

# Grant County Public Health Department Community Health Assessment

September, 2019



Table of Contents

Introduction	2
Executive Summary	3
Overview of the Grant County Public Health Department	5
Process	7
Mobilizing for Action through Planning and Partnerships (MAPP)	8
Grant County	11
Geographic Service Area	12
County Demographic Profile	14
County Health Rankings	15
Social Determinants of Health	18
Health Services and Community Resources	24
Key Findings	27
Stakeholder Meetings	28
Community Meetings	30
Online Survey	34
Priority Areas	42
Next Steps	44

# Introduction

## Executive Summary

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Social determinants of health encompass the place you live, where you come from and your culture - life circumstances that can limit or liberate you like this!! Education, income, availability of foods and activities are all factors in increasing the chance of developing chronic disease throughout your life span.

A Public Health Community Health Assessment (PHCHA) is an assessment of the general health of a community and gaps in services. This assessment looks at those who live, learn, work or play in Grant County - one of ten frontier counties in the State of Oregon. Grant County contracts with Community Counseling Solutions (CCS) to operate the Public Health Department in compliance with all state requirements for public health. While the Grant County Health Department (GCHD) also provides primary care services, this assessment addresses only public health population-based services.

A major function of local public health agencies is to monitor the health status of their community. In the past, community health assessments were heavily focused on data and lacked the voice of the community. For this assessment, we reached out to all local communities, many service organizations, conducted an on-line survey and accepted comments via email, Facebook and in person. Special thanks to all the staff and community partners and stakeholders who participated on the Steering Committee, guiding the process to ensure our community was fully represented.

We chose to use the Mobilizing for Action through Planning and Partnerships (MAPP) framework because of its strong emphasis on community input. MAPP is a nationally-recognized community-driven process to aid organizations in the development of health needs assessments, providing a comprehensive snapshot of the specific health needs and opportunities in the region. This community-driven process would not have been possible without the participation of our local public health system partners and community members, who provided input and used data from the assessments to develop three strategic issues. In the coming months, we will continue to work with our partners, stakeholders, and community members to develop a Community Health Improvement Plan (CHIP) that identifies goals, strategies, activities, and resources to address the three strategic issues identified in the PHCHA. By working together, the CHIP will be implemented over the next three years. Through this collaborative effort, we will evaluate our programs and measure outcomes to improve planning efforts. We are committed to developing data-driven

performance measures and adopting evidence-based interventions to ultimately make a healthier community. Most importantly, we strive to ensure that this work is beneficial to all who live, learn, work and play in our county. We encourage you to get involved and contribute to this effort as we work together to achieve "*Healthy people thriving in a healthy community.*"

We welcome your comments on the findings of this Public Health Assessment and invite you to participate in the Community Health Improvement Plan. Comments can be directed to Kathy Cancilla – [Kathy.cancilla@ccsemail.org](mailto:Kathy.cancilla@ccsemail.org) or 541-575-0429, extension 4517.

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## **Overview of the Grant County Public Health Department**

The State of Oregon has assigned the responsibility of local public health services to each county in Oregon. ORS 431.413 sets the guidelines for the powers and duties of local Public Health authorities, which include authority for the governing body – or local county government – to contract with another entity to provide public health services. The Grant County governing body – or the Grant County Court – contracts with Community Counseling Solutions to be the service provider for the Grant County Health Department.

Community Counseling Solutions (CCS) is a non-profit organization that provides behavioral health and developmental disability services in 8 counties in Eastern Oregon. The Executive Director of CCS is Kimberly Lindsay who is also the County Public Health Administrator. All employees of the Grant County Health Department (GCHD) are employed by CCS and housed in the CCS building located at 528 E Main, Suite E, John Day Oregon 97845. Administrative and financial functions are combined with and provided through the CCS management team and front line staff. The CCS Board of Directors oversee GCHD as one of the many CCS programs provided throughout the rural and frontier counties in Eastern Oregon.

The GCHD Manager is Jessica Winegar, BSN, RN. 10 other staff members work in population based programs.

Unlike most public health departments, GCHD is also a designated Rural Health Clinic providing primary care services to members of the community. GCHD is the medical sponsor for the Grant Union SBHC and CCS/GCHD provides the staff to run this clinic, located in Grant Union Jr/Sr High School.

The Grant County Health Department (GCHD) has developed a strong collaboration with community partners and built a cohesive staff team which is knowledgeable, dedicated and possesses strong work ethics. GCHD has integrated the state’s vision of public health improvement into policies, procedures and processes – operating with these guidelines:

**Mission:** *Providing dynamic, progressive, and diverse support to improve the well-being of the communities we serve.*

**Vision:** *Healthy people thriving in a healthy community.*

**Values:**

<b><i>Excellence</i></b>	We strive to provide the highest quality services through individual efforts and teamwork using data driven and evidenced based practices. We continually seek to teach and learn.
<b><i>Diversity</i></b>	We value and respect diversity and recognize the benefit it brings in understanding and serving all people.
<b><i>Collaboration</i></b>	We work collaboratively with partners and communities to improve health and support a strong health system.
<b><i>Communication</i></b>	We value effective, responsive and timely communication, and our role as a trusted source of health information.
<b><i>Advocacy</i></b>	We are advocates and instruments of positive change. We provide programs necessary to promote and protect the community.
<b><i>Professionalism</i></b>	We believe in the highest level of personal integrity, honesty, conduct, accountability and transparency. We demonstrate a passion for customer service.

The purpose of this community public health assessment is to learn about the community:

- The health of the population
- Identify areas for health improvement
- Identify contributing factors that impact health outcomes
- Identify community assets and resources that can be mobilized to improve population health
- Strategically plan to improve the health of the population

# PROCESS



**Mobilizing for Action through Planning and Partnerships (MAPP)**

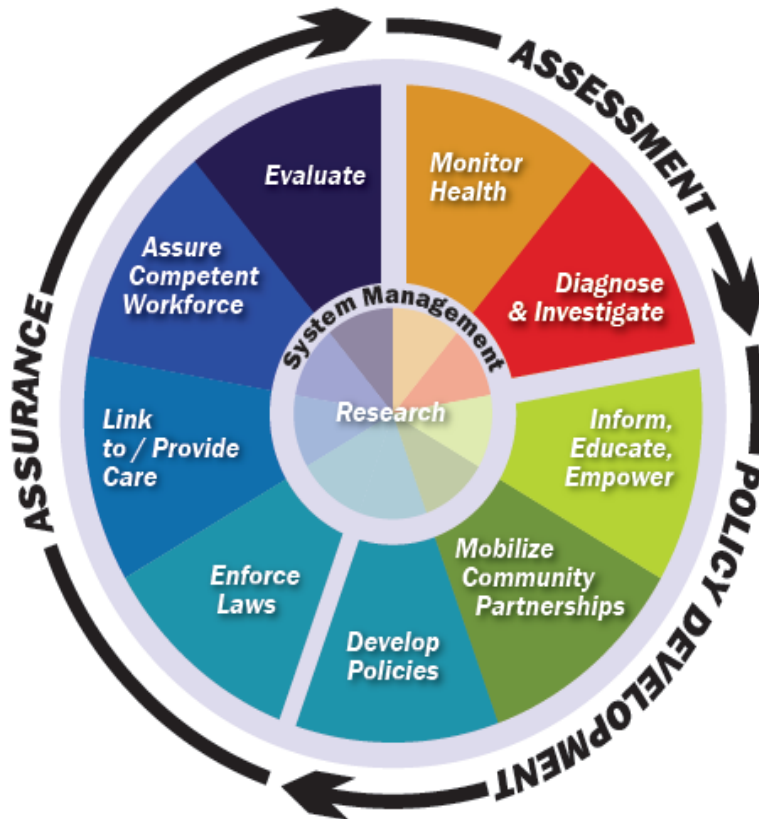
**M**obilizing.....community engagement  
**A**ction.....implementation of a Community Health Improvement Plan  
**P**lanning.....built on strategic planning concepts  
**P**artnerships...the public's health is more than the concern of the health department

Mobilizing for Action through Planning and Partnerships (MAPP) was developed by the National Association of County & City Health Officials (NACCHO) as a national model to respond to the need for improvement of public health practices, creating several types of assessments, standards and improvement processes that could be community driven. Structured guidance is provided, resulting in strategic planning processes and activities relevant to public health agencies and the communities they serve.

This unique approach is community-owned, involving a broad representation of the local public health system unlike similar strategic planning and assessment models. MAPP allows flexibility for communities that already have extensive partnerships.

A multi-phase program assists local public health departments to engage community partners and other community stakeholders in identifying and taking action to achieve a healthy community plan.

In addition, clarification is provided to participants around the essential services of Public Health in health promotion and disease prevention.



The Essential Public Health Services are used throughout the MAPP process. The Essential Services framework was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. All public health responsibilities (whether conducted by the local public health agency or another organization within the community) can be categorized into one of the services.

The Essential Public Health Services are as follows:

- 1) **Monitor Health** status to identify community health problems.
- 2) **Diagnose and Investigate** health problems and health hazards in the community.
- 3) **Inform, Educate, and Empower** people about health issues.
- 4) **Mobilize Community Partnerships** to identify and solve health problems.
- 5) **Develop Policies** and plans that support individual and community health efforts.
- 6) **Enforce Laws** and regulations that protect health and ensure safety.
- 7) **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8) **Assure** a competent public health and personal health care workforce.
- 9) **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
- 10) **Research** for new insights and innovative solutions to health problems.

Using the MAPP framework, Grant County Health Department (GCHD) staff began the Community Health Assessment process by identifying existing community stakeholders and how those individuals and organizations could be involved in the Community Health Assessment process which is *Phase One: Organize for Success/Partnership Development*. Invitations to join the "MAPP Steering Committee" to research and identify the characteristics of a healthy community and the existing strengths and community assets were sent to key decision makers within those organizations. Regular meetings were held and those who were not able to make the meetings were encouraged to participate via phone or email.

The Steering Committee and GCHD staff then moved into *Phase Two: Visioning*, and identified a) the characteristics of a healthy community; b) what is important for all who work, learn, live and play in a healthy community; and c) where we see our community in 3 to 5 years. Further discussion identified Behaviors and Actions within those categories. Moving into *Phase Three: Assessments*, questions for the community survey were developed as well as the process for collecting qualitative and quantitative responses. It was decided that:

- using SurveyMonkey®, the survey would be available online and in a paper format;
- links to the survey would be distributed by email to various listservs, posted on the GCHD Facebook page, available on the GCHD website, and on paper handouts;
- specific groups would be interviewed including Law Enforcement and judicial services, County Commissioners, Senior Services, local city government and the Grant County Food Bank;
- community outreach would include meetings in Monument, Dayville, Prairie City, John Day/Canyon City, Seneca and Mt Vernon;
- promotion of these activities would include newspaper and radio ads, as well as FaceBook.

*Phase Four: Identify Strategic Issues* was entered and the Steering Committee and staff met to analyze the data collected through the various methods.

The Community Health Assessment was written and submitted to the community for comments in *Phase Five: Formulate Goals and Strategies*. Those responses will be included in the Community Health Improvement Plan, which is *Phase Six: Action Cycle*.

# Grant County

**Geographic Service Area**



Grant County Oregon

The Oregon Office of Rural Health defines rural as all geographic areas in Oregon ten or more miles from the centroid of a population of 40,000 people or more. Frontier counties are defined as those with six or fewer people per square mile.

As one of the ten Frontier counties in Oregon, Grant County covers 4,528 square miles with a population of 7,176 – or 1.6 people per square mile. Located in the North Eastern region of Oregon, Grant County is bordered by five other Frontier counties and two rural counties. The nearest “centroids” of population are approximately 3 hours to the West, or 3 hours to the North or 3 hours to the East.



Population areas include the cities of Dayville, Monument, Long Creek, Mt Vernon, John Day, Canyon City, Seneca, Prarie City and Granite. Unincorporated communities are Kimberly, Hamilton, Dale, Bates, Izee and Ritter.

The City of John Day has the largest population of 1,744 and most of the public services including the John Day City Police; with Federal and State offices including the US Forest Service, Oregon Department of Forestry, Oregon Department of Human Services, Oregon State Police and Oregon Department of Motor Vehicles. The County seat is in Canyon City along with the Grant County Sheriffs Department and the County Jail.

Medical services including the Blue Mountain Hospital, the Strawberry Wilderness Community Clinic, Community Counseling Solutions Behavioral Health, the Grant-Union School Based Health Center , the Grant County Public Health Department and Rural Health Clinic are all located in John Day.

Grant County attracts many visitors with two state parks, one national park, state and national forests, historical landmarks, museums, fossil beds, wilderness areas, hunting, fishing, hiking, biking and trail ways.

## **County Demographic Profile**

As of July of 2018, the population of Grant County was 7,176 which is a decrease of 3.6% from 2010.

Ethnicity*	Percentage of Population
White – Caucasian	91.1%
Hispanic – Latino	3.2%
Black – African American	.3%
Native American Indian or Alaskan Native	1.7%
Asian	.7%
Hawaiian or Pacific Islander	.1%
Two or more ethnicities	2.9%

*\*US Census Bureau of QuickFacts, July 2018*

Of the 7,176 residents of Grant County, 3,087 are considered to be in the “Civilian Labor Force” as defined by the Oregon Employment Department. Grant County has a 9.9% unemployment rate for the month of April 2019, the highest in Oregon.

*(Source: Oregon Employment Department)*

The largest industries in Grant County are Agriculture, Forestry, Fishing & Hunting (526 people), Health Care & Social Assistance (402 people), and Public Administration (351 people), and the highest paid jobs held by residents of Grant County, OR, by median earnings, are Architecture & Engineering Occupations (\$62,891), Law Enforcement Workers Including Supervisors (\$60,357), and Installation, Maintenance, & Repair Occupations (\$60,109).

*(Source: <https://datausa.io/profile/geo/grant-county-or>)*

The poverty rate among those that worked full-time for the past 12 months was 4.12%. Among those working part-time, the poverty rate was 18.77%, and for those that did not work, the

poverty rate was 14.03% *(Grant County Population. (2019-07-11). Retrieved 2019-08-22, from*

*<http://worldpopulationreview.com/oregon-counties/grant-county/>)*

Of the 732 US Veteran residents, approximately 50% served during the Viet Nam era.

30.4% of the population is over 65 years of age.

17.7% of the population is under 18 years of age.

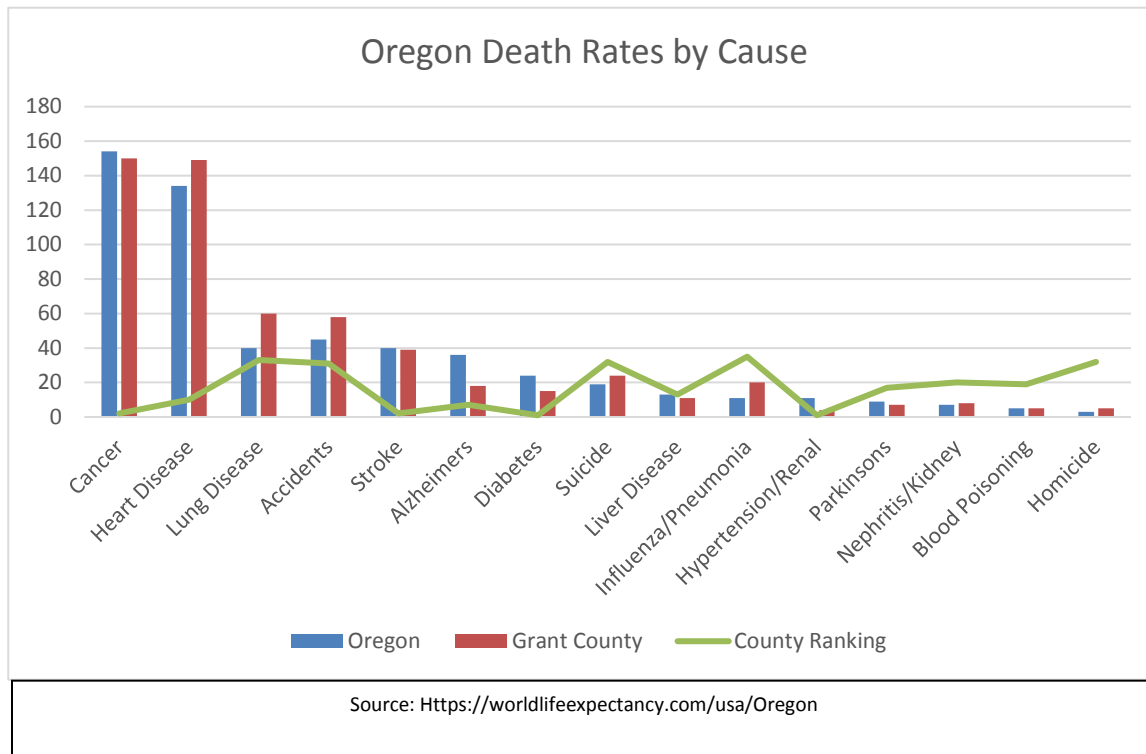
2.4% of the population is foreign born.

84.4% of the population has lived in the same house for more than one year with a median of 2.21 persons per household.

4.7% of the homes in Grant County speak a language other than English in their home.

### County Health Rankings

#### Mortality



In the 20<sup>th</sup> century the leading cause of death among Oregonians was heart disease. Cancer has emerged as the leading cause of death in the 21<sup>st</sup> century in Oregon. In 2017, 8,084 Oregonians died from cancer while 6,945 died from heart disease. In Grant County, **heart disease** mortality rates are higher than state figures although **cancer** mortality rates are slightly less than the state figures. As one of the six counties with significantly longer life expectancy compared to the state average of 79.7 years of age, Grant County life expectancy is 81.7 years of age. (Source: Volume 2, Oregon Vital Statistics Report, 2017)

**Suicide** is the eighth (8th) leading cause of death in Grant County and the Crude Death Rate is 27.5 (Per 100,000 Pop.) much higher than both the state of Oregon and United States. According to Oregon’s 2018 State Health Assessment (SHA) report, “suicide rates in Oregon have been consistently higher than national rates for



the past 30 years. Suicide rates in Oregon and the United States have been increasing over the past decade.”

	Rate per 100,00 Population (age-adjusted)	Deaths (Average Annual)	Population (average annual)
Grant County	27.5	2	7,245
Frontier counties	22.6	22	91,822
Rural counties	22.8	193	799,478
Urban counties	16.3	526	3,092,329
Oregon State	17.7	742	3,983,626

*(Source: Count Data Source: Oregon Death Certificate Data; Population Data Source: National Center for Health Statistics (NCHS), Estimates of the resident population of the United States by year, county, age, bridged race, Hispanic origin, and sex; Date: August 21, 2018 via Oregon Health Authority's Oregon State Population Health Indicators - county tables report)*

In the past 12 months, 23.9% of Grant County 11<sup>th</sup> graders have seriously considered attempting suicide and 6.7% have actually attempted suicide 1 time.

*(Source: [https://oregon.pridesurveys.com/dl.php?pdf=Grant\\_Co\\_2018.pdf&type=county](https://oregon.pridesurveys.com/dl.php?pdf=Grant_Co_2018.pdf&type=county))*

## Morbidity

**Diabetes** is a chronic disease and if not carefully managed can cause heart attack, stroke, blindness and kidney damage. The percentage of the population (age-adjusted rate) with Diagnosed Diabetes in Grant County is 9.60% and higher than both the state of Oregon (8.28%) and the United States (9.28%). *(Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2015)*

63% (Unadjusted) of Grant County residents ages 45 years or older have had a blood sugar test within the past three years. *(Source: [https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONIC/DISEASE/DATAREPORTS/Documents/datatables/ORCountyRFSS\\_screenings.pdf](https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONIC/DISEASE/DATAREPORTS/Documents/datatables/ORCountyRFSS_screenings.pdf))*

Currently, **sexually transmitted infections** (STIs) are the most commonly reported notifiable condition(s) in Oregon. This is true for Grant County as well. In 2018, 65% of all reported disease cases in Oregon were for an STI (chlamydia, gonorrhea, syphilis or HIV). In Grant County in 2018, 44.9% (22 cases out of 49 total reported disease cases) (chlamydia and gonorrhea were the only reported STIs in Grant County in 2018) of all reported cases were an STI making STIs by far the most frequent reportable diseases in the county. The crude incidence rate (IR) for STIs in Oregon in 2018 was 649/100,000 population. In Grant County the crude IR for STIs in 2018 was 306/100,000.

Grant County's annual chlamydia case counts, and incidence rates increased dramatically in 2017 and 2018. Even with these increases in incidence rates, the rates for Grant County remain well below those for the State of Oregon for the same years. The crude five-year incidence rate for chlamydia in Grant County is 172 per 100,000, as compared to 438 per 100,000 for the State of Oregon. Reported cases of other STIs (gonorrhea, syphilis and HIV) are almost nonexistent in Grant County with only three cases of gonorrhea and zero cases of syphilis and HIV reported between 2014 and 2018.

**Hepatitis** is an inflammation of the liver most often caused by a virus. The most common hepatitis viruses are HepA, HepB (acute & chronic) & HepC. Both HepA & HepB are vaccine preventable infections; there is currently no vaccine to prevent against HepC infection. Hepatitis A is transmitted person to person via the fecal oral route or contaminated food. Hepatitis B is transmitted through blood, semen or other body fluids and Hepatitis C is transmitted through contact with infected blood. Between 2014 and 2018 the only cases of hepatitis reported in Grant County were for HepC (Chronic).

In 2018, Grant County, Oregon had a total of 49 reported **communicable diseases**. Approximately 45% (44.9%) (n=65) of those cases were a sexually transmitted infection (STI) (chlamydia and gonorrhea). 71.5% (n=35) of all reported cases had a bacterial etiology, of which, 60% (n=21) were from chlamydia bacteria alone. Viral etiologies were responsible for 28.6% (n=14) of the reported cases. Parasitic and fungal disease accounted for the remaining 2% (n=2) of cases in 2018. (Source: *Communicable Disease and Sexually Transmitted Infection Surveillance Report, Grant County 2018*)

The 2012-2015 State **Adult Obesity** rates by county indicate that Grant County has a 38.7% (age adjusted) obesity for adults. (Source: <https://www.oregon.gov/OHA/PH/ABOUT/Documents/indicators/obese-county.pdf>)

According to BMI Scale, of the eleventh graders in 2018, 28.2% Females and 36.4% Males were **overweight** and 9.1% of Females and 18.2% of Males were **obese**. (Source: [https://oregon.pridesurveys.com/dl.php?pdf=Grant\\_Co\\_2018.pdf&type=county](https://oregon.pridesurveys.com/dl.php?pdf=Grant_Co_2018.pdf&type=county))

## **Social Determinants of Health**

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Social determinants of health encompass the place you live, where you come from and your culture, and life circumstances that can limit or liberate you. Education, income, availability of foods and activities are all factors in increasing the chance of developing chronic disease throughout your life span.

### **Youth**

There is a well-established link between health and learning. Emotional, social and physical health problems can become barriers to learning making it difficult for students to be academically successful in school. Student health affects test scores, attendance, classroom behavior, grades and graduation rates. In Oregon, of 11th grade youth who report receiving primarily D or F grades, nearly 27% reported fair or poor physical health compared to 8% of students receiving A grades having fair or poor physical health.

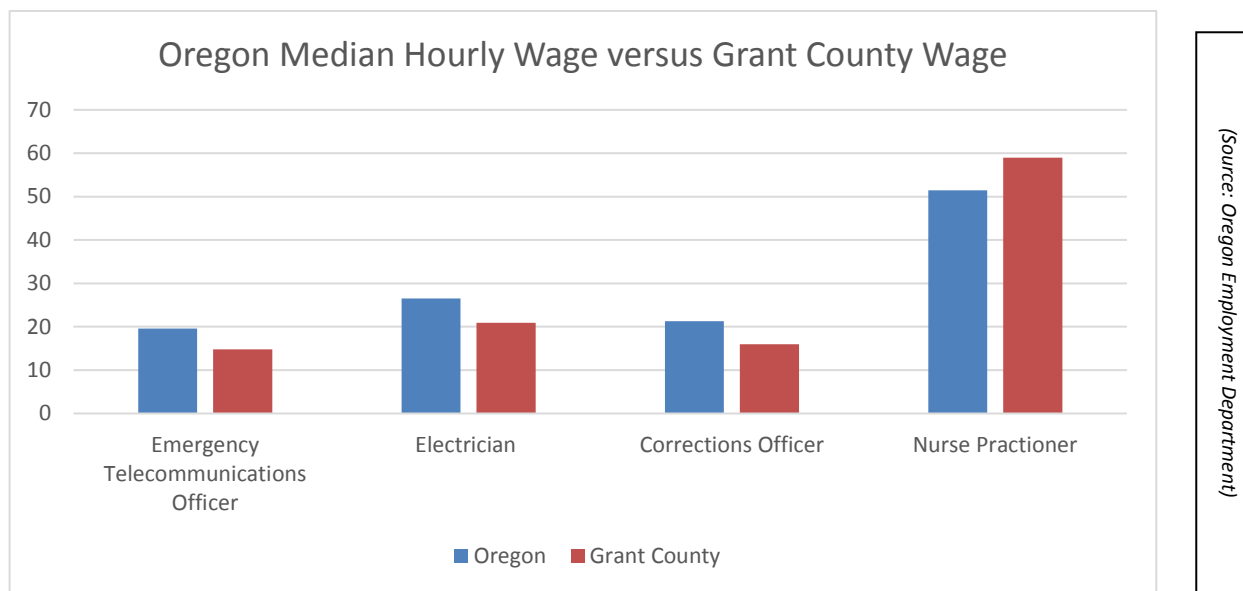
In Grant County in 2018:

- 1 in 5 11<sup>th</sup> graders felt they had no one to protect them;
- 46.5% of the 11<sup>th</sup> graders reported they have lived with someone who is/was a problem drinker/alcoholic compared to the state figure of 34.3%;
- 4.3% of the surveyed 11<sup>th</sup> graders did not go to school because of feeling unsafe at or on the way to school;
- 26.1% of the 11<sup>th</sup> graders dislike school very much;
- 37% of the 11<sup>th</sup> graders identified what they were learning in school as “slightly important” to their future;
- 58.7% perceive NO RISK if they try marijuana once or twice, compared to a perceived GREAT RISK of 36.4% when a person consumes 5 or more alcoholic beverages once or twice a week.

(Source: [https://oregon.pridesurveys.com/dl.php?pdf=Grant\\_Co\\_2018.pdf&type=county](https://oregon.pridesurveys.com/dl.php?pdf=Grant_Co_2018.pdf&type=county))

Youth who want to pursue secondary education must relocate to more urban areas or take off-campus courses through local satellite offices. An option is online coursework which is not productive for some learners. Moving to an urban area often deters youth from continuing their education, resulting in a lower income producing ability.

### Adults



Typically, wages in Grant County are lower than Oregon Median wage information for occupations. Often, jobs in the county are less than part-time and do not provide benefits for employees. This combination of lower wages, less than full-time employment and limited or no benefits discourage families from staying in this community.

One exception is in the health care field – however lack of community amenities and the remoteness of a frontier community often deters qualified practitioners from coming to or settling in Grant County.

Grant County also has the highest unemployment rate in Oregon and conversely, local employers are not able to fill positions due to an unskilled labor pool.

Housing is also a factor for adults and families. Home and property values are very reasonable compared to urban areas, but there is limited availability if you want to stay within city limits. Rental units are very limited.

Often, families that move to Grant County from rural or urban areas find the lack of amenities a big challenge (no theaters, shopping options, limited entertainment, long distances to family and friends) resulting in the family moving away within a short period of time.

## Seniors

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older.

Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was more than 7 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year. (Source: <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/healthyagingreport/sta-teandcountyfact/bakergrantunion>)

More than 30% of Grant County's population is over 65 years of age. (Source: <https://www.census.gov/quickfacts/grantcountyoregon>)

- The average annual Social Security Income in Grant County (GC) is \$ 17,501.00.
- 38% of GC seniors live alone.
- 72% of GC seniors own their home.
- 9% have an annual income of less than \$ 10,000.00.
- 14% of GC residents over 60 years of age received food stamps (SNAP) in the last year.

(Source: Census.gov.ACS)

While 72% of the seniors in Grant County own their own home, staying in that home becomes increasingly difficult. Routine maintenance such as cleaning the gutters or even general housekeeping chores are often left undone due to chronic medical conditions or mobility issues associated with aging. Often, seniors must consider the possibility of moving into assisted living facilities which provide assistance with daily living requirements as well as increased social opportunities but limitations on personal freedoms to a degree, and those type of facilities are very limited in Grant County. Seniors living in outlying areas often face isolation and have to depend on neighbors for transportation and other assistance.

## Housing

Of the 3,176 households in Grant County, 853 are rentals. While monthly rent is considerably less in Grant County compared to state figures, the availability of rental housing units is extremely limited.

“...the homeless programs for Grant County...will be returning over \$20,000 in funding to the State because... [there is not] housing for the people that need [it]. That money is not going to be spent in this community because we can’t find any place to spend it.” (Source: [http://communitycounselingsolutions.org/NewWordpress/wp-content/uploads/2019/08/cha\\_grant.pdf](http://communitycounselingsolutions.org/NewWordpress/wp-content/uploads/2019/08/cha_grant.pdf))

The average renter household size is 2.26 persons which would ideally require a 2 bedroom unit.

	2 Bedroom Unit	Monthly Rent	Hourly Wage
State of Oregon	X	\$ 1,194.00	\$ 22.97
Grant County	X	\$ 700.00	\$ 13.46

A person in Grant County earning minimum wage would have to work 49 hours per week to be able to afford a 2 bedroom rental unit.

There are 5 low income apartment complexes in the county, located in Prairie City, John Day and Canyon City. There are 3 HUD housing complexes located in Mt Vernon, Canyon City and Dayville.

A person on Social Security Income median income of \$ 771.00 per month would be able to afford \$ 231.00 in rent.

Households that pay more than 30% of their GROSS income are considered to be “Rent Overburdened” – 33.22% of households who rent in Grant County are overburdened. (Source: <https://reports.nlihc.org/oor/oregon> <https://affordablehousingonline.com/housing-search/Oregon/Grant-County>)

Grant County does not have any homeless shelters or transition housing other than limited housing resources for victims of domestic violence.

## Food Insecurity

Food insecurity influences health in several ways. Food-insecure adults are more likely to have poor or only-fair health, diabetes, high blood pressure, high cholesterol, heart disease, and obesity. Children in food-insecure households are more likely to have poor health, behavior problems, poorer developmental outcomes, and be less ready to learn in school.

Food insecurity in Oregon is worsening. Oregon ranks 44th in the country (down from 34th in 2009) in food insecurity. Among children in Oregon, one in five are food-insecure, which means that they lack access to nutritionally adequate and safe food. Food insecurity is highest in rural communities, communities of color, households with children, and among renters. Single mothers in Oregon have higher food-insecurity rates than single mothers in every other state in the country.

Food and nutrition assistance programs are a key support for low-income families and individuals. More than one million people in Oregon rely on the Supplemental Nutrition Assistance Program (SNAP) and other assistance to feed their families. Half of children in Oregon are eligible for free and reduced-price school meals. Half of women living outside of Oregon's metro and urban areas used the Special Supplemental Program for Women, Infants, and Children (WIC) during their pregnancies. (Source: <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-social-determinants-of-health.pdf> )

Households with limited or uncertain availability of nutritionally adequate and safe foods or with limited or uncertain ability to acquire acceptable foods in a socially acceptable way are defined as "Food Insecure." In 2016, 12.9% of the households in Oregon were "Food Insecure" compared to 15% of the households in Grant County. (Source: <https://oe.oregonexplorer.info/rural/CommunitiesReporter/>)

An average of 1,215 people in Grant County participated in the SNAP program in 2018. (Source: SNAP County Tables by FIPS Jan-Dec 2018)

For children, the American Academy of Pediatrics identifies appropriate nutrition as one of three foundations of healthy child development. Women, Infants & Children (WIC) is a public health special supplemental nutrition program. In Grant County in 2018, 125 families were served through the WIC program and 72% of those were working families. 5 out of 7 participants are infants and children under five years of age. 41% of Grant County's pregnant women were served by WIC. There are two retail grocers and 3 participating farmers (at the local farmers market and farm stands) that accept WIC vouchers, resulting in \$ 86,929 of economic benefit to our community. (Source: <https://www.oregon.gov/OHA/PH/HealthyPeopleFamilies/WIC/Pages/annual.aspx> )

The percentage of children who qualify for free or reduced price lunch in Oregon is 51%, and is 56% in Grant County; 25% of children living in Grant County are living in poverty which is higher than the state percentage of 17%.

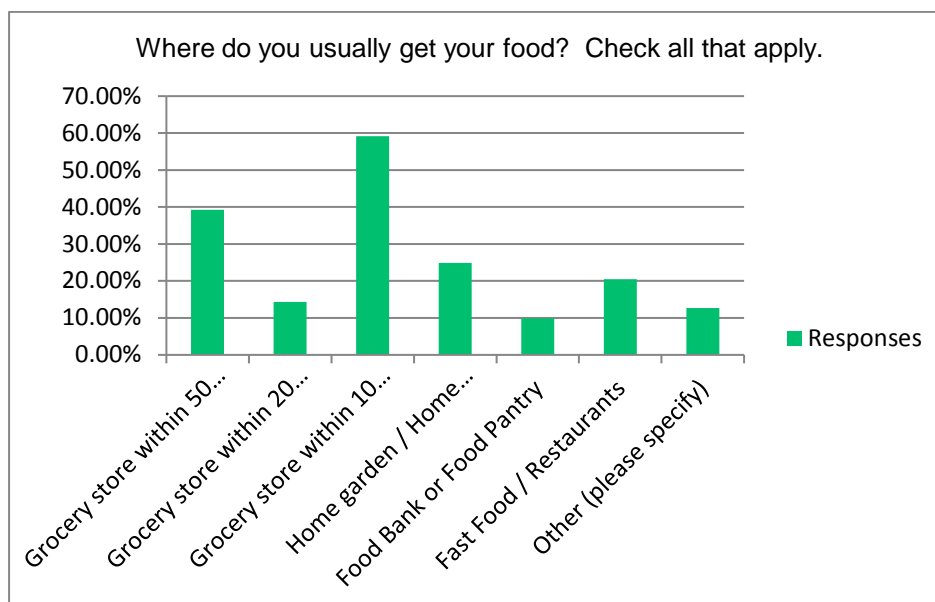
Grant County offers a free Summer Food Program for youth ages 1-18 sponsored by the John Day/Canyon City Parks and Recreation Department. Free lunches are served at the John Day City Park, the Prairie City Park, Monument Park, the Dayville Presbyterian Church and in Long Creek during July and August.

1 in 5 (20.9%) 11<sup>th</sup> graders in Grant County felt they did not have enough food to eat.

(Source: [https://oregon.pridesurveys.com/dl.php?pdf=Grant\\_Co\\_2018.pdf&type=county](https://oregon.pridesurveys.com/dl.php?pdf=Grant_Co_2018.pdf&type=county))

Nationally, more than 5 million senior citizens age 60 and older struggle with hunger. The number of seniors is projected to increase 50% by 2025 and consequently, so is the number of seniors facing hunger.

Seniors face a number of unique medical and mobility challenges that put them at a greater risk of hunger. Many are forced to make the tough choice between buying food and medicine, and others struggle to access food without reliable transportation. It can be harder for seniors to protect themselves from hunger than it is for the general population. For example, one study found that food-insecure seniors sometimes had enough money to purchase food but did not have the resources to access or prepare food due to lack transportation, functional limitations or health problems. (Source: *Feeding America: Senior Hunger Fact Sheet, September 2017*)



Almost 40% of the survey respondents travel 50 miles or more to buy groceries.

2018 Community Health Assessment Survey



### **Health Services and Community Resources**

Blue Mountain Hospital is a 25-bed critical access hospital and includes a family practice Rural Health Clinic, a general surgery clinic, a birthing center, a dietary clinic, physical therapy department, a full-service radiology department, a CLIA certified lab and a pain management clinic. In addition, BMHD operates Blue Mountain Care Center, a 40-bed intermediate care facility in Prairie City, a Home Health and Hospice agency, paramedic and EMT ambulance services.

Strawberry Wilderness Community Clinic (SWCC), located in John Day, has 7 staff practitioners and offers a full spectrum of health care; also providing two Outreach Clinics in Long Creek and Monument. They also have a rotating list of visiting specialists.

Community Counseling Solutions (CCS) provides behavioral health therapy for adults and children and other programs which include:

- Developmental Disabilities, helping individuals with Developmental Disabilities to plan, coordinate develop and locate resources while monitoring services to ensure they are safe, meet the needs of the individual and ensure the individual has choices.
- Supplemental Employment Program, helping patients find and retain employment;
- Addiction Counseling, chemical and gambling;
- School-based counselors, in or available to all schools in Grant County, providing behavioral health and substance use counseling;
- the Juniper Ridge Acute Care Center, a residential 24-hour locked acute mental health care facility;
- the David Romprey Oregon Warmline, a toll-free confidential peer telephone support service;
- the Grant County Health Department, Public Health and a certified rural health clinic;
- the Healthy Smiles Dental Clinic, providing oral health care options for low income and uninsured individuals;
- Tobacco Prevention program;
- Grant County Teen Health Fair;
- and the Grant Union School Based Health Center, providing primary care, mental health and immunizations to school aged youth.

Chinese Medicine Clinic – located in John Day.

The Canyon Mountain Center for mental and behavioral health services is located in John Day.

Blue Mountain Chiropractic Health Clinic is located in John Day.

Lifestyle Chiropractic LLC is located in Canyon City.

There are three dentists in John Day: Dr DesJardin, Dr Klusmier, Dr McMillan.

Two Dental Clinics in John Day: Advantage Dental and Healthy Smiles Dental Clinic.

The John Day Eye Care clinic is located in John Day.

Valley View Assisted Living & Memory Care is located in John Day.

Alcoholics Anonymous has two chapters in Grant County – one meets in Mt Vernon and the other meets in John Day.

Celebrate Recovery Cornerstone Christian Fellowship meets in John Day.

Women's 12-Step Recovery meets in John Day.

There are five licensed massage therapists in John Day, one in Canyon City, one in Monument and one in Mt Vernon.

Lens Drug is the pharmacy in Grant County and is located in John Day. Additionally, they offer a "Freedom from Smoking" seven-week class.

Annually, the Grant County Health Fair is held in John Day.

There are three Senior Service Centers in Grant County: one in John Day, one in Prairie City and one in Monument. The centers offer community meals including meal delivery options, exercise and recreation activities, volunteer opportunities, meeting rooms, libraries and other resources (including durable medical goods) for senior citizens and the community.

The Grant County Library is located in John Day and the Monument Senior Library is located in Monument.

Oregon State University Extension office offers 4-H programs, a learning center, SNAP-Ed nutrition education and cooking classes among many services to the community and is located in John Day.

Families First is a private, non-profit agency focused on healthy families and provides many great programs to Grant County and is located in John Day. Their goal is to create great beginnings, inspiring possibilities and ensuring bright futures for the children of Grant County

Heart of Grant County helps stop domestic violence and sexual assault through a wide range of crisis and educational services for adults, teens and children including a 24-hour crisis hotline.

There are two Food Banks in Grant County – one in John Day and one in Prairie City. In addition, there are food pantries in John Day and Monument.

The Summer Food Program is operated by the John Day/Canyon City Parks and Recreation department, offering free lunch during the summer to children ages 1-18 in John Day, Prairie City, Monument, Long Creek and Dayville.

Grant County has a strong faith-based community with 10 churches in John Day, 3 churches in Canyon City, 4 churches in Mt Vernon, 2 churches in Dayville, 2 churches in Prairie City, 2 churches in Long Creek, and 3 churches in Monument.

Public transportation is provided by The People Mover located in John Day and offers door to Door services for hospital and doctor visits, a regular service to Bend and back, other local routes in the John Day Valley and special transportation options.

Grant County offers veterans service through the Veterans Service Office, including assistance in navigating eligibility requirements and resources available.

VA Transportation for Vets for medical appointments is also available.

## Key Findings

## Stakeholder Meetings



In addition to the Steering Committee, key stakeholder groups were interviewed. A common vision between all groups of a healthy community is summarized above, focused mostly on community infrastructure.

Nick Green, John Day City Manager responded: "We lack a data driven methodology within our City's public safety departments (9-1-1 and Police, in particular) to monitor drug and alcohol-related health issues. There is a perception in the community that we have a "drug problem." We frequently have residents attend our city council meetings and talk about the drug problem. They can't be more specific because they don't know what the problem is ... they just have a vague sense that there is a lot of drug use in our community and possibly drugs transiting through our community.

We don't see that reflected in our law enforcement data. There are occasional drug-related incidents, but we can't really characterize the extent of it from our call logs or police reports. So while we say drug enforcement is a top priority, we have done very little to shift resources or our time toward that issue as a City. I personally believe use of prescription narcotics is more prevalent among a broader range of folks than street drug use, and I think street drug use is localized to small pockets of our community and is limited to a fairly small percentage of our total population."

Green continues “What I see as a bigger health issue is the lack of access to walkable paths, playgrounds and recreational opportunities that promote positive health outcomes. We have a small walking path around 7th Street and a small playground there, which is geared toward very young children and even they get bored with it in about 15-20 minutes. It's also a long way from restrooms if you're a parent of a three year old, which I happen to be.”

Judge Scott Myers stated “....reduced legal consequences for use (of Meth and Opioids), result in increased and more visible use.” Judge Myers also identified trust in local health care services and housing issues – especially for Veterans – as community issues.

**“How do the physical, behavioral, environmental, social and economic conditions affect the community members and your ability to provide services?”**

Teresa Aassness of Families First, commented “Untreated mental health issues, lack of understanding of the importance of lifestyle issues (diet, tobacco use, inadequate exercise) and long-term effects – obesity, cancer, diabetes, and early death. Poverty and trauma have a negative affect and make it difficult for providers because people often refuse to engage in needed services that are not trauma informed.” She continued “Make WIC more known and less of a stereotype. Help the grocery store clerks understand that it is NOT okay to shame WIC card users.”

Members of the Local Public Safety Community Committee responded: “Meth use has been reduced to a “misdemeanor” in the judicial system. Because of that, there has been an escalation in quantities available and increased use. Housing availability including collaboration between state and federal low income housing regulations that might allow some flexibility for temporary housing.”

Board members of the Grant County Food Bank stated that some food bank recipients are homeless or do not have cooking facilities while others do not know how to prepare foods that are available through the food bank. They also feel there is a connection to drugs and alcohol use in the community to the local suicide rate. The Board also feels there are economic barriers to self sufficiency because if someone works they may lose their health care, SNAP and/or housing benefits; and suggest there should be a staggered or “tier” based eligibility criteria to help people move into self sufficiency.

Jessica Winegar, RN and Manager of the Grant County Public Health Department and the Rural Health Clinic responded “Bringing telehealth options to the residents of Grant County would be a valuable service, especially with medical specialists which currently may require extensive travel or waiting until a specialist visits a local clinic. However, there are various cumbersome reimbursement/billing restrictions depending on insurance provider that make it very difficult to provide this service locally.”

## Community Meetings

Community meetings were held in John Day/Canyon City, Mt Vernon, Seneca, Prairie City, Monument and Dayville and were publicized by radio and newspaper advertisements as well as flyers and email blasts. In addition, a meeting was also held at the John Day Senior Center.



For the most part, the community agrees with the committee and stakeholders about the Characteristics of a Healthy Community. Some of the additional areas identified through the community outreach were:

- Spiritual/religious foundations;
- Active community centers with options for all ages;
- Public transportation;
- Ambulance Service;
- Accessibility to information regarding services and opportunities;
- Quality daycare and
- Personal responsibility.

The community also identified some challenges that are faced:

- Stigma around treatment – behavioral health and addiction related treatment – for professionals and others;
- Funding for programs and what happens to positive efforts when funding ends;
- Distance related issues – including the distance between neighbors, travel distance to services, distance to community centers;
- Affordable and available housing;
- and finally, drug and alcohol issues – ranging from treatment options/availability through law enforcement as well as crime in the community.

Participants in the community meetings were asked to identify community strengths and challenges in the categories of Families, Health, Environmental and Recreational, and Economic.

### Families

#### Community Strengths

- ✓ Healthy mom and children programs
- ✓ Families First, Faith-Based Communities, Heart of Grant County
- ✓ GC School-Based Health Center
- ✓ Adult Health Fair
- ✓ Teen Health Fair (student driven)
- ✓ Grant County Food Bank, Community Garden, Farmers Market, Extension Gardening Program
- ✓ Caring community

#### Challenges

- Domestic Violence
- Dysfunctional Families
- Food Insecurities
- Technology impacting social growth
- Transient Youth population
- Impact of adult use of alcohol and drugs on children and family unit



**Health**

**Community Strengths**

- ✓ Oregon Health Plan
- ✓ Blue Mountain Hospital
- ✓ BMH Home Health and Hospice
- ✓ OHP transportation assistance
- ✓ Specialized medical services travel to us
- ✓ CCS Behavioral Health services
- ✓ Active medical community striving for improvements to systems
- ✓ Prevention programs

**Challenges**

- Lack of skilled workforce
- Lack of providers and caregivers
- Increasing geriatric population, with limited resources for assisted living
- Lack of easy access to specialized medical services
- Lack of transportation
- Prevalence of alcohol and drug use

**Environmental and Recreational**

**Community Strengths**

- ✓ Wilderness and forest recreation areas
- ✓ Community parks
- ✓ State and National parks
- ✓ Varied summer and winter recreation opportunities
- ✓ Clean air and water sources
- ✓ Caring community

**Challenges**

- Lack of housing options
- Lack of recreational biking/walking trail systems
- Lack of Community Recreational Center for winter use
- Lack biking and walking paths for commuters
- Lack of transportation to recreational areas

**Economic**

**Community Strengths**

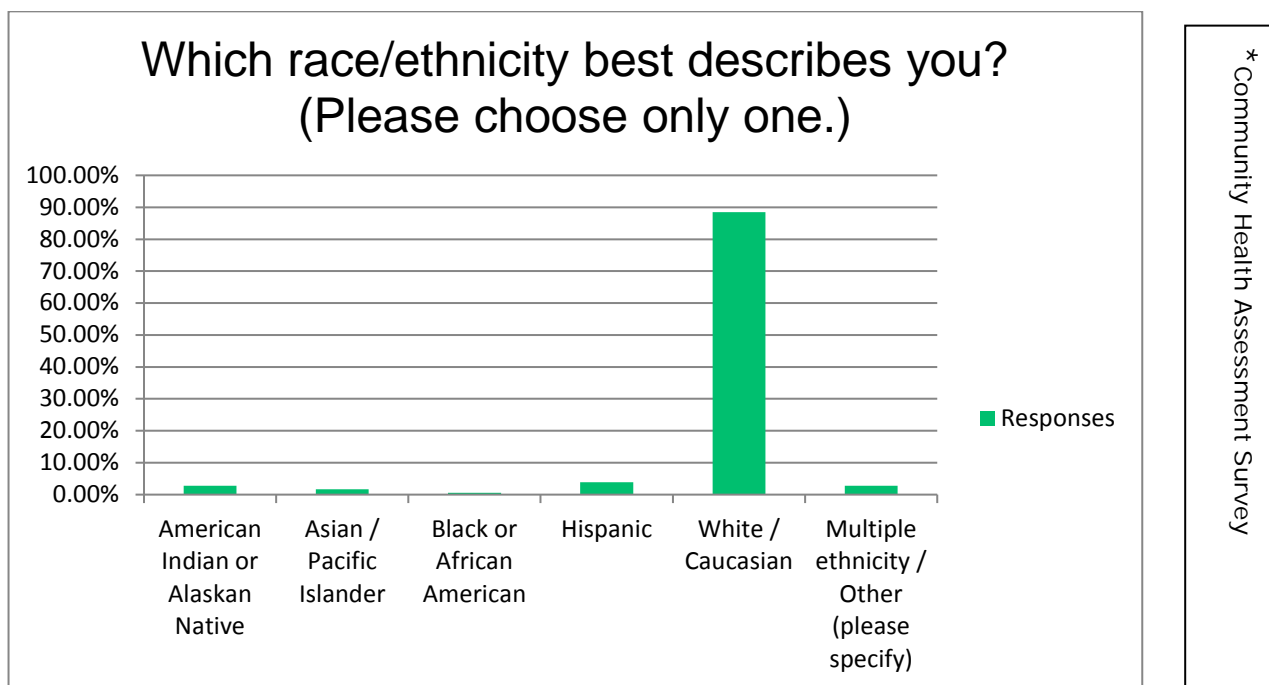
- ✓ OSU Open Campus program, EOU and BMCC satellite offices
- ✓ Forest-related contracts and projects
- ✓ GC Economic Development office for business development
- ✓ People Mover and taxi services
- ✓ Prevention programs
- ✓ Airport and Industrial Park

**Challenges**

- Lack of skilled workforce
- Lack of jobs
- Limited resources for new businesses
- Lack of housing options
- Lack of transportation
- Impact of alcohol and drug use
- Aging workforce

**Online Survey**

Methodology: The online survey was conducted using SurveyMonkey and had 38 questions. For those who did not have access to the online version, a paper copy was available and then manually entered in SurveyMonkey. 182 persons took the survey, collecting qualitative and quantitative data. While the survey results are only about 3.08% of the population over 18 years of age, the cross-section of ethnicities taking the survey is in line with the ethnicity demographics of the county.



Ethnicity*	Percentage of Population
White – Caucasian	91.1%
Hispanic – Latino	3.2%
Black – African American	.3%
Native American Indian or Alaskan Native	1.7%
Asian	.7%
Hawaiian or Pacific Islander	.1%
Two or more ethnicities	2.9%

\* US Census Bureau of QuickFacts, July 2018

**Who Took the GCHD Public Health Community Health Assessment Survey?**

Surveys were taken online as well as written responses collected from the community and entered into SurveyMonkey manually. Outreach included community presentations, email blasts, and media presentations. Written surveys were solicited from groups such as Food Bank recipients, incarcerated individuals in the Grant County Jail, and the Monument and John Day Senior Centers.

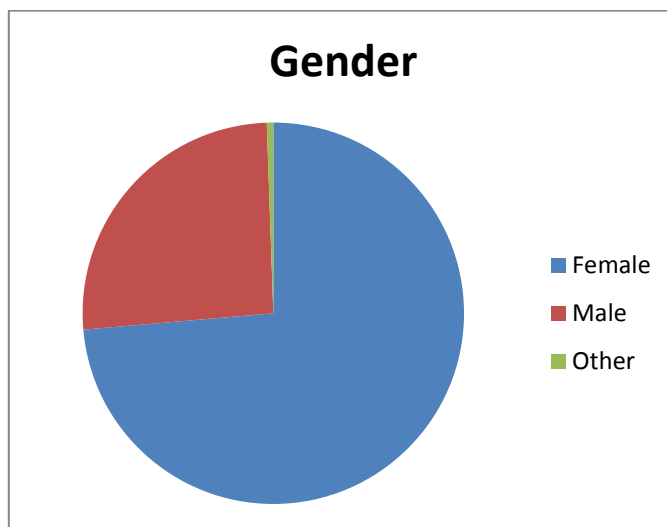
**Survey responses by zipcode:**

City	**Responses	*Male Pop	*Female Pop	Total Pop	%
John Day	73	615	689	1304	5.6
Dayville	7	69	58	127	5.51
Canyon City	41	267	297	564	7.27
Monument	9	53	44	97	9.28
Mt Vernon	21	211	212	424	4.95
Prairie City	22	349	342	691	3.18
Miscellaneous	9				
Grant County	182	2943	2967	5910	3.08

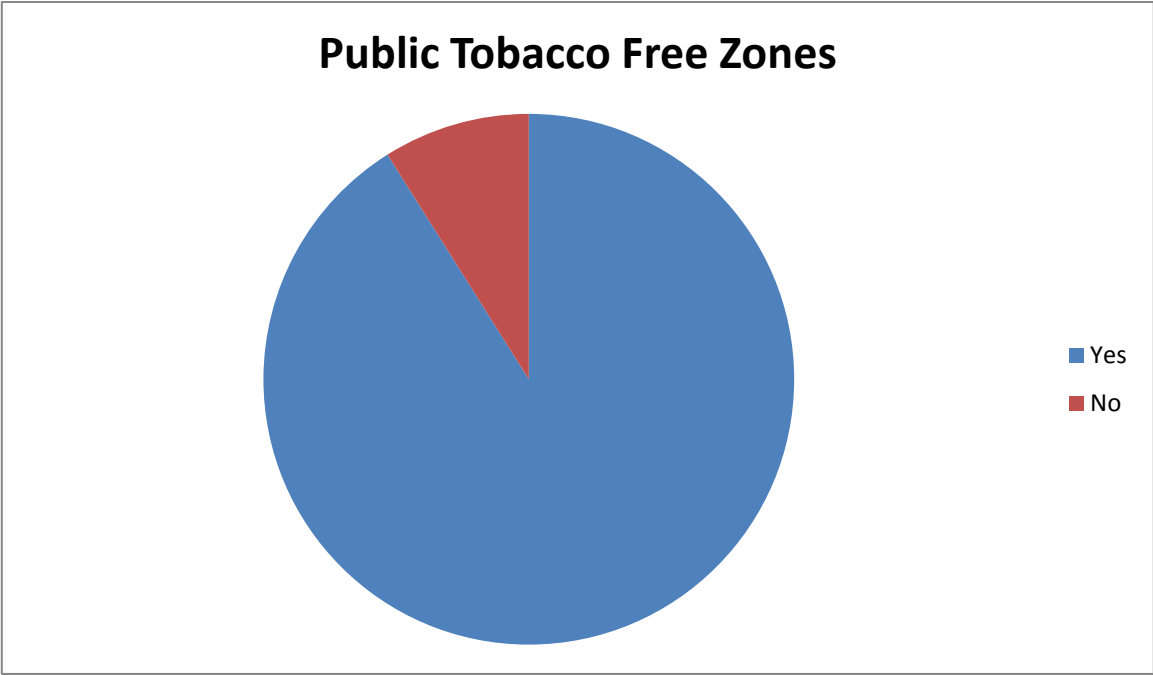
(Source: \*Population above 18 years of age - Population data: <https://suburbanstats.org>)

Please note:

- Incarcerated respondents (21) were all recorded as living in zipcode of the County Jail (97820) which may be different from their normal home zipcode.
- Miscellaneous: Includes no zipcode provided as well as communities too small to find individual populations (i.e., Fox and Kimberly).

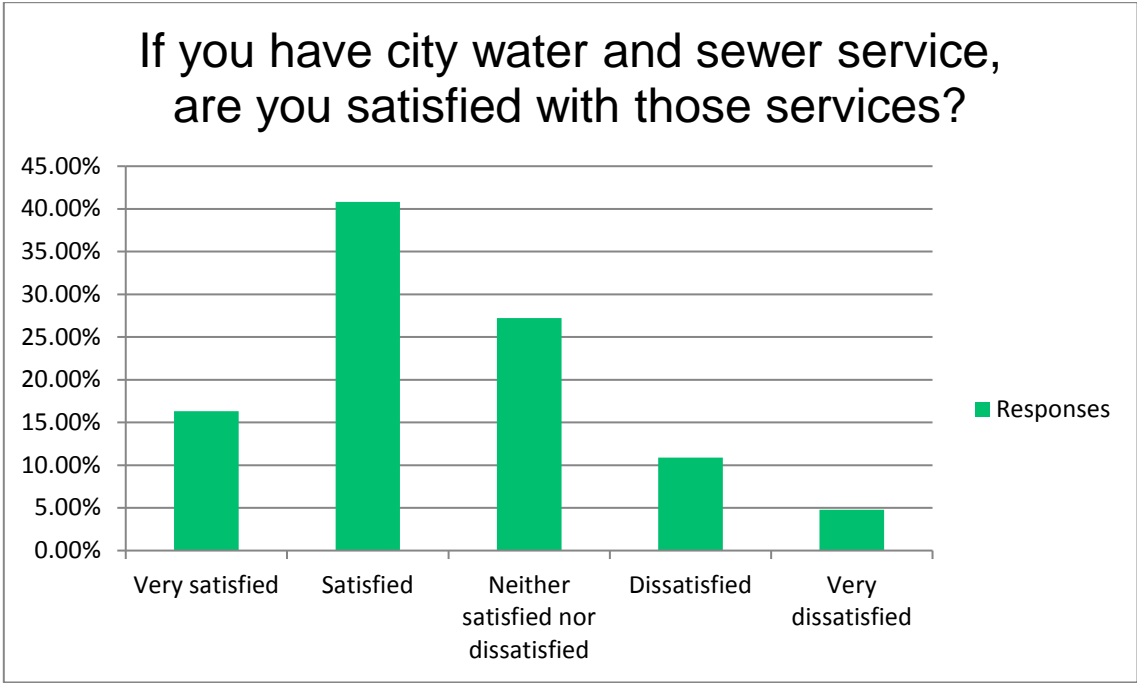


Do you support tobacco free zones in public places?



91.06% Yes, 8.94% No

Environmental Services

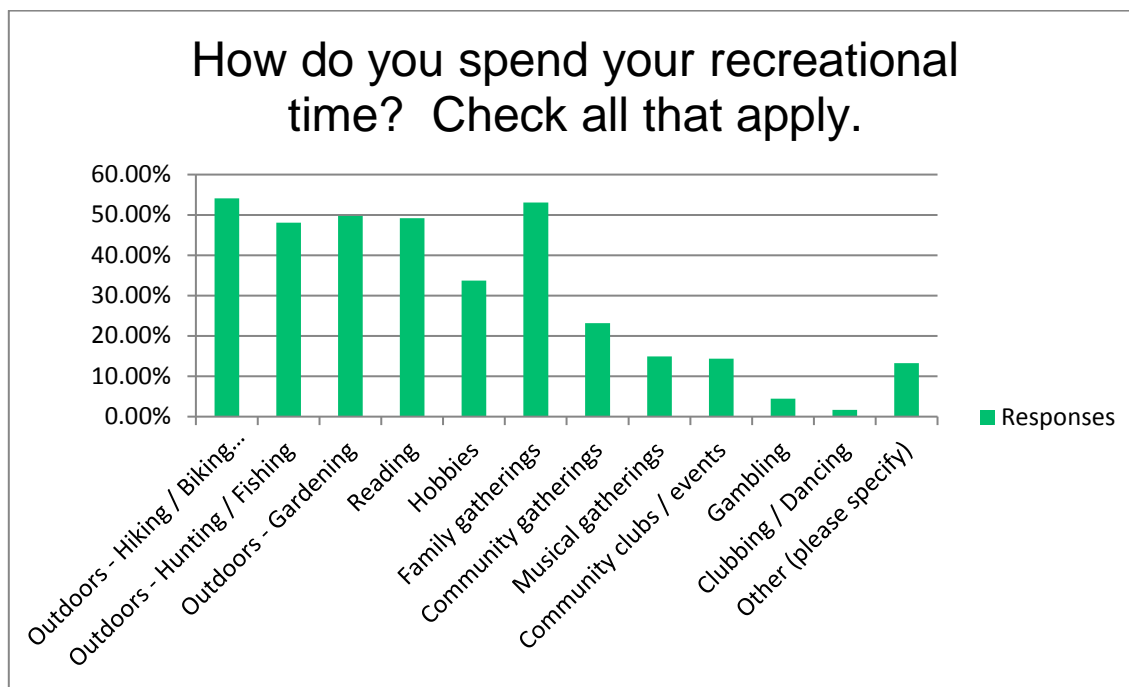


Overall, residents seem to be satisfied with public water and sewer service. Many homes rely on septic systems and well or spring water. Those who had city services and were Dissatisfied or Very Dissatisfied gave these reasons:

- Water taste and quality.
- Cost and unreliability.
- Local government response to care and maintenance of current systems and planning for future improvements.
- Economic status of communities in desperate need of improved systems.

Local governments are struggling to replace antiquated infrastructure and provide services due to economic conditions.

### Recreational Opportunities



Survey respondents indicate a good amount of recreation time is spent in outdoor activities followed closely by family gatherings. This supports the general perception of family-centered groups engaged in activities such as 4-H, rodeo, livestock, hiking, biking, fishing and other wilderness area activities.

### **Emergency Preparedness**

Of those taking the survey, 64% said they knew how and where to report a community health threat.

In the case of a public health or environmental threat, 52% would like to be notified by text message and 47% would like to be notified by telephone – landline or cell phone. This is reflective of the frontier environment with no local television stations and limited local radio reception in outlying areas.

### **Nutrition and Food Security**

Survey participants indicated that more than 59% live within ten miles of where they shop for food, with 39% reporting they travel 50 miles or more to shop for groceries. There are two major food retailers in the County – one in John Day (Chester's Thriftway) and one in Prairie City (Huffman's Select Market). A number of other smaller markets are spread throughout the county providing a broad variety - although limited quantities - of food, household and other supplies – such as the Mercantile in Dayville and Boyer's Market in Monument. To travel from Monument to John Day is a 120-mile round trip. Many residents combine food shopping trips with doctors and other appointments – either locally or in Bend, Pendleton or Ontario.

There is also an increasing trend in using online purchasing and delivery services for basic food and household goods.

An independent produce peddler seasonally comes to John Day once a week with fresh vegetables and fruit.

Many households have gardens that produce fruit and vegetables and there is also a community garden in John Day. Seasonally, the Farmers Market is held in John Day on Saturday morning.

Raising livestock is very common in outlying areas for home consumption and community sales. The one meat processing retail business located in Canyon City handles beef, pork, lamb and wildlife (deer, elk, antelope, etc.) for the area. In some cases, residents butcher and process livestock and wildlife in their home.

Almost 10% of the survey respondents indicated they access the local Food Bank or Food Pantry on a regular basis.

Overall, respondents indicated they had enough to eat, but not necessarily the types of food they would prefer.

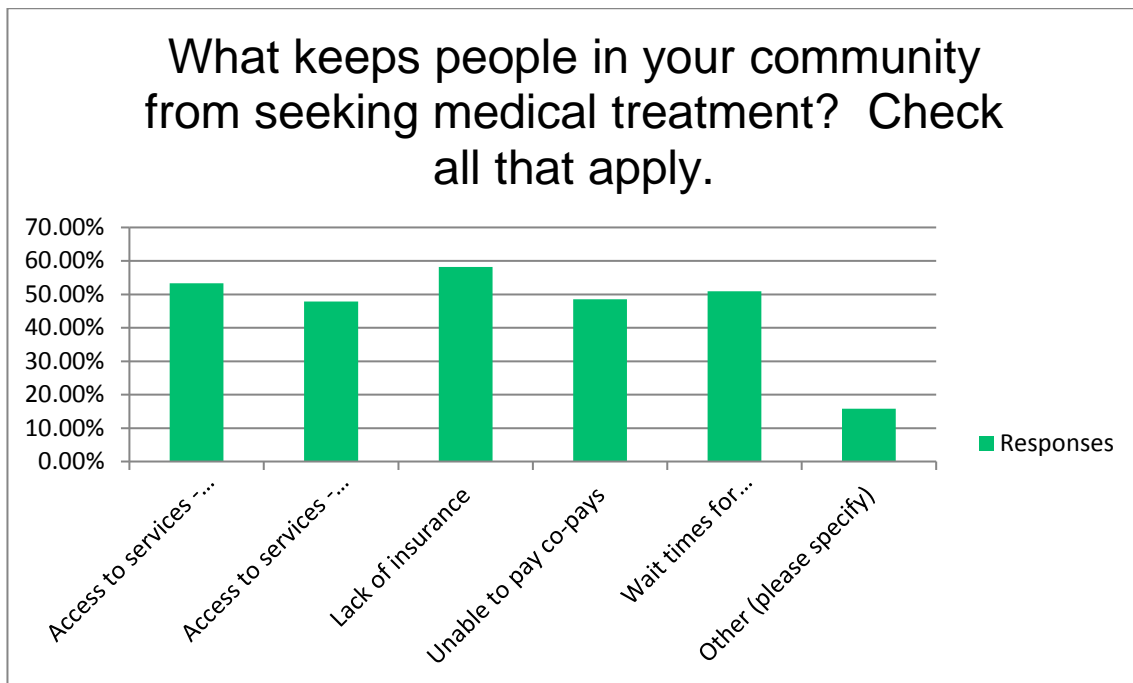
Of those who indicated their household didn't have access to nutritious foods, 20% indicated it was because they didn't have enough income to cover food costs and 12% indicated it was because affordable options were not available.

16% responded that within the last 12 months, the food they were able purchase didn't last for the month and they didn't have money to purchase more food.

The survey also indicated that 2% of the respondents did not have a working stove in their home.

### Healthcare

Survey respondents identified the top 5 reasons that keep people in our community from seeking medical treatment as:



2018 Community Health Assessment Survey

- Lack of insurance: The high cost of insurance coverage in comparison to individual earned income often results in not being able to afford health insurance. While some employers share the cost of insurance coverage, not all



are able which puts an added burden on families. In some cases, income disqualifies adults from being eligible for the Oregon Health Plan.

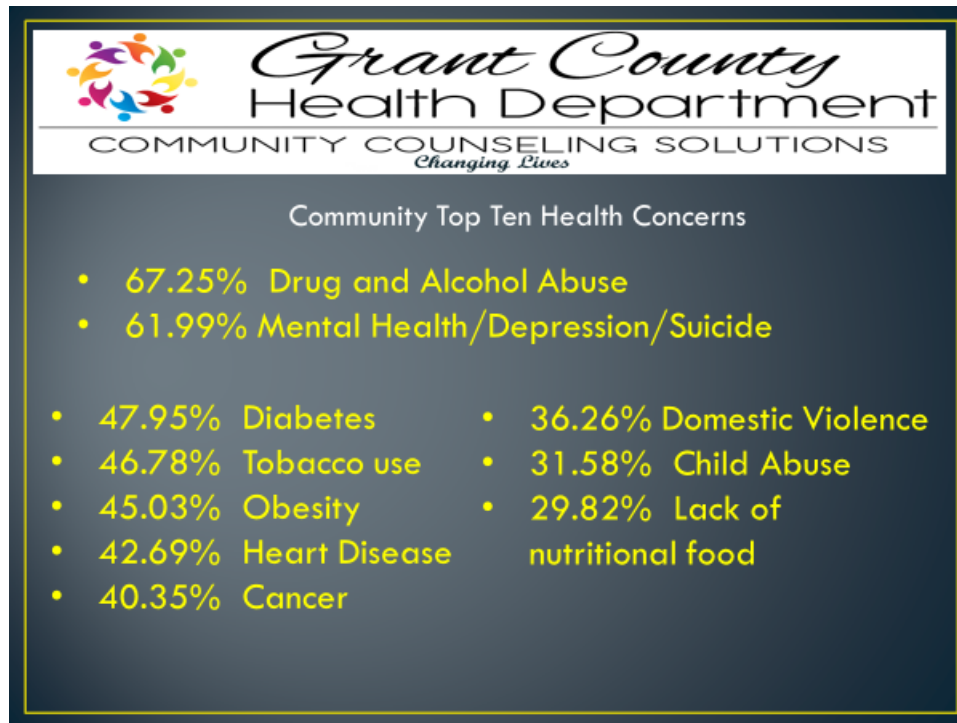
- Access to services / transportation: Transportation to medical services is often a determining factor in this frontier community. General medical services are available at two local clinics and, depending where you live in the county, travel to one of the local clinics may still be a 120-mile round trip and in most areas, there aren't any public transportation options. Some specialists travel to Grant County once or twice a month for consultations and limited services. Additional services for specialty care are hours away and often require an overnight stay.
- Wait time for provider appointments: Local medical providers are few and are very busy covering clinic hours as well as working in emergency services and assisted living facilities. Strawberry Wilderness Community Clinic does offer "fast track" appointments but there are no "urgent care" options in Grant County, often resulting in over-use of hospital emergency department services.
- Unable to pay co-pays: Out of pocket expenses range from minimal to maximum and depend on individual insurance plans. This also includes the cost of prescriptions. Both local clinics offering sliding scale options as well as payment options.
- Access to services / availability of health providers: Residents share a frustration at not being able to see their provider of choice in a timely manner, it may take anywhere from 2 to 6 weeks to get an appointment. Often the patient will refuse to see another provider, limiting their options.

**What other concerns do you have about the health of your community?**

- Dissatisfaction with current health care options and access in local community:
  - Includes behavioral health, primary care, urgent care and emergency care
  - Distrust in diagnosis, confidentiality, and billing processes
- Perception that health related agencies, organizations and providers are not working together to achieve common goals.
- Unusually high rates of:
  - Suicide
  - Substance abuse
  - Domestic violence

- Child abuse
- Elder abuse
- Drug and Alcohol abuse:
  - Lack of consequences
  - Increased availability to minors
- Lack of education surrounding nutrition and healthy life styles:
  - Lack of motivation to take preventative measures to improve health
  - People who won't vaccinate
- Economic status:
  - Loss of local businesses
  - Lack of funds to repair public infrastructure for community services
  - Unemployment
  - Housing shortage
- Lack of structured recreational opportunities for youth and adults, such as recreation centers, improved bike and walking trails, indoor swimming pools and ski areas.
- Lack of enforcement of health and safety regulations and laws.

## Priority Areas



2018 Community Health Assessment Survey

The results of the online survey reflect areas of health concern gathered from stakeholder's interviews, community meetings and steering committee meetings. The steering committee came to these conclusions:

- Drug and alcohol abuse issues directly relate to domestic violence, child abuse, and mental health including depression and suicide.
- Obesity issues directly relate to diabetes, heart disease and indirectly to drug and alcohol abuse.
- All the discussion topics were tied to social determinants of health.
- There are a number of organizations and groups focused on providing services and prevention measures for the health concerns identified in the Community Health Assessment – all working within "silos".

Using the filter of Public Health functions (assess, develop policy, inform, educate, empower and mobilize), three priority areas were identified for improvement:

1. Social Determinants of Health
2. Unified Leadership with Common Vision
3. Infrastructure

## Next Steps

We welcome your comments on the findings of this Public Health Assessment and invite you to participate in the Community Health Improvement Plan. Comments can be directed to Kathy Cancilla – [Kathy.cancilla@ccsemail.org](mailto:Kathy.cancilla@ccsemail.org) or 541-575-0429, extension 4517.

Over the next few months the Steering Committee will develop a Community Health Improvement Plan (CHIP) in collaboration with community stakeholders and community members. The CHIP will address each of the identified priority health areas with an implementation 4-year action plan. As the action plan is implemented, we will collaborate with other community health improvement plans that may be concerning the same priority areas or areas that are directly or in-directly affected by the public health priority areas.

Members from the steering committee, community partners and stakeholders will form three committees – each focusing on one priority area of the CHIP. As the action plan progresses, the committees will use the *Deming Cycle* – “Plan, Do, Check, Act or Adjust” to make sure the task is on track. Each committee will report back to the Steering committee on progress, challenges and possible adjustments to the plan.

Thank you for your interest in “*Changing Lives*” and helping our neighbors become “*Healthy people thriving in a healthy community.*”

Community Counseling Solutions / Grant County Public Health Department