 3.6 percent in the state reported smoking two to five cigarettes per day in the last 30 days. (OHA Program Design and Evaluation Services, 2013).

Year	Grade	2004	2006	2008	2013
Tobacco use in the past 30 days (%)	8th	18.1	13.4	9.8	6.4
	11th	14.6	23.6	24.2	10.6

(OHA Program Design and Evaluation Services, 2013)

Mental health

Clatsop County's mental health agency provides treatment for addiction and mental health agencies offer suicide prevention services, give mental health first aid trainings and have an early assessment and support alliance. Clatsop County's mental health agency reports a good working relationship with adult and adolescent corrections and the justice system. They are involved with three drug courts, adolescent, adult and dependency. They work closely with Child Welfare, housing and employment services.

In Clatsop County, 22.4 percent of eighth-graders compared to the state at 25.6 percent and 25.2 percent of 11th-graders compared to the state at 27.0 percent reported that during the last 12 months they felt sad or hopeless for greater than two weeks at a level that interfered with their activities of daily living.

Year	Grade	2008	2013
Had emotional or mental health care needs that were not met in the past year (%)	8th	13.8	16.2
	11th	15.7	19.9
Have fair or poor emotional and mental health (%)	8th	14.7	17.4
	11th	17.5	19.8

(OHA Program Design and Evaluation Services, 2013)

Suicide

Suicide is the act of intentionally causing death or intending to cause death by an individual. In 2010, the age-adjusted suicide rate among Oregonians of 17.1 per 100,000, which was 41 percent higher than the national average. Additionally the rate of suicide among Oregonians has been increasing since 2000. (Oregon Violent Death Reporting System, 2010) Suicide is one of Oregon's most persistent yet largely preventable public health problems. Suicide is the second-leading cause of death among Oregonians ages 15-34 and the eighth-leading cause of death among all Oregonians.

Year	2008	2009	2010	2011	2012
Suicide deaths (per 100,000)	16.9	18.5	7.9	5.4	24.2

(OHA Health Statistics Unit, 2013) *Rates based on less than 5 events are unreliable: 2010, 2011.*

Of Clatsop County eighth-graders, 16.4 percent compared to the state at 16.1 percent and 17.8 percent of 11th-graders compared to the state at 14.5 percent reported considering attempting suicide in the past 12 months. In the County, 1.8 percent of eighth-graders compared to the state at 2.6 percent and 0.8 percent of 11th-graders compared to the state at 1.6 percent reported attempting suicide two to three times in the last 12 months. (OHA Program Design and Evaluation Services, 2013)

Year	Grade	2004	2006	2008	2013
Seriously considered suicide in the past year (%)	8th	14.9	13.8	17.4	16.4
	11th	10.6	13.6	9.6	17.8
Suicide attempt in the past year (%)	8th	8.1	8.4	10.6	8.2

	11th	6.9	5.7	3.4	3.0

(OHA Program Design and Evaluation Services, 2013)

Injury and violence

Unintentional injuries are injuries that occur without the intent to harm and could be considered "accidents" such as motor vehicle and traffic accidents, most burns, drowning's and falls. Falls and motor vehicle traffic crashes were the leading mechanisms of unintentional injury in Oregon. In 2009, the most recent year for which statewide data on all manners and causes of death are available, injury was the third leading cause of death among Oregonians after cancer and heart disease.

Each year, nearly 400 deaths and 8,600 hospitalizations in Oregon are due to falls. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and older and nearly 60 percent of seniors in Oregon who are hospitalized for falls are discharged into long-term care. Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalization for adults 75 years and older was nearly five times the rate for adults 60-74 years. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was $101 million per year. (OHA Health Statistics Unit, 2013)

Motor vehicle crashes are a leading cause of death in Oregon, especially among persons 25-34 years old. A large portion of vehicle fatalities involve alcohol or drugs. The rate of death from motor vehicle crashes per 100,000 population (all ages) in Clatsop County is nine per 100,000 and is similar to the overall Oregon rate, 10 per 100,000. (Clatsop County's Epidemiological Data on Alcohol,Drugs and Mental Health 2000-2012)

Intentional injuries are injures that are purposely inflicted either by a person to him/herself or to another person for example; suicide or attempted suicide, homicide, rape, assault, domestic abuse, elder abuse and child abuse. In Clatsop County the rate of injury was 274.1 per 100,000 in 2010-2011 which is below state average.

Year	**2010**	**2011**	**2012**	**2013**	**2014**
Violent crime rate (per 100,000)	171	179	190	159	137

(Robert Wood Johnson Foundation, 2014)

Abuse among vulnerable adults

In Oregon there are approximately 500,000 older adults and people with physical disabilities who may be vulnerable. This includes 15,000 adults enrolled in Intellectual and Developmental Disabilities (I/DD) Services, over 50,00 adults enrolled in Mental Health Services and 3,000 to

4,000 children with I/DD or who reside in a licensed setting that provides therapeutic treatment.

In Clatsop County 53 allegations of abuse in care facilities were investigated and 118 were substantiated resulting in action. Additionally, in the county, 143 allegations of abuse were investigated and 11 were substantiated resulting in action. In Columbia County there are 376 adults enrolled in mental health services and there were five allegations of abuse of which three were substantiated. There were five referrals or involvement of law enforcement in the substantiated cases in Clatsop County. (Office of Adult Abuse Prevention and Investigations, 2013)

In 2012, children receiving services through a Children's Care Provider or who have an I/DD diagnosis and receive residential care through a 24- hour residential program or a proctor care program, 226 allegations of abuse were investigated and 72 allegations of abuse were substantiated. Financial and physical abuse were the most type of abuse of children involved in I/DD programs and/or residential care. Per Oregon's Department of Human Services in 2011, 17.6 percent per 1,000 of children were reported to be abused in Clatsop County, a higher rate than the statewide rate of 13.4 percent per 1,000. (Oregon Department of Human Services, 2011)

Infectious diseases

Some communicable diseases can be controlled by vaccinations. In 2012, 72.1 percent of two-year olds in Clatsop County had up-to-date immunizations; that is, had four doses of DTaP, three doses of IPV, one dose of MMR, three doses of Hib, three doses of the HepB vaccine and one dose of varicella vaccine. In Oregon overall, 69.5 percent of two-year olds were up-to-date in the same series. Vaccination rates are 0.4 percent higher in Clatsop County even on the most basic series of 4:3 to one DTaP, IPV, and MMR. (Oregon Immunization Program, 2013).

Disease	Number of cases
AIDS/HIV	2
Campylobacteriosis	12
Chlamydia	88
Cryptosporidiosis	3
E. coli	one
Giardiasis	2
Gonorrhea	2
Hepatitis B (chronic)	3
Hepatitis C (chronic)	54
Meningococcal disease	2
Pertussis	19

Salmonella	4
Shingellosis	12
Early syphilis	one

(OHA Acute & Communicable Disease Prevention Section, 2012)

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APPENDIX 1: Health Issue Background Information

Data source / Health issue*	CCO Trans-formation Plan**	County-specific archival data	Evidence-based programs	OHA Incentive Metrics for CCOs	Survey response priorities
Alcohol & illegal drug abuse	X	X	X	X	X
Cancer		X	X	X	X
Heart disease		X	X	X	
Mental health conditions	X	X	X	X	X
Nutrition		X	X		X
Obesity		X	X	X	X
Physical activity		X	X		
Prescription drug abuse	X	X	X		X
Preventative services received	X	X	X	X	X
Stroke		X	X	X	
Suicide		X	X		
Tobacco use		X	X		X
Unintentional injuries		X	X		

* These don't need to be viewed in isolation: for example–preventative services could impact obesity, suicide, etc.

** The objectives of the Clinical Advisory Panel (CAP) are outlined within the CCO Transformation Plan

CCO Transformation Plan – *some priorities fit multiple categories*

Alcohol & illegal drug abuse

- Performance Improvement Project 1: Best practices in the treatment of chronic pain syndromes with opioids – WITH CAP
- Performance Improvement Project 2: Improving timeliness of prenatal care and behavioral health screening, including screening for substance abuse and clinical depression – WITH CAP
- Transformation Element 1: Creating a Pain Management model that utilizes behavioral health technology
- Transformation Element 8: Improve prenatal and maternal care through consistent behavioral health and addictions screening and developmental screening for children under 36 months

Mental health conditions

- Performance Improvement Project 2: Improving timeliness of prenatal care and behavioral health screening, including screening for substance abuse and clinical depression – WITH CAP
- Transformation Element 1: Developing and implementing a health care delivery model that integrates mental and physical health care – must specifically address the needs of individuals with severe and persistent mental illness
- Transformation Element 8: Improve prenatal and maternal care through consistent behavioral health and addictions screening and developmental screening for children under 36 months

Prescription drug abuse

- Performance Improvement Project 1: Best practices in the treatment of chronic pain syndromes with opioids – WITH CAP
- Transformation Element 1: Creating a Pain Management model that utilizes behavioral health technology
- Transformation Element 8: Improve prenatal and maternal care through consistent behavioral health and addictions screening and developmental screening for children less than 36 months

Preventative services received

- Performance Improvement Project 2: Improving timeliness of prenatal care and behavioral health screening, including screening for substance abuse and clinical depression – WITH CAP
- Transformation Element 2: Continued implementation and development of Patient Centered Primary Care Homes

- Transformation Element 8: Improve prenatal and maternal care through consistent behavioral health and addictions screening and developmental screening for children under 36 months

County-specific archival data

Note: data source is noted if different than Ari Wagner's presentation for Clatsop County which utilized data from the Oregon Health Authority and the Office of Rural Health.

Alcohol and illegal drug abuse

- 9.7 percent of females in Clatsop County report heavy drinking, compared to 6.1 percent statewide.
- The death rate from drug induced causes was 24.0 per 100,000 between 2007 and 2011, compared to 14.0 statewide.
- The death rate from alcohol-induced diseases is 18 per 100,000 between 2007 and 2011, compared to 14 statewide.
- Eght percent of 11th-grade students in Clatsop County reported drunk driving, compared to five percent statewide.
- 35 percent of 11th-grade students reported using marijuana in the past month, compared to 24 percent statewide.

Cancer

- The death rate due to cancer is 227.9 per 100,000 in Clatsop County, compared to 199.0 in Oregon. It is the leading cause of death.[1]

Heart disease

- Heart disease is a leading cause of death in Clatsop County. It affects 222.1 per 100,000, compared to 163.1 per 100,000 in Oregon.

Mental health conditions

- 31 percent of 11th-grade students have had a depressive episode in the past year, compared to 28 percent respectively in Oregon.

Nutrition

- 11 percent of Clatsop County residents have limited access to healthy foods, compared to five percent of individuals statewide.

Obesity

- Clatsop County adult obesity rate is 25.0 percent, compared to 24.5 percent in Oregon.

Physical activity

- 20 percent of Clatsop County residents report physical inactivity, compared to 18.0 percent of individuals statewide.
- There were 11.0 recreational facilities for every 100,000 residents in Clatsop County, compared to 12.0 statewide.

[1] Oregon Vital Statistics County Data 2012; Oregon Health Authority

Prescription drug abuse

- 17 percent of individuals aged 18-25 report using prescription pain relievers for nonmedical reasons in the past year, compared to 15 percent in Oregon (and Oregon has the highest rate of nonmedical use of prescription pain relievers in the nation).[2]

Preventative services received

- Mammography screening in Clatsop County is 64 percent, compared to 66 percent in Oregon.
- 67.6 percent of two-year-olds have up-to-date immunizations, compared to 69.4 percent in Oregon.

Stroke

- The death rate due to stroke is 67.4 per 100,000, compared to 47.9 in Oregon.

Suicide

- 10 percent of 11th-grade students attempted suicide in the past year, compared to six percent statewide.

Tobacco use

- Clatsop County adult smoking at 21 percent, compared to 17 percent in Oregon.
- 17.3 percent of infants in Clatsop County were born to mothers who reported using tobacco during pregnancy, compared to 10.5 percent in Oregon.[1]

Unintentional injuries

- The death rate in Clatsop County due to unintentional injuries is 57.0 per 100,000, compared to 41.9 in Oregon.

Evidence-based programs – *do programs exist to address the priority?*

Alcohol & illegal drug abuse

- The CDC's Community Guide has task force recommendations on interventions for preventing excessive alcohol consumption.
- There are substance abuse-focused programs certified by OHA's division of Addiction and Mental Health Services (AMH)
- There are programs focusing on both alcohol and drugs in SAMHSA's National Registry of Evidence-based Programs and Practices.

Cancer

- The CDC's Community Guide has evidence-based practices on the prevention of skin cancer and on improving rates of cancer screening.

[2] Clatsop County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012, Oregon Health Authority

Heart disease

- The CDC's Community Guide has evidence-based practices on the prevention and control of cardiovascular disease.

Mental health conditions

- The CDC's Community Guide has task force recommendations on home-based, clinic-based, and community-based care and interventions.
- There are programs focusing on mental health in SAMHSA's National Registry of Evidence-based Programs and Practices

Nutrition

- NACCHO has many model and promising practices related to healthy eating and food access.

Obesity

- The CDC's Community Guide has task force recommendations on the prevention and control of obesity focusing in community settings.

Physical activity

- The CDC's Community Guide has task force recommendations on increasing physical activity through behavioral and social approaches, campaigns and informational approaches, and environmental and policy approaches.

Prescription drug abuse

- There exist numerous databases of evidence based programs focusing on drug abuse.
- There are substance abuse-focused programs certified by OHA's division of Addiction and Mental Health Services (AMH)
- There are programs focusing on drugs abuse in SAMHSA's National Registry of Evidence-based Programs and Practices.

Preventative services received

- NACCHO has many model and promising practices related to primary care and improved access to care.

Stroke

- The CDC's Community Guide has evidence-based practices on the prevention and control of cardiovascular disease.

Suicide

- The Suicide Prevention Resource Center recognizes over 20 evidence-based suicide-related interventions.
- There are programs focusing on suicide prevention in SAMHSA's National Registry of Evidence-based Programs and Practices.

Tobacco use

- There are numerous programs focusing on secondhand smoke exposure,

cessation, and preventing initiation in the CDC's Community Guide.

- There are programs focusing on tobacco cessation in SAMHSA's National Registry of Evidence-based Programs and Practices.

Unintentional injuries

- NACCHO has many model and promising practices related to injury prevention. The programs range from preventing dog bites to syringe disposal.

OHA Incentive Metrics for CCOs – *some metrics fit multiple categories*

Alcohol & illegal drug abuse

- Alcohol or other substance misuse (SBIRT)

Cancer

- Colorectal cancer screening (HEDIS)

Heart disease

- Controlling high blood pressure (NQF 0018)

Mental health conditions

- Adolescent well-care visits (NCQA)
- Follow-up after hospitalization for mental illness (NQF 0576)
- Follow-up care for children prescribed ADHD meds (NQF 0108)
- Screening for clinical depression and follow-up plan (NQF 0418)

Obesity

- Diabetes – HbA1c Poor Control (NQF 0059)

Preventative services received

- Adolescent well-care visits (NCQA)
- Ambulatory Care: Outpatient and Emergency Department utilization
- Colorectal cancer screening (HEDIS)
- Developmental screening in the first 36 months of life (NQF 1448)
- Mental and physical health assessment within 60 days for children in DHS custody
- Patient-Centered Primary Care Home enrollment
- PC-01: Elective delivery before 39 weeks (NQF 0469)
- Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)

Stroke

- Controlling high blood pressure (NQF 0018)

Survey response priorities

Alcohol & illegal drug abuse

- 46 percent of respondents said that alcohol and drug addiction was one of the top three health issues in the community. It was the highest ranking response of 26.
- 36 percent of respondents said that alcohol and drug prevention and treatment

were one of the three most important ways to improve community access to health care. It was the second-highest response of 12.

Cancer

- 21.7 percent of respondents said that cancer was one of the three most critical health problems in the community. It was the third-highest response of 26.

Mental health conditions

- 15.3 percent of respondents said that mental illness was one of the top three health issues in the community. It was the fifth-highest response of 26.
- 26.5 percent of respondents said that more mental health services were one of the three best ways to improve community access to healthcare. It was the sixth response of 12 choices, and within five percentage points of third.

Nutrition

- 37 percent of respondents said that access to healthy foods was one of the three most important ways to create a healthier community. It was the third-highest response of 14.
- 14.8 percent or respondents said that poor eating habits were one of the three most critical health problems in the community. It was the seventh-highest response of 26, and within three percentage points of fourth.

Obesity

- 29.1 percent of respondents said that obesity was one of the top three health issues in the community. It was the highest-ranking response of 26.
- 18 percent of respondents said that diabetes was one of the top three issues. It was the third-highest ranking response.

Prescription drug abuse

Note: the survey didn't differentiate between Rx and other illicit substances

- 46 percent of respondents said that alcohol and drug addiction was one of the top three health issues in the community. It was the highest ranking response of 26.
- 36 percent of respondents said that alcohol and drug prevention and treatment were one of the three most important ways to improve community access to health care. It was the second-highest response of 12.

Preventative services received

- 30.7 percent of respondents said that more health education and wellness services were one of the three best ways to improve community access to healthcare. It was the fourth-highest response of 12 choices.

Tobacco use

- 15.9 percent of respondents said that tobacco use was one of the three most

critical health issues in the community. It was the fifth-highest response of 26, and within five percentage points of third.

APPENDIX 2: Community Survey Results

n=170

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

Doctor's office	Dental	Hospital	Urgent care	Public Health	Mental Health	911	VA	A/D Tx
69%	59%	57%	45%	23%	23%	10%	5%	1%

2. What conditions exist now in your community to help create or foster good health?

Good doctors	Available recreational facilities	Good preventative services	Access to specialists
69%	47%	42%	37%

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

Job opportunities and a healthy economy	Clean environment	Access to healthy foods	Affordable housing	Good schools	Better access to health care	A/D prevention and treatment
44.8%	39.9%	33.7%	33.1%	30.7%	24.5%	23.9%
Mental health services	**Health prevention & wellness services**	**Sports and recreational activities**	**Food banks**	**Low crime**	**Tobacco prevention**	**Racial and cultural acceptance**
23.3%	20.2%	19.6%	17.8%	16.6%	9.2%	8.0%

4. What do you think are the three most critical health problems and needs in your community?

Alcohol and drug addiction	Obesity	High cost of care/lack of insurance	Diabetes	Cancer	Tobacco use	Mental illness
38.7%	28.2%	20.9%	20.9%	19.6%	19.6%	17.2%
Lack of affordable housing	**Lack of mental health Tx facilities**	**Poor nutrition/ eating habits**	**Too few exercise facilities**	**Dental problems**	**High blood pressure**	**Not enough doctors**
16.6%	15.3%	14.7%	9.8%	9.2%	9.2%	6.7%
Child abuse	**Heart disease**	**Lung/ respiratory illnesses**	**High crime rates**	**Low access to healthy foods**	**Limited educational opportunities**	**Domestic violence**
6.1%	6.1%	5.5%	4.9%	4.9%	4.3%	4.3%
STDs	**Lack of transportation**	**High cost of mental health svcs**	**HIV/AIDS**	**Suicide**		
3.7%	3.7%	3.7%	3.1%	3.1%		

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

More alcohol and drug treatment programs	Expand the Oregon Health Plan (Medicaid)	More health education and wellness services	More doctors/health care providers	Medical appointments after 5 p.m. and weekends	More mental health services
39.3%	38.7%	32.5%	31.9%	28.8%	28.8%
More disease prevention and wellness services	**Alternative health care (acupuncture, naturopathy)**	**Transportation assistance to appointments**	**More dentists**	**More tobacco cessation programs**	**More culturally sensitive care**
23.9%	15.3%	14.7%	11.0%	9.2%	3.7%

6. 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?

Cost too much	Did not have insurance	Waited for the problem to go away	Doctor's office not open when needed	Do not have regular doctor	Couldn't get appointment fast enough
44.2%	31.3%	23.3%	15.3%	15.3%	13.5%
Transportation problems	**Do not like doctors/ refused to go**	**Afraid of what they might find**	**Do not know where to get care**	**Childcare issues**	**On OHP, but do not have a doctor**
9.8%	9.8%	7.4%	4.9%	3.1%	2.5%

Age:

0 – 17	18 – 29	30 – 39	40 – 49	50 – 59	60+
22.7%	23.9%	6.7%	5.5%	17.2%	23.9%

Gender:

Male	Female
37%	63%

Income:

Less than $5,000	$5,000 – 15,999	$16,000 – 25,999	$26,000 – 40,999	$41,000 – 70,999	$71,000 – 99,999	$100,000 or more
21%	23%	14%	12%	12%	7%	7%

Results add up to less than 100 percent. Some respondents chose not to answer.

Race and ethnicity:

American Indian or Alaska Native	Asian	Black or African-American	Latino or Hispanic	Native Hawaiian or Pacific Islander	White (Caucasian)
6.7%	1.2%	1.8%	8.6%	1.2%	79.1%

Results add up to less than 100 percent Some respondents chose not to answer. Respondents selected all applicable options.