



# Acknowledgements

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# Executive Summary

Beginning in February 2016, the North Douglas County (NDC) communities of Drain, Elkton, and Yoncalla, Oregon engaged in a Community Health Needs Assessment (CHNA) planning process, focusing on children ages birth-to-8 and their families. The purpose of this process was to explore, understand, and integrate linkages between early learning and young child and family health; identify health-related resources currently available and accessible to NDC families; and prioritize health areas of interest to be explored during the CHNA.



*Community Kick-Off Event Participant-Drawn Image in response to: "What does a healthy community look like to you?"*

The North Douglas County CHNA builds on community partnerships already established in the region through initiatives that aim to coordinate and align early learning and K-12 systems. The work of Yoncalla Early Works ("YEW", initiated in 2012 with funding from The Ford Family Foundation and Children's Institute) and North Douglas P3 ("NDP3", initiated in 2014 with funding from the Oregon Community Foundation) demonstrate community commitment to supporting young children and families. The work of community members through these initiatives laid the foundation for the region's readiness to engage in a Community Health Needs Assessment (CHNA) planning process.

Ultimately, this first planning phase of the CHNA resulted in recommendations to conduct Phase 2 of the CHNA in North Douglas County, and is expected

to get underway in summer/fall 2016 in collaboration with community members.

The Community Health Needs Assessment will seek to answer the following questions:

1. What does health look like for children ages birth-to-8 and their families in North Douglas County?
2. What health services are available and accessible to children and families in North Douglas County?
3. What health services do families in North Douglas County need and want?
4. What needs to happen for health services to be available and accessible for North Douglas County children ages birth-to-8 and their families?

## Who participated in the CHNA planning process?

45 community members/stakeholders, including 10 local parents/caregivers, participated in the Kick-Off

16 community members/stakeholders, including 5 local parents/caregivers, participated in 4 Steering Committee meetings

35 community members/stakeholders, including 10 local parents/caregivers, participated in a Community Café

8 parents/caregivers and 2 high school students participated in a breakfast Listening Session

## **Thank you to everyone who participated in the CHNA planning process!**

For more information about the NDC CHNA, please contact: Erin Helgren, [erin@childinst.org](mailto:erin@childinst.org), 541-525-5096

## What do indicators of child and family health in North Douglas County tell us?

The following table summarizes key health indicators reviewed by community members during the CHNA planning process (Phase 1), and demonstrate the need for additional work and data collection (Phase 2).

Indicator*	NDC	State
<b>Population</b>	5,008	3,900,343
<b>Mean number of births annually</b>	40	45,297
<b>Infant mortality</b> (per 1000 births)	14.9	5.0
<b>Low birth weight</b> (per 1000 births)	89.6	62.5
<b>Teen birth rate among 15-19 y/o</b> (per 1000 births)	79.6	28.4
<b>Poverty</b> (% of total population at 200% FPL)	44%	36%
<b>Food insecurity</b> (% Elementary School students eligible for free and reduced school meals)	48%	51%

\*Please refer to the full report for data sources.

## What health priority areas do North Douglas County community members want to learn more about?

Four health priority areas, and the recommended methods to learn more about these topics, emerged from the planning process. The next phase of the CHNA expected to take place in summer/fall 2016 in collaboration with NDC community members will further prioritize these issues and clarify methods.

### ACCESS TO HEALTH SERVICES

**Administer a regional survey** to identify the service needs across a range of health service types, e.g., dental care, immunizations, prenatal care, well-child care, primary care for adults, and mental health.

**Convene focus groups**, to explore the barriers and solutions to health services access, such as transportation supports, local provision of services

through fixed or mobile locations, improved coordination of services that occur outside of the communities, increased awareness and improved communication about available services, and application of health access-related policies.

**Work with gatekeepers** within specific organizations (e.g., Coordinated Care Organizations [“CCOs”], state health department, or other state services agencies), to obtain community- or regional data on additional key health indicators like smoking rates during pregnancy, immunization rates, developmental screening rates, family income and resources levels, and public services utilization.

**Use visual story-telling** to understand health promotion efforts in North Douglas County and continue building community through data collection and interpretation of what health, health access, and health promotion looks like.

### MENTAL HEALTH SERVICES

**Conduct confidential interviews** to explore specific mental health and substance use service needs, barriers to access, and service or policy solutions.

### HOUSING AND HOUSING INSECURITY

**Convene focus groups or Community Café forums** to review data on housing supply, rental/ownership patterns, and housing conditions to improve housing security, build awareness of renters’ rights, and explore service and policy strategies.

### FOOD SECURITY

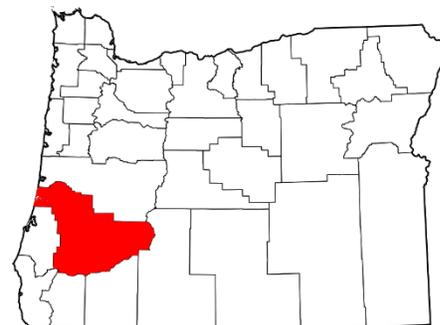
**Leverage the interest** and energy of community members to support the development and/or coordination of local farmer’s markets and strengthen community gardening efforts.

*“Children are our community’s greatest investment in future success. The health of children 0-8 affects their growth and prosperity now and in the future.” – Kick-Off Participant*

# Background

Douglas County in south-central Oregon is the fifth-largest county in the state in area (5,134 square miles), and tenth in population size.<sup>1</sup> Encompassing the Umpqua watershed, Douglas County reaches from the Cascade Range on its eastern border, to the Oregon Coast on the west. North Douglas County (NDC) consists of the three neighboring, incorporated municipalities of Drain, Elkton, and Yoncalla, which are characterized as rural, remote communities.<sup>2</sup> In 2015 the total population of NDC was 5,008, with 472 children between the ages of 0-9 in the region.<sup>3</sup>

Figure 1. Douglas County



Since 2012, two grant-funded initiatives have been supporting work in NDC to strengthen early learning and K-12 systems coordination and alignment. The Yoncalla Early Works (YEW) initiative (funded by The Ford Family Foundation and Children’s Institute) and the North Douglas P3 (NDP3) project (funded in 2014 by the Oregon Community Foundation), laid the foundation for the region’s readiness to engage in a Community Health Needs Assessment (CHNA) planning process. The purpose of this process was to explore, understand, and integrate linkages between early learning and young child and family health; identify health-related resources currently available and accessible to NDC families; and prioritize health areas of interest to be explored during the CHNA. Ultimately, the planning process resulted in this plan to conduct the CHNA in North Douglas County, focusing on children ages birth-to-8 and their families.

Consistent with the collaborative approach of the Yoncalla Early Works initiative, a community-based, participatory process was used to carry out the CHNA planning. In February 2016, families, community members and other key stakeholders of North Douglas County began the planning process at a Kick-Off event with 45 participants, including representatives from health organizations, family support and early learning programs, school district leadership, economic development organizations, 10 local parents/caregivers with young children, other interested community members, philanthropists, and mayors.

This was followed by a series of four Steering Committee meetings in March through May 2016, involving 16 community members, including 5 of whom who are also parents of young children in North Douglas County. A subsequent Community Café with 35 community members was held in Yoncalla in late May 2016, as well as a Listening Session in Elkton, specifically held to engage families in the Elkton community.

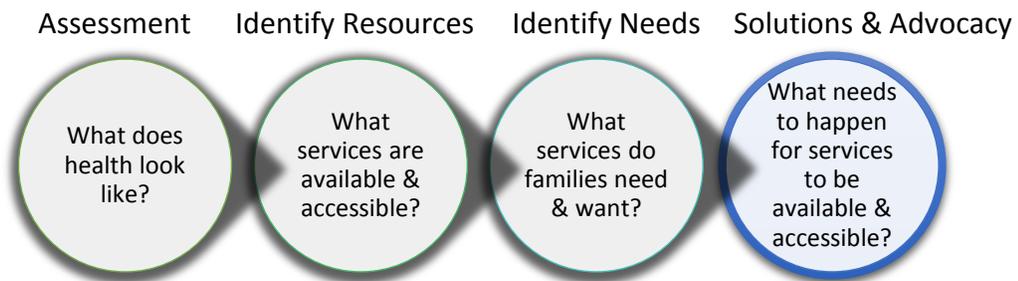
Throughout the planning process and these meetings, the primary goals of the CHNA were outlined as the following “Big Questions” in order to help structure and facilitate conversations around planning.

<sup>1</sup> US Census. (2010). *Gazetteer files*. Retrieved May 20, 2016 from [www2.census.gov/geo/docs/maps-data/data/gazetteer/counties\\_list\\_41.txt](http://www2.census.gov/geo/docs/maps-data/data/gazetteer/counties_list_41.txt)

<sup>2</sup> National Center for Education Statistics. (2006). *School locale definitions*. Retrieved May 20, 2016 from [nces.ed.gov/surveys/ruraled/definitions.asp](http://nces.ed.gov/surveys/ruraled/definitions.asp)

<sup>3</sup> US Census. (2015). *2010-2014 American Community Survey 5-year estimates*. Retrieved March 6, 2016 from [factfinder2.census.gov](http://factfinder2.census.gov)

Figure 2. CHNA “Big Questions”



This Community Health Needs Assessment Plan has been created in partnership with North Douglas County community members, the CHNA Steering Committee, the Center for Improvement of Child and Family Services at Portland State University, and Children’s Institute. Shaped by the CHNA Steering Community and informed by local families, community members, and other stakeholders, this report details the planning process (Phase 1), presents key findings, and outlines the steps and goals of the CHNA, which will include additional data collection and analyses (Phase 2).

## Methods

### Community Engagement in the Planning Process

#### Kick-Off

On February 25, 2016, 45 community members and key stakeholders gathered at the Drain Civic Center at the Mildred Whipple Library in Drain, Oregon. Dinner and child care were provided. The CHNA planning and facilitation team, consisting of staff from Portland State University and Children’s Institute structured the Kick-Off around four main questions to promote large and small group discussion around community vision for young child and family health, generate thinking about the multiple layers of health and social determinants of health, review and respond to local health indicator data, and elicit interest from participants to be part of a Steering Committee and shape the planning process.

Guiding questions included:

- 1) Why do you care about the health of young children and families in North Douglas County?
- 2) What impacts young child and family health?
- 3) What do you want to know more about in terms of health and health services in North Douglas County?
- 4) How would you like to be involved in the planning process moving forward?

Figure 3. Kick-Off Participants



## Steering Committee

Between March 17 and April 21, 2016, four Steering Committee meetings were held, which engaged 16 stakeholders from the Drain, Elkton, and Yoncalla communities, including five local parents of young children.<sup>4</sup> Members self-selected into participating on the Steering Committee, in addition to those identified through specific outreach in order to represent key organizations or perspectives. Membership reflected local families, health services, K-12 teachers, school district leadership, early learning and family support providers, economic development, and food security programs.<sup>5</sup> Parents received \$30 stipends for their participation and dinner and child care were provided at each meeting. Meetings took place in the Yoncalla Family Room and at the Church of Christ meeting space in Drain.

Based on feedback from the Kick-Off and decisions made at each Steering Committee, the CHNA planning and facilitation team developed meeting agendas to build relationships among members and structure Steering Committee discussions and work time around the following goals:

- 1) Set expectations for the CHNA planning process, deliverables, and timeline
- 2) Review health indicator data and identify areas where additional information is needed
- 3) Discuss data collection methods for the CHNA, and
- 4) Plan opportunities to gather additional community input and feedback to inform CHNA plan and recommendations.

## Community Café & Listening Session

On May 5, 2016, a Community Café was held in Yoncalla, attended by 35 community members, including 10 who are parents with young children. This meeting was based on World Café principles, including:<sup>6</sup>

- Being clear about purpose of the meeting and what questions will be most relevant
- Creating a welcoming space that feels safe and inviting so people feel comfortable to think, speak, and listen
- Exploring questions that matter through “conversational rounds”
- Everyone’s contribution matters and everyone is encouraged to contribute their ideas and perspectives; at the same time, if anyone wants to participate by listening, they can also do so
- Connecting diverse perspectives happens through the opportunity to move between tables and exchange perspectives

Figure 4. World Café Principles



<sup>4</sup> Two parents also represented their “professional” roles as superintendent and family support services provider.

<sup>5</sup> Refer to Appendix A for a complete membership list.

<sup>6</sup> World Café design principles retrieved May 3, 2016 from [www.theworldcafe.com/key-concepts-resources/design-principles/](http://www.theworldcafe.com/key-concepts-resources/design-principles/)

- Listening for patterns, participants can begin to sense a connection of individual experiences and perspectives to the group as a whole
- Sharing collective discoveries through a share-out or “harvest” at the end brings themes from the small group conversations to the larger group for reflection

In order to create additional space for Elkton families to participate in the planning process, a breakfast Listening Session, which mirrored the Community Café on a smaller scale, was held at the Elkton Community Education Center on May 24, 2016, with 8 parents/caregivers and 2 high school students. Parents who participated at the Café and Listening Session received \$20 stipends for their participation, and meals and child care were provided at each meeting.

These community meetings were structured to gather additional community input and feedback to inform the CHNA plan, and help the Steering Committee prioritize health topics requiring additional information to be collected through Phase 2 of the CHNA, and recommend data collection strategies.

## Secondary Data Analysis

Data used in the CHNA planning process integrated secondary data collected by other organizations or groups, including health needs assessments conducted by Coordinated Care Organizations (CCOs); epidemiological data on incidence, prevalence and rates of health status at local community, county, and state levels; social determinants of health data; and services related to health and community. Secondary data at the local (zip code), regional (North Douglas County), and county level were utilized when available. These data have been used to inform Steering Committee and community discussions to prioritize areas for inquiry in the CHNA and reflected in this plan.

## Appreciation & Follow-Up Steps

Although not yet complete at the time of this report, additional follow-up steps are planned to take place in early summer 2016 in order to acknowledge and thank Steering Committee members for their contributions to the planning process, review the final plan with Steering Committee members, and disseminate the plan throughout the region. These steps include:

- 1) Thank you notes and tokens of appreciation to be delivered to Steering Committee members
- 2) Individual phone calls with Steering Committee members, to be completed by the CHNA planning and facilitation team to review the final plan, and
- 3) Electronic distribution of final plan to all participants in the planning process (Kick-Off, Community Café, and Listening Session participants) and interested stakeholders
- 4) Data not currently available or presented at the local or regional levels are included in the discussion of recommendations for additional data to be collected in Phase 2 of the CHNA.

*“I like living here, and it’s important to have a healthy community to live in.*

*– Kick-Off Participant*



## Community Health Profiles

The following tables and discussion highlight health indicators that were used in the CHNA planning process to inform decisions around health priority areas, and to show comparisons of the information across communities and in relation to county and state data.

As shown in Table 1, approximately 9% of the region’s population is made up of children under 10 years old. Although North Douglas County is racially and ethnically less diverse than the state overall, approximately 1 in 10 residents is a person of color. The percent of the region’s population 24 years of age and older who have a high school diploma/GED is similar to the rest of the county and the state, but the percent who are college graduates (11%) is lower than the county (16%) and state rates (30%).

### Population<sup>7</sup>

<i>Table 1. Demographics</i>	Drain (N)	Elkton (N)	Yoncalla (N)	North Douglas County (N)	Douglas County (N)	State (N)
<b>Total population</b>	2,184	861	1,963	5,008	107,156	3,900,343
<b>Age</b>						
0-4 y/o	6% (137)	7% (61)	5% (100)	6% (298)	5% (5,462)	6% (231,807)
5-9 y/o	3% (59)	6% (49)	3% (66)	3% (174)	5% (5,491)	6% (239,781)
10-19 y/o	11% (239)	11% (94)	11% (221)	11% (554)	12% (12,626)	13% (488,791)
20-54 y/o	42% (921)	31% (268)	38% (737)	38% (1,926)	39% (42,240)	47% (1,826,808)
55 & older	38% (828)	45% (389)	43% (839)	41% (2,056)	39% (41,337)	29% (1,113,156)
<b>Gender</b>						
Female	48%	50%	49%	48%	51%	51%
Male	52%	52%	51%	52%	49%	49%
<b>Race/Ethnicity</b>						
White	89%	93%	91%	90%	89%	78%
Black/African American	-	-	-	-	<1%	2%
American Indian/Alaska Native	1%	4%	2%	2%	1%	1%
Asian	2%	-	-	1%	1%	4%
Native Hawaiian/Pacific Islander	-	-	1%	<1%	<1%	<1%
“Other”	-	-	-	-	<1%	<1%
Multiracial	3%	2%	2%	2%	3%	3%
Hispanic/Latino	5%	1%	5%	4%	5%	12%
<b>Households</b>						
# Families w/ Children <18	177	97	126	400	na	na
<b>Education Level of 24 y/o and older</b>						
< High school diploma/GED	12%	3%	13%	11%	12%	11%
High school graduate/GED	40%	30%	37%	37%	32%	25%
Some College/AA degree	39%	38%	44%	41%	38%	35%
College graduate	9%	30%	6%	11%	16%	30%

<sup>7</sup> US Census Bureau. (2015). *2010-2014 American Community Survey 5-Year Estimates*. Retrieved March 6, 2016 from [factfinder2.census.gov](http://factfinder2.census.gov)

## Prenatal Indicators

Oregon Health Authority vital statistics data from 2015 indicate that 96% of pregnant individuals in Douglas County received “adequate” prenatal care, meaning that prenatal care consisted of at least 5 prenatal visits and began before the third trimester.<sup>8</sup> Children First for Oregon reports that 77% of pregnant individuals received prenatal care in their first trimester in Douglas County.<sup>9</sup>

While there is not a single definition of adequate prenatal care, the Department of Health & Human Services Office of Women’s Health recommended schedule of care includes at least 14 visits total and care starting in the first trimester.<sup>10</sup> Although data on the percent of pregnant mothers who received the recommended schedule of prenatal care were not obtained during the planning process, community members described potential barriers that would prevent families from accessing the recommended level of prenatal care. This was seen as a critical element to clarify in a future phase of the CHNA.

Maternal health behaviors such as eating nutritious foods, maintaining a healthy weight, and abstaining from smoking, impact the health of the pregnancy and developing baby. Smoking during pregnancy was an indicator of maternal health reviewed during the CHNA planning process. One quarter (25%) of Douglas County women smoke cigarettes during pregnancy in Douglas County, compared to 11% in the state overall.<sup>11</sup>

During Phase 1 of the CHNA, participants reported that women living in North Douglas County primarily give birth in Roseburg, Eugene, Sutherlin, or at home. As birth provides a primary intervention opportunity, participants in the planning process voiced a need to have reliable information about where women are giving birth.

## Birth-to-5 Indicators

Key health indicators related to children ages birth to 5, include low birth weight, infant mortality, teen birthrate, immunization rates, and access to nutrition and breastfeeding supports through Women, Infants & Children (WIC). Teen birthrate, along with maternal health behaviors previously mentioned, impact birth weight, which is closely linked to young child health and later school readiness.<sup>12</sup>

Access to nutrition services for pregnant women and breastfeeding support for new mothers can improve the health of both mother and child. Breastfeeding offers many health benefits for infants and mothers. Breastfeeding offers the child nutrition, protection against common childhood infections, and increased survival during the first year of life, including a lower risk of Sudden Infant Death Syndrome.<sup>13,14</sup> Breastfeeding may

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<sup>8</sup> Oregon Health Authority. (April, 2016). *Prenatal care by county of residence, Oregon resident births 2015 preliminary*. Retrieved May 23, 2016 from [public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Documents/2015/birthapc15.pdf](http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Documents/2015/birthapc15.pdf)

<sup>9</sup> Children First for Oregon. (2015). *2015 status of Oregon’s children: County data book*. Retrieved May 23, 2016 from [www.cffo.org/?pub=2015-county-data-book](http://www.cffo.org/?pub=2015-county-data-book)

<sup>10</sup> Office of Women’s Health, US Department of Health and Human Services (n.d.). *Prenatal care factsheet*. Retrieved March 6, 2016 from [womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#f](http://womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#f)

<sup>11</sup> Oregon Health Authority. (2015). *Tobacco fact sheet, 2014 – Douglas County*. Retrieved March 6, 2016 from [public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/OHA-Douglas-TobaccoFactSheet.pdf](http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/OHA-Douglas-TobaccoFactSheet.pdf)

<sup>12</sup> Reichman, N. E. (2005). Low birth weight and school readiness. *The Future of Children*, 15(1), 91-116.

<sup>13</sup> American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129, e827–e841. Retrieved March 6, 2016 from [pediatrics.aappublications.org/content/129/3/e827.full.pdf+html](http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html)

<sup>14</sup> National Institutes of Health. (2013). *What are the benefits of breastfeeding?* Retrieved March 6, 2016 from [www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/Pages/benefits.aspx](http://www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/Pages/benefits.aspx)

reduce the risk for certain allergies, asthma, obesity, and type 2 diabetes. It also may help improve an infant’s cognitive development, and the skin-to-skin contact it provides may have physical and emotional benefits.<sup>15</sup>

As shown in Table 2, there are approximately 40 births in NDC each year, accounting for about 4% of births in the county overall. Low birth weight, infant mortality, and teen birth rates are substantially higher in NDC compared to the county and state. WIC participation and immunizations rates of recommended series for 2 year-olds in Douglas County on the whole, however, are comparable to the state.

<i>Table 2. Birth-to-5 indicators</i>	Drain	Elkton	Yoncalla	North Douglas County	Douglas County	State
<b>Mean number of births annually<sup>16</sup></b>	20.8	5.6	13.6	40	1,080	45,297
<b>Low birth weight</b> (per 1000 births)	na	na	na	89.6 <sup>17</sup>	66.4 <sup>18</sup>	62.5 <sup>18</sup>
<b>Infant mortality</b> (per 1000 births)	na	na	na	14.9 <sup>17</sup>	8.5 <sup>18</sup>	5.0 <sup>18</sup>
<b>Teen birth rate among 15-19 y/o</b> (per 1000 births)	na	na	na	79.6 <sup>17</sup>	38.3 <sup>18</sup>	28.4 <sup>18</sup>
<b>WIC participation<sup>19</sup></b>						
% of pregnant women served	na	na	na	na	63%	53%
% who start out breastfeeding	na	na	na	na	88%	91%
% breastfeeding at 6 months	na	na	na	na	31%	35%
<b>Immunizations</b>						
% 2 y/o updated on 4:3:1:3:3:1:4 series <sup>20</sup>	na	na	na	na	69%	65%
% kindergartners with non-medical exemption <sup>21</sup>	na	na	na	na	5%	6%

## Child Maltreatment<sup>22</sup>

Abuse and neglect contribute to adverse developmental outcomes for children, including poor physical health, cognitive and social-emotional impairments, and challenges with learning and forming relationships.<sup>23</sup>

<sup>15</sup> UNICEF. (n.d.). *Skin-to-skin contact*. Retrieved March 6, 2016 from [www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Skin-to-skin-contact/](http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Skin-to-skin-contact/)

<sup>16</sup> Oregon Health Authority. (2015). *Douglas County resident births by year and zip 2010-2014*. Retrieved March 6, 2016 from [public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/zipcnty.aspx](http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/zipcnty.aspx)

<sup>17</sup> Office of Rural Health. (January, 2016). *Community profile 2016 service area: Drain/Yoncalla*. Oregon Health Sciences University.

<sup>18</sup> Gaige, E. & Martin, S. L. (April, 2015). *The state of our health 2015: Key health indicators for Oregonians*. Second Edition. Oregon Health Sciences University & Portland State University. Retrieved March 6, 2016 from [www.ohsu.edu/xd/education/student-services/about-us/provost/upload/state-of-our-health-2015.pdf](http://www.ohsu.edu/xd/education/student-services/about-us/provost/upload/state-of-our-health-2015.pdf)

<sup>19</sup> Oregon Health Authority. (2015). *Nutrition & health screening program for Women, Infants, & Children 2014 WIC Facts*. Douglas County Health Department.

<sup>20</sup> Oregon Health Authority. (2015). *Oregon Child Immunization Rates: Douglas County Immunization Rates*. Retrieved March 6, 2016 from [public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/Douglas.pdf](http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/Douglas.pdf)

<sup>21</sup> Oregon Health Authority. (2015). *Oregon School Immunization and Exemption Data*. Retrieved March 6, 2016 from [public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/SchResources.aspx](http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/SchResources.aspx)

<sup>22</sup> Oregon Department of Human Services, Children, Adults and Families Division. (April, 2016). *2015 child welfare data book*. Retrieved March 6, 2016 from [www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2015-cw-data-book.pdf](http://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2015-cw-data-book.pdf)

<sup>23</sup> Edwards, V. J., Anda, R. F., Dube, S. R., Dong, M., Chapman, D. F., & Felitti, V. J. (2005). The wide-ranging health consequences of adverse childhood experiences. In K. Kendall-Tackett & S. Giacomoni (Eds.), *Victimization of children and youth: Patterns of abuse, response strategies*. Kingston, NJ: Civic Research Institute.

Maltreatment during childhood is also associated with poor health outcomes in adulthood, including increased risk of chronic health conditions, substance abuse, and depression. In 2015, there were 647 child welfare assessments completed in Douglas County and 28% of those were founded. A total of 332 children in Douglas County were in foster care during 2015. In Douglas County, the maltreatment rate per 1,000 children is 16, which is 78% higher than the statewide rate of 9 per 1,000. In addition, the 3-year average out-of-home placement rate for Douglas County is 15%, compared to 9% statewide.

## Mental Health

Mental health and substance use disorders can have a significant impact on individual, family, and community health, and both children and adults can experience these challenges. Without early diagnosis and treatment, children with mental health challenges can develop problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood.<sup>24</sup>

Maternal depression, as one example within adult mental health, is associated with complications in childbearing, and the importance of mothers' mental health on the wellbeing and long-term outcomes of children and families is also becoming increasingly recognized.<sup>25</sup> Substance use can interfere with the parent-child relationship, parenting abilities, and child development.<sup>26</sup> However, there is limited secondary data available on mental health and substance use disorders for the NDC region, Douglas County, and Oregon. It should be noted that the Community Health Alliance and the Umpqua Health Alliance may be able to provide community-level incidence data, which could be explored further as part of Phase 2 of the CHNA. Mental health and substance abuse were recognized by CHNA planning participants as areas where more information is needed at the local level.

## Adult Health<sup>27</sup>

Health indicators related to chronic conditions for Douglas County show rates that are fairly comparable for adults living in Douglas County and the state overall, although Douglas County adults are more likely to be obese and to smoke (Table 3). North Douglas County adults are more likely to die from unintended injuries which suggests residents are exposed to additional risk of deadly accidents.

<i>Table 3. Adult health indicators</i>	North Douglas County	Douglas County	State
<b>Adult health</b>			
% with cardiovascular disease	na	10%	7%
% with high blood pressure	na	34%	36%
% with diabetes	na	11%	8%
% obese	na	34%	26%
% smokers	na	26%	19%
% with no physical activity outside of work	na	21%	18%

<sup>24</sup> Centers for Disease Control & Prevention. (2013). *Mental health surveillance among children — United States, 2005–2011*. Retrieved March 6, 2016 from [www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s\\_cid=su6202a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w)

<sup>25</sup> Santoro, K, & Peabody, H. (2010). *Identifying and treating maternal depression: Strategies & considerations for health plans*. Washington, DC: National Institute for Health Care Management.

<sup>26</sup> Center for Substance Abuse Treatment. (2004). *Substance abuse treatment and family therapy*. Rockville (MD): Substance Abuse and Mental Health Services Administration.

<sup>27</sup> Office of Rural Health. (January, 2016). *Community profile 2016 service area: Drain/Yoncalla*. Oregon Health Sciences University.

<i>Table 3. Adult health indicators</i>	North Douglas County	Douglas County	State
<b>Adult mental health</b>			
% with depression	na	27%	25%
Suicides per 100,000 persons	12	25	18
<b>Cause-specific crude death rates per 100,000 persons</b>			
Cancer	296	317	195
Heart Disease	257	253	159
Chronic Lower Respiratory Disease	74	95	50
Unintended Injuries	70	54	43
Alzheimer's	39	53	34
Diabetes	51	50	28
Alcohol-induced	16	22	17
Flu Pneumonia	16	14	11

## Social Determinants of Health

Social determinants of health are factors that, while not direct measures of health status, have been shown to have a substantial impact on child and adult health and well-being. These include factors such as poverty, housing security and homelessness, access to education, food security and hunger, transportation, social supports and public safety (Table 4).<sup>28</sup>

Forty-four percent (44%) of residents in Douglas County are at or below 200% of the federal poverty level (FPL). The poverty rate in Douglas County is slightly higher than that of the rate in rural Oregon and in Oregon overall (40%).<sup>29</sup> Almost a third of children under the age of 18 in Douglas County (28%) live below the poverty level.<sup>29</sup>

In Douglas County, there were 404 individuals counted as homeless during the 2015 Point-In-Time count: 206 were sheltered, and 198 were unsheltered (“on the street”). Most of those individuals (n=199) were in 50 family households; 177 of those individuals were under the age of 18.<sup>30</sup> The total number of homeless individuals in Oregon during the 2015 count was estimated at 13,226.<sup>31</sup>

Regional reports on food security collected through the NDP3 initiative from incoming kindergarten families in Drain, Elkton, and Yoncalla, defined food security as having access to the amount and types of food desired has found that 21% of incoming kindergarten families experience food insecurity.<sup>32</sup> Robert Wood Johnson Foundation’s county health rankings indicate that 17% of residents in Douglas County are food insecure, i.e., not

<sup>28</sup> World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Retrieved March 6, 2016 from [apps.who.int/iris/bitstream/10665/43943/1/9789241563703\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf)

<sup>29</sup> Office of Rural Health. (January, 2016). *Community profile 2016 service area: Drain/Yoncalla*. Oregon Health Sciences University.

<sup>30</sup> Oregon health Authority. (2015). *Oregon point-in-time homeless counts*. Retrieved March 6, 2016 from [www.oregon.gov/ohcs/Pages/research-point-in-time-homeless-count-in-oregon.aspx](http://www.oregon.gov/ohcs/Pages/research-point-in-time-homeless-count-in-oregon.aspx)

<sup>31</sup> US Department of Housing & Urban Development. (2015). *The 2015 annual homeless assessment report to Congress: Part 1 point-in-time estimates*. Retrieved May 23, 2016 from [www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf](http://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf)

<sup>32</sup> Center for Improvement of Child and Family Services. (2015). *Incoming kindergarten parent/caregiver survey results: NDP3*. Portland State University.

having access to a reliable source of food during the past year, and 11% have low access to food meaning living less than 10 miles from a grocery store in rural areas.<sup>33,34</sup>

Average eligibility rates for the Free and Reduced Lunch Program among North Douglas County elementary students over a 2-year period is 48%.<sup>35</sup> While this suggests that nearly half of elementary school students in NDC are within 200% of the FPL and get some of their nutritional needs through the school, the range of eligibility rates across the three communities varies widely: the Elkton Elementary School eligibility rate has been 18% over the past two years (2014-2015 and 2015-2016); the rate in North Douglas Elementary in Drain eligibility has been fairly stable at 58-61%; the rate at Yoncalla Elementary School has been highest at 89-93%.

<i>Table 4. Social determinants of health</i>	Drain	Elkton	Yoncalla	North Douglas County	Douglas County	State
<b>Poverty</b> % total population at 200% of FPL <sup>36</sup>	na	na	na	44%	43%	36%
<b>Housing security</b> % of K-12 students experiencing homelessness <sup>37</sup>	3%	7%	0%	3%	3% <sup>38</sup>	3% <sup>38</sup>
<b># participating in services<sup>38</sup></b> SNAP <sup>39</sup> TANF <sup>40</sup>	na na	na na	na na	na na	8,913 2,158	285,063 57,664
<b>Food security</b> % Elementary School students eligible for free and reduced school meals <sup>41</sup>	60%	18%	91%	48%	62% <sup>38</sup>	51% <sup>38</sup>

## Access to Health Care

The ability of children and families to access health care is dependent on a number of different factors. The primary factors that influence access in NDC are insurance coverage, available services in the region, and barriers to accessing services. Insurance coverage has improved since the passage of the Affordable Care Act, and increased enrollment in the Oregon Health Plan (OHP), reducing the number of uninsured by approximately

<sup>33</sup> Robert Wood Johnson Foundation. (2016). *County health rankings & roadmaps: Building a culture of health, county by county, Food Environment Index*. Retrieved May 25, 2016 from [www.countyhealthrankings.org/app/oregon/2016/measure/factors/133/data](http://www.countyhealthrankings.org/app/oregon/2016/measure/factors/133/data)

<sup>34</sup> Robert Wood Johnson Foundation. (2016). *County health rankings & roadmaps: Building a culture of health, county by county, Food Environment Index*. Retrieved May 25, 2016 from [www.countyhealthrankings.org/app/oregon/2016/measure/factors/133/description](http://www.countyhealthrankings.org/app/oregon/2016/measure/factors/133/description)

<sup>35</sup> Oregon Department of Education. (2016). *Students eligible for free or reduced Lunch 2013-2014, 2014-2015, 2015-2016: Three-year average*. Retrieved May 25, 2016 from [www.ode.state.or.us/sfda/reports/r0061Select.asp](http://www.ode.state.or.us/sfda/reports/r0061Select.asp)

<sup>36</sup> Office of Rural Health. (January, 2016). *Community profile 2016 service area: Drain/Yoncalla*. Oregon Health Sciences University.

<sup>37</sup> Oregon Department of Education. (2015). *2014-2015 homeless student data: Homeless student percentage by district*. Retrieved March 6, 2016 from [www.ode.state.or.us/search/results/?id=113](http://www.ode.state.or.us/search/results/?id=113)

<sup>38</sup> Children First for Oregon. (2015). *2015 status of Oregon's children: County data book*. Retrieved May 23, 2016 from [www.cffo.org/?pub=2015-county-data-book](http://www.cffo.org/?pub=2015-county-data-book)

<sup>39</sup> "SNAP" is the Supplemental Nutrition Assistance Program.

<sup>40</sup> "TANF" is the Temporary Assistance to Needy Families Program.

<sup>41</sup> Oregon Department of Education. (2016). *Students eligible for free or reduced Lunch 2014-2015 & 2015-2016: Two-year average*. Retrieved May 19, 2016 from [www.ode.state.or.us/sfda/reports/r0061Select.asp](http://www.ode.state.or.us/sfda/reports/r0061Select.asp)

10% in Douglas County between 2012 and 2014.<sup>42</sup> In 2014, approximately 9% of children under 18 years of age in Douglas County, and (5%) in Oregon, were uninsured.<sup>43</sup>

While lack of insurance is one barrier, the primary challenges in NDC reported by participants in the planning process included lack of services, transportation challenges, and financial limitations of families. Availability of mental health treatment in Douglas County is also issue, where there is only 1 mental health provider for every 522 people.<sup>44</sup> This is a much lower provider-to-population ratio compared to the state overall, where 1 provider exists for every 299 people.<sup>45</sup> Limited numbers of families were reported as being able to access mental health supports through two school counselors employed by the Elkton School District and it was reported by stakeholders in the planning process that demand for these services is greater than current capacity.

## Community Resources

Phase 1 of the CHNA served to generate an inventory of additional community resources available in Drain, Elkton, and Yoncalla for young children and families. While this list may not be exhaustive, the services included here are those that are provided in the North Douglas County region through formal mechanisms and were both cited by stakeholders involved in the planning process as well as included in resource directories. Throughout the planning process, community members also described additional supports offered through informal networks, such as friend, family, and neighbor caregiving, for example. Although considered important resources in the community, the planning process did not include extensive research to inventory informal supports and resources.

Drain has a number of community resources that support health and community engagement including a local pool, the **Mildred Whipple Library**, and the **Drain Civic Center**. The **Family Relief Nursery**, based in this community aims to “stabilize families and improve the nature and quality of parent-child interactions” through home visiting and a therapeutic safe environment that fosters social, physical, and emotional growth for children.<sup>46</sup> Local nutrition supports include the **FISH food pantry** that is open on Tuesdays, and **Living Hope**, which offers meals and food boxes on Wednesdays.<sup>47</sup> In addition, **WIC** holds monthly office hours in Drain for the North Douglas region. There are 14 **low-income housing units** at Gateway Village. Further, while there is one primary care physician in Drain, this provider does not accept OHP, preventing many local families from being able to access care in their own community. Finally, **Adult Basic Skills Development Education classes** are offered at North Douglas High School.

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<sup>42</sup> Oregon Health Authority & Oregon Health Sciences University. (February, 2014). *Impacts of the Affordable Care Act on health insurance coverage in Oregon: County results/statewide update*. Retrieved May 23 from [www.ohsu.edu/xd/research/centers-institutes/center-for-health-systems-effectiveness/upload/Health-Insurance-Coverage-in-Oregon-County-Results.pdf](http://www.ohsu.edu/xd/research/centers-institutes/center-for-health-systems-effectiveness/upload/Health-Insurance-Coverage-in-Oregon-County-Results.pdf)

<sup>43</sup> US Census. (2015). *2014 American Community Survey 1-Year Estimates*. Retrieved June 13, 2016 from [factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_1YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_DP03&prodType=table)

<sup>44</sup> Gaige, E. & Martin, S. L. (April, 2015). *The state of our health 2015: Key health indicators for Oregonians*. Second Edition. Oregon Health Sciences University & Portland State University. Retrieved March 6, 2016 from [www.ohsu.edu/xd/education/student-services/about-us/provost/upload/state-of-our-health-2015.pdf](http://www.ohsu.edu/xd/education/student-services/about-us/provost/upload/state-of-our-health-2015.pdf)

<sup>45</sup> Office of Rural Health. (January, 2016). *Community profile 2016 service area: Drain/Yoncalla*. Oregon Health Sciences University.

<sup>46</sup> Family Relief Nursery. [www.frncg.org/home-page](http://www.frncg.org/home-page)

<sup>47</sup> UCAN. (2014). *UCAN news articles – December 14, 2014*. Retrieved March 6, 2016 from [www.ucanap.org/files/2014/2133/5002/News\\_Articles\\_12\\_2014.pdf](http://www.ucanap.org/files/2014/2133/5002/News_Articles_12_2014.pdf)

The **Elkton Community Education Center**, which will be the site for the future Elkton Preschool and is expected to open in fall 2016, has a butterfly pavilion, an historical site, native plant gardens, an amphitheater, and a vegetable garden/seasonal produce stand. One **licensed family child care provider** currently operates in Elkton. Weekly **play groups** based on the Kaleidoscope curriculum began being offered to families with young children in spring 2016 through the NDP3 initiative.

Yoncalla is home to several health and family support services. **Yoncalla Preschool** is located within Yoncalla Elementary and serves approximately 17 four- and five-year old children annually, in addition to two other **licensed family child care providers**. **Early Head Start** has a play group room also located at Yoncalla Elementary, and currently serves 2 families from the NDC region. The Yoncalla Early Works initiative has been active in the Yoncalla Community since 2012 and has helped strengthen relationships between local and regional early childhood programs and the school, as well as host **community baby showers**, offer additional parenting education, and coordinate parent-child activity workshops. The **Care & Share food pantry** in Yoncalla is open as needed on Tuesdays and offers home delivery.<sup>48,49</sup> The **Yoncalla Library** provides summer programming for children of all ages and hosts story times and other family activities throughout the year. An **Alcoholics Anonymous** group meets in Yoncalla, and **Health Revolution Chiropractic** provides chiropractic, massage, and fitness services in town but does not accept OHP insurance.<sup>49</sup>

**Schools in NDC** serve as vital hubs of services and activities for young children and families. The three NDC school districts involved in NDP3 have been collaborating on kindergarten registration efforts, parent-teacher home visit implementation, and kindergarten readiness programming. All three NDC communities host a **parent education series** each year through blended funding sources. These evidence-based series are offered in community locations and include curricula such as Incredible Years, Make Parenting a Pleasure, and Nurturing Parenting. Early Intervention/Early Childhood Special Education and home visiting services are available to all eligible children, but based on key stakeholder reports, engagement in these services is relatively low.

Another regional resource includes **North Douglas Betterment**, a local nonprofit providing transportation services for seniors and people with disabilities through their dial-a-ride program and is starting a supported community garden. Additional services that support young children and families in the North Douglas County are located outside of these three communities in Cottage Grove, Sutherlin, and Roseburg, including primary care services offered through CCOs, substance abuse treatment through ADAPT, limited mental health services, and self-sufficiency, SNAP, and other benefits offices.

*“Healthy children become healthy adults and together,  
create healthy communities.”*

– Kick-Off Participant

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<sup>48</sup> Oregon Food Bank. (2013). *Local voices, local food: A look at food, agriculture, hunger, and economy in Douglas County in 2013*. Retrieved March 6, 2016 from [www.oregonfoodbank.org/~media/files/community-food-systems/douglascountyfoodassessmentpdf.pdf](http://www.oregonfoodbank.org/~media/files/community-food-systems/douglascountyfoodassessmentpdf.pdf)

<sup>49</sup> UCAN Head Start. (2014). *Directory of services for families with young children in Douglas County 2014-2015*. Retrieved March 6, 2016 from [www.ucancap.org/files/7514/3231/5837/2014-2015\\_Resource\\_Directory\\_3.pdf](http://www.ucancap.org/files/7514/3231/5837/2014-2015_Resource_Directory_3.pdf)

## Community Priority Areas & Preferred Methodologies

### Secondary Data Priorities

In review of existing health data, the CHNA Steering Committee voiced a need to prioritize collection of community-specific (Drain, Elkton, and Yoncalla), and NDC regional level data, in order to best understand needs and to inform possible solutions and advocacy strategies. As a result of the limited local data available for some of the indicators previously reviewed in this plan and throughout the planning process, Steering Committee members identified several areas to prioritize additional local-level, secondary data collection (where available) through the CHNA related to:

- Birth locations of NDC children
- Smoking rates during pregnancy
- Low birth weight rates
- Immunization rates
- Developmental screening rates
- Family income, poverty, and employment information
- SNAP, TANF utilization rates, and
- Housing, homelessness, and mobility information.

### Priority Health Topics

After the Kick-Off generated a long list of potential health topics to explore further, the CHNA Steering Committee worked to prioritize these topics, and identified preferred methodologies for data collection. Their priority areas were then posed to Community Café and Listening Session participants, who provided additional feedback to narrow the scope of potential areas to investigate further during the CHNA. The following topics were identified and prioritized as areas of interest during the planning process by participants in the Kick-Off, Steering Committee meetings, Community Café held in Yoncalla, and the Listening Session held in Elkton. The topics are grouped around CHNA “Big Questions”.

<i>Table 5. Priority health topics identified by CHNA planning groups</i>	Kick-Off	Steering Committee	Community Café	Listening Session
<b>ASSESSMENT: More information is needed on the following health indicators in NDC:</b>				
Poverty, family income and unemployment	X	X		
Homelessness and housing security, mobility	X	X	X	X
Food security	X	X	X	
Mental health	X	X	X	X
Substance abuse	X	X	X	X
Trauma/Adverse Childhood Experiences (ACEs)	X	X		
Smoking during pregnancy	X			
Breastfeeding rates	X	X		
Developmental screenings	X			

<i>Table 5. Priority health topics identified by CHNA planning groups</i>	<b>Kick-Off</b>	<b>Steering Committee</b>	<b>Community Café</b>	<b>Listening Session</b>
Physical activity	X	X		
Social & cultural supports	X	X		
Strengths of rural communities	X	X		
<b>RESOURCES: More information is needed on what health and related services are available &amp; accessible for NDC families:</b>				
Full map of health services in for NDC	X	X	X	
Prenatal care services	X	X	X	
Breastfeeding supports	X	X		
Postnatal care services	X			
Well-child services	X	X	X	
Primary care services	X	X	X	
Food, nutrition services	X	X	X	
Home visiting services	X	X		
Early Intervention services	X	X		
Early learning / child care providers	X			X
Parenting education services	X	X		
Mental health services	X	X	X	X
Immunizations services	X	X	X	
Dental services	X	X	X	
School-based services	X	X	X	X
<b>NEEDS: More information is needed to understand what health and related services are needed by NDC families:</b>				
Family service needs	X	X	X	X
Health promotion services & supports	X	X		
Barriers to service access	X	X	X	X
Specific transportation barriers	X	X	X	X
<b>SOLUTIONS &amp; ADVOCACY: More information is needed to identify what needs to happen for health and related services to be available &amp; accessible to NDC families:</b>				
Explore locating health services locally	X	X	X	X
Understand role of CCO in NDC health services provision & access, e.g., Open Card	X			
Address fragmentation of public health infrastructure	X			
Ensure sustainability of services		X		
Address mandatory reporter status of providers in building trust with families to engage in services, especially home-based services		X		

## Preferred Data Collection Methodologies

In addition to prioritizing health topics of interest, CHNA planning participants were also asked to identify their preferred data collection methodologies for each area. Focus groups were suggested most frequently by Community Café participants (n=28), and seen as particularly useful to explore issues around access to food, housing security and homelessness, and access to health care services. Surveys were identified by 25

participants, largely to conduct a community scan of affordable housing options, but also to collect local data on mental health status and needed services. Interviews were suggested by 16 participants, primarily to understand issues around health and food access, as well as housing issues. Participant observation through the use of PhotoVoice or similar story-telling approaches was identified by 8 people as a feasible way to learn more about these top issues as well.

## Recommendations

Based on a review of secondary data accessible during the planning phase, and with the input of Steering Committee members and community members to identify priority health areas to investigate during the CHNA, the following data and methodologies were identified through the Phase 1 planning process as important to explore during Phase 2 of the CHNA.

These areas will be further prioritized in collaboration with community members and key stakeholders in summer 2016, and scaled as appropriate based on expected resources available for Phase 2 of the CHNA. We anticipate that Phase 2 data collection and analysis will begin in fall 2016. Consistent with the participatory approach used in Phase 1, the PSU evaluation team plans to engage North Douglas County community members in identifying and/or developing data collection tools, as well as collecting, analyzing, and interpreting data, in partnership with Children's Institute staff. What follows is a summary of the key methodologies and information needs identified during Phase 1, as well as recommendations for moving forward with the work during Phase 2.

### Secondary Data Collection

Additional secondary data collection is needed to address gaps in several areas of young child and family health. Although these data were not accessible to the PSU evaluation team during the planning phase, key gatekeepers of these data have suggested the information could be made available at the zip code or regional level. These data could be used to inform the development of questions for specific components in the "Original Data Collection" section of these recommendations. Consistent with input from the Steering Committee, the PSU evaluation team recommends that Phase 2 of the CHNA include additional secondary data collection on the following indicators, (probable sources cited):

- Birth locations of NDC children (CCOs)
- Smoking rates during pregnancy (OHA)
- Low birth weight rates (OHA)
- Immunization rates (OHA)
- Developmental screening rates (CCOs)
- Family income, poverty, and employment information (DHS)
- SNAP, TANF utilization rates (DHS), and
- Housing, homelessness, and mobility information (to be determined).

## Original Data Collection

Based on the Phase 1 planning process, community members and stakeholders emphasized the need for more information in four key areas: (1) access to health services, (2) mental health services and supports, (3) housing/housing insecurity, and (4) food insecurity. In most of these cases, it is anticipated that additional information will need to be collected directly from North Douglas County community members to understand these issues more deeply.

The PSU evaluation team provides a full set of community recommendations below, based on Steering Committee and community member input, recognizing that another level of prioritization will be needed to align these methods with available Phase 2 resources. Thus, as the CHNA moves into Phase 2, the PSU evaluation team will work in collaboration with Children's Institute, the Steering Committee, and community members to further prioritize methodologies and specific areas for information-gathering. Additionally, initial work for Phase 2 of the CHNA will include identifying existing tools, or creating new ones, to efficiently capture data in these priority areas.

### Access to Health Services

Exploring this issue is foundational to understanding the challenges and opportunities in NDC to children and families being able to get the types of care they want and need, and identify the root causes of barriers to access. Based on community member feedback, the PSU evaluation team recommends a **regional survey** to identify the service needs across a range of health service types, e.g., dental care, immunizations, prenatal care, well-child care, primary care, and mental health (see more on this issue below).

In addition to a regional survey, community members expressed interest in a **series of focus groups** for families with young children in each of the communities to explore the barriers and solutions in greater depth, such as transportation supports, local provision of services through fixed or mobile locations, improved coordination of services that occur outside of the communities, and increased awareness and improved communication about available services.

Among a smaller group of Steering Committee and Community Café participants, the use of PhotoVoice to engage both children and adults in data collection through visual story-telling could be described as a powerful way to raise awareness of the CHNA, health needs, and health promotion efforts in NDC. Families in each of the NDC communities, potentially in collaboration with the schools, could be invited to participate in a **PhotoVoice** project that they help co-design, in order to continue to build ownership of the CHNA through data collection and interpretation of what health, health access, and health promotion looks like in NDC.

### Mental Health Services

A more in-depth exploration of mental health and substance abuse service needs, barriers to access, and service or policy solutions is recommended, based on the weight of this issue raised by families and community members as a dire need for both children and adults. An exploration of mental health services could be embedded as a component of the health services access data collection (as stated previously). If a deeper examination of mental health service needs, barriers, and solutions is to be explicitly prioritized in Phase 2

beyond its inclusion through the exploration of health services access, the PSU evaluation team recommends conducting a set of confidential **interviews** with individuals in each community as well as key stakeholders involved in service provision, to understand the specific mental health and substance abuse needs and challenges in accessing care and treatment in North Douglas County.

## Housing/Housing Insecurity

**Focus groups** or a **Community Café** setting would provide opportunities for groups of community members to come together and dig more in-depth into housing data that the PSU evaluation team could help collect through secondary sources on vacancy rates and rental/ownership patterns. This process would create space for community members to shared insights through their lived experiences on the challenges and opportunities in NDC to improve housing security and conditions, build awareness of renter rights, and explore service and policy strategies to address housing insecurity in the region.

## Food Security

Based on local efforts currently underway (family gardening supports/programs, community gardens, school gardens) and energy among planning participants to explore organizing local farmer’s markets, the PSU evaluation team could support these efforts by **working with a planning group**, doing a literature review, and assisting in the identification of additional grant funding to support the expansion of local food and gardening programs and efforts. This process could also include focus groups with families of K-12 students to discuss ways to better connect nutrition and schools.

## Health Policy Analysis

Phase 1 of the CHNA did not include an extensive or in-depth look at how the fragmentation of the public health system or existing health policies impact child and family well-being in NDC. However, the lack of Open Card access to services outside of designated CCOs was identified during Steering Committee members as a particularly challenging issue for families. The PSU evaluation team recommends that Phase 2 of the CHNA include an examination of how relevant health policies and the fragmentation of the public health system impact NDC families. Additional policy issues may be identified and explored through policy analysis or key informant interviews.

*“Health is a building block for life-long well-being.  
When a person enjoys health, there is academic success,  
vibrant community, and space for possibility.”*  
– Kick-Off Participant

## Appendix A: Steering Committee Membership

<b>Name</b>	<b>Affiliation</b>
Andy Boe	Elkton School District, Local Parent
April Deese	Local Parent
Becca Barnett	Local Parent
Bill Shobe	Community Health Alliance
Catherine Paul	Umpqua Valley Breastfeeding Coalition
Jerry Fauci	Yoncalla School District
Jules Reynolds	Sustainable Cottage Grove/AmeriCorps
Kathleen Baylor	Women, Infants & Children (WIC)
Kent Smith	North Douglas Betterment
Marilyn Pritchett	Yoncalla Early Works (YEW)
Maureen Short	United Community Action Network (UCAN)
Megan Barber	Family Relief Nursery, Local Parent
Naomi Paz	Local Parent
Sam Whipple	Community Member
Scott Sublette	Yoncalla School Board
Sherry Cowens	United Community Action Network (UCAN)

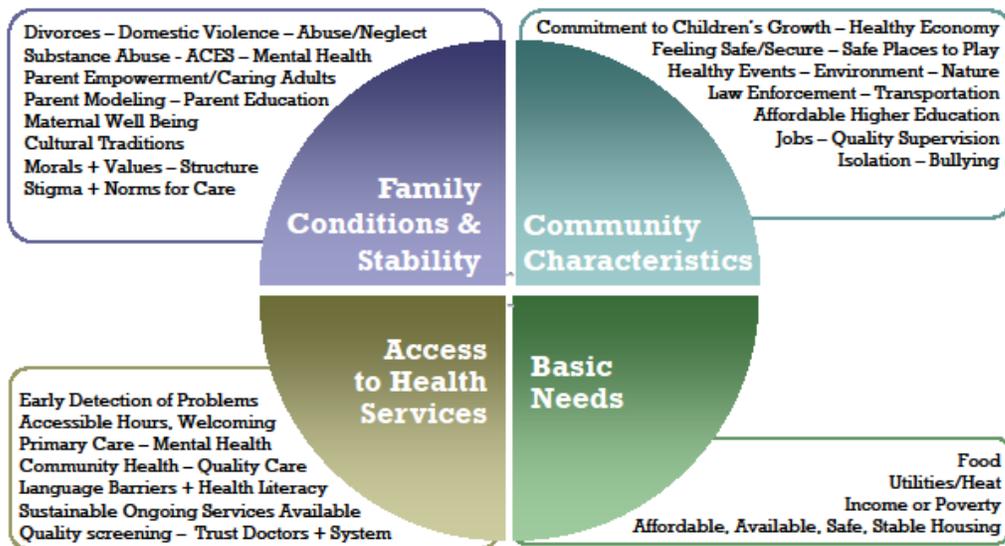
# Appendix B: Additional Summary Materials & Tools

Kick-Off: February 25, 2016

Summary of responses to the question: What impacts child and family health?



## What impacts child + family health?



# Community Café: May 5, 2016

Data Placemat used as reference during roundtable discussions

## North Douglas Community Health Needs Assessment

### Yoncalla Community

Welcome! Tonight is an opportunity for you to inform the planning process around the North Douglas County Community Health Needs Assessment. We plan to discuss:

- The Community Health Needs Assessment process
- Priority areas that are meaningful to you
- Data collection methods
- Future opportunities

### Health & School Readiness

<ul style="list-style-type: none"> <li>Prenatal Care</li> <li>Accessible Child &amp; Family Health Care</li> <li>Developmental Screenings</li> <li>Social and Emotional Development</li> <li>Quality Child Care &amp; Early Education</li> </ul>	<ul style="list-style-type: none"> <li>Dental Care</li> <li>Access to Fruits and Vegetables &amp; Physical Activity</li> <li>Regular School Attendance</li> <li>Supports to Parents (substance abuse, mental health, or domestic violence)</li> <li>Safe, Stable, &amp; Supportive Neighborhoods</li> </ul>
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### Indicators

Individual	Family	Community
<ul style="list-style-type: none"> <li>Birth Data</li> <li>Maternal Health Data</li> <li>Developmental Screenings</li> </ul>	<ul style="list-style-type: none"> <li>Household Information (family composition)</li> <li>Financial Security</li> <li>Parent Health Behaviors (Smoking, Weight)</li> <li>Child Welfare Data</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>School Resources</li> <li>Employment Rates</li> <li>Crime/Public Safety</li> </ul>
<ul style="list-style-type: none"> <li>Prenatal Care</li> <li>Prenatal Health Behaviors</li> <li>Family Engagement</li> <li>Immunization Rates/Challenges</li> <li>Well Child Visits</li> <li>Child Nutrition/Physical Activity</li> </ul>	<ul style="list-style-type: none"> <li>Food Security</li> <li>Mental Health</li> <li>Substance Use</li> <li>Impact of Trauma on Health</li> </ul>	<ul style="list-style-type: none"> <li>Food Landscape</li> <li>Homelessness/Housing Insecurity</li> <li>Mobility</li> <li>Social &amp; Cultural Supports</li> <li>Transportation</li> <li>Health Care Access</li> </ul>

### Methods for Data Collection

Survey	Focus Group
Interview	Participant Observation

### What We Know

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### Information Gaps

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