



Columbia Pacific CCO

Tillamook County

Community Health Assessment 2014

CONTENTS

INTRODUCTION AND OVERVIEW 1

 Description of Needs Assessment Process 2

PEOPLE AND PLACE 4

 Population overview 4

 Demographics: age and sex 5

 Immigration and growing diversity 5

 Physical environment..... 6

OPPORTUNITIES FOR HEALTH 7

 Education and employment..... 7

 Income, poverty and economic challenges 7

 Housing and home ownership 8

 Outdoor and indoor environments..... 8

 Access to medical care 9

DISEASE AND INJURY 10

 Leading causes of death in the county 10

 Disability..... 10

 Obesity 10

 Alcohol 11

 Illegal and prescription drugs..... 12

 Tobacco 13

 Mental health..... 14

 Suicide 14

 Injury and violence..... 15

 Abuse among vulnerable adults 16

 Infectious diseases 16

REFERENCES..... 18

APPENDIX 1: Health Issue Background Information..... 20

APPENDIX 2: Community Survey Results 27

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, 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,

Tillamook Community Health Assessment

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 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 1104 surveys completed in the region.

	Clatsop	Columbia	Tillamook	Reedsport area	Latino
Percent of completed surveys: (n=11045)	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%

U.S. Census

Tillamook Community Health Assessment

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:

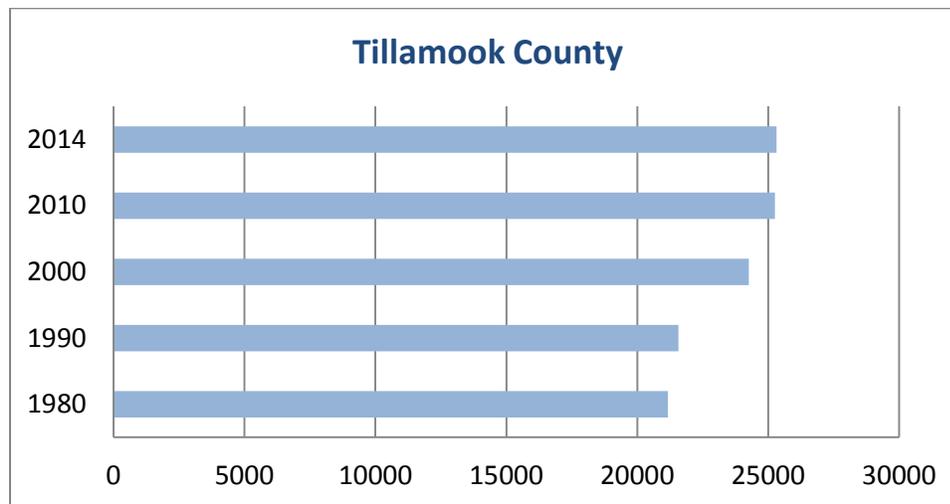
- ⊕ *Improved nutrition and food access* as strategies to decrease obesity;
- ⊕ *Crisis management and suicide prevention* as strategies to improve mental health;
- ⊕ *Decreasing alcohol abuse in transition age youth and tobacco use by pregnant women* as strategies to reduce substance abuse;
- ⊕ *Promotion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

PEOPLE AND PLACE

Population overview

Tillamook County, established in 1853, has a population of 25,255 and a total area of 1,125 square miles. There are 827 square miles (76.26 percent) of land and 258 square miles (23.74 percent) of water. It is estimated that there are 44.7 persons per square mile of land. The population has grown 4.7 percent since 2000, far less than the 12 percent across Oregon in the same time. (U.S. Census Bureau, 2014).

Year	1980	1990	2000	2010	2014
Tillamook County	21,164	21,570	24,262	25,255	25,314



(U.S. Census Bureau, 2014)

Tillamook County is bordered on the north by Clatsop County, on the south by Lincoln County, on the east by Washington, Yamhill and Polk counties, and on the west by the Pacific Ocean. Much of the land in Tillamook County is State, Federal and private forest, the largest of which is the Tillamook State Forest. The majority of Tillamook County’s population centers are located on the floodplains between the Northern Oregon Coast Range and the Pacific Ocean.

There are seven incorporated cities in Tillamook County: Bay City (1,247), Garibaldi (736), Manzanita (407), Nehalem (212), Rockaway Beach (1,082), Tillamook (4,934), and Wheeler (280). There are an additional 12 unincorporated communities in Tillamook County: Barview, Watseco and Twin Rocks (1,412), Beaver (189), Cloverdale (337), Hebo (454), Idaville (395), Neahkahnie (115), Neskowin (91), Netarts (843), Oceanside (240), and Pacific City (1,078) (U.S. Census Bureau, 2014). Most of the population lives along Highway 101 in Tillamook County. In the county, 70 percent of residents live in rural areas, compared to 19 percent of Oregon residents. (Robert Wood Johnson Foundation, 2014).

Tillamook Community Health Assessment

Demographics: age and sex

The average age of Tillamook County residents is 48.2 years. In Tillamook County, 20 percent of residents are below 18 years of age and 22 percent of residents are age 65 years and older. In the county, 53.2 percent of residents are female and 46.8 percent are male. Tillamook 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).

Immigration and growing diversity

The population of Tillamook County grew by 1,052 (4.3 percent) from 2000 to 2012. It is projected that between 2015 and 2020 there will be a population increase of four percent in Tillamook County. The majority of Tillamook County residents are Non-Hispanic White, at 86.2 percent. The largest minority group in Tillamook County is Hispanic/Latino, representing 9.2 percent of the population. In Tillamook County, 2.4 percent of adult residents speak Spanish at home, with 75.9 percent of those whom speak Spanish at home report speaking English “very well.” In the County, the Hispanic population increased by 88 percent from 2000 to 2012. The largest non-Hispanic minority groups in Tillamook County are American Indian and Alaska Native (2.3 percent), Asian (1.5 percent) and African-American (0.5 percent). In Tillamook County, 2.8 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
25,314	24,606	23,579	111	196	183	29	508
100%	97.2%	93.1%	0.4%	0.8%	0.7%	0.1%	2.0%

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
25,314	708	9	386	138	0
100 %	2.8%	0.0%	1.5%	0.5%	0.0%

Total population	Total Minority Population	Hispanic of Latino (of any race)	White alone, not Hispanic or Latino
25,314	3,367	2,340	21,814

Tillamook Community Health Assessment

100 %	13.3%	9.2%	86.2%
-------	-------	------	-------

(U.S. Census Bureau, 2014)

In Oregon, an estimated three percent of adults identify as lesbian, gay or bisexual, 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 Tillamook County.

Physical environment

In Tillamook County, nine 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. Tillamook County has a lower percentage of fast-food establishments, at 19 percent of all restaurants, compared to 43 percent of restaurants in Oregon. Tillamook County also has a slightly lower rate of recreational facilities than Oregon as a whole, at eight per 100,000 population (two total), versus 12 per 100,000 statewide. In Tillamook County, 16 percent of residents live within half a mile of a park, compared to 54 percent of Oregon residents. (Robert Wood Johnson Foundation, 2014).

Environmental hazards

Tillamook County residents are exposed to 10.3 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.

In Tillamook County, 17 percent of residents received water from a public water system with at least one violation, compared to three percent of Oregon residents. Health-based violations include maximum contaminant level and treatment technique violations. (Robert Wood Johnson Foundation, 2014).

OPPORTUNITIES FOR HEALTH

The overall health of Tillamook County residents is somewhat worse than the overall health of Oregon residents. Tillamook County ranks 23rd of the 33 ranked Oregon counties in the Robert Wood Johnson Foundation's County Health Rankings. (Robert Wood Johnson Foundation, 2014). The life expectancy of Tillamook County residents compared to Oregon residents is equal at birth for men (77.2 years) and longer at birth for women (82.1 vs. 80.5 years). At every age, Tillamook County residents are expected to have more remaining years than Oregon residents as a whole. (OHA Health Statistics Unit, 2013).

Education and employment

Tillamook County residents are as likely as Oregon residents as a whole to have completed high school, with 88.6 percent graduating or obtaining their GED by age 25. Tillamook County residents, however, are less likely than Oregon residents as a whole to have obtained a bachelor's degree or higher (20.3 percent versus 29.3 percent). (U.S. Census Bureau, 2014).

The unemployment rate in Tillamook County is 8.9 percent, slightly lower than the Oregon unemployment rate of 9.5 percent. (Robert Wood Johnson Foundation, 2014). The most common industries of employment are retail trade; agriculture, forestry, fishing and hunting; health care and social assistance; manufacturing and construction. (U.S. Census Bureau, 2014).

Income, poverty and economic challenges

The median household income in Tillamook County from 2010-2012 was \$42,957. The mean household income over the same period was \$50,567. Median family income was \$49,023 and mean family income was \$58,639. In Tillamook County, 9.9 percent of families and 15.7 percent of individuals had incomes in the past 12 months below the poverty level. This is slightly lower than the percentages of families and people below the poverty level in Oregon as a whole. In the county, 43.5 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 4.1 percent of the households in Tillamook County. (U.S. Census Bureau, 2014).

In Oregon, more than half of Hispanic/Latino adults below 200 percent of the 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 uninsurance data related to race or culture was unavailable for Tillamook County specifically.

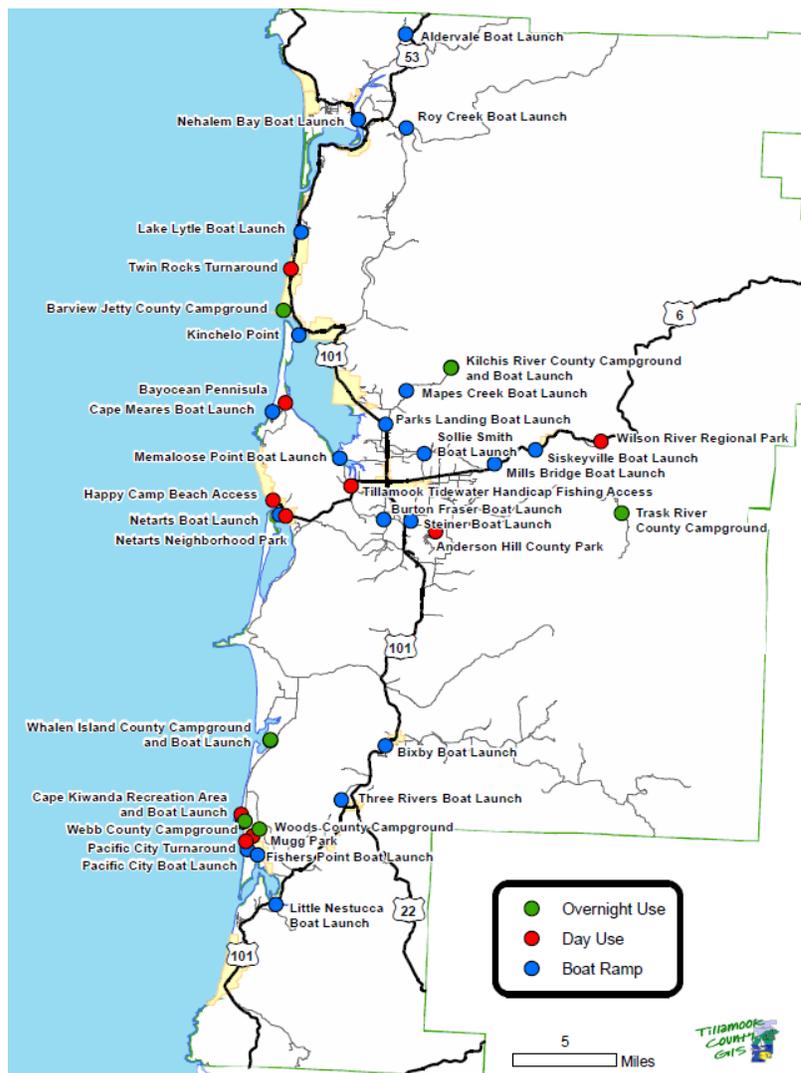
Housing and home ownership

There are 6,990 family households in Tillamook County, with an average family size of 2.75 individuals. There are 2,493 households of children under the age of 18 living with one or more parents. (U.S. Census Bureau, 2014).

Most residents of Tillamook County live in one-unit detached housing (77.1 percent). In the county, 70 percent of homes are owner-occupied and 30 percent of homes are renter-occupied. In owner-occupied homes, 60 percent have a mortgage, while 40 percent do not. Of owner-occupied housing units with a mortgage, 26.6 percent of owners spend less than twenty percent of their monthly household income on their home while 33.2 percent spend thirty five percent or more of their monthly household on their home. Of housing units without a mortgage, 74.4 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, 46.6 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).

Outdoor and indoor environments

Tillamook County has a wide variety of outdoor recreational opportunities for residents, with forests, rivers, bays and beaches. In Tillamook County, 83 percent of residents have reasonable



Map of Tillamook County Parks Department campgrounds, day use areas and boat ramps. Source: Tillamook County Parks Department.

Tillamook Community Health Assessment

access to exercise facilities. That is, these residents live in a census block within a half mile of a park, within one mile of a recreational facility in urban areas, or within three miles of a recreational facility in rural areas. Parks include local, state, and national parks. Recreational facilities include gyms, community centers and pools. (Robert Wood Johnson Foundation, 2014).

The Tillamook County Parks Department offers 21 boat launches, 11 day use recreation areas, and six camp grounds (Tillamook County Parks Department, 2014). There are also numerous parks owned and maintained by the incorporated cities of Tillamook County and several State Parks.

Access to medical care

Between 2010 and 2012, an estimated 14.8 percent of Tillamook County residents were uninsured. This represents 4.9 percent of children, 23.7 percent of adults under 64, and 0.2 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 14.5 percent and for Hispanic or Latino residents was 17.9 percent. (U.S. Census Bureau, 2014). Based on data from the Behavior Risk Factor Surveillance System, an estimated 19 percent of Tillamook 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 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. In 2011, at Tillamook Regional Medical Center, the reported payer mix was 12 percent Medicaid, 42 percent Medicare, 37 percent having private insurance and eight percent self-pay. (Office for Oregon Health Policy and Research, 2013).

DISEASE AND INJURY

Leading causes of death in the county

The leading cause of death in Tillamook County in 2012 was cancer, at a rate of 300.3 per 100,000, much higher than the Oregon rate of 199.8 per 100,000. The most common types are cancers of the bronchus and lung at a rate of 83.0 per 100,000 (54.7 in Oregon), of the lymphatic system at a rate of 31.6 per 100,000 (20.4 in Oregon) and of the breast at a rate of 23.7 per 100,000 (13.1 in Oregon).

The second-leading cause of death in Tillamook County in 2012 was heart disease at a rate of 197.6 per 100,000, also higher than the Oregon rate of 157.3 per 100,000. Ischemic heart disease, in particular, accounted for more than half of all fatal cases of heart disease at a rate of 130.4 per 100,000. The rate of death due to stroke was 31.6 per 100,000, lower than the Oregon rate of 44.9 per 100,000.

The third-leading cause of death in Tillamook County in 2012 was diseases of the digestive system at a rate of 83.0 per 100,000, compared to 34.8 per 100,000 in Oregon. The fourth was chronic lower respiratory disease at a rate of 59.3 per 100,000, compared to 48.9 per 100,000 in Oregon. (OHA Health Statistics Unit, 2013).

Disability

An estimated 14.7 percent of Tillamook County residents suffer from a disability of some kind, compared to 13.8 percent of Oregon residents. 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. The rate of disability increases to 30.4 percent of individual's age 65 years or older. The most common category of disability for residents 65 years or older is ambulatory difficulty, affecting 20.0 percent of individuals in this category. The percent of individuals with a disability is much lower among Hispanic residents at 3.5 percent. 2.8 percent of Tillamook County residents have imputed disability status. (U.S. Census Bureau, 2014).

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 Tillamook County, 28 percent of adults in are obese, compared to the 26 percent of adults in Oregon. Similarly, the diabetes rate in Tillamook County is 10 percent, also higher than the state rate of eight percent. (Robert Wood Johnson Foundation, 2014). The death rate due to diabetes in 2012 was 43.5 per 100,000, much higher than the state rate of 28.9 per 100,000. (OHA Health Statistics Unit, 2013).

Year	2010	2011	2012	2013	2014
Obesity rate (%)	26	26	27	27	28
Diabetes rate (%)	–	9	9	9	10

(Robert Wood Johnson Foundation, 2014).

Obesity is a complex health issue, caused by a variety of factors including behavior, environment and genetics. Physical activity levels and nutrition are two of the largest behavioral factors in obesity (Centers for Disease Control and Prevention, 2014). The physical inactivity rate or the rate of adults who report no leisure time physical activity in Tillamook County is 20 percent, slightly higher than the Oregon rate of 17 percent. Good nutrition is almost impossible without access to healthy foods. Yet 15 percent of Tillamook County residents report that they did not have access to a reliable source of food in the past year, which is lower than the state rate of 18 percent. (Robert Wood Johnson Foundation, 2014). Additionally in the past year, 13.3 percent of eighth-grade students and 23.3 percent of 11th-grade students reported feeling that they should eat less because there was not enough money to buy food. (OHA Program Design and Evaluation Services, 2013). In purely geographic terms, nine percent of Tillamook County residents have limited access to healthy foods, living more than 10 miles from a grocery store in rural areas or more than a mile from a grocery store in urban areas. The Oregon rate is lower at five percent. (Robert Wood Johnson Foundation, 2014).

Alcohol

Excessive alcohol use is the third leading lifestyle-related cause of death in America, attributed to roughly 88,000 deaths each year (Centers for Disease Control and Prevention, 2014). In Tillamook County, the rate of excessive drinking, which is defined as heavy drinking (overconsumption on a daily or weekly basis) or binge drinking (extreme overconsumption in a single sitting), is reported to be 20 percent, higher than the Oregon rate of 16 percent (Robert Wood Johnson Foundation, 2014). This disparity is particularly striking in women: 17.2 percent of females report binge drinking in Tillamook County, compared to 10.8 percent of females in Oregon.

Year	2010	2011	2012	2013	2014
Excessive drinking (%)	17	21	19	21	20
Alcohol-induced deaths (per 100,000)	30.6	35.6	51.4	–	–

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

Excessive use of alcohol often begins before adulthood. As seen below, among those students who participated in the Oregon Healthy Teens Survey, a significant number of both eighth- and 11th-grade students report drinking alcohol in the past month. There were higher rates of

drinking among eighth-grade students in Tillamook County than across Oregon as a whole, at 13.8 percent and 18.2 percent respectively. Among 11th-grade students, they reported higher rates of driving under the influence in Tillamook County than across Oregon as a whole.

Year	Grade	2004	2006	2008	2013
Drank alcohol in the past 30 days (%)	8 th	41.9	35.3	17.8	18.2
	11 th	26.4	54.6	47.6	29.1
Binge drinking in the past 30 days (%)	8 th	15.3	12.8	9.4	4.0
	11 th	19.5	36.2	30.1	14.0

(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.

The average death rate from drug-induced causes in Tillamook County between 2007 and 2011 was 14 deaths per 100,000 people, equal to the state rate. Individuals aged 18-25 report using 17 percent of prescription pain relievers for non-medical reasons in the past year, slightly higher than the state rate of 15 percent. (Oregon's State Epidemiological Outcomes Workgroup).

Year	2010	2011	2012	2013	2014
Drug-induced deaths (per 100,000)	7.6	19.8	19.8	–	–

(OHA Health Statistics Unit, 2013)

Drug use among adolescents is of particular concern, as the effects can impact continued development. As seen below, among those students who participated in the Oregon Healthy Teens Survey, a significant number of both eighth- and 11th-grade students report using marijuana and prescriptions without doctor’s orders in the past month. The marijuana use rates among both eighth- and 11th-grade students were slightly lower than those across Oregon as a whole by 1.7 percent and 4.2 percent respectively. However, 11th-grade students in Tillamook County report higher rates of prescription use without doctor’s orders than 11th-grade students

Tillamook Community Health Assessment

in Oregon. At 14 percent in Tillamook County and 7.4 percent in Oregon, prescription drug use is almost doubled. (OHA Program Design and Evaluation Services, 2013).

Year	Grade	2004	2006	2008	2013
Marijuana use in the past 30 days (%)	8 th	14.5	7.6	7.4	8.0
	11 th	8.9	18.3	16.3	16.7
Prescription use without doctor's orders in the past 30 days (%)	8 th	3.2	3.5	2.6	4.0
	11 th	5.8	2.9	6.0	14.0
Inhalant use in the past 30 days (%)	8 th	4.9	6.2	5.0	3.0
	11 th	2.4	1.0	1.6	2.5

(OHA Program Design and Evaluation Services, 2013)

Tobacco

In Tillamook County, 18 percent of adult residents smoke tobacco, which is slightly higher than the overall Oregon rate of 16 percent. (Robert Wood Johnson Foundation, 2014). Additionally, 12.7 percent of males use smokeless tobacco doubling the average of 6.3 percent in Oregon. (Oregon's State Epidemiological Outcomes Workgroup). In Tillamook County, 29.3 percent of deaths are linked to tobacco, compared to 21.8 percent statewide. (OHA Health Statistics Unit, 2013).

Year	2009	2010	2011	2012	2013	2014
Adult smoking rate (%)	23	22	20	20	20	18
Reported tobacco use in pregnant mothers (%)	14.3	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 Prevention, 2014). In Tillamook County, 15 percent of infants were born to mothers who reported using tobacco during pregnancy, compared to 10.5 percent in Oregon (OHA Health Statistics Unit, 2013).

Tillamook Community Health Assessment

One of primary strategies to reduce tobacco use is to prevent minors from initiating use. In Tillamook County, 6.7 percent of eighth-grade students and 11.7 percent of 11th-grade students had smoked tobacco within the past month, higher than 4.1 percent of eighth-grade students and 9.4 percent of 11th-grade students in Oregon overall.

Year	Grade	2004	2006	2008	2013
Tobacco use in the past 30 days (%)	8 th	8.0	4.4	6.6	6.7
	11 th	9.2	13.8	17.0	11.7

(OHA Program Design and Evaluation Services, 2013)

Mental health

There is a severe shortage of mental health providers in Tillamook County. The ratio of mental health providers to population is 25,267 to one, much less than the ratio of 2,193 to one overall in Oregon. However, Tillamook County residents experience slightly fewer poor mental health days on average than Oregon residents as a whole. The average number of mentally unhealthy days reported in the past month three in Tillamook County and 3.3 in Oregon overall. (Robert Wood Johnson Foundation, 2014).

In Tillamook County, 28 percent of 11th-grade students experienced a depressive episode in the past year, compared to 22 percent in Oregon. Additionally, higher rates of eighth- and 11th-grade students exhibited psychosocial distress (both eight percent compared to four percent and seven percent in Oregon respectively) (Oregon's State Epidemiological Outcomes Workgroup).

Year	Grade	2004	2006	2008	2013
Had emotional or mental health care needs that were not met in the past year (%)	8 th	7.1	6.1	16.1	16.0
	11 th	6.9	13.8	14.2	19.0
Have fair or poor emotional and mental health (%)	8 th	–	11.3	9.5	12.5
	11 th	–	14.4	14.0	17.4

(OHA Program Design and Evaluation Services, 2013)

Suicide

Suicide is the act of intentionally causing death or intending to cause death by an individual. It is one of Oregon's most persistent, yet largely preventable, public health problems. In Tillamook

Tillamook Community Health Assessment

County, the death rate due to suicide was 18.9 deaths per 100,000, higher still than the overall Oregon rate (OHA Health Statistics Unit, 2013).

Year	2008	2009	2010	2011	2012
Suicide deaths (per 100,000)	7.7	15.3	34.4	11.9	19.8

(OHA Health Statistics Unit, 2013)

Suicide is the second-leading cause of death among Oregonians ages 15-34 and the eighth-leading cause of death among all Oregonians. In Tillamook County, nine percent of 11th-graders attempted suicide in the past year, compared to six percent in Oregon. (Oregon's State Epidemiological Outcomes Workgroup). The table below shows self-reported information from Tillamook County students participating in the Oregon Healthy Teens Survey, which was combined with the Oregon Student Wellness survey for the Tillamook County Epidemiological Data on Alcohol, Drugs, and Mental Health report:

Year	Grade	2004	2006	2008	2013
Seriously considered suicide in the past year (%)	8 th	17.2	9.4	9.2	19.8
	11 th	15.1	6.4	12.2	14.6
Suicide attempt in the past year (%)	8 th	6.6	3.6	3.9	12.5
	11 th	7.1	5.6	4.7	6.1

(OHA Program Design and Evaluation Services, 2013)

Injury and violence

In 2012, there were 55.3 deaths per 100,000 due to unintentional injuries in Tillamook County, compared to 42.7 per 100,000 in Oregon. Among Tillamook County residents in 2012, there were four motor vehicle fatalities, four fatalities due to falls and four fatalities due to poison/drugs including overdoses. (OHA Health Statistics Unit, 2013).

Intentional injuries in Tillamook County were limited. The violent crime rate is much lower than in Oregon as a whole, at 88 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)	95	77	86	78	88

(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 50,000 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. Of those, 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 Tillamook County, 36 allegations of abuse in care facilities were investigated and seven were substantiated resulting in action. Additionally in Tillamook, 65 allegations of abuse were investigated and 10 were substantiated resulting in action. (Oregon Office of Adult Abuse Prevention and Investigations, 2012).

Infectious diseases

Some communicable diseases can be controlled by vaccinations. In 2012, 64.1 percent of two-year-old children in Tillamook 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-old children were up-to-date in the same series. Vaccination rates are 2.8 percent lower in Tillamook County even on the most basic series of 4:3:1 DTaP, IPV and MMR. (Oregon Immunization Program, 2013)

Of the reported communicable diseases in Tillamook County in 2012, vaccines for haemophilus influenzae, hepatitis B, and pertussis are part of the series named above.

Disease	Number of cases
AIDS/HIV	1
Campylobacteriosis	4
Chlamydia	52
Cryptosporidiosis	10
<i>E. coli</i>	2

Tillamook Community Health Assessment

Gonorrhea	4
Haemophilus influenzae	1
Hepatitis B (chronic)	2
Hepatitis C (chronic)	27
Pertussis	1
Salmonella	3
Tuberculosis	1

(OHA Acute & Communicable Disease Prevention Section, 2012)

REFERENCES

- Centers for Disease Control and Prevention. (2014, January 28). *Tobacco Use and Pregnancy*. Retrieved from Centers for Disease Control and Prevention: <http://www.cdc.gov/Reproductivehealth/TobaccoUsePregnancy/index.htm>
- Centers for Disease Control and Prevention. (2014, March 26). *Alcohol and Public Health*. Retrieved from www.cdc.gov/alcohol/
- Centers for Disease Control and Prevention. (2014, May 22). *Overweight and Obesity*. Retrieved from Centers for Disease Control and Prevention: www.cdc.gov/obesity/
- Office for Oregon Health Policy and Research. (2012). *Exploring Race & Ethnicity Health Insurance Coverage Differences: Results from the 2011 Oregon Health Insurance Survey*. Oregon Health Authority.
- Office for Oregon Health Policy and Research. (2013). *Oregon's Acute Care Hospitals: Capacity, Utilization and Financial Trends*. Oregon Health Authority.
- OHA Acute & Communicable Disease Prevention Section. (2012). *Communicable Disease Annual Report 2012*. Oregon Health Authority.
- OHA Health Statistics Unit. (2013). *Vital Statistics Annual Reports*. Oregon Health Authority: Public Health Division.
- OHA Program Design and Evaluation Services. (2013). *Oregon Healthy Teens Survey*. Oregon Health Authority: Public Health Division.
- Oregon Immunization Program. (2013). *Oregon Child Immunization Rates*. Oregon Health Authority: Public Health Division.
- Oregon Office of Adult Abuse Prevention and Investigations. (2012). *OAAPI Annual Report*. Retrieved from [http://www.oregon.gov/dhs/abuse/Documents/OAAPI percent20Annual percent20Report percent202012.pdf](http://www.oregon.gov/dhs/abuse/Documents/OAAPI%20Annual%20Report%202012.pdf)
- Oregon's State Epidemiological Outcomes Workgroup. (n.d.). *Tillamook County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012*. Retrieved from [http://www.oregon.gov/oha/amh/sew/CountyReports/Tillamook percent20County percent20-%20Epidemiological percent20Data percent20on percent20Alcohol, percent20Drugs percent20and percent20Mental percent20Health percent202000 percent20to percent202012.pdf](http://www.oregon.gov/oha/amh/sew/CountyReports/Tillamook%20County%20-%20Epidemiological%20Data%20on%20Alcohol,%20Drugs%20and%20Mental%20Health%202000%20to%202012.pdf)
- Robert Wood Johnson Foundation. (2014). *County Health Rankings & Roadmaps*. Retrieved from www.countyhealthrankings.org
- Tillamook County Parks Department. (2014, April 23). Retrieved from Tillamook County, Oregon: www.co.tillamook.or.us/gov/parks
- US Census Bureau. (2014). *American FactFinder*. Retrieved from factfinder2.census.gov

APPENDIX 1: Health Issue Background Information

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

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

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

Tillamook Community Health Assessment

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

Tillamook Community Health Assessment

County-specific archival data:

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

Alcohol & illegal drug abuse

- 21.0 percent of individuals report excessive drinking compared to 16 percent in Oregon.
- 17.2 percent of females report binge drinking in Tillamook County, compared to 10.8 percent of females in Oregon.
- The death rate from alcohol induced diseases is 18 per 100,000, compared to 14 in Oregon.
- Tillamook County has higher rates of 11th graders binge drinking and drunk driving than Oregon.

Cancer

- The death rate due to cancer in Tillamook County is 276.4 per 100,000, compared to 199.0 in Oregon. This rate is averaged for the years 2007-2011. It is the leading cause of death.¹

Heart disease

- 224.5 deaths per 100,000 compared to 163.1 in Oregon. It is the second leading cause of death in Tillamook County.

Mental health conditions

- 28 percent of 11th-grade students had a depressive episode in the past year, compared to 22 percent in Oregon.
- Higher rates of eighth- and 11th-grade students exhibit psychosocial distress (both eight percent compared to four percent and seven percent in Oregon respectively).²
- 70 percent of kindergarteners had adequate social and personal development in 2008 compared to 80 percent in Oregon. That is the most recent year available.²
- There ratio of mental health providers is 25,267:1, compared to 2193:1 in Tillamook.³

Nutrition

- Nine percent of Tillamook County residents have limited access to healthy foods, compared to five percent of Oregon.

Obesity

- 27.0 percent of Tillamook County is obese, compared to 24.5 percent of Oregon.

Physical activity

- Eight percent of Tillamook County residents have access to recreational facilities, compared to 12 percent in Oregon. Tillamook residents have a two percent higher rate of physical inactivity at 20 percent.

¹ Oregon Vital Statistics County Data 2012; Oregon Health Authority

² Tillamook County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012; Oregon's State Epidemiological Outcomes Workgroup

³ County Health Rankings and Roadmaps; Robert Wood Johnson Foundation

Tillamook Community Health Assessment

Prescription drug abuse

- Tillamook County is comparable to Oregon as a whole in the percent of persons who used prescription pain relievers for non-medical reasons in the past year. However, Oregon has the highest rate in the nation at 6.4 percent.²

Preventative services received

- 84 percent had diabetic screening, compared to 86 percent of Oregon.
- 64.4 percent of children years at two years of age have up-to-date immunizations, compared to 69.4 percent in Oregon.

Stroke

- 72.5 deaths per 100,000 due to stroke compared to 41.9 in Oregon.

Suicide

- 18.9 deaths per 100,000 compared to 16.2 in Oregon and 12.0 nationally.
- Nine percent of 11th graders attempted suicide in the past year, compared to six percent in Oregon.²

Tobacco use

- 20.0 percent of adults in Tillamook smoke, compared to 17.0 percent in Oregon.
- 12.7 percent of males use smokeless tobacco, compared to 6.3 percent in Oregon.
- 15 percent of infants were born to mothers who reported using tobacco during pregnancy, compared to 10.5 percent in Oregon.¹
- 29.3 percent of deaths in Tillamook County are linked to tobacco, compared to 21.8 percent statewide.¹

Unintentional injuries

- 63.8 deaths per 100,000 due to unintentional injuries 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.

Tillamook Community Health Assessment

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

Tillamook Community Health Assessment

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 models 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

- 42.05 percent of respondents said that alcohol and drug addiction was one of the three most

Tillamook Community Health Assessment

critical health problems in the community. It was the highest-ranking response out of 26.

- 27.84 percent of respondents said that drug and alcohol prevention and treatment was one of the three most important ways to create a healthier community. It was the seventh-highest response of 14 and within five percentage points of the third.

- 35.23 percent of respondents said that more alcohol and drug treatment programs were one of the top three things to improve community access to care. It was the third-highest response of 12.

Cancer

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

Nutrition

- 41.48 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 second-highest response of 14.

Obesity

- 33.52 percent of respondents said that obesity was one of the three most critical health problems in the community. It was the second-highest response of 26. An additional 27.27 percent of respondents said that diabetes was one of the three most critical health problems, which was the fifth-highest response.

Physical activity

- 30.11 percent of respondents said that sports and recreation activities were one of the three most important ways to create a healthier community. It was the sixth-highest response of 14 and within three percentage points of the third-highest.

Prescription drug abuse

note: the survey did not differentiate between Rx and other illicit substances

- 42.05 percent of respondents said that alcohol and drug addiction was one of the three most critical health problems in the community. It was the highest response out of 26.

- 27.84 percent of respondents said that drug and alcohol prevention and treatment was one of the three most important ways to create a healthier community. It was the sixth-highest response of 14 and within five percentage points of the third-highest.

- 35.23 percent of respondents said that more alcohol and drug treatment programs are one of the top three things to improve community access to care. It was the third-highest response of 12.

Preventative services received

- 40.34 percent of respondents said that more health education and wellness services were one of the three ways to improve community access to health care. It was the highest-ranking response of 12.

APPENDIX 2: Community Survey Results

n=378

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 for medical emergency	VA	A/D Tx
80%	67%	55%	35%	23%	13%	10%	7%	2%

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
75%	50%	41%	31%

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

Job opportunities and a healthy economy	Access to healthy foods	Good schools	Affordable housing	Health prevention and wellness education	Clean environment	Drug/alcohol prevention and treatment
49.4%	38.5%	34.7%	28.7%	28.1%	27.2 %	24.9 %
Sports and recreational activities	Better access to health care	Mental health services	Food banks	Low crime	Tobacco	Racial and cultural acceptance
24.3%	23.7%	18.9%	16.0%	15.7%	8.6%	6.5%

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

Alcohol and drug addiction	High cost of care/lack of insurance	Obesity	Diabetes	Poor nutrition/eating habits	Cancer	Lack of mental health Tx facilities
40.5%	39.9%	34.9%	20.7%	17.8%	16.6%	14.8%
Lack of affordable housing	Tobacco use	Too few exercise facilities	Mental illness	Limited educational opportunities	Heart disease	Dental problems
14.2%	12.4%	12.4%	10.4%	10.1%	9.8%	8.6%
Suicide	Low access to healthy foods	High cost of mental health svcs	High blood pressure	Not enough doctors	Domestic violence	Lack of transportation
7.1%	5.9%	5.6%	5.0%	5.0%	4.4%	4.4%
Child abuse	Lung/respiratory illnesses	Sexually transmitted diseases	High crime rates	HIV/AIDS		
3.9%	3.6%	3.3%	1.8%	0.6%		

Tillamook Community Health Assessment

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

More health education and wellness providers	Medical appointments after 5 p.m. and weekends	Expand the Oregon Health Plan (Medicaid)	More alcohol and drug treatment programs	More disease prevention and screening services	More doctors/health care providers
40.5%	35.8%	30.8%	30.2%	28.4%	26.9%
More mental health services	Alternative health care (acupuncture, naturopathy)	Transportation assistance to appointments	More dentists	More tobacco cessation programs	More culturally sensitive care
23.1%	22.5%	15.7%	11.8%	7.4%	5.3%

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	Do not have a regular doctor
51.5%	33.1%	33.1%	18.6%	16.6%	11.0%
Do not like doctors/refused to go	Afraid of what they might find	Transportation problems	Do not know where to get care	On OHP, but do not have a doctor	Childcare issues
10.7%	10.4%	9.5%	3.9%	2.4%	1.8%

Age:

0 – 17	18 – 29	30 – 39	40 – 49	50 – 59	60+
16%	11%	12%	15%	19%	27%

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
11%	13%	10%	20%	22%	12%	4%

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)
2.4%	1.2%	0.3%	11.5%	0.6%	77.5%

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