2022

Providence

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Providence Newberg Medical Center

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UNDERSTANDING AND RESPONDING TO COMMUNITY NEEDS

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Newberg Medical Center (PNMC) to engage with the community every three years to better understand community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is foundational to our Mission and is a commitment deeply rooted in our heritage and purpose. Our Mission states, “As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.”

In Yamhill County, PNMC partnered with Yamhill County Public Health and Yamhill Community Care (Collaborative) to produce a comprehensive assessment of our communities’ most pressing needs, share our findings with the broader public and develop new relationships leading to a healthier community. The Collaborative is dedicated to advancing health equity in Yamhill County, serving as a platform for collaboration around health improvement plans and activities that leverage collective resources to improve the health and well-being of local communities.

Based on geographic location relative to other hospitals in the area and patient demographics, the City of Newberg and greater Yamhill County is PNMC’s primary service area. Our hospital provides an array of services including primary care, surgical services, birth center, cancer care, heart care, neurological care, diagnostic imaging, and 24/7 emergency care. The 2022 CHNA was approved by Providence’s Yamhill Service Area Advisory Council on November 15th, 2022 and made publicly available on December 19th, 2022.

The collaborative CHNA report is available in Appendix 1.

GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Through a mixed-methods approach and using quantitative and qualitative data, the CHNA team collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), County Health Rankings & Roadmaps, Esri Updated Demographics, Oregon Health Authority, Oregon Student Wellness Survey, and the U.S. Census (such as public health data regarding health behaviors, morbidity and mortality, and hospital-level data).

We conducted 14 listening sessions with 188 individuals who are from diverse communities, have lower incomes, and/or are medically underserved. We conducted 14 stakeholder interviews with 16 representatives from organizations that serve these populations, specifically seeking to gain a deeper understanding of community strengths and opportunities. In addition, we conducted a community health survey in English and Spanish that engaged 846 individuals. Below is a short list of highlights from our quantitative and qualitative data collection:

- 2020 Point in Time Homeless Count: 1,428 people were counted as living in shelters, in unsheltered locations or couch surfing
- 1 in 4 community survey respondents said they lost a job or hours due to COVID-19
- The top three reasons community survey respondents put off or went without health care were cost, lack of appointment availability and COVID-19 complications
- 50% of community survey respondents reported some level of worrying ranging from “several days” to “nearly every day” during the last two weeks (prior to taking the survey)

- 38% of community survey respondents did not get all the mental health services they needed in the last year

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. A full accounting of data limitations can be found starting on page 11 of the CHNA report. Complete information related to the CHNA methods and processes can be found on page 10 of the CHNA report.

IDENTIFYING COLLABORATIVE HEALTH PRIORITIES

Through a collaborative process, the Collaborative used a Health Equity Framework and a Mobilizing for Action through Planning and Partnerships (MAPP) model to create the CHNA. The MAPP model is a strategic planning process that relies on collaborative partnership and includes six phases to inform planning: (1) organize for success and partnership development, (2) visioning, (3) four assessments, (4) identify strategic issues, (5) formulate goals and strategies, and (6) action cycle. Through this collaborative model, the following community-identified priority areas were agreed upon: Homelessness and Housing Instability, Behavioral Health, Economic Insecurity, Access to Health Care Services, Racism Discrimination & Inclusion, Access to Transportation, Food Insecurity, Recreation & Community Building Activities, and Chronic Conditions. For a complete description of significant health needs, see page 21. A list of potential resources to address these needs can be found at the end of this executive summary.

PROVIDENCE NEWBERG MEDICAL CENTER: 2022 PRIORITY NEEDS

The Collaborative identified a wide spectrum of significant health needs, some of which are most appropriately addressed by other community organizations. Providence's Yamhill Service Area Advisory Council reviewed the collaborative health priorities and associated data. Considering PNMC's unique capabilities, community partnerships and potential areas of community impact, we are committed to addressing the following priorities as aligned with the collaborative priority areas:

Mental Health and Substance Use Disorder: Focus on prevention and treatment, social isolation, and community building related to safe spaces and recreation. This priority area refers to the growing challenges of accessing care due to workforce shortages, a lack of culturally responsive care, and affordability.

Health Related Social Needs: Focus on housing stability, navigation of supportive services, food insecurity, and transportation. This priority area refers to the unmet social needs that exacerbate poor health and quality-of-life outcomes.

Economic Security: Focus on affordable childcare, education, and workforce development. This priority area affects nearly every aspect of a person's life and refers to the challenge of affording basic living expenses and obtaining affordable education.

Access to Care and Services: Focus on chronic disease management and prevention, oral health, and virtual care. This priority area refers to the lack of timely access to care and services due to physical, geographic, and systemic limitations, among others.

Three consistent cross-cutting themes surfaced during the assessment process and analysis, affecting all four priority areas:

- Racism, discrimination, and inclusion
- Culturally responsive care and services
- Trauma-informed care and services

PNMC will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs, in collaboration with community partners, to make the best use of resources, community strengths and capacity. The 2023-2025 CHIP will be approved and made publicly available no later than May 15th, 2023.

MEASURING OUR SUCCESS: RESULTS FROM THE 2019 CHNA AND 2020-2022 CHIP

This report evaluates the impact of the 2020-2022 CHIP. PNMC responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. This summary highlights several community health initiatives across PNMC's service area. In addition, we invited written comments on the 2019 CHNA and 2020-2022 CHIP, made widely available to the public. No written comments were received on the 2019 CHNA and 2020-2022 CHIP.

The 2019 CHNA priorities were social determinants of health resulting from poverty and inequity, chronic health conditions, community mental health/ well-being and substance use disorders, and access to health services. The table below is a summary of the strategies and outcomes for each priority identified in PNMC's 2020-2022 CHIP.

Outcomes from the 2020-2022 CHIP

Outcome Measures for Addressing Temporary housing (Immediate shelter)

Outcome Measure	Baseline	2020	2021	2022
Reduce the number of individuals actively experiencing homelessness	153 people served (707 unsheltered individuals, 2019 PITC).	2020 PITC – 1,428 people	Data not available	Data not available

Strategies and Strategy Measures for Addressing Temporary housing (Immediate shelter)

Strategy	Strategy Measure	Baseline	2020	2021	2022
Partner with Love INC to provide temporary shelter to women	# of people served	22	16	20	Grant concluded in 2021
Partner with the Community Wellness Collective (CWC) to connect community members to local housing resources	# of people served	127	289	350	500
Provide safe car camping space to community members	# of people served	4	0	6	Data not available
Partner with the Better Outcomes thru Bridges (BOB) Program to cultivate community partnerships that provide immediate shelter	# of people served	0	20	Data not available	Data not available

Outcome Measures for Addressing Mental/Emotional Health

Outcome Measure	Baseline	2020	2021	2022
Increase access to mental/emotional health resources and services	505 people served	1,900	1,582	Data not available
Increase access to mental and emotional health resources and services	100% Screening (BOB clients only)	100%	100%	Data not available

Strategies and Strategy Measures for Addressing Mental/Emotional Health

Strategy	Strategy Measure	Baseline	2020	2021	2022
Partner with Pacific University and Promotores de Salud and local parishes to provide Emotional Health Charlas to Latinx community	# of people served	50	10	48	158
Partner with the Newberg School District and the Better Outcomes thru Bridges program to provide outreach to at risk students/families	# of people served	15	72	75	35
Partner with the Newberg School District, Yamhill community and BOB Program to provide outreach and supplies to community members	# of people served	0	375	200	200
Deliver behavioral health services through the adolescent wellness center	# of people served	410	1,160	1,000	Data not available
Number of outreach BOB patients engaged in Case Management or Case Coordination	# of people served	16	32	24	Data not available
Caring contact calls made to BOB patients	# of people served	14	251	32	Data not available
BOB clients are screened for mental health needs	% of BOB clients screened	100%	100%	100%	100%

Outcome Measures for Addressing Access to Dental Care

Outcome Measure	Baseline	2020	2021	2022
Increase access to emergency and preventative dental care to community members	165 people served	42	100	100

Strategies and Strategy Measures for Addressing Access to Dental Care

Strategy	Strategy Measure	Baseline	2020	2021	2022
Partner with Pacific University School of Dental Hygiene mobile van.	# of community members served	145	12	78	114
Partner with Medical Teams International (MTI) mobile dental services.	# of community members served	20	30	20	40

Outcome Measures for Addressing Culturally Responsive Care

Outcome Measure	Baseline	2020	2021	2022
Increase culturally response navigation and service coordination to low income Latinx community members.	230 people served	215	235	265

Strategies and Strategy Measures for Addressing Culturally Responsive Care

Strategy	Strategy Measure	Baseline	2020	2021	2022
Provide biometric screenings (BMI, glucose, cholesterol, and triglycerides) and health education information to community members.	# of people served	150	31	0	0
Provide virtual consultations with providers to under and uninsured	# of people served	50	10	0	0
Provide mammogram screening to under- and uninsured Latinx women	# of people served	30	34	34	31
Provide flu/covid vaccination to low income community members	# of people served	0	110	105	0
Provide vision screening and follow-up care to low-income community members	# of people served	0	30	72	72

Outcome Measures for Preventing Chronic Health Conditions

Outcome Measure	Baseline	2020	2021	2022
Increase number of Diabetes Prevention Program (DPP) cohorts offered near ministry	0	4 Virtual orientations open to Oregon region with some targeted to Yamhill	12 virtual orientations (statewide)	13 virtual orientations (statewide)
Increase the number of community partners as DPP referral sources	2	3 community partners	4 community partners	4 community partners

Strategies and Strategy Measures for Addressing Chronic Disease

Strategy	Strategy Measure	Baseline	2020	2021	2022
Increase number of community DPP information orientations	# of orientations	2	4 Virtual orientations (statewide)	12 virtual orientations (statewide)	13 virtual orientations (statewide)
Identify community partners as DPP referral sources	# of community partners	2	0 Actual	4 community partners	4 community partners

RESOURCES POTENTIALLY AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA

Organization Type	Organization or Program	Services Offered	Address	Significant Health Need Addressed
Social services	Chehalem Youth and Family Services	Counseling, youth development, family strengthening programs	501 E 1st St, Newberg, OR 97132	Mental Health and Substance Use Disorders
University	George Fox University	Education programs, particularly for mental health professionals	414 N. Meridian St, Newberg, OR 97132	Mental Health and Substance Use Disorders
Social services	Love, Inc	A variety of resources to local families, including dental services, school supplies, clothing, and meals	209 S Main St, Newberg, OR 97132	Access to Care, Health Related Social Needs

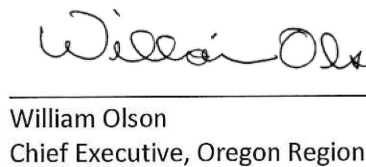
Social services	Lutheran Community Services NW	A Family Place relief nursery and outreach program	435 NE Evans, Suite A, McMinnville, OR 97128	Mental Health and Substance Use Disorders
Social services	Newberg FISH Emergency Services	Local food pantry focused on providing healthy food options for low-income families and seniors	125 S Elliot Rd, Newberg, OR 97132	Health Related Social Needs
University	Pacific University	Dental assistant program	2043 College Way, Forest Grove, OR 97116	Access to Care
Social services	St. Peter Parish	Catholic parish in Newberg	2315 N Main St, Newberg, OR 97132	Access to Care
Social Services	Unidos Bridging Community	Promotes integration, participation, representation, community wellness and success of Latinx individuals and families	309 NE Third St, Suite 1, McMinnville, OR 97128	Access to Care
Social services	Virginia Garcia	Federally Qualified Health Center serving Yamhill County	2251 E Hancock St, Suite 103, Newberg, OR 97132	Access to Care
Health Care	Yamhill Community Care Organization	The local coordinated care organization providing care for Oregon Health Plan members	807 NE 3rd St, McMinnville, OR 97128	Access to Care
Health Care	Yamhill County Public Health	County public health agency with WIC and other health outreach programs	412 NE Ford Street, McMinnville, OR 97128	All
Health Care	Yamhill Oral Health Coalition	Convenes partners to work collectively at addressing unmet oral health needs in Yamhill County	412 NE Ford St, McMinnville, OR 97128	Access to Care (oral health)
Social services	Yamhill Community Action Partnership	Assists county residents in accessing housing and energy services, the regional food bank and youth services	1317 NE Dustin Ct, McMinnville, OR 97128	Access to Care, Health Related Social needs

2022 CHNA Governance Approval

11/15/2022

Joseph Yoder
Chief Executive, Yamhill Service Area

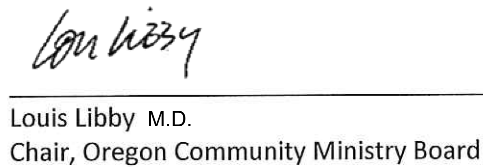
Date



11/22/2022

William Olson
Chief Executive, Oregon Region

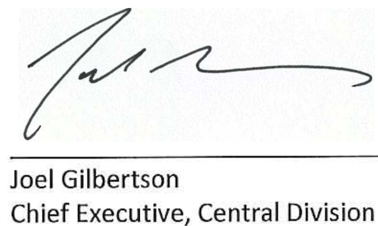
Date



11/22/2022

Louis Libby M.D.
Chair, Oregon Community Ministry Board

Date



12/15/2022

Joel Gilbertson
Chief Executive, Central Division

Date

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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

Appendices

APPENDIX 1. YAMHILL COUNTY COMMUNITY HEALTH ASSESSMENT

Yamhill County Community Health Assessment

2022

Table of Contents

Part 1: Introduction and Background 3
Introduction 4
Background 4
Framework and Process 5
Mobilizing for Action Through Planning and Partnerships 5
Health Equity Framework 6
Community Asset Mapping 8
Key Partnerships and Engagement 8
Data Collection Methods 10
Limitations and Gaps in Data Collection 11
Public Comment 12
Part 2: Our Community 13
Regional Snapshot 14
Community Demographics 14
Community Input 18
Vision for a Healthy Community 18
Community Strengths 19
Challenges in Obtaining Community Input 19
Community Themes 20
Part 3: Community Health Status Analysis 21
Social Determinants of Health 22
Homelessness and Housing Instability 22
Recreation and Community-Building Activities 25
Economic Insecurity 27
Early Childhood, Youth, and Education 31
Access to Health Care Services 33
Access to Transportation 34
Food Insecurity 36
Racism, Discrimination, and Inclusion 38
Physical and Behavioral Health 40
Mental Health 40
Substance Use 45

Oral Health 50
Communicable Disease 51
Immunizations 57
Morbidity and Mortality 59
Chronic Conditions 63
Maternal Health 64
Environmental Health 68
Hazard and Vulnerability 68
Drought 69
Average Precipitation 70
Heat Related Illness and Death 70
Flood Risk 72
Wildfire 73
Next Steps 74
Appendix 75
Appendix 1 76
Appendix 2 78
Appendix 3 82
Appendix 4 83
Appendix 5 87
Appendix 6 91
Appendix 7 107
Appendix 8 121
Appendix 9 150

Part 1: Introduction and Background

Introduction

BACKGROUND

Overview and Purpose of Collaborative Partnership

Providence Newberg Medical Center (PNMC), Yamhill Community Care (YCCO), and Yamhill County Public Health (YCPH), referred to as the Collaborative, are dedicated to improving health outcomes for the communities we serve. Striving to treat each person with compassion and dignity, each member of the Collaborative serves a crucial role in preventing adverse health outcomes, promoting health and healthy behaviors, and creating access to health and community services in Yamhill County.

The goal of the Collaborative is to work across systems to produce a comprehensive assessment of our communities' most pressing needs and share our findings with the broader public while reducing the burden on community members and community-based organizations. This 2022 Community Health Assessment (CHA) represents the first iteration conducted exclusively as a collaborative. This CHA for Yamhill County serves as the guiding document when developing improvement strategies and making targeted investments in the community. Establishing a shared understanding of community needs serves as the foundation for developing a community health improvement plan (CHIP).

PNMC sits on a 56-acre campus including a 40-bed acute care facility, hospital, medical office building, and a healing and wellness garden. Major programs and services offered to the community include general medical, surgical, diagnostic imaging, obstetrics and gynecology, pediatrics, a sleep center, and emergency department.

YCCO is a collective impact nonprofit contracted to deliver Oregon Health Plan (OHP) coordination to members in its service area, which includes Yamhill and parts of Polk and Washington counties. YCCO also serves as the Early Learning Hub for Yamhill County, offering early childhood service coordination and resources. The organization works with its community to address the six focus areas in its Strategic Plan: health systems transformation, innovative programs, early learning, community needs, and health plan operations.

YCPH, a local county public health department, is a division of Yamhill County Health and Human Services and contains six different programs: clinical services, maternal child health, communicable disease, environmental health, health promotion and prevention, and administrative services.

State and Federal Requirements

PNMC is required by section 501(r) of the Internal Revenue Service Code, as a tax-exempt 501(c)3 organization that operates one or more hospital facilities, to conduct a Community Health Needs Assessment at least once every three years for each hospital.

YCPH has been an accredited local public health department since 2016. Accreditation is granted by the nationally recognized non-profit, Public Health Accreditation Board (PHAB), and is valid for 5 years. The accreditation process involves a comprehensive and rigorous evaluation

of the public health department and involves the development of a CHA and CHIP every five years.

As a Coordinated Care Organization managing Medicaid for its region, YCCO is required by its contract with Oregon Health Authority and OAR 410-141-4730 to conduct a CHA and create a CHIP every five years. Its requirements include requesting a collaborative process with local public health authorities, Tribes, and hospitals in its service area and engaging a wide range of partners.

Framework and Process

The following section describes the assessment framework used for community engagement, data collection, and analysis.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

In order to guide the process of developing the CHA, the Collaborative chose the Mobilizing for Action through Planning and Partnerships (MAPP) process as the planning framework. The MAPP framework, developed by the National Association of County and City Health Officials (NACCHO), was chosen to capture an in-depth picture of community health status through quantitative and qualitative data collection methods.[1] There are six phases of MAPP:

Figure 1. MAPP Framework

Source: National Association of County and City Health Officials (NACCHO)

- Phase 1: Organize for Success and Partnership Development
  - Identify the Core Team that is responsible for most of the work
  - Recruit and convene a Steering Committee from representatives of the community and the local public health system
  - Develop a work plan and conduct readiness assessments
- Phase 2: Visioning
  - Develop vision and values statements for the CHA/CHIP process
- Phase 3: The Four Assessments
  - Collect and analyze data through four different assessments:
    - Community Themes and Strengths Assessment
    - Local Public Health System Assessment
    - Community Health Status Assessment
    - Forces of Change Assessment
- Phase 4: Identify Strategic Issues

[1] https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

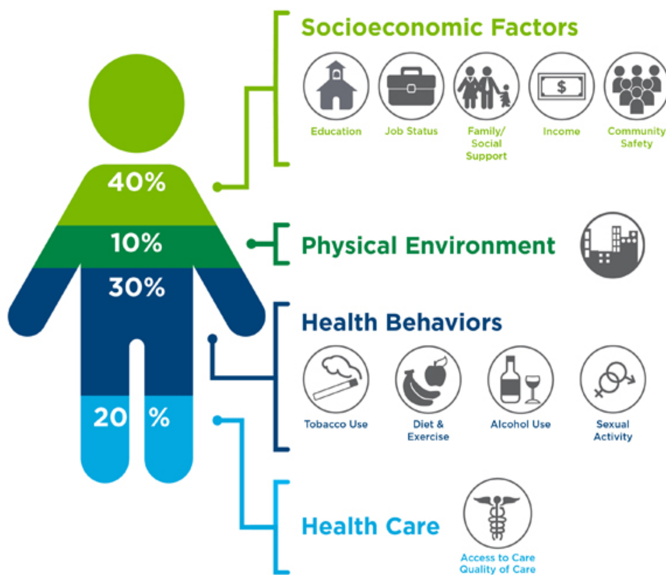
- Analyze the results of the four assessments in Phase 3 to identify the most important issues facing the community and how those issues affect the achievement of the shared vision
- Phase 5: Formulate Goals and Strategies
    - Use the Strategic Issues identified in Phase 4 to formulate goals and broad strategies that address those issues
- Phase 6: Action Cycle
    - Develop an Action Plan(s) with realistic and measurable objectives related to each Strategic Issue and track the progress
    - Evaluate and continuously improve the goals and strategies in the Action Plan(s), and the local public health system as a whole

HEALTH EQUITY FRAMEWORK

The Collaborative acknowledges that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. To improve the health of our communities, we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.[2]

The CHA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all to thrive. We name racism and discrimination as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, and responsive health care.

Figure 2. Factors Contributing to Overall Health and Well-Being

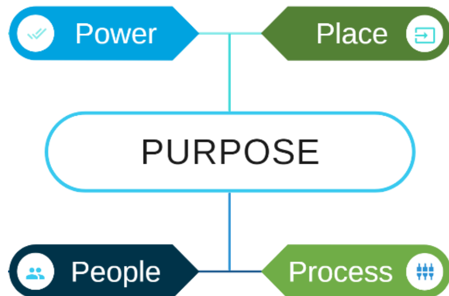


Source: Institute for Clinical System Improvement

[2] Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2013)

The Collaborative adopted and adapted the Multnomah County 5Ps Equity and Empowerment Lens Tool to develop and review survey and listening session materials as well as review and draft the assessment. The Tool incorporates 5 elements for consideration: Purpose, People, Place, Process, and Power. Questions may change based on context, but included inquiry like "Why is this issue being considered?' "Who is affected by this?" "What is the impact of the location?" "How are people being excluded from the process?" "What are the power dynamics at play?" Using this lens, the Collaborative considered not only the people impacted by disparities, but the structures and systems enforcing them. For more information about this Tool, see Appendix 1.

Figure 3. 5Ps Tool



In an effort to be community-led, the Collaborative has elevated the feedback received in its outreach sessions, ensuring the input from those most affected by local programs and policies is woven throughout the assessment. By connecting with agencies who have built trust with different populations that often aren't heard, like high school students, Spanish-speakers, and people experiencing homelessness, the Collaborative can contextualize the lived experience of community members within systems and structures that oppress, exclude, create barriers, restrict access, and disempower. In each section, where community input was available, this feedback was placed at the beginning.

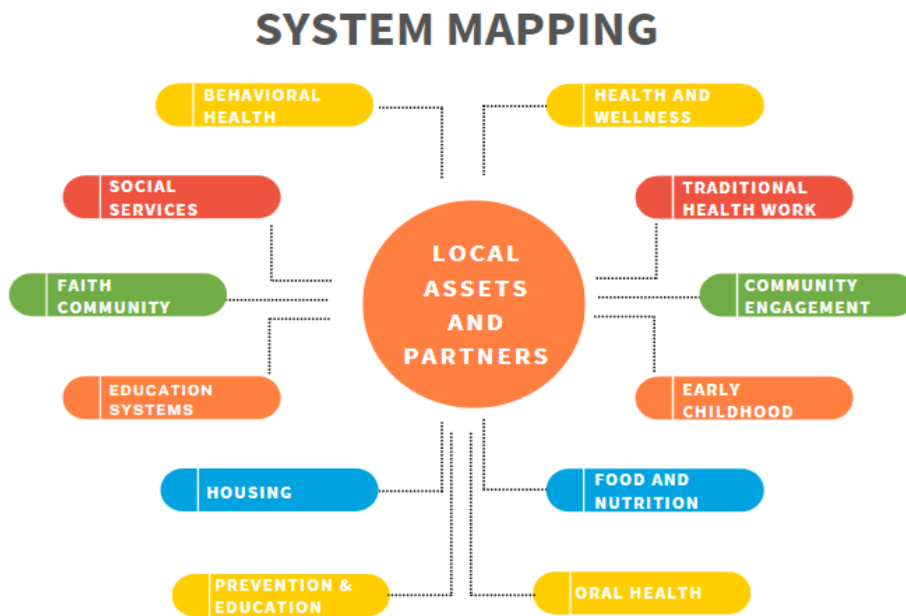
Available data stratified by race, gender, class or OHP status, language, and other demographic factors was reviewed for notable differences in social, environmental, and health experiences and included in this narrative. Throughout this document, see references to disparities and highlighted system barriers in the topic areas. In many cases, no or limited demographic data was available for the relevant topics. Locally available data specific to different demographics and populations was limited. One finding of this assessment is that collecting more robust demographic data, especially in the areas of sexual orientation and gender identity, is needed to apply an equity lens in a comprehensive way.

The value of the primary data collected in this process will not end with this document. The community feedback gathered will continue to be used to understand different strengths and disparities and to inform strategy development, decision making, and resource allocation. The Collaborative will continue to seek feedback from the community and consider the power distribution, geography, and inclusive or exclusive processes involved in its community work.

COMMUNITY ASSET MAPPING

The Collaborative reviewed the Public Health System and other health and community systems to create a modified Public Health System Assessment. The assessment is summarized here:

Figure 4. Yamhill County Asset and Partners Map



KEY PARTNERSHIPS AND ENGAGEMENT

Committees and Advisory Groups

To align with the MAPP process, the Collaborative convened a CHA Steering Committee to advise and make decisions for the process. This Committee consisted of the following partners:

CHIP/CHA Steering Committee	
Share, Inc. furniture bank	Better Outcomes through Bridges outreach
Yamhill Community Action Partnership	Creating Opportunities disability supports
Community member – Newberg student	Helping Hands re-entry and housing
George Fox University	

In the group, there was personal representation from the faith community, parents, youth, LGTBQ2SIA+ community, lived experience with mental and with addiction, immigration, and myriad other backgrounds that gave this group expert knowledge and experience to inform the CHA process.

The Steering Committee also made decisions around which populations to prioritize reaching out to including people of color, youth, and families of those with disabilities. They informed and approved the various steps of the MAPP process, including the outreach materials, incentives, and methodology.

Each partner in the Collaborative followed its own review process as well. PNMC used its Service Area Advisory Council, YCCO its Community Advisory Council made of 51% OHP members or their caregivers, and YCPH's Board of Health.

Community Agencies Who Helped Us

We are thankful for the partnerships with the following community agencies:

Agency	Category
Remnant Initiatives	Community based orgs
Yamhill Community Action Partnership	Community based orgs
McMinnville Gospel Rescue Mission	Community based orgs
Service Integration Teams	Community councils
Parent Leadership Council	Community councils
Quality and Clinical Advisory Panel	Community councils
Yamhill Community Care Board of Directors	Community councils
Early Learning Council	Community councils
Yamhill Oral Health Coalition	Community councils
Yamhill County Commissioners	County councils
Yamhill County Board of Health	County councils
Yamhill County Development Disability Programs	County services
Yamhill County Corrections	County services
Yamhill County Housing Authority	County services
Unidos Bridging Community	Culturally specific agencies
Centro	Culturally specific agencies
Yamhill Education Service District	Education
Willamina School District	Education
Gay Straight Alliance Newberg	Education
Virginia Garcia	Healthcare
George Fox University	Higher education
Linfield University	Higher education
Newberg City Council	Local government
Northwest Senior and Disability Services	Social services
Lutheran Community Services	Social services
Better Outcomes Through Bridges	Social services
Provoking Hope	Traditional health work
Promotores	Traditional health work
Yamhill Valley Community Doulas	Traditional health work

DATA COLLECTION METHODS

Stakeholder Interviews

Key stakeholders invited for an interview were identified by the Collaborative. These individuals are Yamhill County community members who represent various populations within the community, such as youth, people with or parents with children experiencing disabilities, people of color, veterans, migrant and immigrant workers, people with substance use disorders, and many others. The stakeholders identified are also employed at a Yamhill County Community-Based Organization (CBO) that represent a unique population within the community and that regularly partner with YCPH, YCCO, and/or PNMC.

A total of 14 stakeholder interviews were conducted by the Collaborative between January and March 2022 and were all conducted virtually via Zoom. All interviews were recorded with consent from the interviewee. The interviews consisted of 12 questions and were largely centered around the strengths and unmet needs within the community that the stakeholder serves and/or represents. Stakeholders were also asked if their CBO would be willing to facilitate or host listening sessions with their community and/or if they could distribute community surveys. Video files of the interviews were reviewed, transcribed, and summarized by Providence's Data and Evaluation team. The stakeholder interview questions and protocol can be found in Appendix 2.

In addition, Executives and Board Members at YCPH and YCCO were sent a digital version of the stakeholder interview questions through an emailed link. This version contained five questions regarding community strengths and unmet needs. A total of 17 Executives and Board Members completed the digital version. The stakeholder digital survey questions can be found in Appendix 3 and the results in Appendix 4.

Listening Sessions

Listening sessions were 30-minute to one-hour sessions, and community members from different populations within Yamhill County were invited to participate. A total of 14 listening sessions with 188 individuals were completed between March and May 2022 and were conducted in-person or virtually via Zoom. A majority of the listening sessions were hosted by a CBO at their organization and were facilitated by a key stakeholder. However, some listening sessions were facilitated or hosted by the Collaborative. Each session included a facilitator to keep the conversation moving, two note-takers, and no more than 15 participants. A total of three open-ended questions were asked during the sessions and the sessions were intended to get the participants to talk and share their thoughts and feelings regarding the questions.

The Collaborative assisted the CBOs in the planning of the listening sessions, as needed, and provided the questions to be given during the session. Compensation was provided to each CBO that facilitated a listening session and each participant at the listening session received a gift card as compensation for their time. The notes taken during the sessions were reviewed and summarized by Providence's Data and Evaluation team. Listening session questions and protocol can be found in Appendix 5. A full list of participating stakeholders and CBOs can be found on page 9.

Community Survey

The community survey contained 44 questions and was designed to gather information about access to healthcare and mental health services, health and lifestyle, community strengths and gaps, and general demographics. The survey questions can be found in Appendix 6. An English and Spanish version of the survey were available, and participants could either fill out the survey online or on paper. The survey opened on March 14, 2022 and closed on May 31, 2022. All participants that completed the survey had the option to enter into a giveaway for a chance to win one of five $100 digital gift cards. Those that were interested in entering the giveaway provided their email address or phone number at the end of the survey.

The distribution of the survey was done in several ways:

- Mass mailing: postcards with survey information and a QR code and web address to the digital survey were sent to every household within Yamhill County
- YCCO mailing: member pamphlets containing survey information and a QR code and web address to the digital survey were sent to each YCCO member
- Listservs: survey information was sent through several Listservs within Yamhill County
- Social media: YCPH and YCCO published several social media posts with information and a link to complete the survey
- Listening sessions: participants at the listening sessions were given paper versions of the surveys to complete at the end of the session
- Community distribution: several CBOs were given paper versions of the surveys to distribute within the community. This was especially useful for targeting populations that do not have access to the internet or do not have a mailing address

A total of 947 surveys were submitted, 910 English surveys and 37 Spanish surveys, and 846 were deemed valid. Among the participants that included a zip code, 812 were within Yamhill County or from the immediate surrounding counties. A total of 34 surveys did not have a zip code provided but were still included in the analyses. 101 surveys were excluded from the analyses because they were completed in zip codes outside the state of Oregon or in zip codes from other Oregon counties that are not surrounding Yamhill County. The winners of the gift card giveaway were randomly selected from the 846 valid surveys and were notified by email or phone. The results of the survey, including full data tables, can be found in Appendix 7.

Secondary Data

Quantitative secondary data was collected and added to the CHA to supplement the qualitative data, as well as to add additional data points. Secondary data was collected through online sources between March and September 2022. Data points were chosen based on previous CHA data points, interest from the community or stakeholders, and other public health issues.

LIMITATIONS AND GAPS IN DATA COLLECTION

While this document touches on many aspects of the community's health, it does not cover all health-related issues and should not be considered a formal study or research document. Additionally, the qualitative data presented should not be interpreted as representative of Yamhill County as a whole, as it is based only on participants' perceptions, experience, and knowledge. The data are limited in several instances throughout the document, including limited

stratification of quantitative data by certain demographics, such as race/ethnicity, income, or age, as well as suppressed data, due to small numbers. Additionally, secondary data used in this assessment (U.S. Census data, behavioral risk factor surveillance system (BRFSS) data) are only available from several years ago, making it difficult to accurately assess the current situation in our county. Biases may also be present in survey and listening sessions participants, as some people are more likely to participate in these activities than others. Efforts were made throughout this process to engage and limit barriers to participation for priority populations during survey distribution and listening sessions. However, not every group was reached or able to participate.

PUBLIC COMMENT

Once all qualitative data were reviewed and analyzed and the key themes were identified, stakeholders and CBOs that participated in interviews and listening sessions received a document summarizing the identified key themes. They were invited to review and provide any feedback on the identified key themes and their feedback was considered and added to this document as necessary. Additionally, a link was provided at the end of the community survey inviting public comment on the 2019 CHA/CHIP. No comments were received.

Part 2:
Our Community

Regional Snapshot

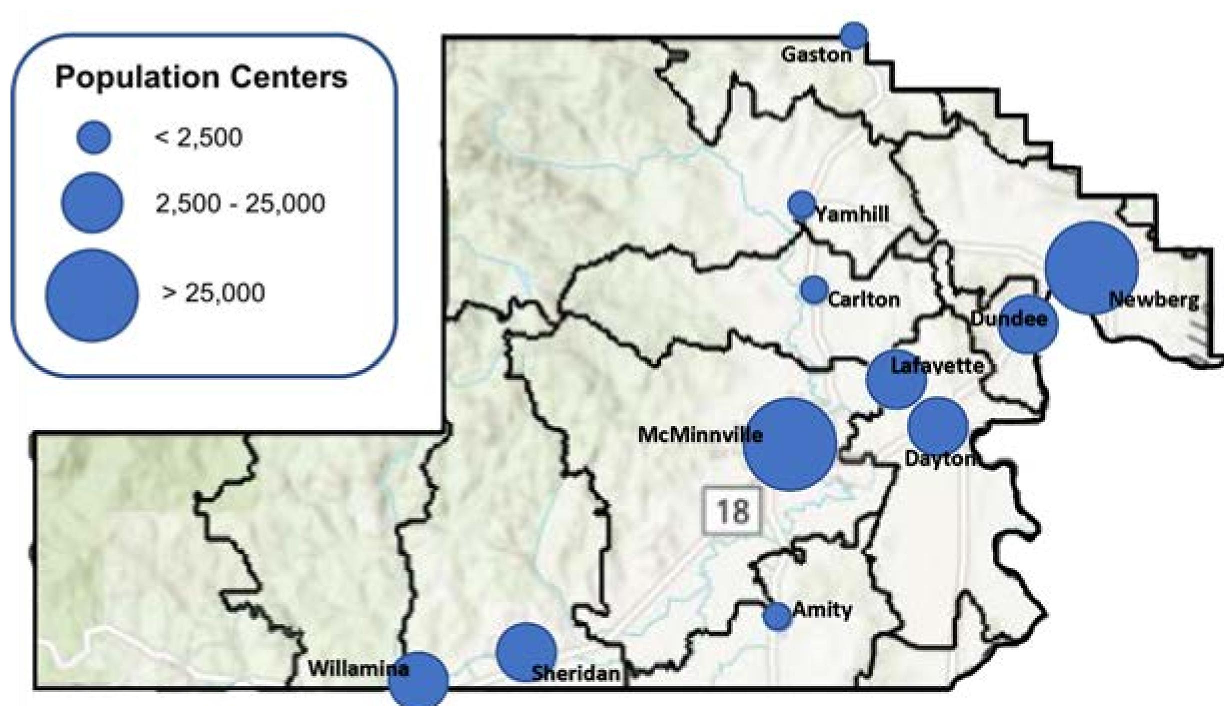
COMMUNITY DEMOGRAPHICS

Population Overview

Yamhill County is home to approximately 108,000 people.[3] 34,000 people live in the city of McMinnville, the county seat and largest city in Yamhill County. Approximately 23% of the county population live in unincorporated rural areas. Yamhill County is centrally located within the Willamette Valley, with close proximity to the Oregon Coast, the metropolitan areas of Portland and Salem, and the Oregon Cascade Mountains. The Confederated Tribes of Grand Ronde reside in the southwestern portion of the county.

Figure 5. Location of Yamhill County

Figure 6. Populations of Towns and Cities in Yamhill County



Source: Portland State University 2021 Population Estimates

According to 2019 U.S. Census Bureau data, the percentage of males and females in Yamhill County are approximately equal in most age groups, and the age distribution is typical for an overall growing population. The median age is 38 years old, compared to the median age in Oregon at 39 years old. White, not Hispanic or Latino individuals make up 87.5% of the total

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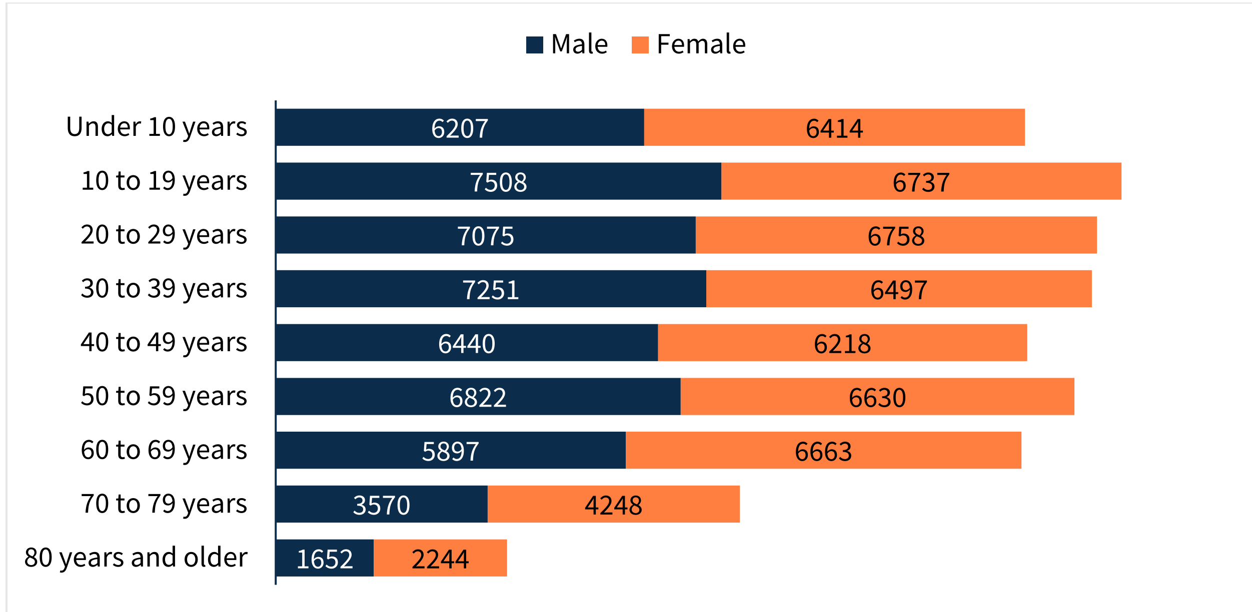
[3] https://www.pdx.edu/population-research/population-estimate-reports

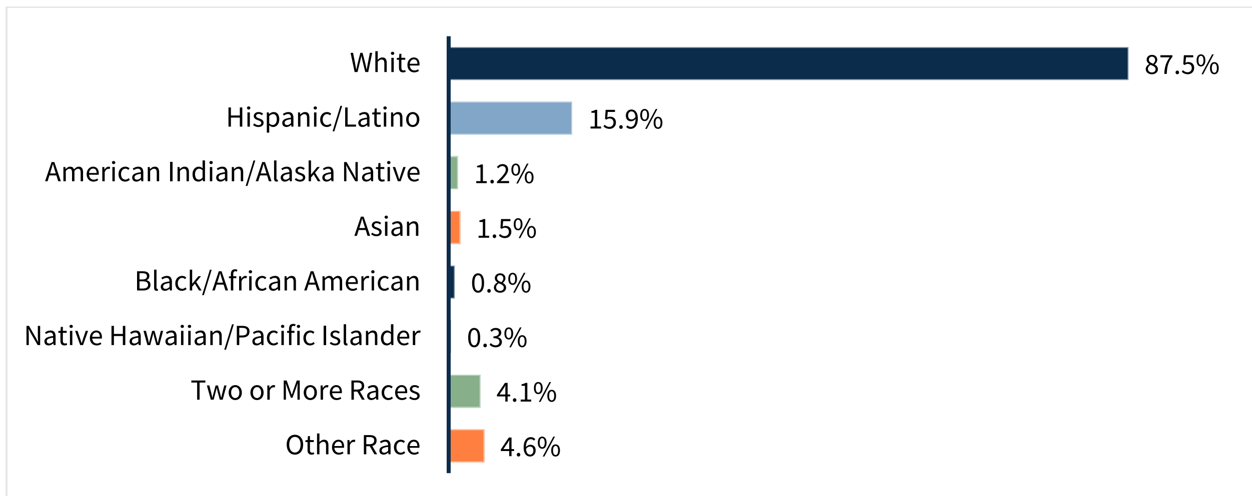
population. The largest non-white population in Yamhill County are Hispanic or Latino, making up almost 16% of the total population.[4]

Figure 7. Population by Age and Sex, Yamhill County, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

Figure 8. Percent of Population by Race and Ethnicity, Yamhill County, 2015-2019



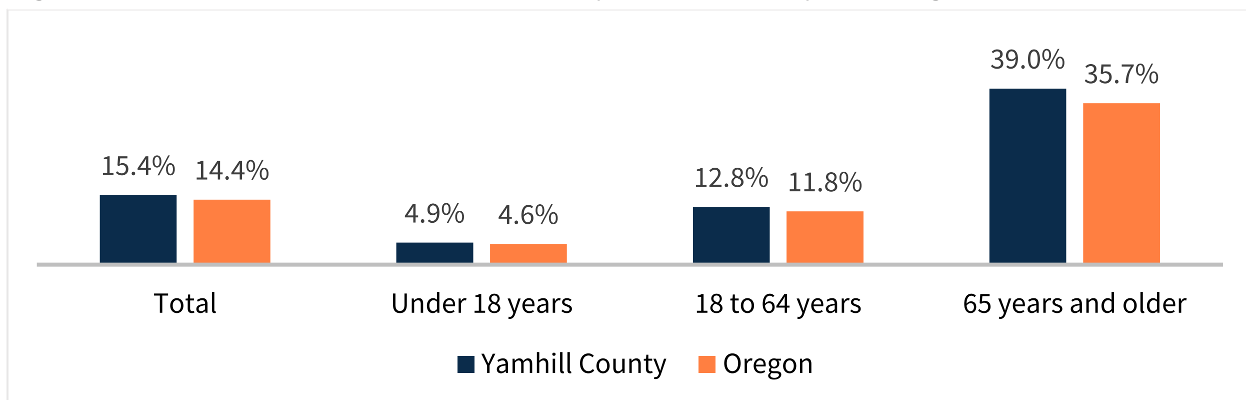
Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

[4] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, data.census.gov

Individuals with Disabilities

A disability may include physical, intellectual, or sensory impairment, medical conditions, or mental illness. Such impairments, conditions, or illnesses may be permanent or transitory in nature. People with disabilities need health care and health programs for the same reasons as anyone else does—to stay well, active, and to reach their full potential. Individuals living with a disability often do not enjoy the same opportunities as those without a disability and may lack access to essential services. Approximately 15% of noninstitutionalized Yamhill County residents have a disability, slightly higher than the 14% of total noninstitutionalized Oregon residents.[5] A disability in this context is defined as someone having a hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulty.

Figure 9. Percent of Population with a Disability, Yamhill County and Oregon, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

Sexual Orientation and Gender Identity

Yamhill County census data, nor YCCO member data, currently accounts for those identifying outside of “male” or “female” genders, nor for sexual orientation of residents. State data estimates that 5.6% of individuals in Oregon identify as some sort of LGBT, which is the second highest rate in the country, and that 1.2% specifically identify as transgender.[6]

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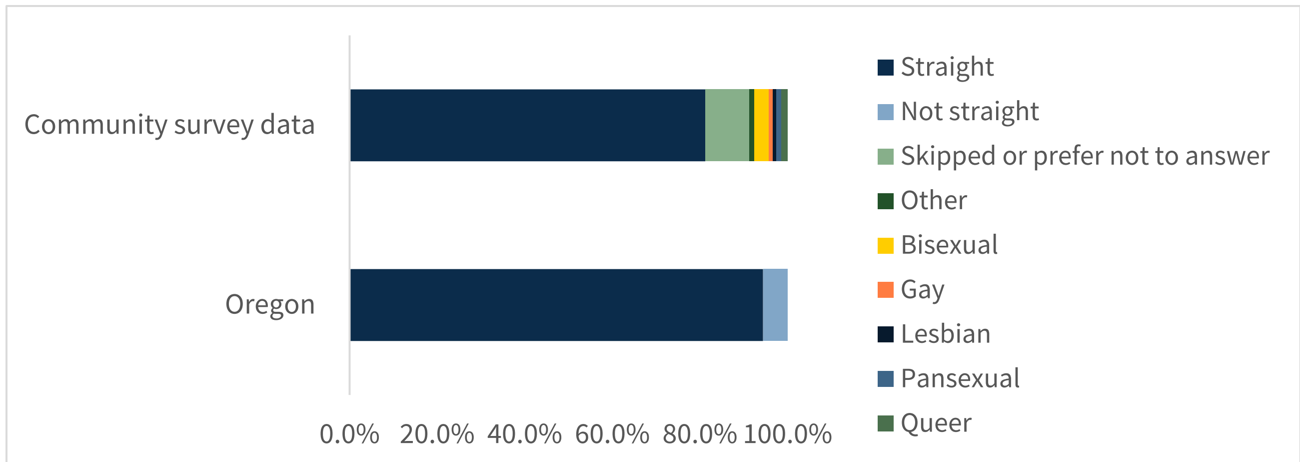
[5] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, data.census.gov

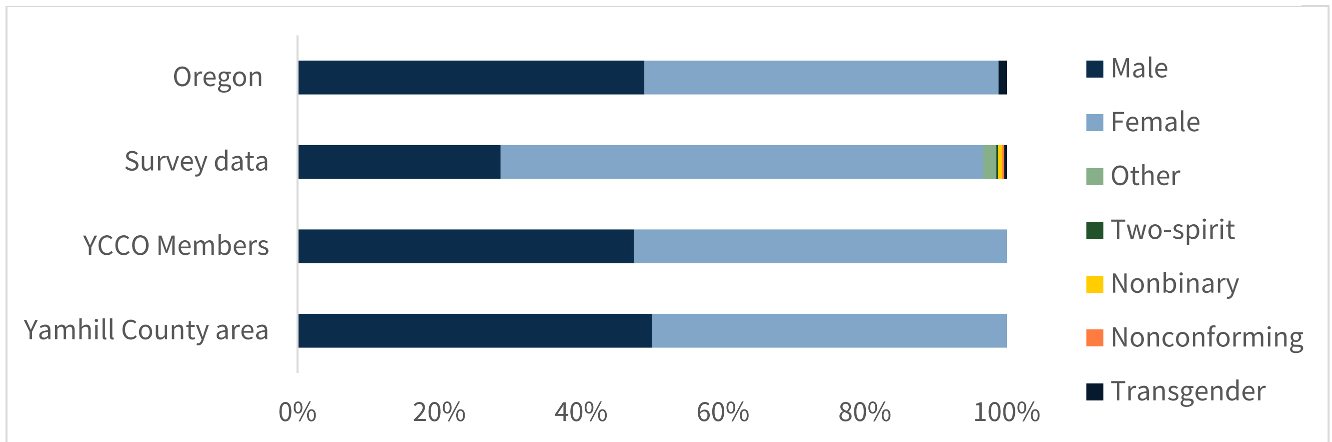
[6] https://williamsinstitute.law.ucla.edu/quick-facts/data-interactives/

Figure 10. Percent of Population by Sexual Orientation, Yamhill County and Oregon, 2022



Source: UCLA School of Law, Williams Institute, accessed 2022; Yamhill Community Survey, 2022

Figure 11. Percent of Population by Gender Identity, Yamhill County and Oregon, 2022



Source: U.S. Census Bureau, 2021; Yamhill Community Survey, 2022

Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, we conducted stakeholder interviews and listening sessions and distributed a county-wide survey. All community input was collected January through May 2022. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, challenges, and attendees are available in the Data Collection Methods section above and in the full Qualitative Report found in Appendix 8.

"I'm very happy and thankful for the great resources and excellent providers in this community." -Survey Respondent

VISION FOR A HEALTHY COMMUNITY

The CHA Steering Committee went through a multi-step visioning process and crafted the following vision that describes what a healthy community looks like:

We envision a supportive community that offers choices, provides access to resources, and nurtures a sense of belonging and well-being for everyone.

In addition, listening session participants were asked to describe their vision of a healthy community. This question is important for understanding what matters to community members and how they define health and wellness for themselves, their families, and their communities. The following is a list of all the themes that emerged:

- People care about and support one another
- Access to clean, safe, and free parks and recreational opportunities
- Community connection and inclusion
- Resources to meet everyone's needs, including housing and food
- Safety
- Access to timely health care services, including mental health, dental, and vision care
- Equitable access to employment and good quality education

COMMUNITY STRENGTHS

While a CHA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist, including the following identified by stakeholders:

"My community, while not wealthy, is tight knit and everyone is willing to help each other in some way or another." – Survey Respondent

- Strong partnerships and collaboration between community organizations in Yamhill County
- Community engagement and willingness to volunteer and help others
- Resilient and persevering community members dedicated to building a better life for themselves and their families
- A wealth of resources and services designed to support the residents of Yamhill County

CHALLENGES IN OBTAINING COMMUNITY INPUT

While the Collaborative met many of its goals in conducting broad community outreach, connecting with community groups for listening sessions, it met challenges along the way; some expected and some surprising.

Gathering meaningful community input was dependent on strong partnerships with the agencies and individuals who have built trust and relationships with certain communities and populations. However, three main barriers interfered with these connections: time for engagement, appropriateness of outreach, and partner relationship.

1) In some scenarios, there simply wasn't time to secure a good number of participants. Especially with agencies that operate on appointments, connecting with a high number of individuals in a short period of time can be difficult.

   The Collaborative will continue the relationships built during this process and start engaging earlier in the next CHA cycle to ensure full participation from all partners.

2) The biggest identified barrier was appropriateness of outreach. In a formal MAPP process, the consistency of outreach creates higher quality comparative data, but in the reality of conducting a community CHA, different approaches are required for different populations. A key piece of feedback from organizations serving Spanish-speaking community members was that the information requested was invasive, too lengthy, and the questions didn't make sense for the Latino/a/x audience. Unidos Bridging Community, an indispensable advocacy agency for Latino/a/x community members, graciously revised listening session questions, made comments on the survey questions, and provided a berth of excellent information about the experience of mostly Spanish-speaking mothers in the community. Without these modifications, this information wouldn't have been shared.

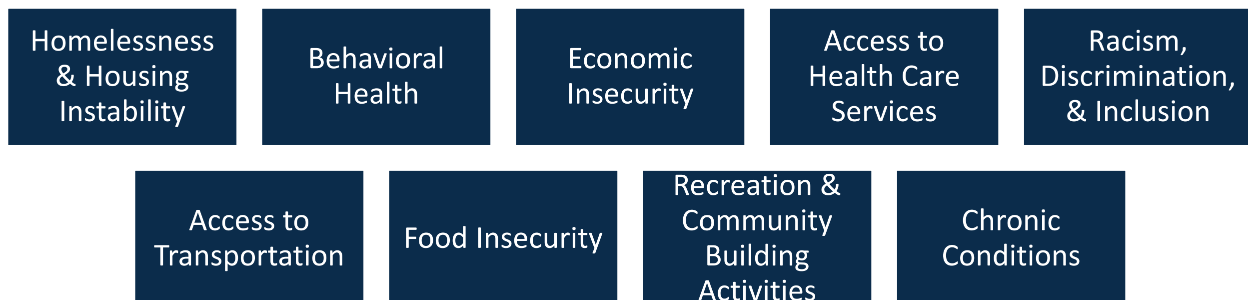
   The Collaborative is building an ongoing partnership to gather feedback from the Latino/a/x and Spanish-speaking community in a meaningful and culturally appropriate way, and by the next CHA cycle will have the tools to develop consistent materials that are ideally appropriate, or adaptable, for *everyone.*

3) Building broader partner relationships is a work in progress. A few key players in the community are the two Tribes, the Confederated Tribes of Grand Ronde and Confederated Tribes of Siletz Indians, and the Urban Indian Health Program (UIHP) called the Native American Rehabilitation Program (NARA). As sovereign nations and governments, tribes and UIHPs are managing a broad range of priorities and partnership requests. The Collaborative will continue to make information about the CHA and CHIP process available to the Tribes and hold space for their partnership if desired.

   The Collaborative will continue to engage and work with Tribes; youth, school, and early education systems; communities of color; veterans; people with disabilities; rural and urban communities; non-English speakers; members of the LGBTQ2IA+ communities; people of all ages; and others of any diverse backgrounds, opinions, and identities to get the best picture of this community.

COMMUNITY THEMES

The listening sessions, stakeholder interviews, and community survey data produced the following themes in what community members were prioritizing, discussing the most, and perceived as the biggest problems. These themes will be further discussed in Part 3 below.



An overarching theme was that many of the issues listed above affect all kinds of people from all kinds of backgrounds and economic statuses. Quality affordable housing is out of reach for many people in this community, even those in the middle-income brackets. Likewise, privately, publicly, and uninsured people alike have challenges getting mental health care in the ways they need it.

Listening session and stakeholder interviewees alike spoke to a feeling of division and unrest, but across the board also shared a desire for helping their fellow community members and finding common ground in places possible. Members of the community praised its helpfulness and support structures. For the most part, people like where they live.

Part 3: Community Health Status Analysis

This section describes the strengths, needs, gaps, and barriers in the community identified through an analysis of qualitative data (key stakeholder interviews and listening sessions) and quantitative data (survey data, secondary data, and publicly available population-level data) and is divided into three broad categories. The data described here will help us determine our priorities for the Community Health Improvement Plan (CHIP).

Social Determinants of Health

HOMELESSNESS AND HOUSING INSTABILITY

Community Input and Existing Data

Both stakeholders and listening session participants emphasized that the high cost of housing is a burden for many families, along with little housing stock and often poor-quality rentals. The cost of housing has been increasing, but incomes are not, contributing to over-crowding and families making spending tradeoffs. Listen session participants shared that seeking housing assistance is frustrating and time consuming, with stakeholders noting there is a lack of available units for people with housing vouchers. There is especially a need for more accessible housing for older adults and people with disabilities, as well as safe, supportive housing for people with behavioral health challenges. People formerly incarcerated and the Latino/a/x community may experience additional barriers to finding affordable rentals and supportive housing services. Listening session participants spoke of the need to address the increase in homelessness, ensuring there are sufficient shelters, hygiene services, and wraparound supports to keep people housed.

"Housing costs are too high and availability of affordable housing doesn't seem to exist. I fear that soon I will be unable to afford to stay in my own home if things don't change." – Community Member

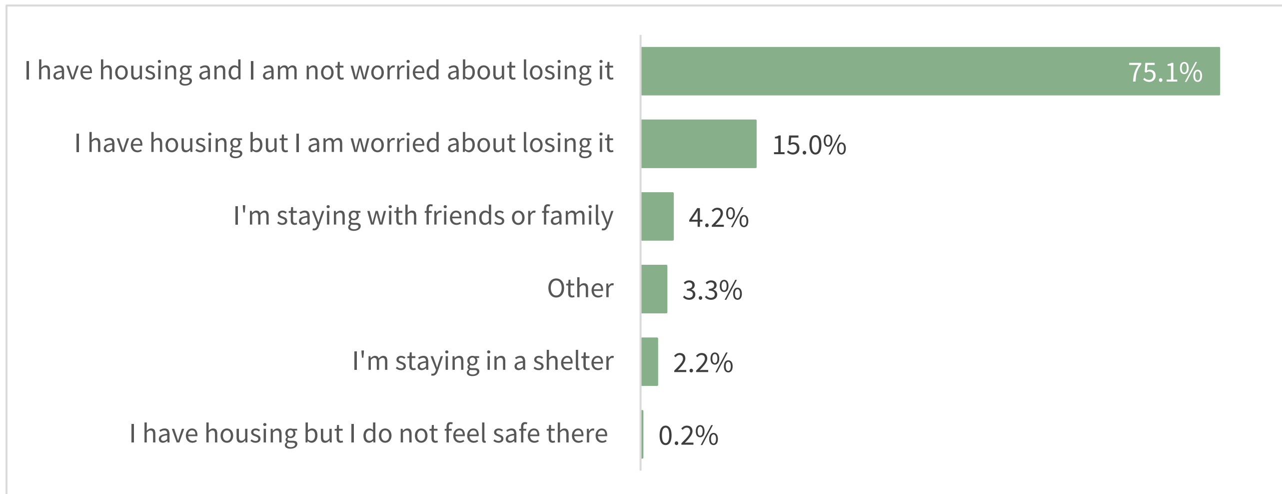
Community members responding to the Community Survey reiterated the housing concerns mentioned in listening sessions and stakeholder interviews: lack of available and affordable housing, overall high housing costs, and difficult to purchase a house or afford rents.

When rating whether the community had enough housing for everyone, 53% of survey respondents disagreed while 18% agreed with the statement.

A majority (75%) of survey respondents have housing and are not worried about losing it, 15% have housing and are worried about losing it, and 6.4% reported being in some stage of homelessness.

79 children 18 years and younger were sleeping outside on the night of the 2020 Homeless Count.[7]

Figure 12. Percent of Survey Respondents Answering, "Which of the following best describes your housing situation today?"



Source: Yamhill Community Survey, 2022

"Our homeless population is growing so fast, I wish there was more affordable housing available for them." – Survey Respondent

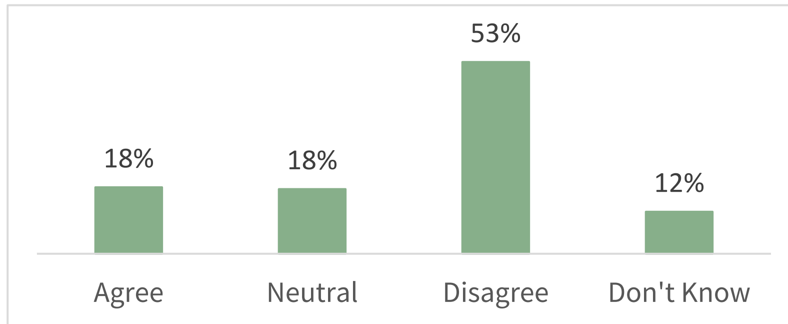
Homelessness can be difficult to track and define. Yamhill Community Action Partnership (YCAP) uses multiple categories to understand the scope of homelessness, which this assessment has adopted. The most recent homelessness count data, from January 2020, counted 520 people living on the streets or in shelters, and 908 precariously housed individuals, or those couch-surfing, living with others, or in temporary housing. Generally, more individuals who identified as males were entirely unhoused and more female-identified people were precariously housed.[7] This is understood to be an undercount of the current homeless population because of rain and limited volunteers at the time of count, and the count has been delayed since 2020 due to COVID-19. Of Yamhill Community Care members (OHP members), 579 (1.6%) were considered homeless (including couch-surfing and temporarily housed) in 2022.[8]

"I was going to end up addicted again if I didn't get housing."
-Listening session participant

[7] https://www.flipsnack.com/ycap2020pitcount/final-2020-pit-report.html

[8] Yamhill Community Care member data September 2022

Figure 13. Percent of Survey Respondents Ranking, "My community has enough housing for everyone."

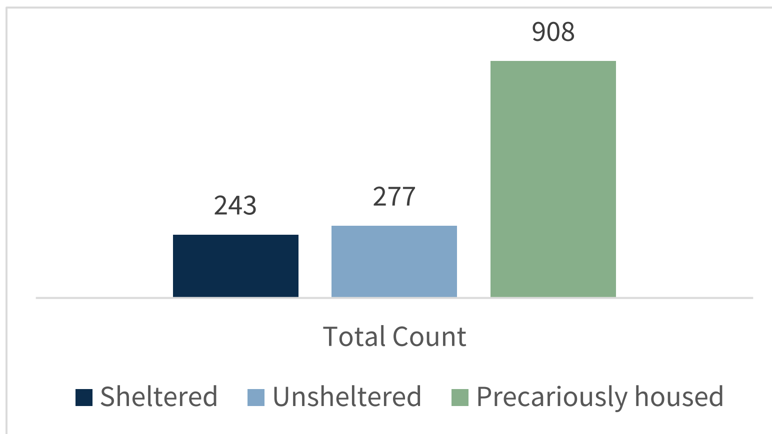


Source: Yamhill Community Survey, 2022

1,428

People were counted as living in shelters, in unsheltered locations, or couch surfing.[7]

Figure 14. Point in Time Homeless Count, Yamhill County, 2020



Source: Yamhill Community Action Partnership, 2020

Low-income households have an increased chance of experiencing severe housing cost burden, which is defined as households that spend 50% or more of their income on housing. In Oregon, 14% of residents experience severe housing cost burden. Yamhill County has a slightly lower percentage of residents experiencing severe housing cost burden (15%) than the state.[9]

Most Yamhill County residents are homeowners with or without a mortgage (70%), while 30% of residents are renters.[10] Only 10.7% of homeowners are Hispanic/Latino, even though they make up 15.9% of the total population.[11] In a small sample (N=55) of people experiencing homelessness and engaged with temporary shelter through YCAP's Project Turnkey, 56% of those individuals had current or past involvement with the justice system.[12]

"I'm proud of what Yamhill County does to help homeless people, but I would like to see us do better."

-Survey Respondent

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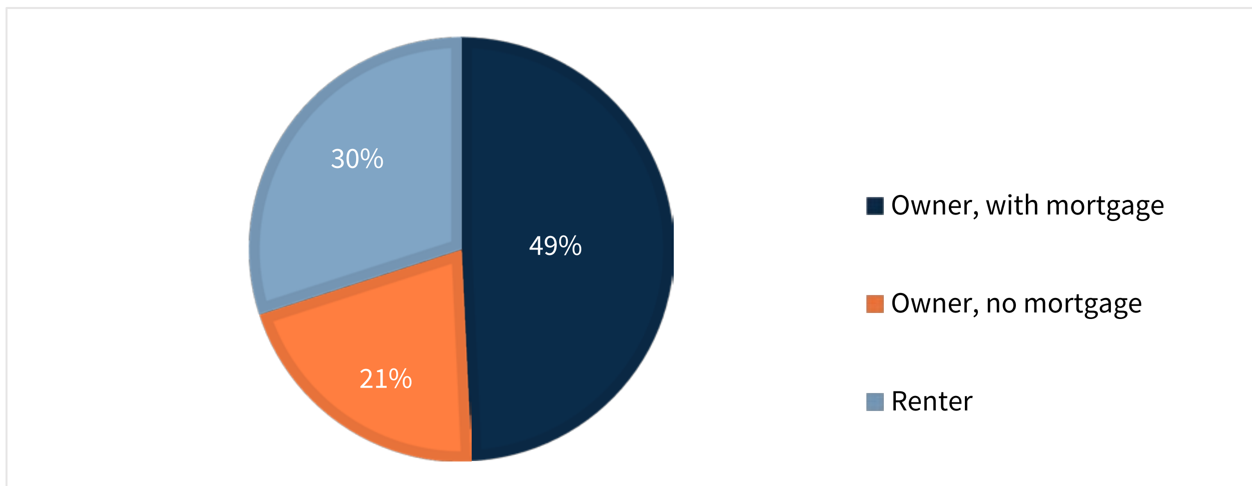
[9] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/154/description?sort=desc-3

[10] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, data.census.gov

[11] https://data.census.gov/cedsci/table?q=housing%20yamhill%20county&tid=ACSST1Y2021.S2502

[12] Unpublished Project Turnkey report 3.2022

Figure 15. Percent of Owners and Renters, Yamhill County, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

RECREATION AND COMMUNITY-BUILDING ACTIVITIES

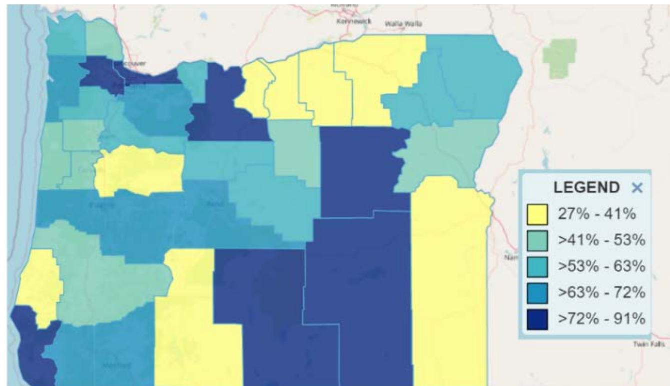
Community Input and Existing Data

Recreation and community-building activities are needs primarily identified by listening session participants. They frequently spoke of the importance of having community spaces for people to be active and spend time together. They want these spaces to be for people of all ages and physical abilities, and to be free or low cost. They mentioned accessible playgrounds, cultural celebrations, block parties, Zumba classes, and more. They discussed the importance of safe and clean green spaces, as well as free indoor spaces. These spaces are important for bringing together cultural communities and reducing isolation.

"It seems like there's a whole lot of nothing here unless you have money."
– Listening session participant

Park Accessibility

Figure 16. Percent of County Residents that Live within Half a Mile of a Park in Oregon, 2015



Source: National Environmental Public Health Tracking Network, Centers for Disease Control and Prevention, accessed 2022

Communities with access to parks and green spaces, especially within walking distance, are more likely to be physically active and have improved mental health than those with limited access.[13] Parks and green spaces provide individuals a place to reduce stress and where community members can meet, enhancing community connections, and in turn, improving mental health of the community. Safe and accessible parks that are well-designed not only offer a place to be physically active and improve mental health, but also provide environmental benefits, such as reducing air and water pollution and protecting wildlife areas.[13] Figure 16 shows the percentage of the population in each Oregon county that lives within half a mile of a park in 2015. Approximately 55% of Yamhill County residents live within half a mile of a park.[14]

Community Walkability

When a community is walkable, residents have a better opportunity to be more physically active and are less likely to be obese or overweight. In addition, a walkable community helps people save money by driving less and helps to reduce greenhouse gases.[15] The National Walkability Index, developed by the Environmental Protection Agency (EPA), is a nationwide geographic data resource that ranks census block groups according to their relative walkability.[16] The Walkability Index is based on three measures that affect the probability of whether people walk as a mode of transportation: street intersection density, proximity to transit stops, and diversity of land uses.[16]

> **"Many sidewalks around town are not particularly stroller or wheelchair friendly due to tree roots, overgrown bushes, cars parked in crosswalks, etc."**
>
> -Survey Respondent

[13] https://www.cdc.gov/physicalactivity/activepeoplehealthynation/everyone-can-be-involved/parks-recreation-and-green-spaces.html

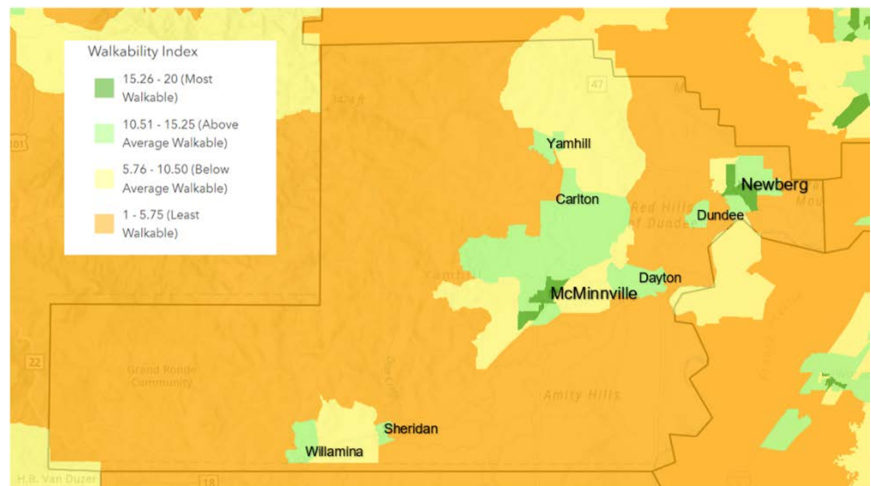
[14] National Environmental Public Health Tracking Network. https://ephtracking.cdc.gov/DataExplorer/

[15] https://placemattersoregon.com/lets-talk-the-walk/

[16] https://www.epa.gov/smartgrowth/national-walkability-index-user-guide-and-methodology

Figure 17 depicts the Walkability Index throughout Yamhill County and is based on 2019 census block groups.[17] The most walkable areas, designated as dark green, include the towns of McMinnville and Newberg. People in more rural areas of the county are less likely to be able to get to places they need without a vehicle, nor easily access safe places to move their bodies for exercise or recreation.

Figure 17. Walkability Index, Yamhill County, 2021



Source: Environmental Protection Agency Office of Community Revitalization/Smart Growth Program, 2021

> **"Little to no easy access to public lands and trails. Little to no safe places to cycle. Not enough indoor sport (racquet, soccer, climbing) options in a place where rainy days are many."** - Survey Respondent

ECONOMIC INSECURITY

Community Input and Existing Data

Listening session participants and stakeholders discussed the importance of ensuring people have the income and resources to meet their basic needs. Both groups emphasized a need for job skills training and equitable wages, particularly for the Spanish-speaking community. They also discussed a need for more affordable childcare options to ensure parents can work. Stakeholders shared populations that may be disproportionately affected by economic insecurity include the Latino/a/x community, people formerly incarcerated, people in recovery, and first-generation college students. Listening session participants suggested making people more aware of the resources available in the community, providing application assistance, and specifically offering support for families with incomes slightly above the threshold to qualify for government assistance programs. Due to the COVID-19 pandemic, some parents were forced to leave their jobs to care for their children and others lost jobs or hours, affecting families' overall stability and mental health.

[17] National Walkability Index, https://epa.maps.arcgis.com/home/item.html?id=f16f5e2f84884b93b380cfd4be9f0bba

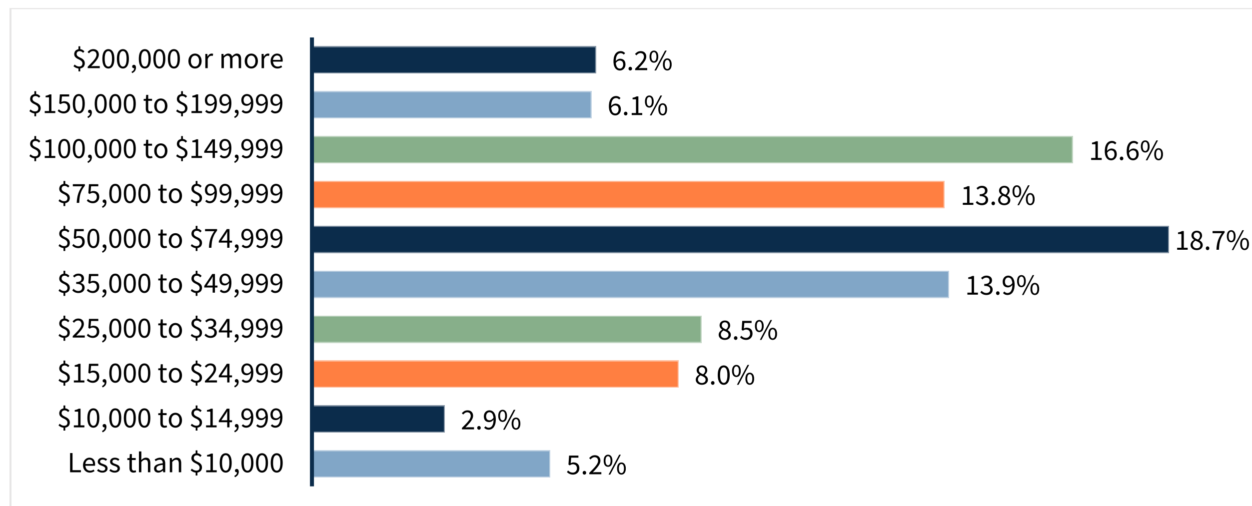
Income

"[There are] regular people who make what at one point was a reasonable amount of money but now they're struggling, and they don't understand why." – Survey Respondent

Income is the strongest predictor of health among all other social determinants of health. Not only are there many studies that show a strong association between income and health, but income also affects all other social determinants of health, including education, food security, and housing.[18] Life expectancy increases as income goes up, and the difference in life expectancy between the top and bottom 25% of income earners varies across areas and is increasing over time.[19] While income is not a "one size fits all" measure of health, understanding the income of the region provides a solid foundation for measuring social determinants of health in Yamhill County.

The median income of a population is one measure of the overall income in that population; 50% of the population earns more than the median income, and 50% of the population earns less. The median (2019 inflation-adjusted) household income in Yamhill County is $63,902, compared to $62,818 in Oregon.[20] A household in this context is defined as any physical location where people live, that has its own mailing address, and may include one person living alone, a family, or a small group of unrelated residents. The income of every occupant contributes to the total household income.

Figure 18. Percent of Population by Household Income, Yamhill County, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

[18] https://www.improvingpopulationhealth.org/blog/2012/04/the-link-between-income-and-health.html

[19] https://www.americanprogress.org/article/income-inequality-life-expectancy/

[20] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, data.census.gov

Median income varies by race. Data from the Small Area Income and Poverty Estimates provide some insight into the variations of income by race. [21] It's important to note that many race categories are missing from the data below; however, it shows a wide range of medians when stratified by racial categories in Yamhill County, indicating the links between social and historical factors and income.

Table 1. Median Household Income by Race, Yamhill County, 2020

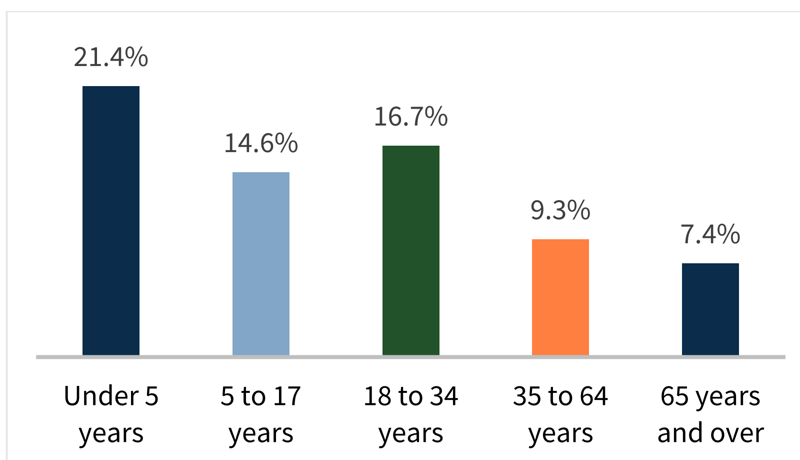
Race	Median Household Income
American Indian/Alaska Native	$48,000
Asian	$82,700
Black	Unreliable or missing sample size
Hispanic	$52,200
White	$69,800

Source: Small Area Income and Poverty Estimates 2020

Poverty

Poverty is closely associated with various adverse health outcomes, including shorter life expectancy, higher infant mortality rates, and higher death rates. It can also frequently limit choices and access to healthy food, education, and employment.[22] Poverty varies greatly by age. Children and young adults are most likely to live in households with incomes below the poverty line. Older adults (65 years and over) are the least likely to live in poverty. Approximately 12% of Yamhill County residents live in poverty, with 21.4% of children under 5 living in poverty.[23]

Figure 19. Percent of Population Living in Poverty by Age, Yamhill County, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

[21] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/63/datasource?sort=desc-0
[22] https://www.aafp.org/about/policies/all/poverty-health.html

[23] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, data.census.gov

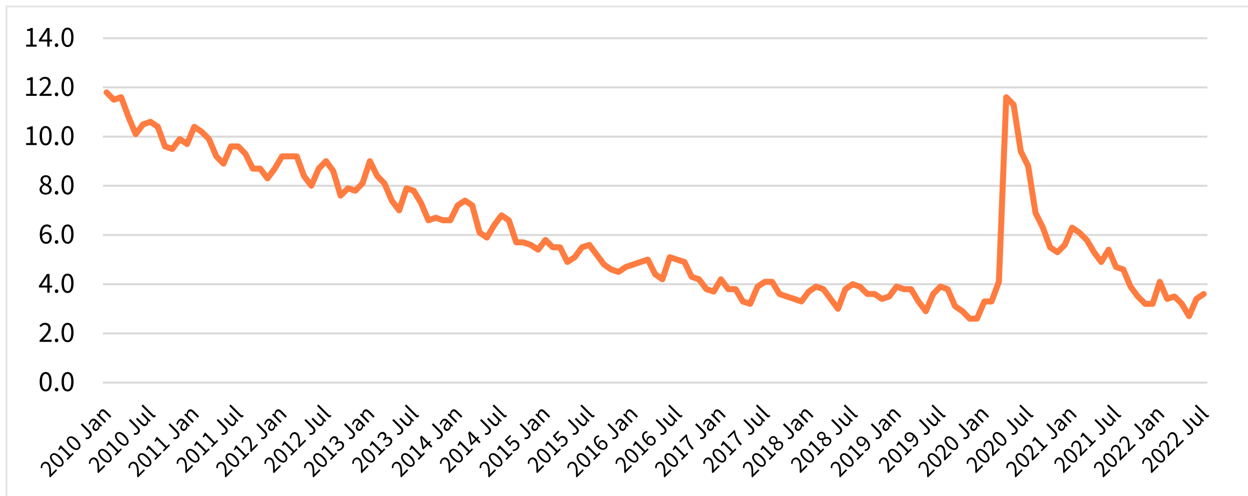
Unemployment

Unemployment can have negative health consequences, such as feelings of depression, anxiety, or low self-esteem, as well as stress-related illnesses, such as high blood pressure, stroke, heart attack, and heart disease.[24] As of July 2022, 3.6% of Yamhill County residents are unemployed.[25] Unemployment has been on a steady decline since the 2007-2009 recession; however, there was a dramatic spike in unemployment in early 2020 due to many individuals losing their jobs or hours because of the COVID-19 pandemic.

1 out of 4

survey respondents said they lost a job or hours due to COVID-19.

Figure 20. Unemployment Rate, Yamhill County, 2010-2022



Source: U.S. Bureau of Labor Statistics, 2022

[24] https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment

[25] U.S. Bureau of Labor Statistics. https://beta.bls.gov/dataViewer/view/timeseries/LAUCN410710000000003

EARLY CHILDHOOD, YOUTH, AND EDUCATION

Community Input and Existing Data

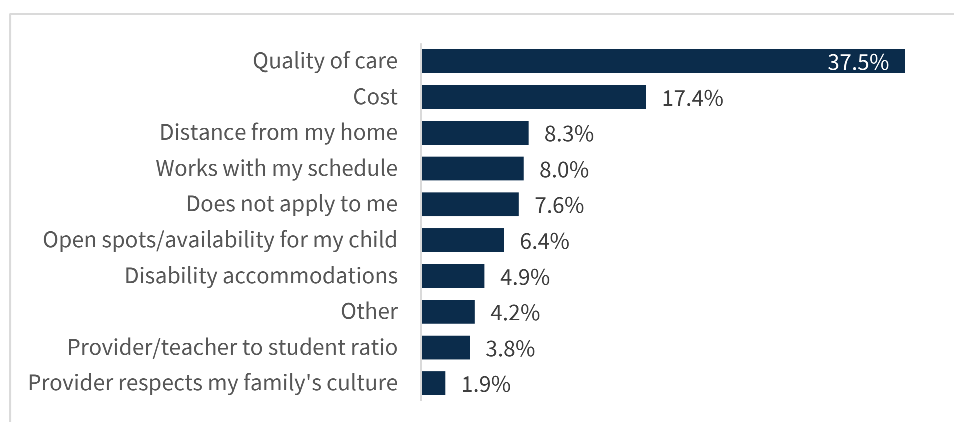
"People put their name on a [preschool] list before they even conceive."
– Listening session participant

Listening session participants and stakeholders alike shared concerns about accessing childcare and preschool, especially for those who do not qualify for free services. High school students in a listening session reported that they would like to see more availability of extracurriculars and activities. Additional concerns were raised specifically regarding foster children, children with disabilities or medically fragile children, and LGBTQ2SIA+ youth within the community.

Childcare

Yamhill County is considered a childcare desert, with limited quality childcare options. Only 18% of children 0-5 have access to a childcare slot as of 2020.[26] Quality childcare is linked to better academic and success measures for children and offers a valuable resource for working caregivers.[27] 37.5% of survey respondents stated that quality of care was the most important factor when choosing childcare or preschool.

Figure 21. Percent of Survey Respondents Answering, "What is the most important factor when choosing childcare or preschool for your child?"



Source: Yamhill Community Survey, 2022

School Performance

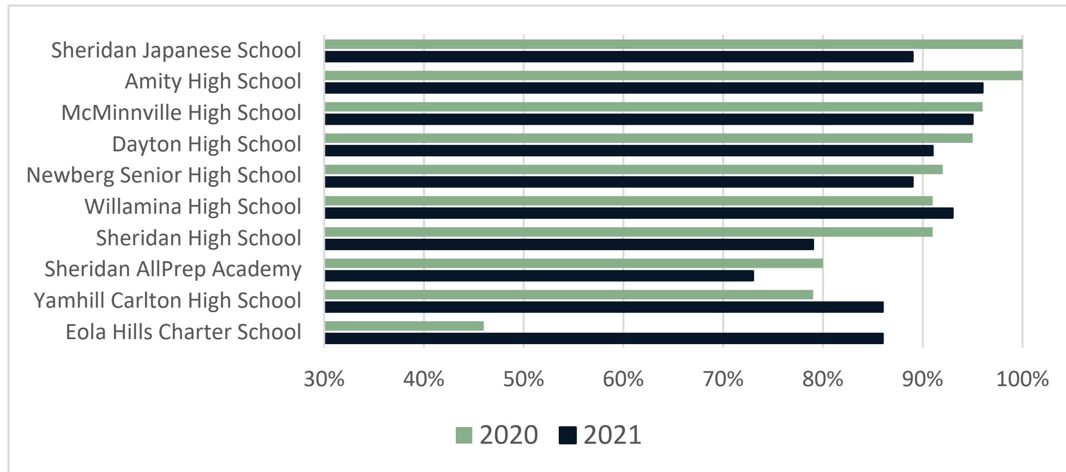
COVID-19 was a significant disrupter to school consistency, effecting overall school enrollment and contributing to decreased attendance across all districts in Yamhill County. Listening session participants noted concern for the social and emotional health of students. Most schools in the county have a school counselor or psychologist, but 11 of the 35 schools with available data have no counselor, and only 17% had two or more.[28] Newberg School District saw an especially large decrease in enrollment, seeing a 25% loss in some elementary schools. While enrollment decreased, Willamina School District saw improvement in attendance in the 2020 school year.[28] As seen in Figure 22 below, rates of high school completion largely declined in 2021.

[26] https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/research/oregons-child-care-deserts-2020.pdf

[27] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7962710/

[28] https://www.ode.state.or.us/data/reportcard/media.aspx

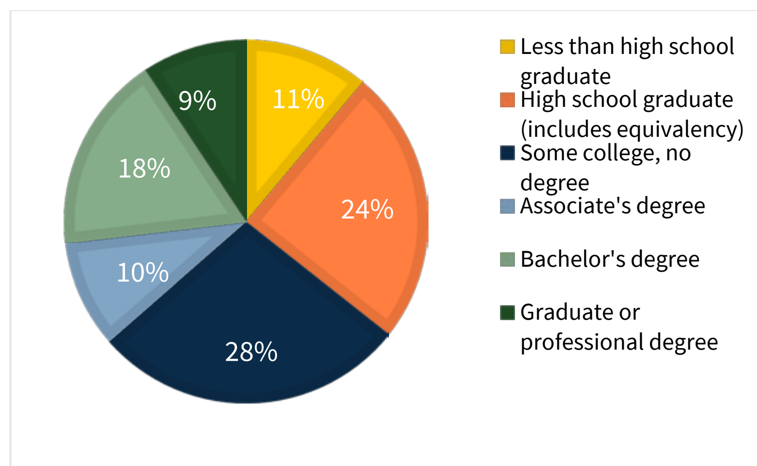
Figure 22. Percent of Yamhill County Students Completing High School Within 5 Years, 2020-2022



Source: Oregon Department of Education School District Report Cards, 2020-21

Educational Attainment

Figure 23. Percent of Population 25 Years and Older Educational Attainment, Yamhill County, 2015-2019



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2015-2019

Higher education is associated with improved health outcomes. More years of formal education is strongly correlated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[29] Adults with limited education are more likely to be unemployed and on government assistance. College graduates earn an estimated $1 million more per lifetime on average than those that do not seek higher education.[30] For the 2020-2021 school year, 89% of Yamhill County 9th graders completed high school in 4 years, compared to 83% of Oregon 9th graders.[31] This completion rate includes regular diplomas, adult high school diplomas, extended diplomas, and GEDs. Approximately 50% of Yamhill County residents aged 25 and older are high school graduates or have attended some college.[32]

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[29] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/69/description

[30] https://www.aplu.org/our-work/5-archived-projects/college-costs-tuition-and-financial-aid/publicuvalues/employment-earnings.html#11

[31] https://www.oregon.gov/ode/reports-and-data/students/Pages/Cohort-Graduation-Rate.aspx

[32] U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, data.census.gov

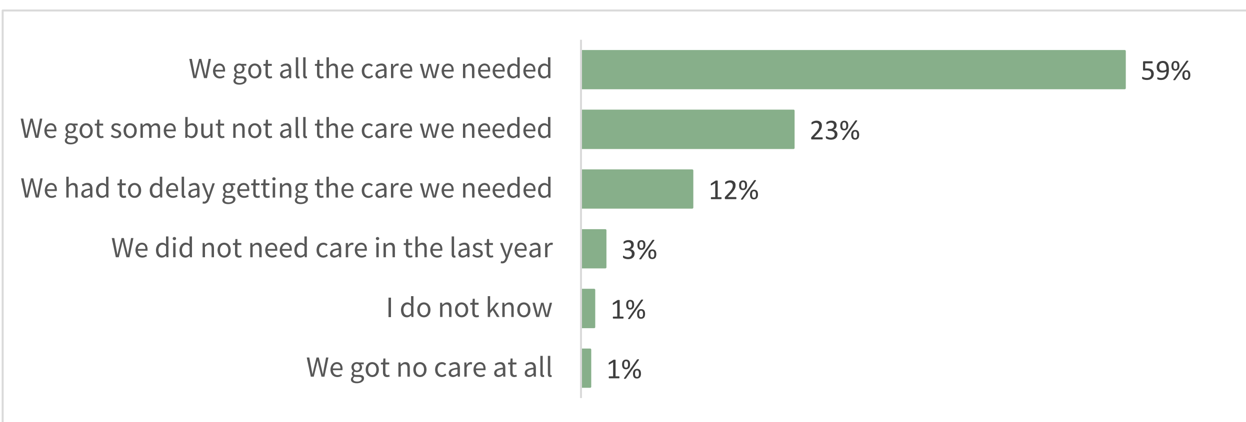
ACCESS TO HEALTH CARE SERVICES

Community Input and Existing Data

15%
of survey respondents do not have a primary care provider.

Stakeholders and listening session participants were particularly concerned about long wait times for appointments, noting a need for more primary care providers and specialists within the county. They also discussed a lack of bilingual and bicultural providers, noting a need for more Spanish-speaking providers. Listening session participants discussed needing more respectful care, ensuring all patients are treated with dignity. Other barriers include transportation, the cost of care and insurance challenges, and a lack of health literacy.

Figure 24. Percent of Survey Respondents Answering, "If you or your family needed health care in the last year, did you get all the care you needed?"



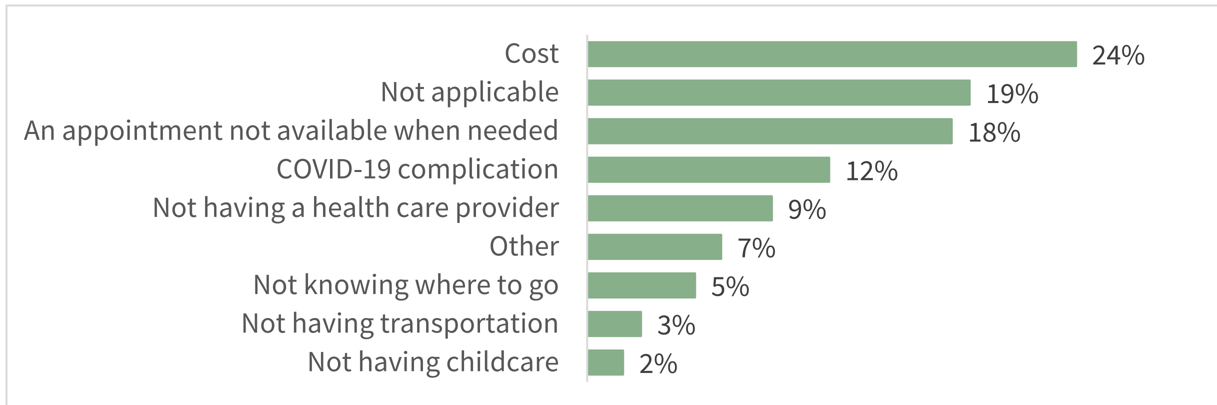
Source: Yamhill Community Survey, 2022

Stakeholders were particularly concerned about mixed-status families accessing needed care, migrant and seasonal farmworkers, people experiencing homelessness, and people with developmental disabilities. The COVID-19 pandemic highlighted the importance of building trust and sustained communication with communities, particularly the Spanish-speaking community. Many people have delayed needed care or experienced increased barriers to care during the pandemic.

> **"I have a number of health issues I would love to talk with my doctor about, but the cost keeps me away."** – Survey Respondent

When asked whether health care was needed in the last year, 59% of survey respondents reported getting all the care they needed while 35% got some but not all or delayed getting care when it was needed. Cost was the top reason why survey respondents put off or went without healthcare for themselves or anyone in their family. Knowing whether community members got the care they needed, put off getting care, or did not get care altogether only tells part of the story. Understanding the reasons behind putting off or going without care helps examine the cause behind the outcome.

Figure 25. Percent of Survey Respondents Answering, "The last time you or anyone in your family put off or went without healthcare, what were the reasons?"



Source: Yamhill Community Survey, 2022

ACCESS TO TRANSPORTATION

Community Input and Data

Stakeholders and listening session participants noted a need for more safe, reliable, and affordable transportation. Stakeholders discussed there is a need for improved transportation between towns within Yamhill County, as well as out of the county to larger cities like Salem and Portland. Extended bus hours and improved accessibility for people with disabilities are also important. Listening session participants shared transportation is needed to not only get to medical care, but also to the bank, grocery store, and social services. Transportation to medical care may be especially challenging for veterans going to the VA, people experiencing homelessness, and patients on Medicare. Formerly incarcerated individuals may not have access to a driver's license, limiting transportation, and protections allowing licenses for undocumented immigrant community members are only recently permitted in Oregon. For those commuting, options outside of a personal or shared vehicle are not generally feasible.[33] Support for walking and biking paths and public transit expansions could improve people's transportation options and co-locating services would reduce transportation barriers. When survey respondents were asked about their primary mode of transportation, 5% report using public transportation and 12% report walking, using a bicycle, or carpooling.

26.2

minutes is the average commute for someone in Yamhill County.[33]

> **"Transportation/resources are not available for those who live outside of McMinnville and Newberg in the county if they do not have Medicaid but are still low income."**
> -Survey Respondent

[33] https://datausa.io/profile/geo/yamhill-county-or

The most recent formal Transit assessment held by the Yamhill County Transit Authority was in 2018, but the resulting plan highlighted the following key issues, which seem to still be reflected in the community feedback. Vehicle updates, rebranding, and route expansion have, however, begun or occurred locally since 2018[34]:

Yamhill County Transit Authority 2018 priorities
• Frequency: Long gaps in service for some intercity routes • Reliability: Routes may be affected by congestion and stops • Branding: There is inconsistent branding • Legibility: Understanding the system, especially new riders, is a barrier • Service diversity: Smaller cities would benefit from more flexible and accessible services

[34] https://ycbus.org/wp-content/uploads/2018/11/YCTA-TDP_Volume-I-FINAL-10-2018.pdf

FOOD INSECURITY

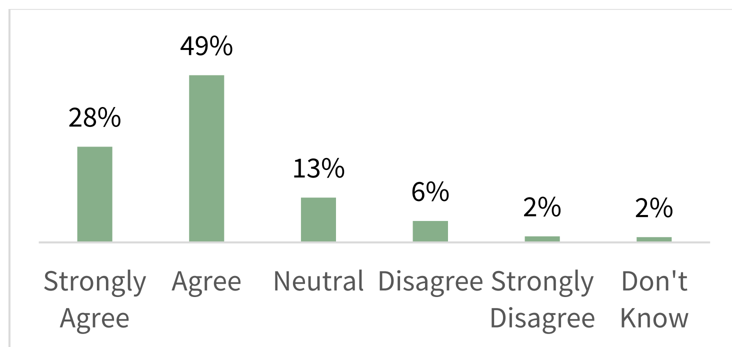
Community Input and Data

"Not a lot of options for variety and healthy grocery stores that are affordable." – Survey Respondent

Healthy food was a need primarily identified by stakeholders. They were primarily concerned about the high cost of healthy food options, affecting the health of families with low incomes. They shared that while food banks help many people, they may not provide enough protein or fresh foods. Some community members may not be aware of the available food resources and others have difficulty accessing the food bank because of transportation or hours of availability. Stakeholders shared that people who have lost jobs or wages due to the pandemic have requested support getting food assistance.

Survey respondents generally believed healthy food is locally accessible, with 77% of respondents agreeing with the statement.

Figure 26. Percent of Survey Respondents Ranking, "Healthy food is available in my community."



Source: Yamhill Community Survey, 2022

Nutrition

In a nutrition focused community assessment, the Nutrition Oregon Campaign in Yamhill County surveyed 57 community members and conducted 24 stakeholder interviews with both community members and leaders. The team compiled results into a comprehensive overview of community-identified food needs. Results highlighted the need for affordable food and barriers to healthy, culturally appropriate food access in rural areas, but recognized community support networks and the potential in various existing resources.[35]

Nutrition is a foundational element of good health, and culturally appropriate foods are an equally key component of social well-being. Community feedback reported plentiful food resources, but limitations on access to those resources, especially in more rural areas, and shortage of culturally relevant foods.

A series of community workgroups identified the following key focus areas within nutrition

- Creating positive supply and demand for healthy food
- Mobile food pantry model
- Food resource guide
- Culturally appropriate nutrition education with a focus on Latinx families

Lacking consistent access to healthy food is related to negative health outcomes such as weight gain, premature death, asthma, and increased healthcare costs. There is also strong evidence that food deserts are correlated with

[35] https://app.mural.co/t/collaborationstation9547/m/collaborationstation9547/1644354597959/cb54465d9a3c03bbc73c42dff9767f7d6bd2ac70?sender=u66d514fd432ca860c7069809

high prevalence of obesity and premature death, as supermarkets tend to provide more healthy food options compared to convenience stores or other small grocery stores.[36]

The Food Environment Index ranges from a scale of 0 (worst) to 10 (best) and equally weighs two indicators of the food environment:

1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store.

2) Food insecurity estimates the percentage of the populations that did not have access to a reliable source of food during the past year.

"I'll leave you with a phrase that is very, very scary. Uttered by a 13-year-old looking for food for his family, 'Today is not my day to eat.'"

-Community Member Interview

The Food Environment Index in Yamhill County is 8.5, compared to overall in Oregon at 8.1. Neighboring counties Polk and Washington reported an 8.0 index and 9.0 index, respectively. Compared to the rest of Oregon, Yamhill County is performing similarly or better in many food-related measures.[36]

Table 2. Food Environment Index, 2019

Location	% Limited Access to Healthy Foods	% Food Insecurity	Food Environment Index Value
Yamhill County	3%	10%	8.5
Oregon	5%	12%	8.1

Source: County Health Rankings, 2019

In Yamhill County in 2019, 10,670 individuals were considered food insecure, or 10% of the county, compared to the Oregon average of 12%.[37] 3% of Yamhill County residents had limited access to healthy foods, compared to an average of 5% in Oregon; although up to 51% of residents in some Oregon counties have limited access to healthy foods.[38]

[36] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/133/description

[37] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/139/datasource?sort=desc-0

[38] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/83/data?sort=desc-0

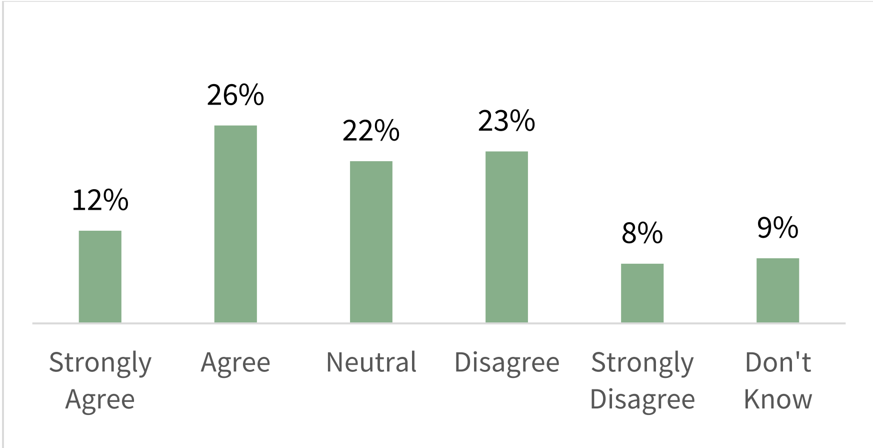
RACISM, DISCRIMINATION, AND INCLUSION

Community Input and Data

> **"I am distressed at how frequently I see examples in this community of oppression of people who look different than I do."** – Survey Respondent

Listening session participants shared that racism and discrimination towards Black, Native, Latinx/Hispanic people and People of Color, people with disabilities, immigrants, and people identifying as LGBTQ2SIA+ affect their feeling of safety and belonging. Stakeholders were concerned about how discrimination contributes to bullying in schools, particularly towards LGBTQ2SIA+ identifying students, and how racism in the criminal legal system disproportionately affects Black men. They spoke to how racism and discrimination affect people's mental health. Listening session participants shared a need to ensure more disability inclusion in the community, for example, wanting more accessible playgrounds, bathrooms, stores, etc. When survey respondents were asked if people of all races, ethnicities, backgrounds, and beliefs are treated well within the community, 38% agreed with the statement, while 31% disagreed.

Figure 27. Percent of Survey Respondents Ranking, "People of all races, ethnicities, backgrounds, and beliefs in my community are treated well."



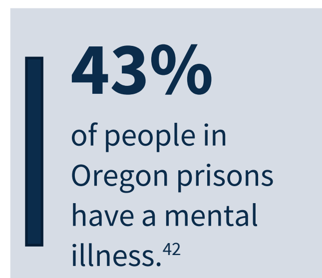
Source: Yamhill Community Survey, 2022

> **"It's difficult to access adequate healthcare because of my sexuality."**
> -Survey Respondent

Discrimination and prejudice can appear in any environment and can include nearly any aspect of an individual's identity or background, beyond the legally protected classes like race, gender, and age, to factors like weight, employment or socioeconomic status, citizenship status, or appearance. Disparities because of these factors can be especially harmful in healthcare or service settings, where individuals are relying on those delivering services to provide appropriate for that person's situation and meet their language and cultural needs.

While disparities can be partly attributed to genetics (those with more breast tissue are more likely to get breast cancer[39]) and epigenetics (people who have experienced childhood trauma are more likely to have chronic diseases[40]), social and environmental factors play a key part in individuals' ability to reach their health potential.

Nationwide, giving birth is riskier if someone is Black, American Indian or Alaska Native, or Asian or Pacific Islander than if they are white or Hispanic. The pregnancy-related death rates are stark; the rate for American Indians and Alaska Natives is nearly double, and almost triple for Black people, when compared to the pregnancy-related death rate for white people. However, risk of death for Black infants is halved when they are cared for by Black physicians.[41]



Different kinds of backgrounds and identities can impact health and well-being outcomes: of the 12,259 people incarcerated in Oregon as of a 2022 report, 43% of those had some sort of mental health need, 63% had a substance use issue and 112 individuals had a developmental disability.[42] Jail and prison inmates overall have a higher rate of most chronic diseases,[43] and the children of people who are incarcerated also experience higher rates of behavioral problems, infant mortality, and lower educational performance.[44] Overall, rates of incarceration are five to eight times higher for non-white people.[45]

Of people who identify as LGBTQ2SIA+, those living in states without legal protections against discrimination in the workplace were more likely to report household incomes below $24,000 per year. LGBTQ2SIA+ individuals are also more likely to report not having enough food and are less likely to have health insurance than non- LGBTQ2SIA+ individuals.[46] These few, limited examples show the range of complexity that racism and other discrimination can have on individuals, especially if they have multiple targeted identities.

"[I'd like] for there to be no discrimination and more resources in Spanish so we get the same opportunity as white people."
– Listening session participant

To better understand these specifics, a community must know what information is available and use it to make decisions. Some information, like individuals' sexual orientation, is rarely collected in the standard U.S. Census or survey forms. Information like gender offers limited options that do not capture the range of identities people may hold. Finally, there are concerns about sharing personal information. Questions around race, ethnicity, language, or citizenship status may create worry about discrimination. Community survey respondents and listening session

[39] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3553266/

[40] https://pubmed.ncbi.nlm.nih.gov/9635069/

[41] https://1410c6d1-d135-4b4a-a0cf-5e7e63a95a5c.filesusr.com/ugd/c11158_150b03cf5fbb484bbdf1a7e0aabc54fb.pdf

[42] https://www.oregon.gov/doc/Documents/inmate-profile.pdf

[43] https://pubmed.ncbi.nlm.nih.gov/19648129/

[44] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6124689/

[45] https://faculty.washington.edu/matsueda/courses/401D/Readings/Pettit-Western-2004.pdf

[46] https://williamsinstitute.law.ucla.edu/lgbtdivide/#/economic-insecurity/2

participants showed some hesitancy in sharing certain information, giving responses like "inappropriate question," and 27% of YCCO members decline to share on their OHP application regarding race/ethnicity.[47] Data collection processes should share how the data will be used and consider how to ask questions in a trauma-informed, culturally appropriate, and community-led way. Most importantly, data should be informed by and paired with the input, stories, and lived experiences of the people it describes.

Physical and Behavioral Health

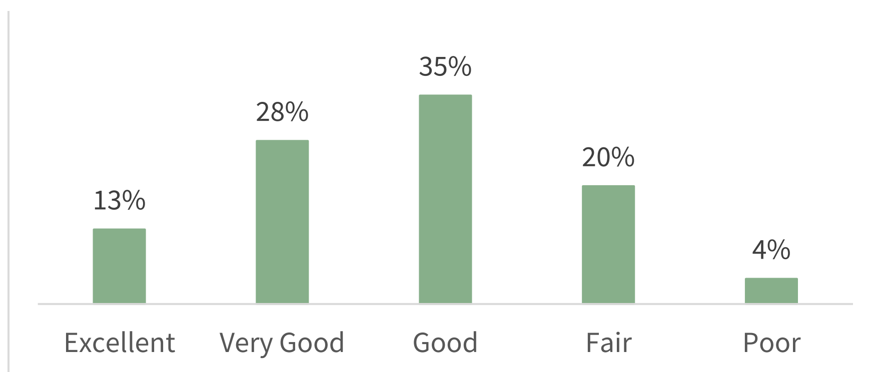
MENTAL HEALTH

Community Input and Data

"One person struggling with poor mental health affects everyone in the community with a ripple effect outward." – Survey Respondent

Stakeholders shared that addressing mental health and substance use/misuse in the community is a major need that should be addressed collectively and collaboratively with the community. Listening session participants and stakeholders noted a need for more mental health providers to reduce wait times, a local detox facility located within Yamhill County, and improved continuity of care after inpatient behavioral health care. They also shared a need for more bilingual and bicultural providers, particularly for the Spanish-speaking community, and a concern for the mental health of young people. Other populations that may need support accessing responsive care include people with a developmental disability, people formerly incarcerated, and the Latino/a/x community. The COVID-19 pandemic has negatively impacted people's mental health and recovery, leading to increased relapse, anxiety, and depression. It has also increased isolation, affecting people's feeling of belonging and support. In the last year, 50% of survey respondents reported feeling socially isolated or experiencing loneliness 'some of the time', 15% reported 'most of the time', and 4% reported 'all of the time'.

Figure 28. Percent of Survey Respondents Answering, "How would you rate your overall mental health?"



Source: Yamhill Community Survey, 2022

[47] Yamhill Community Care member data September 2022

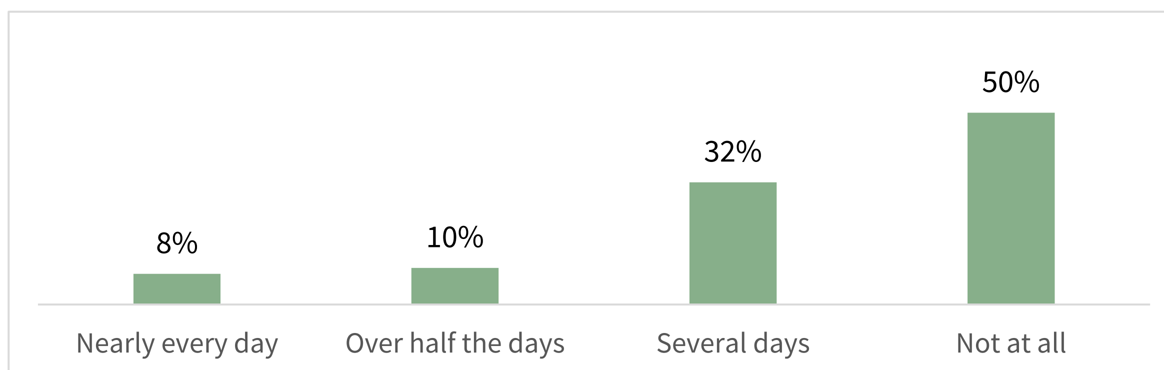
38%

of survey respondents did not get all the mental health services they needed in the last year.

Of the survey respondents that needed counseling or mental health services in the last year, 62% of them were able to receive all the services they needed. Of those that did not receive all the services they needed, 45% of respondents did not receive treatment for a mental health condition. When asked about overall mental health status, 24% of survey respondents reported 'fair' or 'poor'.

Additionally, survey respondents were asked, "during the last two weeks, how often have you not been able to stop worrying." 50% of survey respondents reported some level of worrying ranging from 'several days' to 'nearly every day.'

Figure 29. Percent of Survey Respondents Answering, "During the last two weeks, how often have you not been able to stop worrying?"



Source: Yamhill Community Survey, 2022

Access to mental health care not only requires financial coverage, but also access to providers of care. Nearly 30% of the U.S. population lives in a county designated as a Mental Health Professional Shortage Area.[48] The ratio of the population to mental health providers is a useful measure to see the number of individuals served by one mental health provider in each county and statewide, if the population was equally distributed across providers.[49] In Yamhill County, there are approximately 210 people per 1 mental health provider, slightly higher than 170 people per 1 mental health provider statewide.[49] Mental health providers in this measure are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.

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[48] https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport

[49] https://www.countyhealthrankings.org/app/oregon/2022/measure/factors/62/description

Table 3. Ratio of Population to Mental Health Providers, 2021

Location	Ratio of Population to Mental Health Providers
Yamhill County	210:1
Oregon	170:1

Source: County Health Rankings & Roadmaps, 2022

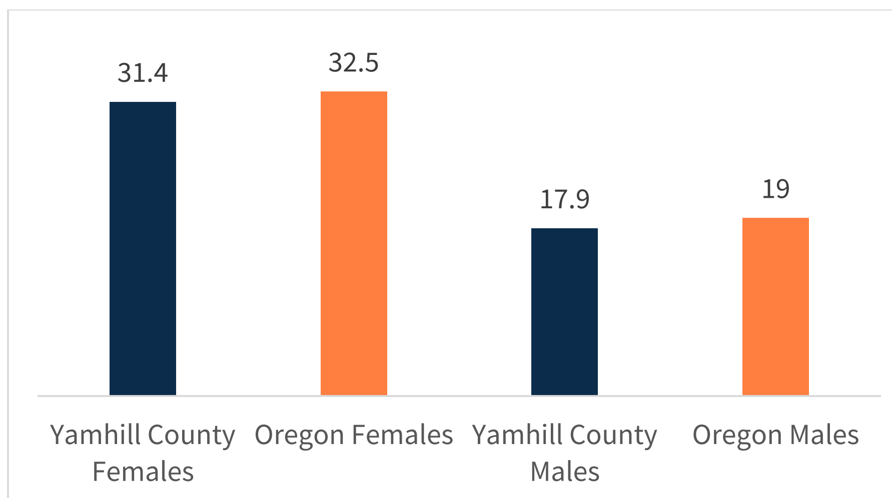
Depression

25%

of survey respondents don't know what to do if they or someone they know may hurt themselves or others.

Depression is a disorder of the brain that effects how a person thinks, feels, and behaves on a daily basis. Depression symptoms are typically persistent, disrupt daily activities, and can be serious enough to lead to suicide and self-harm.[50] The exact cause of depression is unknown; however, it is likely caused by a variety of different factors, including genetic, biological, environmental, and psychological factors.[51] Depression can happen at any age and to any gender, but it is more likely to begin when a person is a teenager or young adult.[52] It is more commonly diagnosed in women than men; however, this is likely because women are more likely than men to seek out care.[52] Major depression is one of the most common mental illnesses, affecting more than 8% of American adults and 15% of American youth each year.[53]

Figure 30. Age-Adjusted Percent of Diagnosed Depressive Disorders by Sex, Yamhill County and Oregon, 2016-2019



Note: Estimates reflect the percentage of adults ever told they have a depressive disorder, including depression, dysthymia, or minor depression

Source: Oregon Health Authority, BRFSS Adult Prevalence Data, 2016-2019

Approximately 25% of Oregon and Yamhill County adults report that they have a diagnosed depressive disorder in 2016-2019, with more females

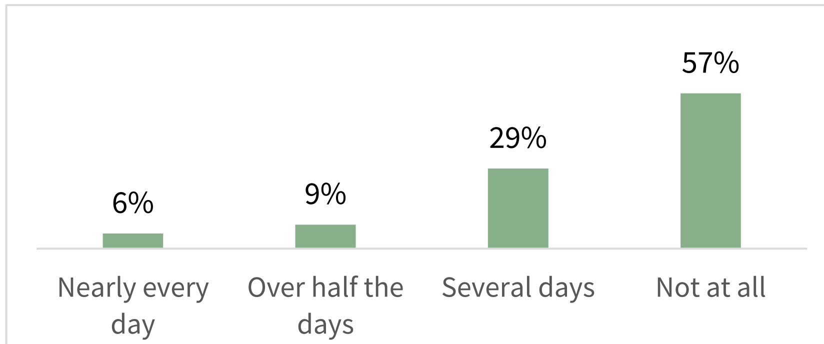
[50] https://www.nimh.nih.gov/health/publications/depression

[51] https://medlineplus.gov/depression.htm

[52] https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007?p=1

[53] https://www.mhanational.org/conditions/depression

Figure 31. Percent of Survey Respondents Answering, "During the last two weeks, how often have you felt little interest or pleasure in doing things?"



Source: Yamhill Community Survey, 2022

reporting a diagnosed depressive disorder than males.[54] A diagnosed depressive disorder includes depression, major depression, dysthymia, or minor depression.

The Patient Health Questionnaire-2 (PHQ-2) is a diagnostic tool commonly used in medical settings to screen for depression based on self-reported criteria.[55] The first question on the PHQ-2 is, "Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?" and this same question was asked in the community survey. 43% of survey respondents reported having some sort of depression based on this question.

> **"There are far fewer mental health providers available than are needed, and services for those in need of crisis care are minimal."**
>
> -Survey Respondent

Suicide Deaths

Suicide is a serious public health problem that can have lasting, harmful effects on individuals, families, and communities. It is the leading cause of death in the United States, responsible for nearly 46,000 deaths in 2020.[56]

During that same year, 835 deaths in Oregon were due to suicide, with 20 of those occurring in Yamhill County.[57] Nationally, there are approximately four male deaths by suicide for each female one, and this trend holds true in Yamhill County and Oregon, as the majority of people who die by suicide are males.[58]

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[54] https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Adult-Prevalence.aspx

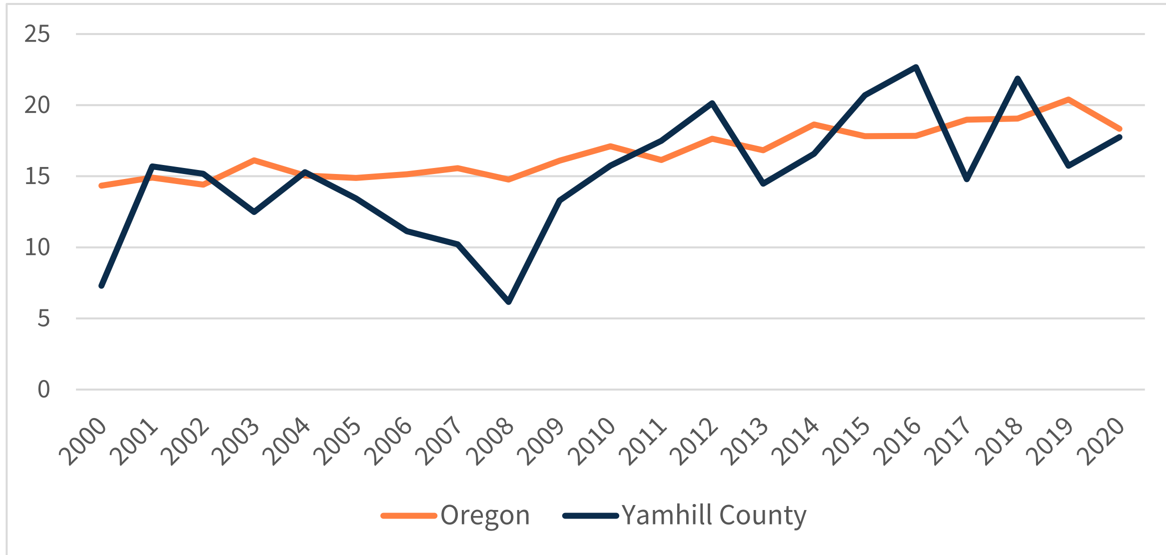
[55] https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health

[56] https://www.cdc.gov/suicide/

[57] https://visual-data.dhsoha.state.or.us/t/OHA/views/CountyDash/CountyDash_cause?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

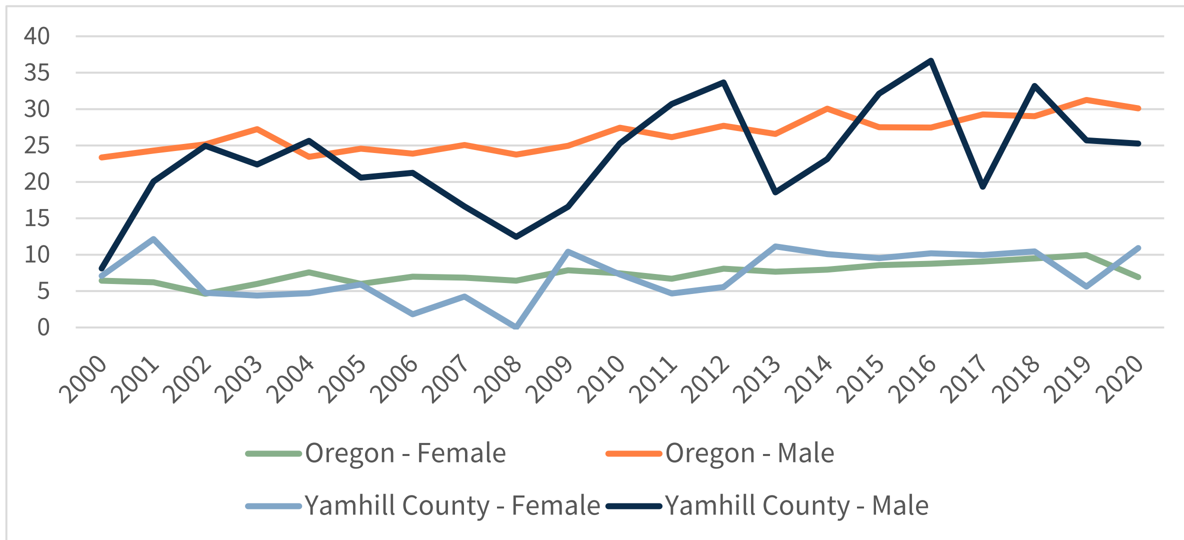
[58] Oregon Public Health Assessment Tool https://ophat.public.health.oregon.gov/

Figure 32. Age-Adjusted Suicide Death Rate per 100,000, Yamhill County and Oregon, 2000-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Figure 33. Age-Adjusted Suicide Death Rate per 100,000 by Sex, Yamhill County and Oregon, 2000-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

SUBSTANCE USE

Substances, such as alcohol, tobacco, and other drugs (illegal or not), have a high potential to be used in an excessive and harmful way. Substance abuse and misuse describes the use of substances in a way that is not intended or recommended, or overusing the substance. Substance abuse and misuse can lead to significant problems or distress, affecting relationships, employment, and health. Alcohol is the most common legal substance of abuse.[59] Oregonians experience one of the highest rates of substance use and substance use disorders in the nation and on average, four Oregonians die every day from alcohol and other drug use and many others experience significant health and social problems.[60]

Community Input and Data

Community members shared concerns about the resources available to people looking for support with drug detox or rehabilitation and the lack of support once individuals have completed those programs. They also shared the stigma associated with addiction, while other listening session participants commented on how seeing "addicts on the street" impacted their sense of safety. There were concerns about community members who need substance use supports being taken by police to shelters, and not receiving the behavioral health help care needed.

"Give opportunities, not jail."
– Listening session participant

Opioid Drug Overdoses

Opioids are a class of drugs used to reduce pain and are either available by prescription or illicitly made and sold.[61] Common opioids involved in overdoses include prescription drugs such as oxycodone (OxyContin®), hydrocodone (Vicodin®), and methadone, and illegally made fentanyl and heroin.[61] The United States is currently experiencing an opioid crisis due to the misuse and abuse of all types of opioids, leading to many overdoses and death. Oregon has one of the highest rates of misuse of prescription opioids in the nation and an average of 5 Oregon residents die every week from opioid overdose.[62] In 2018-2020, Yamhill County had an opioid overdose death rate of approximately 8 per 100,000, compared to Oregon at 9 per 100,000.[63] In addition,

13%
of survey respondents said they have had concerns about alcohol, tobacco, or drugs for themselves or family.

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[59] https://www.hopkinsmedicine.org/health/conditions-and-diseases/substance-abuse-chemical-dependency

[60] https://www.oregon.gov/adpc/SiteAssets/Pages/index/Statewide%20Strategic%20Plan%20Final%20(1).pdf

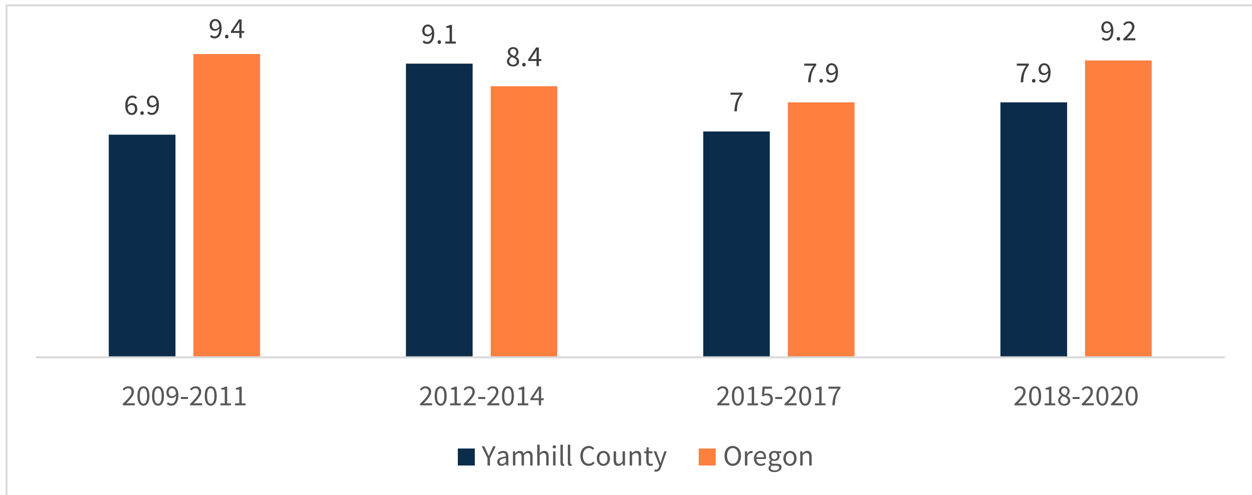
[61] https://www.cdc.gov/opioids/basics/index.html

[62] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/index.aspx

[63] CDC WONDER https://wonder.cdc.gov/mcd.html

emergency department (ED) visits in Yamhill County due to opioid overdose have been increasing.[64]

Figure 34. Opioid Overdose Age-Adjusted Death Rate per 100,000, Yamhill County and Oregon, 2009-2020



Source: CDC WONDER, accessed 2022

Table 4. Emergency Department (ED) Visits at any Oregon Hospital for Opioid Overdose, Yamhill County Residents, 2015-2021

Year	Number of ED Visits
2015	49
2016	82
2017	100
2018	83
2019	79
2020	104
2021	101

Source: Oregon ESSENCE, accessed 2022

Tobacco Use

In 1997, the Oregon Health Authority developed the Oregon Tobacco Prevention and Education Program (TPEP), a comprehensive program that works to decrease tobacco use across the state.[65] Yamhill County's TPEP Coordinator, in coordination with local community partners, works to improve policies and environments that prevent youth tobacco use and help adults quit and stay quit. Since the program began, cigarette sales in Oregon have declined by nearly two-

[64] Oregon ESSENCE https://essence.oha.oregon.gov

[65] https://www.oregon.gov/oha/ph/preventionwellness/tobaccoprevention/pages/oregon-tobacco-facts.aspx

thirds. However, tobacco remains the number one cause of preventable death and disease in Oregon, killing nearly 8,000 people each year and costing almost $5.7 billion in medical expenses and lost productivity.[65]

Table 5. Tobacco-related Death Rate per 100,000 Population in Yamhill County and Oregon, 2017-2020

	Number of Deaths	Rate per 100,000
Yamhill County	806	141.76
Oregon	31,819	144.57

Source: Oregon Health Authority, Oregon Tobacco Facts, accessed 2022

For 2016-2019, approximately 16.7% of Yamhill County adults report smoking, compared to 16.5% of adults in Oregon.[65] Almost half of smokers in Yamhill County reported wanting to quit smoking and 50% of those attempted to quit in the previous year. Black, Pacific Islander, and American Indian Alaska Native individuals smoke at higher rates than Latino/a/x, white and Asian people in Oregon.[65] For Native people, campaigns like SmokeFree Oregon are beginning to acknowledge the importance of sacred or ceremonial tobacco and differentiate between harmful commercial tobacco use and sacred tobacco's cultural value. People on Oregon Health Plan and rural individuals are also more likely to use tobacco, as well as gay and bisexual men and women in Oregon.[65]

Youth Tobacco Use

Beginning to smoke at a young age increases the chances of continuing to smoke into adulthood and makes it harder to quit. Nine out of 10 adults who currently smoke report that they started smoking before turning 18.[65] The use of non-cigarette tobacco products, such as little cigars/cigarillos, electronic cigarettes, and hookahs, are more common in youth than adults as they are cheap, available in a variety of flavors, and typically come in packaging that is more appealing to youth.[65] E-cigarettes are widely known as a "safer" alternative to cigarettes and may appeal more to youth due to this reason. In fact, over 70% of Oregon 8th and 11th graders in 2019 report using an E-cigarette as their first tobacco product used.[65] However, E-cigarettes are not safe and still contain dangerous substances that are particularly harmful for youth.[66]

In 2013, approximately 42% of Yamhill County 11th graders and 45% of Oregon 11th graders reported using any tobacco product.[67,68] Fortunately in 2019, these numbers have decreased to 17% and 25%, respectively. Although the percentage of youth that use any tobacco product has decreased in Yamhill County and Oregon over the years, the use of E-cigarettes has increased among 8th and 11th graders. In Yamhill County, among 11th graders it has increased from 5% in 2013 to 16% in 2019.[67,68]

[66] https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

[67] https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2013.aspx

[68] https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2019.aspx

Table 6. Percent of Youth Reporting Use of E-cigarettes in Yamhill County and Oregon, 2013 and 2019

		8th Graders	11th Graders
2013	Yamhill County	n/a	4.9
	Oregon	1.9	5.2
2019	Yamhill County	14.4	16.4
	Oregon	11.8	23.4

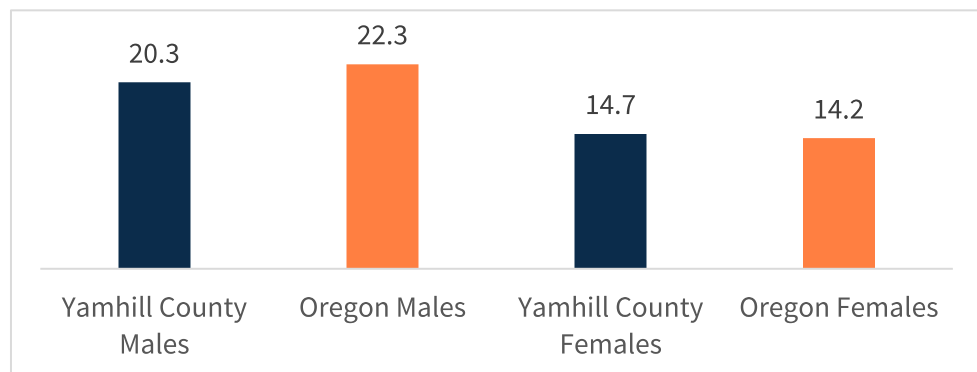
Source: Oregon Healthy Teens Survey, 2013 and 2019

Alcohol Use

Excessive alcohol use is a leading preventable cause of death in the United States, accounting for 140,000 deaths each year and shortening lives by an average of 26 years.[69] Excessive alcohol use includes:

- Binge drinking: consuming 4 or more drinks for a woman or 5 or more drinks for a man, on at least one occasion, in the past 30 days
- Heavy drinking: consuming 8 or more drinks per week for a woman or 15 or more drinks per week for a man
- Any drinking during pregnancy or by anyone younger than 21

Figure 35. Age-Adjusted Percent of Adults Binge Drinking per 100,000 in Yamhill County and Oregon, 2016-2019



Source: Oregon Behavioral Risk Factor Surveillance System, 2016-2019

According to the Centers for Disease Control and Prevention, 1 in 6 adults binge drink, with 25% doing so at least weekly, on average, and 25% consuming at least 8 drinks during the binge occasion.[69] Excessive alcohol use is associated with several chronic diseases and serious conditions, including liver and heart disease, several cancers, and problems with learning, memory, and mental health.[69] Approximately 18.2% of Oregon adults (18 and older) and 17.2%

[69] https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm

of Yamhill County adults reported binge drinking in 2016-2019.[70] Males report more binge drinking than females in Oregon and Yamhill County.

Youth Alcohol Use

Alcohol is the most used substance among youth in the United States and is responsible for more than 3,900 deaths among underage drinkers each year.[71] Youth who drink alcohol are more likely to experience physical, mental, and developmental problems, increased use of other substances, trouble in school and with the law, and increased risk of developing alcohol use disorders later in life.[72] The number of youth drinking at a younger age and the number of youth that report binge drinking has increased in Yamhill County over the last five years.[73,74]

Table 7. Percent of Youth That Report Drinking At Least One Alcoholic Drink in the Past 30 Days (1 or More Days) in Yamhill County and Oregon, 2015 and 2020

	2015		2020	
	Oregon	Yamhill County	Oregon	Yamhill County
6th Graders	n/a	n/a	2.2	3
8th Graders	11.9	8.4	6.1	10.6
11th Graders	29.1	22.9	17	22.7

Source: Oregon Healthy Teens Survey, 2015; Oregon Student Health Survey, 2020

Table 8. Percent of Youth That Report Binge Drinking in the Past 30 Days (1 or More Days) in Yamhill County and Oregon, 2015 and 2020

	2015		2020	
	Oregon	Yamhill County	Oregon	Yamhill County
6th Graders	n/a	n/a	0.7	1.5
8th Graders	5.3	3.1	2.3	7.4
11th Graders	16.5	10.8	7.3	11.8

Source: Oregon Healthy Teens Survey, 2015; Oregon Student Health Survey, 2020

[70] https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Adult-Prevalence.aspx

[71] https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm

[72] https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking

[73] https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2015.aspx

[74] https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/SHS-2020-Results.aspx

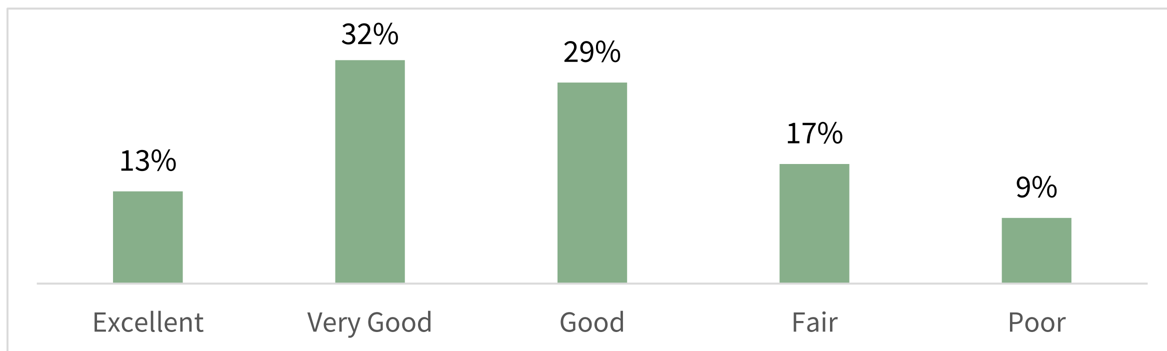
ORAL HEALTH

Community Input and Data

Oral health was not a prominent theme in the community input sessions, but the feedback shared revealed specific and serious concerns regarding oral health. In one listening session, a participant responded that they could tell their community was healthy "when people smile and they have all their teeth."

When asked about overall dental health, 26% of survey respondents report having 'fair' or 'poor' dental health.

Figure 36. Percent of Survey Respondents Answering, "How would you rate your overall dental health?"



Source: Yamhill Community Survey, 2022

An interview with the Yamhill Oral Health Coalition revealed that shortage of dental care providers was a barrier, with participants reporting even privately insured patients had to wait months for an appointment.

Oral health is linked to a variety of other health, behavioral, and social concerns. Poor oral health is connected to heart disease and higher rates of respiratory mortality[75] and people with poor oral health are more likely to report poor mental health.[76] Mental health and substance use challenges can impact regular oral hygiene, and drug use and certain psychotropic medications can damage teeth.[77] Conversely, damaged or missing teeth can impact mental well-being, work prospects, and social connections.

30.4%

of children 0-18 had at least one cavity in 2021, according to YCCO member data.[78]

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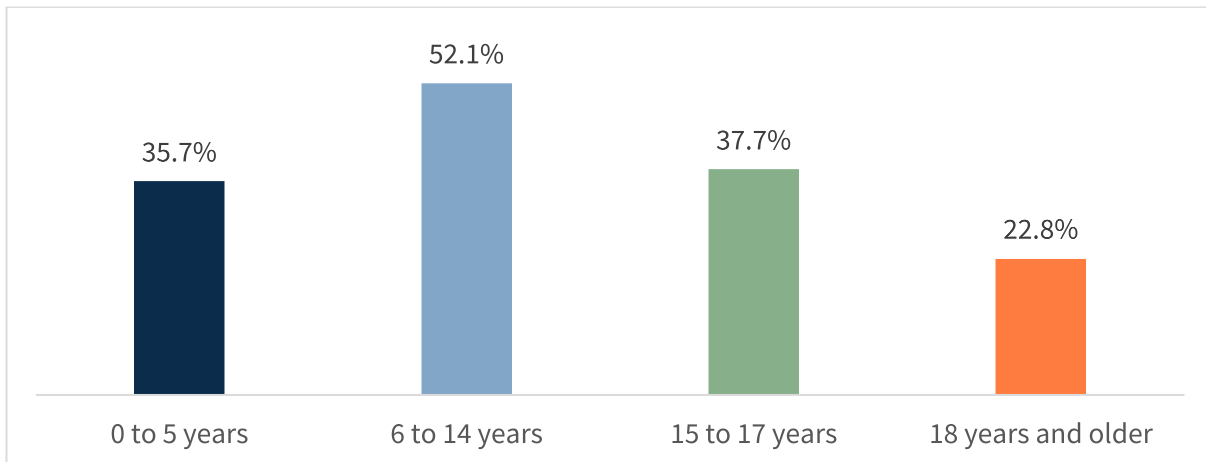
[75] Kotronia, E., Brown, et al. (2021). https://doi.org/10.1038/s41598-021-95865-z

[76] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8859414/#:~:text=Sixty%2Dnine%20percent%20of%20respondents,more%20likely%20to%20seek%20care.

[77] https://www.sciencedirect.com/science/article/abs/pii/S0165032717309898

Oral health access in the Yamhill County area is supported by resources like in-school screenings and mobile dental vans, but during COVID-19, rates of dental care engagement fell. In 2021, 31% of YCCO members saw a dentist; more than half of 6–14-year-olds saw a dentist, while only 22.8% of those 18 and older did.[78] Telehealth became a more viable option; 1,293 YCCO members had a teledental visit in 2021, which includes both virtual visits and services delivered outside of a dental office, like in schools or mobile dental units.

Figure 37. YCCO Member Dental Care Visits by Age, Yamhill County, 2021



Source: Yamhill Community Care member utilization data 2021

"The kids should have more – my kid needs braces – he dropped out of school because he was so embarrassed about his teeth. I'm trying to get him a referral, dental is so shy of needs." – Listening Session Participant

COMMUNICABLE DISEASE

While COVID-19 has become a focus for communicable disease prevention and treatment efforts, many other communicable and preventable diseases remain prevalent in Yamhill County. Influenza and pneumonia remain in the top 12 causes of death in Yamhill County[79] and other diseases pose mortality risks and lifelong complications.

[78] Yamhill Community Care member utilization data 2021

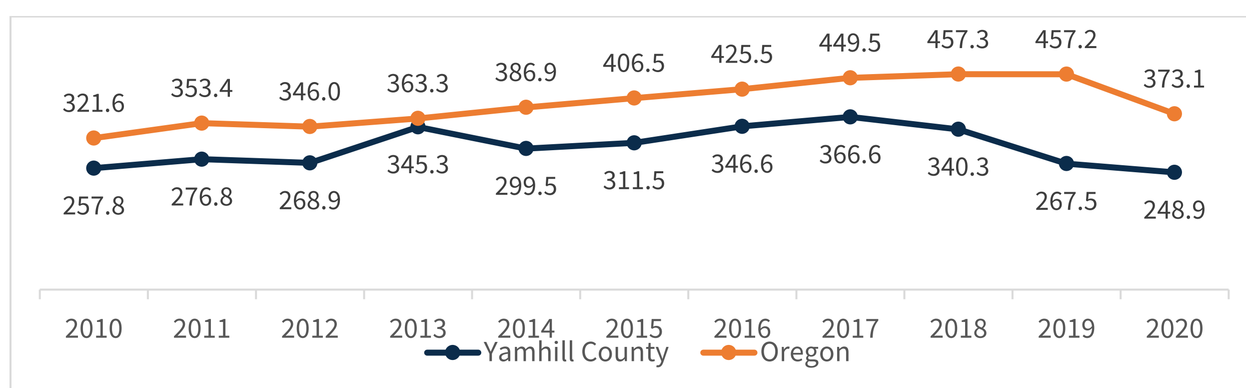
[79] https://visual-data.dhsoha.state.or.us/t/OHA/views/CountyDash/CountyDash_cause?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

Existing Data

Sexually Transmitted Infections

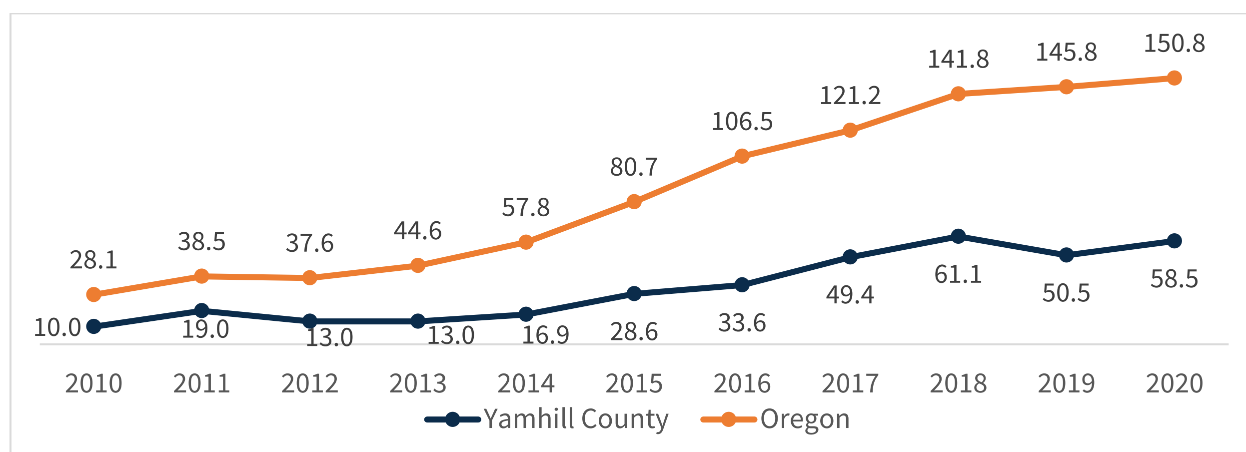
Sexually transmitted infections (STIs) have been rising in recent years in the United States, with chlamydia historically being the most prevalent reportable STI.[80] The COVID-19 pandemic affected diagnosis and screenings of STIs for the past few years, which may contribute to the rising rates.[80] STIs pose lifelong health threats if left untreated, including an increased risk of cancers in both men and women.[81] Also, if left untreated, the potential for further spread of STIs increases. Regular screenings and safe-sex practices are the best way to decrease the spread of STIs. Yamhill County has lower rates compared to Oregon for chlamydia, gonorrhea, HIV/AIDS, and syphilis.[82]

Figure 38. Age-Adjusted Rate of Chlamydia per 100,000, Yamhill County and Oregon, 2010-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Figure 39. Age-Adjusted Rate of Gonorrhea per 100,000, Yamhill County and Oregon, 2010-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

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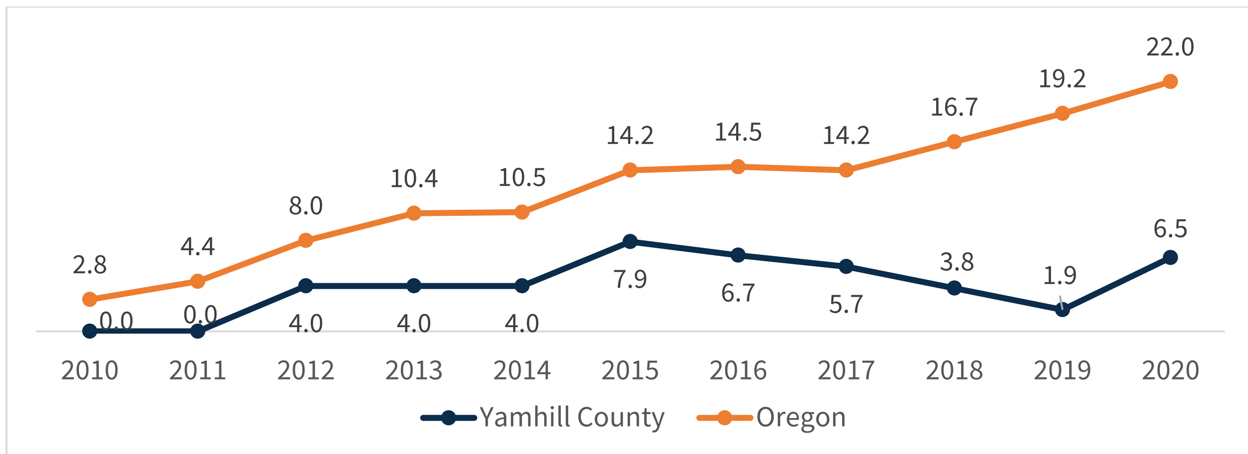
[80] https://www.cdc.gov/media/releases/2022/p0412-STD-Increase.html

[81] https://www.yalemedicine.org/conditions/sexually-transmitted-diseases

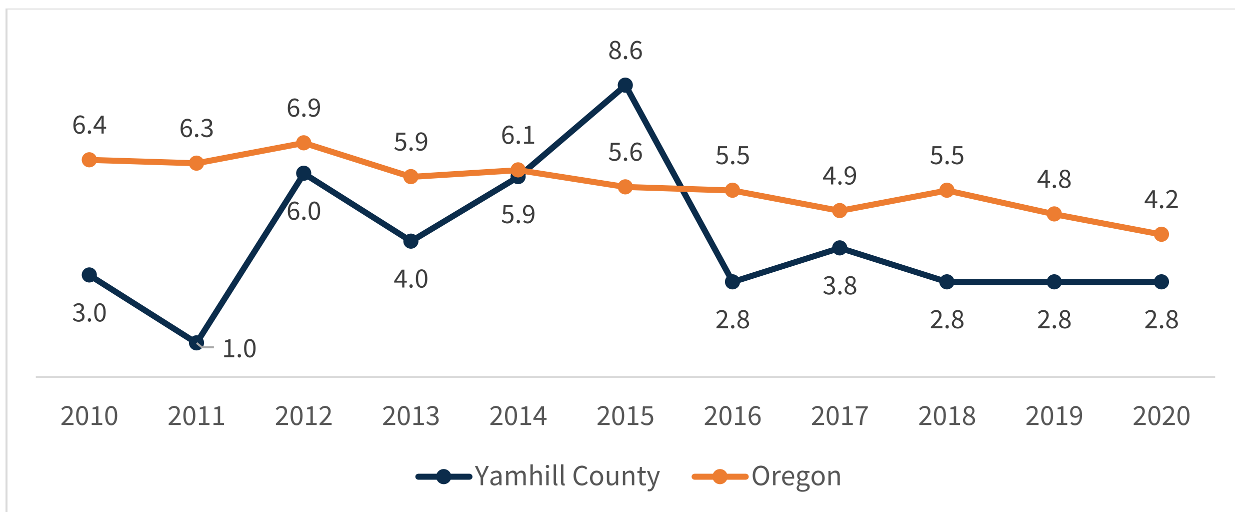
[82] Oregon Public Health Assessment Tool https://ophat.public.health.oregon.gov/

Figure 40. Age-Adjusted Rate of Syphilis per 100,000, Yamhill County and Oregon, 2010-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Figure 41. Age-Adjusted Rate of HIV/AIDS per 100,000, Yamhill County and Oregon, 2010-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Influenza and Pneumonia

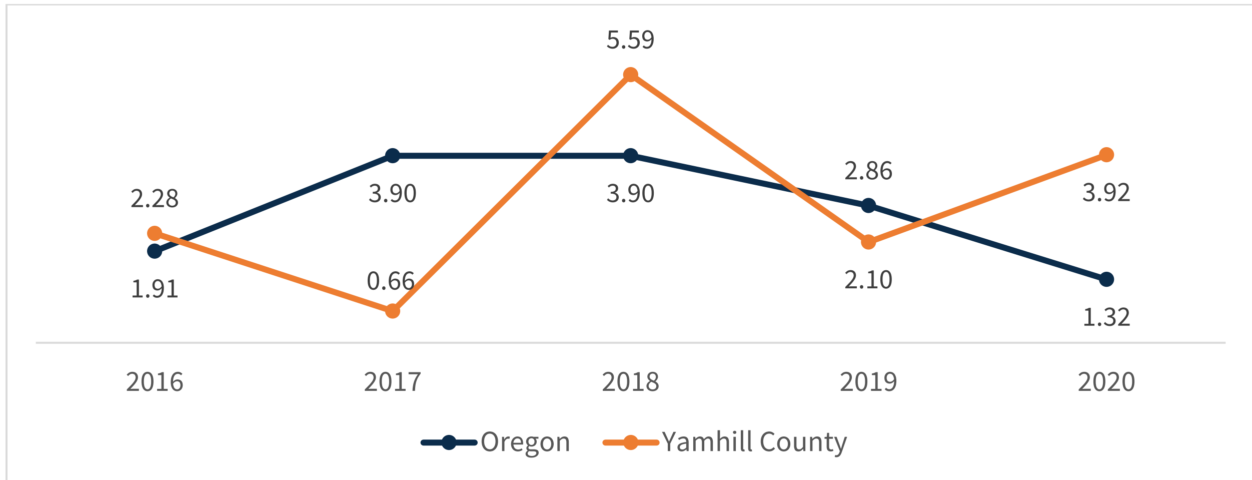
Influenza and Pneumonia are viral infections that can lead to hospitalization and even death in some cases. Both infections can cause trouble breathing, fever, chills, body and muscle aches, coughing, and fatigue.[83] Either one can affect all ages, but are especially dangerous to children and infants, people over the age of 65 years, and those with preexisting respiratory diseases.[84] To prevent influenza deaths, it is recommended to receive a yearly flu vaccine by the end of

[83] https://www.cdc.gov/flu/index.htm

[84] https://www.hopkinsmedicine.org/health/conditions-and-diseases/pneumonia

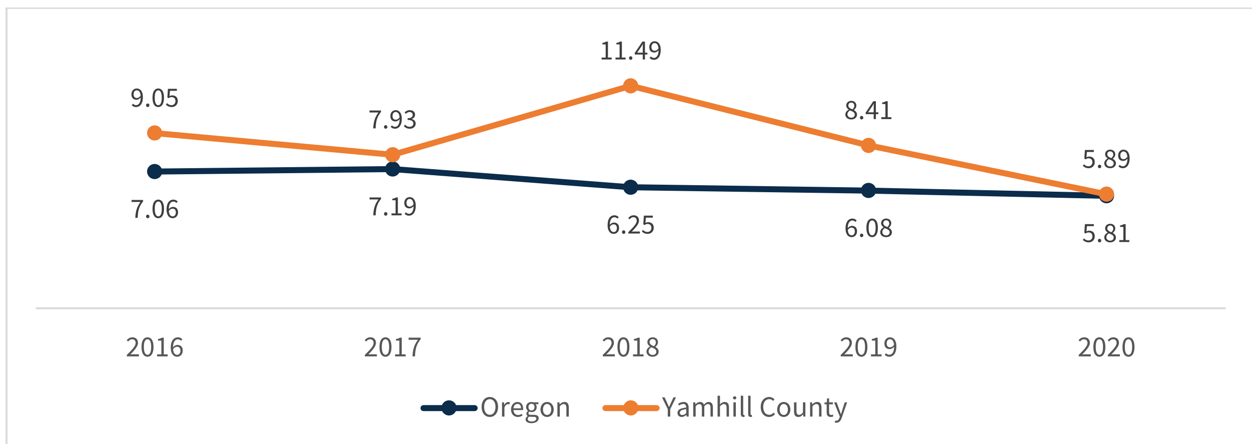
October.[85] To help prevent pneumonia deaths, receiving vaccines for other diseases, including COVID-19, influenza, measles, whooping cough, and chicken pox, are recommended to prevent infections from bacteria that cause pneumonia.[86] Yamhill County has had higher rates of influenza and pneumonia deaths compared to Oregon for most years between 2016 and 2020.[87]

Figure 42. Age-Adjusted Influenza Death Rate per 100,000, Yamhill County and Oregon, 2016-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Figure 43. Age-Adjusted Pneumonia Death Rate per 100,000, Yamhill County and Oregon, 2016-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

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[85] https://www.cdc.gov/flu/prevent/prevention.htm

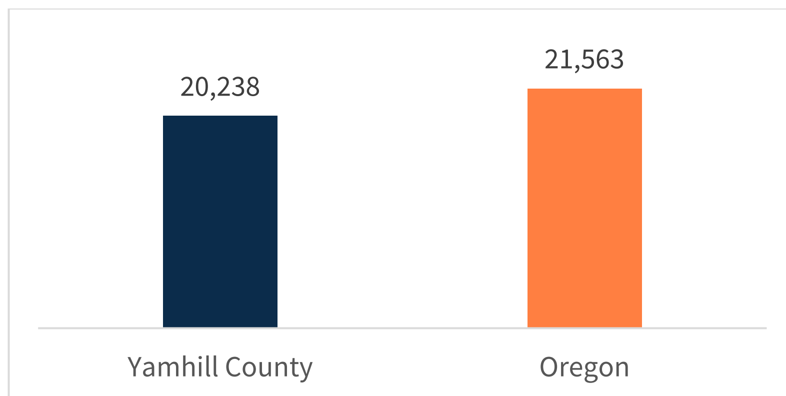
[86] https://www.cdc.gov/pneumonia/prevention.html

[87] Oregon Public Health Assessment Tool https://ophat.public.health.oregon.gov/

COVID-19

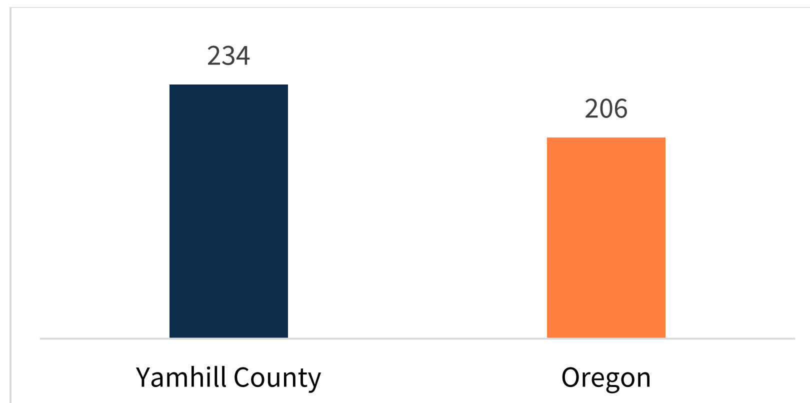
Coronavirus disease 2019 (COVID-19) is a very contagious viral respiratory infection that first emerged in December 2019.[88] It quickly spread around the world and was declared a pandemic by the World Health Organization (WHO) on March 11, 2020.[89] The first confirmed case of COVID-19 in the state of Oregon was reported on February 28, 2020.

Figure 44. Age-Adjusted COVID-19 Case Rate per 100,000, Yamhill County and Oregon, 2020-2022



Source: Oregon Pandemic Emergency Response Application, accessed September 20, 2022

Figure 45. Age-Adjusted COVID-19 Death Rate per 100,000, Yamhill County and Oregon, 2020-2022



Source: Oregon Pandemic Emergency Response Application, accessed September 20, 2022

Since the first reported case, there have been more than 890,000 cases and 8,500 deaths in Oregon and more than 21,000 cases and 240 deaths in Yamhill County as of September 2022. Yamhill County has experienced a lower case rate per 100,000 of COVID-19 than Oregon; however, the death rate per 100,000 in Yamhill County is higher than Oregon.[90]

Since the beginning of the pandemic, COVID-19 disproportionately affected communities of color. According to the Oregon Health Authority (OHA), data reported for 2021 showed that American Indian and Alaska Native people, Black people, Hispanic and Latino/a/x people, and Pacific Islander people in Oregon had higher age-adjusted hospitalization and death rates due to COVID-19 when compared to White people in Oregon. Data showed that Black people were the most affected by COVID-19 during this period as they were 2.7 times more likely to be hospitalized and 2 times more likely

[88] https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/basics-covid-19.html

[89] https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020

[90] Oregon Pandemic Emergency Response Application (OPERA)

to die when compared to White people. These findings were similar to the findings reported in 2020.[91]

Table 9. Ratio of Age-Adjusted Rates for COVID-19 Cases, Hospitalizations, and Deaths in 2021 by Race and Ethnicity in Oregon

Race/Ethnicity	Cases	Hospitalizations	Deaths
More than 1 race	0.4	0.7	0.9
American Indian/ Alaska Native	1.8	2.2	2.2
Asian	0.6	0.6	0.5
Black	1.6	2.7	2.0
Hispanic	1.2	1.5	1.3
Pacific Islander	1.3	2.6	1.6
White	1.0	1.0	1.0

Source: Oregon Health Authority, 2021 COVID-19 Data Review, 2022

Monkeypox

HMPXV, or monkeypox, is a rare but potentially series disease caused by the monkeypox virus, which is related to the smallpox virus. While generally less severe and contagious than smallpox, monkeypox can be unpleasant and sometimes serious. The disease is spread primarily through close, prolonged, skin-to-skin physical contact with people who have monkeypox symptoms.[92] The first human case of monkeypox was reported in the Democratic Republic of Congo in 1970. Since then, it has become endemic in parts of West Africa and outbreaks rarely occur in other areas of the world. In May 2022, monkeypox was identified in the United Kingdom, typically a non-endemic country, and quickly spread to 60 other non-endemic countries resulting in over 67,000 cases as of September 30, 2022.[93] In Oregon, 230 cases have been reported at the time of writing, with 0 cases reported in Yamhill County.[94] Of the reported cases in Oregon, around 57% identified themselves as gay men. Although monkeypox is prevalent in straight people and is not considered an STI, it warrants recognition as a disease disproportionately impacting a population that already experiences other disparities in health and health care discrimination.

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[91] https://www.oregon.gov/oha/covid19/Documents/DataReports/2021-Annual-Data-Report.pdf?utm_medium=email&utm_source=govdelivery

[92] https://hhs.co.yamhill.or.us/publichealth/page/monkeypox-hmpxv

[93] https://www.thinkglobalhealth.org/article/monkeypox-timeline

[94] https://www.oregon.gov/oha/ph/monkeypox/Pages/index.aspx

IMMUNIZATIONS

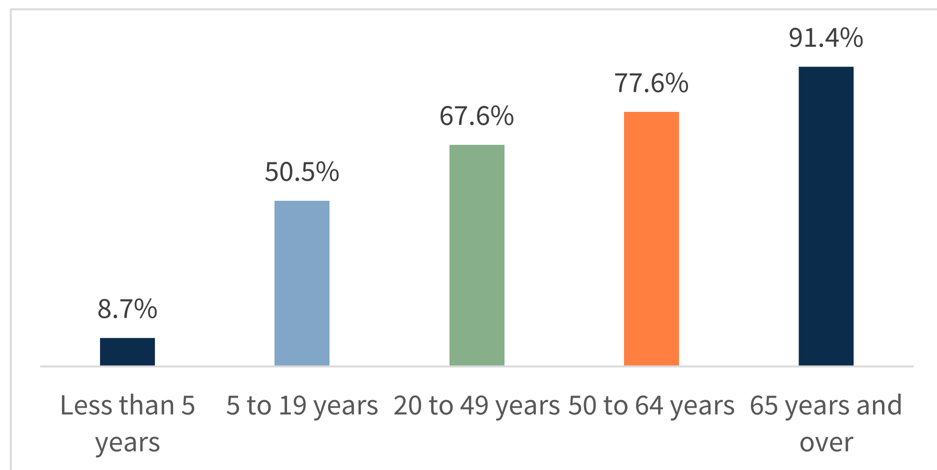
Existing Data

COVID-19 Vaccines

As COVID-19 quickly spread around the world, the need for a vaccine was growing exponentially as the number of cases in the United States surpassed 11 million by November 2020. The Pfizer COVID-19 vaccine was authorized for emergency use by the U.S. Food and Drug Administration (FDA) on December 11, 2020 and was the first COVID-19 vaccine available to the public. The Moderna COVID-19 vaccine was authorized for emergency use by the FDA shortly after.[95]

67.6% of the total population in Yamhill County has been vaccinated with at least one dose of a COVID-19 vaccine, as of September 12, 2022, compared to 76.5% of the total population in Oregon.[96]

Figure 46. Percent of Yamhill County Population Vaccinated with at least One Dose of a COVID-19 Vaccine by Age, 2022



Source: Oregon Health Authority, COVID-19 Vaccination Trends

Childhood Vaccines

Vaccines are among the most cost-effective clinical preventive services that also help prevent countless cases of disease and disability in the U.S.. In fact, it is estimated that the vaccination of children born between 1994 and 2018 in the U.S. will prevent 419 million illness, help avoid 936,000 deaths, and save nearly $406 billion in direct medical costs.[97]

In 2021, approximately 76% of two-year-olds in Yamhill County are fully up to date on childhood vaccinations, compared to 71% of two-year-olds in Oregon. The official childhood vaccination series includes: 4 doses of diphtheria, pertussis, and tetanus (DTaP) vaccine, 3 doses of Polio vaccine, 1 dose of measles, mumps, and rubella (MMR) vaccine, 3 doses of Haemophilus

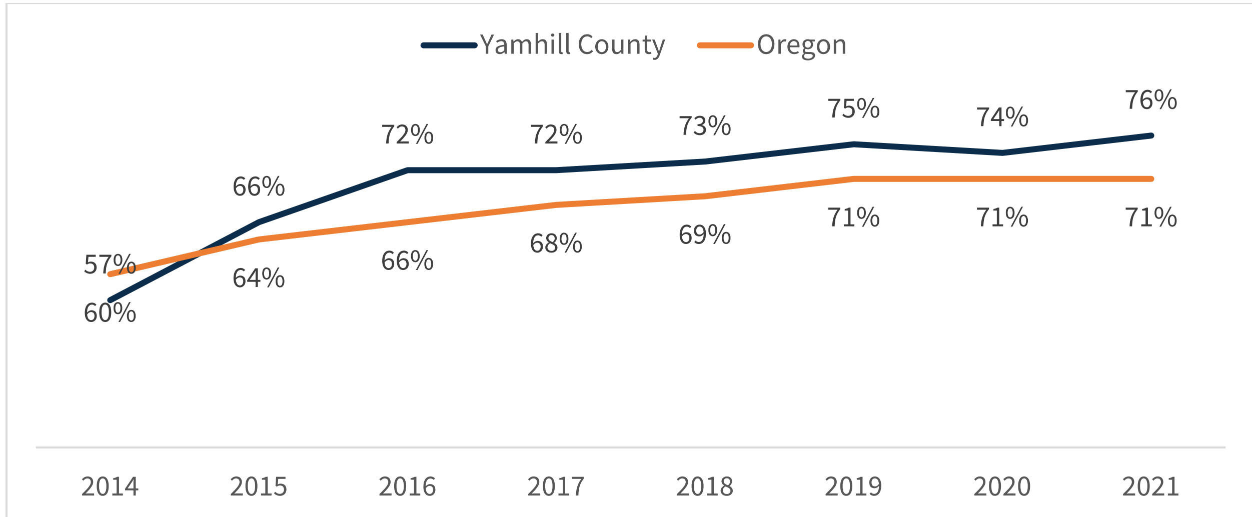
[95] https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020

[96] https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccinationTrends/OregonStatewideVaccinationTrends

[97] https://vaccinateyourfamily.org/why-vaccinate/vaccine-benefits/

influenzae type b (Hib) vaccine, 3 doses of Hepatitis B vaccine, 1 dose of Varicella (chickenpox) vaccine, and 4 doses of pneumococcal conjugate vaccine (PCV).[98]

Figure 47. Two-Year-Old Immunization Rates, Yamhill County and Oregon, 2014-2021



Source: Oregon Immunization Program, ALERT Immunization Information System, 2022

In Oregon, children are required to have certain vaccines (or an exemption) in order to attend public and private schools, preschools, Head Starts, and certified childcare programs.[99] Required school vaccines include: 5 doses of DTaP vaccine, 4 doses of Polio vaccine, 1 dose of Varicella (chickenpox vaccine), 2 doses of MMR vaccines, 3 doses of Hepatitis B vaccine, and 2 doses of Hepatitis A vaccine. For the 2021-2022 school year, 92.9% of K-12 students enrolled in a Yamhill County school have received all required vaccines.[100]

[98] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Pages/researchchild.aspx

[99] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Pages/researchschool.aspx

[100]https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/SchRateMap.aspx

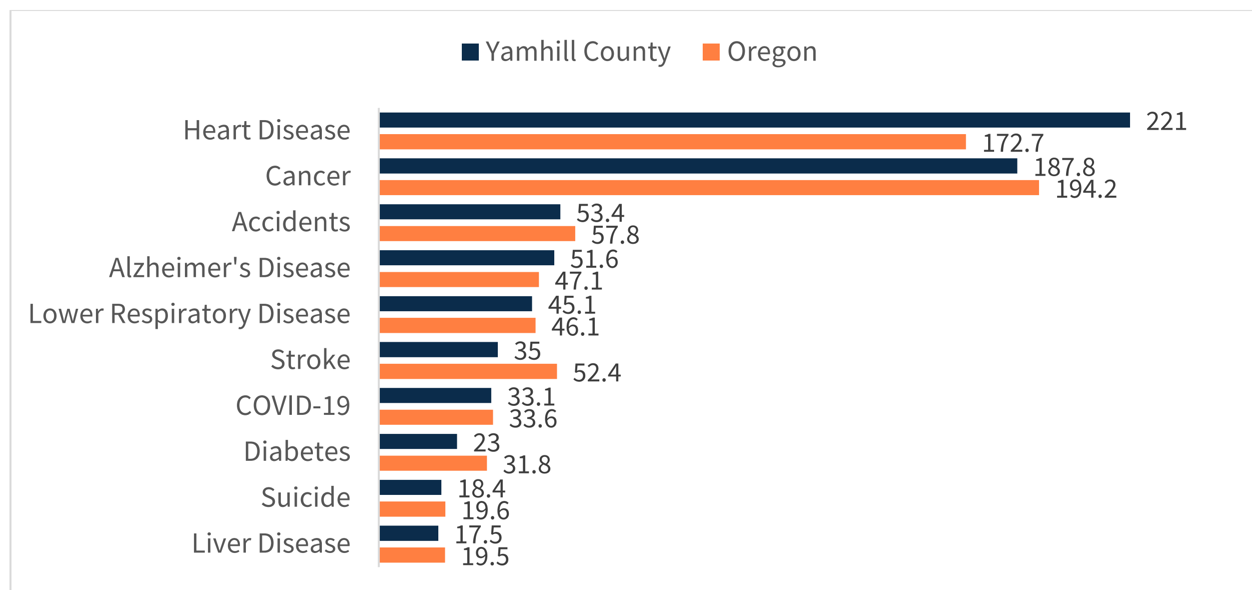
MORBIDITY AND MORTALITY

Existing Data

Leading Causes of Death

In Yamhill County in 2020, 9 out of 10 leading causes of death remained the same as in 2019; with the leading cause being heart disease, followed by cancer. The death rate due to heart disease in Yamhill County is significantly higher than the rate in Oregon. COVID-19, newly added as a cause of death in 2020, became the 7th leading cause of death for both Yamhill County and Oregon.[101]

Figure 48. Leading Causes of Death, Rate per 100,000, Yamhill County and Oregon, 2020



Source: Oregon Health Authority, Leading Causes of Death Data Dashboard, accessed 2022

Child Maltreatment

The Oregon Child Abuse Hotline (ORCAH) is available 24 hours, 7 days a week, 365 days a year and allows any individual to report suspected abuse of a child or adult to the Oregon Department of Human Services.[102] The ORCAH also receives reports of suspected abuse from police reports. During Federal Fiscal Year (FFY) 2020 (October 2019-September 2020), the ORCAH received a total of 150,815 calls of suspected child abuse from around the state. Of

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[101] https://visual-data.dhsoha.state.or.us/t/OHA/views/CountyDash/CountyDash_cause?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

[102] https://www.oregon.gov/dhs/children/child-abuse/pages/reporting-numbers.aspx

those calls, a total of 42,126 reports were assigned for Child Protective Services (CPS) assessment.[103]

A total of 1,795 reports were screened in Yamhill County during FFY 2020 and 194 incidents of documented abuse were reported during this time period. Incidents of abuse include mental injury, neglect, physical abuse, sexual abuse, and threat of harm.[103]

Table 10. Victim Rate of Child Maltreatment per 1,000 Children – FFY 2018-FFY 2020

	Yamhill County	Oregon
2018	13.3	14.4
2019	9.1	15.7
2020	6.6	13.4

Source: Oregon Department of Human Services Child Welfare Data Book, 2020

Children in Foster Care

Children who cannot remain safely at their home may enter foster care for various reasons. Of all children statewide who entered foster care during FFY 2020, 13.6% had four or more reasons for being removed from their homes.[103] The number of children in foster care in Yamhill County and Oregon has remained relatively steady over the past few years.

Table 11. Children in Foster Care per 1,000 Children (Point-in-time on 9/30/2020)

	Yamhill County	Oregon
2018	4.6	8.8
2019	4.8	8.2
2020	3.7	7.3

Source: Oregon Department of Human Services Child Welfare Data Book, 2020

Fatal Injuries

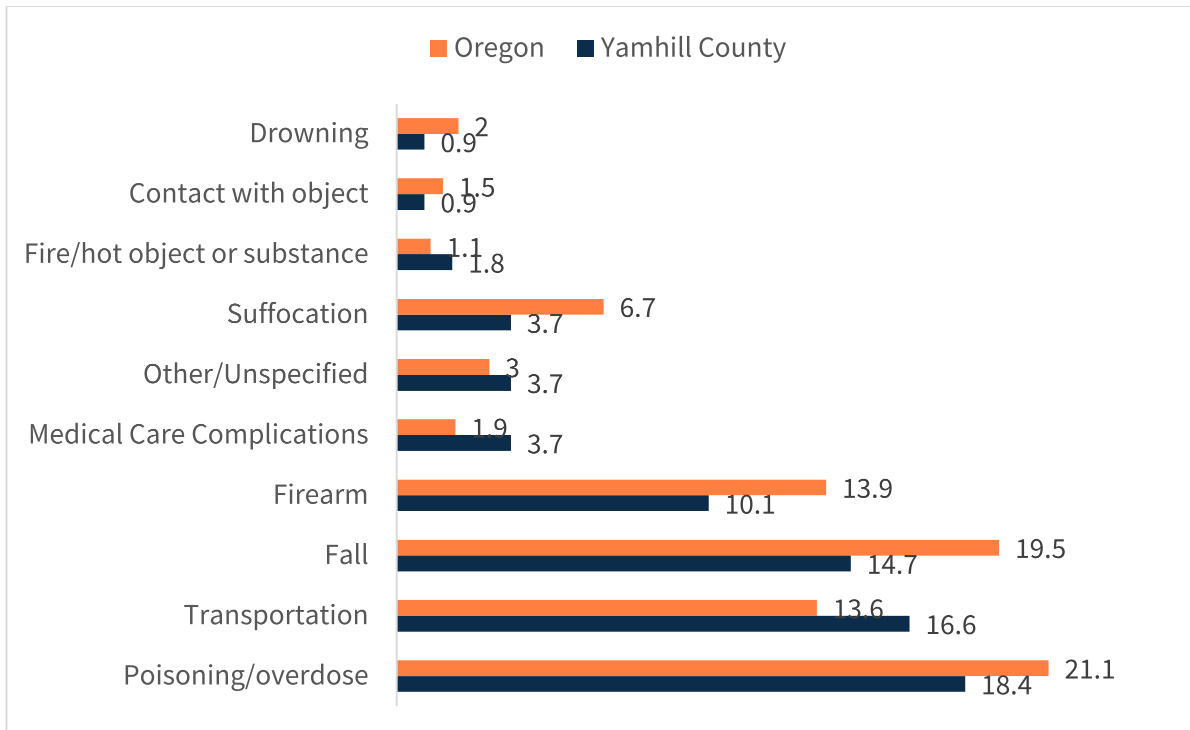
In the United States, injuries are the leading cause of death for children and adults between the ages of 1 and 45 and lead to a total economic cost of $4.2 trillion.[104] During the year 2020, unintended injuries were the third leading cause of deaths in Oregon and accounted for 6% of

[103] https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2020-Child-Welfare-Data-Book.pdf

[104] https://www.cdc.gov/injury/about/index.html

the total deaths reported.[105] In 2020, the most injury deaths reported in Yamhill County and statewide were due to poisoning/overdose.[106]

Figure 49. Fatal Injury Death Rate per 100,000, Yamhill County and Oregon, 2020



Source: Oregon Health Authority, Fatal Injury Dashboard, 2020

Motor Vehicle Accidents and Fatalities

Motor vehicle accidents are a leading cause of death in the United States, killing over 100 people every day and resulting in over $430 billion in total costs.[107] In 2018, the total cost of motor vehicle accident deaths in Oregon was approximately $640 million. Young adult drivers (20-34 years old) contributed to 45% of this total cost at $286 million.[108] In Oregon, drivers are required to report motor vehicle accidents to the Department of Motor Vehicles, within 72 hours, when an injury or death occurs due to the accident and/or when there is damage to vehicles

[105] https://visual-data.dhsoha.state.or.us/t/OHA/views/LeadingCausesDash/LeadingDash1?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n

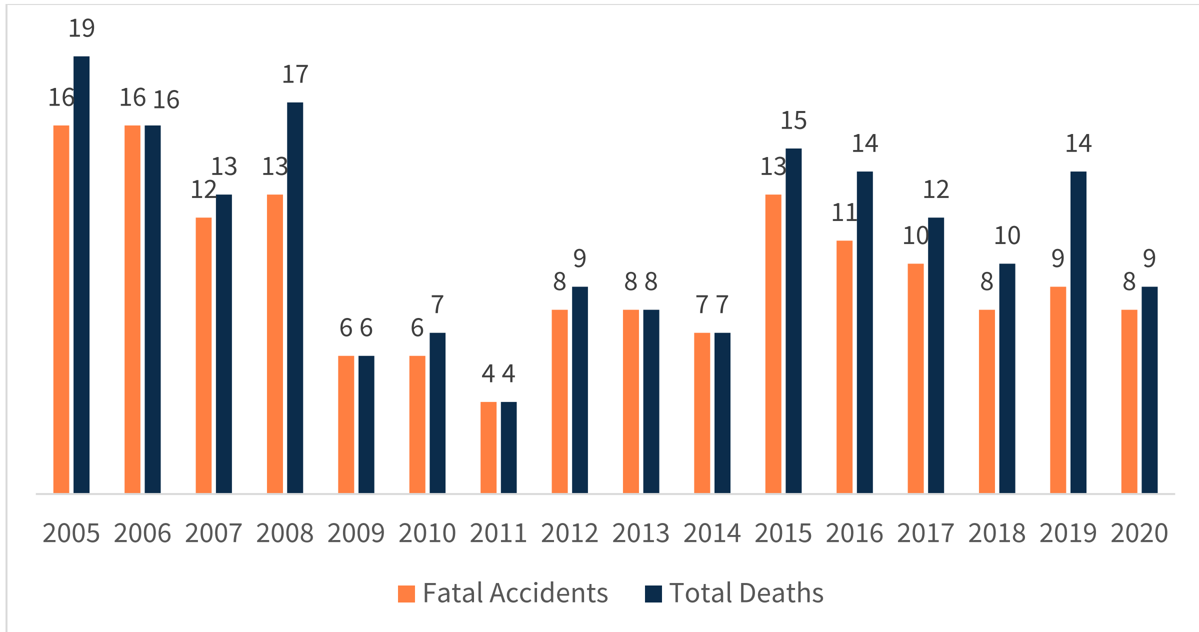
[106] https://visual-data.dhsoha.state.or.us/t/OHA/views/Oregondeathsfromexternalinjuries/CountyDash?%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Adisplay_count=n&%3AshowAppBanner=false&%3Aorigin=viz_share_link&%3AshowVizHome=n

[107] https://www.cdc.gov/transportationsafety/index.html

[108] https://www.cdc.gov/transportationsafety/statecosts/index.html

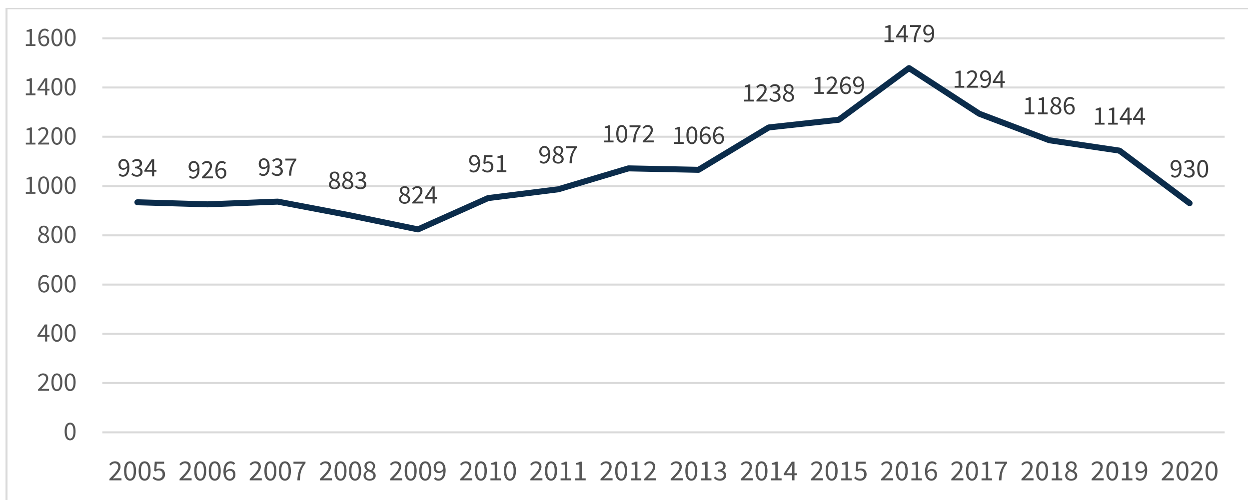
and/or personal property (besides the vehicle in an accident) over $1,500. The damage threshold was raised to $2,500 in 2018.[109]

Figure 50. Fatal Motor Vehicle Accidents and Deaths Due to Accidents, Yamhill County, 2005-2020



Source: Oregon Department of Transportation, Oregon Traffic Crash Summary, 2005-2020

Figure 51. Motor Vehicle Accidents (Fatal and Non-Fatal), Yamhill County, 2005-2020



Source: Oregon Department of Transportation, Oregon Traffic Crash Summary, 2005-2020

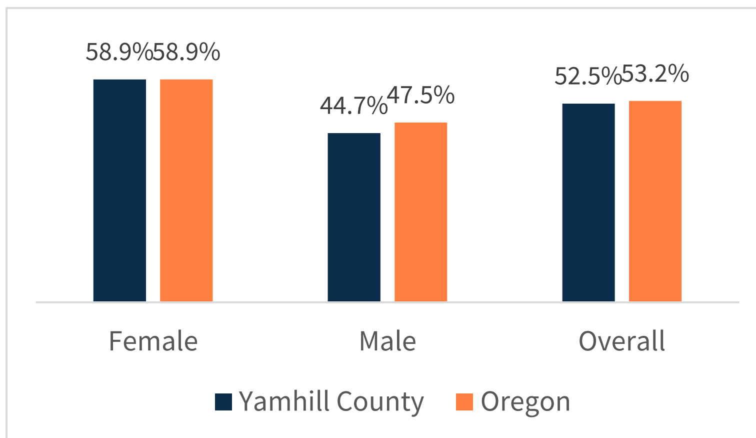
[109] https://www.oregon.gov/odot/data/pages/crash.aspx

CHRONIC CONDITIONS

Existing Data

A chronic condition or disease is a long-term health condition that can be managed, but rarely cured, and makes life more difficult, uncomfortable and/or painful.[110] Approximately 27% of community survey respondents report having a chronic disease or livelong illness, and 11% report having a chronic disease that has a major impact on their life. Many chronic conditions can be lessened, or even prevented in some cases, by self-management and maintaining a healthy lifestyle by eating healthy, quitting smoking, exercising regularly, and maintaining a healthy weight.

Figure 52. Age-Adjusted Percent of Adults Living with One or More Chronic Conditions by Sex, Yamhill County and Oregon, 2016-2019



Note: Chronic conditions include CHD, heart attack, stroke, arthritis, cancer, COPD, depression, diabetes, or currently have asthma

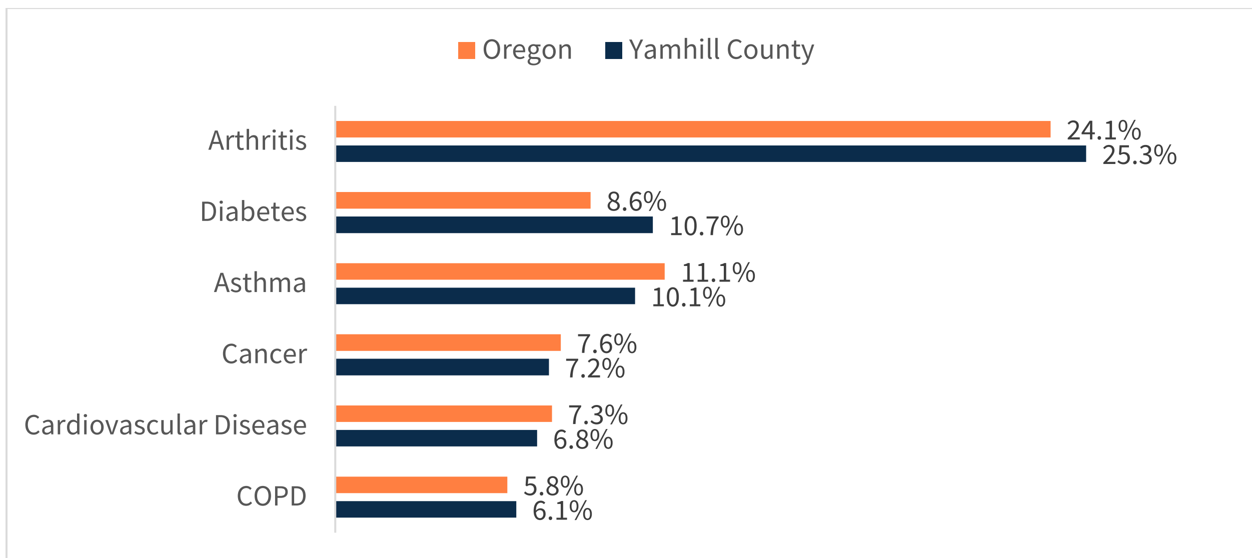
Source: Oregon Health Authority, BRFSS Adult Prevalence Data, accessed 2022

Half of all Yamhill County and Oregon residents report having at least one chronic condition; including chronic heart disease (CHD), previous heart attack or stroke, arthritis, cancer, chronic obstructive pulmonary disease (COPD), depression, diabetes, or asthma. Females report living with one or more chronic conditions more than males and arthritis is the most common chronic condition in Yamhill County and Oregon. Older adults are more likely to have at least one chronic condition than adults under 55. In fact, 66.7% of adults 55-64 and 77.5% of adults 65 and older report living with at least one chronic condition, compared to 49.8% of adults 35-54 and 37.1% of adults 18-34.[111]

[110] https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/Documents/hpcdp-strategic-plan.pdf

[111] https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Adult-Prevalence.aspx

Figure 53. Percentage of Adults with a Chronic Condition by Type, Yamhill County and Oregon, 2016-2019



Note: Arthritis: Includes arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia; Cancer: Includes all cancers except benign skin cancer; Cardiovascular Disease: Includes coronary heart disease (CHD), heart attack, or stroke; COPD: Chronic Obstructive Pulmonary Disease

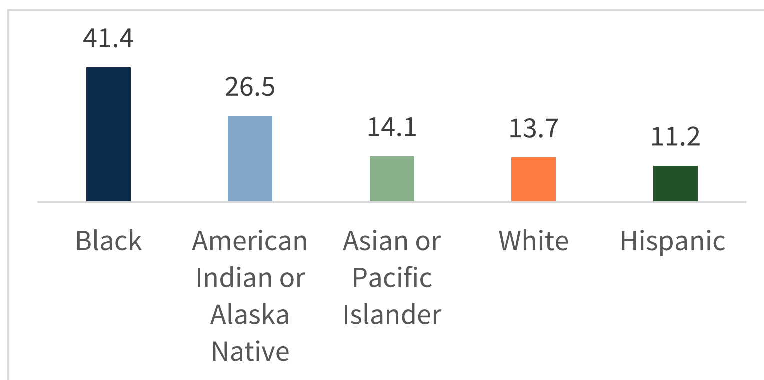
Source: Oregon Health Authority, BRFSS Adult Prevalence Data, accessed 2022

MATERNAL HEALTH

Existing Data

Maternal Mortality and Morbidity

Figure 54. Pregnancy-Associated Death Rate per 100,000 Live Births by Race, United States, 2016-2018



Source: CDC Pregnancy Mortality Surveillance System, 2016-2018

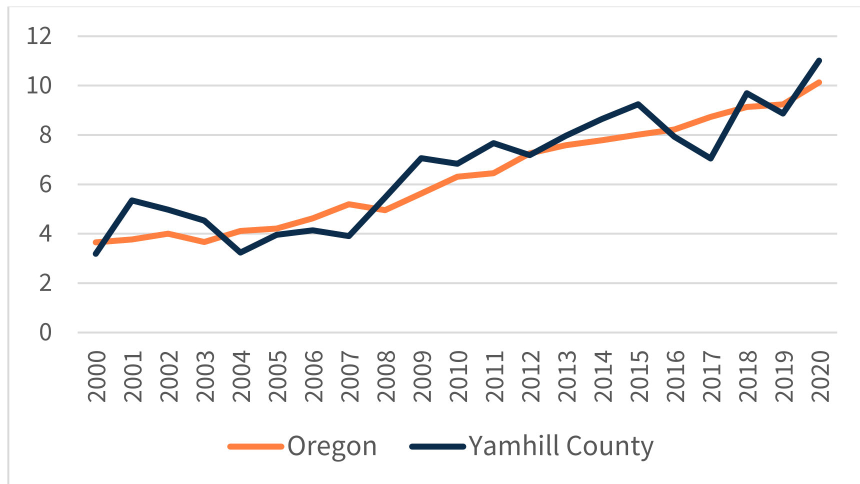
Maternal mortality is described as deaths related to pregnancy or giving birth, and within 6 weeks after the pregnancy ends. These rates have increased in the United States in recent years and U.S. rates are the highest among other high-income countries.[112] In 2020, there were 861 maternal deaths in the United States, compared to 658 in 2018.[113] Maternal mortality is higher in those who are not white or Hispanic, at rates nearly two to

[112] https://www.nichd.nih.gov/health/topics/maternal-morbidity-mortality/conditioninfo

[113] Hoyert, D. L. (2020). https://dx.doi.org/10.15620/cdc:113967

three times higher.[114] This data is not well-monitored at the local level but may likely reflect similar disparities.

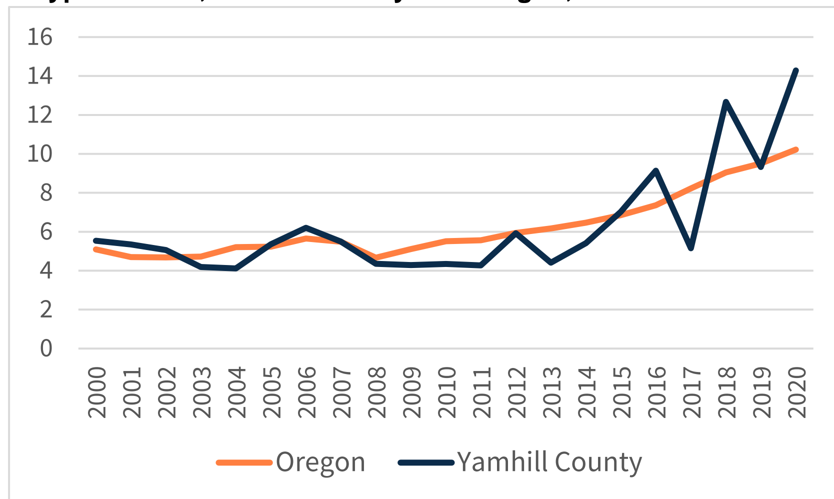
Figure 55. Percent of Live Births with Maternal Gestational Diabetes, Yamhill County and Oregon, 2000-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Maternal morbidity is defined as the short- or long-term health problems that result from being pregnant or giving birth.[115] Common conditions include cardiovascular problems (heart disease), diabetes, hypertension (high blood pressure), infections, bleeding, blood clots, anemia (low iron in the blood), nausea and vomiting, and depression and anxiety.[115] Some of these conditions may start during pregnancy and last only a short time; however, others can continue throughout the mother's life.

Figure 56. Percent of Live Births with Maternal Gestational Hypertension, Yamhill County and Oregon, 2000-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Gestational diabetes, a type of diabetes that can develop during pregnancy, occurs in about 2%-10% of pregnancies in the United States.[116] About 50% of those with gestational diabetes develop type 2 diabetes later in life. Gestational hypertension, high blood pressure that develops during pregnancy, occurs in about 6-8% of pregnancies in the United States.[117] Chronic and gestational hypertension can lead to preeclampsia, a severe condition for both the mother and child.[117] Having

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[114] https://1410c6d1-d135-4b4a-a0cf-5e7e63a95a5c.filesusr.com/ugd/c11158_150b03cf5fbb484bbdf1a7e0aabc54fb.pdf

[115] https://www.nichd.nih.gov/health/topics/maternal-morbidity-mortality/conditioninfo/causes

[116] https://www.cdc.gov/diabetes/basics/gestational.html

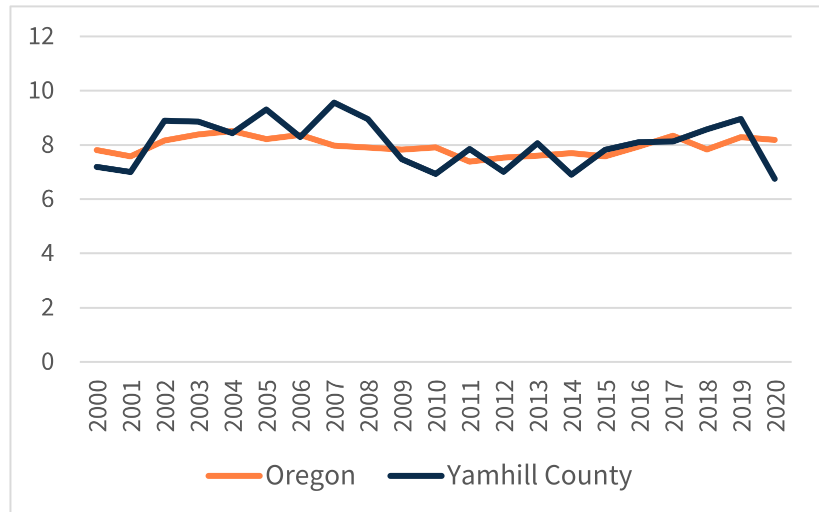
[117] https://americanpregnancy.org/healthy-pregnancy/pregnancy-complications/gestational-hypertension/

gestational diabetes can also increase the risk of gestational hypertension.[115] In Yamhill County and statewide, the percent of live births in which the mother is experiencing gestational diabetes or hypertension has greatly increased in the past 20 years.[118]

Birth Outcomes

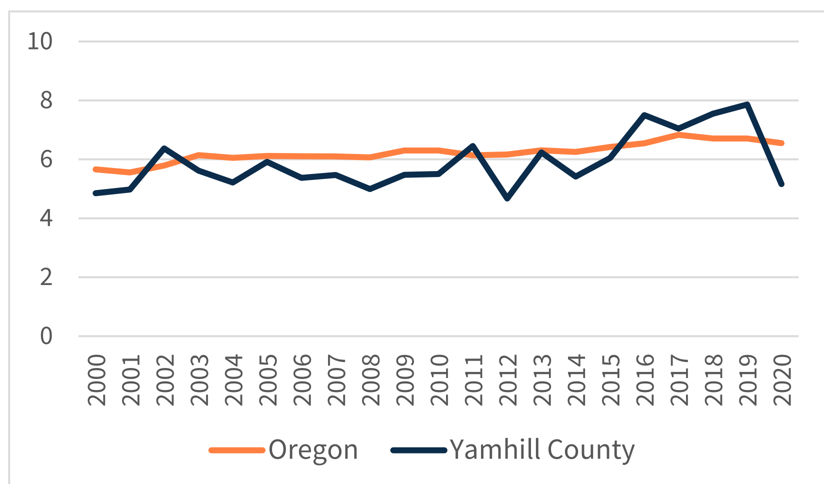
Low birth weight and preterm birth are two birth outcomes that typically occur simultaneously. Low birth weight describes babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces) and preterm births are defined as babies who are born before 37 weeks of pregnancy.[119] Low birth weight can be cause by several factors; however, it is most often caused by being born too early, as much of a baby's weight is gained during the last few weeks of pregnancy.[119] Babies with lower birth weights that are born premature often have complications such as low oxygen levels at birth, trouble staying warm, trouble feeding and gaining weight, and poor organ development and function.[119] In 2019, preterm birth and low birth weight accounted for about 17% of infant deaths (death before 1 year of age) in the United States.[120] Low birth weight babies and preterm births have both stayed below 10% of all live births in Yamhill County and Oregon, relatively consistently since 2000.[118]

Figure 57. Percent of Babies Born Preterm (<37 Weeks), Yamhill County and Oregon, 2000-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

Figure 58. Percent of Babies Born with a Low Birth Weight (<2500 grams), Yamhill County and Oregon, 2000-2020



Source: Oregon Public Health Assessment Tool, accessed 2022

[118] Oregon Public Health Assessment Tool https://ophat.public.health.oregon.gov/

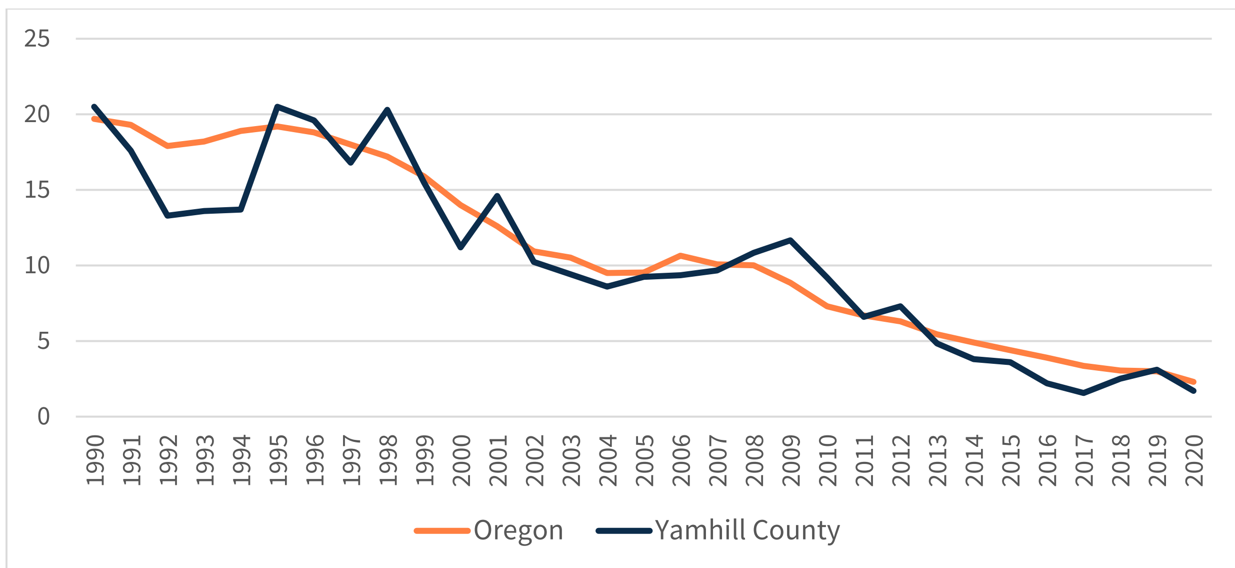
[119] https://www.stanfordchildrens.org/en/topic/default?id=low-birthweight-90-P02382

[120] https://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm

Teen Pregnancy

There are several immediate and long-term effects associated with teen pregnancy that can lead to increased social, physical health, and economic costs for both the teen parents and their child(ren).[121] Only about 50% of teen mothers receive a high school diploma by age 22 and teen fathers have a 25 to 30% lower probability of graduating from high school than teenage boys that do not have children.[121,122] In addition, the children of teen parents are more likely to drop out of high school and have lower school achievement, have more health problems, give birth as a teenager, and be incarcerated at some point during their adolescence.[121] Teen mothers also experience high rates of high blood pressure, anemia (low red blood cell count), and nutritional deficiencies during pregnancy and are at a higher risk for preterm labor, low birth weight of baby, and obstructed labor.[123] Teen pregnancy rates in 10–17-year-olds have drastically decreased between 1990 and 2020 in Oregon and Yamhill County.[124]

Figure 59. Teen Pregnancy (10-17 Years Old) Rate per 1,000 Females, Yamhill County and Oregon, 1990-2020



Note: Pregnancy rates include live births and abortions.

Source: Oregon Health Authority Vital Statistics, accessed 2022

[121] https://www.cdc.gov/teenpregnancy/about/index.htm

[122] https://youth.gov/youth-topics/pregnancy-prevention/adverse-effects-teen-pregnancy

[123] https://americanpregnancy.org/unplanned-pregnancy/teenage-pregnancy/

[124] https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/TEENPREGNANCY/Pages/Teen-Pregnancy-YTD-and-Final.aspx

Environmental Health

HAZARD AND VULNERABILITY

Existing Data

In 2020, Yamhill County Emergency Management published a multi-jurisdictional hazard mitigation plan, in effect through 2025, to prepare for long-term consequences from environmental weather extremes and hazards.[125] In this plan, each hazard is given a total threat score, which is based on historical weather events, the vulnerability of the community, the maximum threat or worst-case scenario, and the chances or probability of an event occurring, and then each hazard is ranked by the biggest threat to least concerning threat. These are then designated by "hazard tiers": top tier, middle tier, and bottom tier. The hazards that pose the greatest threat to Yamhill County are flooding, winter storms, and earthquakes in the Cascadia subduction zone (reaches from Seattle, WA down to Eugene, OR). Ranking these extreme weather events and hazards can allow the community to plan and prepare for such events.

Table 12. Hazard and Vulnerability Assessment Scores and Ranking for Yamhill County 2020

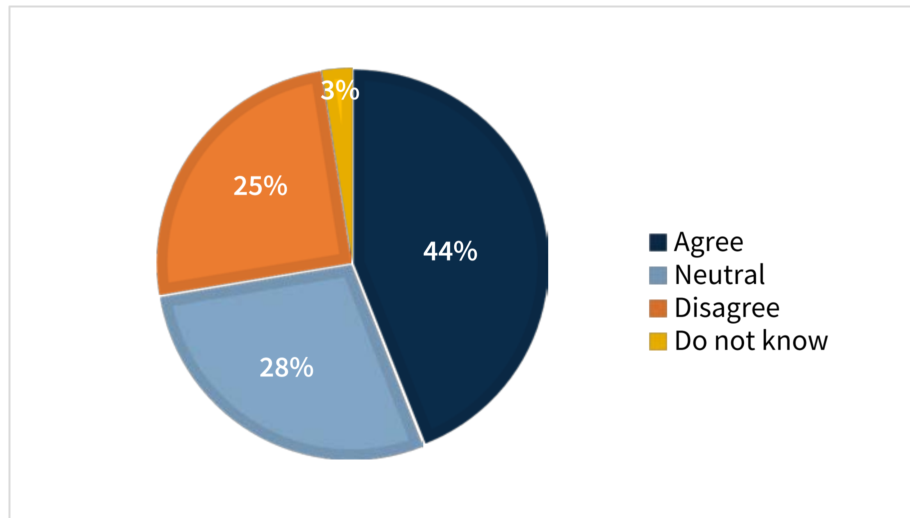
Hazard	History	Vulnerability	Maximum Threat	Probability	Total Threat Score	Hazard Rank	Hazard Tiers
Flood	18	40	90	63	211	#1	Top Tier
Winter Storm	16	40	80	56	192	#2	
Earthquake - Cascadia	6	45	100	35	186	#3	
Drought	8	25	80	56	169	#5	Middle Tier
Windstorm	16	25	70	56	167	#6	
Wildfire	8	15	80	21	124	#7	
Landslide	16	15	30	56	117	#8	Bottom Tier
Earthquake -Crustal	6	20	60	21	107	#9	
Volcanic Event	4	10	30	7	51	#10	

Source: Yamhill County Multi-Jurisdictional Hazard Mitigation Plan, 2020

[125] https://www.mcminnvilleoregon.gov/sites/default/files/fileattachments/fire/page/853/yamhill_county_mnhmp_-_2020_update.pdf

When survey respondents were asked about their emergency preparedness regarding earthquakes, wildfires, extreme weather, and other natural disasters, 44% reported that they are prepared for emergencies.

Figure 60. Percent of Survey Respondents Ranking, "My family and I are prepared for emergencies (earthquakes, wildfires, extreme weather, and other natural disasters."



Source: Yamhill Community Survey, 2022

DROUGHT

Existing Data

In the United States, there has been an increase in droughts across the nation in recent years. In December 2020, the United States had its highest amount of land in extreme drought since 2012.[126] Throughout 2021, the Western portion of the United States continued to experience a rising risk of drought, especially in the Pacific Northwest. The increased drought, plus an increase in average temperatures and heat waves, has created a dangerous risk for wildfire each year. In Yamhill County, the risk of drought has been increasing for the past five years, with the highest risk of experiencing moderate drought.[127] The risk of moderate drought has increased 15.6%, risk of severe drought has increased 24.5%, and the risk of extreme drought has increased 22.7% since 2017.[127]

Table 13. Percent of Weeks in a Drought in Yamhill County, 2017-2021

	2017	2018	2019	2020	2021
Moderate Drought or Greater	36.54%	57.69%	46.15%	44.23%	52.17%
Severe Drought or Greater	21.15%	30.77%	32.69%	21.15%	45.65%
Extreme Drought or Greater	7.69%	7.69%	19.23%	7.69%	30.43%

Source: National Environmental Public Health Tracking Network, Centers for Disease Control and Prevention, accessed 2022

[126] https://www.c2es.org/content/drought-and-climate-change/

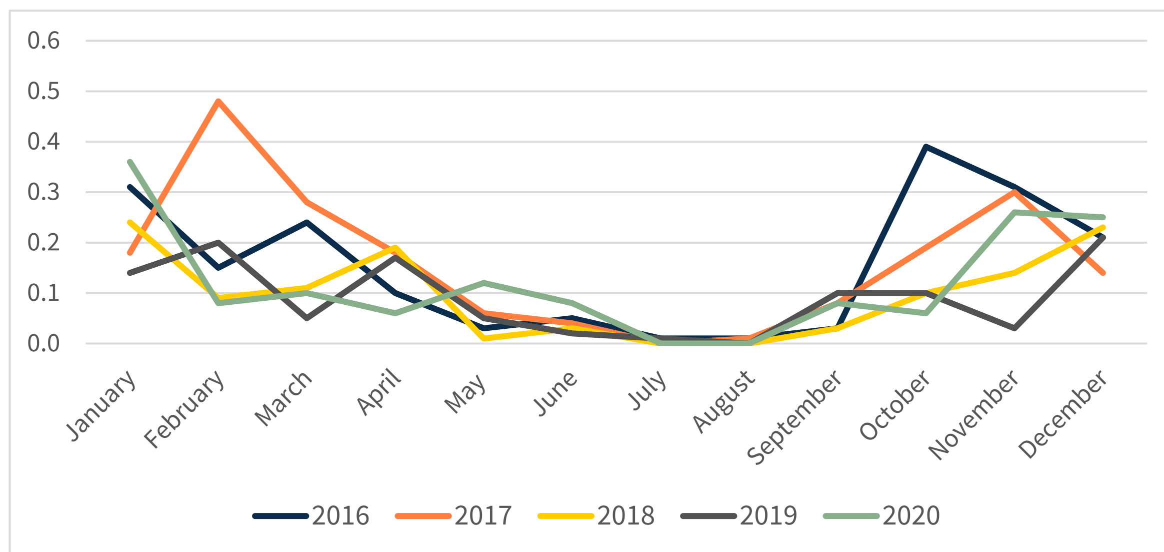
[127] National Environmental Public Health Tracking Network https://ephtracking.cdc.gov/DataExplorer/

AVERAGE PRECIPITATION

Existing Data

The average daily precipitation in Yamhill County between 2016 and 2020 was 0.13in.[127] Most years experienced the least precipitation during May through September, with the heaviest rainfall occurring during September through December. In 2017, there was a higher-than-average amount of precipitation in the winter and spring time. Increased precipitation during times that there is not typically a heavy rainfall can cause excess runoff and flooding, which can damage infrastructure and disrupt daily activities. On the other hand, 2020 had the lowest rain fall from February-April, which increases the likelihood of drought. Droughts can also cause disruptions to daily activities, increase wildfire risk, and affect farmlands.

Figure 61. Average Monthly Precipitation (inches), Yamhill County, 2016-2020



Source: National Environmental Public Health Tracking Network, Centers for Disease Control and Prevention, accessed 2022

HEAT RELATED ILLNESS AND DEATH

Existing Data

With rising temperatures across the country, the threat of heat related illnesses and death are also on the rise. There are multiple heat related illnesses that can affect someone, such as heat rash, heat cramps, heat syncope, rhabdomyolysis, heat exhaustion, and heat stroke.[128] The most extreme heat illness is heat stroke, which causes someone to lose the capability to regulate their own body temperature and the body is no longer able to self-cool with sweating. Heat stroke can result in altered mental status, loss of consciousness and coma, seizures, and potentially death. With the yearly average temperatures rising in Oregon, heat related illnesses are expected to rise as well. The Northwest Region, which includes Oregon, Washington, and Idaho, experienced significantly higher than average emergency department (ED) visits for heat

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[128] https://www.cdc.gov/niosh/topics/heatstress/heatrelillness.html

related illness in 2021.[129] In addition, more Yamhill County residents were admitted for heat related illness at the ED during the summer months (June, July, and August) in 2021 than in the three previous years.[130] During late June to early July 2021, the northwest experienced an unprecedented three-digit heat wave, contributing to at least 116 heat related deaths in Oregon.[131]

Table 14. Emergency Department (ED) Visits for Heat Related Illness in the Northwest Region per 100,000 ED Visits, 2018-2021

Year	Month	Rate of ED Visits per 100,000 ED Visits
2018	June	245
	July	1,006
	August	644
2019	June	403
	July	425
	August	591
2020	June	245
	July	678
	August	445
2021	June	3,446
	July	808
	August	571

Note: Northwest Region includes Oregon, Washington, and Idaho

Source: Centers for Disease Control and Prevention, Heat & Health Tracker, accessed 2022

Table 15. Emergency Department (ED) Visits for Heat Related Illness at any Oregon Hospital, Yamhill County Residents, 2018-2021

Year (June, July, August)	Number of ED Visits
2018	43
2019	22
2020	11
2021	54

Source: Oregon ESSENCE, accessed 2022

[129] CDC Heat & Health Tracker https://ephtracking.cdc.gov/Applications/heatTracker/

[130] Oregon ESSENCE https://essence.oha.oregon.gov

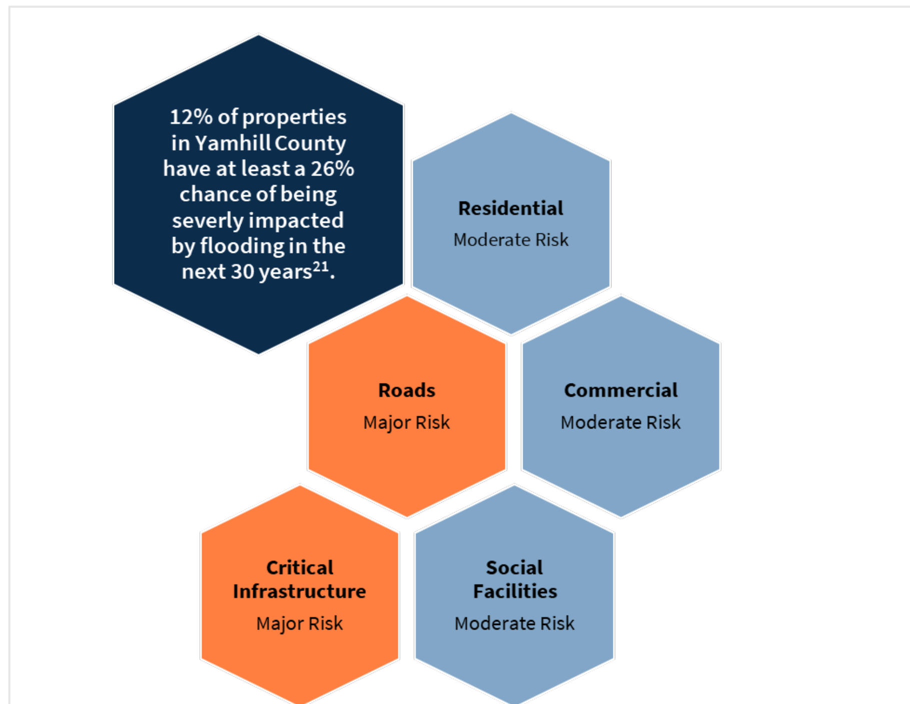
[131] Tabrizian, A. (2021, December 1). https://www.oregonlive.com/data/2021/07/oregons-heat-wave-death-toll-grows-to-116.html

FLOOD RISK

Existing Data

In the next 100 years, the floodplains (the areas next to a river or stream) in the United States are expected to increase by 45% and cause an estimated $750 million in damages.[132] Heavy rainfall has increased worldwide and creates an increased risk for localized and riverine floods. Flooding can cause severe damage to infrastructure as well as affecting access to emergency services, utilities, and transportation. The damage caused by flooding can also have severe economic costs.[133] In Yamhill County, there is an overall moderate risk of flooding over the next 30 years.[133] The graphic below describes the flood risk for each type of infrastructure in Yamhill County:

Figure 62. Yamhill County Flood Risk by Infrastructure Type



Source: Flood Factor, accessed 2022

- Residential: number of homes that have some flood risk
- Roads: miles of roads that are at risk of becoming impassable due to flooding
- Commercial: number of non-essential businesses and other commercial properties that have some flood risk
- Critical Infrastructure: number of essential facilities (hospitals, police/fire stations, airports, power stations, wastewater treatment facilities, etc.) that are at risk of flooding
- Social Facilities: number of schools, places of worship, museums, and government and/or historical building that have some flood risk

[132] https://www.epa.gov/green-infrastructure/manage-flood-risk

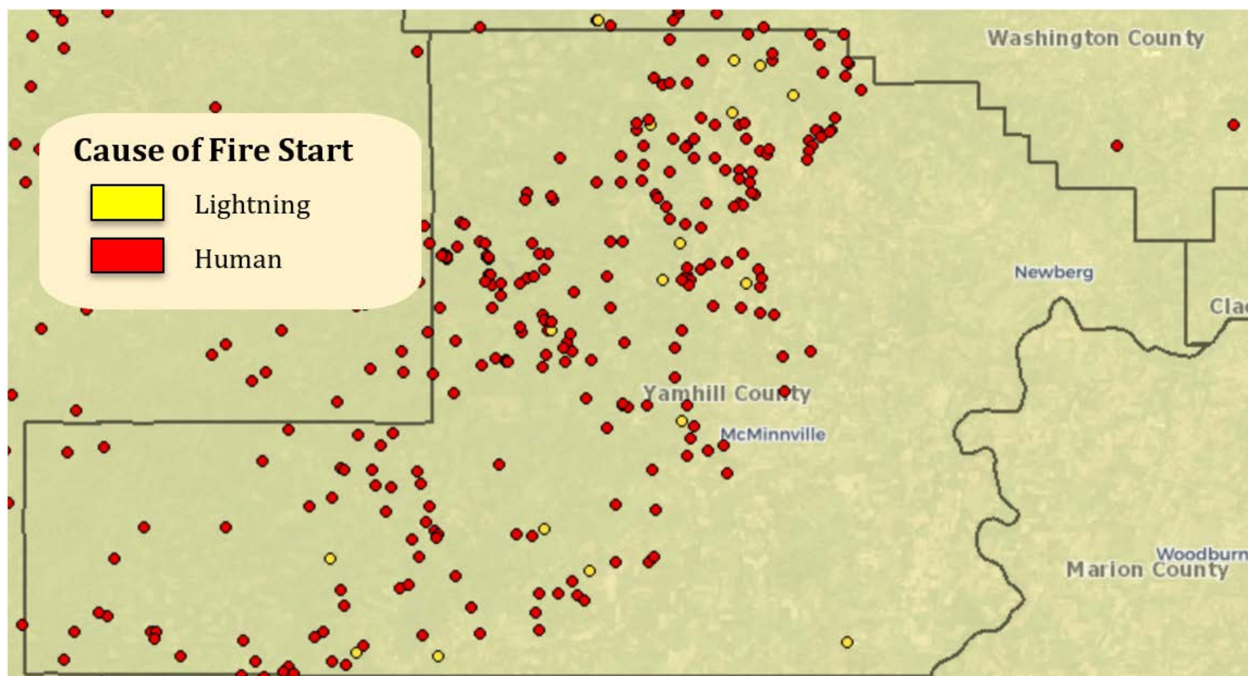
[133] https://riskfactor.com/county/yamhill-county/41071_fsid/flood

WILDFIRE

Existing Data

Many regions of the United States are currently experiencing a higher risk of wildfires compared to previous years, most notably in the Western regions.[134] The largest increase in total acres burned from 1984-2001 and 2002-2018 occurred in the West and Southwest regions of the United States.[135] Longer drought seasons or increased drought severity, combined with climate changes, are causing drier and warmer weather, the two leading causes of increased wildfire risk. In the Western regions, it is estimated that every 1° Celsius (~33.8° Fahrenheit) temperature increase could create a 600% increase in the average amount of forest land burned each year.[134] Over 80% of wildfires are caused by people.[134] Under normal weather conditions, Yamhill County has a low to low-moderate burn probability; meaning that there is a less than approximately 1 in 5,000 chance of wildfire that will burn >250 acres in a single year.[136] Yamhill County experienced 122 fires, burning 432 acres, between 2010 and 2019. Of these fires, 95.1% were human caused.[136]

Figure 63. Location of Local Fire Starts in Yamhill County, 1992-2017



Source: Oregon Explorer, Advanced Oregon Wildfire Risk Explorer, accessed 2022

[134] https://www.c2es.org/content/wildfires-and-climate-change/

[135] https://www.epa.gov/climate-indicators/climate-change-indicators-wildfires#tab-1

[136] https://tools.oregonexplorer.info/OE_HtmlViewer/index.html?viewer=wildfire

Next Steps

The 2022 CHA for Yamhill County serves multiple purposes. Among these purposes, the assessment enables its collaborative members and community partners to:

- Investigate current health status, health priorities, and new and emerging concerns among community members and service providers
- Identify the social determinants of health most affecting our county and explore how these factors are impacting overall health and vitality of our communities.
- Hear individual and group voices from a broad cross-section of the community to develop a deeper understanding of current and emerging health issues.
- Observe the shifting patterns of these health issues over time
- Identify assets and resources as well as gaps and needs in services in order to help set funding and programming priorities
- Fulfill the CHA requirements for the collaborative organizations
- Use the data gathered to inform and involve our community partners and community members in the community health improvement process

This assessment lays the foundation for the CHIPs that will be developed in fiscal year 2023. The data presented in this report and the priority community health needs identified can guide the development of goals, objectives, strategies, and performance measures. Each organization will develop individualized CHIPs that will address aspects of the health needs identified in this CHA and further develop strategies to improve access to resources, community capacity, and core competencies. If an organization does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions each organization intends to take, but also the anticipated impact of these actions and the resources the organization plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between organizations in addressing the prioritized needs.

Appendix

APPENDIX 1

5 Ps Tool

PURPOSE

PEOPLE

Who is positively and negatively affected (by this issue) and how?

How are people differently situated in terms of the barriers they experience?

Are people traumatized/retraumatized by your issue/decision area?

Consider physical, spiritual, emotional and contextual effects

PLACE

How are you/your issue or decision accounting for people's emotional and physical safety, and their need to be productive and feel valued?

How are you considering environmental impacts as well as environmental justice?

How are public resources and investments distributed geographically?

ISSUE/ DECISION

PROCESS

How are we meaningfully including or excluding people (communities of color) who are affected?

What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?

Are there empowering processes at every human touchpoint?

What processes are traumatizing and how do we improve them?

POWER

What are the barriers to doing equity and racial justice work?

What are the benefits and burdens that communities experience with this issue?

Who is accountable?

What is your decision-making structure?

How is the current issue, policy, or program shifting power dynamics to better integrate voices and priorities of communities of color?

Equity and Empowerment Lens

Purpose Towards Racial Equity

In a purpose-driven system, all partners at all levels align around transformative values, relationships and goals moving towards racial equity, integrating an emphasis on doing less harm and supporting actions that heal and transform.

Defining An Individual's Purpose:

- ⇨ What is my purpose towards achieving racial equity?
- ⇨ What gets in the way of maintaining my purpose towards racial equity?
- ⇨ What do I need to maintain my purpose?
- ⇨ Purpose towards racial equity is also further clarified by our positions in the hierarchy.
    1. If you are a manager or other type of leader with positional authority, how can you further clarify your purpose so that you are leveraging the power you have?
    2. If you are at a lower level in the organization, what do you need from leadership in order to feel valued and a key contributor to the organizational purpose?
    3. How does your role and your purpose influence and align with?

Defining An Institution's Purpose:

- ⇨ What is our institution's purpose towards racial equity?
- ⇨ How are we clearly defining that purpose, and where and how do we communicate that?
- ⇨ How can we ensure that our purpose is integrated into our policies, procedures, and practices?
- ⇨ How can we give our employees a greater sense of meaning in what they do around racial equity, so they feel more enthusiastic and hopeful about their work?
- ⇨ In what practical ways can our institution add more value around racial equity and do less harm?
- ⇨ Is racial equity the central theme in your recruitment and retention efforts?
- ⇨ Do you have the right people around you to achieve your purpose? If not, how can you move towards this reality?
- ⇨ How do you ensure individuals work together with leaders to align to the institution's purpose towards racial equity?

APPENDIX 2

2022 Key Stakeholder Interview Questions

Interview Questions

1. Please state your name, title, and organization as you would like them included in the report.
2. How would you define the community that your organization serves?
3. While a Community Health Needs Assessment is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share one of the strengths you see in the community your organization serves.
4. Please identify and discuss specific unmet needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health such as transportation, housing, food insecurity, etc.
5. Using the table, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). [see table below]
6. Has the COVID-19 pandemic influenced or changed the unmet needs in your community? If yes, in what ways?
7. What suggestions do you have for how we can leverage community strengths to address these community needs?
8. Please identify one or two community health initiatives or programs that you see currently meeting the needs of the community.

If there is time:

9. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
10. Is there anything else you would like to share?
11. What populations should be represented in listening sessions and/or additional stakeholder interviews?
12. Give a brief review of the process for participating in a listening session and survey collection.

Question 5: Using the table below, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). Please note, these needs are listed in alphabetical order.			
	Access to health care services		Few community-building events (e.g. arts and cultural events)
	Access to dental care		Food insecurity
	Access to safe, reliable, affordable transportation		Gun violence
	Affordable childcare and preschools		HIV/AIDS
	Aging problems		Homelessness/lack of safe, affordable housing
	Behavioral health challenges and access to care (includes both mental health and substance use disorder)		Job skills training
	Bullying in schools		Lack of community involvement and engagement
	Community violence; lack of feeling of safety		Obesity and chronic conditions
	Disability inclusion		Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
	Domestic violence, child abuse/neglect		Racism and discrimination
	Economic insecurity (lack of living wage jobs and unemployment)		Safe and accessible parks/recreation
	Environmental concerns (e.g. climate change, fires/smoke, pollution)		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

Definition of Community Needs

Access to health care services: The timely use of personal health services to achieve the best health outcomes (excluding oral health and behavioral health care services, which are included in other categories). Health care services include primary care providers, pediatricians, OB/GYN, and specialists. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Access to dental care: The timely use of oral health care services to achieve the best health outcomes related to dental care, tooth loss, oral cancer, and gum disease. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Access to safe, reliable, affordable transportation: All residents can safely use public transportation to access employment, health care services, and basic needs, such as food. The transportation should be reliable and affordable. Accessibility and financial supports should be in place for people with disabilities, a chronic disease, or who are low income.

Affordable childcare and preschools: All families, regardless of income, can find high-quality, reasonably priced, convenient childcare options for their children birth to five. This includes free or reduced cost daycare and preschools for families that meet certain income requirements.

Aging problems: The challenges faced by adults as they age, specifically those over the age of 65, who may experience memory, hearing, vision, and mobility challenges. Adults over the age of 65 make up a larger percentage of the U.S. population than ever before and require specific supportive services related to health care, housing, mobility, etc.

Behavioral health challenges and access to care: Includes challenges related to both mental health and substance use disorders, as well as difficulties getting the support services and care to address related challenges. Covers all areas of emotional and social well-being for all ages, including issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Adverse Childhood Experiences. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Bullying in schools: Put downs and personal attacks that cause a person emotional harm. Examples include name calling, shaming, jokes at the expense of someone else, excessive criticism, yelling and swearing, and threats. Specifically referring to instances taking place in schools among young people.

Community violence; lack of feeling of safety: Encompasses the incidence of crime and violence in the community as well as the fear of it, which prevents people from using open space or enjoying their community.

Disability inclusion: Ensuring there are adequate policies and practices in effect in a community to include people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability.

Domestic violence, child abuse/neglect: Domestic violence, also called intimate partner violence, "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain control over another intimate partner."[1] Child abuse and neglect involves, "Injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed."[2]

Economic Insecurity: Lacking stable income or other resources to support a standard of living now and in the foreseeable future. This includes a lack of living wage jobs (a job that pays the minimum income necessary for a worker to meet their basic needs) and high unemployment.

Environmental concerns: Environmental issues that have harmful effects to health and well-being, including climate change, fires and smoke, and pollution.
Few community-building events: A lack of representation of creation or enhancement of community among individuals within a geographic area or with a common need or interest. This can include arts and cultural events that bring people together.
Food insecurity: A lack of consistent access to enough good-quality, healthy food for an active, healthy life.
Gun violence: Gun-related injuries, which can be fatal or nonfatal. These include injuries that are intentionally self-inflicted, unintentional, resulting from interpersonal violence or legal intervention, and those with an undetermined intent.
HIV/AIDS: Acquired immunodeficiency syndrome (AIDS), a chronic potentially life-threatening condition caused by the human immunodeficiency virus (HIV). Refers to challenges addressing the spread of HIV in the community and challenges providing treatment, support, and health education related to HIV and AIDS.
Homelessness/ lack of safe, affordable housing: Affordability, availability, overcrowding, and quality of housing available in the community. Includes the state of having no shelter or inadequate shelter.
Job skills training: Occupational training with an emphasis on developing the necessary skills to support and guide individuals in finding jobs that meet their interests and pay a livable wage.
Lack of community involvement and engagement: Individuals in a defined geographic area do not actively engage in the identification of their needs, nor do they participate in addressing those needs.
Obesity and chronic conditions: Primarily defined as the health condition in which individuals are sufficiently overweight as to have detrimental effects on their overall health. This does not include issues of exercise or food choices, which are listed as separate issues.
Opportunity gap in education: Schools that do not provide a quality education to all students regardless of race, ethnicity, gender, socioeconomic status, or geographic location. A quality education is defined as one that "provides the outcomes needed for individuals, communities, and societies to prosper. It allows schools to align and integrate fully with their communities and access a range of services across sectors designed to support the educational development of their students."[3]
Racism and discrimination: Racism is "prejudice against someone based on race, when those prejudices are reinforced by systems of power."[4] Discrimination is treating a person unfairly because of who they are or because they possess certain characteristics or identities. Examples of characteristics or identities that are discriminated against include the following: age, gender, race, sexual orientation, disability, religion, pregnancy and maternity, gender reassignment, and marriage and civil partnership.[5]
Safe and accessible parks/recreation: Issues around a shortage of parks or green spaces, or existing parks/green spaces being poorly maintained, inaccessible, or unsafe.
Safe streets for all users: People walking, biking, driving, and using public transportation can generally trust that they are safe on the road. Includes safety features such as crosswalks, bike lanes, lighting, and speed limits.

APPENDIX 3

2022 Stakeholder Digital Survey

1. Consider the list of common needs below. Please select the five most important issues that need to be addressed to make our community healthy. (1 being most important). Please note, these needs are listed in alphabetical order.

Access to health care services	Gun violence
Access to dental care	HIV/AIDS
Access to safe, reliable, affordable transportation	Homelessness/lack of safe, affordable housing
Affordable childcare and preschools	Job skills training
Aging problems	Lack of community involvement and engagement
Bullying in schools	Maternal and infant health
Community violence; lack of feeling of safety	Mental health
Disability inclusion	Obesity and chronic conditions
Domestic violence, child abuse/neglect	Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
Economic insecurity (lack of living wage jobs and unemployment)	Racism and discrimination
Environmental concerns (e.g. climate change, fires/smoke, pollution)	Safe and accessible parks/recreation
Few community-building events (e.g. arts and cultural events)	Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
Food insecurity	Substance use disorder

2. What suggestions do you have on how we can leverage community strengths to address these community needs?
3. Is there anything else you want to share?
4. How would you like your name and title displayed in the final report?
5. What is the name of your organization?

APPENDIX 4

2022 Stakeholder Digital Survey Results

1. Consider the list of common needs below. Please select the five most important issues that need to be addressed to make our community healthy.

Response	Number of respondents that chose this topic in their top 5
Mental health	9
Homelessness/lack of safe, affordable housing	7
Access to health care services	6
Affordable childcare and preschool	6
Chronic conditions: obesity, heart disease, stroke, and diabetes	5
Substance use disorder	5
Domestic violence, child abuse/neglect	3
Access to dental care	2
Aging problems	2
Community violence; lack of feeling safe	2
Economic insecurity (lack of living wages, jobs, and unemployment)	2
Opportunity gap in education (funding, staffing, support systems in schools)	2
Racism and discrimination	2
Access to safe, reliable, affordable transportation	1
Bullying in schools	1
Environmental concerns (climate change, fires/smoke, pollution)	1
Few community-building events (arts and cultural events)	1
Food insecurity	1
Maternal and infant health	1
Safe and accessible parks/recreation	1
Safe streets for all users (crosswalks, bike lanes, lighting, speed limits)	1
Disability inclusion	0
Gun violence	0
HIV/AIDS	0
Job skills training	0
Lack of community involvement and engagement	0

2. What suggestions do you have on how we can leverage community strengths to address these community needs?

Response
Great opportunities for different types of community involvement. Hotbed for different varieties of engagement - "something for almost anybody to get involved in." Part of overall health is getting involved with people - Habitat for Humanity, different projects. Functions in the summer - art things, Saturday markets, opportunities to help a neighbor - yard cleanups, things at the park. People find out about them through posters downtown. Easy to get engaged.
Directing funding resources through local dollars or state/federal advocacy for improved behavioral health and substance abuse support
Supported housing seems vital. This would leverage community expertise, capital and health plan dollars to support housing stability.
Support workforce development initiatives with local provider groups. Support childcare development with Share Initiative. Continue to partner with housing organizations.
Connect with local businesses, higher education & faith-based groups.
Expand our sources of funding so that we can go beyond what we get from OHA.
Cross-sector conversations continue to happen through YCCO and its committees, including the ELC and the SITs. The Family Wellbeing Council and the Wellness Collective are also addressing important pieces of this work. Other teams, such as the Latino ECEC Steering Committee and the Latino Advocacy Coalition, are bringing partners together to address the needs of ethnic minorities. Addition work could be done through facilitated networking dinners, like those funded and hosted by OCF pre-COVID, that bring community members together to engage in conversation around social issues that inevitably spin off into action groups. Hiring the Wellness Fund Development Director will also significantly increase our ability to have action-orientated conversations about (and raise funds to support) EVB interventions that address many of these social challenges. Finally, the schools are a powerful force in our community. Superintendent and counselors are important partners in this work.

3. Is there anything else you want to share?

Response
There is access to dental care, but places are all booked because healthcare workers as a resource aren't readily available. Providers are hearing the next time someone can get into a dentist is November, even for commercially insured patients. Finding housing for healthcare workers is hard, especially in McMinnville. A clinic noted a physician was ready to move to this area, noticed he couldn't find a comparable home affordably, he backed out. Co-occurrence of mental health and substance use complicate treatment. Can be more biological or decision-based. Monmouth, Dallas, Independence. Walkability and accessibility are top issues. Safety - kids have gotten hit by cars. Lack of dental care providers in the area. Issues getting into behavioral specialists. "6-month waitlists before a 6-month wait." Top issue - access to healthcare, inclusive of dental and mental and substance use. Housing issues are inclusive of all age groups and all incomes.
Health care is inclusive of dental and chronic conditions. Economic insecurity is inclusive of childcare access and food security and transit.
Finding ways to invest in long term solutions is always a challenge when short term gains are the so much easier to incentivize. We need to do both at the same time. Both cast a long-term vison for community health and address shorter term health promoting/cost saving measures.
These are all very critical topics!

4. How would you like your name and title displayed in the final report?
5. What is the name of your organization?

Name and Title (alphabetical)	Organization
Alejandra Cortez	Unidos
Dennis Gray	Physicians Medical Center
Esmeralda Martinez	Virginia Garcia Memorial Health Center
Gil Muñoz, CEO	Virginia Garcia Memorial Health Center
Iveth Solis	OHA Region 2 Testing Coordinator
Jenn Richter, Early Learning Director	Yamhill Community Care
Jill Ewanchuk	Medical Teams International
Joe Yoder, Chief Executive, Yamhill Service Area	Providence Health & Services
Johanna Cuevas	Unidos

Jordan Robinson, MSW, LCS District Director	Lutheran Community Services
Karen Hall, EPDH	Capitol Dental Care
Lisa Balint, EPDH	Physicians Medical Center and Capitol Dental Care
Rylie Tiffin	OHA Region 2 Testing Coordinator
Suey Linzmeier	Head Start of Yamhill County
Thalia Marquez	Legacy Health
Vickie Ybarguen, Executive Director	Housing Authority of Yamhill County

APPENDIX 5

Listening Session Protocol and Questions

INTRODUCTION

Good morning/evening and welcome to our session. Thank you for taking the time to join this conversation about the health of the community. My name is [NAME], and I work with [ORGANIZATION]. For this session, I am working with Providence Hospital, Yamhill Community Care, and Yamhill County Public Health to complete a Community Health Assessment. This process is completed every three years to understand what is going well and how to better support communities. That's why we're talking with you.

First, we want to say that we know the past few years have been challenging, with the Covid pandemic. We expect that will be part of our conversation today. We acknowledge that there is a lot happening in our world and communities right now and we thank you for making time to be with us. Second, you only need to represent yourself. You're an expert in your own experience, and your role here is to speak for yourself and perhaps your family if that's relevant.

The information from this session will become part of a report, which we will use to help improve the health and wellbeing of the community. You will be able to find the report and give feedback on our website: yamhillcco.org/about-us. Your name will remain anonymous. We may use some quotes from the session, but we will not include your name. We will not be recording the session, but two people will be taking notes during the conversation. Their names are [NAMES].

I will facilitate the conversation, but I will not be participating. I will ask some questions of the group. I may need to move the conversation to the next question to ensure we have time to cover all of the questions.

I hope that all of you can share your experiences and opinions with us during this hour together. Everyone should feel comfortable. Please feel free to get water or use the restroom (or turn your camera off). Participation today is optional and you may leave when needed. If you want to share something but aren't sure about saying it aloud, you're welcome to write it down (in the chat) and share it privately with me. It will get documented anonymously with everything else. We will finish no later than [TIME].

During this conversation I want everyone to have a chance to talk and share your thoughts. Feel free to respond to one another and give your opinion even if it is different from someone else's.

Before we start I want to set some expectations for the group. First, everyone should participate, but it helps us if only one person speaks at a time. Second, there are no right or wrong answers, we must all be respectful of one another. Third, please keep what you hear from other participants confidential.

Before we begin, are there any questions?

Great, does everyone consent to participation?

Look for verbal confirmation from each participant

Please note: The following facilitator's guide is not a script that must be followed word for word, but rather a guide to help create consistency with different facilitators. Please make the conversation as natural and comfortable as possible.

INTRODUCTORY ACTIVITY: IN PERSON

We have a little over an hour to talk, and I'd like to start with a creative activity. I'd like you to start by thinking about your community. People might think of "community" in different ways. Maybe it's family, or maybe it's neighbors, or maybe it's coworkers or friends. For the next 5 minutes, draw a picture that represents **your community**.

Pause, give people ~5 minutes to draw. Facilitator should draw too.

So let's go around in a circle—tell me your name, and tell us something about the community represented in your drawing. We will each have about thirty seconds to share. I'll start.

Facilitator introduces self, models talking about community. Then everyone goes in a circle, introducing self and saying a few words about their community.

Thank you all for sharing. That leads into what we're going to talk about next: the health of your community.

INTRODUCTORY ACTIVITY: VIRTUAL

I'd like you to start by thinking about your community. People might think of "community" in different ways. Maybe it's family, or maybe it's neighbors, or maybe it's coworkers or friends.

So let's go around in a circle—tell me your name and tell us what you think is the greatest strength of your community. We will each have about thirty seconds to share. I'll start.

Facilitator introduces self, models talking about community. Then everyone goes in a circle, introducing self and saying a few words about their community.

Thank you all for sharing. That leads into what we're going to talk about next: the health of your community.

CONTEXT

What we were hoping to talk about today is: ***What makes a healthy community?***

That's a difficult question, because it involves two ideas. First, there's ***HEALTH***. What do we mean by health? Do we mean freedom from disease? Having enough to eat? Feeling generally good about life? Being financially healthy?

Then there's the idea of ***COMMUNITY***. What do we mean by community? Are we talking about each one of you, individually? Are we talking about your friends and family? Your neighborhood? Your church? Your racial or ethnic group? Your city or town?

We're not going to define these things for you. We're going to keep it open.

QUESTION 1. VISION. Now take a minute to think about your community—that community that is represented in your drawing. **How can you tell when your community is healthy?**

Probes if needed:

- *You have all spoken about physical health. What about other kinds of health and wellbeing?*
- *What does a healthy community look like for people going through a difficult time?*
- *What does a healthy community look like for families?*
- *What does a healthy community look like for your children or young people?*
- *What does a healthy community look like for older adults?*
- *What does a healthy community look like for people with disabilities?*
- *What does a healthy community look like for people of color?*
- *What does inclusion look like? Accessibility or belonging?*

QUESTION 2. NEEDS. So we've talked about what a healthy community looks like. Now let's talk about what's not there or what you need more of.

What's needed? What more could be done to help your community be healthy?

Probes if needed: Consider relating probes to question one. What's needed to help community members reach their specific ideas of a healthy community? For example:

- *What's needed to help your community be physically healthy?*
- *What's needed to help your community be mentally and emotionally healthy?*
- *What's needed to help your community be safe?*

- *What's needed to ensure everyone in your community has access to choices, spaces, and activities that increase health and wellbeing?*
- *What's needed to help your community be more inclusive?*

QUESTION 3. STRENGTHS. So you've told us what a healthy community looks like and what the needs are in your community. Let's explore this idea a little more. Communities have certain **resources** that can help them be healthy. It might be a park or a community center. It might be a really great teacher at your local school. It might be a local business or a local organization that helps people be healthy.

My question for you is: **What's working? What are the resources that CURRENTLY help your community to be healthy?**

Probes if needed:

- *How do community members help each other be healthy?*
- *Are there people that help your community be healthy?*
- *Are there indoor spaces people can go that help them be healthy?*
- *Are there outdoor spaces people can go that help them be healthy?*
- *Are there organized activities/events/programs that help your community be healthy?*

Thank you all for sharing your thoughts and opinions with the group today. All of this information is really helpful. Before we finish, **is there anything else related to the topics we discussed today that you think I should know that I haven't asked or that you haven't shared?**

Last thing: will you all please write down (in the chat, on a Jamboard, or on a piece of paper) your demographics as you want to define them? Please share whatever identities you think are important for you, and whichever ones you are comfortable with. Here's a template, but feel free to go outside of it:

Race or ethnicity/ies:
Age:
Language you prefer to speak:
Any disabilities:
Sexual orientation:
Gender identity:
Others may include things like parent or student, urban or rural, or your job

If you're interested in continuing on paid advisory groups to continue sharing feedback, please enter your email address or phone number here:

APPENDIX 6

2022 Community Health Assessment (CHA) Survey

Yamhill Community Care Organization, Yamhill County Public Health Department, and Providence Health & Services would like to hear from you.

Please fill out this survey to let us know what is most important to you and your family. Your responses will also help us understand how we can support the community we serve.

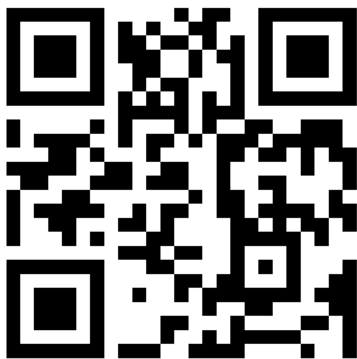
Please answer each question as best you can and feel free to skip questions you do not want to answer. Your answers will be kept private.

If you complete this survey, you will have a chance to win **one of 5 $100 gift cards**! Look to the end of the survey to complete a short raffle entry. Your answers will stay anonymous.

Thank you.

If you need this survey in a language other than English or Spanish, contact Emily Johnson at ejohnson@yamhillcco.org or at 503-376-7428.

Si necesita esta encuesta en otro idioma, comuniquese con ejohnson@yamhillcco.org o llame al 503-376-7428.



English Survey

Scan the QR code to be taken to the online version of the survey

Spanish Survey

Health Care

1. Do you have health coverage or insurance for you or anyone in your family?
   - ❑ Yes
   - ❑ No (If no, skip to question 3)
   - ❑ I do not know (Skip to question 4)

2. What kind of health coverage or insurance do you have? **Check all that apply** for you and anyone in your family.
   - ❑ Medicaid, Oregon Health Plan (OHP)
   - ❑ Yamhill Community Care (YCCO)
   - ❑ Medicare
   - ❑ VA, TRICARE, or other military health care
   - ❑ Indian Health Service (IHS)
   - ❑ I have private coverage through an employer or family member's employer
   - ❑ A private plan that I pay for myself
   - ❑ Other
   - ❑ I do not have any health insurance now
   - ❑ I do not know

3. If you do **not** have health coverage or insurance, what are the main reasons why? Check all that apply.
   - ❑ It costs too much
   - ❑ I do not think I need insurance
   - ❑ I am waiting to get coverage through a job
   - ❑ Signing up for insurance is too confusing
   - ❑ I have not had time to do it
   - ❑ Other

4. If you or your family needed health care in the last year, did you get all the health care you needed? **Check all that apply.**
   - ❑ We got all the care we needed
   - ❑ We got some but not all the care we needed
   - ❑ We had to delay getting the care we needed
   - ❑ We got no care at all
   - ❑ We did not need care in the last year
   - ❑ I do not know

5. The last time you or anyone in your family put off or went without health care, what were the reasons? **Check all that apply.**
   - ❑ Cost
   - ❑ Not having a health care provider
   - ❑ Not having a health care provider who looks like me
   - ❑ Not having a health care provider who understands my gender identity
   - ❑ Not having a health care provider who speaks my language
   - ❑ Not knowing where to go
   - ❑ An appointment was not available when I needed one
   - ❑ Not having childcare
   - ❑ Not having transportation
   - ❑ COVID-19 (coronavirus): appointment cancellation, concern of infection, or other related concerns
   - ❑ Other reasons: ______________
   - ❑ Not applicable

6. Do you feel that there are medical providers in your community available to you who understand your specific health needs and your background or culture?
   - ❑ Yes
   - ❑ No

7. A primary care provider is the person you see if you need a health check-up, annual well exam, want advice about a health problem, or get sick or hurt. Do you have a primary care provider for yourself?
   - ❑ Yes
   - ❑ No

8. In the last year, did you receive care using any of the following? **Mark all that apply**.
   - ❑ Primary care provider
   - ❑ Urgent care
   - ❑ Emergency room
   - ❑ Mental health or substance use provider
   - ❑ Dental care provider
   - ❑ Telehealth (video or phone visit)
   - ❑ None of the above

9. Which of these options best fits with how you see yourself?
   - ❑ I am generally healthy and do not have a chronic disease (lifelong illness), mental health diagnosis, or learning disability
   - ❑ I have a behavioral or mental health diagnosis (such as depression, anxiety, or ADHD)
   - ❑ I have a chronic disease or lifelong illness, but it has a small impact on my life right now
   - ❑ I have a complex chronic disease that has a major impact on my life right now
   - ❑ I may have a condition, but I haven't been able to get a diagnosis or don't know where to go

10. In the last year, did you get all the counseling or mental health services you needed?
    - ❑ Yes
    - ❑ No (Please check all the types of counseling or mental health services you did not receive)
      - ❑ Support for a personal problem
      - ❑ Treatment for a mental health condition like PTSD, depression, or anxiety
      - ❑ Counseling to quit tobacco, alcohol, or drug use
      - ❑ Other kinds of care
    - ❑ I did not need counseling or mental health services

11. In the last year, have you had concerns about alcohol, tobacco, or substance use?
    - ❑ Yes
    - ❑ No (If no, skip to question 13)

12. In the last year, were you able to get the help you needed with alcohol, tobacco, or substance use?

Health Service	Yes	No	Not Applicable
Smoking cessation program			
Alcohol treatment program			
Medication-assisted treatment program (for example Suboxone)			
Substance use disorder counseling and treatment(not including alcohol)			

13. Do you know what to do if you or someone you know may hurt themselves or others?
    - ❑ Yes
    - ❑ No

Health & Lifestyle

14. How would you rate your overall physical health?
    - ❑ Excellent
    - ❑ Very good
    - ❑ Good
    - ❑ Fair
    - ❑ Poor

15. How would you rate your overall mental health?
    - ❑ Excellent
    - ❑ Very good
    - ❑ Good
    - ❑ Fair
    - ❑ Poor

16. How would you rate your overall dental health?
    - ❑ Excellent
    - ❑ Very good
    - ❑ Good
    - ❑ Fair
    - ❑ Poor

17. Does a physical, mental, or emotional condition limit your activities in any way?
    - ❑ Yes
    - ❑ No
    - ❑ Decline to answer

18. In the last year, how often did you feel socially isolated or experience loneliness?
    - ❑ All of the time
    - ❑ Most of the time
    - ❑ Some of the time
    - ❑ None of the time

19. How often do you have someone available to do each of the following?

Love you and make you feel wanted

- ❑ All of the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ None of the time

Confide in or talk to about your problems

- ❑ All of the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ None of the time

Help you if you became suddenly ill or disabled

- ❑ All of the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ None of the time

20. In the last year, did you participate in a religious community? **Check all that apply.**

- ❑ Christianity
- ❑ Islam
- ❑ Buddhism
- ❑ Judaism
- ❑ Other: _________________
- ❑ No
- ❑ No, but I am religious or spiritual
- ❑ No, I am agnostic or atheist

21. If you take part in a religious or spiritual tradition, do you have a place to worship, gather, or practice (virtual or in person) in your community?

- ❑ Yes
- ❑ No
- ❑ I don't know
- ❑ Does not apply to me

22. During the last two weeks, how often have you felt the following:

	Not at all	**Several Days**	**Over half of the days**	**Nearly every day**
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Feeling nervous, anxious, or on edge				
Not being able to stop worrying				

23. Do you have or are you the main caregiver for any children (under 18 years of age)?
    - ❑ Yes
    - ❑ No (If no, skip to question 26)

24. Which of these options best fits with conditions your child(ren) have? **Check all that apply.**
    - ❑ My child is generally healthy and does not have a chronic disease (lifelong illness), mental health diagnosis, or learning disability
    - ❑ My child has a behavioral or mental health diagnosis (such as depression, anxiety, or ADHD)
    - ❑ My child has a developmental delay or a learning disability (such as dyslexia)
    - ❑ My child has a chronic disease or lifelong illness but it has a small impact on their life right now
    - ❑ My child has a complex chronic disease that has a major impact on their life right now
    - ❑ My child(ren) may have a condition but I don’t know where to go to get a diagnosis or I can’t get the assessment they need

25. What is the most important factor when choosing childcare or preschool for your child(ren)?
    - ❑ Open spots/availability for my child
    - ❑ Cost
    - ❑ Distance from my home
    - ❑ Works with my schedule
    - ❑ Quality of care
    - ❑ Provider/teacher to student ratio
    - ❑ Provider respects my family's culture
    - ❑ Centers that accommodate my child(ren)'s disabilities
    - ❑ Other ___________

26. My family and I are prepared for emergencies (earthquakes, wildfires, extreme weather, and other natural disasters).
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Neutral
    - ❑ Disagree
    - ❑ Strongly Disagree
    - ❑ Do not know

27. The following questions are about where you live. Please choose the number that best represents your opinion of each statement.

If you do not know, please respond "DK"

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
My community has health care options available. Think about the cost and quality of care, distance you need to travel, and availability of appointments.	1	2	3	4	5	DK
My community is a good place to raise children. Think about the quality and safety of school and childcare, after-school programs, and places to play in your neighborhood.	1	2	3	4	5	DK
My community is a good place to grow older. Think about senior housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for seniors.	1	2	3	4	5	DK
My community is clean. Think about the quality of air and water, pollution levels, and second-hand smoke in your neighborhood.	1	2	3	4	5	DK
People of all races, ethnicities, backgrounds, and beliefs in my community are treated well. Think about discrimination in your community, and whether people are given the same opportunities regardless of background or identity.	1	2	3	4	5	DK

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
People in my community can access mental health services and substance use disorder treatment. Think about counseling services, support groups, and substance use disorder counseling and treatment centers.	1	2	3	4	5	DK
Healthy food is available in my community. Think about restaurants, grocery stores, corner stores, and farmers' markets that sell fresh or frozen fruits and vegetables, and other healthy options.	1	2	3	4	5	DK
There are pleasant places to be active near my home. Think about fitness centers, parks, trails, playgrounds, bike lanes, sidewalks, and places to move or use a wheelchair.	1	2	3	4	5	DK
My community is accessible to people with disabilities. Think about wheelchair ramps, vision and hearing accommodations in public places, and services for disabled people and their families.	1	2	3	4	5	DK
My community has enough housing for everyone. Think about cost, accessibility, cleanliness, and availability of housing.	1	2	3	4	5	DK

Adapted from Lake County Community Health Assessment, 2018

Would you like to tell us more about any of your responses above?

____

____

____

About You and Your Family

Answering the next set of questions helps us know we are getting the best picture of our community. You may skip any questions you prefer not to answer, but all answers are combined so you will not be linked to your answers.

28. What ZIP code do you live in?

29. What is your age?

30. Are you Hispanic or Latino/Latina/Latinx?
    - ❑ Yes
    - ❑ No

31. What is your race? **Check all that apply.**
    - ❑ White
    - ❑ Black or African American
    - ❑ Asian
    - ❑ Native Hawaiian or other Pacific Islander
    - ❑ American Indian or Alaska Native
    - ❑ Middle Eastern/North African
    - ❑ Multiracial
    - ❑ Other ____________
    - ❑ Do not know/not sure
    - ❑ Prefer not to answer

32. What is your current gender?
    - ❑ Female
    - ❑ Male
    - ❑ Transgender
    - ❑ Gender non-binary
    - ❑ Gender non-conforming
    - ❑ Two-Spirit
    - ❑ Choose not to answer
    - ❑ Other _________________________

33. What is your current sexual orientation?
    - ❑ Asexual

- ❑ Bisexual
- ❑ Gay
- ❑ Heterosexual or straight
- ❑ Lesbian
- ❑ Pansexual
- ❑ Queer
- ❑ Choose not to answer
- ❑ Other ________________

34. How many people currently live with you? Count adults, seniors, and children under 18? Number of adults (18 to 64 years)

    ______

    Number of seniors (65 and older)

    ______

    Number of children (birth to 17)

    ______

35. What is your gross household income (the amount before taxes and deductions are taken out) for last year(2021)? Your best guess is fine.
    - ❑ $0
    - ❑ $1 to $10,000
    - ❑ $10,001 to $20,000
    - ❑ $20,001 to $30,000
    - ❑ $30,001 to $40,000
    - ❑ $40,001 to $50,000
    - ❑ $50,001 to $60,000
    - ❑ $60,001 to $70,000
    - ❑ $70,001 to $80,000
    - ❑ $80,001 to $90,000
    - ❑ $90,001 to $100,000
    - ❑ $100,001 or more

36. What is your current employment status?
    - ❑ Employed full time (40 hours per week)

- ❑ Employed part time
- ❑ Seasonal, service industry, gig economy
- ❑ Self-employed
- ❑ Retired
- ❑ Unable to work due to illness, injury, or disability
- ❑ Homemaker or stay-at-home parent
- ❑ Family caregiver
- ❑ Student
- ❑ Unemployed

37. Have you ever been in prison?
    - ❑ Yes
    - ❑ No
    - ❑ No, but a family member has

38. Do you work more than one job?
    - ❑ Yes
    - ❑ No (If no, skip to question 40)

39. Do you **have to** work more than one job to afford your living expenses?
    - ❑ Yes
    - ❑ No

40. Have you lost a job or hours due to COVID-19?
    - ❑ Yes
    - ❑ No
    - ❑ No, but a family member has

41. What is your primary mode of transportation?
    - ❑ Personal car
    - ❑ Public transportation
    - ❑ Carpool with friends/family
    - ❑ Bicycle
    - ❑ Walking
    - ❑ Other (tell us): ____________________

42. Which of the following best describes your housing situation today? **Check all that apply.**

- ❑ I have housing and **I am not** worried about losing it
- ❑ I have housing, but **I am** worried about losing it
- ❑ I do not have my own housing, and I am staying with friends or family
- ❑ I am staying in a shelter
- ❑ I am staying in my car, a tent, or on the street
- ❑ I have housing but I do not feel safe there because of an unhealthy relationship
- ❑ Other (tell us): ____________________

43. **In the last year**, have you or your family had to go without anything from this list because you couldn't afford it?

	Yes	**No**	**Not Applicable**
Food			
Utilities (water, electricity, heat)			
Transportation			
Clothing			
Personal hygiene items (soap, shampoo, toilet paper, feminine products, etc.)			
Stable housing or shelter			
Medical care			
Medicine			
Childcare			
Dental care			

44. Do you know where to go if you need help with basic needs such as food, clothing, or housing?
    - ❑ Yes
    - ❑ No

End of survey – THANK YOU!

If you would like to be entered into a giveaway for a chance to win **one of five $100 digital gift cards**, please enter your email address below and select which gift card you'd like to receive.

- Your preferred email address (Your email address will only be used for the gift card drawing.)
  ____

- Which digital card would you like to receive (check just one):
  ❑ Amazon
  ❑ Safeway
  ❑ Starbucks

Thank you for completing the 2022 Community Health Assessment (CHA) survey.

APPENDIX 7

2022 Community Health Assessment (CHA) Survey Results

1. Do you have health coverage or insurance for you or anyone in your family?

Response	Count	Percent
Yes	807	95.5%
No	31	3.7%
I do not know	7	0.8%

2. What kind of health coverage or insurance do you have? Check all that apply for you and anyone in your family.

Response	Count	Percent
I have private coverage through an employer or family member's employer	383	37.2%
Medicaid, Oregon Health Plan (OHP)	186	18.1%
Yamhill Community Care (YCCO)	165	16.0%
Medicare	139	13.5%
A private plan that I pay for myself	71	6.9%
Other	50	4.9%
VA, TRICARE, or other military health care	23	2.2%
I do not know	6	0.6%
Indian Health Service (IHS)	6	0.6%

3. If you do **not** have health coverage or insurance, what are the main reasons why? Check all that apply.

Response	Count	Percent
It costs too much	26	52.0%
I am waiting to get coverage through a job	12	24.0%
Signing up for insurance is too confusing	5	10.0%
I have not had time to do it	3	6.0%
I do not think I need insurance	2	4.0%
Other	2	4.0%

4. If you or your family needed health care in the last year, did you get all the health care you needed? Check all that apply.

Response	Count	Percent
We got all the care we needed	532	59.4%
We got some but not all the care we needed	208	23.2%
We had to delay getting the care we needed	109	12.2%
We did not need care in the last year	24	2.7%
I do not know	13	1.5%
We got no care at all	9	1.0%

5. The last time you or anyone in your family put off or went without health care, what were the reasons? Check all that apply.

Response	Count	Percent
Cost	299	24.1%
Not applicable	234	18.8%
An appointment not available when I needed one	223	18.0%
COVID-19: appointment cancellation, concern of infection, or other related concerns	148	11.9%
Not having a health care provider	113	9.1%
Other	82	6.6%
Not knowing where to go	66	5.3%
Not having transportation	33	2.7%
Not having childcare	22	1.8%
Not having a health care provider who understands my gender identity	11	0.9%
Not having a health care provider who speaks my language	8	0.6%
Not having a health care provider who looks like me	3	0.2%

6. Do you feel that there are medical providers in your community available to you who understand your specific health needs and your background or culture?

Response	Count	Percent
Yes	697	83.1%
No	142	16.9%

7. A primary care provider is the person you see if you need a health check-up, annual well exam, want advice about a health problem, or get sick or hurt. Do you have a primary care provider for yourself?

Response	Count	Percent
Yes	716	84.8%
No	128	15.2%

8. In the last year, did you receive care using any of the following? Check all that apply.

Response	Count	Percent
Primary care provider	661	29.9%
Dental care provider	509	23.0%
Telehealth (video or phone visit)	349	15.8%
Emergency room	223	10.1%
Urgent care	221	10.0%
Mental health or substance use provider	208	9.4%
None of the above	38	1.7%

9. Which of these options best fits with how you see yourself?

Response	Count	Percentage
I am generally healthy and do not have a chronic disease (lifelong illness), mental health diagnosis, or learning disability	408	48.6%
I have a behavioral or mental health diagnosis (such as depression, anxiety, or ADHD)	167	19.9%
I have a chronic disease or lifelong illness, but it has a small impact on my life right now	137	16.3%
I have a complex chronic disease that has a major impact on my life right now	90	10.7%
I may have a condition, but I haven't been able to get a diagnosis or don't know where to go	37	4.4%

10.a. In the last year, did you get all the counseling or mental health services you needed?

Response	Count	Percent
I did not need counseling or mental health services	392	46.7%
Yes	277	33.0%
No	171	20.4%

10.b. If no, please check all the types of counseling or mental health services you did **not** receive

Response	Count	Percent
Treatment for a mental health condition like PTSD, depression, or anxiety	120	45.3%
Support for a personal problem	100	37.7%
Other kinds of care	29	10.9%
Counseling to quit tobacco, alcohol, or drug use	16	6.0%

11. In the last year, have you had concerns about alcohol, tobacco, or substance use?

Response	Count	Percent
No	733	87.5%

Yes	105	12.5%

12. If you answered "yes" to question 11, were you able to get the help you needed with alcohol, tobacco, or substance use in the last year?

Smoking cessation program	**Count**	**Percent**
Yes	30	31.3%
No	28	29.2%
Not Applicable	38	39.6%
Alcohol treatment program	**Count**	**Percent**
Yes	38	39.6%
No	18	18.8%
Not Applicable	40	41.7%
Medication-assisted treatment program (for example Suboxone)	**Count**	**Percent**
Yes	25	27.5%
No	13	14.3%
Not Applicable	53	58.2%
Substance use disorder counseling and treatment (not including alcohol)	**Count**	**Percent**
Yes	35	36.5%
No	16	16.7%
Not Applicable	45	46.9%

13. Do you know what to do if you or someone you know may hurt themselves or others?

Response	Count	Percent
Yes	616	75.1%
No	204	24.9%

14. How would you rate your overall physical health?

Response	Count	Percent
Excellent	80	9.5%
Very Good	250	29.6%
Good	330	39.1%
Fair	139	16.4%
Poor	46	5.4%

15. How would you rate your overall mental health?

Response	Count	Percent
Excellent	107	12.7%
Very Good	234	27.7%
Good	299	35.4%

Fair	169	20.0%
Poor	36	4.3%

16. How would you rate your overall dental health?

Response	Count	Percent
Excellent	111	13.1%
Very Good	269	31.8%
Good	242	28.6%
Fair	144	17.0%
Poor	79	9.3%

17. Does a physical, mental, or emotional condition limit your activities in any way?

Response	Count	Percent
No	446	53.0%
Yes	356	42.3%
Declined to answer	40	4.8%

18. In the last year, how often did you feel socially isolated or experience loneliness?

Response	Count	Percent
All of the time	31	3.7%
Most of the time	127	15.0%
Some of the time	423	50.1%
None of the time	263	31.2%

19. How often do you have someone available to do each of the following?

Love you and make you feel wanted	Count	Percent
All of the time	441	52.4%
Most of the time	225	26.7%
Some of the time	148	17.6%
None of the time	28	3.3%
Confide in or talk to about your problems	**Count**	**Percent**
All of the time	385	45.8%
Most of the time	252	30.0%
Some of the time	171	20.4%
None of the time	32	3.8%
Help you if you became suddenly ill or disabled	**Count**	**Percent**
All of the time	469	55.9%
Most of the time	185	22.1%
Some of the time	138	16.4%
None of the time	47	5.6%

20. In the last year, did you participate in a religious community? Check all that apply.

Response	Count	Percent
No	442	38.5%
Christianity	353	30.8%
No, but I am religious or spiritual	186	16.2%
No, I am agnostic or atheist	97	8.5%
Other	42	3.7%
Buddhism	10	0.9%
Islam	9	0.8%
Judaism	8	0.7%

21. If you take part in a religious or spiritual tradition, do you have a place to worship, gather, or practice (virtual or in person) in your community?

Response	Count	Percent
Yes	409	49.0%
No	113	13.5%
Does not apply to me	293	35.1%
I don't know	19	2.3%

22. During the last two weeks, how often have you felt the following:

Little interest or pleasure in doing things	Count	Percent
Nearly every day	46	5.5%
Over half the days	73	8.7%
Several days	244	29.2%
Not at all	473	56.6%
Feeling down, depressed, or hopeless	**Count**	**Percent**
Nearly every day	48	5.7%
Over half the days	66	7.9%
Several days	266	31.8%
Not at all	457	54.6%
Feeling nervous, anxious, or on edge	**Count**	**Percent**
Nearly every day	70	8.4%
Over half the days	108	13.0%
Several days	314	37.8%
Not at all	339	40.8%
Not being able to stop worrying	**Count**	**Percent**
Nearly every day	67	8.0%
Over half the days	80	9.6%
Several days	267	32.1%
Not at all	419	50.3%

23. Do you have or are you the main caregiver for any children (under 18 years of age)?

Response	Count	Percent
No	535	63.8%
Yes	303	36.2%

24. If you said “yes” to question 23, which of these options best fits with conditions your child(ren) have? Check all that apply.

Response	Count	Percent
My child is generally healthy and does not have a chronic disease (lifelong illness), mental health diagnosis, or learning disability	193	58.8%
My child has a behavioral or mental health diagnosis	68	20.7%
My child has a developmental delay or a learning disability	31	9.5%
My child has a chronic disease or lifelong illness, but it has a small impact on their life right now	18	5.5%
My child may have a condition, but I don’t know where to go to get a diagnosis or I can’t get the assessment they need	10	3.0%
My child has a complex chronic disease that has a major impact on their life right now	8	2.4%

25. If you said “yes” to question 23, what is the most important factor when choosing childcare or preschool for your child(ren)?

Response	Count	Percent
Quality of care	99	37.5%
Cost	46	17.4%
Distance from my home	22	8.3%
Works with my schedule	21	8.0%
Does not apply to me	20	7.6%
Open spots/availability for my child	17	6.4%
Centers that accommodate my child(ren)'s disabilities	13	4.9%
Other	11	4.2%
Provider/teacher to student ratio	10	3.8%
Provider respects my family's culture	5	1.9%

26. My family and I are prepared for emergencies (earthquakes, wildfires, extreme weather, and other natural disasters).

Response	Count	Percent
Strongly agree	82	9.8%
Agree	287	34.2%
Neutral	238	28.4%
Disagree	147	17.5%
Strongly disagree	64	7.6%

Do not know	21	2.5%

27. The following questions are about where you live. Please choose the response that best represents your opinion of each statement.

My community has health care options available.	Count	Percent
Strongly Agree	206	24.5%
Agree	350	41.6%
Neutral	124	14.7%
Disagree	80	9.5%
Strongly Disagree	35	4.2%
Don't Know	47	5.6%
People of all races, ethnicities, backgrounds, and beliefs in my community are treated well.	**Count**	**Percent**
Strongly Agree	104	12.4%
Agree	222	26.4%
Neutral	182	21.6%
Disagree	193	22.9%
Strongly Disagree	67	8.0%
Don't Know	73	8.7%
My community is accessible to people with disabilities.	**Count**	**Percent**
Strongly Agree	93	11.0%
Agree	320	38.0%
Neutral	178	21.1%
Disagree	95	11.3%
Strongly Disagree	22	2.6%
Don't Know	135	16.0%
My community is a good place to raise children.	**Count**	**Percent**
Strongly Agree	211	25.1%
Agree	326	38.8%
Neutral	170	20.2%
Disagree	48	5.7%
Strongly Disagree	17	2.0%
Don't Know	69	8.2%
People in my community can access mental health services and substance use disorder treatment.	**Count**	**Percent**
Strongly Agree	91	10.8%
Agree	262	31.1%
Neutral	167	19.8%
Disagree	113	13.4%
Strongly Disagree	51	6.1%
Don't Know	158	18.8%
My community has enough housing for everyone.	**Count**	**Percent**
Strongly Agree	37	4.4%
Agree	116	13.8%
Neutral	149	17.7%
Disagree	245	29.2%
Strongly Disagree	196	23.3%

Don't Know	97	11.5%
My community is a good place to grow older.	**Count**	**Percent**
Strongly Agree	183	21.7%
Agree	350	41.5%
Neutral	174	20.6%
Disagree	63	7.5%
Strongly Disagree	21	2.5%
Don't Know	52	6.2%
Healthy food is available in my community.	**Count**	**Percent**
Strongly Agree	237	28.1%
Agree	414	49.1%
Neutral	111	13.2%
Disagree	53	6.3%
Strongly Disagree	15	1.8%
Don't Know	13	1.5%
My community is clean.	**Count**	**Percent**
Strongly Agree	172	20.4%
Agree	422	50.1%
Neutral	162	19.2%
Disagree	62	7.4%
Strongly Disagree	19	2.3%
Don't Know	6	0.7%
There are pleasant places to be active near my home.	**Count**	**Percent**
Strongly Agree	274	32.5%
Agree	376	44.7%
Neutral	102	12.1%
Disagree	64	7.6%
Strongly Disagree	15	1.8%
Don't Know	11	1.3%

28. What zip code do you live in?

County Based on Zip Code	Count	Percent
Benton	1	0.1%
Clackamas	5	0.6%
Marion	13	1.5%
Multnomah	11	1.3%
Polk	21	2.5%
Tillamook	2	0.2%
Washington	36	4.3%
Yamhill	723	85.5%
Blank	34	4.0%

City Based on Yamhill County Zip Code	Count	Percent
Amity	17	2.4%
Carlton	21	2.9%
Dayton	27	3.7%
Dundee	19	2.6%

Lafayette	18	2.5%
McMinnville	331	45.8%
Newberg	211	29.2%
Yamhill	31	4.3%
Sheridan	33	4.6%
Willamina	15	2.1%

29. What is your age?

Response	Count	Percent
18-19	37	4.5%
20-29	154	18.6%
30-39	162	19.6%
40-49	176	21.3%
50-59	119	14.4%
60-69	106	12.8%
70-79	67	8.1%
80-89	4	0.5%
90-99	1	0.1%

30. Are you Hispanic or Latino/Latina/Latinx?

Response	Count	Percent
No	697	84.2%
Yes	131	15.8%

31. What is your race? Check all that apply.

Response	Count	Percent
American Indian or Alaska Native	40	4.3%
Asian	29	3.1%
Black or African American	22	2.4%
Middle Eastern/North African	6	0.6%
Multiracial	39	4.2%
Native Hawaiian or Other Pacific Islander	16	1.7%
White	684	73.4%
Other	46	4.9%
Do not know/not sure	7	0.8%
Prefer not to answer	43	4.6%

32. What is your current gender?

Response	Count	Percent
Female	565	67.6%
Gender nonbinary	5	0.6%
Gender non-conforming	2	0.2%

Male	234	28.0%
Transgender	3	0.4%
Two-Spirit	2	0.2%
Other	6	0.7%
Choose not to answer	19	2.3%

33. What is your current sexual orientation?

Response	Count	Percent
Asexual	34	4.1%
Bisexual	27	3.3%
Gay	8	1.0%
Heterosexual or straight	659	79.7%
Lesbian	6	0.7%
Pansexual	10	1.2%
Queer	11	1.3%
Other	9	1.1%
Choose not to answer	63	7.6%

34. How many people currently live with you? Count adults, seniors, and children under 18.

Number of adults (18-64 years)	Count	Percent
0	45	5.6%
1	142	17.8%
2	361	45.2%
3	124	15.5%
4	70	8.8%
5	32	4.0%
6	14	1.8%
7	3	0.4%
8	2	0.3%
9	3	0.4%
10	1	0.1%
22	1	0.1%
Number of seniors (65 and over)	**Count**	**Percent**
0	469	68.8%
1	115	16.9%
2	90	13.2%
3	4	0.6%
4	4	0.6%
Number of children (birth to 17 years)	**Count**	**Percent**
0	388	54.0%
1	135	18.8%
2	108	15.0%
3	68	9.5%
4	15	2.1%

5	3	0.4%
6	2	0.3%

35. What is your gross household income (the amount before taxes and deductions are taken out) for last year (2021)? Your best guess is fine.

Response	Count	Percent
$0	35	4.4%
$1 to $10,000	79	9.9%
$10,001 to $20,000	70	8.8%
$20,001 to $30,000	67	8.4%
$30,001 to $40,000	72	9.0%
$40,001 to $50,000	71	8.9%
$50,001 to $60,000	61	7.6%
$60,001 to $70,000	59	7.4%
$70,001 to $80,000	43	5.4%
$80,001 to $90,000	44	5.5%
$90,001 to $100,000	54	6.8%
$100,001 or more	145	18.1%

36. What is your current employment status?

Response	Count	Percent
Employed full time (40 hours per week)	331	39.5%
Employed part time	108	12.9%
Retired	105	12.5%
Student	79	9.4%
Unable to work due to illness, injury, or disability	68	8.1%
Homemaker or stay-at-home parent	49	5.9%
Unemployed	41	4.9%
Self-employed	40	4.8%
Family Caregiver	11	1.3%
Seasonal, service industry, gig economy	5	0.6%

37. Have you ever been in prison?

Response	Count	Percent
No	786	94.0%
Yes	28	3.3%
No, but a family member has	22	2.6%

38. Do you work more than one job?

Response	Count	Percent
No	702	84.8%
Yes	126	15.2%

39. If you said “yes” to question 38, do you have to work more than one job to afford your living expenses?

Response	Count	Percent
Yes	84	68.3%
No	39	31.7%

40. Have you lost a job or hours due to COVID-19?

Response	Count	Percent
No	617	74.3%
Yes	213	25.7%

41. What is your primary mode of transportation?

Response	Count	Percent
Personal car	699	83.4%
Walking	45	5.4%
Carpool with friends/family	42	5.0%
Public transportation	35	4.2%
Bicycle	17	2.0%

42. Which of the following best describes your housing situation today? Check all that apply.

Response	Count	Percent
I have housing and I am not worried about losing it	628	75.1%
I have housing but I am worried about losing it	125	15.0%
I do not have my own housing and I'm staying with friends or family	35	4.2%
Other	28	3.3%
I'm staying in a shelter	18	2.2%
I have housing but I do not feel safe there because of an unhealthy relationship	2	0.2%

43. In the last year, have you or your family had to go without anything from this list because you couldn’t afford it?

Food	Count	Percent
Yes	75	9.0%
No	732	88.1%
Not Applicable	24	2.9%

Personal hygiene items (soap, shampoo, toilet paper, feminine products, etc.)	Count	Percent
Yes	77	9.2%
No	731	87.8%
Not Applicable	25	3.0%
Childcare	**Count**	**Percent**
Yes	64	7.8%
No	515	62.6%
Not Applicable	244	29.6%
Clothing	**Count**	**Percent**
Yes	79	9.5%
No	729	87.5%
Not Applicable	25	3.0%
Utilities (water, electricity, heat)	**Count**	**Percent**
Yes	52	6.3%
No	748	90.0%
Not Applicable	31	3.7%
Stable housing or shelter	**Count**	**Percent**
Yes	50	6.0%
No	749	90.2%
Not Applicable	31	3.7%
Dental care	**Count**	**Percent**
Yes	157	18.9%
No	645	77.7%
Not Applicable	28	3.4%
Transportation	**Count**	**Percent**
Yes	116	13.9%
No	693	83.2%
Not Applicable	24	2.9%
Medical care	**Count**	**Percent**
Yes	135	16.3%
No	671	80.8%
Not Applicable	24	2.9%
Medicine	**Count**	**Percent**
Yes	105	12.6%
No	700	84.2%
Not Applicable	26	3.1%

44. Do you know where to go if you need help with basic needs such as food, clothing, or housing?

Response	Count	Percent
Yes	628	75.0%
No	209	25.0%

APPENDIX 8

Qualitative Data Analysis: Community Input

Prepared for Yamhill County CHNA Collaborative

Yamhill County, OR

Community Health Needs Assessment 2022

September 2022

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CONTENTS

Community Input 3
Vision for a Healthy Community 3
Community Strengths 3
Community Needs 3
Challenges in Obtaining Community Input 6
Appendices 7
Appendix 2: Community Input 7
Introduction 7
Methodology 7
Findings from Community Listening Sessions 10
Findings from Stakeholder Interviews 14
Limitations 27
Stakeholder Interview Questions 28
Listening Session Questions 29

COMMUNITY INPUT

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, the Yamhill County CHNA Collaborative conducted 13 stakeholder interviews including 15 participants, and 14 listening sessions with a total of 188 community members. All community input was collected between January and May 2022.

Vision for a Healthy Community

Listening session participants were asked to describe their vision of a healthy community. This question is important for understanding what matters to community members and how they define health and wellness for themselves, their families, and their communities. The following is a list of all the themes that emerged:

- People care about and support one another
- Access to clean, safe, and free parks and recreational opportunities
- Community connection and inclusion
- Resources to meet everyone's needs, including housing and food
- Safety
- Access to timely health care services, including mental health, dental, and vision care
- Equitable access to employment and good quality education

Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist, including the following identified by stakeholders:

- Strong partnerships and collaboration between community organizations in Yamhill County
- Community engagement and willingness to volunteer and help others
- Resilient and perseverant community members dedicated to building a better life for themselves and their families
- A wealth of resources and services designed to support the resident of Yamhill County

Community Needs

Listening session participants discussed a variety of needs, but the most common were **access to health care services; behavioral health challenges and access to care; recreation and community-building activities; homelessness and housing instability;** and **economic security and resources to meet people's basic needs.** Other needs included **transportation** and **racism, discrimination, and inclusion.**

Stakeholders were asked to identify their top five health-related needs in the community. Three needs were prioritized by most stakeholders and with high priority. They were also identified as important to listening session participants and are therefore designated as **high-priority health-related needs:**

Homelessness and housing instability	Both stakeholders and listening session participants emphasized that the high cost of housing is a burden for many families, along with little housing stock and often poor-quality rentals. The cost of housing has been increasing, but incomes are not, contributing to over-crowding and families making spending tradeoffs. Participants shared seeking housing assistance is frustrating and time consuming, with stakeholders noting there is a lack of available units for people with housing vouchers. There is especially a need for more accessible housing for older adults and people with disabilities, as well as safe, supportive housing for people with behavioral health challenges. People formerly incarcerated and the Latino/a community may experience additional barriers to finding affordable rentals and supportive housing services. Listening session participants spoke to needing to address the increase in homelessness, ensuring there are sufficient shelters, hygiene services, and wraparound supports to keep people housed.
Behavioral health challenges and access to care (mental health and substance use/misuse)	Stakeholders shared that addressing mental health and substance use/misuse in the community is a major need that should be addressed collectively. Listening session participants and stakeholders noted a need for more mental health providers to reduce wait times, a local detox facility, and improved continuity of care after inpatient behavioral health care. They also shared a need for more bilingual and bicultural providers, particularly for the Spanish-speaking community, and a concern for the mental health of young people. Other populations that may need support accessing responsive care include people with a developmental disability, people formerly incarcerated, and the Latino/a community. The COVID-19 pandemic has negatively impacted people's mental health and recovery, leading to increased relapse, isolation, anxiety, and depression. It has also increased isolation, affecting people's feeling of belonging and support.
Economic insecurity, including education and job skills	Listening session participants and stakeholders discussed the importance of ensuring people have the income and resources to meet their basic needs. Both groups emphasized a need for job skills training and equitable wages, particularly for the Spanish-speaking community. They also discussed a need for more affordable childcare options to ensure parents can work. Stakeholders shared populations that may be disproportionately affected by economic insecurity include the Latino/a community, people formerly incarcerated, people in recovery, and first generation college students. Listening session participants suggested making people more aware of the resources available in the community, providing application assistance, and specifically offering support for families with incomes slightly above the threshold to qualify for government assistance programs. Due to the COVID-19 pandemic, some parents were forced to leave their jobs to care for their children and others lost jobs or hours, affecting families' overall stability and mental health.

The following needs were frequently prioritized by stakeholders and discussed by community members. They represent the **medium-priority health-related needs,** based on community input:

Access to health care services	Stakeholders and listening session participants were particularly concerned about long wait times for appointments, noting a need for more primary care providers and specialists. They also discussed a lack of bilingual and bicultural providers, noting a need for more Spanish-speaking providers. Listening session participants discussed needing more respectful care, ensuring all patients are treated with dignity. Other barriers include transportation, the cost of care and insurance challenges, and a lack of health literacy. Stakeholders were particularly concerned about mixed-status families accessing needed care, migrant and seasonal farmworkers, people experiencing homelessness, and people with developmental disabilities. The COVID-19 pandemic highlighted the importance of building trust and sustained communication with communities, particularly the Spanish-speaking community. Many people have delayed needed care or experienced increased barriers to care during the pandemic.
Access to safe, reliable, affordable transportation	Stakeholders and listening session participants noted a need for more safe, reliable, and affordable transportation. Stakeholders discussed there is a need for improved transportation between towns within Yamhill County, as well as out of the county to larger cities like Portland. Extended bus hours and improved accessibility for people with disabilities are also important. Listening session participants shared transportation is needed to not only get to medical care, but also to the bank, grocery store, and social services. Transportation to medical care may be especially challenging for veterans going to the VA, people experiencing homelessness, and patients on Medicare. Formerly incarcerated individuals may not have access to a driver's license, limiting transportation. Support for walking and biking paths could improve people's transportation options and co-locating services would reduce transportation barriers.
Food insecurity	This need was primarily identified by stakeholders. They were primarily concerned about the high cost of healthy food options, affecting the health of families with low incomes. They shared that while food banks help many people, they may not provide enough protein or fresh foods. Some community members may not be aware of the available food resources and others have difficulty accessing the food bank because of transportation or hours of availability. Stakeholders shared people who have lost jobs or wages due to the pandemic have requested support getting food assistance.

Racism, discrimination, and inclusion	Listening session participants shared that racism and discrimination towards Black, Brown, Indigenous and People of Color (BBIPOC) communities, people with disabilities, and people identifying as LGBTQIA+ affect their feeling of safety and belonging. Stakeholders were concerned about how discrimination contributes to bullying in schools, particularly towards LGBTQIA+ identifying students, and how racism in the criminal legal system disproportionately affects Black men. They spoke to how racism and discrimination affect people's mental health. Listening session participants shared a need to ensure more disability inclusion in the community, for example, wanting more accessible playgrounds, bathrooms, stores, etc.
Recreation and community-building activities	This need was primarily identified by listening session participants. They frequently spoke to the importance of having community spaces for people to be active and spend time together. They want these spaces to be for people of all ages and physical abilities, and to be free or low cost. They mentioned accessible playgrounds, cultural celebrations, block parties, Zumba classes, and more. They discussed the importance of safe and clean green spaces, as well as free indoor spaces. These spaces are important for bringing together cultural communities and reducing isolation.

Challenges in Obtaining Community Input

While video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, due to many community organizations engaging in COVID-19 response, some organizations had limited capacity and were not able to participate in interviews.

See Appendix 2: Community Input

APPENDICES

Appendix 2: Community Input

INTRODUCTION

The Yamhill County CHNA Collaborative conducted stakeholder interviews and listening sessions. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. The Collaborative conducted 13 stakeholder interviews including 15 participants, people who are invested in the well-being of the community and have first-hand knowledge of community needs and strengths. They also conducted 14 listening sessions with a total of 188 community members. The goal of the interviews and listening sessions was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

METHODOLOGY

Selection

The Yamhill County CHNA Collaborative completed 14 listening sessions that included a total of 188 participants. The sessions took place between February 2 and May 16, 2022.

Table_Apx 1: Community Input

Community Input Type and Population	Location of Session	Date	Language
Listening session with governmental advisory board for Yamhill County	Virtual with Yamhill County Board of Health	3/2/2022	English
Listening session with Dayton representatives	Virtual with Dayton Service Integration Team	3/15/2022	English
Listening session with McMinnville representatives	Virtual with McMinnville Service Integration Team	4/13/22	English
Listening session with community members who experience mental health or substance use challenges, peer support employees	Provoking Hope	4/28/2022	English
Listening session with veterans	VA	5/10/2022	English
Listening session with Yamhill Carlton representatives	Virtual with Yamhill-Carlton SIT	4/6/22	English
Listening session with community members that work to support families	Virtual with Family Well Being Council	5/4/2022	English
Listening session with homeless individuals	In Person at GRM with Gospel Rescue Mission	4/30/22	English
Listening session with parents	Virtual with Parent Leadership Council	3/7/22	English
Listening session with Spanish-speakers	Dayton with Unidos	5/16/2022	Spanish
Listening session with West Valley representatives	Virtual with West Valley SIT	3/3/22	English

Listening session with high schoolers	Willamina High School with Willamina School District	4/28/22	English
Listening session with clinical providers	Virtual with the YCCO Quality and Clinical Advisory Panel	2/22/22	English
Listening session with Sheridan representatives	Virtual with Sheridan Service Integration Team	4/5/22	English

The Yamhill County CHNA Collaborative conducted 13 stakeholder interviews including 15 participants overall between January and March 2022. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically poor and vulnerable. The collaborative aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

Table_Apx 2. Key Community Stakeholder Participants

Organization	Name	Title	Sector
City of Newberg	Denise Bacon	City Councilor	Local government
George Fox University	Bill Buhrow	Dean of Student Services Director, Health and Counseling Services	Mental health, education
Lutheran Community Services Northwest	Jordan Robinson	District Director	Behavioral health, family and community support, refugee and immigrant services, child welfare, aging, crime victim services
Northwest Senior and Disability Services	Kristi Long	Program Manager	Disability and aging services
Provoking Hope Recovery Services	Diane Reynolds	Chief Executive Officer	Substance use disorders
Remnant Initiatives	Jodi Hansen	Executive Director	Post-incarceration and previous criminal legal system involvement
Student Health, Wellness, and Counseling at Linfield University	McKenzie Thurman	Physician Assistant	Access to health care, mental health, education
Unidos Bridging Community	Alejandra Cortes	OHP Outreach & Enrollment Assister	Support services, advocacy, and education for the Latino community
	Miriam Vargas Corona	Executive Director	
Virginia Garcia Memorial Health Center	Angela Hurley	Director of Operations	Access to health care

	Nichole Boyer	Primary Care Clinic Manager	
Willamette ESD	Cassie B. Stafford	LCSW Senior Manager of Mental Health & Behavior	Mental health, education
Yamhill Community Action Partnership	March Runner	Director of Housing Stabilization	Housing and homelessness
Yamhill County Health and Human Services	Chelsea Randall	Program Manager, Yamhill County Developmental Disabilities Program	Developmental disabilities
Yamhill County Juvenile Department within the Yamhill County Department of Community Justice	Jackie Lee	Juvenile Probation Officer	Criminal legal system

Facilitation Guides

For the listening sessions, participants were asked an icebreaker and three questions (see Listening Session Questions for the full list of questions):

- Community members' definitions of health and well-being
- The community needs
- The community strengths

For the stakeholder interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2022 CHNAs (see Stakeholder Interview Questions for the full list of questions):

- The community served by the stakeholder's organization
- The community strengths
- Prioritization of unmet health related needs in the community, including social determinants of health
- The COVID-19 pandemic's effects on community needs
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations

Training

The facilitation guides provided instructions on how to conduct a stakeholder interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a stakeholder interview and listening session and were provided question guides.

Data Collection

Stakeholder interviews were conducted virtually and recorded with the participant's permission. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of stakeholder, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code "food insecurity" can occur often with the code "obesity." Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions, although rather than recordings, notes were used. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

FINDINGS FROM COMMUNITY LISTENING SESSIONS

Vision of a Health Community

Listening session participants were asked to share their vision of a health community. The following themes emerged:

- **People care about and support one another:** In a healthy community people volunteer to help one another, everyone has support, and people are engaged in making the community better. They described a respectful and united community. Importantly, parents and older adults are supported in a healthy community.
- **Access to clean, safe, and free parks and recreation opportunities:** Green spaces for young people to be active and play are important in a healthy community. The spaces should be clean and safe. Also important are walking paths, as well as activities inclusive of people with disabilities.
- **Community connection and inclusion:** In a healthy community, all people feel included and have positive connections. The community is engaging in conversations and there is communication between organizations and the public. All ages are valued and included.
- **Resources to meet everyone's needs, including housing and food:** Having an up-to-date resource guide and easy access to resources to meet people's needs is important in a healthy community. People should be able to access information and resources in Spanish as well. Having stable, affordable housing and access to healthy, culturally relevant foods is also important.
- **Safety:** People feel safe being out in the community and interacting with others. There is no crime, violence, or abuse.
- **Access to timely health care services, including mental health, dental, and vision care:** In a healthy community everyone can access needed medical, vision, and dental care. Services to support people's mental and emotional well-being are also available.
- **Equitable access to employment and good quality education:** Jobs that pay a living wage and access to free education opportunities are important in a healthy community.

Community Needs

High priority community needs identified from listening sessions

- **Access to health care services:** Listening session participants were primarily concerned with long wait times for appointments, noting a need for more primary care providers and specialists. They also shared a need for more affordable insurance options for people with incomes slightly above the Medicaid threshold, as well as providers that accept OHP. They discussed the need for more respectful and responsive care, ensuring it is trauma informed and culturally responsive. Having more bilingual and bicultural providers, particularly ones that speak Spanish, is important. Participants noted transportation can be a barrier for veterans getting to the VA hospital in Portland. Older adults have few options for long-term care.
- **Mental health and substance use/misuse:** Listening session participants noted a need for more mental health providers to address long wait lists and ensure timely care. They want mental health services to be easier to access and affordable for all people. They were particularly concerned about young people, noting a need to address unhealthy technology use and to provide tools for managing stress. They also noted a need for more Spanish-speaking mental health providers. Related to substance use/misuse, they suggested more community resources to address the challenge and more community education.

- **Recreation and community-building activities:** Participants frequently spoke to the importance of having community spaces for people to be active and spend time together. They want these spaces to be for people of all ages and physical abilities, and to be free or low cost. They mentioned accessible playgrounds, cultural celebrations, block parties, Zumba classes and more. They discussed the importance of safe and clean green spaces, as well as free indoor spaces. These spaces are important for bringing together cultural communities and reducing isolation.
- **Homelessness and housing instability:** Participants emphasized the need for more affordable housing, saying people spend too much of their income on housing. Community members are seeing their rent increase while the housing quality is often not good. They also spoke to needing to address homelessness, ensuring there are wraparound supports to keep people housed, shelters, and hygiene services. Participants shared seeking housing assistance is frustrating and time consuming. There is especially a need for more accessible housing for older adults and people with behavioral health challenges.
- **Economic security and resources to meet people's basic needs:** Listening session participants spoke to needing supports to meet their basic needs, including fair wages, job skills training, and opportunities, and childcare. They shared there needs to be more supports for families with incomes slightly above the threshold to qualify for government assistance programs. Participants discussed the importance of ensuring people know what resources are available in the community, emphasizing information should be available in Spanish as well. To access the available resources people need support completing applications for services.

Medium priority community needs identified from listening sessions

- **Transportation:** Participants spoke to a need for more affordable, reliable transportation. They noted transportation is needed specifically to get to medical care, but also to the bank, grocery store, and social services. Veterans specifically need reliable transportation to the VA. Support for walking and biking paths could improve people's transportation options and co-locating services would reduce transportation barriers.
- **Racism, discrimination, and inclusion:** Listening session participants shared that racism and discrimination towards BBIPOC people, people with disabilities, and people identifying as LGBTQIA+ affects their feeling of safety and belonging. To address this, they suggested specific support groups and more opportunities for people to get to know one another across differences. They noted a need for more community education about different cultures and races and ensuring more equitable distribution of resources and pay.

  The theme of disability inclusion was woven throughout other needs: recreation and community-building activities, housing, and transportation. Listening session participants shared a need for more support and activities for families with children with developmental disabilities. They noted wanting more accessible playgrounds, bathrooms, stores, and more. They shared neighborhoods could be more inclusive by incorporating more ramps and more social experiences for people with disabilities. Making homes more accessible for people with disabilities and limited mobility is also important.

- **Safety**: Listening session participants shared the importance of feeling safe in their communities, particularly to walk and play outside with their families. They shared ensuring there is adequate lighting and addressing homelessness and substance use/misuse is important. Safe sidewalks and bike lanes may help improve safety. They also noted the importance of people speaking up when they see something unsafe.

Community Strengths

The following table includes programs, initiatives, or other resources that members noted are working well for them.

Area of Need	Program, Initiative, or Other Resource
Access to health care	• CaCOON nursing home visiting program for children with special health needs • Collaboration efforts between Yamhill County Public Health, Yamhill Community Care Organization, and local health systems • Yamhill Community Care Organization (YCCO) • Yamhill County Public Health's Community Connect Events
Behavioral health	• Provoking Hope • Transitional Treatment Recovery Services (TTRS)
Community resources and information	• Buses • Good360 Furniture Bank • Hope on the Hill • Libraries • Oregon Human Development Corporation • Resource events • Yamhill County Service Integration Teams (SITs) through Yamhill Community Care Organization
Domestic violence and trafficking	• Henderson House
Education	• Head Start • Teachers and school staff
Family support	• A Family Place Relief Nursery, including the diaper banks • FamilyCore
Food security	• Community garden • Farmer's marker • Food bank • Supplemental Nutrition Assistance Program (SNAP)
Housing and homelessness	• Yamhill Community Action Partnership (YCAP), specifically the use of a local motel for affordable housing
Latino/a services	• Unidos Bridging Community

Recreation	• Indoor track in McMinnville • Natural resources and beautiful location • Yamhill County Parks & Recreation

FINDINGS FROM STAKEHOLDER INTERVIEWS

Community Strengths

The interviewer asked stakeholders to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Strong Partnerships and Collaboration

Stakeholders shared there is a strong culture of collaboration between partners in Yamhill County. Community organizations are working towards the same goals to support people that need help, especially people with low incomes. There is a lot of collaboration between social service organizations that strive to wrap around patients.

Examples of successful collaboration include the CCO meetings that bring service providers together, the Drug Court System, and the MAT program with HHS. There are also a lot of examples within teams of sharing resources and discussing how best to support clients. There are also meaningful collaborations between school districts and community partners in Yamhill and Polk Counties to ensure services meet students' needs.

To leverage this strength, stakeholders suggested creating mutually reinforcing solutions that benefit multiple organizations and pool resources. They suggested creating structures for more communication between organizations that are serving the same populations. One example is between homeless service providers. If one shelter is full, they can coordinate with another shelter to redirect folks to open beds. Stakeholders also noted the importance of organizations knowing what services other community based organizations provide so that they can connect patients to other needed services.

> *"Making sure you determine what the individual really needs and get that to them because when you're working with somebody that's coming in for services, you have to determine what they want and what they need."—Community Stakeholder*

Community Engagement and Willingness to Help

Stakeholders described a community of generous people willing to volunteer and help others. The Latino/a community was named as one that is very connected and generous, with neighbors sharing what they have with one another.

Examples of this engagement include community members becoming Community Health Workers (CHWs) or Promotores who are embedded in the communities they serve and make people feel safe seeking services. Strong communities developed through cultural identity, religious affiliation, or neighborhoods make people feel connected.

To leverage this strength, stakeholders suggested partnering more with churches and CHWs with trusted relationships to help reach populations. They also suggested leveraging the strength of volunteers to have them provide mentorship to people who may have difficulty navigating health care or other systems.

Resilient and Perseverant Community Members

Stakeholders described the people they serve as resilient, perseverant, and hard working. They described young people as building their resiliency. They identified people who are formerly incarcerated as invested in and very motivated to building a better life for themselves where they are successful and belong, focusing on working, raising their children, etc. They named the Latino/a community as incredibly hard working and determined. If someone is unsure of how to do something, they will learn and help one another figure it out.

> *"[The Latino/a] community is very resilient, very hard-working, very family-oriented and driven, also very faith-oriented and dedicated to creating a better life for themselves and their families. Good citizens of the community."—Community Stakeholder*

A Wealth of Resources and Services in Yamhill County

Stakeholders shared there are a lot of resources and services designed to support the residents of Yamhill County and many organizations with trusted relationships. They identified college or university campus resources as a strength because they are designed to meet most of the students' needs. There is a wealth of health care options in the community as well. Specifically, there are providers that specialize in working with individuals with intellectual disabilities and offer house calls. This is a strength for providing inclusive care. There are churches and Community Health Workers with trusted relationships in the community.

To leverage all of these resources, stakeholders suggested more awareness of the different services available. This could be through more communication, open houses, or other forms of exposure so that service providers can better connect community members to resources that may benefit them.

High Priority Unmet Health-Related Needs

Stakeholders were asked to identify their top five health-related needs in the community. Two needs were prioritized by most stakeholders and with high priority. Four additional needs were categorized as medium priority. Stakeholders were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Behavioral health challenges and access to care (mental health and substance use/misuse)
3. Economic insecurity, including education and job skills

Homelessness and housing instability

Stakeholders shared that homelessness takes a variety of forms. Some people may be experiencing chronic homelessness, others may have lost their job and home and need a little help getting stable, while others may have a behavioral health challenge that affects their housing. Understanding these different situations is important for addressing homelessness.

Stakeholders emphasized that the high cost of housing is a burden for many families, along with little housing stock and often poor-quality rentals. The cost of housing has been increasing, but incomes are not, contributing to over-crowding and families making spending tradeoffs. Stakeholders reported seeing more multi-generational homes with young people and older adults unable to afford living on their own. Stakeholders particularly see Latino/a families seeking homes that accommodate larger families, which can be difficult to find.

The high cost of housing creates a lot of stress and worry for families seeking to meet their basic needs.

> *"Everything is going up except for wages. People are spending way more than the 28%, 30% that the federal government says you should spend on housing and housing needs. That's going up. No one's being realistic about what it actually costs for a home or figuring out ways to make sure that we have that middle housing where the hardworking humans that live here can have somewhere to live."—Community Stakeholder*

Participants shared seeking housing assistance is frustrating and time consuming, with stakeholders noting there is a lack of available units for people with housing vouchers. To apply for Oregon Rental Assistance, applicants need access to a computer and internet, which can be a barrier for some people. Once people navigate the application and are approved, they could spend years on wait list because there are limited homes available.

> *"We have a lot of people out with vouchers that we can't get into homes because there's no homes to get them into."—Community Stakeholder*

> *"We're a small community, we're a small county and our services are limited, our resources are limited. We have long waitlists for the housing needs. I talked with one of my outreach workers, and she was saying that there's like a three-year wait to be on the housing list. It's like, what do you do for those three years? I think our resources are limited."—Community Stakeholder*

There is especially a need for housing services for the following populations:

- People with disabilities: There is a need for safe and reliable housing for people with disabilities who are their own guardian. A priority should be to ensure everyone with a disability has a safe living situation.
- People with behavioral health challenges: Stakeholders emphasized the importance of taking a Housing First approach. Addressing behavioral health challenges can be difficult if a person is living unsheltered or unstably housed. This population may experience additional barriers to accessing housing because they may not meet qualification criteria. Another concern is ensuring all people discharged from inpatient behavioral health care have a safe place to stay. There is a growing need for supportive housing with on-site support for folks transitioning out of recovery or managing a behavioral health challenge.
- Older adults: Stakeholders were concerned about an increase in older adults experiencing homelessness, due to a lack of affordable housing.

- People formerly incarcerated: Housing is critical for people transitioning from incarceration to re-entry. Landlords are legally allowed to deny people formerly incarcerated from renting from them, creating more challenges finding a stable, affordable place to live.
- The Latino/a community: Stakeholders noted that Latino/a families experiencing homelessness are often identified through the schools. There may be opportunity to do more intentional outreach to connect with folks not engaged in schools that may not be receiving needed services.

The COVID-19 pandemic affected housing on college campuses with some students feeling uncomfortable living in a dorm setting. It was also difficult to isolate and quarantine students on campus when there was a spike in cases. Isolating was also more difficult for people living in crowded homes.

Managing COVID-19 in homeless shelters was also difficult, particularly because of limited ability to enforce masking, social distancing, and vaccines.

The cost of housing continued to increase during the pandemic and there was less turnover of housing units making it difficult for people looking for rentals. Some people decided to move out of urban areas during the pandemic, affecting the housing market.

> *"I believe that the COVID pandemic has, like I said, with housing the housing's not coming available because nobody's moving. A lot of people that would want to take a job someplace else or another state have been staying put until things calm down and things get back to semi-normal."—Community Stakeholder*

Behavioral health challenges and access to care (mental health and substance use/misuse

Stakeholders shared that addressing mental health and substance use/misuse in the community is a major need that should be addressed collectively through partnership and collaboration.

> *"Mental health has just been a real challenge. I really think as a community, the need exists, and trying to figure out how best to serve it, and in what environment, and with which partners is really a discussion that I would love to see happen there."—Community Stakeholder*

Stakeholders noted a need for more mental health providers to reduce wait times. There are currently limited mental health options, potentially due to staffing challenges and turnover. There is also a need for a local detox facility, as currently people have to travel out of the community. Wait times to get into a detox center can be a deterrent for folks ready in the moment to receive supports. Other substance use/misuse treatment needs include a local residential treatment center and Medication Assisted Treatment services in clinics.

Improved continuity of care after inpatient behavioral health care is needed to ensure a follow up plan is communicated to the patient's care team. Continued community education on substance use/misuse and mental health can help develop greater understanding of and compassion for these challenges.

Populations that may need support accessing responsive care include the following:

- The Latino/a community: There is a strong need for more bilingual and bicultural providers to serve the Spanish-speaking community.

  “Mental health providers that speak Spanish are so hard to find in Yamhill County. They're like unicorns, [chuckles] and the ones that are available, they're so booked, it's so hard to get an appointment with them.”—Community Stakeholder

  “I would say children and individuals that English is not their first language, or they don't speak English. I know that our service coordinators, we have a couple of bilingual [ones] that work directly with Spanish speaking individuals and families. That has been a subgroup of people that just haven't been able to get needs met because of language barriers, or the written documentation, it's provided in English or not understanding, and heavily relying on children or other family members to translate for them.”—Community Stakeholder

  Historical trauma, racism, and stress contribute to the mental health needs of the Latino/a community. Children may have mental health challenges from seeing their own parents' difficulties. Stakeholders spoke to the difficulties some children of immigrants may experience. Growing up between two cultures, that of one's immigrant parents and the American culture, can affect children's identity and feeling of belonging.

  “In [immigrant Latino/a] families, the children and youth go through a process where you grow up between two cultures, the like ‘American culture’ and then the culture of your family. Kids tend to go through this identity crisis or identity dysmorphia, I don't know what you want to call it, where it's really confusing, like, ‘I don't feel like I belong in my family's culture because I didn't grow up there, but I don't feel like I belong in the dominant culture here either.’ You feel like you don't belong there and you don't belong here, so where do you belong?”—Community Stakeholder

  “I think [the Latino/a] community has a lot of historical trauma that they experience with and have to deal with on a daily basis. We may not call it that, but that's what it is. Our community, over their lifetime, it's very common to have experienced very hard lives. There's a lot of times where we live day to day with that stress. We carry that stress and that trauma very commonly.”—Community Stakeholder

- Young people: Stakeholders were concerned about young people having access to mental health and substance use/misuse services, particularly young people involved in the criminal-legal system. Additionally, they were concerned about the mental health effects of the pandemic, particularly for Latino/a children, and identified children with private insurance plans as having more difficulties accessing providers compared to those on Oregon Health Plan.
- People with developmental disabilities: Providers may not always have the knowledge or expertise on how to best meet the mental health and behavioral needs of patients with intellectual or developmental disabilities. There is a need for coordination between developmental disability services and mental health services to promote timely care.
- People formerly incarcerated: There is a need to provide support after incarceration to help folks build self-efficacy and confidence to navigate life's challenges and address their own

needs. This helps avoid despair. Stakeholders were concerned about how incarceration can cause trauma to entire families.

- People experiencing homelessness: Behavioral health challenges can prevent people from remaining stably housed.

Racism and discrimination contribute to the mental health needs of Black, Brown, Indigenous, and People of Color (BBIPOC) communities, as well as people identifying as LGBTQIA+. Hostility towards these groups can lead to isolation and affect feelings of belonging.

> *"I certainly think about some of the hostility towards minority populations in Newberg and how that's affecting school aged children and the community at large makes me concerned for the mental health and suicidality in that community. Intolerance, I guess, intolerance driving, isolation and mental illness."—Community Stakeholder*

The COVID-19 pandemic has negatively impacted people's mental health; stakeholders report seeing increased depression, anxiety, isolation, and stress. People have had less opportunity to connect with their family members and stress related to finances and jobs increase anxiety and depression.

> *"When you are economically unstable, unstably housed, if at all, dealing with mental health issues, dealing with your addiction issues, we have seen a profound increase in relapse, seen a profound increase in mental health, deterioration of mental health issues for people that have been out doing really well."—Community Stakeholder*

With school closures, students may not have had access to mental health services. This could contribute to increased anxiety and hopelessness for young people. Stakeholders reported seeing an increase in mental health needs for younger kids and increased family dysfunction.

> *"I think that anxiety, in particular, is quite high. One area that concerns me that I've heard from colleagues around the country, I will say, in the mental health field is young people are really faced with challenges that we didn't when we were their age, and so how are you hopeful? How can you help them feel hopeful? I don't have data on this necessarily but it feels like there are more people that are hopeless and that in itself is an indicator that suicidality is most likely on the rise."—Community Stakeholder*

Stakeholders also noted the stress of the pandemic and increased isolation has been challenging for people's recovery.

Increased telehealth behavioral health services worked for some people, but many prefer face-to-face support. Socialization for folks with a developmental disability was also moved to virtual during part of the pandemic, which is not as stimulating as in person.

Economic insecurity, including education and job skills

Economic security is important for ensuring people have stable housing, healthy food, and other necessities. When people are unable to meet their basic needs, it contributes to stress and mental health challenges.

Stakeholders emphasized a need for more flexible job and workforce training, particularly training offered in Spanish and in the evenings or weekends. Individuals trying to meet their family's immediate needs may not have the time or energy to spend on developing their long-term capacity-building skills. People formerly incarcerated could potentially have thousands of dollars of fees they need to pay and immediate concerns like paying rent.

> *"Our community can't afford to quit their job to go get a higher education. It's almost like you're stuck in terms of your economic mobility because the resources available are not meant for you and your needs. [The workforce training programs are] not thinking about the non-English speaker who needs to keep their full-time job to raise their kids and provide."—Community Stakeholder*

> *"If you know that you're going to have a roof over your head for six months, no matter what, you can take some risks to do that job training. As it stands right now, all of the job training, all of those supportive services, they all occur Monday through Friday nine to five. If you know that, 'I'm in helping hands, I'm in a transitional living situation but I have to pay my rent.' You're going to be focused on the immediate need and not the long-term capacity-building skills."—Community Stakeholder*

Job applications that are online can be a barrier for people who may not have the technology or skills to complete them.

They also discussed a need for more affordable childcare options to ensure parents can work. This is very challenging for families with low incomes. Evidence demonstrates that programs like preschool, WIC, and TANF improve the lives of children and their parents. Therefore, investing in programs that meet basic needs for families is important.

Stakeholders shared populations that may be disproportionately affected by economic insecurity include the following:

- The Latino/a community: Professional degrees from another country may not be accepted in the United States. Language barriers and immigration status may also contribute to people being paid lower wages. First generation, Latino/a college students may not receive the same level of support in navigating the education system.
- People formerly incarcerated: Finding employment can be difficult for people formerly incarcerated. They may experience employers not wanting to hire them and leave prison with fines and conditions that make it hard to become financially stable. For example, they may have their license revoked making getting to work difficult. It is important they develop skills to help them succeed in a professional setting.
- People in recovery: A Substance Use Disorder could have interrupted or affected a person's education and skill development. There is a need to support skill development as people seek job opportunities.

Due to the COVID-19 pandemic, some parents were forced to leave their jobs to care for their children and others lost jobs or hours, affecting families' overall stability and mental health. Virtual schooling was challenging for many families, particularly those without the necessary technology.

"Originally at the beginning, I would say of the pandemic, the school piece of it was hard for a lot of our clients, because they didn't have computers, or they just were never going to do it on their computers. I think now that they're in school, I think that has settled down. At the beginning of the pandemic, it was a gap in meeting the needs of higher-risk kids that struggle with school."—Community Stakeholder

Stakeholders reported their agencies are seeing many requests for assistance to meet their basic needs.

"Our social care navigators, our outreach workers, our community health workers basically, they have been getting an enormous amount of requests for assistance for things like, of course, food and gas because transportation and food insecurities are huge within our patient population. Just basic toiletry needs, coats, so clothing assistance."—Community Stakeholder

The pandemic also effected tourism, which generates jobs and revenue for the community.

Medium Priority Unmet Health-Related Needs

Four additional needs were often prioritized by stakeholders:

4. Access to health care services
5. Access to safe, reliable, affordable, transportation
6. Food insecurity
7. Racism, discrimination, and inclusion

Access to health care services

Stakeholders were particularly concerned about long wait times for appointments, noting a need for more primary care providers and specialists. They also discussed a lack of bilingual and bicultural providers and navigators, noting a need for more Spanish-speaking providers and care navigators. A lot of written health information is in English, meaning people have to rely on a family member to translate. There is a need for more access to interpretation services to meet the needs.

Other barriers include the following:

- Transportation: Stakeholders shared there need to be more functional bus routes and longer service hours, particularly in the evenings. Public transportation needs to be more accessible for patients with a disability. Patients with Medicare may need additional transportation support.

  "I think more functional bus routes, perhaps longer servicing hours. The other thing that we find is there are not resources for our Medicare patients, so our older population, our seniors in the area, they a lot of times don't qualify for any type of transportation through their insurances. There isn't a group that you can call that focuses on senior transportation."—Community Stakeholder

- Cost of care and insurance challenges: Affording health care needs can be challenging for people that are considered uninsured or underinsured. The fear of a large bill prevents people from seeking care. There is a need for more free health care services, potentially leveraging students from nearby medical schools to provided needed services. When people come to Yamhill from

out of town, they may have a different county's CCO or have Washington's Apple Care, adding a barrier to accessing care with their insurance.
- Lack of health literacy: Improving health literacy may improve access to care as it can support patients in engaging in their own health. Basics, including where to access care, when to use the ED, when to use a PCP, and the basics of nutrition and medication are crucial areas of learning.

> *"As we work with team-based care and patient-centered healthcare, we're going to have to continue to push the health literacy, I think, with our patients to help them understand that they're a driving force in their health. It really goes back to just basics."—Community Stakeholder*

Stakeholders were particularly concerned about the following populations accessing needed care:

- Mixed-status families: Concerns related to immigration prevent people from accessing care. They may only have insurance coverage for emergencies and the birth of a child. Fear of the cost of care can prevent people from seeking care.
- Migrant and seasonal farmworkers: Transportation barriers can prevent migrant and seasonal farmworkers from accessing care. Stakeholders stated they know there are farmworkers who are not seeking care at local clinics.
- People experiencing homelessness: There is a need for improved discharge planning to ensure people are not discharged to the street. People experiencing homelessness may also experience transportation barriers getting to primary care.
- Children with developmental disabilities: Children with a developmental disability have to travel outside of the community for specific care.

The COVID-19 pandemic highlighted the importance of building trust and sustained communication with communities, particularly the Spanish-speaking community. Stakeholders reported that they saw COVID-related information in Spanish spread slower than in English. They were concerned that COVID-19 information was not spread quickly enough, or through enough trusted channels, to many BBIPOC communities. This emphasizes the need for staffing of agencies to reflect the communities they serve.

> *"Just the staffing and other government bodies or nonprofits agencies everywhere, we have seen during COVID that the staffing does not reflect [the Latino/a] population's needs, lived experiences. In terms of organizational development, we have seen how much they're still lacking in the providers that our community needs to be served by."—Community Stakeholder*

Agency home visits were suspended during part of the pandemic, meaning older adults, people with physical disabilities, and people with developmental disabilities did not receive home checks as routinely as pre-COVID. Long-term care benefit assessments were done over the phone when in-person assessments were suspended. Facilities supporting older adults could not allow visitors, making it challenging for residents to connect with their families. Care within prisons was also affected, as there were long wait times to receive non-COVID related care.

“You can't get medical care [in prison] because the infirmary's full of people with COVID. A woman with a potential melanoma growing on her back didn't even get a biopsy for 18 months. These are people I know.”—Community Stakeholder

Many people have delayed needed care or experienced increased barriers to care during the pandemic.

Access to safe, reliable, affordable transportation

Stakeholders noted a need for more safe, reliable, and affordable transportation.

Stakeholders discussed there is a need for improved transportation between towns within Yamhill County, as well as out of the county to larger cities like Portland. Many services are located in McMinnville, which can be challenging to access by public transportation for people in neighboring communities. Extended bus hours, like evening hours, and improved accessibility for people with disabilities are also important.

Transportation is crucial for accessing health care services, food resources, education opportunities, and more. Health and social services are often not co-located meaning people have to go to a lot of different places to get all the services they need. They may have to take a half day off of work to go to their appointments. Food banks may be difficult for folks to access without a car.

Transportation to medical care may be especially challenging for veterans going to the VA, people experiencing homelessness, and patients on Medicare. Some people may have difficulty using public transportation and not have a car, limiting what services they can get to. Patients on Medicaid can get transportation to medical appointments, but not to social services. Patients on Medicare do not qualify for transportation services through insurance, meaning transportation services for older adults is needed.

Formerly incarcerated individuals may not have access to a driver’s license, limiting transportation.

Food insecurity

Stakeholders were primarily concerned about the high cost of healthy food options, affecting the health of families with low incomes. Food insecurity is connected economic security; families need a living wage to be able to afford safe housing, healthy food, and pay their other bills. Without sufficient income, families may not be able to afford healthy food options, like those at farmers markets, which can be expensive.

“I do think that food insecurity is driving a lot of health issues because people are not eating healthy foods.”—Community Stakeholder

They shared that while food banks help many people, they may not provide enough protein or fresh foods. Additionally, people with an allergy or special diet may not be able to get appropriate food options from a food bank.

Some community members may not be aware of the available food resources and others have difficulty accessing the food bank because of transportation, particularly people with a disability. The hours of operation may be difficult for people in school or working. One suggestion would be to offer services at different hours, such as on weekends or evenings.

Stakeholders identified young adults and college students, particularly first generation college students, as needing additional food resources.

Stakeholders shared people who have lost jobs or wages due to the pandemic have requested support getting food assistance.

Racism, discrimination, and inclusion

Stakeholders shared that racism and discrimination towards Black, Brown, Indigenous and People of Color (BBIPOC) communities and people identifying as LGBTQIA+ affect their mental health and feeling of belonging.

> *"I certainly think about some of the hostility towards minority populations in Newberg and how that's affecting school aged children and the community at large makes me concerned for the mental health and suicidality in that community. Intolerance, I guess, intolerance driving, isolation, and mental illness."—Community Stakeholder*

Stakeholders were concerned about how discrimination contributes to bullying in schools, particularly towards LGBTQIA+ identifying students, and how racism in the criminal legal system disproportionately affects Black men, contributing to trauma and economic insecurity. They spoke to how racism and discrimination affect people's mental health.

Community Stakeholder Identified Assets

Stakeholders were asked to identify one or two community initiatives or programs that they believe are currently meeting community needs.

Table_Apx 3. Yamhill County Organizations and Initiatives Addressing Community Needs

Community Need	Community Organization/Initiative
Access to Health Care	• Lutheran Community Services: Lutheran Community Services offers multiple family support programs in Yamhill County, providing basic needs assistance, resource navigation, mental health counseling, and respite care. • Project Access NOW: This organization improves access to needed health care by connecting clients who are uninsured with donated primary and specialty care, paying health insurance premiums, and connecting patients with low incomes to post-discharge resources. • Virginia Garcia Memorial Health Center: This resource provides increased access to health services for communities experiencing barriers to care.
Behavioral Health	• Adult Behavioral Health Services: This program provides mental health and substance use services, Medication Assisted Treatment, Licensed Residential Care, and more services to meet the behavioral health needs of adults in Yamhill County. • Drug Court: This partnership between Substance Use Programs and Yamhill County Courts engages mental health and substance use treatment services to support participants through the program.

	"That's one of the reasons why drug court, in my opinion, is so successful because they work with their treatment counselor. They work with a mental health counselor. They have assignments that they have to participate in completing." – Community Stakeholder • Early Assessment and Support Alliance: This is a two-year outreach and treatment program for young people ages 15 to 25 who reside in Yamhill County who are experiencing signs of psychosis. • McMinnville Cooperative Ministries: This program was recognizing people as individuals, understanding the people have different individual needs. It does a good job of recognizing the "whole self" when it comes to caring for those that use these services. *"The responsiveness and the sensitivity to the needs of the individuals that come in for help is well shown and demonstrated in how they treat the individuals that come in for assistance."– Community Stakeholder* • Mental Health and Behavior Interconnected Systems Framework: This program is operating within the Central School District within Polk County. • PAX – Good Behavior Game: This is a program that teach good coping mechanisms for children and helps to enforce good behavior in children and youth. • Provoking Hope: Stakeholders identified this organization as providing substance use/misuse treatment assistance. • Yamhill County Adult Behavioral Health's Medication Assisted Treatment (MAT): This program was identified as meeting people where they are and largely meeting the needs of the community. This program supports people in stabilizing, through finding a job, housing, etc.
Health and Social Services	• Austin Family Foundation: This foundation provides community services in the areas of education, mental and behavioral health, and addiction to the Yamhill communities in need. • Catalyst: This program works specifically as a high school program to meet the academic, social, emotional, and behavioral needs of adolescents. • Community Wellness Collective: This program operates in Newberg and provides a variety of resources related to food, housing, transportation, crises services, family services, and more. • Family & Youth Services: This program focuses on promoting optimal physical, emotional, and social health through education, services, prevention, and partnership. • Safe Families: This program supports families in crisis. The youth outreach was identified as specifically helpful. • Yamhill County Public Health: Engages in many partnerships to promote the health and well-being of Yamhill County and respond to the COVID-19 pandemic.
Housing and Homelessness	• A Family Place: This program is run by First Baptists Church in Yamhill County and invests in the future of children and families.

	• YCAP: This program supports those transitioning from a shelter to permanent housing. It provides a referral program to those finding permanent housing. YCAP operates the coordinated entry system for Yamhill County.
Latino/a Services	• AHIVOY: This program was founded by a local vineyard and provides education and professional development opportunities to vineyard workers. • Yamhill Community Care's Community Health Workers: These community health workers are identified as an instrumental part of the community in Yamhill County. They are embedded in the community and are able to connect people to services and help with care navigation in Spanish.

Community Stakeholders: Opportunities to Work Together

Participants were asked, "What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?" Stakeholders shared the following opportunities:

Opportunities for communication and shared priorities

Stakeholders said the first step to better collaboration is to ensure each agency understands the services provided by other agencies so that they can accurately share that information with their clients. This will support more holistic and aligned care.

Examples of areas that could benefit from more intentional alignment and coordination include the following:

- **Mental health services and college campuses**: Improving communication and alignment between college or university health care professionals and community mental health professionals is crucial for ensuring campuses provide adequate support to students after discharge from services.
- **Mental health services and K-12 schools**: Embedding mental health providers in schools could ensure they are part of a student's education team. Currently, these efforts to integrate mental health in educational settings is not coordinated, making it difficult to know what is working well.
- **Criminal legal system and the public health system**: Many of the root causes of crime and incarceration are public health concerns. Therefore, focusing on some of these upstream factors and supporting reentry after incarceration is important.
- **Community building opportunities and physical activity classes**: Often community building events can also be opportunities for exercise and promoting health. Stakeholders suggested leveraging creative opportunities to bring people together, like Zumba or dance classes, to get people active and building relationships.
- **Systems-level alignment between schools**: While each district operated independently, there is opportunity for schools to learn from one another as they address complex challenges that students and families face. This requires building systems of collaboration to best meet students' needs and ensure efforts persist even with staff turnover.

An example of alignment that has worked well includes the trauma-informed care workgroup, although it needs to be re-energized as much of the work has been paused due to pandemic response. Connect Oregon is also an example that is increasing connection between services.

Stakeholders suggested this alignment take place within already existing meetings rather than creating more workgroups or meetings that spread people thin. Certain collaboratives like those mentioned above are working well and could be built upon.

Bring services to people and co-locate services

Mobile medical clinics, community-based services and information sharing, and co-located services help reduce barriers to reaching needed services. Mobile medical clinics have been well received by the Latino/a community. Providing information or holding events at churches is another way to reach people. Stakeholders suggested partnering with small local businesses to put up fliers or share information so that people see updates when they go grocery shopping or to their local bakery. Ensuring services are close to one another or offered in the same space is also helpful.

De-siloed and whole person care

Stakeholders recommended ensuring care is de-siloed and focuses on the whole person. One agency will not be able to meet all the needs of a person, but by collaborating, a community of organizations can wrap around a client to meet all of the needs. Examples of where collaboration could be improved include between homeless service providers and mental health providers, as well as youth probation officers and health care.

> *"In my opinion, no organization has all the answers, and we need each other. We would not be successful as an organization if collaboration hadn't been the focus of what we wanted to do to walk with those agencies, helping them to help the people that we work with jointly."—Community Stakeholder*

To better ensure services wrap around a client, leverage the trust and skills of navigators and community health workers. They can provide support that is culturally sensitive and linguistically appropriate.

Collaboration can be formalized through a Yamhill County Community Health Improvement Plan which can outline strategies for addressing complex needs.

LIMITATIONS

While stakeholders and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder. Multiple interviewers conducted the session, which may affect the consistency in how the questions were asked. Multiple note-takers affected the consistency and quality of notes across the different listening sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

STAKEHOLDER INTERVIEW QUESTIONS

1. Please state your name, title, and organization as you would like them included in the report.
2. How would you define the community that your organization serves?
3. While a Community Health Needs Assessment is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share the greatest strength you see in the community your organization serves.
4. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health.
5. Using the table, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). [see table below]
6. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
7. What suggestions do you have for how we can leverage community strengths to address these community needs?
8. Please identify one or two community health initiatives or programs that you see currently meeting the needs of the community.
9. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
10. Is there anything else you would like to share?

Question 5: Using the table below, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). Please note, these needs are listed in alphabetical order.			
	Access to health care services		Few community-building events (e.g. arts and cultural events)
	Access to dental care		Food insecurity
	Access to safe, reliable, affordable transportation		Gun violence
	Affordable childcare and preschools		HIV/AIDS
	Aging problems		Homelessness/lack of safe, affordable housing

	Behavioral health challenges and access to care (includes both mental health and substance use disorder)		Job skills training
	Bullying in schools		Lack of community involvement and engagement
	Community violence; lack of feeling of safety		Obesity and chronic conditions
	Disability inclusion		Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
	Domestic violence, child abuse/neglect		Racism and discrimination
	Economic insecurity (lack of living wage jobs and unemployment)		Safe and accessible parks/recreation
	Environmental concerns (e.g. climate change, fires/smoke, pollution)		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

LISTENING SESSION QUESTIONS

1. What makes a health community? How can you tell when your community is healthy?
2. What's needed? What more could be done to help your community be healthy?
3. What's working? What are the resources that currently help your community be healthy?
4. Is there anything else related to the topics we discussed today that you think I should know that I haven't asked or that you haven't shared?

APPENDIX 9

Other Yamhill County Area Community Assessments

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