Columbia Pacific CCO

Columbia 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 Medicaid clients; paucity of 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 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 regional 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 1,190 surveys completed in the region. 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 results and similarities between the epidemiological data and community concerns were discussed.

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.

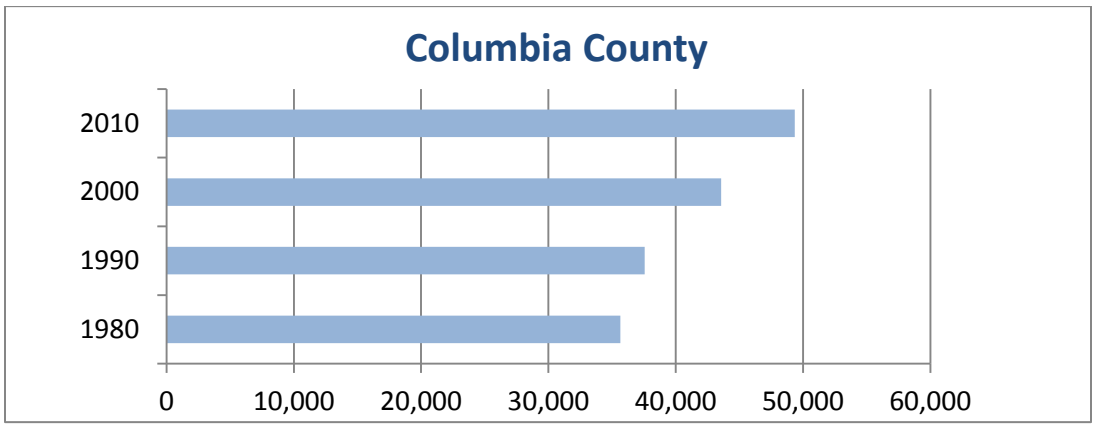
The three health priorities are: **mental health**, **obesity** and **substance abuse**. Goals and strategies discussed related to each recommended health priority are: *crisis management* and *suicide prevention* as strategies to improve mental health; *nutrition* and *food access* as strategies to decrease obesity; *alcohol abuse in transition-age youth and tobacco use by pregnant women* as strategies to reduce substance abuse; and *promotion of health and wellness* as foundational to all goals and strategies, including "upstream" prevention practices.

COLUMBIA COUNTY: PEOPLE AND PLACE

Population overview

Columbia County, established in 1854, covers 688 square miles of which 657 square miles is land and 32 square miles is water. As of 2013, Columbia County's total population is 49,402. It is estimated that there are 75.1 persons per square mile. (U.S. Census Bureau, 2014).

Year	1980	1990	2000	2010	2014
Columbia County	35,646	37,557	43,560	49,351	49,402



(U.S. Census Bureau, 2014)

Columbia County is bordered on the north and east by the Columbia River, on the south by Multnomah County and Washington County, and on the west by Clatsop County. The southern county line is approximately 30 minutes from Portland, the largest metropolitan area in Oregon. The western county line is approximately 30 minutes from the Pacific coast. (About Columbia County, 2014).

The majority of Columbia County's major population centers are on the flat bottomlands next to the Columbia River. Much of Columbia County would be considered urban rural (greater than 10 miles to a community of at least 50,000) as opposed to isolated rural (greater than 100 miles to a community of least 3,000), given that most of Columbia County communities are located near an urban area of greater than 10 miles. (Crandall, 2005).

There are seven incorporated cities in Columbia County: Clatskanie (1,729), Columbia City (1,940), Prescott (55), Rainier (1,889), Scappoose (6,658), St. Helens (12,910) and Vernonia (2,142). About 45 percent (22,355) of the county's population lives outside of incorporated cities. Most of Columbia County's recent population increase has been concentrated in the southern portion of the county, such as Scappoose, where commuting distances to the core

Portland job market are shortest and in the unincorporated parts of the county. The only major interior community is Vernonia, located in the southwest portion of the county. (Knoder, 2014).

Demographics

The age distribution of Columbia County's population is similar to Oregon as a whole. One difference is that Columbia County has relatively fewer young adults than does the state. In Columbia County, 50.2 percent of residents are female and 49.8 percent are male. The average age of Columbia County residents is 40.8 with 23 percent of county residents being below 18 years of age and 15 percent who are age 65 and older (Portland State University Population Research Center, 2013).

In Columbia County, 23 percent of residents are under the age of 18, compared to 22.3 percent statewide. Mothers younger than age18 were responsible for 2.2 percent of births. Additionally, 55 newborns per 1,000 births were low-birth weight infants, lower than the state rate of 63 newborns per 1,000 births. Columbia County has an infant mortality rate of 7.6 per 1,000, higher rate than the state rate of 4.8 per 1,000. In 2010, 4.2 percent of mothers received inadequate prenatal care, lower overall Oregon rate where 5.5 percent of mothers received inadequate prenatal care. (OHA Health Statistics Unit, 2013).

Immigration and growing diversity

The Columbia County population has grown by 14 percent since 2000. It is estimated that between 2015 and 2020 there will be a 1.21 percent increase in population for the county. The largest minority group is Hispanic (4.2 percent). In the last decade, Oregon's Hispanic population increased by 64 percent, more than five times the non-Hispanic population increase. The largest non-Hispanic minorities in Columbia County are Asian (1.1 percent), American Indian or Alaska Native (1.4 percent) and Black or African-American (0.3 percent). Additionally, 3.4 percent of the population report two or more races. In Columbia County, 4.8 percent of the population reports speaking a language other than English and 3.4 percent of the population reports being born outside of the United States. (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
49,327	47,868	45,565	144	686	555	89	829
100%	97.0%	92.4%	0.3%	1.4%	1.1%	0.2%	1.7%

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
49,327	1,459	198	788	346	0
100%	3.0%	0.4%	1.6%	0.7%	0.0%

Total population	Total Minority Population	Hispanic of Latino (of any race)	White alone, not Hispanic or Latino
49,327	4,897	2,078	44,430
100%	9.9%	4.2%	90.1%

(U.S. Census Bureau, 2014)

In Oregon, an estimated three percent of adults identify as lesbian, gay, bisexual or transgender (LGBT), while seven percent of 11th-grade youth identify as lesbian, gay, bisexual or are not sure of their sexual identity. No population-based data exists for gender minorities in Columbia County.

Environmental hazards

The average daily measure of fine particulate matter in micrograms per cubic meter in Columbia County is 10.5 compared to 9.1 in Oregon. The national benchmark is 8.8 for fine particulate matter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers.

The percentage of population exposed to water exceeding a violation limit during the past year in Columbia County is six percent compared to three percent in Oregon overall. Health based violations related to clean water include: maximum contaminant level, maximum residual disinfectant level and treatment technique violations. (Oregon Department of Enviornmental Quality, 2010)

Waste management

Columbia County continues to haul its solid waste out of the county to the Riverbed landfill in Yamhill County. In February 2006, Columbia County's Land Development Services completed construction on the new Columbia County Transfer and Recycling Center. The 6.32-acre facility includes a 12,500 square foot tipping floor, a household hazardous waste intake facility; a maintenance and truck wash bay and dual scales for both inbound and outbound traffic. This facility is owned by the Columbia County and operated by a contract with Waste Management of Oregon. Additionally, there is a transfer and recycling center in Vernonia.

Each incorporated city in Columbia County manages the public utilities within the city limits. A waste management company serves those outside of the incorporated cities on septic tanks.

OPPORTUNITIES FOR HEALTH

The overall health of Columbia County residents is close to the average for Oregon residents overall. Columbia County ranks 19th of 33 ranked Oregon counties in the Robert Wood Johnson Foundation's County Health Rankings. (Robert Wood Johnson Foundation, 2014). The life expectancy of Columbia County residents compared to Oregon residents is slightly shorter at birth for men (76.6 vs. 77.2 years) and equal at birth for women (81.7 vs. 81.6 years). At every age, the difference between an individual's life expectancy in Columbia County and Oregon overall is less than one year, regardless of gender. (OHA Health Statistics Unit, 2013).

Education and employment

From 2007 to 2011, 88.4 percent of Columbia County residents over the age of 25 reported graduating from high school, roughly equal to Oregon residents overall. Over that same period, Columbia County residents are less likely, however, to have attained a bachelor's degree or higher. In the County, 16.4 percent of residents have a bachelor's degree or higher, compared to 29.3 percent of state residents. (U.S. Census Bureau, 2014). In Columbia County, 65 percent of youth graduate high school in four years, slightly less than the 69 percent of Oregon youth overall. (Robert Wood Johnson Foundation, 2014).

Unemployment rates have decreased in Columbia County from 9.1 percent in December 2012 to 7.5 percent in December 2013. The most common industries of employment for residents who work within the county are: government, trade, transportation, utilities and manufacturing. Of the estimated 20,322 working residents of Columbia County in 2010, about 73 percent (14,789) had their primary jobs outside the county. Most of these worked in another Oregon county, mainly in the Portland area, but 1,089 primary jobs were outside the state in adjacent Cowlitz County, Washington. There has been a 1.9 percent increase in employed adults in nonfarm positions going from 9,900 employed to 9,960 from December 2012 to December 2013. (U.S. Census Bureau, 2014).

Income, poverty and economic challenges

The average annual income in the nonfarm employment industry is $32,984 and the overall median household income in Columbia County is $50,707 compared to $46,535 in Oregon statewide. The Gini Coefficient, a measure of income inequality where a value of 0 would reflect perfectly equal distribution of income and 100 would indicate the most extreme income inequality, is 39 in Columbia County. Oregon overall has a Gini Coefficient of 45. (U.S. Census Bureau, 2014). In 2010, 15.8 percent of Oregonians of all ages live in poverty. The proportion of children in Oregon living in poverty was even higher at 21.6 percent. In Columbia County 17 percent of children and 13.8 percent of adults are living in poverty.

In Oregon, more than half of Hispanic/Latino adults below 200 percent Federal Poverty Level are uninsured compared to approximately one in three White and other racial minority adults.

More than one in four African-American and one in three Hispanic/Latino adults of working age surveyed in Oregon had been uninsured for one year or more. African-American, American Indian/Alaska Native and Hispanic/Latino adults are more likely to experience gaps in insurance coverage in the previous year than White adults are. The same is true for Hispanic/Latino children when compared to White children. Overall, uninsurance estimates show higher uninsurance rates for African-American and Hispanic/Latino adults when compared to Whites. (Office for Oregon Health Policy and Research, 2012). Insurance and/or uninsurance data related to race or culture was unavailable for Columbia County specifically.

Housing and home ownership

In Columbia County between 2008 and 2012, there were 19,060 households with an average of 2.57 persons per household. Of those households, 28.6 percent were headed by single parents, lower than the state average of 30.4 percent. The home-ownership rate in Columbia County is 75.5 percent. There are 16 low-income housing sites, of which four are designated residential housing for individuals who have severe and persistent mental health conditions. (U.S. Census Bureau, 2014).

In 2010, Columbia County conducted a one-night homeless count and identified 342 individuals to be homeless, with 30 of the 342 individuals counted meeting the federal definition of chronic homelessness. For the 342 homeless individuals, 217 reported not having access to supportive community services that could potentially eliminate their lack of housing. (Oregon Housing & Community Services, 2010).

Outdoor and indoor environments

Columbia County has developed a full-service parks system that relies on the Columbia River and its many tributaries. Additionally, there are six interior parks that offer a variety of options from camping to bird-watching. The rate of recreational facilities per 100,000 people is 14. (Seven recreational facilities total). (Robert Wood Johnson Foundation, 2014).

Access to medical care

Between 2010 and 2012, an estimated 12.8 percent of Columbia County residents were uninsured. This represents 5.7 percent of children, 18.2 percent of adults under 64 and one percent of adults over 65. The uninsured rates the same within the margin of error between men and women. Over the same period, the rate for white residents was 12.4 percent and for Hispanic or Latino residents was 18.3 percent. (U.S. Census Bureau, 2014). Based on data from the Behavior Risk Factor Surveillance System, an estimated 15 percent of Columbia County residents did not go to the doctor due to cost in the past year, compared to 14 percent of Oregon residents. (Robert Wood Johnson Foundation, 2014).In 2014, the number of Columbia County residents receiving Medicaid health benefits is 9,717.

In Oregon, the reported payer mix of insurance is six percent self-pay, 37 percent having private insurance, 42 percent Medicare insurance and 15 percent Medicaid insurance. Of the closest hospitals in Oregon to Columbia County, Legacy Emmanuel has a payer mix of nine percent self-pay, 40 percent commercial, 21 percent Medicare and 30 percent Medicaid. Legacy Good Samaritan has a payer mix of five percent self-pay, 36 percent commercial, 48 percent Medicare and 10 percent Medicaid. (Office for Oregon Health Policy and Research, 2013).

The closest hospitals for Columbia County residents are Legacy Emmanuel and Legacy Good Samaritan in Portland; Peace Health and St. John Medical Center in Washington; and Columbia Memorial Hospital in Astoria. 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.

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, vaginal delivery with complicating diagnoses. (Office of Health Analytics, 2013).

DISEASE AND INJURY

Leading causes of death in Columbia County

The leading cause of death in Columbia County between 2008 and 2012 was cancer, at a rate of 206.0 per 100,000, close to the Oregon rate of 199.8 per 100,000. In 2012, the most common types were cancer of the bronchus and lung at a rate of 44.3 per 100,000 and of the breast at a rate of 18.1 per 100,000.

The second-leading cause of death over the same period was heart disease at a rate of 167.5 per 100,000, higher than the Oregon rate of 157.3 per 100,000. Ischemic heart disease, in particular, accounted for half of all fatal cases of heart disease. The rate of death due to stroke was 42.2 per 100,000.

The third-leading cause of death in Columbia County over the same period was chronic lower respiratory diseases at a rate of 51.5 per 100,000. The fourth-leading cause was unintentional injuries at a rate of 44.6 per 100,000. Overall, there were higher death rates related to heart disease and slightly higher rates of smoking and heavy binge drinking in females in Columbia County compared to Oregon overall. (OHA Health Statistics Unit, 2013).

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 use of special equipment, such as a cane, a wheelchair, a special bed or a special telephone. More than 800,000 Oregon adults age 18 and older have a disability. This is almost one-third (28.8 percent) of the adult population of Oregon. Columbia County is slightly lower than the state average with a disability rate of 26.8 percent. However, in Columbia County more than a third of adults 45 years and older report disabilities. (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. A significant portion of the population suffers from chronic conditions in Columbia County. The most prevalent chronic conditions in Columbia County are: arthritis, 21.9 percent compared to 25.4 percent in Oregon; asthma, 11.3 percent compared to 9.9 percent in Oregon; and heart attack, 2.5 percent compared to 3.3 percent in Oregon. (The Public Health Foundation of Columbia County, 2013).

	Arthritis	Asthma	Heart Attack
Columbia County	21.9%	11.3%	2.5%
Oregon	25.4%	9.9%	3.3%

(The Public Health Foundation of Columbia County, 2013)

Obesity

Obesity is a major issue across the country with major consequences to health. Obesity-related conditions include some of the leading causes of preventable death: heart disease, stroke and type two diabetes (Centers for Disease Control and Prevention, 2014). In Columbia County, 28 percent of adults are obese, higher than Oregon overall (26 percent). The diabetes rate in Columbia County is nine percent, slightly higher than the overall Oregon rate of eight percent.

Year	2010	2011	2012	2013	2014
Obesity rate (%)	30	31	28	28	28
Diabetes rate (%)	–	8	9	9	10

(Robert Wood Johnson Foundation, 2014)

Additionally, 38 percent of adults do not get the CDC recommended amount of daily physical activity. The percentage of adults who met CDC recommendations for physical activity in Oregon was 55.8 percent and in Columbia County were 49.6 percent. The physical inactivity rate, or the rate of adults who report no leisure time physical activity, in Columbia County is 19 percent, comparable to the Oregon rate of 18 percent. (Robert Wood Johnson Foundation, 2014).

In Columbia County, 16.0 percent of eighth-grade students are obese, compared to 10.7 percent of eighth-grade students in Oregon. Despite this, 43.5 percent of eighth-grade students and 30.8 percent of 11th-grade students in Columbia County reported that they were physically active at least 60 minutes per day during the past week, compared to 32.2 percent of eighth-grade students and 30.8 percent of 11th-grade students in Oregon overall. (OHA Program Design and Evaluation Services, 2013). The CDC recommends that children and youth should be physically active at least 60 minutes per day, including aerobic muscle strengthening and bone strengthening activities.

Food access and nutrition

In Columbia 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 was 20.7 percent in Columbia County, lower than the overall Oregon rate of 27 percent. The percentage of zip codes in Columbia County with healthy food outlets, including grocery stores with more than four employees, produce stands and farmers markets in 2009 was 63 percent compared to 61 percent in Oregon. (Robert Wood Johnson Foundation, 2014).

In Columbia County, 36 percent of public school children are eligible to receive free or reduced lunches during the school year. (Robert Wood Johnson Foundation, 2014). Columbia County eighth- and 11th-grade students were similar to Oregon overall in eating less than three servings of vegetables a day and in eating in restaurants one to three times in the past seven days.

Notably, fewer 11th-grade students in Columbia County ate breakfast every day than in Oregon overall (35.1 percent to 41.8 percent). Fewer eighth-grade students (15.4 percent to 19.5 percent) and 11th-grade students (8.6 percent versus 10.5 percent) report eating a meal together with their family every day. (OHA Program Design and Evaluation Services, 2013).

Alcohol

In 2008-2010, the estimated number of persons with alcohol abuse or dependence in Columbia County by age category were: 12-17 years (1,710), 18-25 years (5,373) and 26 or older (18,927) with over 50 percent of adults reporting any drinking of alcohol and 13-15 percent of adults who report binge drinking in the past 30 days. 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 (%)	15	15	15	15	16
Alcohol-induced deaths (per 100,000)	18.5	18.1	14.1	–	–

(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 lower than state average, 1.5 percent compared to 2.4 percent, 11th-grade respondents were significantly higher, with 8.2 percent reporting using alcohol three to five days in the last 30 days compared to Oregon, at 6.9 percent.

Year	Grade	2004	2006	2008	2013
Drank alcohol in the past 30 days (%)	8th	31.3	34.7	26.5	11.9
	11th	61.6	50.3	42.0	33.5
Binge drinking in the past 30 days (%)	8th	16.4	12.6	12.1	4.9
	11th	50.7	27.8	26.7	19.2

(OHA Program Design and Evaluation Services, 2013)

Illegal and prescription drugs

In the last 10 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. In Columbia County, the percent of young adults, aged 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 Columbia County residents, age 26 and older, the rate was equal to the state at five percent. (Oregon's State Epidemiological Outcomes Workgroup).

Year	2010	2011	2012	2013	2014
Drug-induced deaths (per 100,000)	20.6	14.1	18.1	–	–

(OHA Health Statistics Unit, 2013)

Illicit drug use other than marijuana in Columbia County is similar to the rate of use in Oregon. The use of cocaine, inhalants, hallucinogens, heroin or prescription drugs for 12-17 years was six percent, 18-25 years was 11 percent and 26 and older four percent. Columbia County youth participating in the 2013 Oregon Healthy Teens Survey, were asked about illicit drug use and respondents reported low use of illicit drugs with two exceptions: 3.2 percent of Columbia County 11th-grade students compared to 1.8 percent of state 11th-grade students reported using Ecstasy in the last 30 days and 5.9 percent of 11th-grade students compared to 1.9 of state 11th-grade students reported using some type hallucinogen (LSD) in the last 30 days. In Columbia County, 2.4 percent of eighth-grade students and 4.6 percent of 11th-grade students used prescription drugs without a doctor's order in the past month, compared to two percent of eighth- and 3.7 percent of 11th-grade students in Oregon overall. (OHA Program Design and Evaluation Services, 2013)

Year	Grade	2004	2006	2008	2013
Marijuana use in the past 30 days (%)	8th	15.7	12.3	8.7	5.9
	11th	28.8	17.7	17.2	22.6
Prescription use without doctor's orders in the past 30 days (%)	8th	8.3	6.5	8.5	4.0
	11th	16.1	4.7	11.0	8.5

(OHA Program Design and Evaluation Services, 2013)

Tobacco

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. Columbia County's public health department has programs that address tobacco prevention and education, WIC, communicable disease, environmental health, immunizations, emergency preparedness and family planning. (The Public Health Foundation of Columbia County, 2013). In Columbia County in 2012, 26.1 percent of all deaths were linked to tobacco (an additional 20.3 percent were undetermined). (OHA Health Statistics Unit, 2013).

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 Columbia County, 19.2 percent report smoking cigarettes with 7.9 percent using smokeless tobacco and 41.3 percent reporting a smoking quit attempt during the previous year.

Year	2010	2011	2012	2013	2014
Adult smoking rate (%)	23	22	21	20	19
Reported tobacco use in pregnant mothers (%)	21.5	15.8	15	–	–

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

Smoking during pregnancy can have negative health consequences for both the mother and child, increasing the risk of problems with the placenta, of early births, of low birth weights and even of sudden infant death syndrome (SIDS) (Centers for Disease Control and Prefention, 2014). In Columbia County, 15 percent of mothers who reported using tobacco during pregnancy, compared to 10.5 percent in Oregon (OHA Health Statistics Unit, 2013). Notably, in Columbia County, 5.8 percent of 11th-grade students 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	13.2	11.6	10.8	4.8
	11th	34.2	20.1	20.0	15.5

(OHA Program Design and Evaluation Services, 2013)

Mental health

Columbia 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. Columbia 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. (Columbia Community Mental Health, 2013). The local National Alliance for the Mentally Ill (NAMI) pays for local law enforcement staff to attend trainings in crisis intervention. NAMI also supports a local drop in center for community members who have long-term mental health conditions.

Year	Grade	2008	2013
Had emotional or mental health care needs that were not met in the past year (%)	8th	13.1	15.8
	11th	15.4	22.9

Have fair or poor emotional and mental health (%)	8th	13.9	13.1
	11th	21.1	23.8

(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 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)	14.6	12.4	22.6	20.2	12.1

(OHA Health Statistics Unit, 2013)

In Columbia County, 23.4 percent of eighth-grade students compared to the state at 25.6 percent and 31.4 percent of 11th-grade students compared to the state at 27.0 percent reported that during the last 12 months they felt sad or hopeless for more than two weeks at a level that interfered with their activities of daily living.

Of Columbia County eighth-grade students, 15.5 percent compared to the state at 16.1 percent and 18.9 percent of 11th-grade students compared to the state at 14.5 percent reported considering attempting suicide in the past 12 months and most concerning, 2.6 percent of eighth-grade students in the county compared to the state at 2.6 percent and 2.6 percent of 11th-grade students 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 (%)	eighth	13.9	16.4	18.6	15.5
	11th	15.7	12.3	9.7	18.9
Suicide attempt in the past year (%)	eighth	8.3	10.2	9.6	6.4
	11th	5.4	4.2	3.8	7.0

(OHA Program Design and Evaluation Services, 2013)

Injury and violence

In Columbia County the rate of injury per 100,000 was 274.1 in 2010-2011, which is below state average. (Office of Adult Abuse Prevention and Investigations, 2013). Motor vehicle crashes are a leading cause of death in Oregon especially among persons 5-34 years old. A large portion of vehicle fatalities involve alcohol or drugs. The rate of death from motor vehicle crashes per 100,000 populations (all ages) in Columbia County is 21 per 100,000 and is twice the Oregon rate, 10 per 100,000. (Oregon's State Epidemiological Outcomes Workgroup).

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).

Intentional injuries in Columbia County were limited. The violent crime rate is much lower than in Oregon as a whole, at 92 per 100,000 compared to 251 per 100,000 (Robert Wood Johnson Foundation, 2014).

Year	2010	2011	2012	2013	2014
Violent crime rate (per 100,000)	67	96	96	92	92

(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, 50,000 adults enrolled in Mental Health Services, and 3,000-4,000 children with I/DD or who reside in a licensed setting that provides therapeutic treatment.

In 2012, I/DD programs received 1,496 allegation of abuse that were investigated of the 758 allegation of abuse were substantiated. In the County, 910 adults were reported as victims of abuse and 544 adults were determined to have been abused. The most common type of abuse for this population was neglect. In 2012 there were 208 adults with I/DD enrolled in services, 42 abuse allegations investigated, 34 abuse allegations substantiated and of these two required involvements with law enforcement.

In 2012, older adult and people with physical disabilities programs received 10,201 allegations of abuse that were investigated. Of these, 2,683 allegations of abuse were substantiated. The most common type of abuse for this population was financial exploitation. In Columbia County 50 allegations of abuse in care facilities were investigated and 12 were substantiated resulting

in action. Additionally, in the county, 163 allegations of abuse were investigated and 17 were substantiated resulting in action. (Office of Adult Abuse Prevention and Investigations, 2013)

Of adults enrolled in mental health services in Oregon in 2012, 604 allegations of abuse were investigated and 214 of the allegations of abuse were substantiated. In the County, 165 adults were determined to have been abused. The most common type of abuse was found to be physical. 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 was not referral or involvement of law enforcement in the substantiated cases in Columbia County. (Office of Adult Abuse Prevention and Investigations, 2013).

In 2012, of children in Columbia County 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, there were 226 allegations of abuse were investigated and 72 allegations of abuse were substantiated. Financial and physical abuses were the most common types of abuse of children involved in I/DD programs and/or residential care. In 2011, 17.6 per 1,000 children were reported to be abused, a higher rate than the overall Oregon rate of 13.4 per 1,000. (Children, Adults, and Families Division, 2012).

Infectious diseases

Some communicable diseases can be controlled by vaccinations. In 2012, 62.5 percent of two-year olds in Columbia 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 7.4 percent lower in Columbia County even on the most basic series of 4:3:1 DTaP, IPV and MMR. (Oregon Immunization Program, 2013)

Disease	Number of cases
AIDS/HIV	1
Campylobacteriosis	7
Chlamydia	129
Cryptosporidiosis	5
E. coli	5
Giardiasis	3
Gonorrhea	6
Hepatitis B (acute)	1
Hepatitis C (chronic)	64
Legionellosis	1
Listeriosis	1
Lyme disease	1
Pertussis	8
Rabies, animal	1

Salmonella	3

(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
Heart disease		X	X		
Mental health conditions	X	X	X	X	
Nutrition			X		X
Obesity		X	X	X	X
Physical activity			X		X
Prescription drug abuse	X	X	X	X	X
Preventative services received	X	X	X	X	X
Stroke			X		
Suicide		X	X		
Tobacco use		X	X	X	
Unintentional injuries		X	X		

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 & 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 Columbia County which utilized data from the Oregon Health Authority and the Office of Rural Health.

Alcohol & illegal drug abuse

- Columbia County has higher rates of binge drinking and heavy drinking by females, compared to the state (13 percent versus 11 percent and nine percent versus six percent, respectively for the years 2006-2009)
- The death rate from drug induced causes was 14.0 per 100,000 and 11 percent of 18-25 year olds used illicit drugs other than marijuana in the past month.[1]

Cancer

- The death rate due to cancer in Columbia County is 196.6 per 100,000 in Columbia County, compared to 199.0 in Oregon. It is the leading cause of death.[2]

Heart disease

- The death rate due to heart disease is 175.0 per 100,000, compared to 163.1 per 100,000 in Oregon.

Mental health conditions

- Columbia County residents report 4.6 poor mental health days in the last month, compared to 3.3 in Oregon.
- There is one mental health provider for every 49.334 residents, compared to one for every 2,193 residents in Oregon.[3]
- 25 percent of eighth-grade and 27 percent of 11th-grade students have had a depressive episode in the past year. 12 percent of eighth-grade and 10 percent of 11th-grade students exhibit psychosocial distress based on mental health inventory-5.[1]

Obesity

- Columbia County adult obesity rate is 27 percent, compared to 24.5 percent in Oregon.

Prescription drug abuse

- 17 percent of individuals aged 18-25 report using prescription pain relievers for

[1] Columbia County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012, Oregon Health Authority
[2] Oregon Vital Statistics County Data 2012; Oregon Health Authority
[3] County Health Rankings and Roadmaps; Robert Wood Johnson Foundation

non-medical 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). [1]

Preventative services received

- Diabetic screening in Columbia County is 84 percent, compared to 86 percent in Oregon.
- 72.1 percent of two-year-olds have up-to-date immunizations compared to 69 percent in Oregon.

Suicide

- Columbia County suicide rate is 15.2 per 100,000. The national rate is 12.0 per 100,000.

Tobacco use

- Columbia County adult smoking at 20 percent, compared to 17 percent in Oregon.
- 26.1 percent of deaths in Columbia County are linked to tobacco, compared to 21.8 percent statewide.[2]
- 17.5 percent of infants were born to mothers who reported using tobacco during pregnancy, compared to 10.5 percent in Oregon.[2]
- 7.2 percent of males use smokeless tobacco, compared to 6.3 percent of males in Oregon.

Unintentional injuries

the death rate in Columbia County due to unintentional injuries is 49.2 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.

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 is 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 have 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

- 49.01 percent of respondents said that alcohol and drug addiction was one of the top three health issues in the community. It was the first response of 26.
- 31.19 percent of respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the third response.

Mental health conditions

- 22.28 percent of respondents said that mental illness was one of the top three health issues in the community. It was the sixth-highest ranking response of 26 and within five percentage points of third. An additional 12.13 percent of respondents said that the lack of mental health treatment facilities was one of the top three health issues.

Obesity

- 35.89 percent of respondents said that obesity was one of the top three health issues in the community. It was the second-highest response of 26.
- 24.75 percent of respondents said that diabetes was one of the top three issues. It was the fourth-highest response.

Prescription drug abuse

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

- 49.01 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.
- 31.19 percent of respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the third-highest response.

Preventative services received

- 34.90 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 third-highest response of 12 choices. An additional 22.28 percent said that more disease prevention and screening services were one of the three best ways. It was the sixth-highest response.

Tobacco use

- 23.02 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 four percentage points of the third-highest ranking response.

APPENDIX 2: Community Survey Results

n=423

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	Mental Health	Public Health	911	A/D Tx	VA
87%	72%	64%	56%	30%	23%	16%	8%	7%

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

Good doctors	Good preventative services	Available recreational facilities	Access to specialists
67%	40%	33%	16%

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

Job opportunities and a healthy economy	Good schools	Drug & alcohol prevention /treatment	Better access to health care	Affordable housing	Access to healthy foods	Clean environment
55.7%	34.2%	31.2%	28.5%	26.7%	26.2%	26.0%
Health prevention and wellness services	**Sports and recreation facilities**	**Mental health services**	**Low crime**	**Food banks**	**Tobacco prevention**	**Racial and cultural acceptance**
25.5%	23.3%	20.1%	18.6%	14.9%	9.2%	5.5%

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	Tobacco use	Mental Illness	Not enough doctors
49.1%	35.9%	26.7%	24.8%	23.0%	22.3%	14.8%
Cancer	**Lack of affordable housing**	**Poor nutrition/ eating habits**	**Dental problems**	**High blood pressure**	**Heart disease**	**Limited educational opportunities**
17.1%	17.1%	17.8%	15.8%	14.6%	14.4%	13.4%
Lack of mental health Tx facilities	**Too few exercise facilities**	**Lack of transportation**	**Child abuse**	**Lung/ respiratory illnesses**	**Low access to healthy foods**	**High crime rates**
12.1%	8.9%	8.9%	7.2%	6.9%	6.4%	3.2%
STDs	**Suicide**	**Domestic violence**	**High cost of MH svcs**	**HIV/AIDS**		
5.2%	4.7%	4.2%	3.2%	1.5%		

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

Medical appointments after 5 p.m. and weekends	More doctors/health care providers	More health education and wellness providers	Expand the Oregon Health Plan (Medicaid)	More alcohol and drug treatment programs	More disease prevention and wellness services
52.0%	43.8%	34.9%	33.4%	23.5%	22.3%
More mental health services	**Transportation assistance to appointments**	**Alternative health care (acupuncture, naturopathy)**	**More dentists**	**More tobacco cessation programs**	**More culturally sensitive care**
19.8%	18.8%	18.6%	16.6%	7.9%	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	Couldn't get appointment fast enough	Transportation problems
58.4%	40.4%	24.8%	23.8%	20.3%	16.1%
Do not have regular doctor	**Afraid of what they might find**	**Do not know where to get care**	**Do not like doctors/ refused to go**	**On OHP, but do not have a doctor**	**Childcare issues**
10.6%	8.2%	6.4%	5.9%	3.7%	3.2

Age:

0 – 17	18 – 29	30 – 39	40 – 49	50 – 59	60+
4.7%	20.8%	20.8%	21.5%	19.3%	16.8%

Gender:

Male	Female
28%	72%

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
17%	13%	16%	15%	18%	9%	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)
2.8%	0.7%	0.2%	3.5%	0.7%	82.0%

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