

Douglas County

Community Health Assessment

2018



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Introduction & Purpose

The purpose of the 2018 Umpqua Health Community Health Assessment (CHA) is to provide a view into the health status of the people that live in Douglas County. The CHA is built on previous community assessments and updates the 2013 Umpqua Health CHA. The process of the assessment results in an increased understanding of key health issues in the community and ultimately aids in better planning of services related to improving health. The process includes comprehensive data collection and analysis, tracked across many sectors. The resulting document assists organizations in the community in their planning and in prioritizing valuable and often limited resources. The 2018 Umpqua Health CHA was published in September 2018.

Types of data, data collection, sources and limitations

Data used in the CHA included secondary data, primary data, qualitative and quantitative data. **Secondary data** is data collected by another organization or group. Examples are rates of morbidity and mortality from the Oregon Health Authority or percentages of certain age groups in the county from the US Census. Secondary data at the county level was used most often due to small numbers in many zip codes or census tracts. New data was valued over older data, although some sources used were older by necessity.

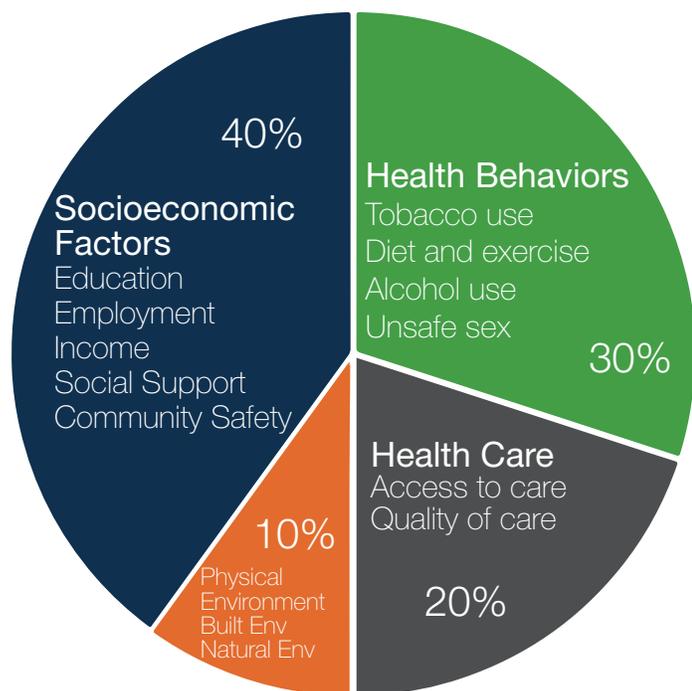
Primary data was collected for this CHA through focus groups and surveys. Details of the primary data collection methodology and results can be viewed in the [Appendices](#).

The CHA 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 also not meant to be a complete list of all community health needs. The CHA also relies heavily on other secondary data and there are many gaps in local, county, state and national data. The CHA is not a rigorous research study or process designed to evaluate the efficacy of services or organizations.

Social Determinants of Health and Health Equity Framework

Traditionally, health assessments have largely focused only on morbidity, mortality and health service indicators. Research, practice and listening to community members has broadened that perspective to recognize that health is more than health care, more than what happens in the health care provider office and more than individual health outcomes of disease and death. Multiple factors in a community impact the health of individuals, families and community. 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.” Specific social determinants of health include socioeconomic factors, our physical environment, our individual behaviors also greatly influence our health. 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.

What affects health worldwide?



Source: County Health Rankings and Roadmap, Robert Wood Johnson Foundation and Kings County Hospitals for a Healthier Community, King County Community Health Assessment 2015-2016

Demographics

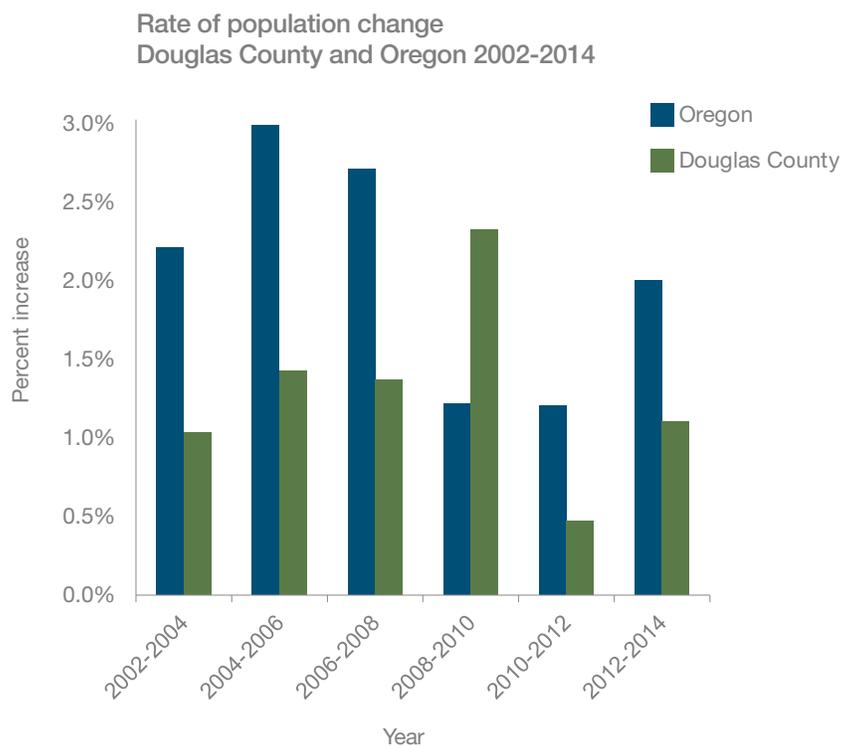
Introduction to Douglas County

Douglas County is a rural county located in Southwestern Oregon. It was recognized initially as Umpqua County in 1852. It was later renamed Douglas County to honor U.S. Senator Stephen A. Douglas. Douglas County is the fifth largest county in the state, geographically and ninth in population. The county spans 5,071 square miles, the size of Rhode Island. The county stretches from the Cascade Mountains to the Pacific Ocean and includes hundreds of valleys, waterways, hills and limited roads. The heavily timbered county contains nearly 1.8 million acres of commercial forest lands. The U.S. Forest Service and Bureau of Land Management administer more than 50% of the county's land. The entire county is designated as rural, by the Oregon Office of Rural Health.

The majority of county residents (approximately 54%) reside in unincorporated areas. There are thirteen incorporated cities in the county and numerous small, isolated unincorporated rural communities scattered throughout the mountainous and rugged terrain. The twelve incorporated cities include: Canyonville, Drain, Elkton, Glendale, Myrtle Creek, Oakland, Reedsport, Riddle, Roseburg, Sutherlin, Winston and Yoncalla. The total countywide population is 110,395 (2016).

Demographic data & trends

Notable demographic trends include limited growth in total population while the percentage of those over 60 in the county increases. The rate of growth, including out migration and in migration has remained below the state overall for most years, with the exception of 2008-2010.



Source: PSU Population Research Center

According to 2017 census estimates, over 25.1% of the county is 65 or older compared to 15.6% nationally. Rural isolated areas show a much higher median age than the county average, illustrating that there are many isolated seniors in many areas of the county. Population forecasting predicts that the trend of increased percentage of the overall population being seniors to continue, with older migration into the county, baby boomers getting older and life expectancy continuing to rise.

Race, ethnicity & language

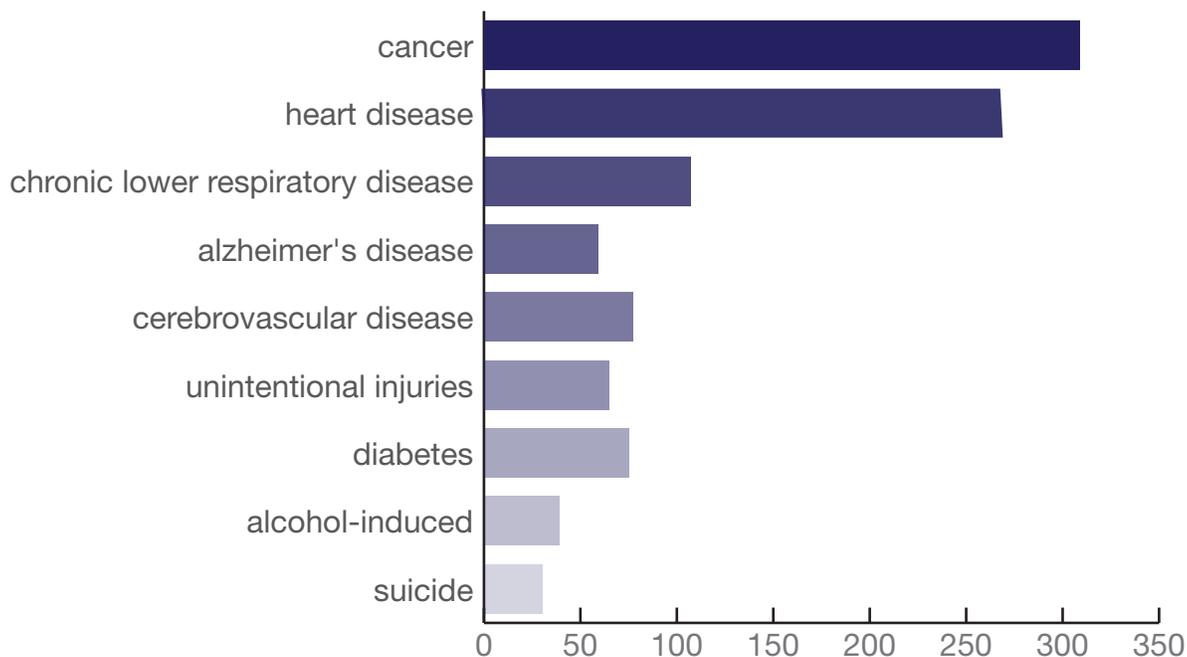
According to 2016 census estimates, there are 16.9 times more White residents in the county, more than any other race or ethnicity. The next most common race and ethnicity is Hispanic, accounting for 5.3% (or 5,649 people) followed by multiracial residents at 3.7% or (3,924 people).

3,741 people (approximately 3.3% of the population) in Douglas County are Non-English language speakers considerably lower than the state and National averages which hover around 21%. Spanish is the most common non-English language spoken in the county, 1.9% of the total population of the county are native Spanish speakers. The next most common non-English language spoken in Douglas County is German at 0.14% followed by Korean at 0.1%.

Health Status & Characteristics

Causes of death (mortality) have changed in the county over the last 80 years. Advances in science, medical care, living and working conditions have influenced causes of death and disability in the county. The major causes of death in the county, as in the nation are cancer and chronic disease.

Leading causes of death, rate per 100,000 Douglas County 2016



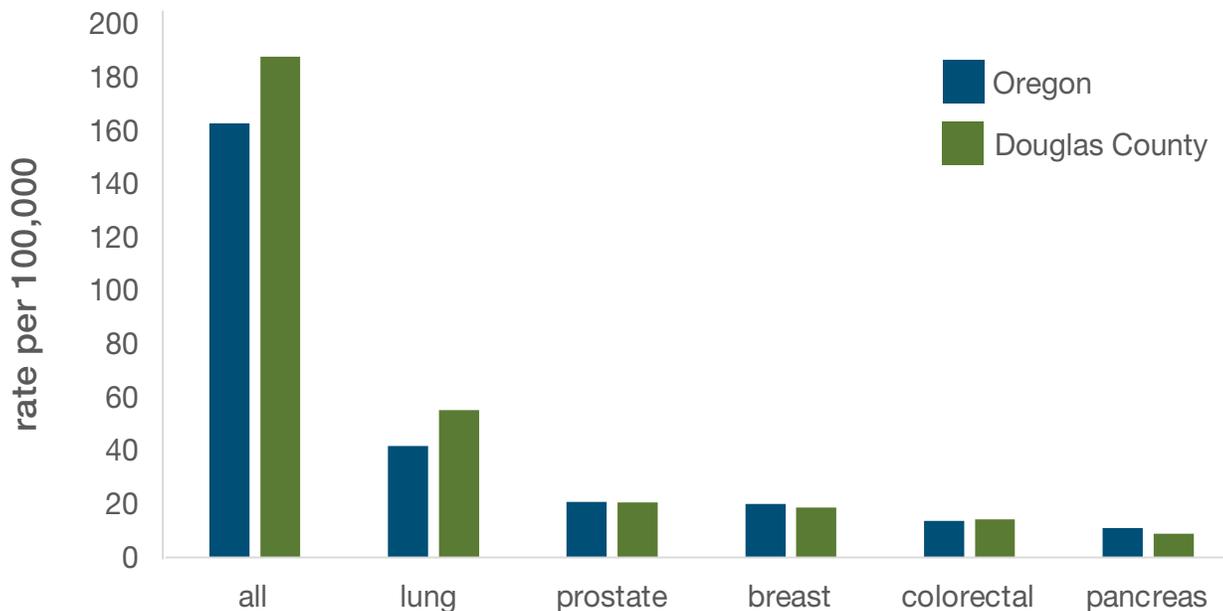
Sources: Vital Statistics Annual Report

***“A lot of people don’t realize or recognize you’re sick. I had diabetes for a long time before I was diagnosed. We need more information about symptoms.”
—Survey participant***

Cancer

Like many neighboring counties, Douglas County has higher rates of several leading causes of death. The leading cause of death in the county is cancer followed by heart disease. Lung, prostate and breast cancer are the highest causes of death in the county (2015).

Leading types of cancer deaths Douglas County and Oregon 2011-2015

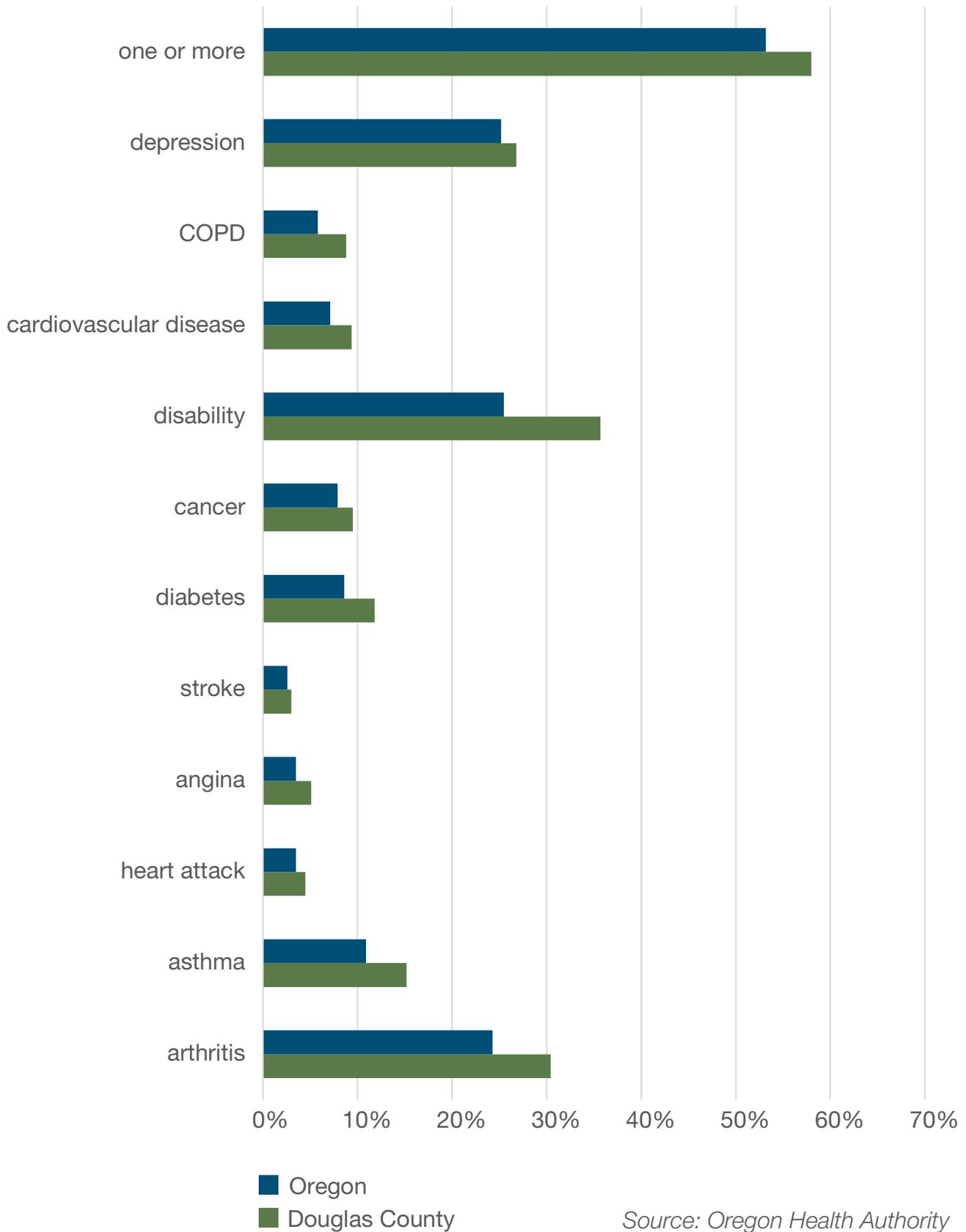


Source: Oregon Public Health Authority

The prevalence and burden of chronic conditions is high in Douglas County and higher when compared to the state. Close to 60% of adults in Douglas County have one or more of depression, COPD, cardiovascular disease, cancer, diabetes, stroke, angina, heart attack, asthma or arthritis.

***“A lot of people with chronic conditions like liver issues can’t get care without having insurance, it’s not good.”
—Focus group participant***

Chronic diseases among adults, Douglas and Oregon 2012-2015

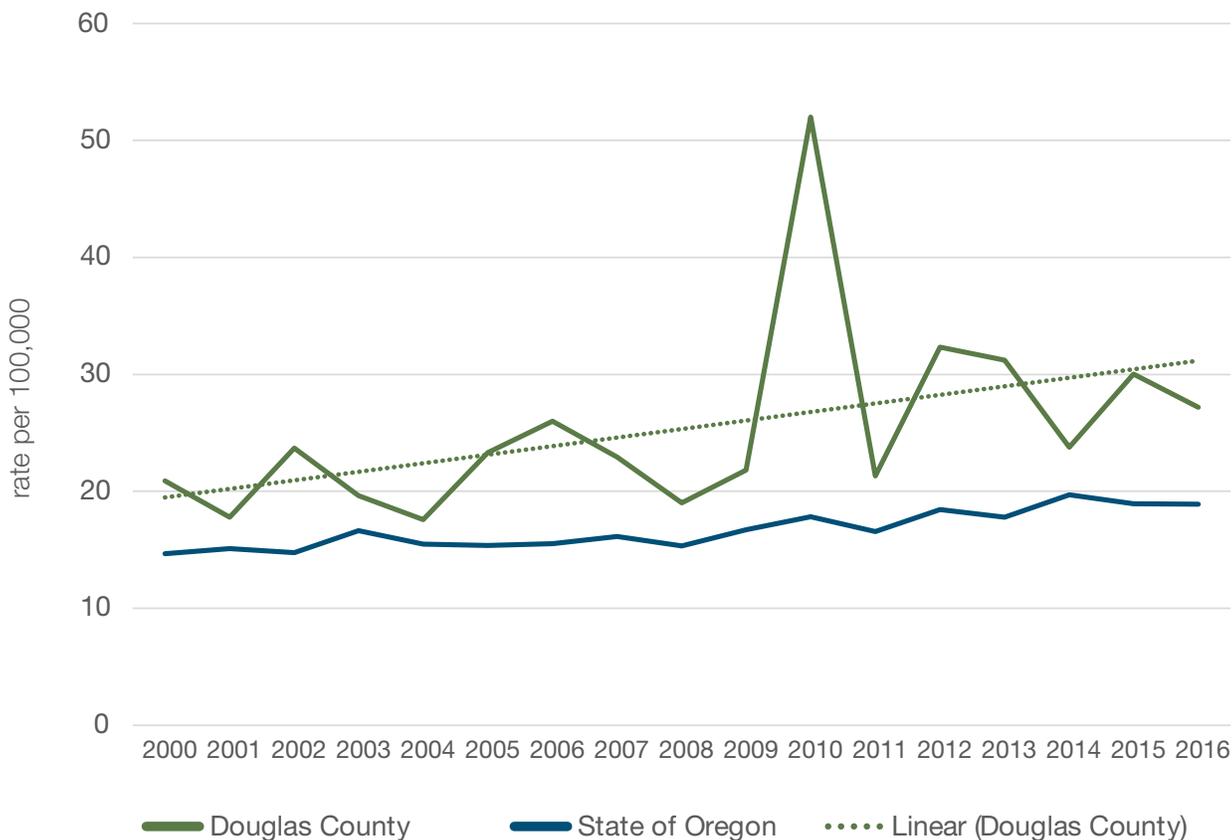


Source: Oregon Health Authority

Mental/behavioral health

Mental health and depression were listed as top concerns in both the 2013 and 2017 CHA focus groups and survey participants. Indicators of mental and behavioral health include suicide rates and percentages of the population experiencing depression. Suicide in the county shows an alarming upward trend in number and rate. Rates in the county also continues to be higher than in the state as whole.

Suicide Douglas County and Oregon 2000-2016



Source: Oregon Vital Statistics, Leading Cause of Death and Portland State University, Population Research Center

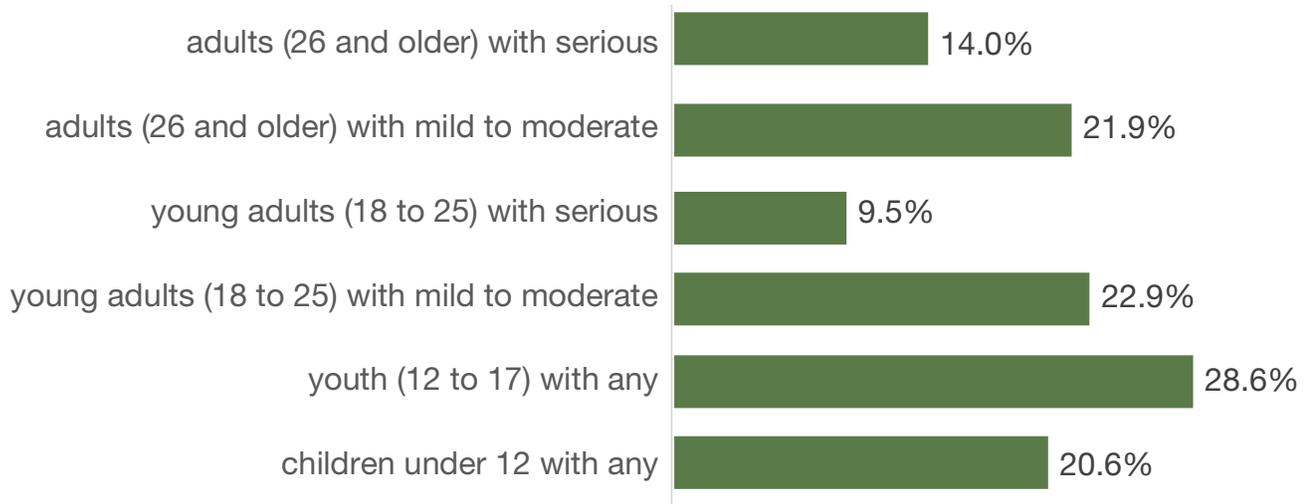
One in four adults (26.80%) of adults in Douglas County report being depressed (BRFSS 2012-2015). Recent County Health Rankings report that 16.30% of adults don't have adequate social support and social associations, that indicate engagement in community are also low at 10.7 per 10,000 people.

“If you have a chronic mental health issue like depression, health isn't a priority always. It's more about survival.”

—Focus group participant

Depression in youth has been steadily increasing for both 8th and 11th graders in the county, youth are significantly more likely to be disconnected. 22.5% of youth in the county, between 16-24 years old are either not in school or working, nearly twice what it is in the state (11.9%).

People in Medicaid population with identified mental health conditions Douglas County 2015

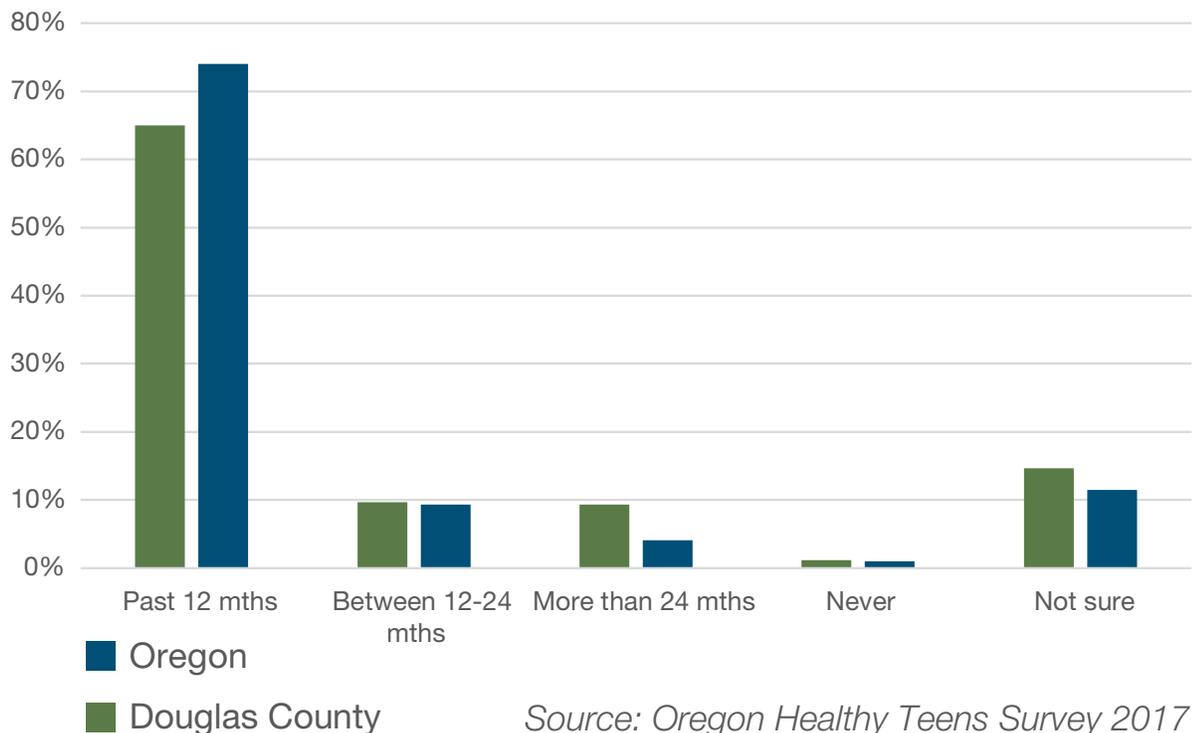


Source: Avatar, DSSURS, HSD-Budget, OHA-Actuarial Unit, Oregon Employment Division, SAMHSA, US Census

Dental and oral health

Oral disease is on the rise in Oregon and Douglas County. The most recent data shows that youth are less likely to have seen a dentist or dental hygienist for a check-up in the last year in Douglas County than in the state as a whole. In 2017, only 65% of 8th graders in the County have seen a dentist or dental hygienist for a check-up, exam, teeth cleaning or other dental work in the last 12 months, 1.2% had never seen a dentist or dental hygienist.

Youth dental/oral health access* Douglas County and Oregon 2017



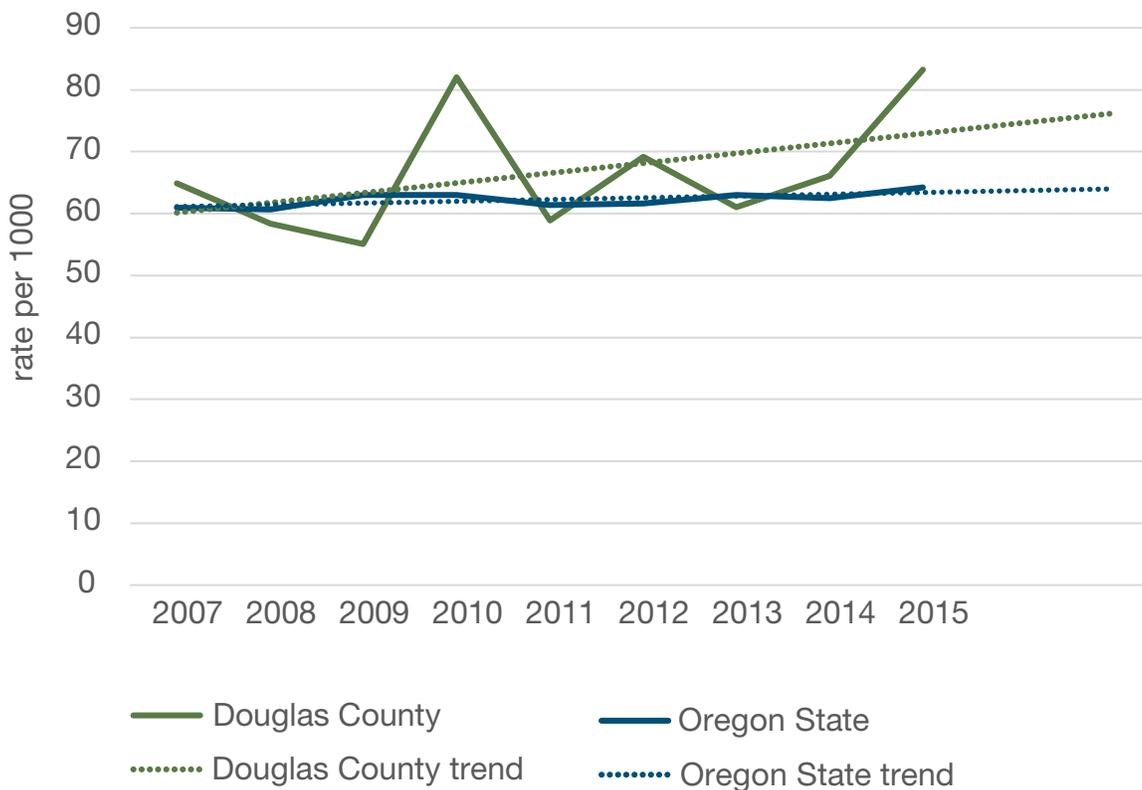
Source: Oregon Healthy Teens Survey 2017

*8th graders: When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning or other dental work?

Maternal & child health

Indicators such as low birth weight have long indicated general maternal and child health in a community. Babies born with low birthweight typically have more long-term disabilities and developmental issues. The rate of low birthweight babies in the county has historically been higher than the state and is trending up. The Infant Mortality Rate (IMR) in the county has been steadily decreasing, indicating a community strength. The IMR for the county was 4.86 for 2014-2016.

Low birth weight trends
Douglas County and Oregon 2007-2015

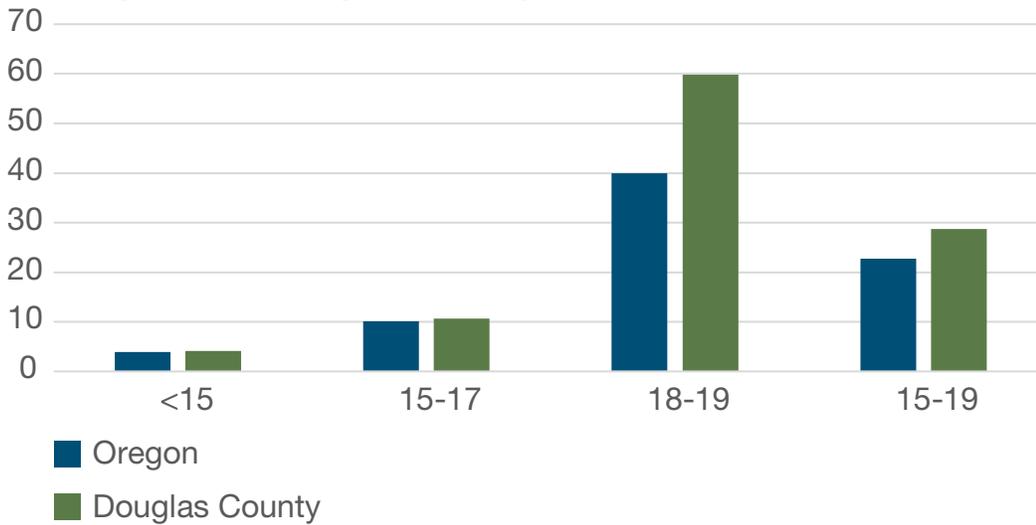


Source: Oregon Vital Statistics, 2005-2016

“Each time I go into town for a doctor appointment, its about \$100 in lost wages, gas and childcare. I don’t want to make that choice. I don’t want my kids to have to be in the same place as I am in 20 years.” –Focus Group Participant

Teen births, happening to young women age 15-19, are generally higher than the state average, particularly for the age group of 18-19 years old. 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 pregnancy rate per 1,000
Oregon and Douglas County, 2016**



Source: Oregon Health Authority, Center for Health Statistics

“Some people don’t recognize health starts in pregnancy.” – Survey participant

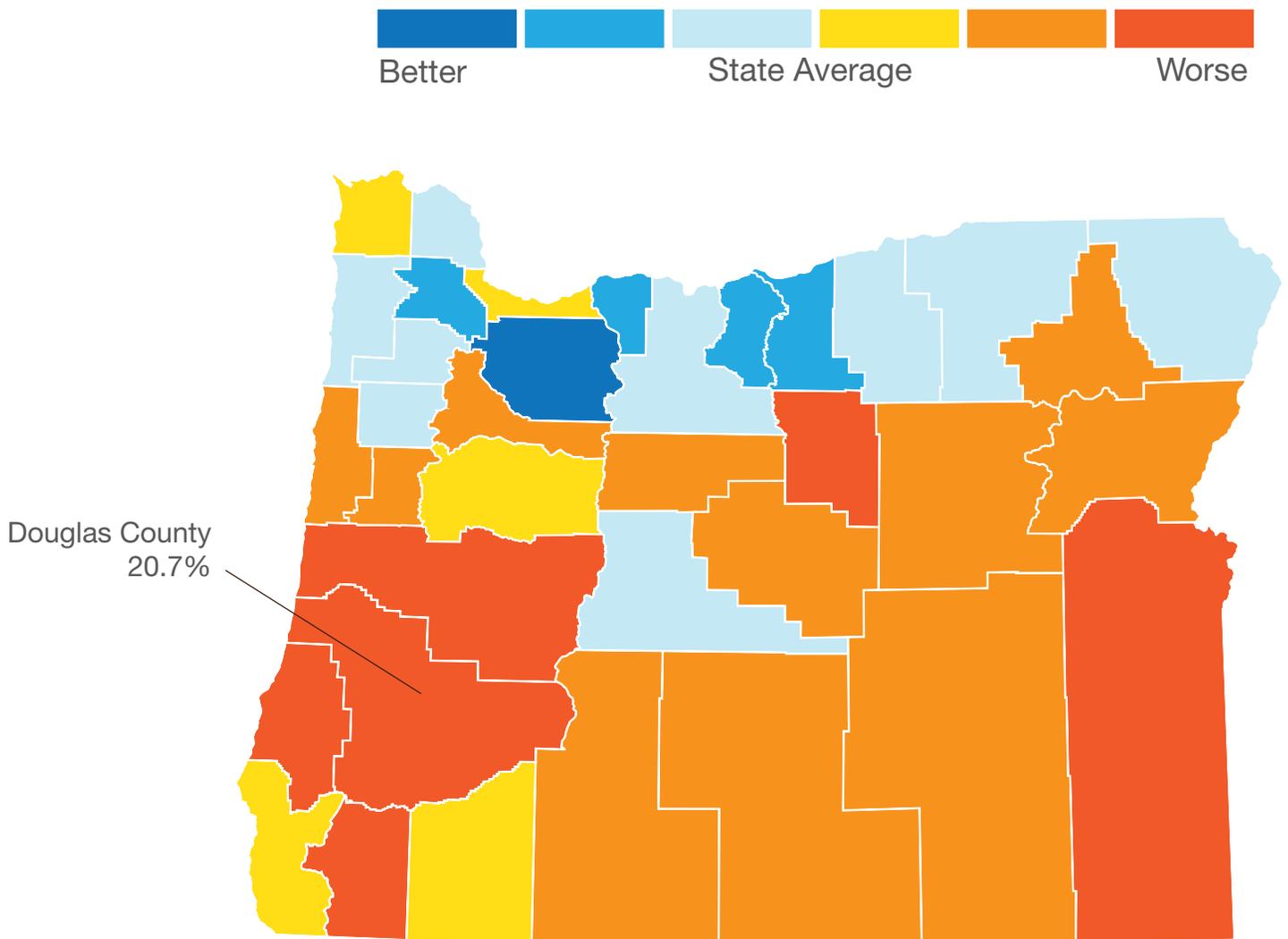
Economic Stability

Factors such as poverty, income, employment and unemployment are indicators for the economic stability or lack thereof in a community. Income inequality has health impacts for individuals, families and communities including increased risk for poor health and increased risk of death.

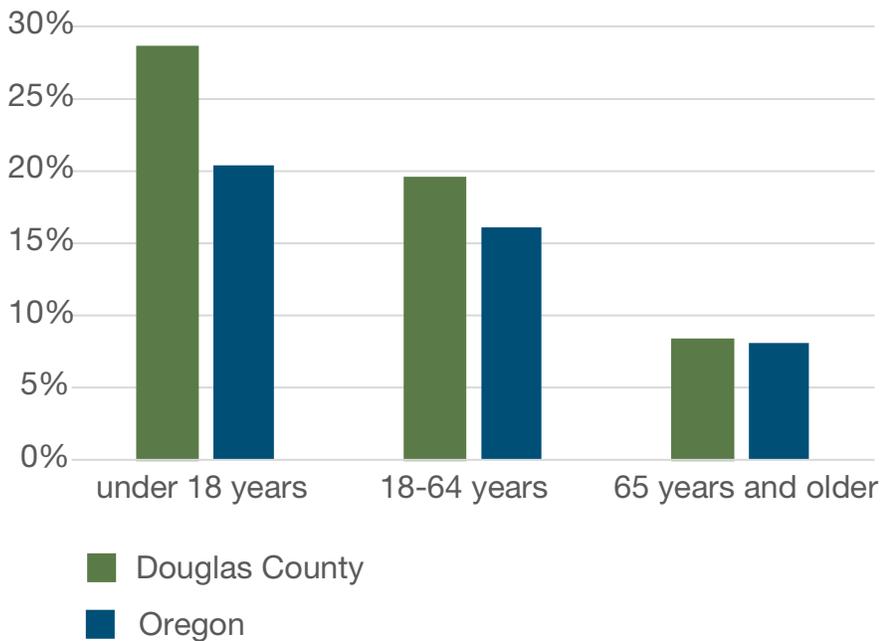
Poverty and income

Poverty rates are consistently higher in Douglas County than the state overall. Poverty is also higher in all age groups in the county, compared to the state. Close to 1 in 3 children (28.6%) of children under 18 years old were living in poverty in 2016.

Poverty in Oregon



Poverty by age Douglas County and Oregon 2016



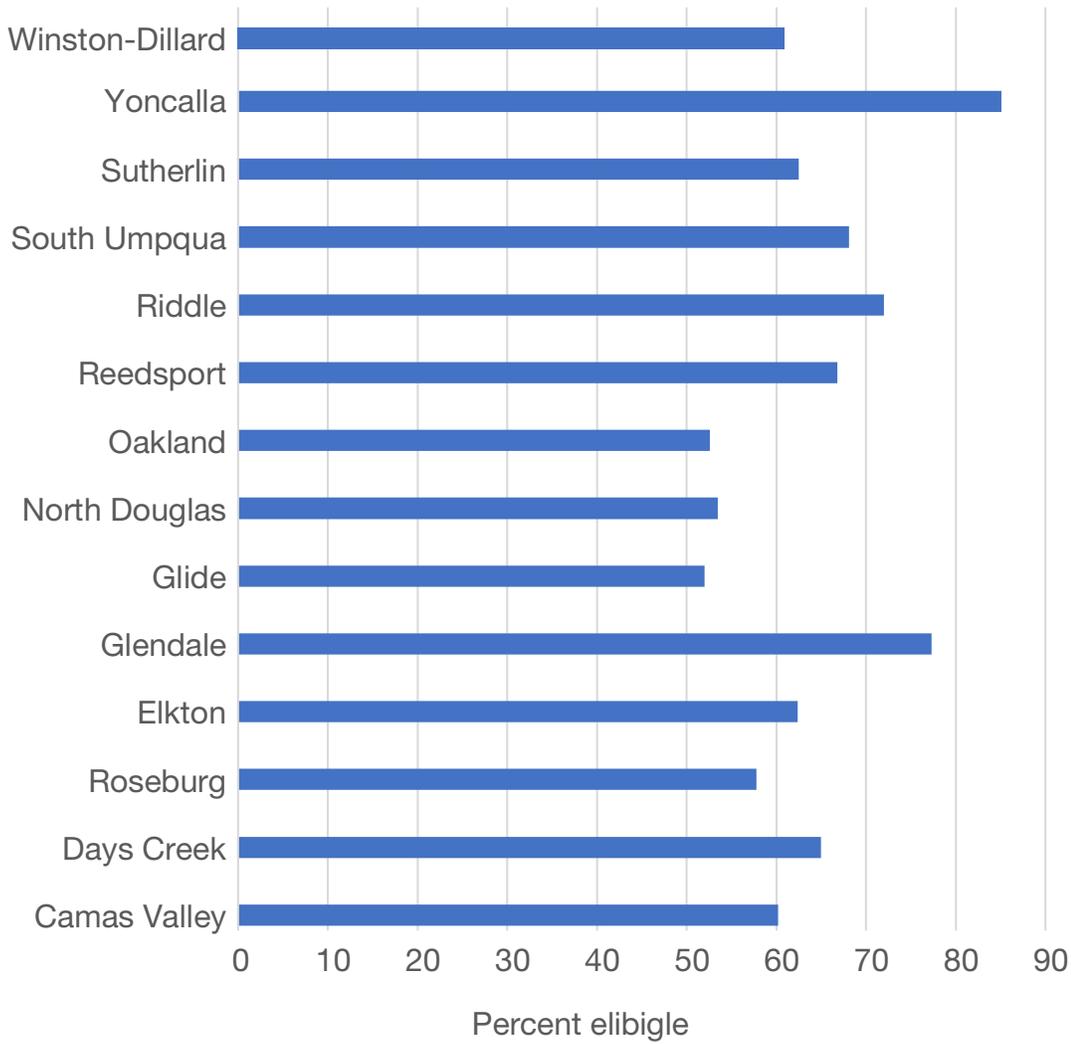
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year estimates

“Poverty is a foundational issue related to health. If you don’t have time or childcare and are just surviving you won’t take advantage of healthy living opportunities.”
—Focus group participants

“A lot of families here are in crisis and poverty.”
—Focus group participant

Children that qualify for free/reduced lunch varies within district but are higher than state averages and also illustrate income inequalities within the county.

Students eligible for free and reduced lunch by district Douglas County 2016-2017



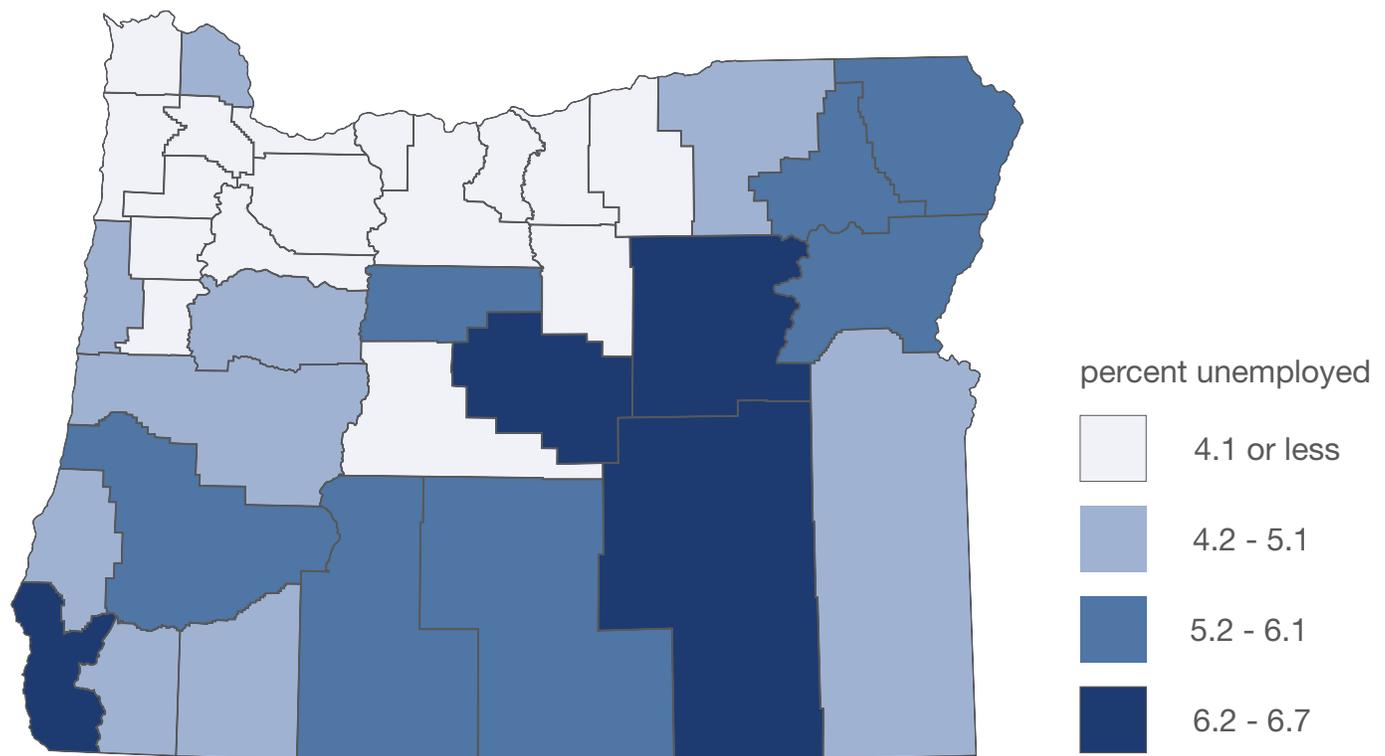
Source: Oregon Department of Education

Median household income is lower in the county than state and national levels. According to census estimates, the median household income for Douglas County was \$42,000 in 2015.

Unemployment

Unemployment rates are higher in Douglas County compared to Oregon and remains higher than many other counties in the state.

Seasonally adjusted unemployment rate, January 2018



Source: Oregon Employment Department

Community Characteristics & Social Determinants of Health

Characteristics of a community encompass several social determinants of health. Where somebody lives and how they access basic needs such as housing and food greatly influence health of individuals and families living in the community.

Housing

Housing availability, affordability and quality is a well-established social determinant of health. 18% of households in Douglas County have one or more severe housing quality issues. These issues include homes that are severely overcrowded, severely cost burdened, lacking complete kitchen facilities or lacking complete plumbing facilities.

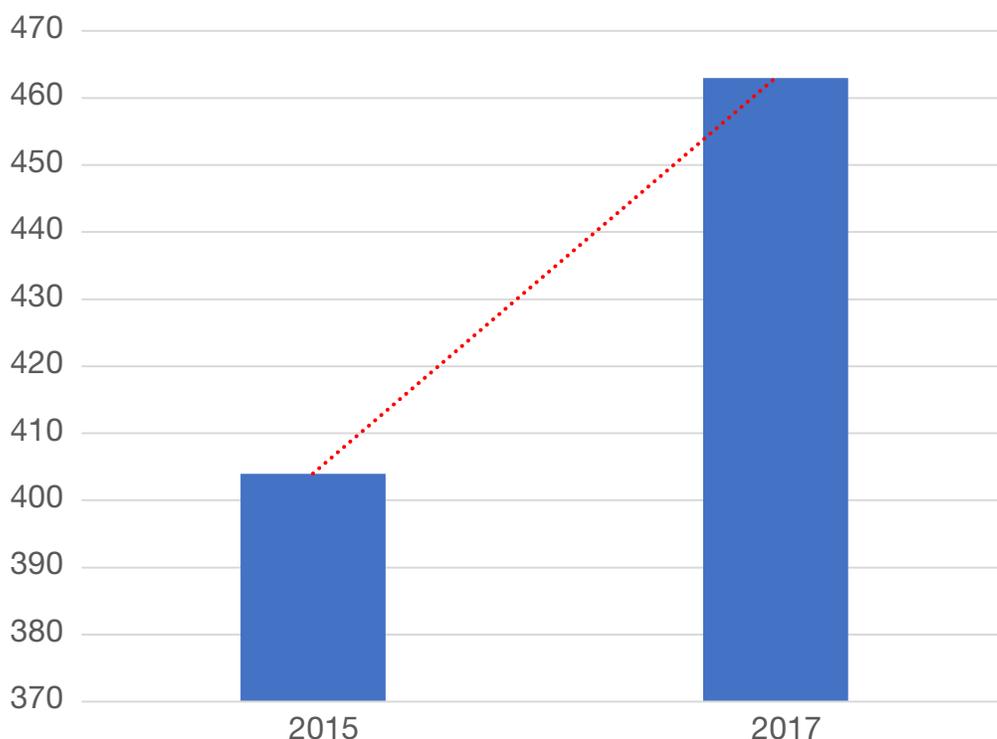
“We need more affordable, step-down housing to help people integrate back into the community.” –Focus group participant

Housing costs and affordability are indicators of housing in the county. 2 out of 7 all renters in the county are paying more than 50% of their income on rent, representing a very high cost burden. The cost burden is higher for those with extremely low incomes. 5 out of 7 renters with extremely low incomes are paying more than 50% of their income on rent in the county (Oregon.gov) Availability of housing was second only to poverty in the biggest concern for focus group and survey participants of the 2017-2018 CHA process.

Homelessness

People experiencing homelessness, defined as anyone who lacks a fixed, regular and adequate nighttime residence was listed as a very significant concern in the 2017-18 CHA primary data collection. The 2017 point-in-time homelessness count for the county counted 463 individuals, representing an increase since 2015.

Point in time homeless count, Douglas County 2017

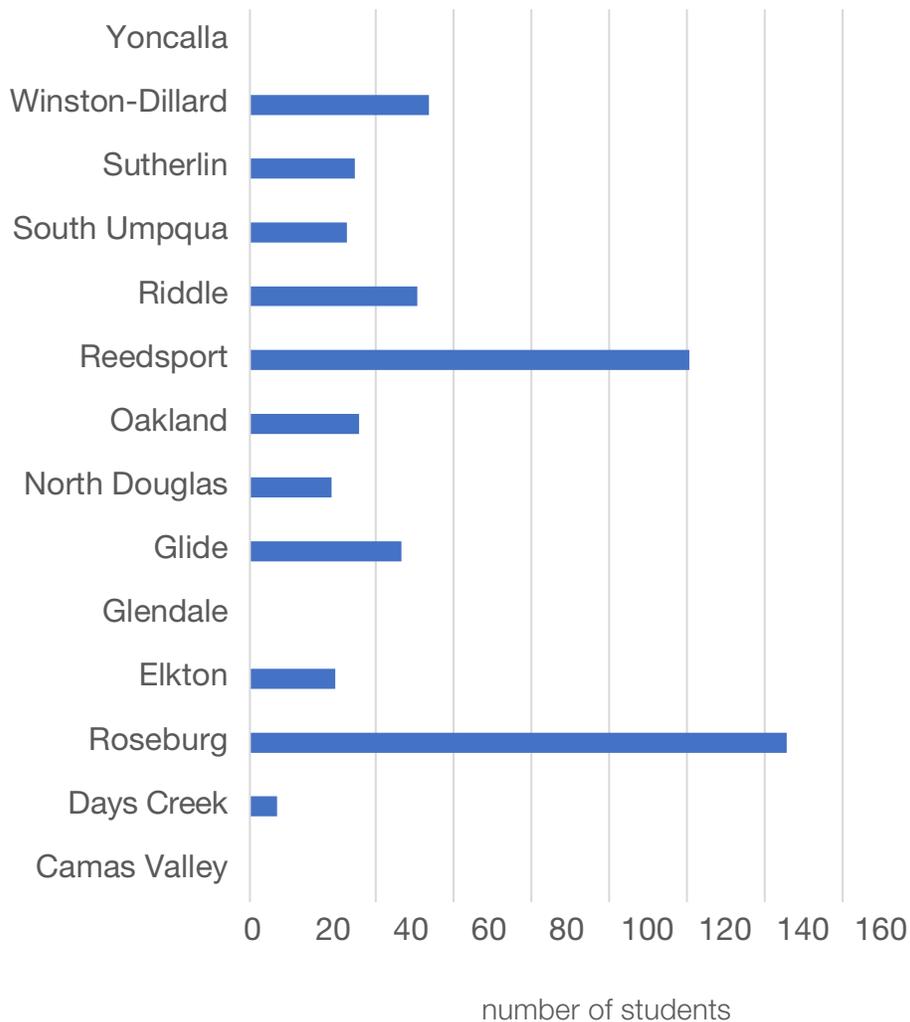


Source: Oregon Housing and Community Services

Homelessness experienced by students in the county varies across the county and district. Douglas County School District had the highest count in 2017, followed by Reedsport and then Winston Dillard school districts.

***“Homeless have limited hygiene options, when you’re on the streets: washing clothes, brushing teeth etc, we can’t.”
—Focus group participant***

Number of homeless students (K-12) by district*



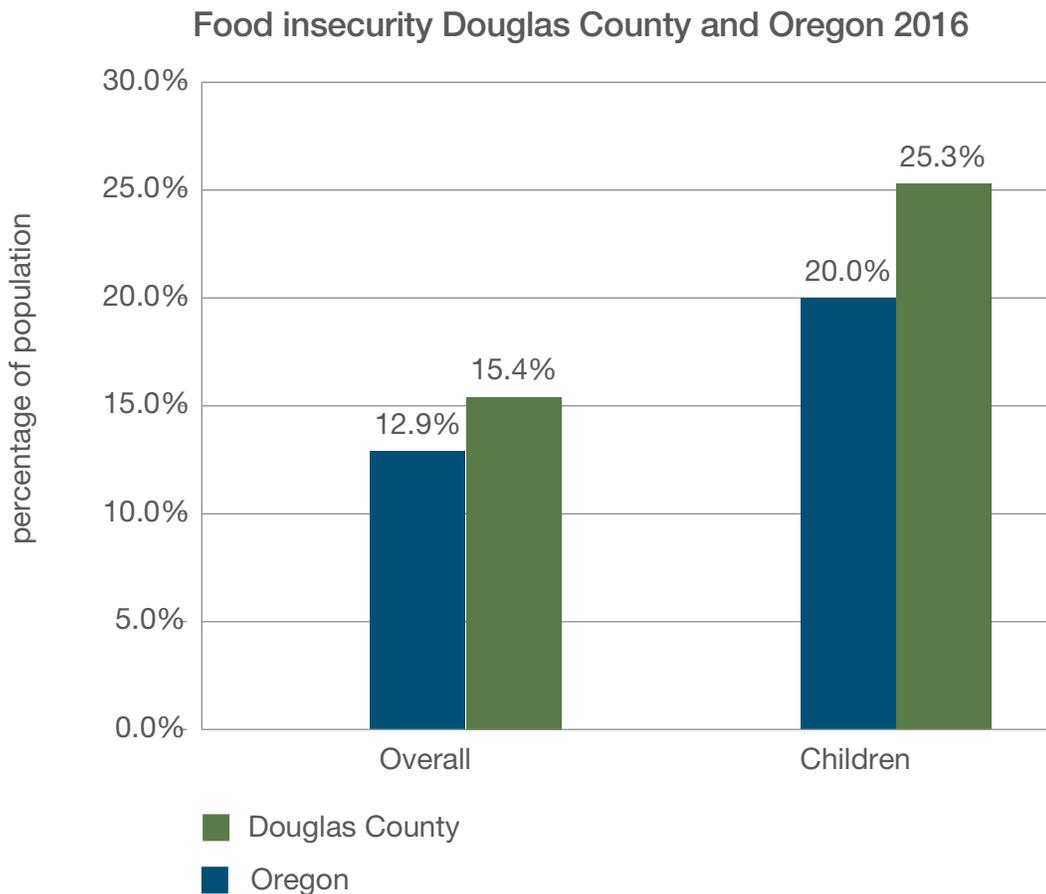
Source: Oregon Department of Education

*Yoncalla, Glendale and Camas Valley reported zero or no report for 2017

Food

Access to food includes affordability and availability. The term food insecurity is defined by the USDA as a lack of access to enough food for all members in a household and limited or uncertain availability of nutritionally adequate foods. 15.4% of all residents in the county and over one in four children in the county were food insecure (approximately 5,130 children) in 2016.

“We don’t have a grocery store here, we have to go to the Dollar Store and they have limited healthy food there.” –Focus group participant

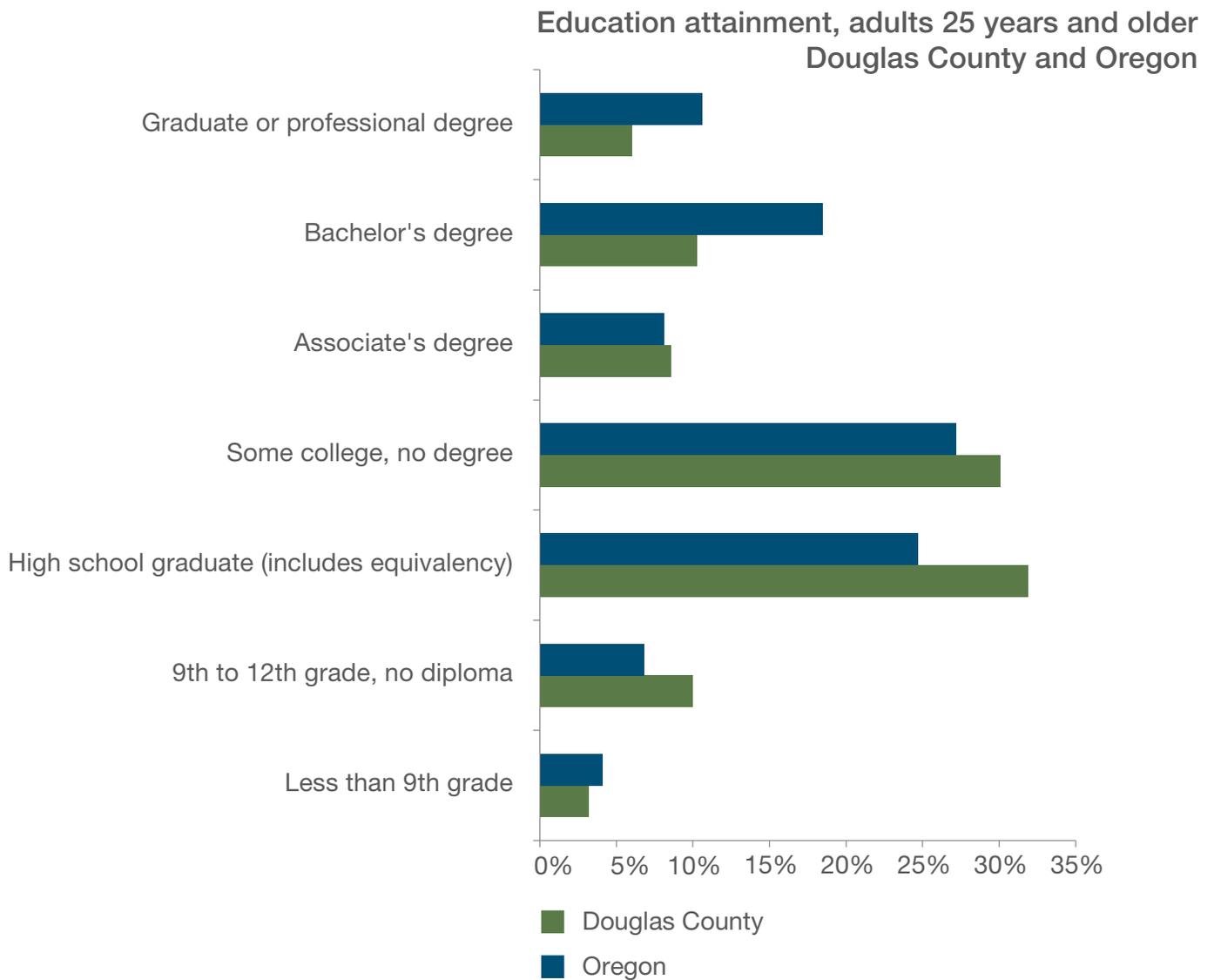


Source: Source: Map the Meal Gap, Food Insecurity in your County, Feedingamerica.org

Education attainment

As education attainment increases a person is less likely to live in poverty and more likely to have better health overall. Education levels are an important social determinant of health. More education has been shown to be linked to longer life, increased income while lower education attainment has been linked with poor health, higher levels of crime, unemployment and increased stress.

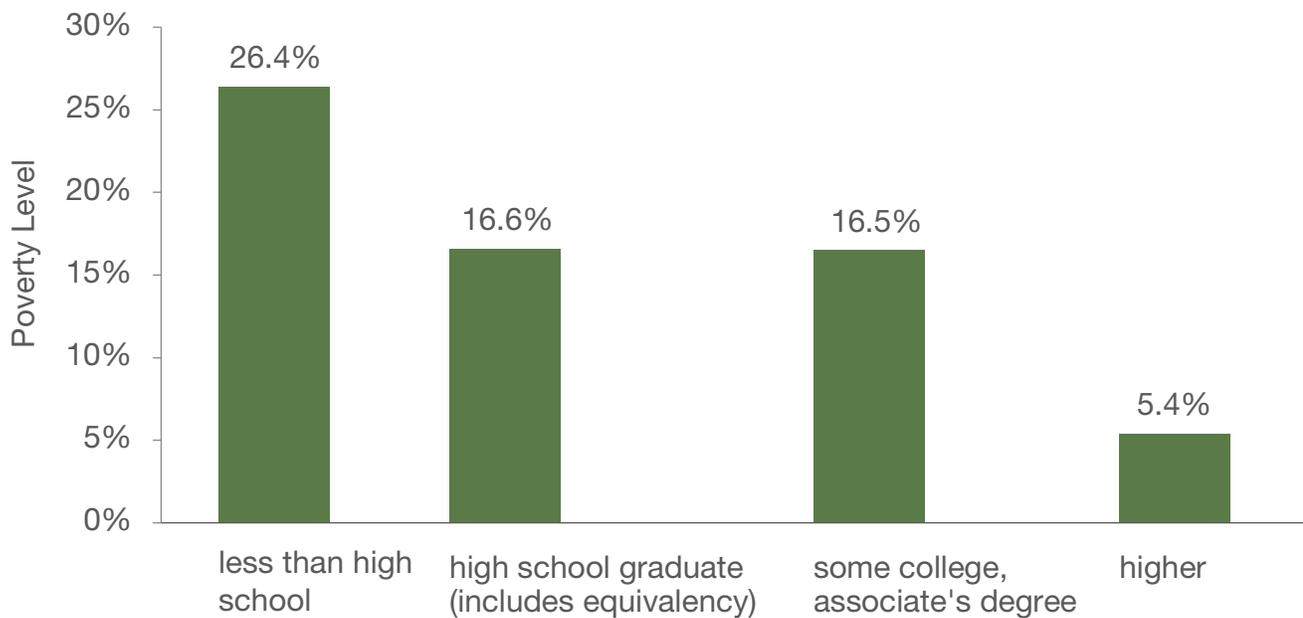
Residents in Douglas County are more likely to have lower levels of education attainment than statewide averages. One in three residents in the county stopped their education attainment at a high school diploma or equivalent.



Source: 2009-2011 American Community Survey 3-Year Estimates

The poverty rate for those with a high school diploma or less in the county is considerably higher than those with a bachelors or higher.

Poverty rate for the population 25 years and over by educational attainment in Douglas County, 2011-2013



Source: 2009-2011 American Community Survey 3-Year Estimates

“There is a huge divide between people that are healthy and those that aren’t. Those that are healthy have more education, less mental health issues, more access to healthy lifestyles.” – Focus Group Participant

Health Care System

The health care system is an organization of people, organizations and resources that deliver services to prevent and treat disease. It influences the health of individuals, families and communities in Douglas County.

***“Health services have become so fragmented here, when services started to be farmed out of one department to many different agencies I started to miss having one health department.”
—Focus group participant***

Insured & uninsured

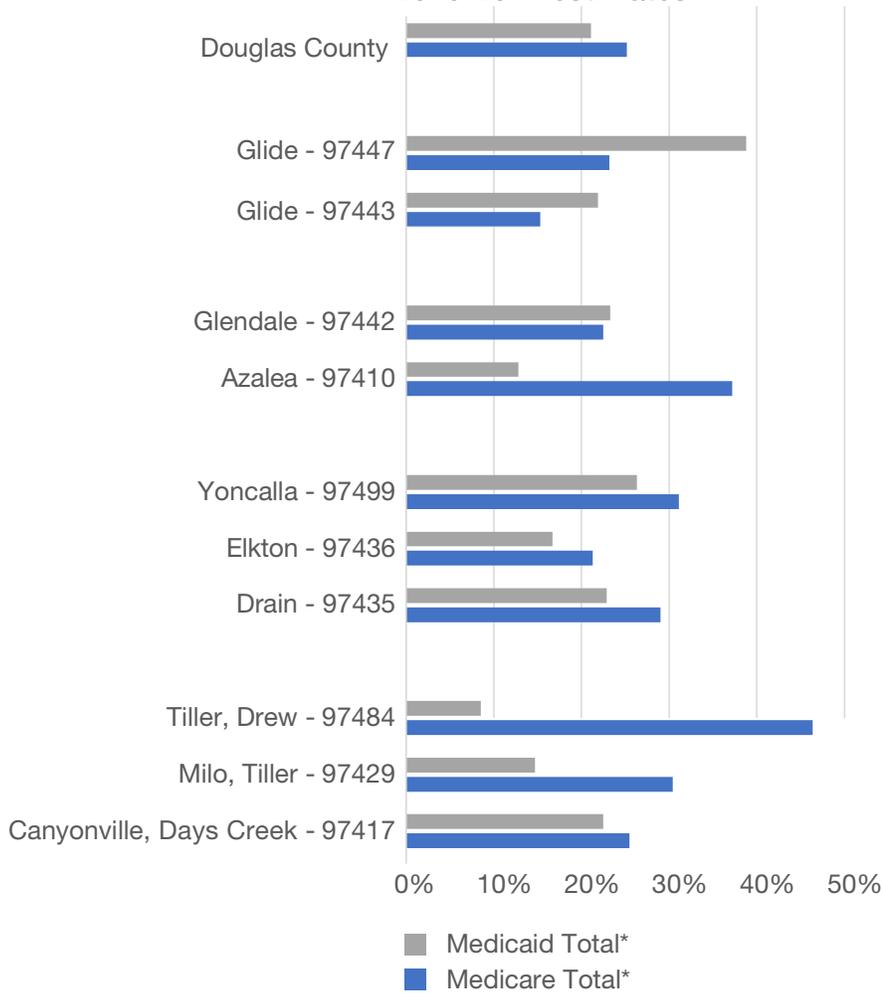
Health insurance influences access to health care services. A high percentage of the population in Douglas County depend on publicly funded insurance, which includes Medicaid/Oregon Health Plan/OHP, Coordinated Care Organizations, Medicare and The Veterans Administration/VA. In 2016, over half of the county (51.4%) was insured by

“People can be afraid of or unaware of the system. With barriers people stop trying.” —Focus group participant

one or more of publicly funded insurance. 9.7% of the residents in Douglas County did not have health insurance of any kind in 2016.

The percentage of people on public insurance within the county is higher in Canyonville, Reedsport and Sutherlin.

**Public insurance coverage by zip code
2010-2014 estimates**



*Total percent with coverage—includes those with both Medicaid and Medicare

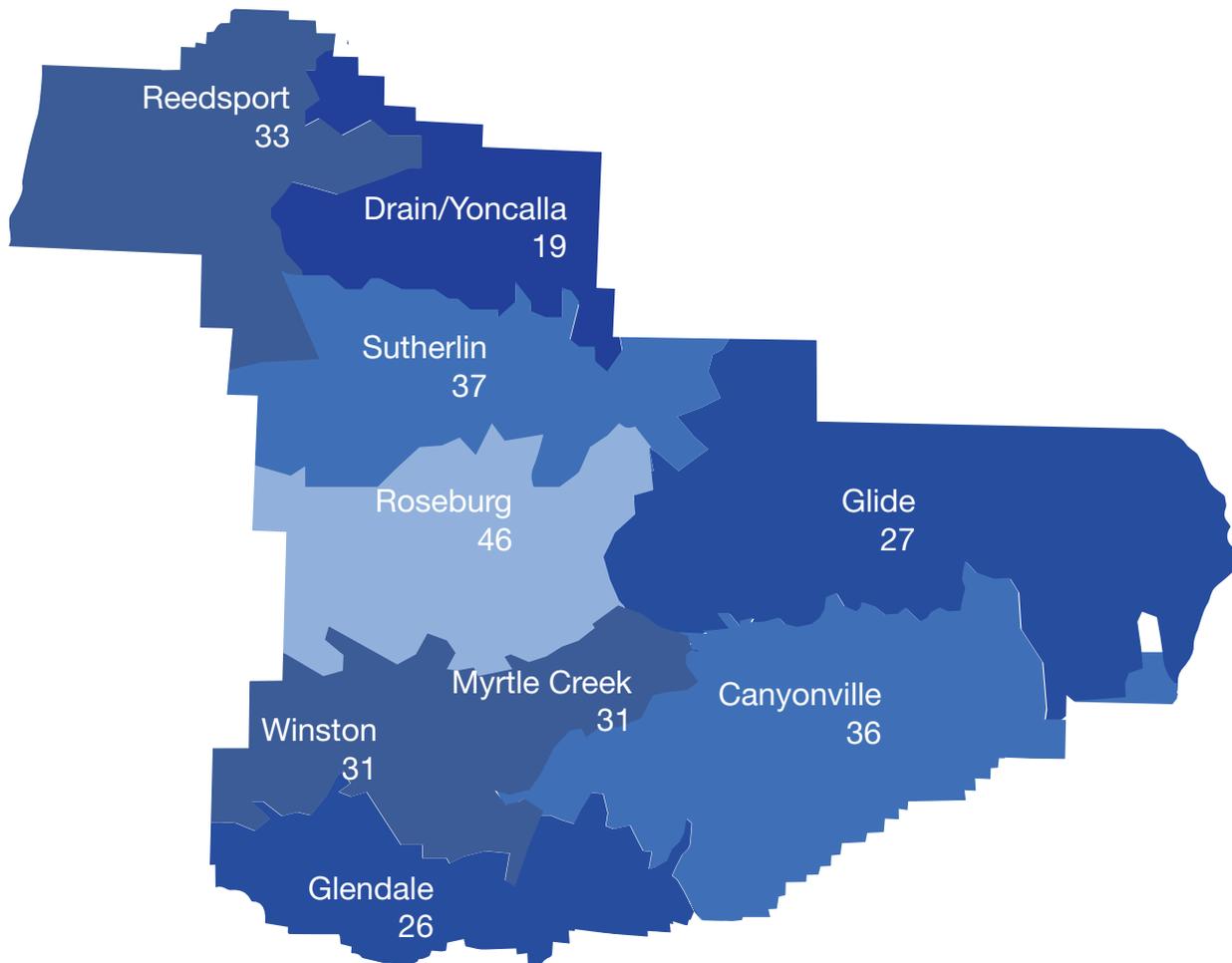
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Health care providers and unmet needs

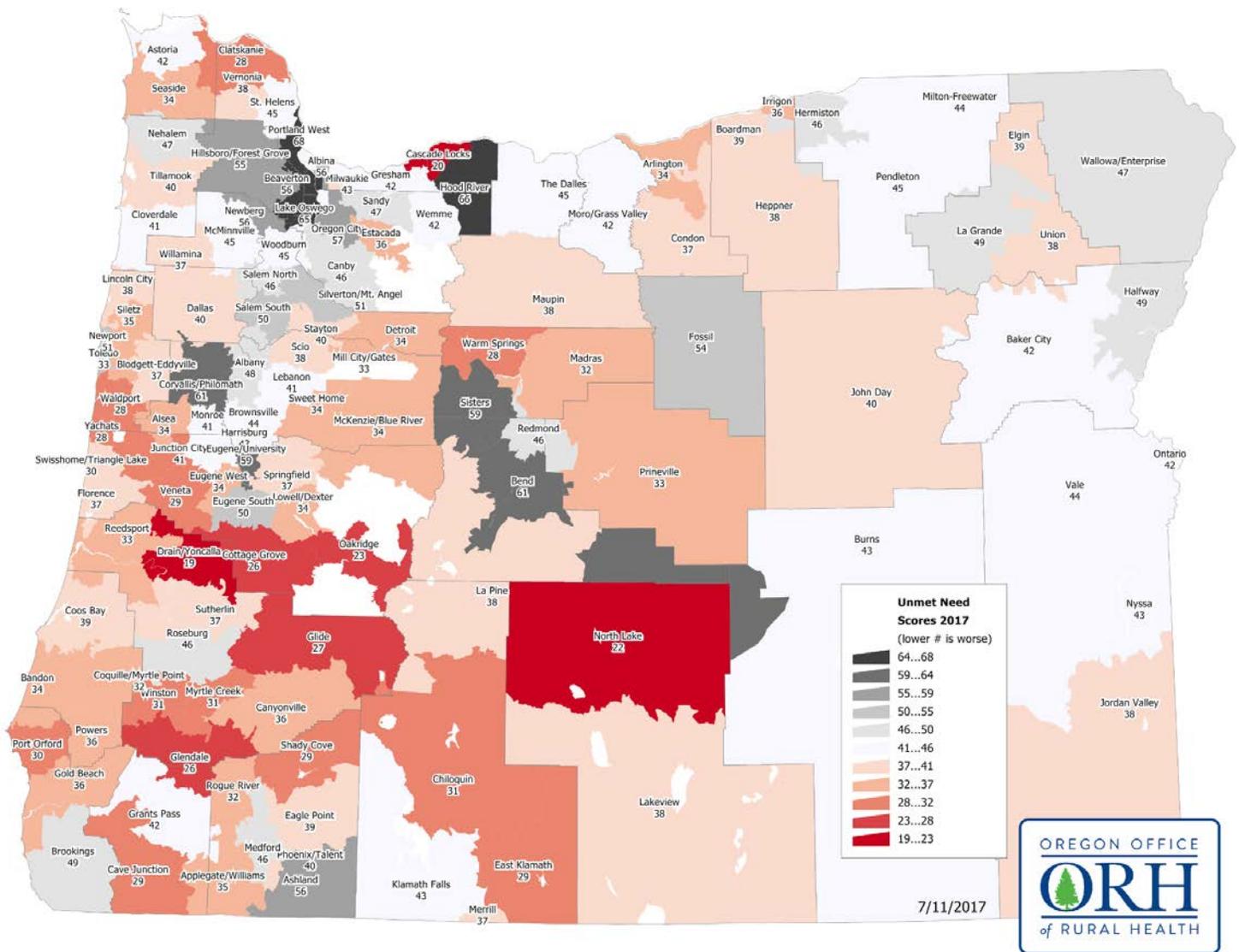
Access to health care providers is a common indicator of the vitality of the health care system. The Oregon Office of Rural Health designates Douglas County as a Medically Under-served Area (MUA), a Health Professional Shortage area (HPSA) and a Health Professionals Shortage for Dental and Mental Health Providers. Most of Douglas County is also listed in the Governors Certified Shortage Area (2018). Overall unmet health care needs are highest, in the county, in Drain/Yoncalla and Glendale.

“Even in Roseburg there is a lack of options for primary care doctor appointments.” –Focus group participant

Medical needs met (lower numbers indicate fewer needs met)
Douglas County 2017



Source: Oregon Office of Rural Health 2018



Source: Oregon Office of Rural Health 2018

Health Behaviors

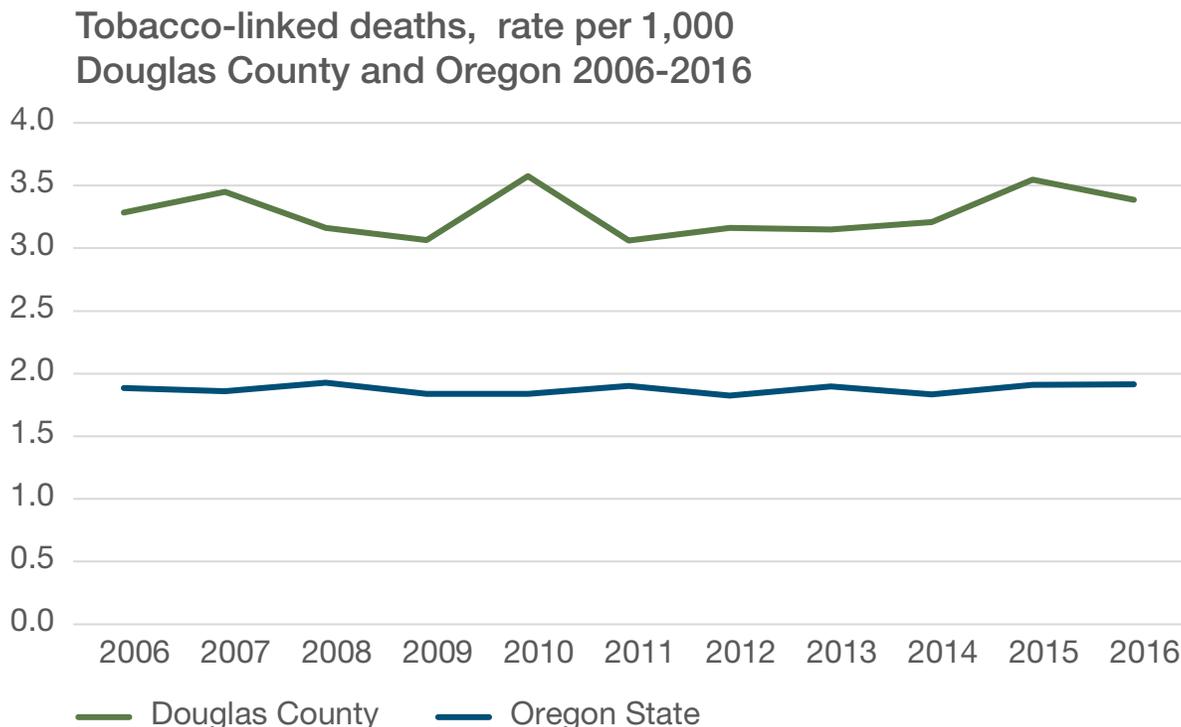
Individual health behaviors such as tobacco use, inadequate physical activity and alcohol, opioid and substance abuse all have significant influence on the health of individuals and communities.

Premature death, various cancers, lung and respiratory issues, low birthweight and cardiovascular disease are all linked to tobacco use. Tobacco use is a modifiable health behavior. The tobacco related death rates in Douglas County was 199.4 per 100,000 population, compared to the state rate of 152.0, illustrating a higher mortality rate (2013-2016). The estimated costs of tobacco-related medical treatment and lost productivity in Douglas county was 123.9 million in 2013.

Tobacco

The 2018 Oregon Tobacco Facts reports that the percentage of adults in Douglas County that are current smokers continues to be in the highest group in the state, representing one in four (24.2%) adults smoking cigarettes in the county (2012-2015). Youth cigarette smoking is also considerably higher than the state. 9% of 8th graders and 10.3% of 11th graders report having smoked cigarettes in 2017, compared to 3% of 8th graders statewide and 7.7% of 11th graders statewide.

***“We have a lot of smokers, so not that healthy.”
—Focus group participant***



Source: Oregon Vital Statistics Annual Reports

Obesity and physical activity

The percentage of the population that is considered obese has been on an increase for decades in the county and statewide. 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. 30% of adults in the county are obese, slightly higher than the state average of 27%.

Alcohol and other drugs

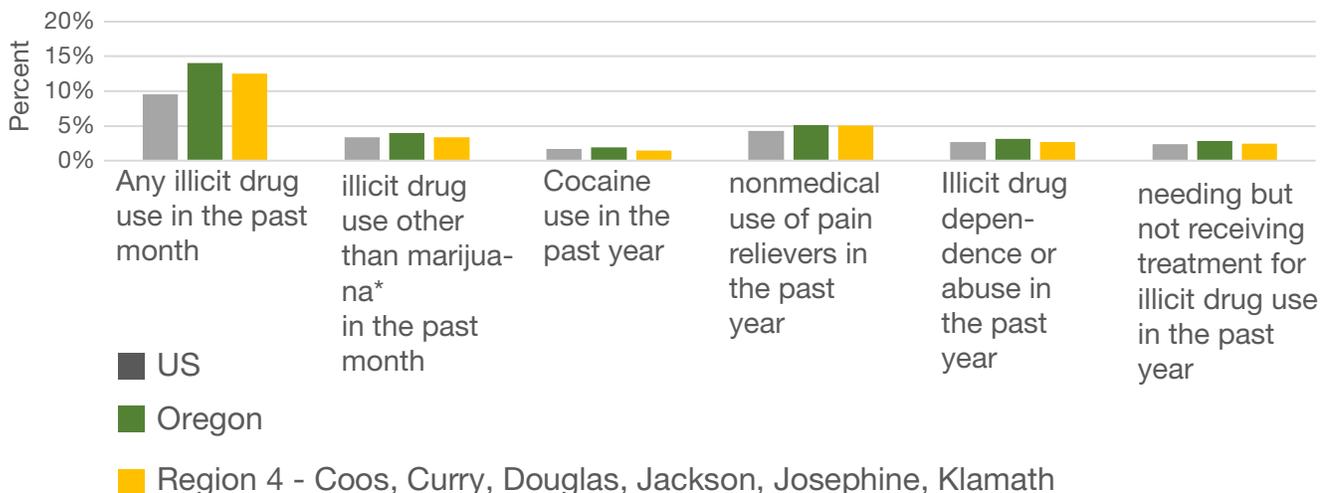
Alcohol use is also a modifiable health behavior. Excessive and heavy alcohol consumption contributes to chronic health issues, including heart disease, cirrhosis of the liver, high blood pressure, stroke and even death. 17% of adults in the county report heavy or binge drinking in the past month in 2016. Excessive drinking is defined as having consumed more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days or heavy drinking is defined as drinking more than one (women) or 2 (men) drinks per day on average.

***“Alcohol issues and consumption here are high.”
—Focus group participant***

In youth, consumption of alcohol is higher than state percentages. 68.3% of 8th graders in Douglas County stated they had never had a drink of alcohol. (Oregon Healthy Teens Survey 2017). The percentage who have consumed alcohol increases significantly for 11th graders. Only 36% of 11th graders in Douglas County have never had a drink of alcohol, meaning the majority (64%) of 11th graders in Douglas County have consumed alcohol.

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.

Drug use, individuals aged 12 years and up national, state and region 2012-2014



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

*data collected prior to legalization

Marijuana use by youth (1 or more days in the past 30 days) was reported by 10% of 8th graders and 20.9% of 11th graders in Douglas County in 2017 (Oregon Healthy Teens Survey 2017). 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 2011-2018 CHA focus group and surveys.

***“I was always afraid to go to the doctor’s office.
As a former drug user, they frowned on me.”
—Focus group participant***

Opioid 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 and overdose deaths are trending down and remain close to state levels. There were 21 deaths in Douglas County related to overdose on any opioid during 2014-2016, a rate of 6.51 per 100,000 people (Oregon Opioid Data Dashboard). The prescribing patterns of opioids remain higher in Douglas at 293 prescription fills per 1000 residents. State prescribing patterns for the same time period were 244.0 per 1000 residents (Oregon Opioid Data Dashboard).

A special thanks to the Umpqua Health Community Advisory Council for their leadership and energy for bringing this Community Health Assessment to fruition.

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Appendices

Primary Data Collection Summary

2017-18 Douglas Community Health Assessment

Process & Methods

The 2017-2018 Douglas Community Health Assessment included primary data collection. Primary data is data collected during the assessment process. It identifies community perceptions related to health and quality of life in Douglas County. The primary partners in the primary data collection were Umpqua Health, United Community Action Network (UCAN) and Umpqua Community Health Center (UCHC).

Two primary methods were used to solicit feedback from the community related to the 2017-2018 Douglas 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 99% 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. 298 people took the survey, eliciting both quantitative health priority ranking data and 185 unique comments. The survey was open from January-February of 2018.

The 2017-18 Douglas CHA collaborative committee also sponsored ten targeted community focus groups. Seventy three (73) community members participated in the focus groups. The meetings were held around the county during the fall of 2017. 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 2017-18 Douglas Community Health Assessment Focus Groups

- People with disabilities
- CCO Community Advisory Council & CHA subcommittee
- Latino/Spanish speaking families
- Geographic specific: Glide
- People working in the service industry
- People on Oregon Health Plan
- Retired people & seniors
- People experiencing homelessness
- Behavioral health, mental health & addictions
- Parents

<i>Total Primary Data Collection 2017-2018</i>	
Total Focus group participants	73
Total Surveys Completed	298
Total Individuals participating (both survey and focus groups)	371
Total Qualitative Comments	564

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 seven people per group. 379 unique comments were gathered from focus groups.

Qualitative and quantitative data were reviewed for themes in both the survey and focus groups. A combined number of 835 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.)
- Programs and services to help kids and families
- Religious and spiritual values

3 Health issues you see the most

- Mental and behavioral health
- Substance abuse/alcohol and drug use
- Poor eating habits/nutrition

3 Things that would most improve quality of life here

- Meeting basic needs for everyone (like food, shelter etc.)
- Improved access to affordable housing
- Improving access to affordable health care

Health equity

60% of participants don't believe that everyone in Douglas 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 2017-2018 Douglas 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.