

**RESOLUTION 18-02**

With respect to the 2018 Community Health Needs Assessment, the following resolutions are hereby adopted:

**RESOLVED:**

That the 2018 Community Health Needs Assessment has been reviewed and approved by the Curry Health District Board of Directors;

**RESOLVED FURTHER:**

That Curry Health District dba Curry Health Network defines its service area as the entirety of Curry County, Oregon. The Network's hospital, Curry General Hospital, is the sole hospital serving the county, and 86 percent of the Network's annual revenue is generated from those who reside within the county.

**RESOLVED FURTHER:**

Therefore, Curry Health Network partnered with the following agencies who also serve or support Curry County to perform the assessment: Oregon Coast Community Action, South Coast Head Start, Coast Community Health Center, Curry Community Health, Oregon Health Authority, Advanced Health, Advantage Dental, AllCare Health, South Coast Regional Early Learning Hub, Advanced Health Community Advisory Council, Tolowa Dee-Ni Nation.

**RESOLVED FURTHER:**

The survey feedback received represents Curry Health Network's service area population, including marginalized and vulnerable groups.

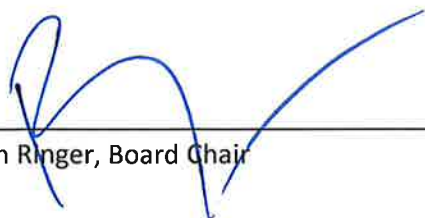
**RESOLVED FURTHER:**

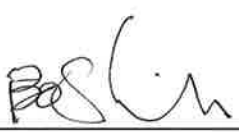
Curry Health Network agrees with the top priorities identified in the 2018 Community Health Needs Assessment, and is prioritizing addressing those needs in collaboration with the agency partners in an effort to best serve the needs of our patients with consideration of available resources.

**RESOLVED FURTHER:**

The Curry Health District Board of Directors hereby adopts the 2018 Community Health Needs Assessment.

Adopted this 27<sup>th</sup> day of June, 2018.

  
\_\_\_\_\_  
Ryan Ringer, Board Chair

 27 June 2018  
\_\_\_\_\_  
Bo Shindler, Secretary

# Curry County

Community Health Assessment 2018



# Acknowledgments

Curry Community Health Assessment Committee

Beth Barker-Hidalgo, Oregon Coast Community Action, South Coast Head Start  
Beth Beasley, Curry Community Health  
Ben Cannon, Curry Community Health  
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Jeri Lynn Thompson, Tolowa Dee-Ni Nation  
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# ***Introduction and Purpose***

The 2018 Community Health Assessment (CHA) is a view into the health status of the people that live in Curry County. The assessment process results in an increased understanding of key health issues facing the community, aids in better planning of services and helps to identify strengths and challenges to address with health care resources. The development of the assessment also engages community members by listening to their perceptions and experiences about what influences health. The process includes comprehensive data collection and analysis, working across multiple sectors and bringing many local organizations together.

2018 marks the first time all of the partners collaborated on a single health assessment, with a desire to reduce duplicity and share resources. The process of the CHA is as important and vital to the community as the document that is produced. The resulting CHA document assists organizations in planning and prioritizing efforts that ultimately improve health outcomes, the health of individuals and communities.

## ***Community Health Assessment Approach & Model***

The 2018 Community Health Assessment committee began meeting in 2017 to build a collaborative including the local hospital, the local federally qualified health center, public health, early learning and child focused groups, the local Coordinated Care Organizations (CCO), tribal representation, dental organizations and many other vital health and human service organizations. The desire to pool resources, reduce duplication of effort and meet individual requirements for health assessments drove the group to engage with a consultant to lead and facilitate the 2018 Community Health Assessment in the fall of 2017.

### ***Organization Partners in 2018 Curry Community Health Assessment***

Curry General Hospital	Advantage Dental
Oregon Coast Community Action (ORCCA)	Coast Community Health Center
Curry Health Network	Curry Community Health
Advanced Health (formerly WOA)	Tolowa Dee-Ni Nation
AllCare Health	Oregon Health Authority
South Coast Regional Early Learning Hub	

The Mobilizing for Action through Planning and Partnerships (MAPP) model was the approach chosen by the committee. The MAPP process is a national best practice. It is a community driven process that results in engagement of new stakeholders, provides a broad understanding of community health issues and helps to identify both strengths and challenges related to health in a community. Due to resources and time required for a robust MAPP process, the committee agreed upon a modified MAPP model with a time line of November 2017-April 2018.

Kickoff & Visioning  
November 2017

Secondary Data Collection  
& Analysis  
November 2017-January 2018

Community Input:  
Primary Data Collection  
December 2017-January  
2018

Data Analysis & Writing  
November 2017-February  
2018

Review & Finalize  
April 2018

The work of the CHA was completed by both the consultant and the CHA committee. The CHA committee provided leadership to the process, assisted with primary data collection including focus groups and surveys and were key in engaging community voice and input. Specific methods of data collection are outlined in the data section.

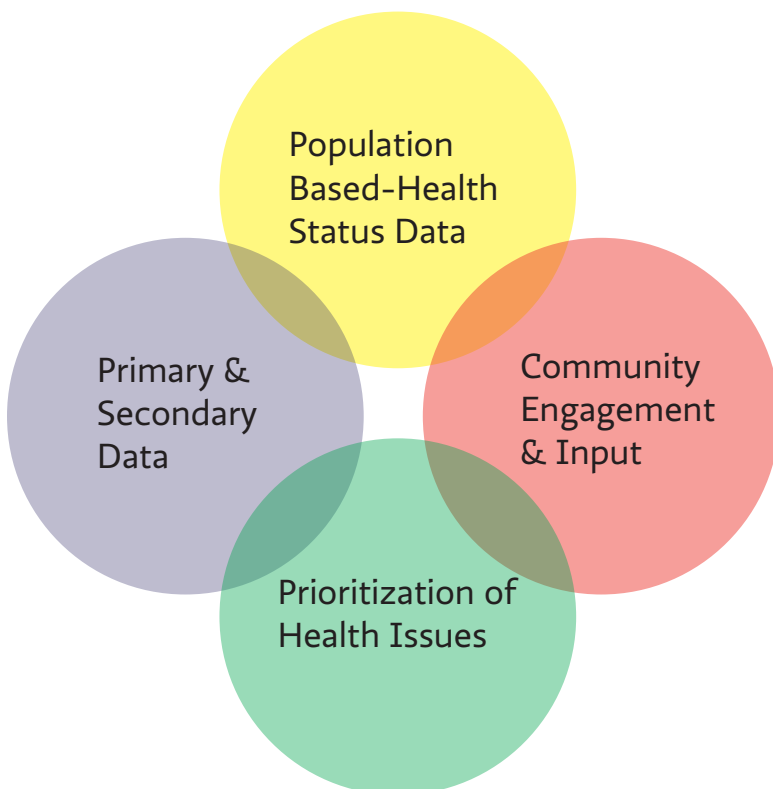
### ***Collaborative Partner Key Requirements***

Many community organizations are required to complete a health assessment. The regulatory bodies that require these assessments vary widely in their frequency, focus and requirements for assessments. They include a broad spectrum of organizations, from the IRS to the Oregon Health Authority. Although vastly different, the regulatory requirements for assessments all articulate a need for community organizations to seek to understand strengths and needs in a community to better prioritize health efforts and services.

There are many requirements that are shared across all entities that are required to go through a community health assessment process.

These include having a balance of types of data, community engagement and input, population based health status data and some level of prioritization of health issues in the community.

### ***Overlapping Key Requirements for Community Health Assessments***



## Plans and Processes Requiring Community Health Assessments

### CHNA



Community Health Needs Assessment

Required by IRS

Focus is to identify and assess access and needs of community the hospital is serving.

Documentation must include written report.

See Patient Protection and Affordable Care Act requirements for 501(c)3 hospitals.

Led by hospital

Every 3 years

### CCO



Coordinated Care Organization

Required by Oregon Health Authority

Purpose is to assess entire community served by CCO, not just Medicaid population. Tied to responsibility of CCO in creating the Triple Aim: Better care, better health and reduced costs.

Led by CCO, with CAC involvement.

Proposed to be every 3 years

### Public Health Accreditation



Collaborative process resulting in a comprehensive community health assessment.

Led by County Public Health with collaborative partners

Every 5 years

### Other



Other includes Federally Qualified Health Centers (FQHCs), Head Start, Early Learning Hubs, Tribal Health Centers

Various time lines/frequency/requirements and population focus

## Vision & Values of Community Health Assessment Process

One of the first processes in the MAPP process is to have the committee discuss their vision for a healthy community and the values related to assessing and planning for that vision.

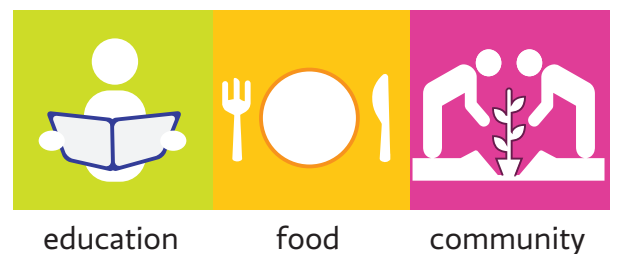
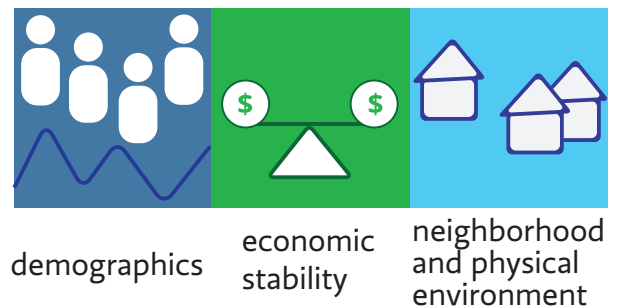
- We believe health is very connected to the social determinants of health such as education, employment, housing and food
- We believe in building on our strengths, not only looking at barriers and needs in our assessment process
- We believe it is important to focus on health equity and address inequities data when we are able to while also remembering our rural county has inequities to urban counties in the state
- We believe there is value in building on previous assessment work while not duplicating effort
- We recognize that this assessment cannot focus on all things related to health but it does identify areas we can impact
- We believe that the process we go through engages consumers of health services and incorporates the voices of those we serve
- We believe addressing poverty as a root cause of poor health is important
- We believe reducing child abuse and chronic stress in families improves health

### Social Determinants of Health & Health Equity Framework

The CHA committee recognizes that multiple factors in a community impact the health of individuals, families and communities. These are often called the Social Determinants of Health. The term Social Determinants of Health is defined by the World Health Organization as “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources.” The social determinants of health influence health inequities. Health inequities are the avoidable, unfair and unjust differences in health status seen within and between individuals and communities.

The traditional way to approach health assessments and health improvement was to focus on status, outcomes and health care services. More recent research and practice has expanded that perspective, to recognize that health is more than health care, more than just what happens at the doctor’s office.

### Social Determinants of Health



Health care itself is an important influence on health, but socioeconomic factors, our physical environment and our individual behaviors also greatly influence our health.

Many community health models suggest that up to 40% of the health in the community is related to socioeconomic factors.

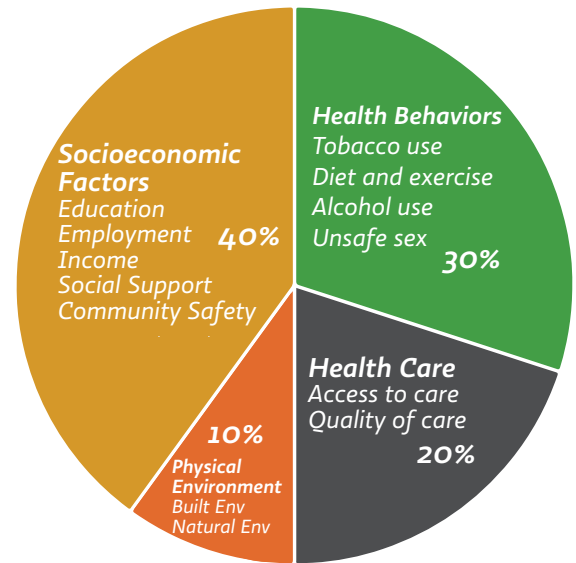
### **Types of Data, Data Collection, Data Sources and Limitations**

Data used in the community health assessment included primary and **secondary data**, qualitative and quantitative data. **Secondary data** is data collected by another organization or group. Examples are rates of morbidity and mortality from Oregon Health Authority or demographic data from the US Census. Secondary data at the county level was used most often, but when available and reliable zip code and/or census tract data was available it was highlighted. Newer data was valued over older data, although some sources were older by necessity as the data is no longer being tracked or isn't available in newer years and illustrates an important point about health status. Due to small population numbers in some areas of the county, multiple years were sometimes grouped together emphasizing trends over time instead of one-year snapshots on some data points, an important consideration for rural community assessments.

**Primary data** collection was collected by focus groups and surveys. Details of the primary data collection methodology and results can be viewed in the Appendix.

The Community Health Assessment has limitations, it is not meant to cover every possible factor that influences health, or every possible health related data point being tracked. It is not meant to be a complete list of all community health needs or health data. It relies heavily on other secondary data assessments and there are notable gaps in readily available local, county and national data. The CHA is not a rigorous research study or a process designed to evaluate the efficacy of services or community organizations. It is intended to provide a macro view of community data, help to identify strengths, assets and challenges and engage community in the process of addressing inequities and improving overall community health. Lastly, the CHA document is intended to be built on and added to over the years, complimenting other assessments and not standing alone.

### **What affects health worldwide?**



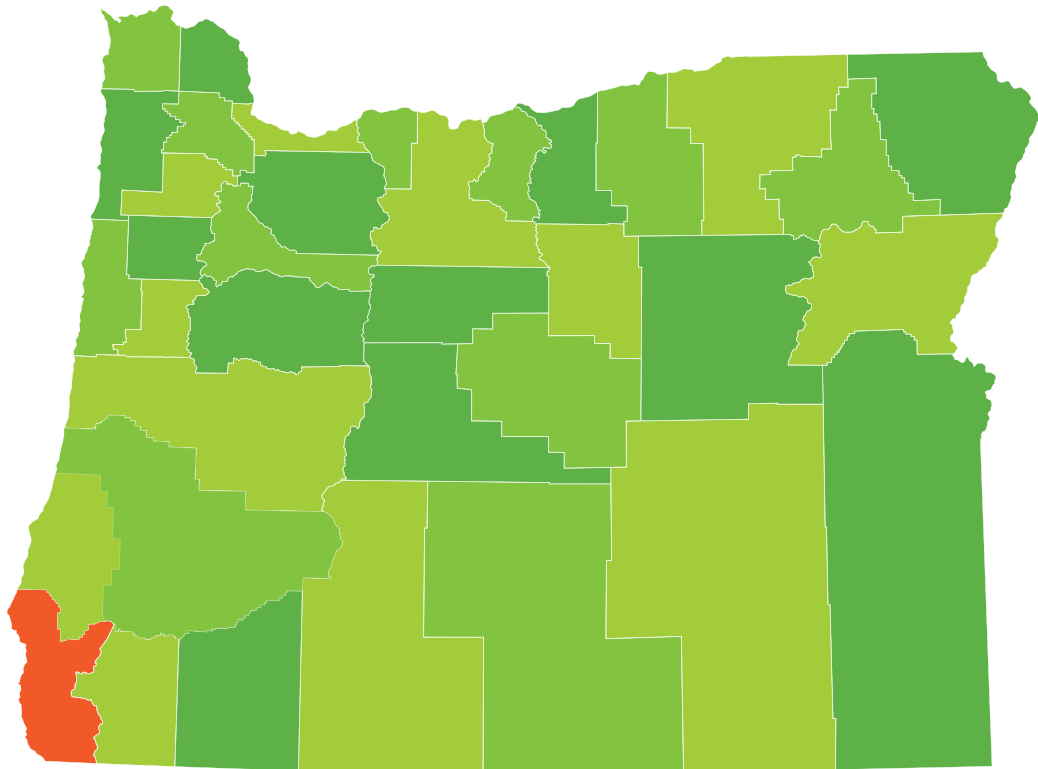
Source: County Health Rankings and Roadmap, Robert Wood Johnson



# ***Demographics***

## ***Introduction to Curry County***

Curry County is a rural county located along the Pacific Coast in the Southwest corner of Oregon. Its boundaries include the Pacific Ocean on the West, California on the South, Coos County to the North and Josephine County on the West. The County was recognized as a county in 1855 and is the 25th most populated county (out of 36) in the state.

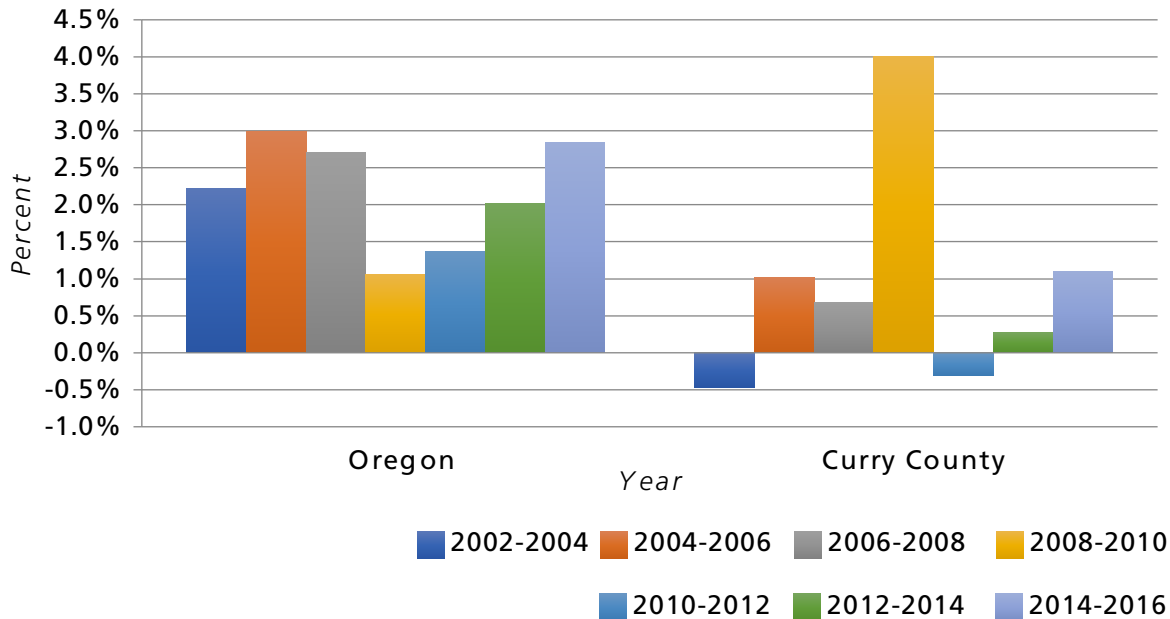


The county has an approximate population of 22,600 residents, encompassing 1648 square miles of land. The rugged mountainous terrain includes hundreds of lakes, rivers and streams stretching from mountains, through the Redwoods and to the Pacific Ocean. There are many unincorporated and isolated rural communities, presenting challenges for transportation and access to services. The three incorporated cities include Brookings, Gold Beach and Port Orford. The entire county is designated as rural, by the Oregon Office of Rural Health.

## Population Growth & Characteristics

Curry County, like many other rural counties has witnessed a slower population growth than the state over the last several decades. Curry County did see a significant influx of residents in 2008-2010 but then the rate of change dipped and slowed beginning in 2010.

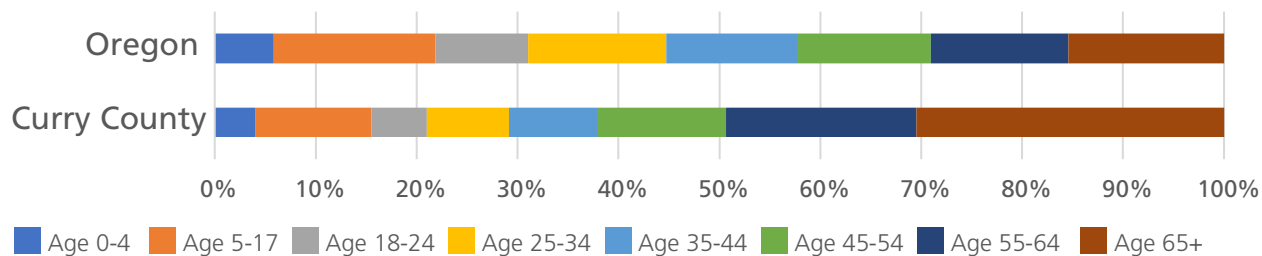
### Rate of population change, 2002-2016, Curry County



Source: PSU Population Research Center Annual Population Report

The median age of residents in Curry County is 55 years old, much older than the state median age of 39 years old. Curry County has an older population than the rest of the state, with the percentage of those over 60 years of age steadily increasing and accounting for a larger percentage of overall population. According to census estimates, 30% of the county population was over 65 years of age in 2015. The percentage of those over 60 years old is expected to increase to close to 40% by 2030. Also notable is that only 16% of the population is less than 17 years old compared to 21% in Oregon.

### Age distribution, 2011-2015 Curry County and Oregon



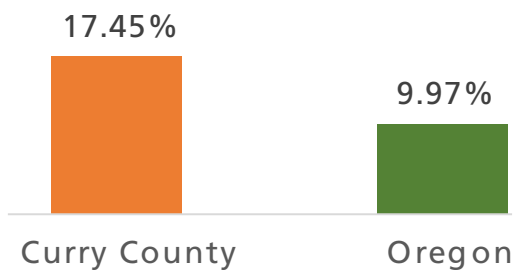
Source: US Census Bureau, American Community Survey 2011-2015

***“We have retirees that need lots of assorted medical care, several types of which are not available locally.” —Survey Participant***

According to 2015 census estimates, there are more White residents in Curry County, than any other race or ethnicity, accounting for 87.5% of the population. The remainder of the population self-identifies as 6.29% Hispanic, 3.31% Multi-racial, 1.91% Native American, .55% Asian.

**Non-English language speakers** average around 4.55% of the total Curry population, considerably lower than the State and National averages which hover around 21%. Spanish is the most common non-English language spoken, 2.83% of the total population of Curry County are native Spanish speakers.

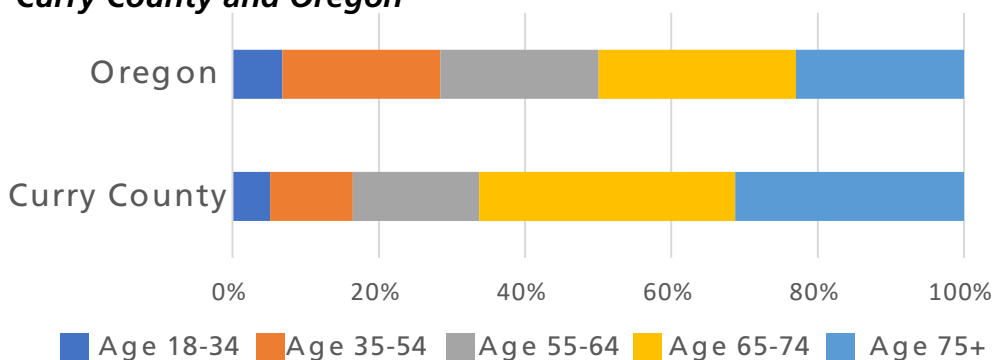
***Veterans, 2011-2015 Curry County and Oregon***



Source: US Census Bureau, American Community Survey 2011-15

Curry County has a large population of **veterans**, close to double the state average. The veterans in Curry County are also older. The majority of Veterans in Curry county served in Vietnam, 3.13 times greater than any other conflict (Data USA 2018).

***Veteran community by age, 2011-15  
Curry County and Oregon***

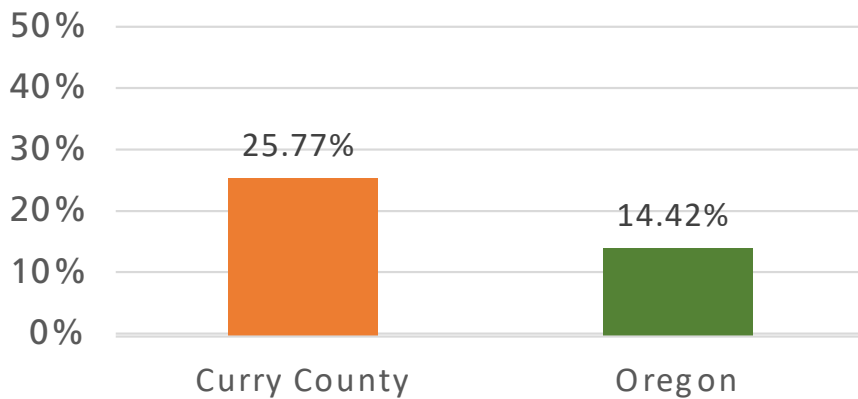


Source: US Census Bureau, American Community Survey 2011-15

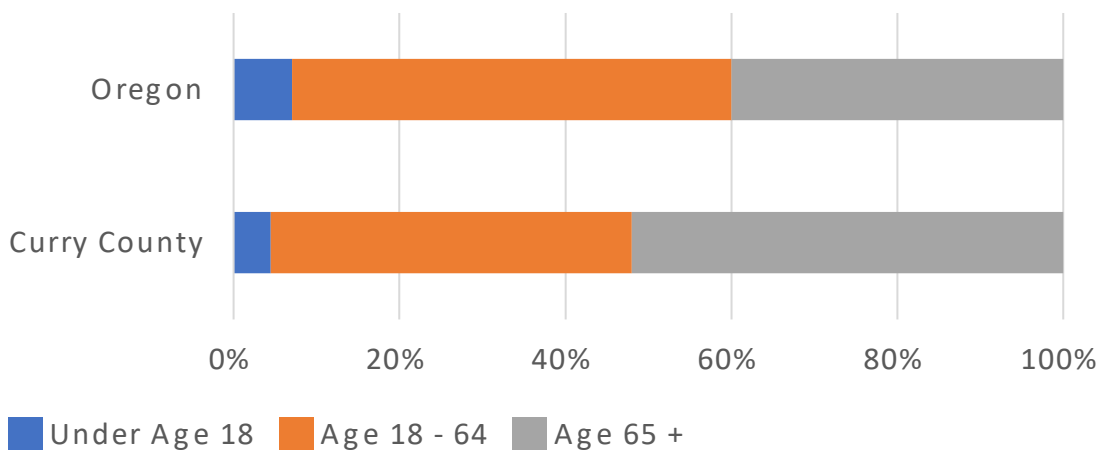
Curry County also has a higher percentage of people with **disabilities** than the state average. Many of those with disabilities are 65 or older in the county.

*“Curry County has more disabled people than we realize, including veterans with PTSD and hyper-vigilance.” —Focus Group Participant*

### **Disabilities, 2011-2015 Curry County and Oregon**



### **Disability by age, 2011-2015 Curry County and Oregon**



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

## Indicators

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percent/percentages.

### Key

↑ =higher (than State)

↓ =lower (than State)

## Demographic

<i>Indicator</i>	<i>Findings</i> (Curry County vs. Oregon)
<i>Population</i>	Overall growth ↓
<i>Race &amp; Ethnicity</i>	Percent Hispanic or Latino ↓ Percent Native American ↓
<i>Spanish Speakers</i>	Decreasing percent of Spanish speakers ↓
<i>Age</i>	Percent population 55 and older ↑ Percent under 18 years old ↓ Percent families with children ↓
<i>Veterans</i>	Percent veterans, mostly men ↑
<i>Disability</i>	Percent disability ↑ Percent over age 65 with disability ↑





# ***Neighborhood and Physical Environment***

Physical environment is one important social determinant of health. Where somebody lives and how they move around from place to place to access basic services such as grocery stores, health care and work greatly influences health. Physical environment such as indoor and outdoor air quality also affects health outcomes. Exposure to environmental toxins and other hazards such as lead influence health conditions. Opportunities for physical recreation, either built or natural, affects health behavior.

Outdoor air quality is a **strength** in Curry County, consistently better than state and national air quality. The wildfire season in 2017 was particularly damaging and affected the air quality, but up until then, the particulate matter in the air was significantly lower than National Ambient Air Quality standards. Physical environment, including air quality and recreational opportunities, was overwhelming chosen as the biggest strength of the county, by participants in the 2018 CHA surveys and focus groups.

*“Quality of air we breath, most especially during the fire season and how many of us in the community suffered and still are from the damaging effects of the poor air quality we breathed in during two months from the now historic Chetco Bar Fire in 2017.” —Survey Participant*

*“Having just moved here, I would say air quality, location, general environment is a strength, meaning it isn’t like Los Angeles.” —Focus Group Participant*

Indoor air quality data is difficult to gather in the county, but many focus group and survey participants mentioned it as being poor in the county.

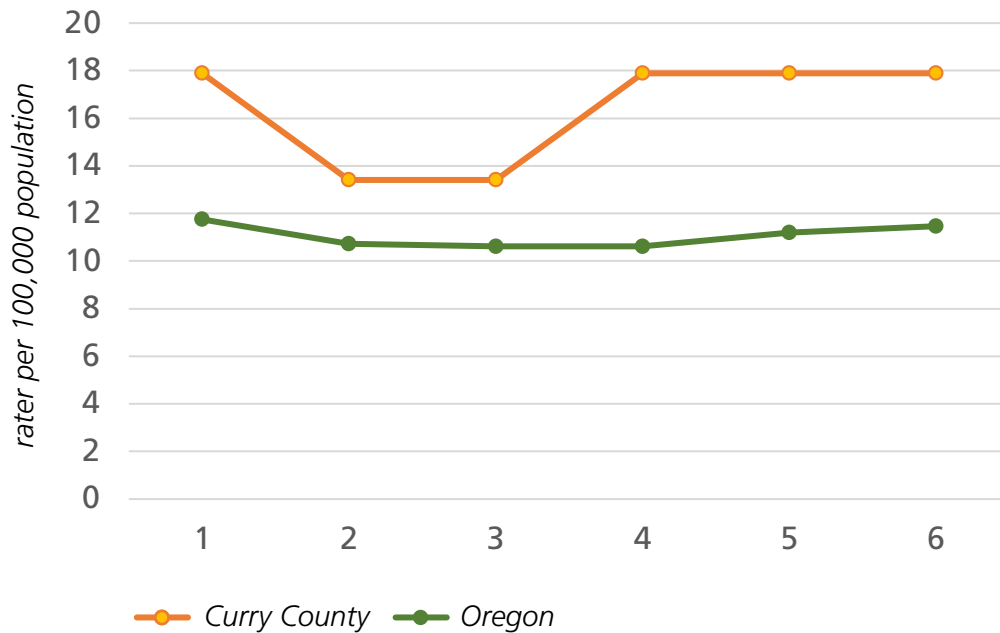
*“Quite a few houses have mold issues and are in general need of repair.” —Focus Group Participant*

Natural outdoor recreation opportunities are many in the county. According to available online data, there are 40 parks in the county. There are also multiple trails for hiking, biking and recreation and dozens of beaches, lakes, forests and streams (Oregon Hometown locator). The weather can impact outdoor recreation while access to built walking and running paths are

limited in the county.

*“We don’t have much indoor walking during rainy season or indoor swimming pool, we need both I think.” —Survey Participant*

### **Recreation and fitness facilities, 2010-2015 Curry County and Oregon**



Source: US Census Bureau, County Business Patterns

There are limited built environment recreation opportunities, including limited walking and bike lanes, sidewalks and established gym facilities. The rate of establishments is higher than the state average but the number of establishments is still low at four total facilities in the entire county.

## **Housing**

Where people live is core to quality of life. Housing **availability and quality** is a well-established social determinant of health. Household quality problems such as overcrowding, incomplete kitchen or plumbing facilities and cost burden are experienced by 39% of the population in Curry County, higher than the State average (US Census Bureau, American Community Survey 2011-2015).

Household **costs** are related to availability. 35% of households in Curry County (estimated 3,971 households) are cost burdened, meaning their rent or mortgage exceed 30% of their household income, this is higher than state levels. According to the recent Brookings Housing Needs Assessment (October 2017), the majority of the households (in Brookings) that are cost burdened have an annual income between \$20,000-35,000, making a strong case for more affordable housing options and rentals. Availability of housing was second only to poverty in the biggest concern for focus group and survey participants of the 2018 CHA process.

***“HUGE lack of affordable housing for the working class just adds to our problems. Even making above minimum wage a person/family has to pay a large percentage of their income just to have a roof over their head, that is often sub-par and leaves them with little to meet other requirements of living in our society. In this community one is LUCKY to find something that is under 50% of your income, this is outrageous and sets our community up for failure in the long run.”—Survey Participant***

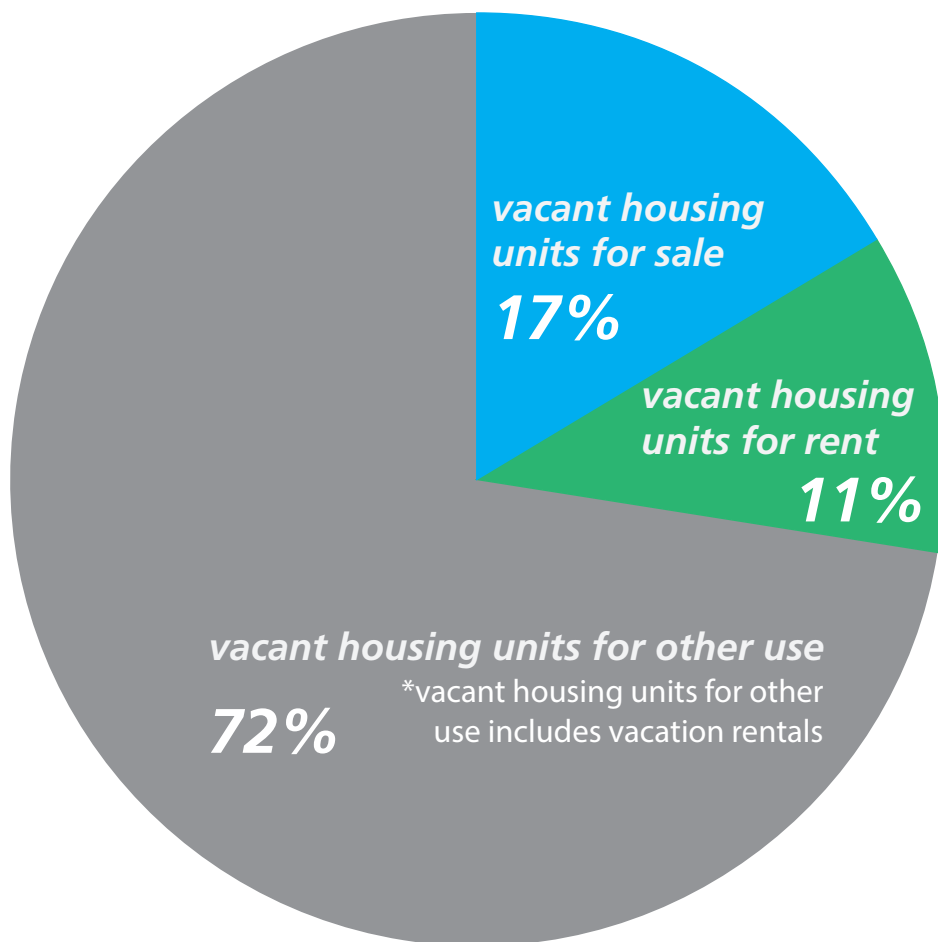
***“Too much planning efforts for expensive housing and not enough in affordable, family housing.” —Survey Participant***

***“We can’t attract people to fill positions because there is no housing, we need more affordable housing inventory.” —Focus Group Participant***

The median value of homes has decreased in the county since 2006. Curry County also has higher percentages of housing dedicated to seasonal or recreational use, close to 50% of vacant housing is used for seasonal, recreational or occasional use. The 2017 Brookings Housing Needs Assessment also listed that in Brookings, 49.8% of vacant housing is seasonal or recreational use in 2010, climbing to an estimated 61.1% in 2017 and projected to be 70% in Brookings alone by 2025, showing an increasing trend.

***“Housing is limited. Some of its from vacation housing, making rent too high or not even available. Its why we have so many mobile homes here.” —Focus Group Participant***

**Vacant housing units by housing market classification  
2011-2015 Curry County**



Source: US Census Bureau, American Community Survey

Housing affordability and availability was consistently listed as a concern related to recruitment of professionals to the area, specifically in the health care and education industries.

*"I've come here from California, I can get a nice house way cheaper here but I can't find a place to rent while I shop. Affects doctors and teachers, I had a week to find a house when I moved here for a job and settled for something I'm not happy in." —Focus Group Participant*

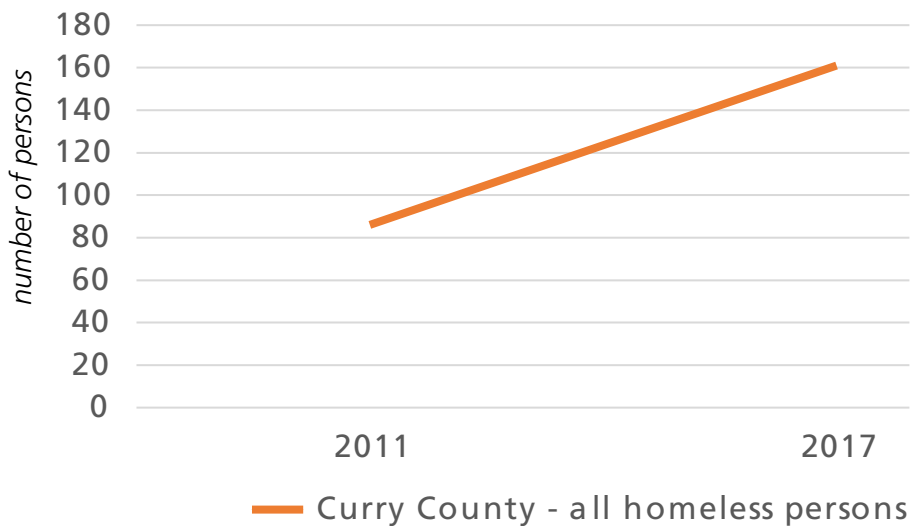
## Homelessness

People experiencing homelessness, defined by anyone who lacks a fixed, regular and adequate nighttime residence, was listed as a significant concern in the 2018 CHA primary data focus groups and surveys. The number of homeless adults is increasing according to the annual point in time count.

The number of homeless students is also increasing and trending up county wide and in most districts. Homelessness in youth can include those without a permanent home but also includes those doubled up or “couch surfing.”

*“We see more grandparents living with their kids and their kids’ kids or single parents going to live with other families. It affects large swaths of youth that don’t have a bed or a regular room of their own.” —Focus Group Participant*

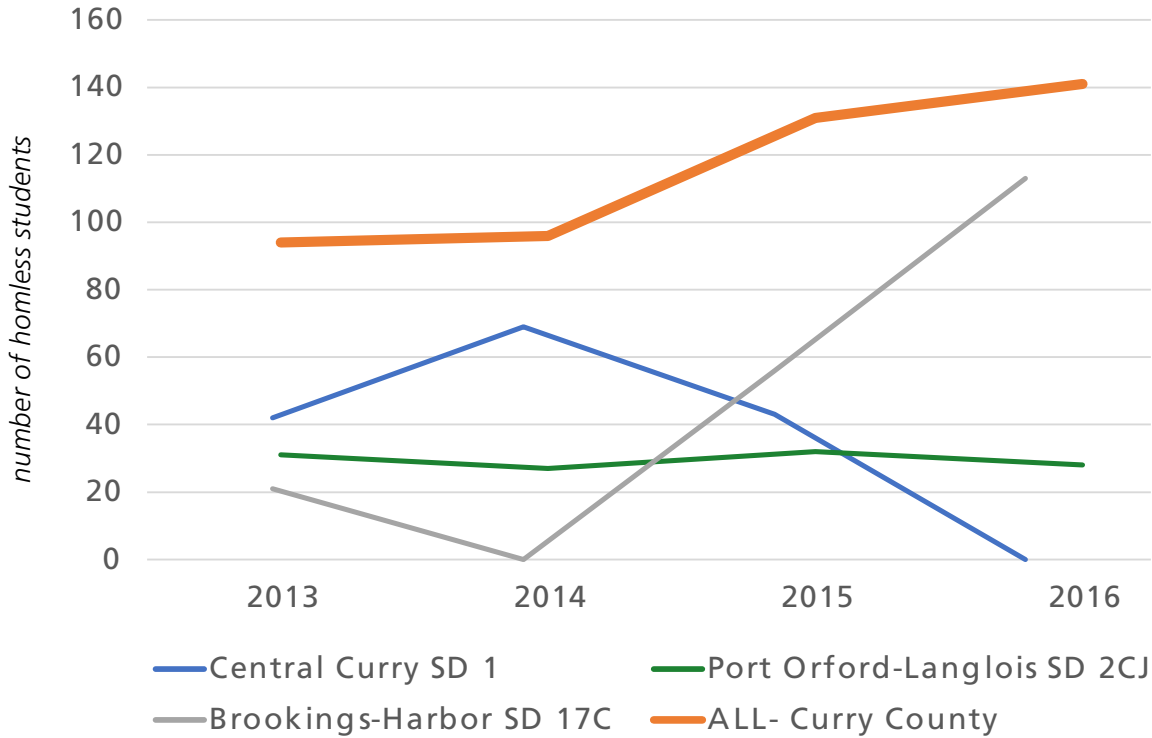
**Homeless count, 2011-2016  
Curry County**



Source: Oregon Housing and Community Services 2011-2017

***“Homelessness has increased, we have couch surfers that don’t learn the skills they used to in school.” —Focus Group Participant***

**Homeless students (K-12) by district, 2013-2016  
Curry County**



Source: Oregon Department of Education

## **Transportation**

Limited public transit and the geographical distance and terrain affects transportation to work, school and health care, particularly for those with limited resources. According to US Census estimates, 85.5% of workers drive to work (2015), 0% used public transit, slightly over 8% walked in Curry County. Transportation, particularly to medical appointments was a consistent issue brought up in both focus groups and by survey participants.

***“Transportation is a problem, some people don’t have a car or reliable car or they can’t afford gas.” —Focus Group Participant***

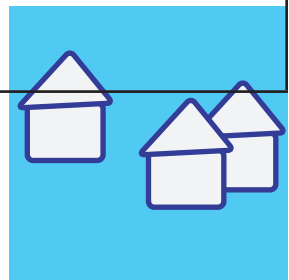
***“Transportation is limited, most transportation here is special support from friends, if you don’t have friends you don’t get transportation.”—Focus Group Participant***

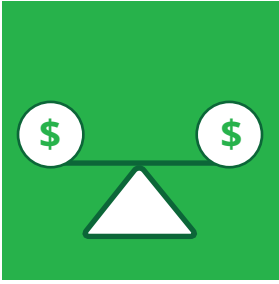
# Indicators

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percent/percentages.

**Key**  
 ↑ =higher (than State)  
 ↓ =lower (than State)

<i>Neighborhood and Physical Environment</i>	
<i>Indicator</i>	<i>Findings (Curry County vs. Oregon)</i>
<i>Housing Availability</i>	Vacant housing dedicated to recreational/vacation or occasional use ↑
<i>Housing Costs</i>	Cost burdened households in rentals & homes with mortgages ↑ Median value of a house since 2006 ↓
<i>Housing Quality and Type</i>	Severe household problems ↑
<i>Homelessness</i>	Homeless students by district trending up ↑ Homeless adults trending up ↑
<i>Air Quality</i>	Outdoor air quality ↑
<i>Recreation and Fitness</i>	Recreational facilities ↑



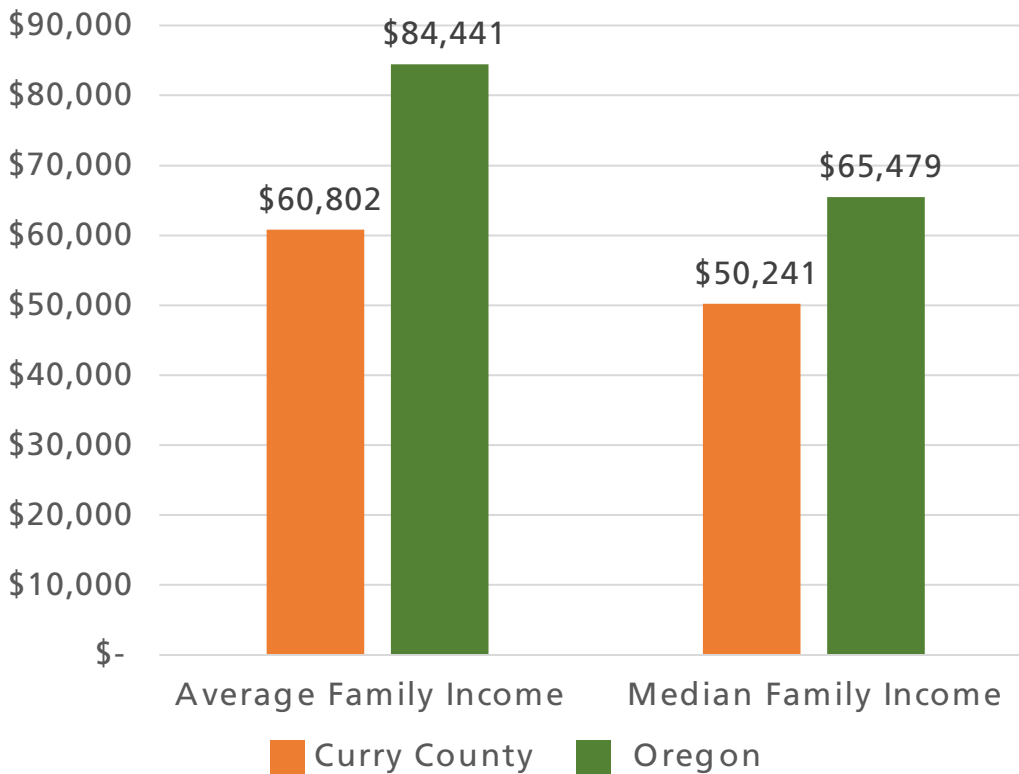


# Economic Stability

## Income

Economic stability is a social determinant of health and it includes issues such as poverty, income, employment and unemployment. Income and income inequality is directly linked to an individual's health. Income inequality has been shown to have health impacts including increased risk for poor health and increased risk of death. The average and median incomes in Curry County are lower than state levels. Poverty levels are increased in the County, compared to state and national percentages.

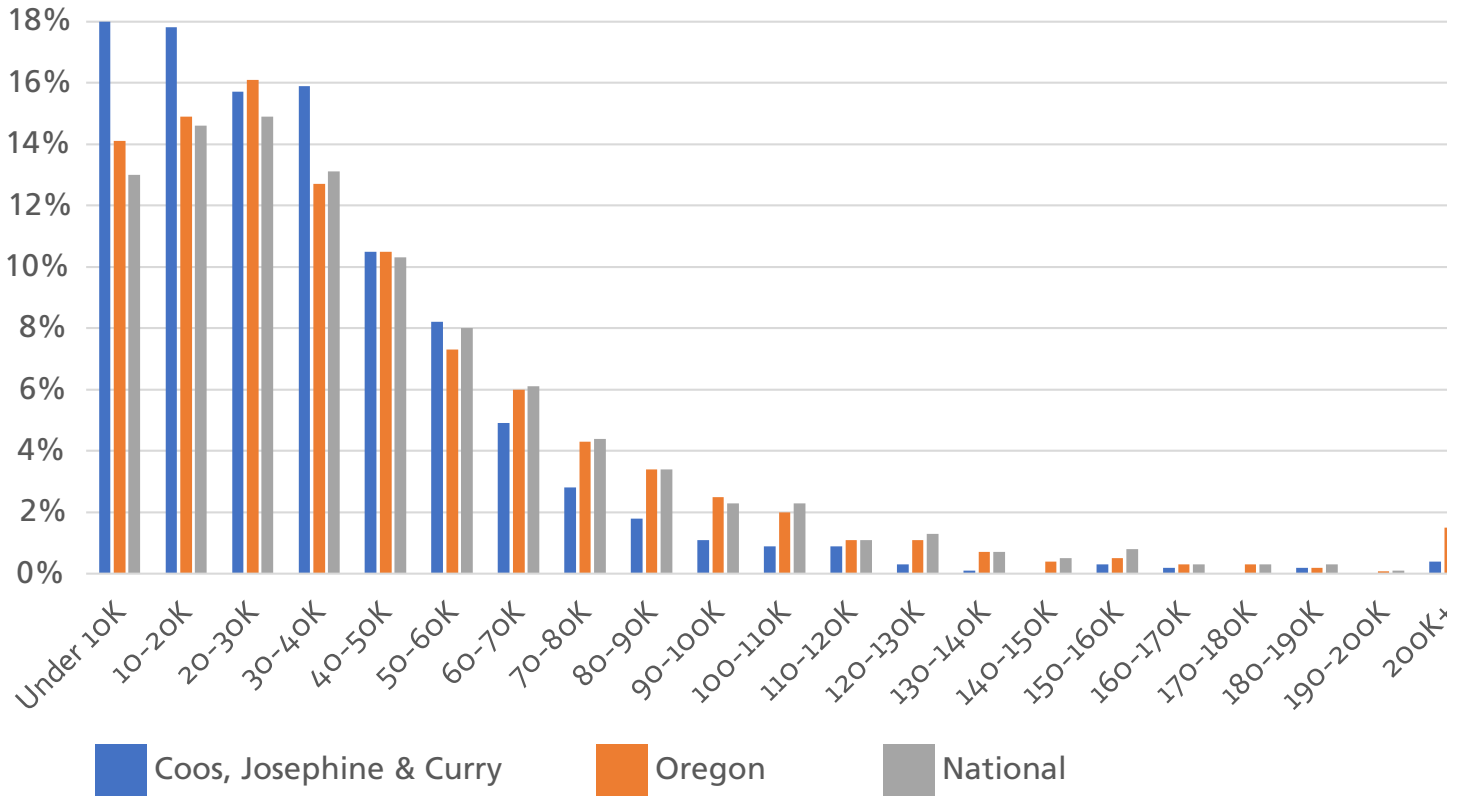
**Annual family income,  
2012-2016 Curry County and Oregon**



Source: US Census Bureau

When compared to state and national wages, the county has more of its jobs in the lower wage categories, most in the under \$40,000 annual salary.

## Distribution of various wage buckets, 2015 Regional, Oregon, National

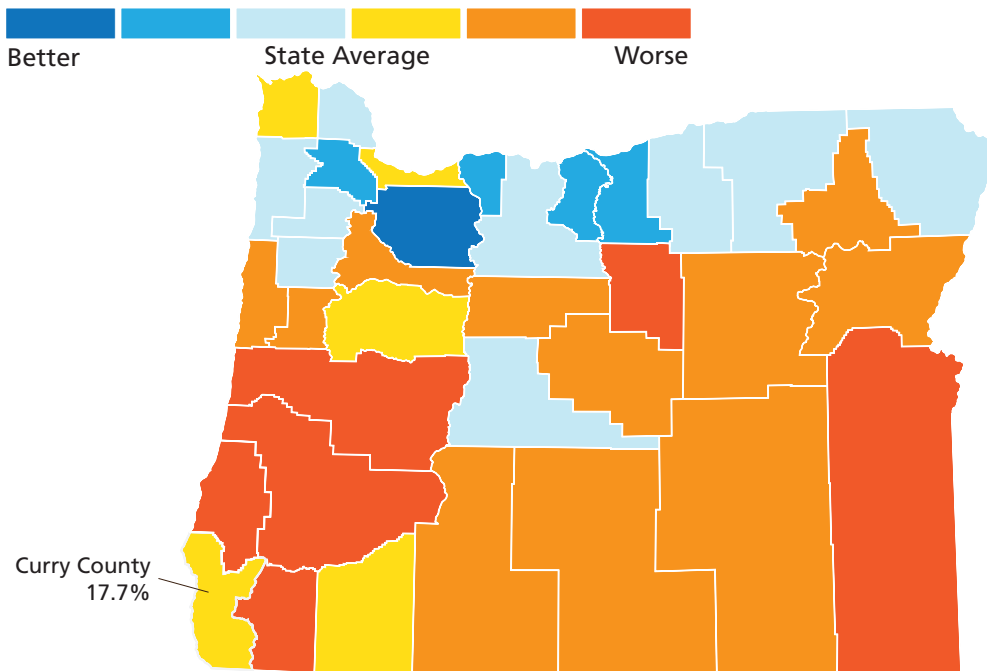


Source: American Community Survey PUMS 1-Year Estimate

## Poverty

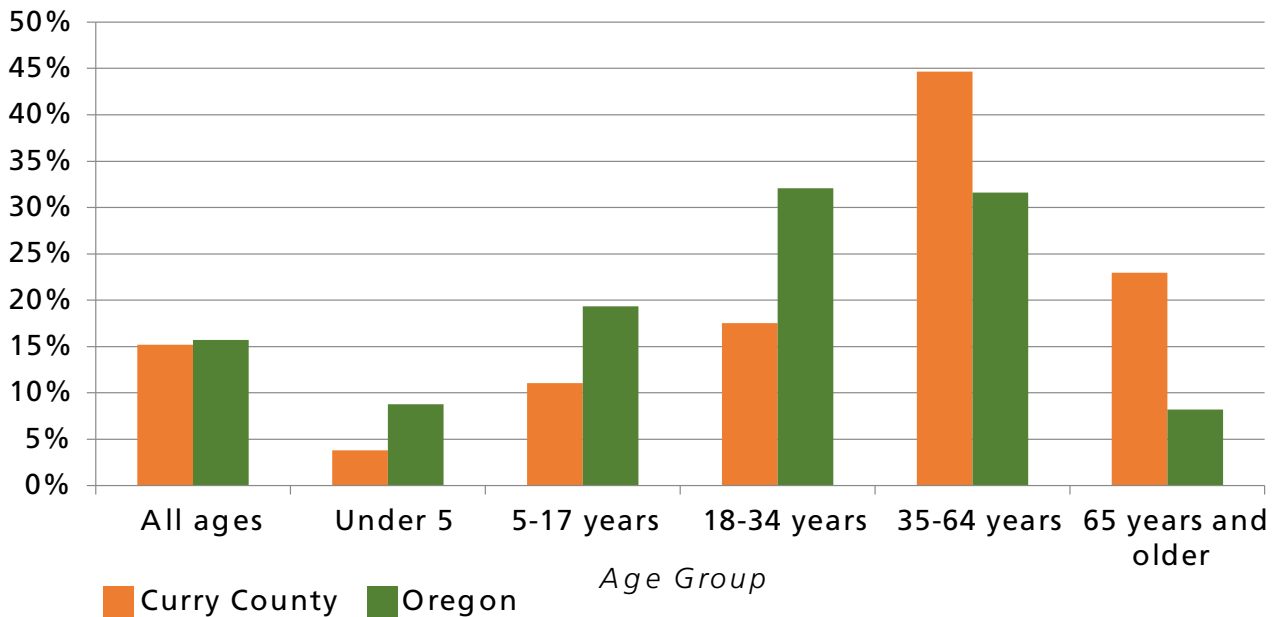
The percentage of the population living in poverty in the county ranges 17-18% depending on source.

### Poverty in Oregon



Poverty affects those in older age categories disproportionately in Curry County, compared to state averages. Those over 64 years of age are over twice as likely to be living in poverty than people of the same ages statewide. Furthermore, women are more likely than men to be living in poverty in Curry County. 48.5% of children under 18 live below 200% of the federal poverty level in the county, according to 2011-2015 census estimates.

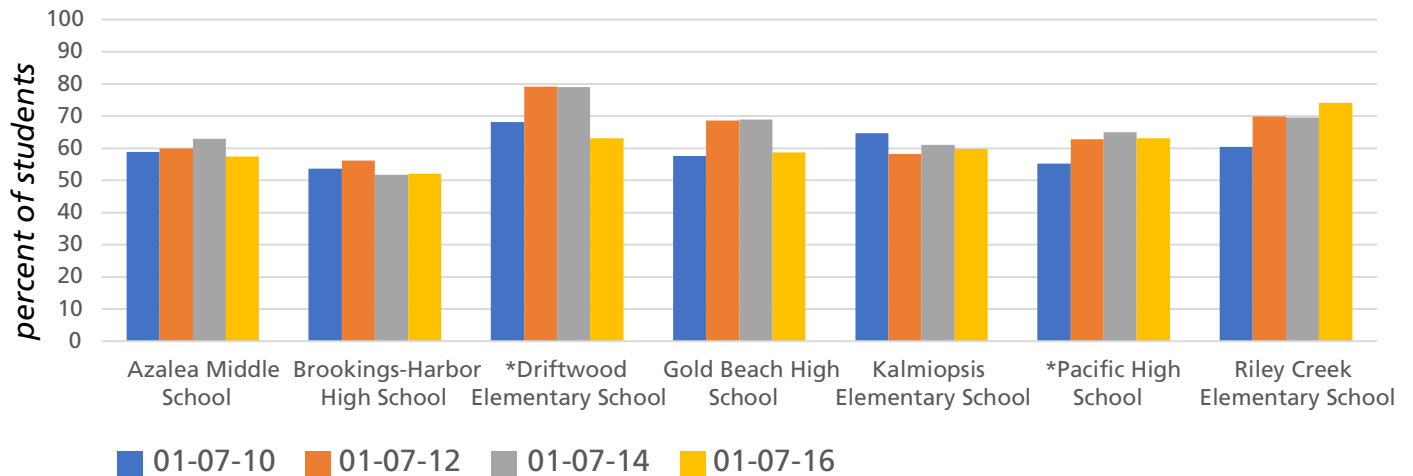
**Poverty level by age  
Curry County and Oregon, 2012-2016**



Source: U.S. Census Bureau

Another indicator of poverty includes children who are eligible for free or reduced lunches at school. In Curry County, 60% of children are eligible, more than the state average (51%) and higher than neighboring Coos county.

### ***Students receiving free and reduced lunch select schools in Curry County, 2010-2016***

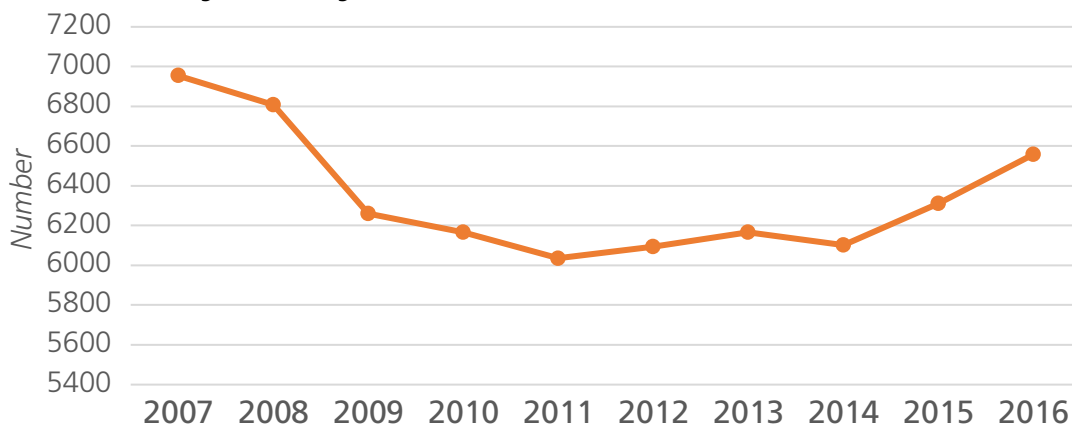


Source: Oregon Department of Education

### ***Employment and unemployment***

Employment and annual census of employees has been trending up in Curry County since 2014, a trend consistent across the region.

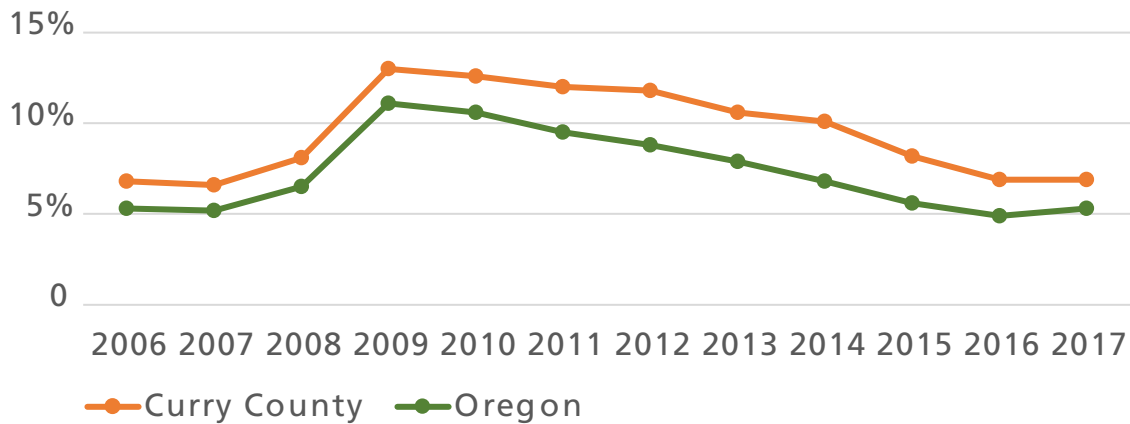
### ***Annual census of employees, 2007-2016 Curry County***



Source: US Bureau of Labor Statistics

Unemployment remains higher than the state average but has been trending down since 2009, a positive trend. Unemployment in Curry County in 2017 was 6.9%.

**Unemployment, 2006-2017  
Curry County and Oregon**



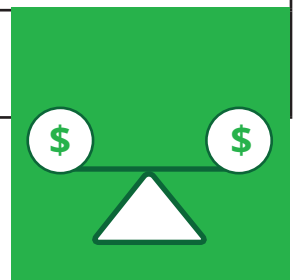
Source: US Bureau of Labor Statistics

**Indicators**

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percentage/percentages.

**Key**  
 ↑ =higher (than State)  
 ↓ =lower (than State)

<i>Economic Stability</i>	
<i>Indicator</i>	<i>Findings (Curry County vs. Oregon)</i>
<i>Income</i>	Income ↓ Individuals with lower wage jobs ↑
<i>Living in poverty</i>	Living in poverty ↑ Living in poverty over 65 years of age ↑ Children live at or below 200% Federal Poverty Level ↑
<i>Free and Reduced-price lunches</i>	Students qualifying for free and reduced lunch ↑
<i>Unemployment</i>	Percentage unemployed ↑





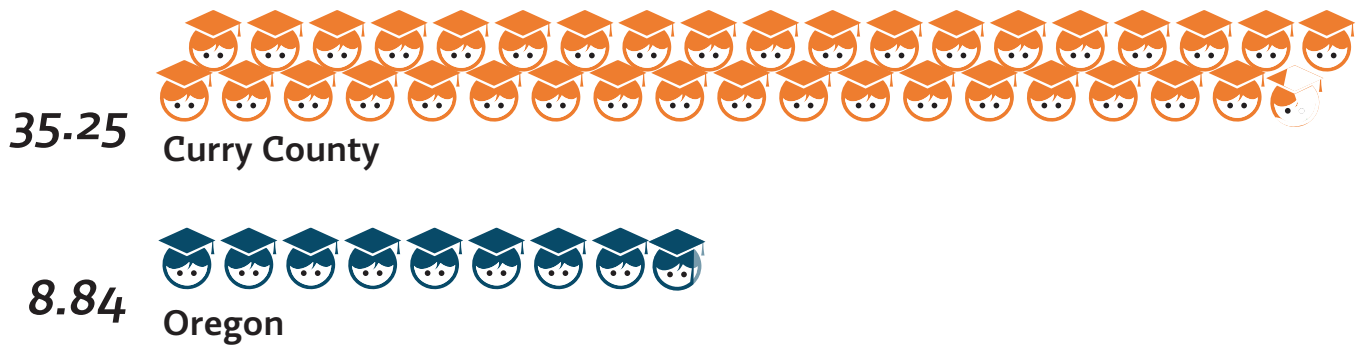
# Education

Education is an important social determinant of health, as education increases a person’s overall health also often increases. More education has been shown to be linked to longer life and increased income, while lower education attainment can be linked with poor health, higher levels of crime, unemployment and increased stress.

## Children and Early Learning

Children in Curry County have benefited from early learning programs like Head Start. The rate of students enrolled in Head Start is significantly higher than state averages, a clear strength of the community.

**Students in Head Start 2014  
(per 10,000 children)**



Kindergarten assessment scores are close to state averages, with Hispanic children scoring slightly better than state scores in Curry County.

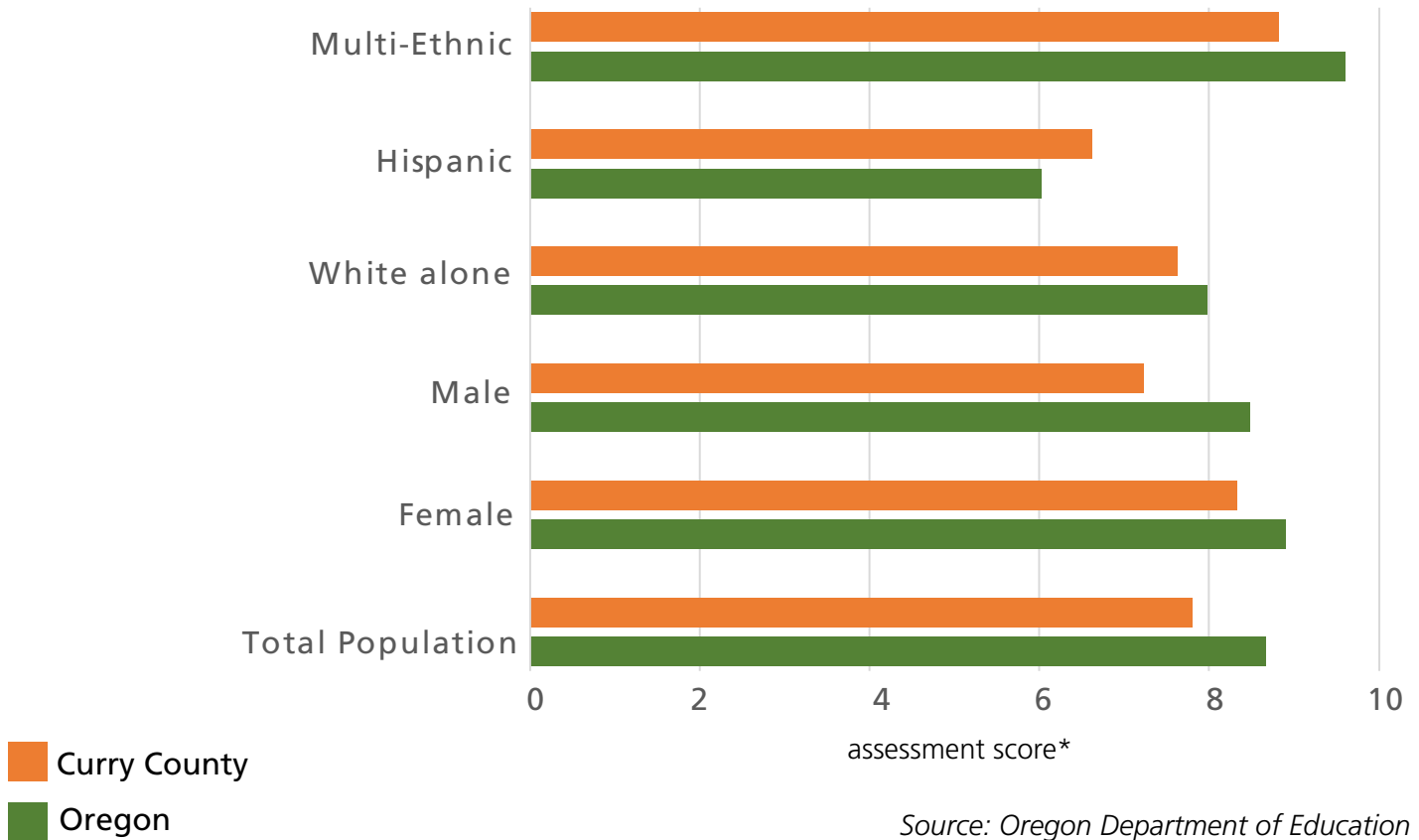
***“Healthy communities have support and recognition and focus on children. They are our future.”—Survey Participant***

Childcare availability was listed as a concern in the 2018 CHA focus groups. Data from the National Data System for Child Care showed 20 providers registered in Curry County, but only 15 choosing to be listed. All of the providers listed are in Brookings with the exception of one in Langlois and one in Gold Beach.

***“We need more accessible, safe child care and activities, safe bike paths, being able to not stress about where my kids are and if they are safe while you are at work.” -Focus Group Participant***

*“We have a childcare issue limiting families from being able to find jobs and stick with them, leading to decreased basic needs for the families.” -Survey Participant*

**Kindergarten assessment scores, 2016-2017  
Curry County and Oregon**

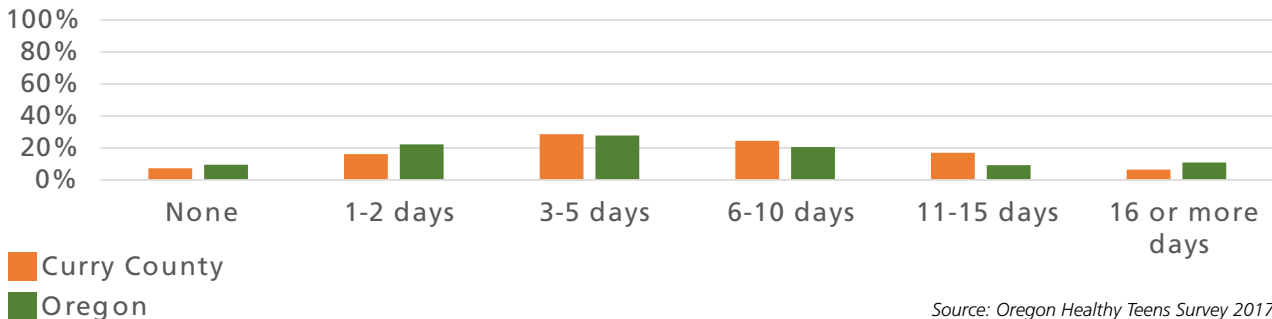


Source: Oregon Department of Education  
\*assessment score on a 0-10 scale

**Absenteeism, Graduation & Education Attainment**

Absenteeism in school is an indicator related to education. Curry County has higher percentages of absenteeism in 8th and 11th graders, with physical reasons being listed as the highest reason for absenteeism. One in four 8th graders missed between 3-10 days of school in 2017.

**Absenteeism in 8<sup>th</sup> graders, 2017  
Curry County and Oregon**

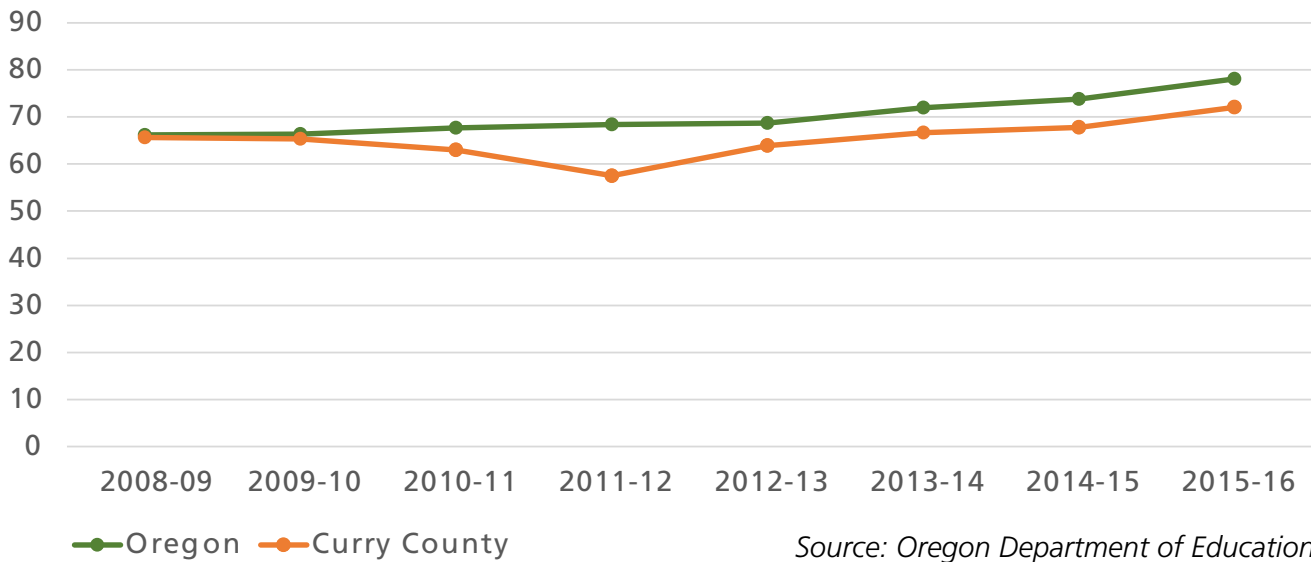


Source: Oregon Healthy Teens Survey 2017

***“We have a low graduate rate, knowledge deficit and hopeless about.” —Focus Group Participant***

High school graduation has been slightly lower in Curry County than Oregon since 2011 similar to neighboring Coos County. Latest available data shows 72.6% of ninth graders graduated from high school in their cohort (4 years later) in 2015-16.

***4 year cohort graduation rates, 2008-2016  
Curry County and Oregon***

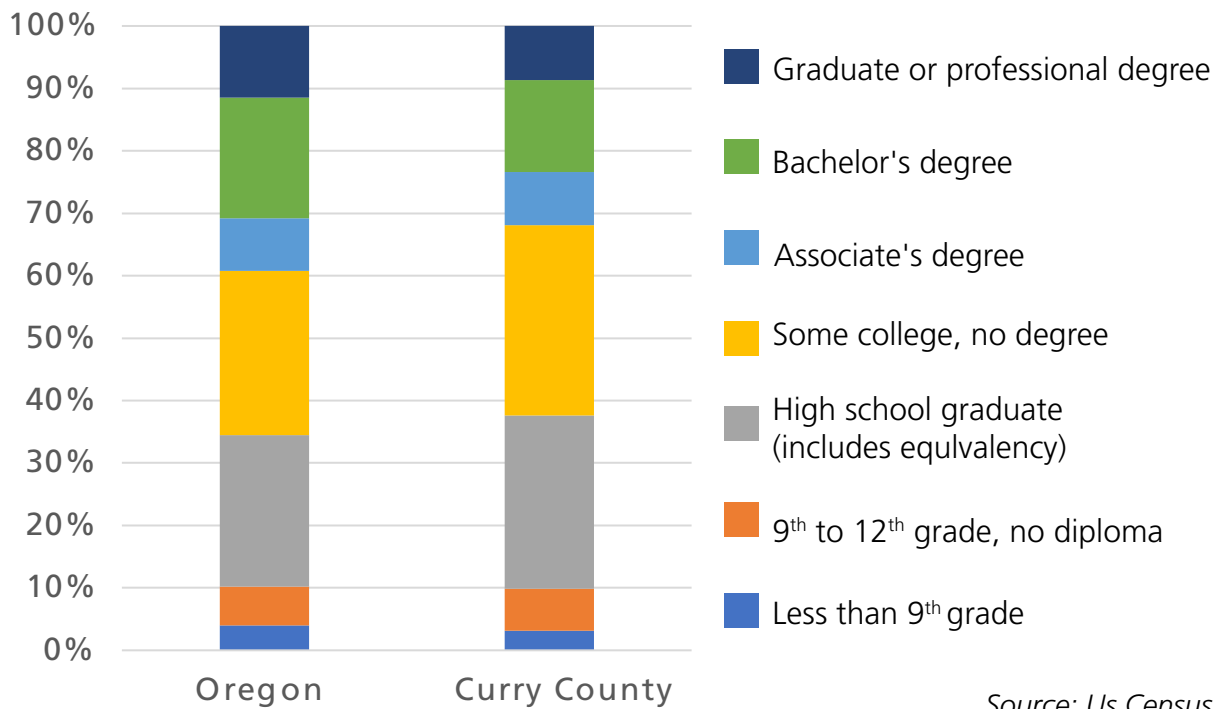


***“We have a low emphasis on education.” —Focus Group Participant***

When compared to the state, Curry has fewer people with bachelors, graduate or professional degrees than state averages.

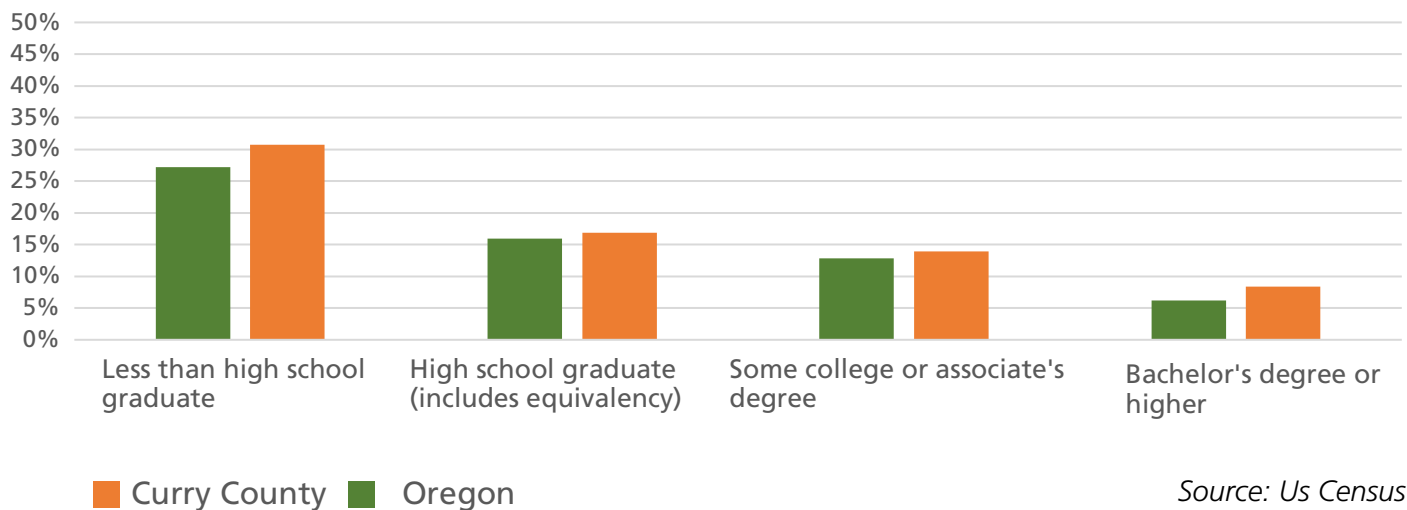
***“With loss of logging and fishing industry its been hard. We used to have 400 kids in high school, now there are only about 100.” —Survey Participant***

## Educational attainment 2011-2015 Curry County and Oregon



People in Curry County with less educational attainment are more likely to be living in poverty.

## Poverty status by educational attainment, 2011-2015 Curry County and Oregon



## Indicators

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percentage/percentages.

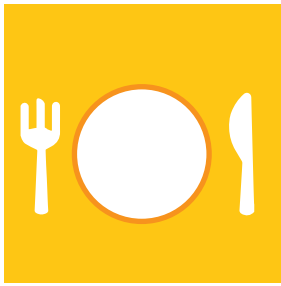
### Key

↑ =higher (than State)

↓ =lower (than State)

<i>Education</i>	
<i>Indicator</i>	<i>Findings</i> (Curry County vs. Oregon)
<i>Early Childhood</i>	Students in Head Start ↑
<i>Graduation Rates</i>	Graduation ↓
<i>Educational Attainment</i>	People with bachelors or advanced degrees ↓ Percentage of high school graduates living in poverty ↑



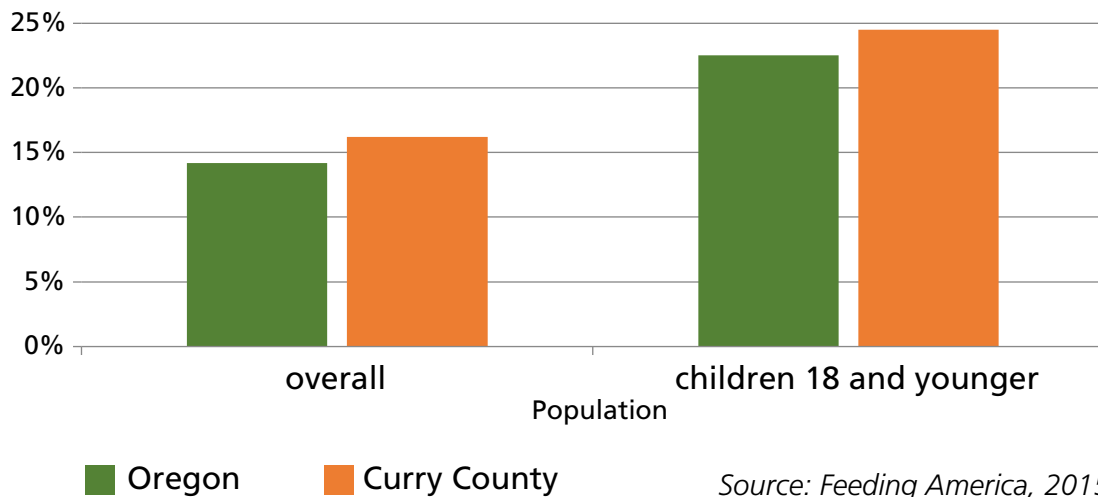


# Food

Eating nutritious food and maintaining a healthy diet are important to individual health. Poor nutrition has been shown to increase risk for various chronic health conditions and to increase morbidity and mortality. A healthy food environment includes access to healthy foods and food security.

Access to food has many facets including the cost, distance and availability of fresh and healthy food options. The USDA defines food insecurity as lack of access to enough food for all members in a household and limited or uncertain availability of nutritionally adequate foods. 1 in 4 children (24.5%), aged 18 and younger in the county remain food insecure, higher than the state average. Overall, residents of Curry County experience more food insecurity than in the state as whole.

## ***Adults and children with food insecurity, 2015 Oregon and Curry County***



Twenty percent of 8<sup>th</sup> graders in Curry County answered yes when asked if they ate less than they felt they should because there wasn't enough money to buy food. This is higher than the 14% state average (Oregon Healthy Teens Survey 2017).

Access to healthy foods has improved since the 2013 Community Health Assessment and is better than some counties in the state. The food environment index for Curry County is 6.9, the same as neighboring Coos County. The food environment index is based a scale of one to ten, with (0) being the worst and (10) being the best. 5% of the county has limited access to healthy foods, according to the USDA Food Security Survey, Feeding America 2014 survey.

***“We don’t have fresh enough food. You know what they say...small communities get the least fresh food and its true here in Gold Beach.” —Survey Participant***

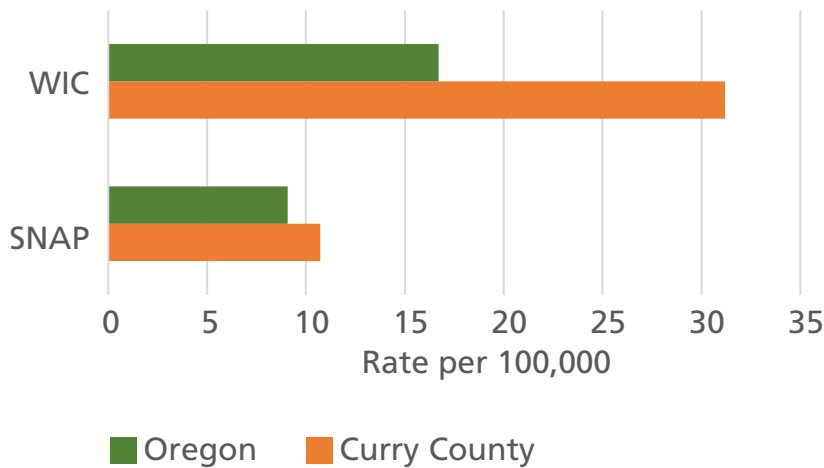
33.3% of the population in Curry County lives in a food desert, which is slightly better than state averages but still identifies a need. A food desert is defined as a low-income census tract where a substantial share of residents have low access to a supermarket or large grocery store.

***“As to food, I notice a distinct lack of freshness of everything food wise. Buy fresh and its bad two days later. Everything comes “fresh” to Gold Beach is already at the end of its freshness.”—Focus Group Participant***

Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) benefits are public programs designed to address food access and insecurity. The rate of stores that accept either WIC or SNAP benefits is more than state averages, indicating a program asset and strength while also indicating a large number of residents qualifying for benefits.

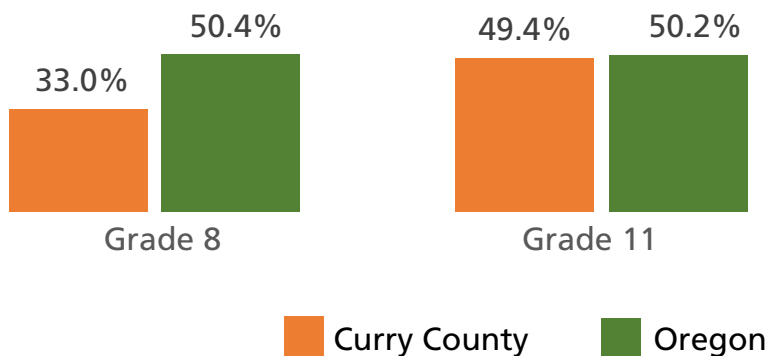
***SNAP (2016) and WIC (2011) authorized stores  
Curry County and Oregon***

***“SNAP and WIC have increased availability.”—  
Survey Participant***



Source: US Department of Agriculture, Economic Research Service 2011

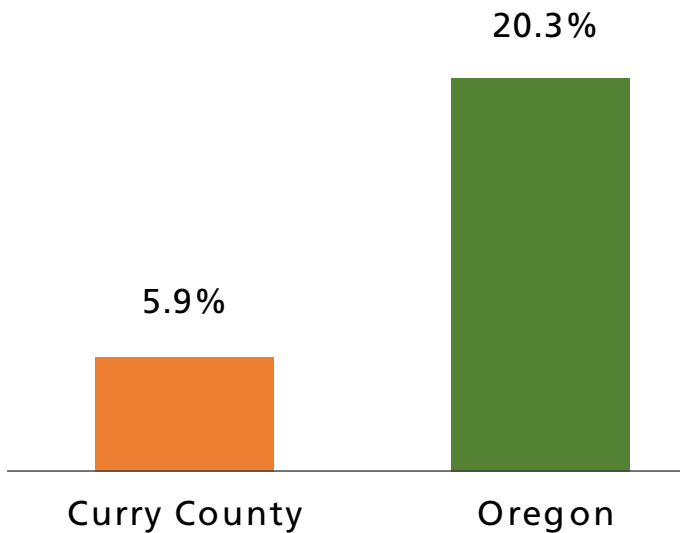
***Youth drinking water four times a day or more  
2017 Curry County and Oregon***



Source: Oregon Healthy Teen Survey, 2017

Eating five or more servings of fruits and vegetables a day is lower, for adults, in Curry than Oregon. 48% of 8th graders have consumed soda 1-3 times in the past 7 days, while water consumption in 8th graders is lower than state averages, according to 2017 Healthy Teens Survey.

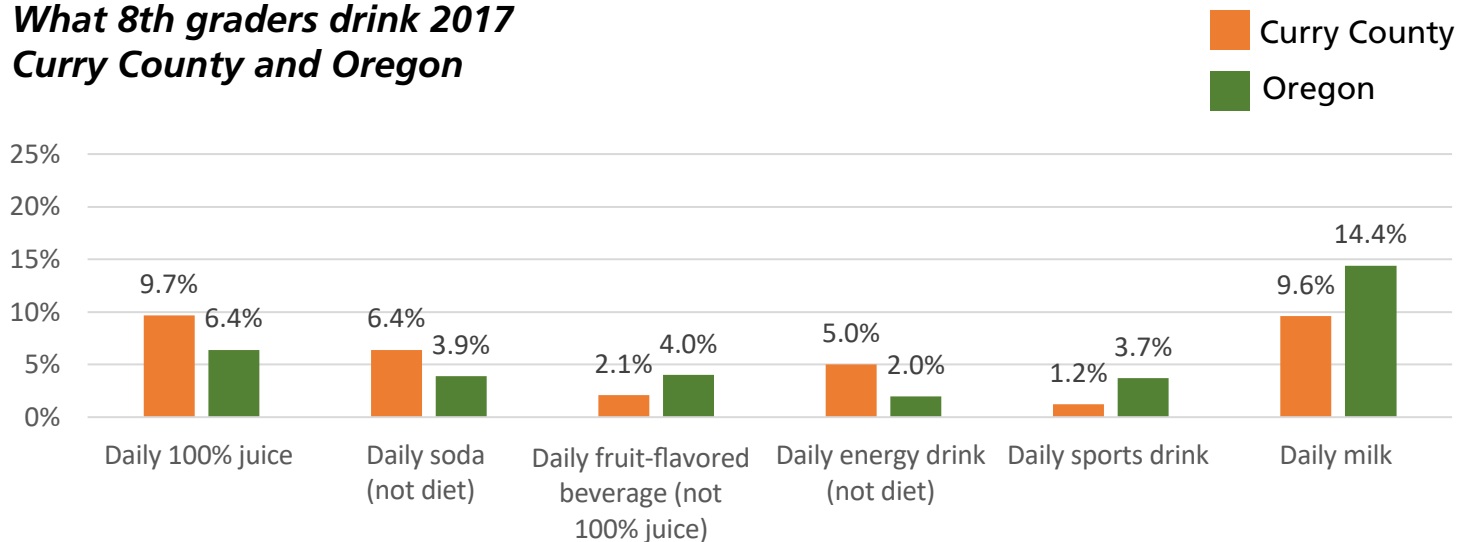
**Adults consuming at least 5 servings of fruits and vegetables a day, 2012-2015**  
**Curry County and Oregon**



*“When parents are either not working and depressed or are working multiple wage jobs, they don’t and can’t prepare healthy food. We need a low-cost walk-in fresh food store, combined with education on quick, low cost, healthy food preparation.” —Focus Group Participant*

Source: Oregon BRFSS County Combined Dataset 2012-15

**What 8th graders drink 2017**  
**Curry County and Oregon**



Source: Oregon Healthy Teen Survey, 2017

## Indicators

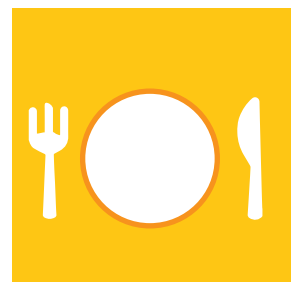
The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percent/percentages.

### Key

↑ =higher (than State)

↓ =lower (than State)

<i>Food</i>	
<i>Indicator</i>	<i>Findings</i> (Curry County vs. Oregon)
<i>Food Insecurity</i>	Adults and children living with food insecurity ↑
<i>Food Access</i>	SNAP authorized retailers ↑ WIC authorized stores ↑
<i>Soda Consumption</i>	8 <sup>th</sup> graders drinking sodas ↑ Adult soda consumption ↑
<i>Fresh Food Consumption</i>	Adults consuming fruits and vegetables ↓





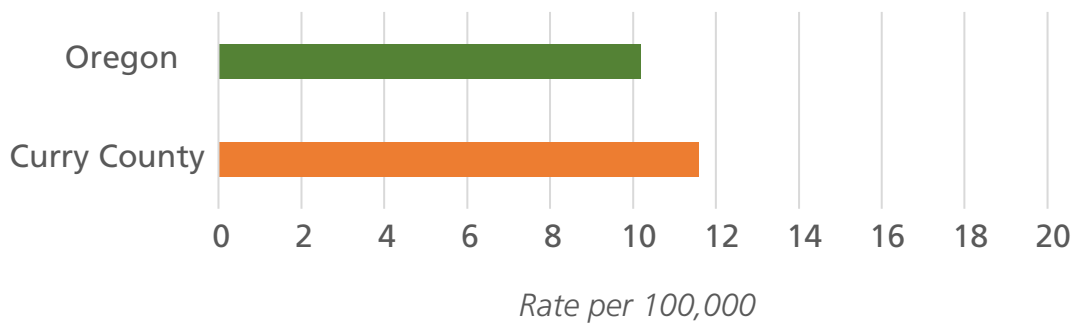
# Community

Indicators related to community include social connections and crime. Social associations are one way to measure social connectivity and social cohesion in a community. Lack of social connectivity and resulting isolation can influence health outcomes of individuals and community.

The number of membership organizations such as service organizations like Rotary or Zonta, sports groups, political organizations, clubs and professional organizations indicate volunteerism and connectivity. The rate of such associations in Curry County (2014) is 11.5 per 100,000 population, higher than Oregon’s average of 10.4 per 100,000, a **strength** in the county.

*“The library and book clubs have saved my life because they are a supportive environment.” —Focus Group Participant*

## Membership organizations 2014 Curry County and Oregon



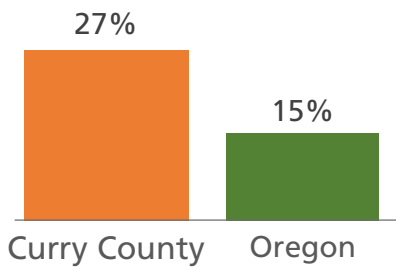
Source: County Business Patterns, 2014

Participants in the 2018 CHA focus groups and surveys universally chose social support including religious and spiritual values as the second biggest strength in the community. The third biggest strength were the people that live here, similar to neighboring rural counties.

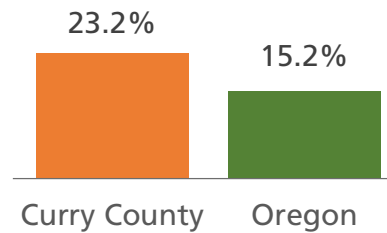
While social associations are strong, many individuals indicate that they still don’t have adequate social and emotional support. 23% of individuals in the county say they don’t have adequate social and emotional support. Nearly one in three (27%) youth state that they are neither working or in school, indicating disconnection from community. This is higher than state averages.

*“Need to address people who isolate themselves, pockets of isolation here. We could improve a lot of things by spending more time together, building relationships, solving problems more together. Sometimes it only takes one person to reach out and reduce isolation.” Focus Group Participant*

**Disconnected youth, 2010-2014  
Curry County and Oregon**



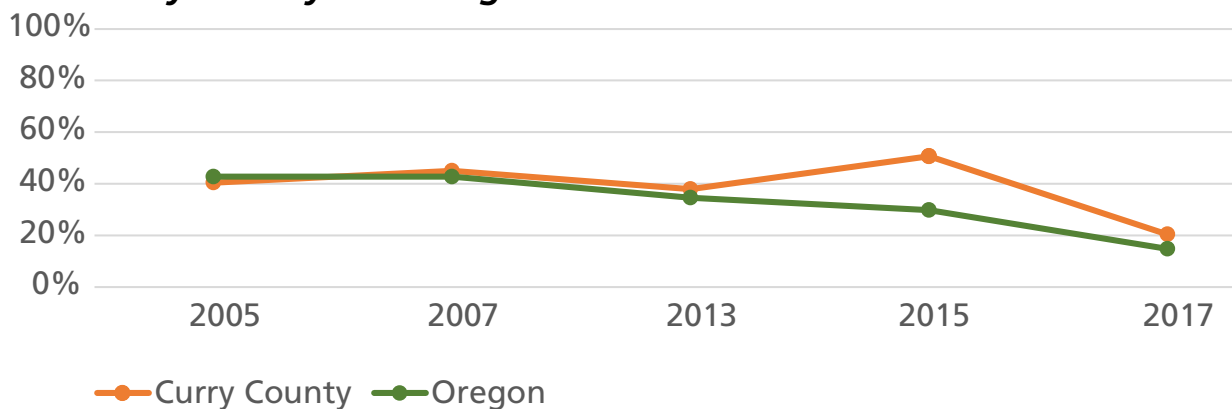
**Individuals without adequate social or emotional support, 2006-2012  
Curry County and Oregon**



Source: Measure of America, using American Community Survey Data

Bullying in schools is also an indicator of social cohesion. 29.3% of 8th grade youth in Curry County experienced bullying in 2017, near the state average (Oregon Healthy Teens Survey 2017). The top reason for bullying was appearance (weight, clothes, acne or other physical characteristics), followed by gender (someone thought you were gay, lesbian or bisexual). The trend/percent of youth experiencing bullying is decreasing.

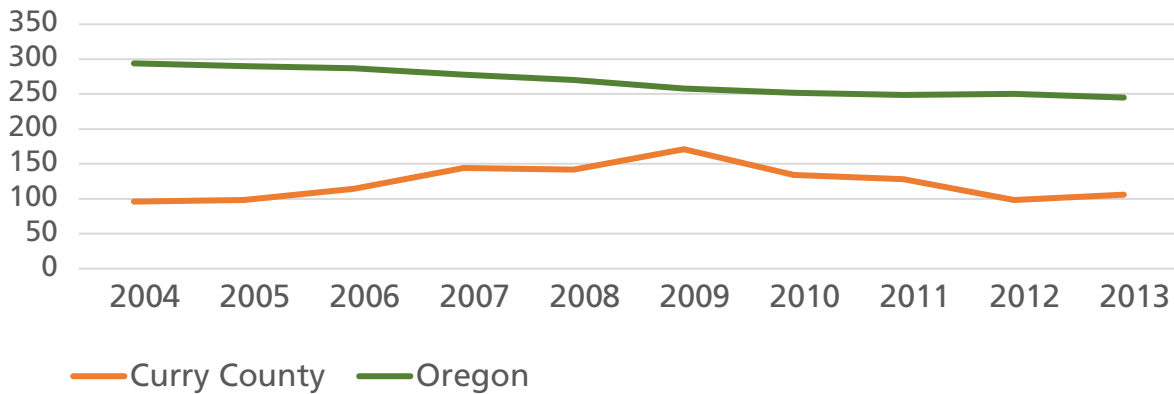
**Youth experiencing bullying, 2005-2017  
Curry County and Oregon**



Source: Oregon Healthy Teens Survey

Violent crime is lower than state averages. Violent crime was trending up until 2009 until it began to decline again in Curry County.

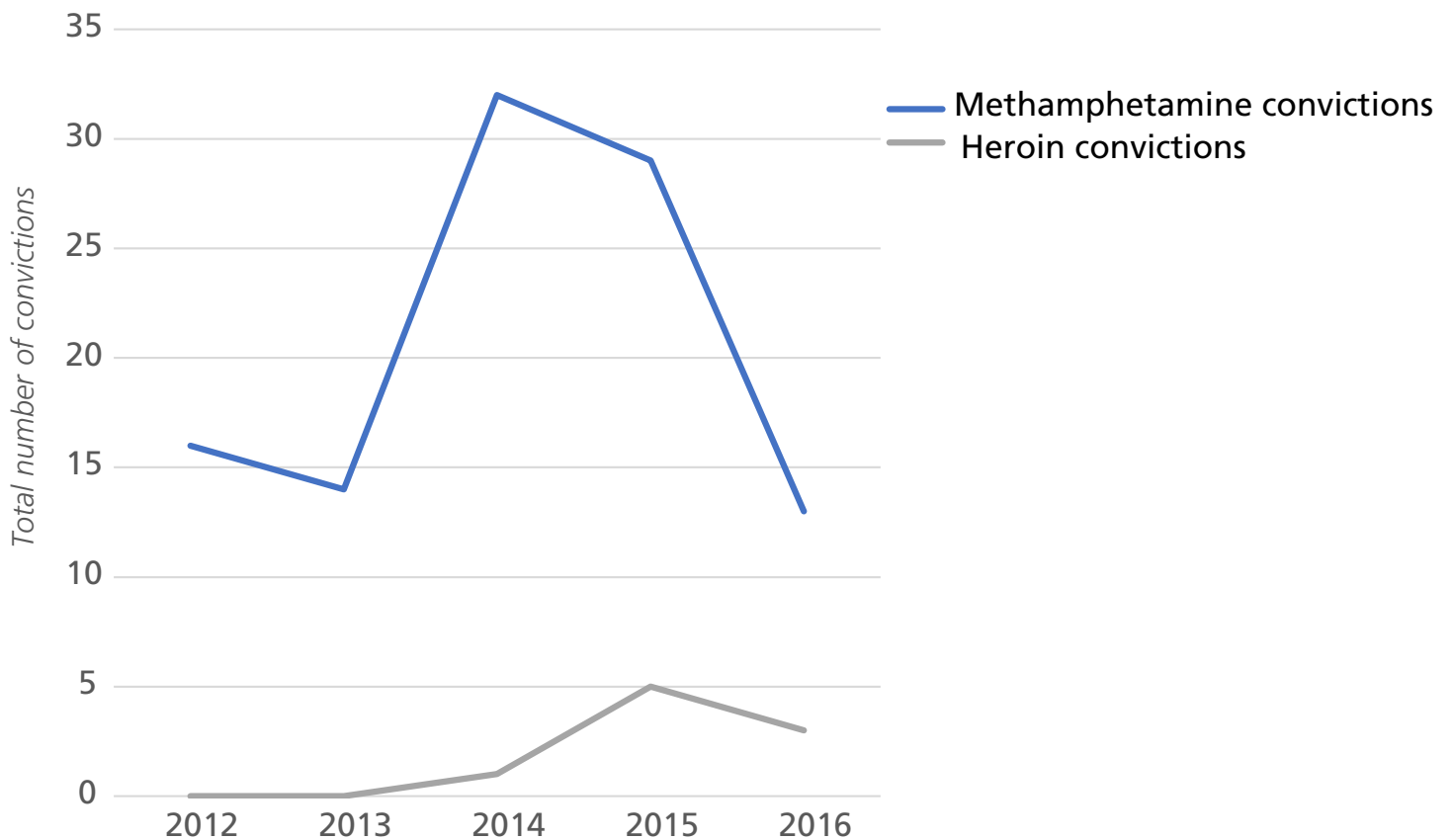
### **Violent crime, 2004-2013 Curry County and Oregon**



Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports

The number of convictions for methamphetamine and heroin in the county are also on a downward trend.

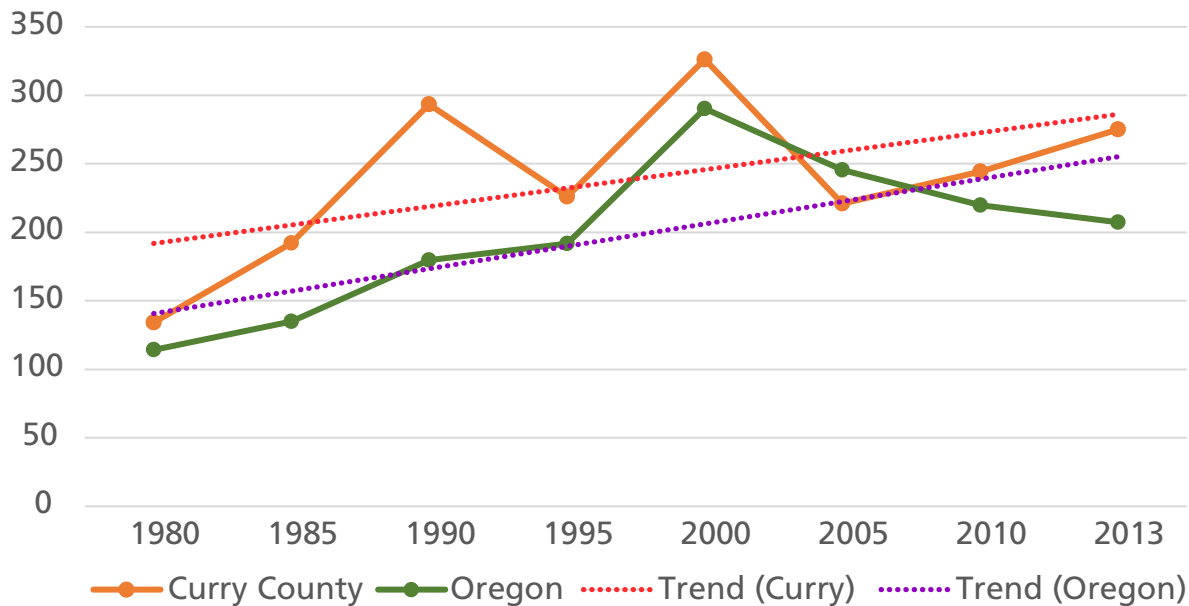
### **Convictions for Methamphetamine and Heroin, 2012-2016 Curry County**



Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports

The institutionalized population or jail incarceration rate is higher than the state and has been on an upward trend since 1980.

### ***Jail incarceration, 1980-2014 Curry County and Oregon***



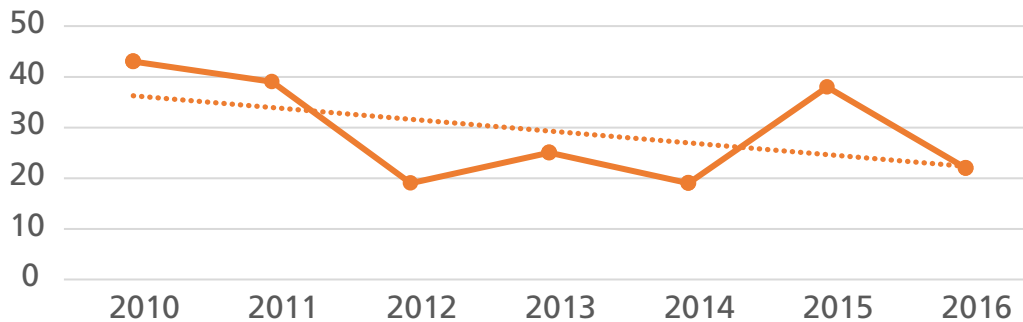
*Source: Vera Project, Bureau of Justice Statistics (BJS) Annual Survey of Jails (ASJ) and Census of Jails (COJ). 1980-2014*

The percentage of youth that report being intentionally hit or physically hurt by an adult in 2017 is nearly one in three (26.8%), higher than neighboring Coos County and state averages (Oregon Healthy Teens Survey 2017). However, the number of founded **child abuse** cases in the county is trending down. The victimization rate in Curry County is considerably lower at 8.2 per 1,000 children than state rates which hover close to 14 per 1,000 (DHS Child Welfare Data Book 2016). The number of children in foster care in the county in 2017 was 43. Foster care placement stability, which is the number of children in foster care with two or fewer placements, as a percentage of total number of children in foster care, is one of the worst in the state, ranking 32nd out of 36 counties in Oregon at 48.5% (Children’s First Child Data Book, 2017).

***“There is a lot of dysfunction and violence in mixed households/mixed houses and families that are mixed. You lose control of your family unit when mixed. Just because you have a warm bed you can’t rationalize the other horrors and violence because its better than living in a car, sometimes it’s not.”***

***—Focus Group Participant***

**Child abuse reports\*  
2010-2016  
Curry County**



***\*founded child abuse reports***

*Source: Child Welfare Data Book. 2010-16*

Curry County had approximately fifty two **law enforcement** officers across all agencies (Oregon Annual Uniform Crime Reports, 2016) in 2016.

***“There isn’t any law enforcement here. We can’t even recruit them, no money for them and too few of them. No regular policing, only if there is a severe drug issue. Really no policing in the mountains, it’s scary.”*** —Focus Group Participant

## Indicators

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percent/percentages.

### Key

↑ =higher (than State)

↓ =lower (than State)

<i>Community</i>	
<i>Indicator</i>	<i>Findings</i> (Curry County vs. Oregon)
<i>Social Associations and Volunteerism</i>	Social associations/membership organization involvement ↑
<i>Social and Emotional Support</i>	Individuals without adequate social support ↑ Disconnected youth ↑
<i>Crime and Safety</i>	Violent crime ↓ Child abuse and neglect ↓ Foster care stability ↓





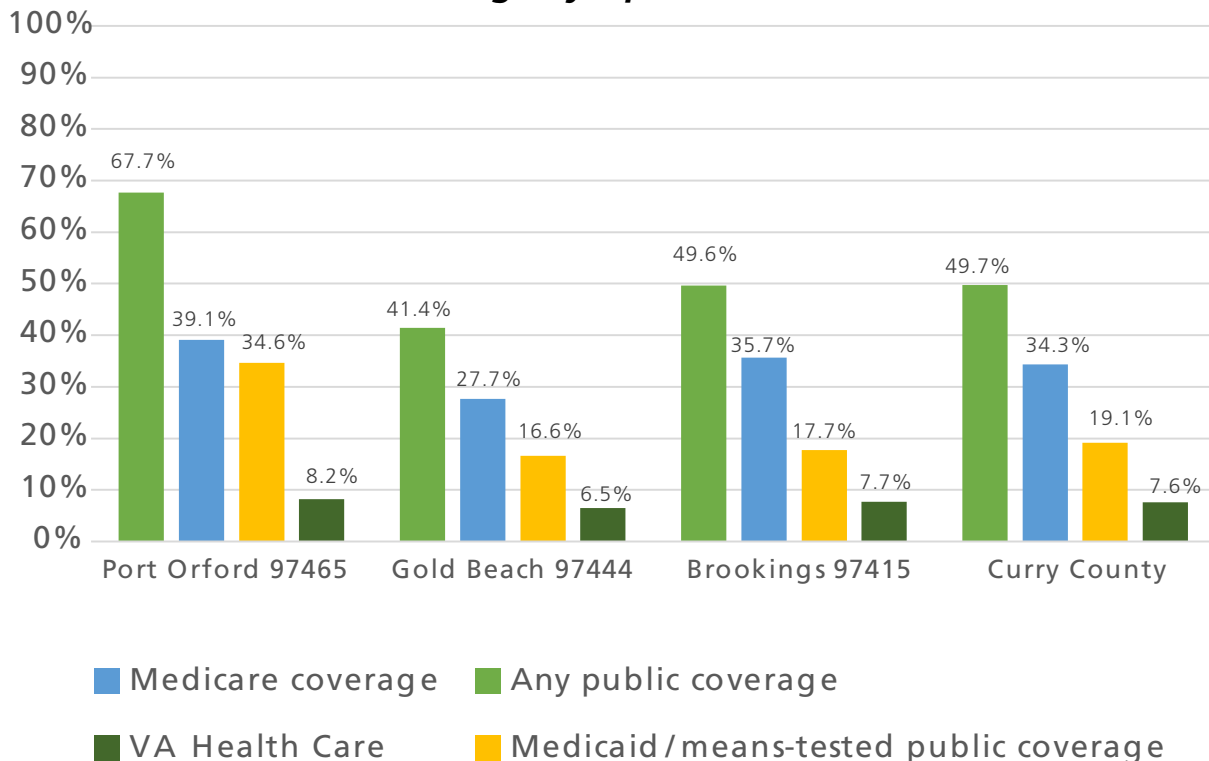
# Health Care System

The health care system provides services to prevent and treat disease. It influences the health of individuals, families and communities. Health disparities, often created by the social determinants of health, affect access to health care services.

## Insured and uninsured

**Health insurance** influences access to health care services. Curry County has a higher percentage of the population on publicly funded insurance, which includes Medicaid/Oregon Health Plan/OHP, Coordinated Care Organizations, Medicare and The Veterans Administration/VA. Estimates from Oregon DMAP and RUPRI, indicate that 65.8% of the population in the county was on either Medicaid, Medicare or both in 2017, this is higher than previous year estimates. The percentage of people on public insurance within the county is highest in Port Orford, followed by Brookings and then Gold Beach. 47.4% of those on Medicaid in Curry County, from 2011-2015, were 18-64 years old, 31.8% were under 18 year old and 20.8% were 65 years or older (US Census 5 year estimates).

### Public insurance coverage by zip code, 2011-2015



Source: U.S. Census, American Community Survey 2011-2015

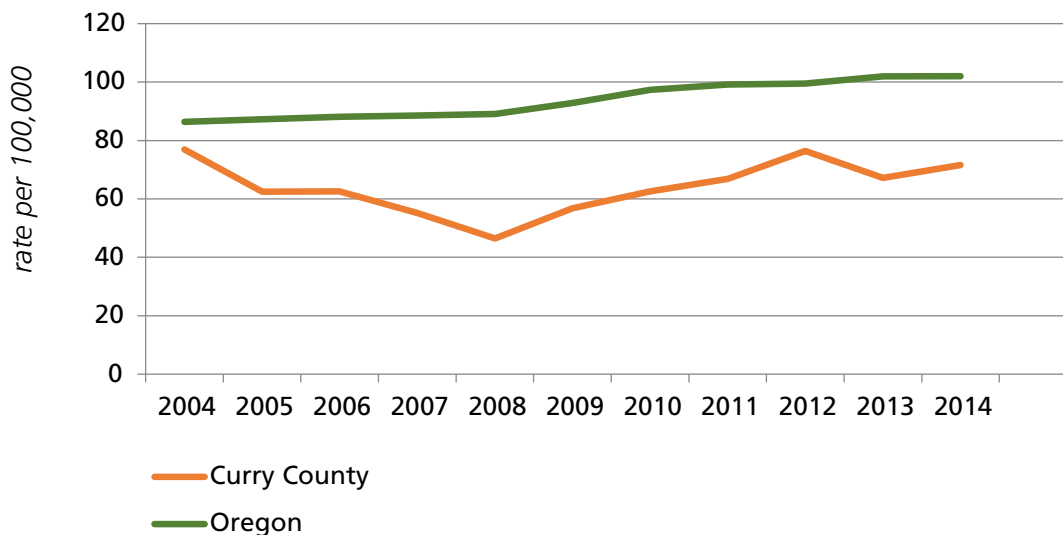
The percentage of people with health insurance has been increasing statewide since 2011, with a sharp increase in 2015. It is estimated that 96.8% of Oregonians were covered by insurance in 2016 (Oregon Annual Health Insurance Report, 2018).

## Access to providers

Access to providers and specific health services is another element of access to health care services. Access to primary care providers has increased since 2008, although the area continues to be experiencing a health care provider shortage. The Oregon Office of Rural Health designates Curry County a Medically Under-served Area (MUA), a Health Professional Shortage Area (HPSA), and a Health Professionals Shortage Area for Dental and Mental Health Providers. These designations show Port Orford as the highest unmet need in the county, followed by Gold Beach and then Brookings (Oregon Office of Rural Health 2017).

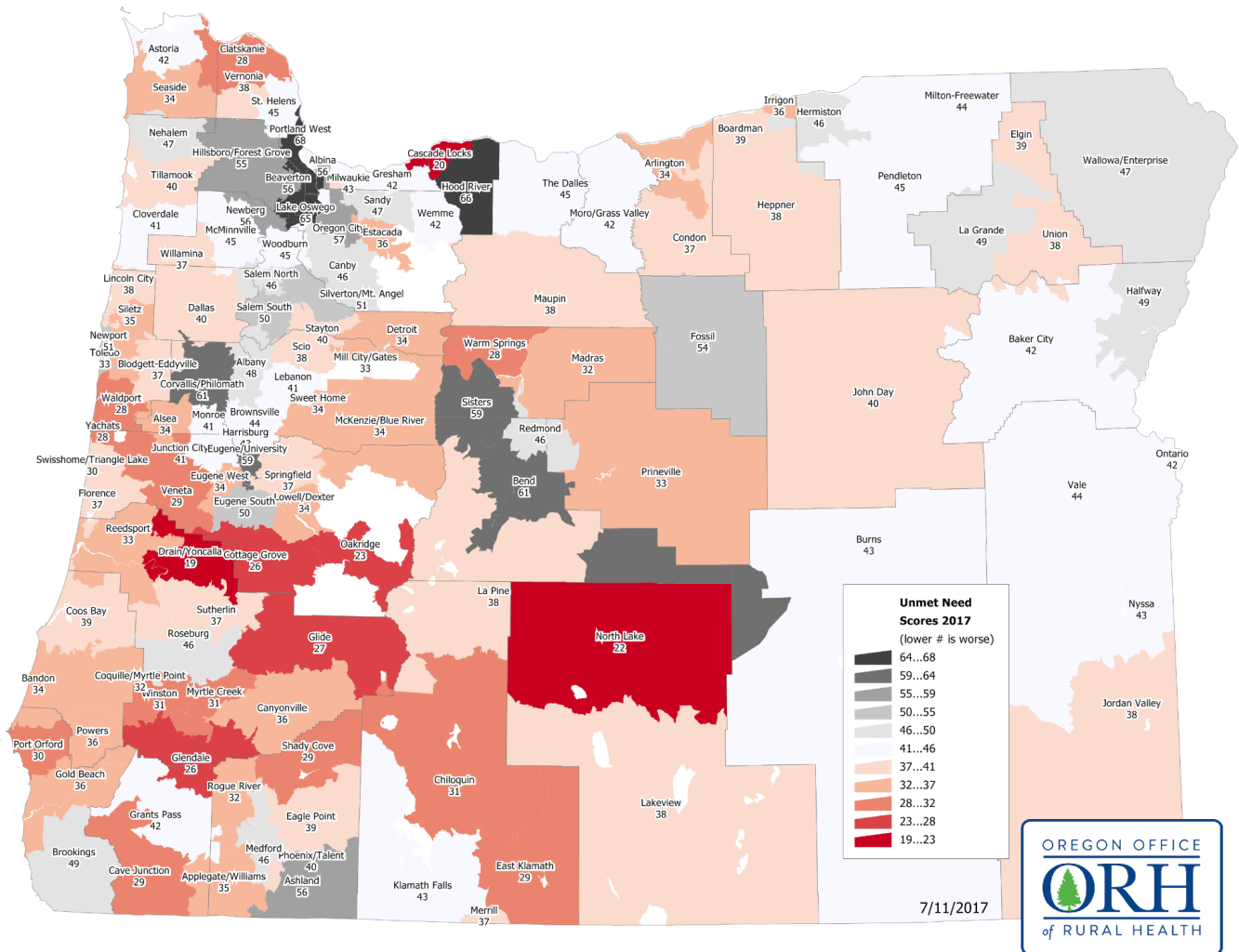
In 2016 the county had 18.0 FTE/Full Time Equivalent Primary Care providers, including Internal Medicine Physicians, Family Medicine Physicians and General Practice Physicians. (Oregon Office of Rural Health 2018). The majority of providers are in Brookings followed by Gold Beach.

### Access to primary care, 2004-2014 Curry County and Oregon



Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File

## Overall scores of unmet health care needs, 2017



*“Access to doctors is a huge problem. Just one example—I have been trying to get an appointment for my daughter for a prescription refill for over six months and can’t get anyone to even call me back.”—Focus Group Participant*

## *2016 Provider Numbers (FTE=Full Time Equivalent)*

- *8.5 FTE Family Medicine Physicians*
- *1.0 FTE General Practice*
- *8.8 FTE Internal Medicine Physicians*
- *1.5 FTE Obstetricians/Gynecology*
- *1.4 FTE Pediatricians*
- *9.6 FTE Nurse Practitioners*
- *5.2 FTE Physician Assistants*
- *7.1 FTE Dentists*
- *1.9 FTE Psychiatrist/Psychologist*
- *3.0 FTE Licensed Social Workers*
- *3.0 FTE Licensed Counselors, LMFT, Psychologists*

Source: Oregon Office of Rural Health 2018

## **Health Facilities**

While Curry General Hospital in Gold Beach, Oregon has been in existence for more than 66 years, Curry Health District dba Curry Health Network was only established in October 1983. Located in America's Wild Rivers Coast, the District is bounded in the north by Elk River (north of Port Orford), south by Pistol River (south of Gold Beach) and includes Agness (a 35-mile drive west along the Rogue River).

The District is a municipal corporation, a form of local government as an Oregon Special District (Health Dis-trict) and derives a portion of its operating revenue from a tax base. It has been granted 501(c)(3) status by the Internal Revenue Service, and as such, has the exemptions and rights that such status affords. A board of five elected directors governs the District.

Curry General Hospital is certified as a Critical Access Hospital and is the sole hospital serving Curry County, located in the county seat of Gold Beach, Oregon. The aged hospital was replaced in 2017 with a 62,900 square foot state-of-the-art facility. The Network owns and operates Curry Medical Center in Brookings, Curry Medical Practice and Curry Medical West in Gold Beach, and Curry Family Medical in Port Orford.

Curry Health Network offers emergency medical services; inpatient and outpatient services; primary and specialty care including non-interventional cardiology, general surgery, urology, gynecology, orthopedics and pain management; cardiopulmonary services including rehabilitation; physical, occupational and speech therapy; laboratory and imaging services; and an inpatient pharmacy.

The mission of Curry Health Network is healthy communities with efficient, quality health care; our vision is to be the region’s premier rural healthcare system. We share the values of integrity, compassion, accountability, stewardship, teamwork and excellence.

Recruitment and retention of providers was listed consistently as a concern in focus groups and survey participant comments.

*“We have a problem with the availability of good doctors that stay so you can keep on seeing them. It’s an inconvenience to drive 100 plus miles to see a good doctor or specialist.”—Survey Participant*

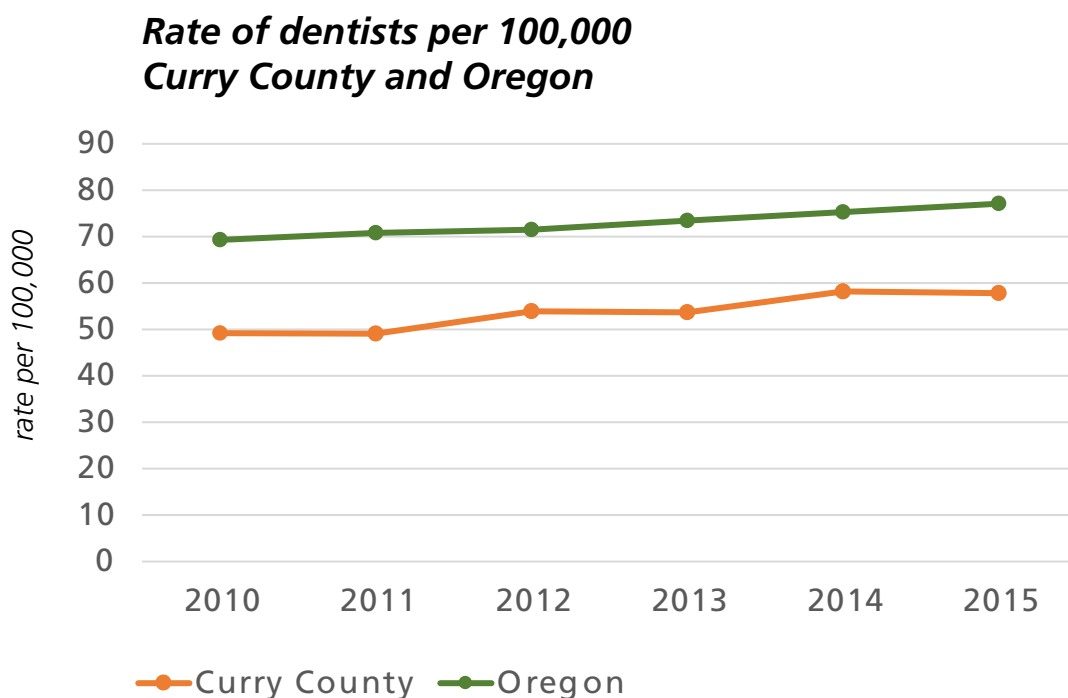
*“Access to health care providers who stay in the area for more than a year and provide quality care, we don’t have that here.” —Survey Participant*

*“Providers, it’s hard to get them here and to stay. They can’t get their kids into good schools or have housing problems and so they move.” —Focus Group Participant*

### Access to Specific Services

Access to **dentists** in Curry County is more difficult than statewide. The rate of dentists has been lower in the county for the last several years. The percentage of adults who have had no dental exam in the past year is also higher at 33.9% (BRFSS 2006-2010). Youth are also less likely to

have accessed dental care in the county than in the state. 71.3% of 8th graders and 59.8% of 11th graders in the county accessed dental care in 2017 (Oregon Healthy Teens Survey 2017).

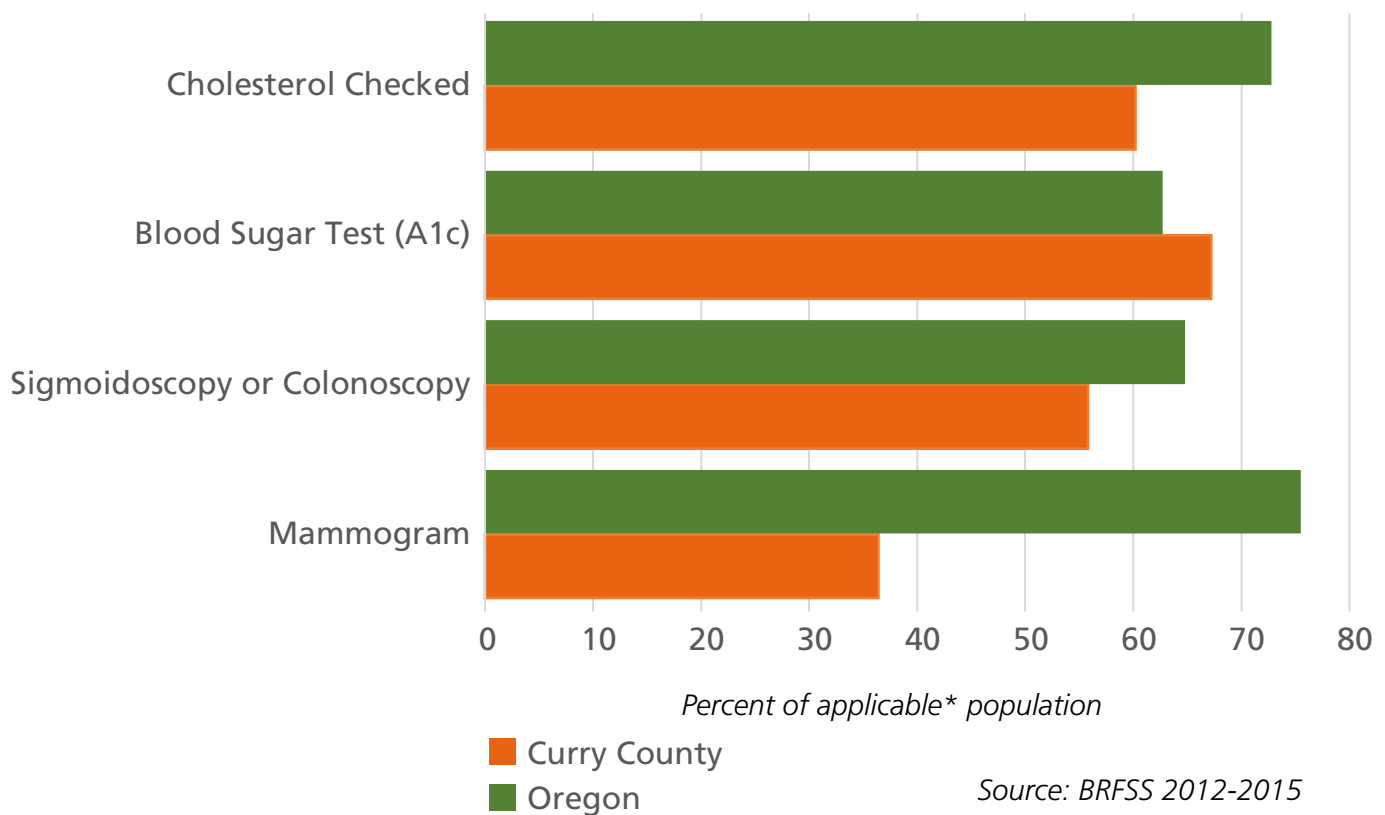


Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015

The percentage of a population that has preventive screenings is an indicator of access to care, specifically the quality and availability of care and timeliness of access. The screenings provided the most often include cholesterol testing, blood sugar testing, colon cancer screening by sigmoidoscopy or colonoscopy and mammogram. Curry County performs fewer screenings than the state overall. Mammograms are particularly lower for Curry County women age 50-74. Blood sugar testing is the only screening that exceeds state percentages.

*“We don’t have access to affordable and quality preventative health care. A lot of people have health issues, or they let it go too long and can’t get preventative care.” —Survey Participant*

### Preventive Screenings 2012-2015 Curry County and Oregon



\*Applicable populations:

Percent cholesterol checked within last 5 years; Percent blood sugar test in past 3 years; Percent current on colorectal cancer screening, 50-75 years old; Percent of mammogram w/in past 2 years 50-74 years old.

\*pap test numbers too small in Curry County to be statistically reliable

Prenatal care is an indicator of maternal and child health services access. Curry County has higher percentages of women receiving inadequate prenatal care than the state. Inadequate prenatal care is less than 5 visits prior to delivery or care began in third trimester or after.

The percentage of women who are receiving adequate prenatal care is lower than state percentages. In 2016, 90% of women in the county received adequate prenatal care, compared to state percentages of 94% (Oregon Vital Statistics 2016). Inadequate prenatal care, defined as less than 5 visits prior to delivery or if care begins in third trimester or after. 10% of women in the county received inadequate prenatal care in the 2016 (Office of Rural Health 2017).

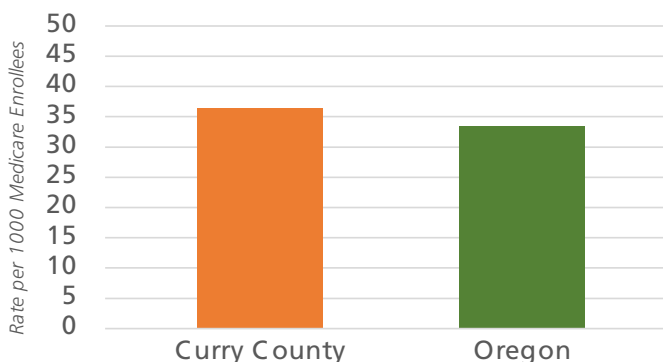
***“Our rural community is lacking basic health care needs and services such as OB services, putting a strain on young growing families.” -Survey participant***

School-Based Health Centers provide physical and behavioral health services in elementary, middle and high schools in the county. Curry Community Health currently has a family nurse practitioner in Brookings Harbor High School two days a week, offering primary care services. Of the three school districts in the county, there are 1.2 FTE therapists assigned to the schools.

## **Hospitals**

The preventive hospitalizations for patients on Medicare with conditions that are ambulatory care sensitive is higher in Curry County. Ambulatory care sensitive conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary resources were available and accessed. This indicator illustrates challenges in primary care access.

### **Preventive Hospitalizations for Medicare Enrollees, 2014 Curry County and Oregon**



Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care

Curry County patients have to travel out of the county for inpatient hospital services. The reasons for traveling out of the county are many including rural geography, health care provider shortage and limited specialty services.

*“I have to travel all the way to Los Angeles for specialists and I am disabled.” —Survey Participant*

*“Many of our people travel a long and dangerous road to Medford for care. We now have this new hospital, let’s try to keep some of those dollars here.” —Survey Participant*















<b>Top 3 Hospitals Medicaid Patients, from Curry County, are going to outside of Curry County 2016-2017</b>	
<i>1st most visited</i>	Sutter Coast Hospital
<i>2nd most visited</i>	Bay Area Hospital
<i>3rd most visited</i>	Asante-Rogue Regional Medical Center

<b>Top 3 Reasons Medicaid Patients, from Curry County, are going outside of county for inpatient care, 2016-2017</b>	
<i>1st</i>	Sepsis
<i>2nd</i>	Live-born infant both Cesarean and vaginal delivery
<i>3rd</i>	Myocardial Infarction

Source: Coordinated Care Organization Enrollee data, 2016-2017

## Indicators

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percent/percentages.

<i>Health Care System</i>		<b>Key</b>  =higher (than State)  =lower (than State)
<i>Indicator</i>	<i>Findings</i> (Curry County vs. Oregon)	
<i>Insured and Uninsured</i>	Population on public insurance coverage (Medicaid, Medicare and VA)	
<i>Access to Providers</i>	Access to primary care physician  Access to mental health providers  Access to dental providers 	
<i>Oral/Dental Health Accessibility</i>	Adults with no dental exam  Youth with no dental exam 	
<i>Preventative Screening</i>	Colorectal Cancer Screening  Mammogram within last 2 years  Cholesterol checked in last 5 years  Blood sugar test within last 3 years 	
<i>Prenatal Care Accessibility</i>	Moms getting adequate prenatal care 	
<i>Hospitalizations</i>	Preventable hospitalizations 	





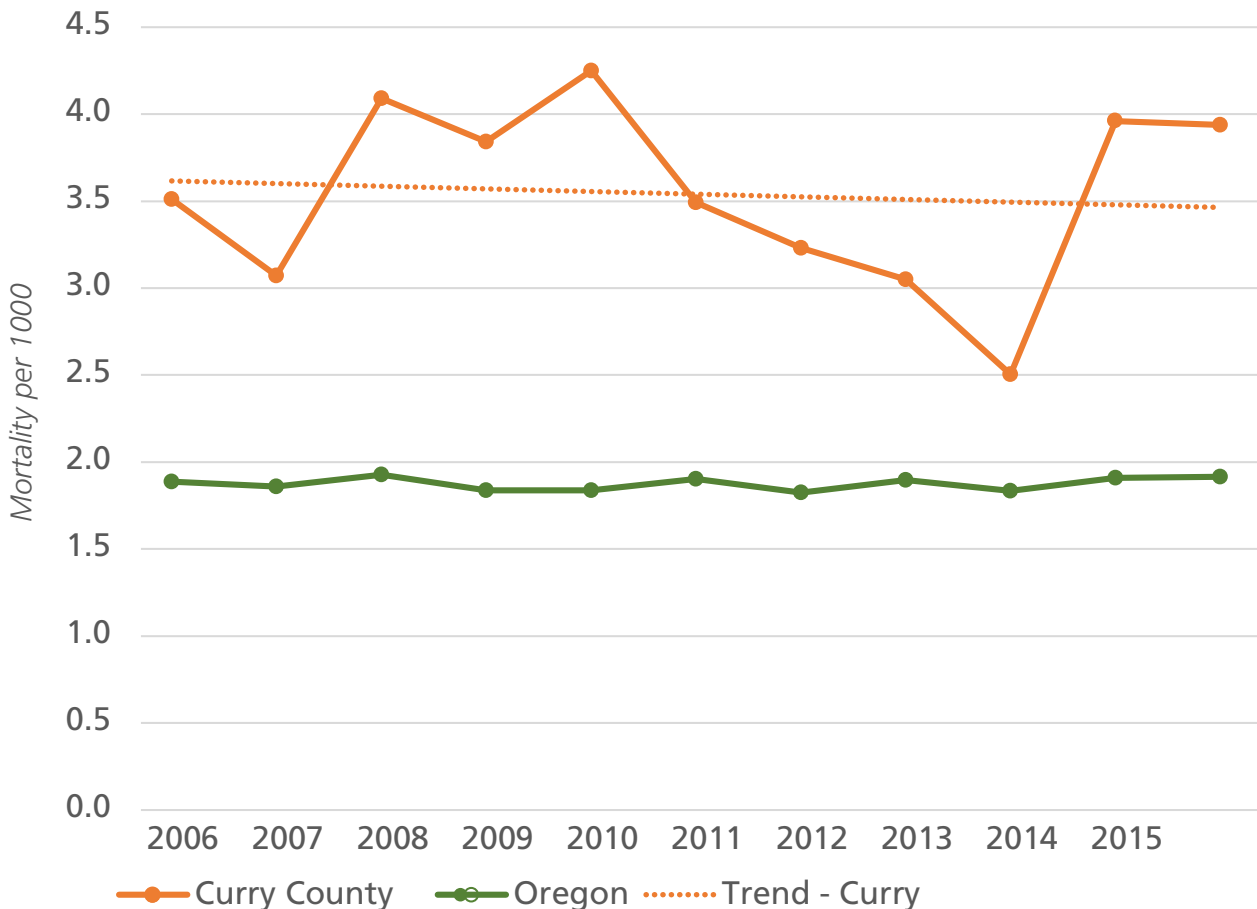
# Health Behaviors

Individual health behaviors such as tobacco use, inadequate physical activity and addictions, have significant influence on the health of individuals and communities in Curry County.

**Tobacco** use is a modifiable health behavior that has significant health consequences. Premature death, various cancers, lung and respiratory issues, low birth weight and cardiovascular disease are all linked to tobacco use. The tobacco mortality rate has been higher in Curry than the state rate for over a decade.

The percentage of adults in Curry County that are current smokers continues to be one of the highest in the state. More than 60% of adults have ever smoked in Curry County, more than one in four adults (25.6%) are currently smoking cigarettes (BRFSS 2015). 7.4% of 11th graders in the county smoked cigarettes in the last 30 days. Nearly 5% of 11<sup>th</sup> graders in the county have used e-cigarettes or other vaping products in the last 30 days (Oregon Healthy Teens Survey 2017).

**Tobacco-linked mortality  
Curry County and Oregon, 2006-2016**



Source: Oregon Vital Statistics Annual Reports

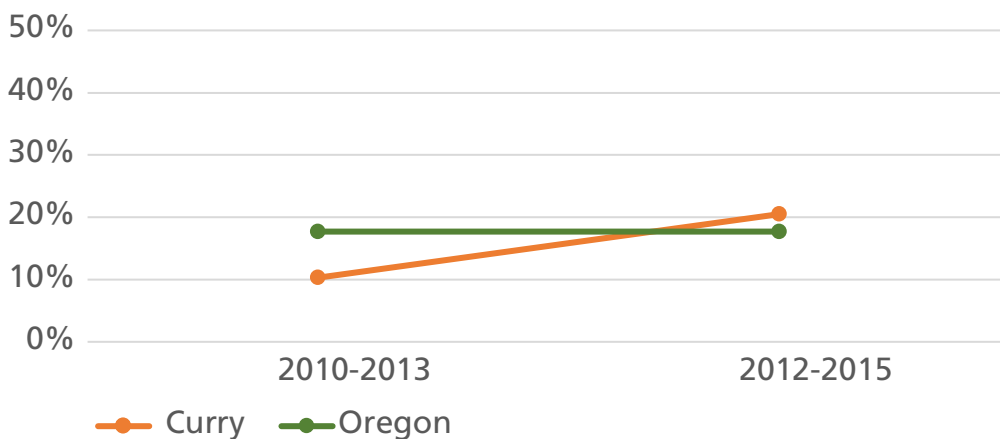
The financial impact of tobacco in the county is also substantial. The latest tobacco fact sheets from the Oregon Health Authority estimates that Curry County experiences 16.3 million dollars in tobacco related medical costs and 13.1 million in lost productivity due to premature tobacco-related deaths. 1,598 people are estimated to have a serious illness caused by tobacco in Curry County (Oregon Health Authority Tobacco Fact Sheets 2014).

### ***Alcohol and other drugs***

Excessive heavy **alcohol** consumption and binge drinking contribute to chronic health issues, including heart disease, cirrhosis of the liver, high blood pressure, stroke and even death. More than 20% of adults in the county report binge drinking in the past month while over 50% of residents twelve and older, in the region of Coos, Douglas, Jackson and Curry Counties report using alcohol in the past month. Binge drinking is increasing in the county, exceeding percentages at the State level.

***“Not enough activities for kids so they drink and drive and party. There are a lot of accidents from that on Hwy 101 in our county, at night during the summer especially.” —Focus Group Participant***

#### ***Adults binge drinking, 2012-2015 Curry County and Oregon***



Source: National Survey on Drug Use and Health, Annual Averages Based on 2012, 2013, and 2014

***“I’m not a doctor so don’t know the answer, but my observation on most people is they tend to drink a lot of alcohol.” —Survey Participant***

75.8% of 8<sup>th</sup> graders stated they had never had a drink of alcohol, indicating nearly one in four 8th graders had already drank more than a few sips of alcohol (Oregon Healthy Teens Survey 2017).

Regional data on **illicit drug use** show that 12.5% of people in the region (Coos, Curry, Douglas, Jackson, Josephine and Klamath) had used an illicit drug in the past month, higher than national percentages.

***“We all know drugs are a problem, but people that use drugs are still just people, jails aren’t the answer. They should be seen as people first, to help the problem in our community.” —Focus Group Participant***

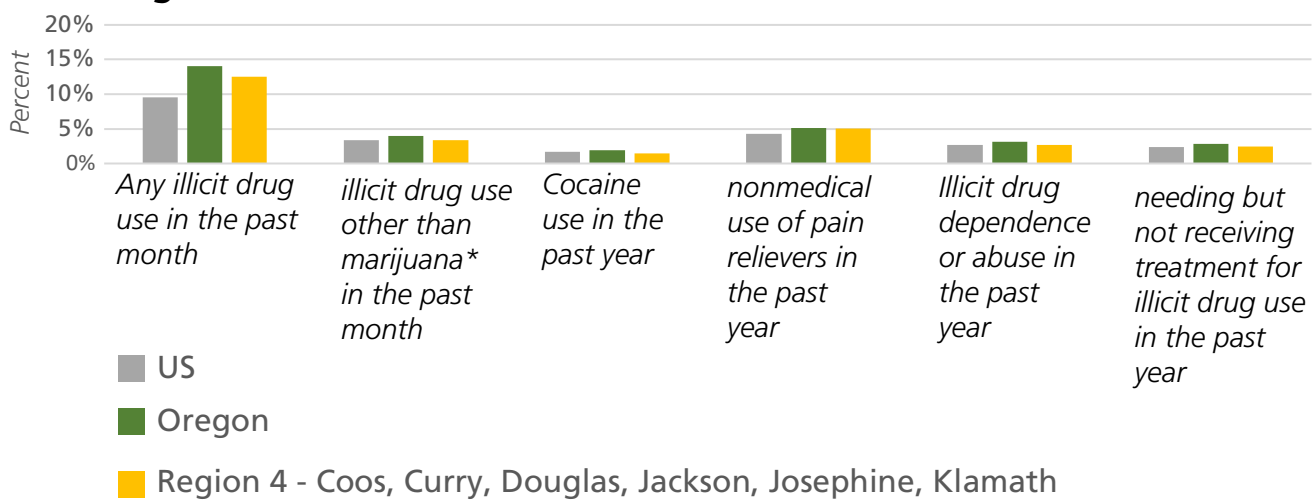
Marijuana use by youth (1 or more days in the past 30 days) was reported by 6.7% of 8<sup>th</sup> graders and 20.9% of 11<sup>th</sup> graders in Curry County in 2017 (Oregon Healthy Teens Survey 2017). How they consumed marijuana was not available as the numbers were too small to be statistically reliable. Reliable numbers for marijuana use by adults, since legalization, are not available but comments about using marijuana for pain were brought up several times in the 2018 CHA focus group and surveys.

***“I chose medical marijuana, so I can choose to control my meds and be off of prescriptions.” —Focus Group Participant***

***“I smoke it every day, helps with harm reduction, helps me forget about my pain.” —Focus Group Participant***

***“We don’t stigmatize people with heart disease for eating red meat, we must educate and treat addicts like people. I didn’t wake up and say I want to be an addict, I didn’t want to lose my family.” -Focus Group Participant***

**Drug use, 2012-2014  
Region, State and National**



Source: National Survey on Drug Use and Health: Annual Averages Based on 2012, 2013, and 2014.

\*data collected prior to legalization

## ***Opioid and other drug use***

The morbidity and mortality associated with inappropriate use of opiate drugs such as codeine, oxycodone, morphine and methadone, have a negative impact on the health of the community. Prescribing patterns for Curry residents on Medicare for 2013-2014 show higher rates of opioid prescriptions than state and national trends. Curry County had a 8.17% prescribing rate for Opioids in 2013 and 8.86% rate in 2014. This is consistent with prescription patterns in the Medicaid/Oregon Health Plan population, narcotic analgesics (opioids) were the second most prescribed medication in 2016-2017 within the Medicaid population of the county. According to the Oregon Opioid Dashboard Curry county has the highest rate in the state of individuals receiving opioids per 1,000. Among the youth, 25.5% of 11th graders in Curry County say that it would be either easy or very easy to get prescription drugs not prescribed to them in 2017 (Healthy Teens Survey 2017).

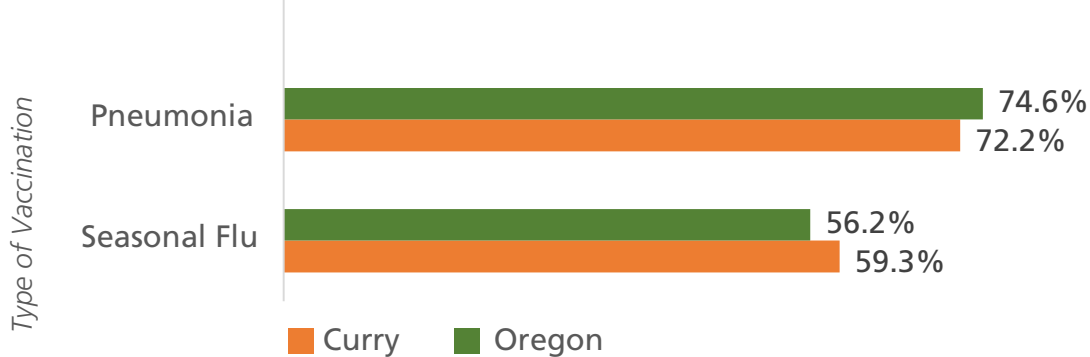
***“I understand that its expensive and people get addicted, but we need more options for managing chronic pain without strict numbers, if something works for somebody, we should be able to adapt and be case by case, individualize for needs.” —Focus Group Participant***

Curry County has a high burden of the **hepatitis C virus** (Oregon Health Division 2017). High burden is defined as the number of people living with cases, chronic case reports and acute hepatitis C virus (HCV). Risk factors for HCV include injection drug use, health care exposure, multiple sex partners and other risk factors such as street drug use, tattoo, piercing or other blood exposure. Curry County has higher rates of those living with HCV and acute reports than the state. The region (Coos and Curry counties) has the highest mortality rate, in the state, from chronic hepatitis within the Medicaid/CCO population (Oregon Health Division 2017).

## Vaccinations

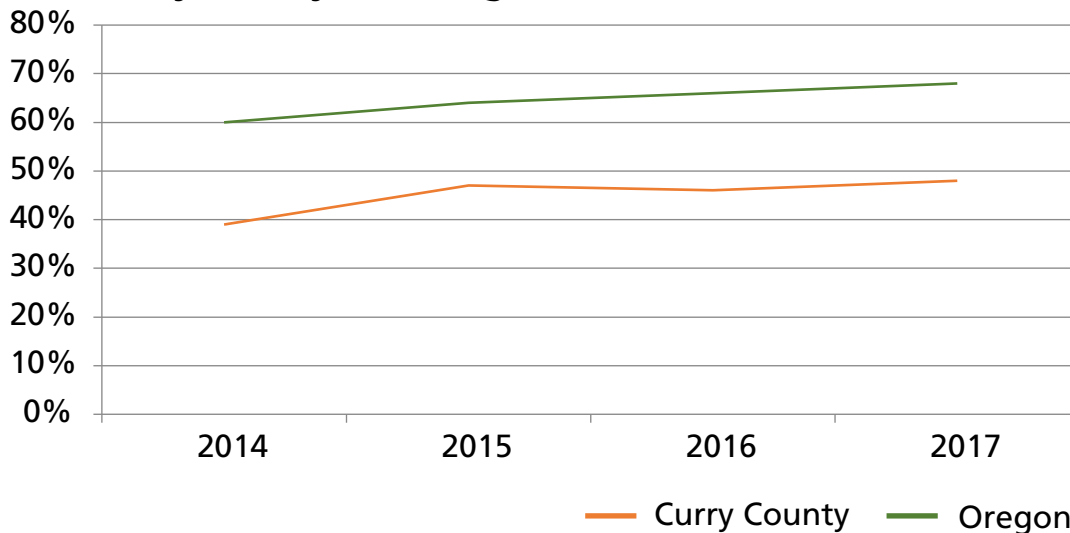
Vaccinations are a modifiable health behavior. Immunizations are an effective tool for preventing disease and death and Curry County has lower rates of vaccinating 2 year old children than in the state. The percentage of vaccinated 2-year olds in Curry County is 47% compared to 64% in Oregon as a whole (Oregon Immunization Program, 2008-2015).

### Adults 65+ who received vaccination within past year, 2010-2013 Curry County and Oregon



Source: BRFSS 2010-2013

### Two-year old immunization rates, 2014-2017 Curry County and Oregon

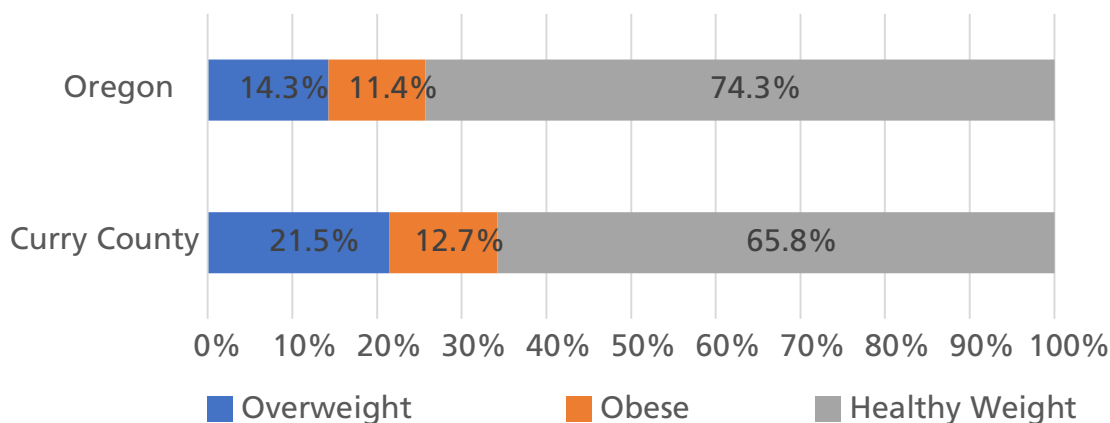


Source: Oregon Immunization Program, 2008-15

**Obesity** is a modifiable risk factor for several chronic conditions. Obesity is defined as a Body Mass Index (BMI) of 30 or higher. BMI is calculated using both height and weight. Being obese has been associated with increased risk of coronary heart disease, type 2 diabetes, cancer, high blood pressure, stroke, liver and gallbladder disease, among other morbidity and mortality. 38% of people in the county are obese, higher than the state average of 27.1% (BRFSS 2015). Only 65.8% of youth are considered a healthy weight in the county.

***“We must combine eating ‘habits,’ access to healthy foods and exercise as one behavior.” —Survey Participant***

**Youth Weight 2017  
Curry County and Oregon**

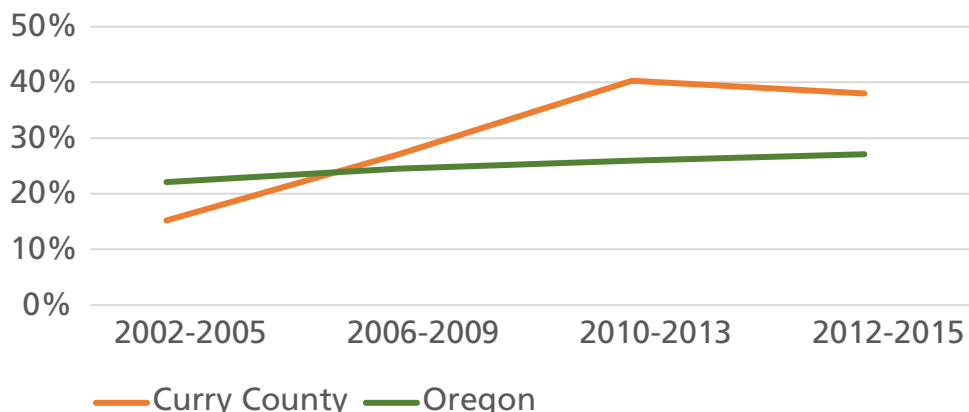


Source: Oregon Healthy Teens Survey 2017

***“We all have to take personal responsibility, make better decisions, be more disciplined. People spend tons of money at DQ, McDonalds, KFC and Taco Bell, they then sit in their car and pig out at the port. Health begins in the mindset.” —Survey Participant***

The percentage of the population that is considered obese has been on an increase for decades in the county and statewide.

**Obesity trend 2002-2015  
Curry County and Oregon**



Source: BRFSS 2010-2013  
2018 Curry County Community Health Assessment - 52

### Indicators

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages, percent/percentages.

#### Key

↑ =higher (than State)

↓ =lower (than State)

<i>Health Behaviors</i>	
<i>Indicator</i>	<i>Findings</i> (Curry County vs. Oregon)
<i>Tobacco</i>	Population smoking ↑
<i>Alcohol and Other Drugs</i>	Higher rates of binge drinking ↑ Opioid prescribing rates ↑ Illicit drug use ↑
<i>Vaccinations</i>	2-year old immunization rates ↓ Adult vaccinations ↓
<i>Obesity</i>	Rates of obesity ↑





# Health Status and Outcomes

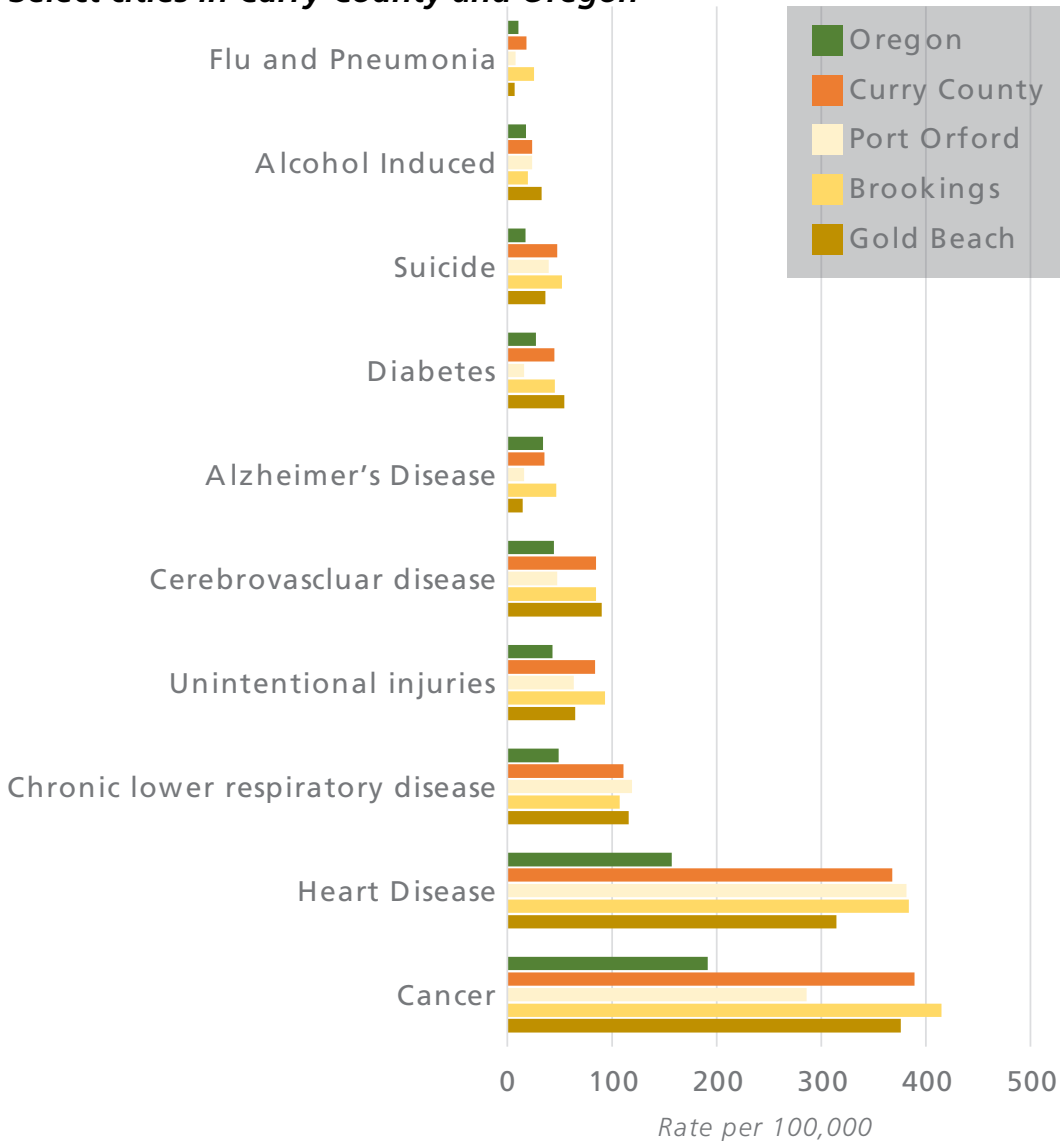
## Mortality

Causes of death (mortality) has changed in the county over the last 80 years, consistent with state and national trends. Advances in science, medical care, living and working conditions have influenced causes of death and disability in the county.

Curry County has higher rates of several **leading causes of death**. The leading cause of death in the county is cancer followed by heart disease. Breast, lung and prostate cancer are the

most common types of cancer in Curry County.

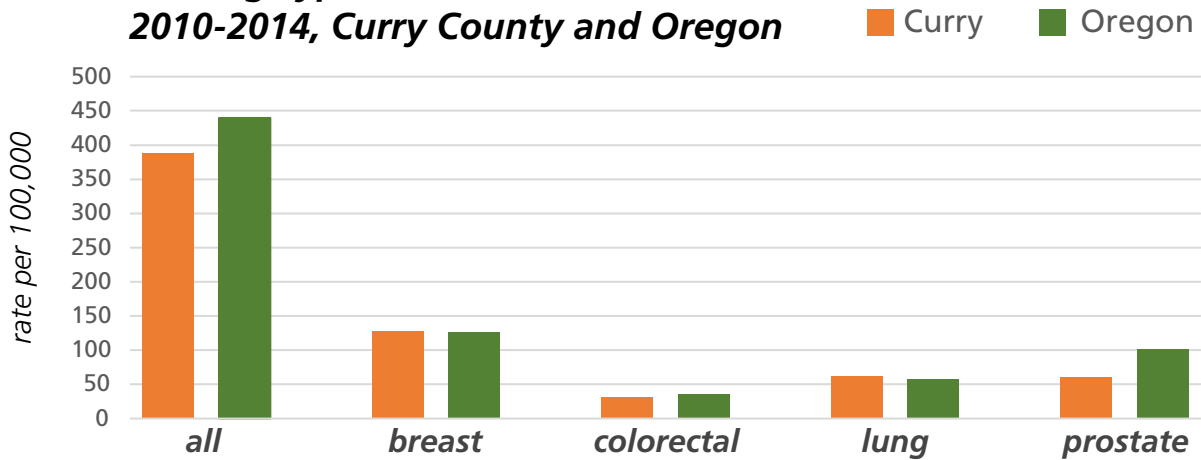
**Leading causes of death, 2011-2015**  
**Select cities in Curry County and Oregon**



Sources: Vital Statistics Annual Report, Oregon Health Authority  
 \*crude death rates by cause

*“The air quality is not good with factories spewing chemical pollution into the air and wood burning fireplaces emitting large air particulates which causes asthma and lung cancer.” —Survey Participant*

**Leading Types of Cancer\*  
2010-2014, Curry County and Oregon**

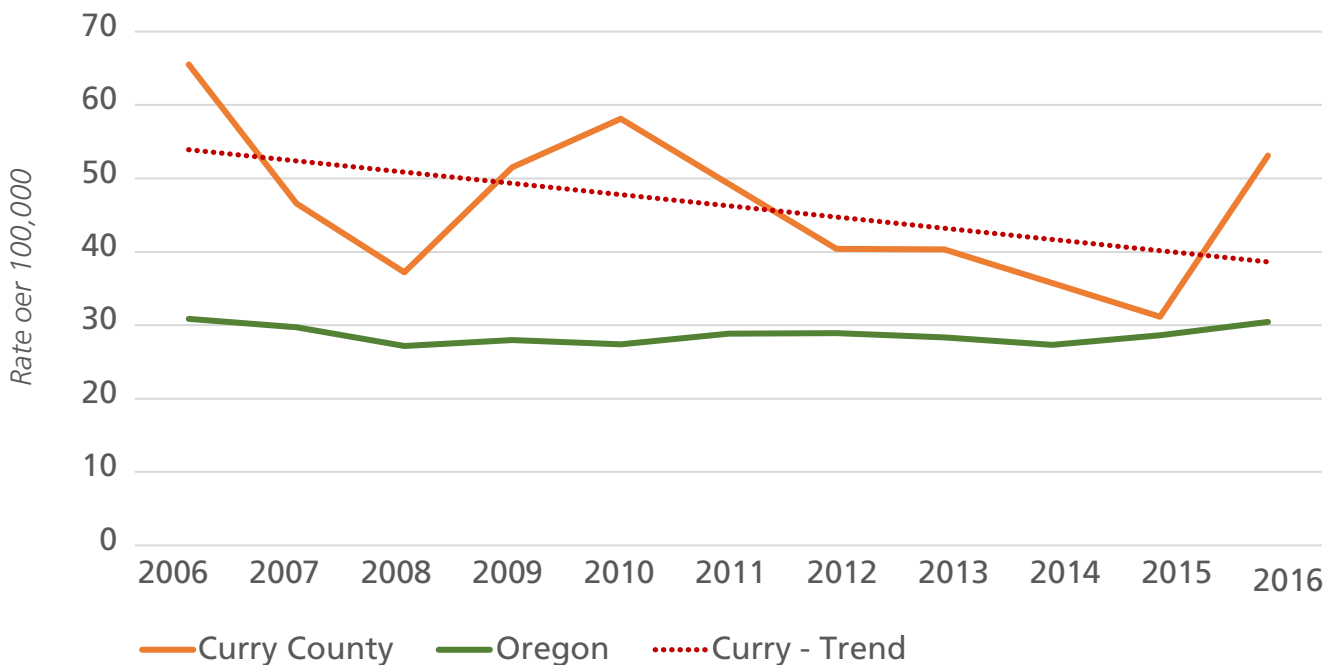


\*new cases

Source: Oregon State Cancer Registry, 2010-2014

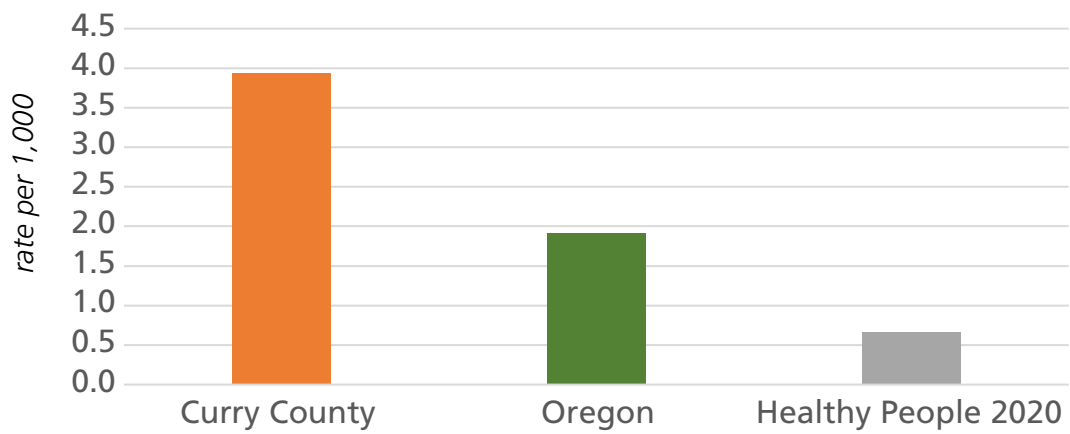
Mortality from **diabetes** is high in Curry County and also remains higher than state rates. Deaths attributed to **tobacco**, as already mentioned in the modifiable health behavior section, are also higher in Curry County than Oregon and considerably higher than the Healthy People 2020 national goals.

**Diabetes-related mortality, 2006-2016  
Curry County and Oregon**



Source: Oregon Vital Statistics Annual Reports

**Tobacco-related mortality, 2016**  
**Curry County, Oregon, Healthy People 2020**

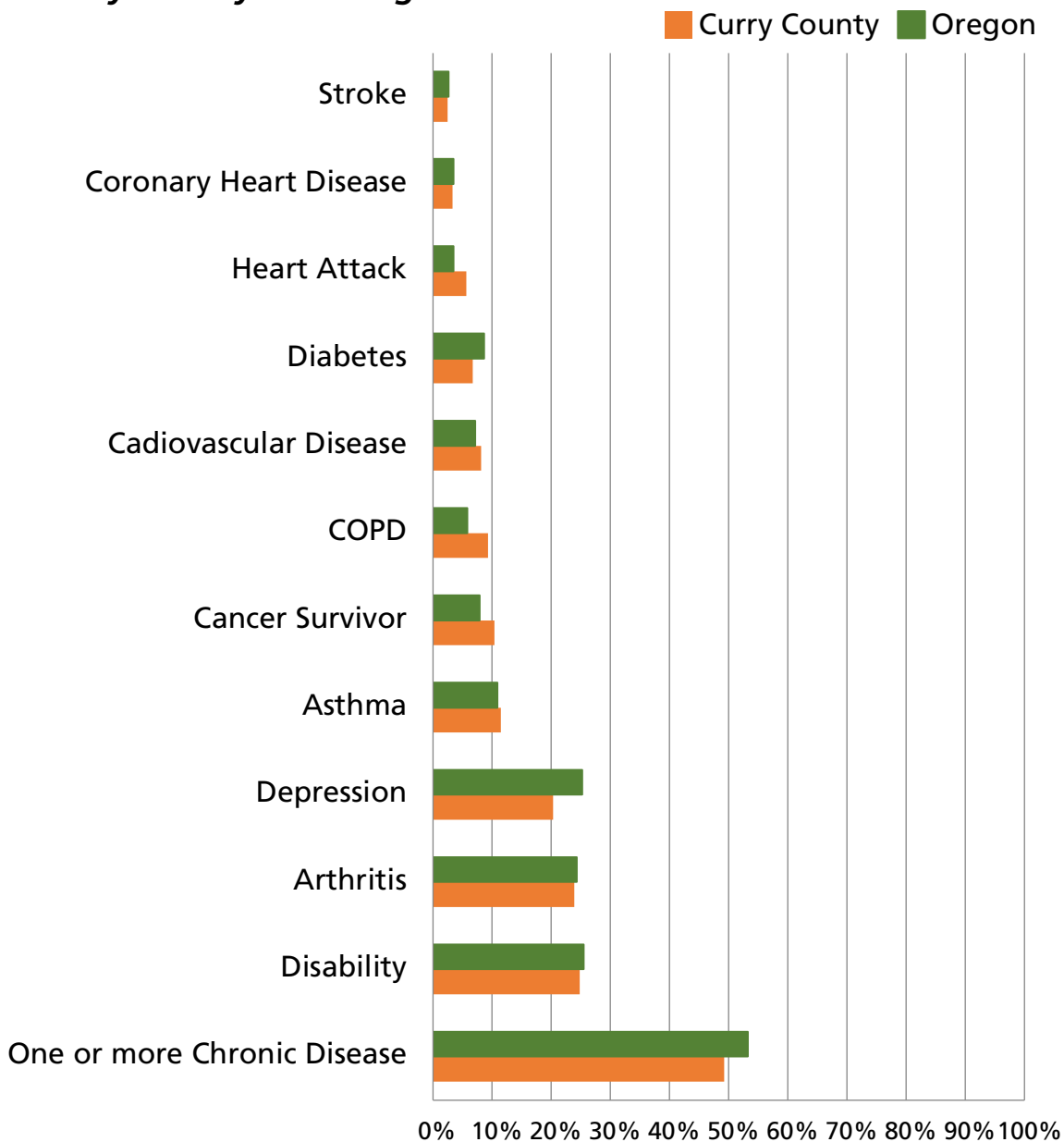


Source: Oregon Vital Statistics Annual Reports

The prevalence and burden of **chronic conditions** is high in Curry County and higher when compared to the state. Nearly 50% of adults in the county have one or more conditions of angina, arthritis, asthma, cancer, COPD, depression, diabetes, heart attack or stroke. This illustrates a very high burden of chronic disease in the county. Also notable is that Curry County has higher percentages of the population with asthma, cancer, COPD and cardiovascular disease than state percentages.

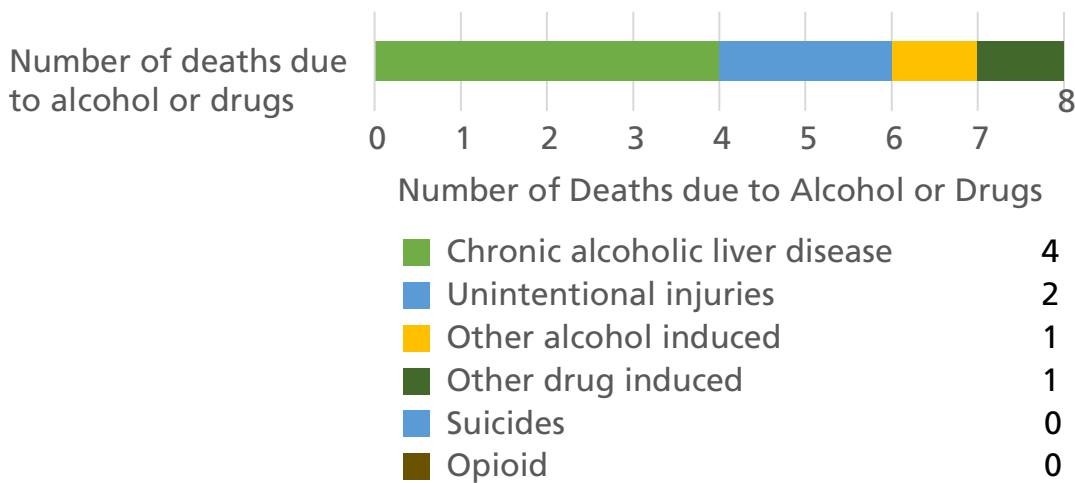
*“Smoking and alcoholism are choices that also lead to other chronic conditions.”—Survey Participant*

**Chronic conditions among adults, 2012-2015  
Curry County and Oregon**



The majority of deaths due to alcohol or drugs are from chronic alcoholic liver disease followed by unintentional injuries. There have been zero deaths marked as from opioids since 2012 in Curry County.

**Deaths due to alcohol or drugs, 2016  
Curry County**

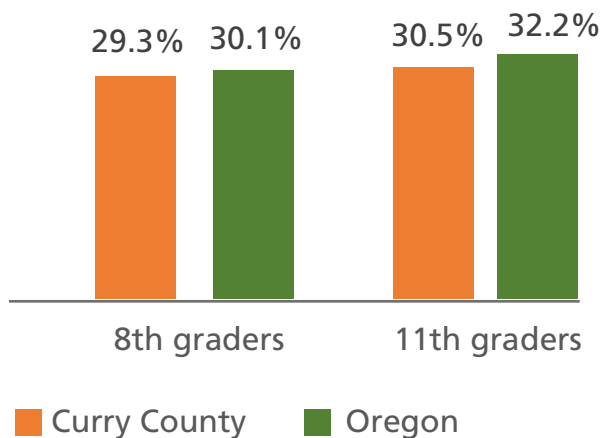


Source: Oregon State Vital Statistics

**Mental Health & Suicide**

Mental health and depression were listed as top concerns by the 2018 CHA focus groups and survey participants. Indicators of mental and behavioral health include suicide rates and percentages of the population experiencing depression.

**Youth depression, 2017  
Curry County and Oregon**



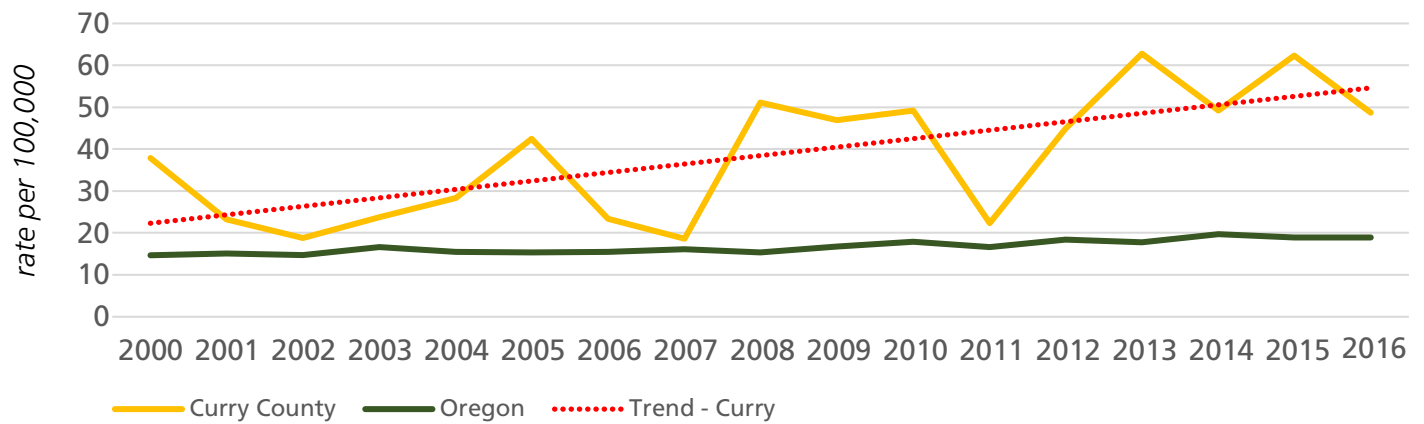
Self-reported mental health and depression are higher in Curry County than in Oregon statewide for youth. A third of 8th graders and 11th graders indicate they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (Oregon Healthy Teens Survey 2017). Youth considering suicide is significantly higher in Curry County than Oregon. 21.1% of 8th graders in the county in 2017 seriously considered attempting suicide, 4.5% actually attempted 6 or more times in the past 12 months, nearly four times that of state percentages.

Source: Oregon Healthy Teens

***“Suicide here is huge because of lack of sun, lack of mental health services and isolated communities.” —Focus Group Participant***

Suicide as a cause of death in all populations in the county show an alarming upward trend in number and rate.

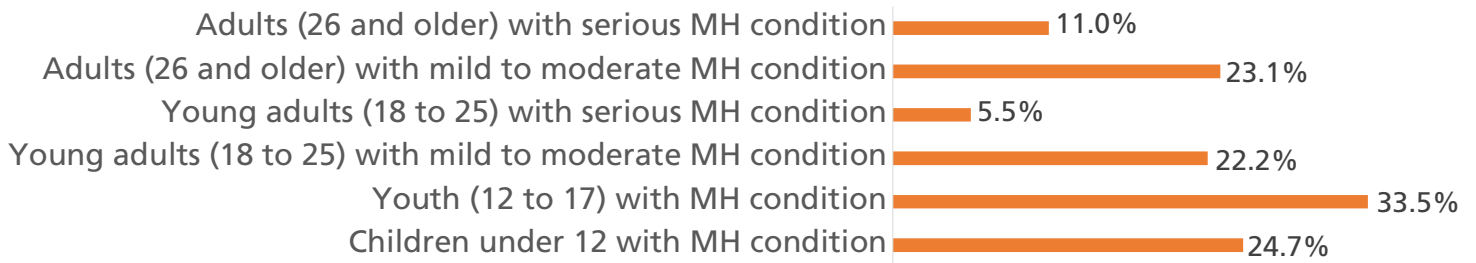
### ***Suicide Curry County and Oregon, 2000-2016***



Source: Oregon Vital Statistics

20.3% of adults reported depression in Curry County while 34.1% of adults on Medicaid in the county listed either a mild to serious mental health condition in 2015.

### **Mental health conditions, Medicaid population, 2015 Curry County**

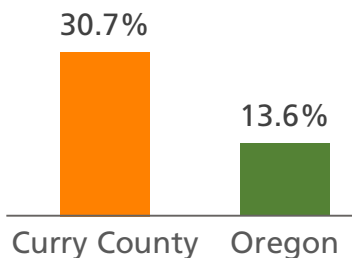


\*MH is Mental Health

### **Oral Health**

A third of the population of adults in the county indicate poor dental health, twice that of the state percentage. Youth in the county are less likely to have seen a dentist or dental hygienist for a check-up in the last year than youth statewide. In 2017, only 59.8% of 11th graders in the county had seen a dentist or dental hygienist for a check-up, exam, teeth cleaning or other dental work in the last 12 months (Oregon Healthy Teens Survey 2017). Additional data on access to dental care is in the previous health services section.

### **Percent of adults with poor dental health, 2006-2012 Curry County and Oregon**

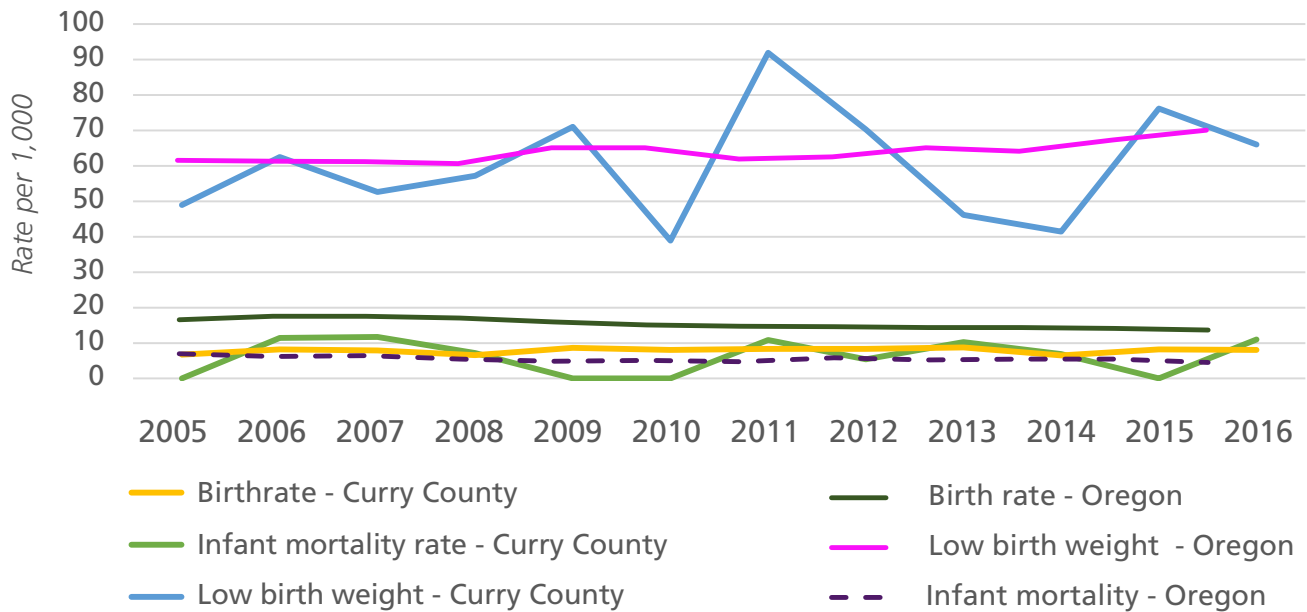


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES

## Births

Low birth weight is an indicator of general maternal and child health in a community. Babies born with low birth weight typically have more long-term disabilities and developmental issues. The rates of low birth weight and infant mortality in the county have bounced up and down since 2005, typical of a rural County with lower overall population numbers. The Infant Mortality Rate (IMR) in the county has varied from 0-11.7 since 2005. An IMR of higher than 9.9 usually indicates an at risk population for federal programs such as Healthy Start.

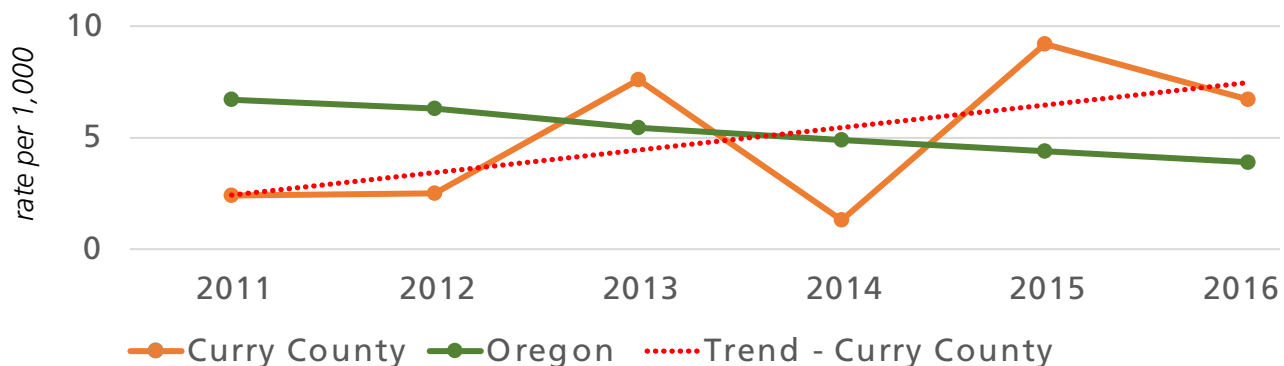
### **Birth rate, low birth weight and infant mortality rate, 2005-2016 Curry County and Oregon**



Source: Oregon Vital Statistics, 2005-2016



Teen births, defined as births happening to young women age 15-19, is higher than the state average and trending up while the state trend is going down. Teen births are an important indicator as often teen parents have unique social, economic and health services support needs. High rates of teen pregnancy can also indicate prevalence of unsafe sex practices.












### **Teen births, 2011-2016 Curry County and Oregon**



Source: Oregon Health Authority, Center for Health Statistics

The indicator table provides an overview of indicators in the county/ service area, including comparison with Oregon overall averages.

**Key**  
 =higher (than State)  
 =lower (than State)

<i>Health Status and Outcome Indicators</i>	
<i>Indicator</i>	<i>Findings (Curry County vs. Oregon)</i>
<i>Leading causes of death</i>	Diabetes mortality  Tobacco mortality 
<i>Chronic conditions</i>	Asthma, cancer, COPD, cardiovascular disease and heart attack 
<i>Cancer</i>	Breast and lung cancer 
<i>Suicide</i>	Suicide adults  Suicide attempts youth 
<i>Dental / oral health</i>	Dental health poor 
<i>Maternal and pediatric health</i>	Teen births  Infant mortality rate  Low birth weight  Birth rate 



# Gaps and Next Steps

The CHA document is a snapshot of health in Curry County. The CHA has limitations, it is not meant to cover every possible factor that influences health nor is it an evaluation of services or efficacy of the health care system itself. The CHA is limited by what data is currently being gathered and published while also being limited by the validity, frequency and level of data that other entities gather and report. The CHA committee identified several data gaps in the CHA process, with the hope that the list will drive future data collection and study.

## *Data Gaps, Possible Future Data Collection and/or Study Topics*

Homelessness & housing availability

Dental & oral health

Opioid use & abuse

Access to specialty health care

Provider retention efforts

Transportation

The CHA is intended to inform and build on current health efforts in the community. The CHA is one step in an ongoing process of community health assessment, planning and improvement. Future work includes prioritization of health issues and interventions and exploration of how to compliment and integrate work that is already being done in the community.

# *Appendices*

# ***Primary Data Collection Summary***

## *2018 Curry Community Health Assessment*

### ***Process & Methods***

Two primary methods were used to solicit feedback from the community regarding the 2018 Curry Community Health Assessment. Primary data collection, through focus groups and a community wide survey, provides additional data and context to the secondary data cataloging and analysis. The purpose of the primary data collection was to gather perceptions about health priorities, experiences and gain an understanding of what community members believe influences health the most. Methods included surveys (both paper and online) and targeted focus groups. The primary data collection process is part of a larger community health assessment, following a modified Mobilizing for Action through Planning and Partnerships model (MAPP).

The community survey was written for easy reading and comprehension, resulting in a 98% completion rate. Survey questions mirrored the questions in the targeted focus groups. The survey was available online and in paper/hard copy format, in English and in Spanish language. Additional accommodation for language and/or reading and comprehension was offered. The survey was advertised in many formats, including flyers, social media and via email. 310 people took the survey, eliciting both quantitative health priority ranking data and 298 unique comments.

The 2018 Curry CHA collaborative committee also sponsored ten targeted community focus groups. Forty-six (46) community members participated in the focus groups. The meetings were held around the county during January 2018. The committee identified and prioritized which groups of individuals they wanted to have targeted feedback from, after lengthy discussion. The committee then chose local champions for each group. The role of the local focus group champion was to lead recruitment, coordination of focus group location, selection of small incentives for participants and introduction of the consultant and facilitator to the participants of the group.

### *Prioritized Populations for 2018 Curry Community Health Assessment Focus Groups*

- ***Health Care Providers***
- ***Tribal Community***
- ***Education***
- ***Seniors and retirees***
- ***Behavioral Health & Addictions***
- ***Chronic pain***

Data was gathered in the focus groups with a combination of instant polling questions utilizing “clickers” that captured instant demographic data and polling on health priorities and perceptions. The second type of tool were open-ended discussion questions. The multiple feedback collection tools ensured 100% of focus group participants. Light refreshments and \$10 gift cards or equivalent were provided to focus group participants as incentives. The focus groups were complete within two hours and averaged almost nine people per group. 268 unique comments were gathered from focus groups.

<i>Total primary data collection 2018</i>	
<i>Total focus group participants</i>	46
<i>Total surveys completed</i>	310
<i>Total individual participants (both survey and focus group)</i>	356
<i>Total qualitative comments</i>	566

Qualitative and quantitative data were reviewed for themes in both the survey and focus groups. A combined number of 566 unique qualitative comments and several quantitative ranking questions were reviewed for themes. The combined themes and summary data are as follows.

## **Primary data themes**

### *3 Biggest strengths in community*

- *Physical Environment (such as air quality and recreational opportunities etc.)*
- *The people that live here*
- *Social Support (including religious/spiritual values, volunteerism etc.)*

### *3 Things that would most improve quality of life here*

- *Improved Access to affordable housing*
- *Access to affordable health care*
- *Improving availability of jobs*

### *3 Behaviors with the most influence on health*

- *Alcohol and/or drug abuse*
- *Eating habits and nutrition*
- *Not getting health care when you need it*

### *3 Community Conditions you see the most*

- *Poverty or ability to meet financial responsibilities*
- *Homelessness/availability of housing*
- *Lack of health care facilities and services*

### *3 Health issues you see the most*

- *Mental health problems*
- *Substance abuse*
- *Cancer*

## *Health Equity*

59% of participants don't believe that everyone in Curry County has an equal opportunity to live a long healthy life if they choose to.

There are limitations to focus group and survey data. Neither should stand on its own, the processes are meant to compliment and balance the secondary data analysis. The primary data collection methods used in the 2018 Curry CHA are also not random and instead are considered a convenience sample, not intended to be a complete and random sampling of the community but instead, to provide insight into the health concerns, perceptions and experiences of specific groups within the county. The selection of populations for the focus group and the advertising of the survey were driven by the local CHA committee.

## *Helpful acronyms*

<i>BMI</i>	Body Mass Index
<i>BRFSS</i>	Behavioral Risk Factor Surveillance System
<i>CCO</i>	Coordinated Care Organization
<i>CHA</i>	Community Health Assessment
<i>CHNA</i>	Community Health Needs Assessment
<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CT</i>	Computerized Tomography
<i>HCV</i>	Hepatitis C Virus
<i>IMRT</i>	Intensity-modulated radiation therapy
<i>MAPP</i>	Mobilizing for Action through Planning and Partnerships
<i>MRI</i>	Magnetic Resonance Imaging
<i>OHA</i>	Oregon Health Authority
<i>ORCCA</i>	Oregon Coast Community Action
<i>PET</i>	Polyethylene Terephthalate
<i>PHAB</i>	Public Health Accreditation Board
<i>SNAP</i>	Supplemental Nutrition Assistance Program
<i>WIC</i>	Special Supplemental Nutrition Program for Women, Infants and Children

<b><i>PHAB Measures for Accreditation Chart PHAB 1.5</i></b>	<b><i>Reference Page of Report</i></b>
<b>1.1.1.1</b> Community Partners	1
<b>1.1.1.2</b> Regular Meetings	1 (see documentation)
<b>1.1.1.3</b> Process to identify health issues	1-5
<b>1.1.1.2a</b> Qualitative and quantitative data, primary and secondary data	6-62 65-67
<b>1.1.2.1 b, 3.2.6.1</b> Demographics of population	6-10
<b>1.1.2.1 d</b> Factors that contribute to specific populations' health challenges	11-62
<b>1.1.2.1 e</b> Existing assets and resources that address health issues	38-46
<b>1.1.2.2</b> Community review and contribution to CHA	see documentation
<b>7.1.1.1</b> Availability of health care services	38-46
<b>7.1.3.2</b> Geographic distribution of providers	38-46
<b>7.1.3.1 &amp; 7.1.3.2</b> Identification of causes of specific gaps and barriers to care	63

<b>CHNA list for nonprofit hospitals IRS Form 990, Schedule H (2015)</b>	<b>Reference page of Report</b>
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility	6-10
<b>Part V Section B Line 3b</b> Demographics of the community	6-10
<b>Part V Section B Line 3c</b> Existing health care facilities and resources in the community that are available to respond to the health needs of the community	38-46
<b>Part V section B Line 3d</b> How data was obtained	1-5 65-67
<b>Part V Section B Line 3e</b> Significant health needs of the community	6-62
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups	54-62
<b>Part V Section B Line 3g</b> Process for identifying and prioritizing community health needs and services to meet the community health needs	1-5 65-67
<b>Part V Section B Line 3h</b> Process of consulting with persons representing the community's interests	1-5 65-67
<b>Part V Section B Line 3i</b> Information gaps that limit the hospitals ability to assess the community health needs	63