# Lake County Needs Assessment 2017



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### **About**

At Lake Health District, we strive for excellence in everything we do. We provide quality care to all citizens of all ages. We are looking forward to meeting the changing health care needs of Lakeview and the surrounding area. At the same time, we are a stable organization that is financially sound. We involve all of our medical staff through good communication. We support them by trying to meet their professional needs in training, equipment, and services. We emphasize good communication with all county citizens who support us financially and through the use of our services. We care about and support our employees through training and education who in turn are caring and committed to our patients and our organization.

### Services Provided

Lake District Hospital has been designated a Critical Access Hospital, as defined by the policies and regulations that are part of the Health Resources & Services Administration of the U.S. Department of Health & Human Services.

A Critical Access Hospital (CAH) is a hospital certified under a set of Medicare Conditions of Participation (CoP), which are structured differently than the acute care hospital CoP. Some of the requirements for CAH certification include having no more than 25 inpatient beds; maintaining an annual average length of stay of no more than 96 hours for acute inpatient care; offering 24-hour, 7-day-a-week emergency care; and being located in a rural area, at least 35 miles drive away from any other hospital or CAH (fewer in some circumstances). The limited size and short stay length allowed CAHs to encourage a focus on providing care for common conditions and outpatient care, while referring other conditions to larger hospitals. Certification allows CAHs to receive cost-based reimbursement from Medicare, instead of standard fixed reimbursement rates. This reimbursement has been shown to enhance the financial performance of small rural hospitals that were losing money prior to CAH conversion and thus reduce hospital closures. CAH status is not ideal for every hospital and each hospital should review its own financial situation, the population it serves, and the care it provides to determine if certification would be advantageous.

## CEO's Message

Here at Lake Health District, we understand that healthcare is evolving. The advance in medicine and strides in technology are providing local communities' access to better healthcare. It is our desire to provide the best care in our region.

Our associated staff will be here to help you and your loved ones when the need arises. The comfort and care of our patients is our major goal. Lake Health District desires to provide you with the tools needed to educate and increase your health awareness.

### **Mission Statement**

"To care for our community with respect and compassion through excellence and teamwork"

## Methodology

This CHNA was conducted by Lake Health District and includes information collected from various data sources. Community health indicator data were collected, wherever possible, to allow comparison between Lake County, the State of Oregon and national rates. In some instances, data was not available or could not be located for some indicators.

Lake Health District collaborated with Oregon Office of Rural Health and Lake County Public Health
Department to collect the Lake County profile data. A community meeting was held on July 21, 2017 at
the Elks lodge to receive input from the residents of the county. The meeting was promoted through local
media (radio, newspaper, facebook, etc.) flyers, and reminder phone calls. Representatives from Local
Community Advisory Council were joined by community experts and community service agencies
including:

- Lake County Public Health Department
- Lake Health School District No. 7 Superintendent
- Lake Health Wellness Center Staff
- Eastern Oregon Healthy Living Alliance Board Member
- Advantage Dental Representative
- Chaplain/Community navigator
- Church Priest (Methodist church)
- Lake County Senior Center Director and staff
- Lakeview Gardens (Nursing Home/Assisted Living) Administrator and staff
- Lakeview Youth Group Representative
- Elks Lodge Representative Treasurer
- Lake Health District Representative Staff
- Early Learning/ Head-start Representative
- Lake County Planning Department Planning Director
- Lake County Chamber of Commerce Representative

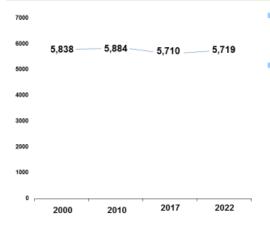
- Greater Oregon Behavioral Health Inc. Representative
- Older Adult Behavioral Health Initiative Representative

IN assessing the needs of our community, we must take into consideration other community health assessment and planning process that have taken place locally. One such process is EOCCO Local Community Advisory Council's (LCAC) strategic plan 2016-2019. The strategic plan is created by LCAC members voting on the indicators to identify the needs of the community and prioritize the efforts of the council. The needs identified were like the previous Community Health Needs Assessment.

## **Demographics**

## Service Area Population Change (2000-2022)



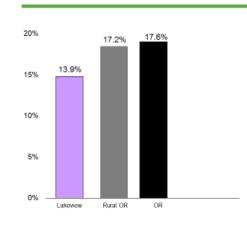


- Lakeview SA Zips: 97620, 97630, 97635, 97636, 97637
- Communities of Plush, Adel, Lakeview, New Pine Creek, Paisley, and Summer Lake.

Source: Claritas 2017

# Percentage of Population Age <15 2017



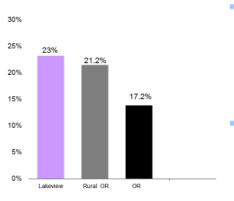


High percentages in this age group many times means more obstetrical work and lower inpatient rates. This age group is not a big consumer of health services. However, they are the target for health education/ prevention information and Adolescent Well Care Visits.

> Source: Claritas 2017

# Percentage of Population Age 65+2017





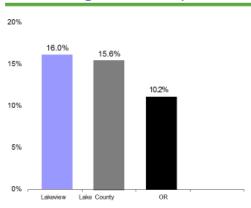
entitled to health coverage from Medicare. High dependence on Medicare is an excellent payer source for Lake Health District as it gets cost-based reimbursement. In 2003, over 50% of Oregon primary care physicians do not currently accept Medicare patients or they limit acceptance of Medicare patients.

People age 65+ are

Source: Claritas 2017, 2003 OMA Physician WorkforceAssessment

# Percent 25 and Over with no High School Diploma





 Health information and education materials should be designed to meet the reading and thinking skill levels of consumers

Source: 2017 Service Area Profile



## Racial/Ethnic Characteristics



## **Population Data**

The total population for Lake County in 2016 was 7,837. In 2010, the population was 7,895, so there was a -0.6% decrease in the population since then. Compared to Oregon, Lake County has a much higher decrease in the population. Oregon was at 3,831,072 in 2010 and 4,093,465 in 2016. The United States has seen a 4.7% increase in the population from 308,758,105 in 2010 to 323,127,513 in 2016. In Lake County, there are 18.5% of people under age 18 and 24.0% of people over age 65. In Oregon, there are 21.2% of people under age 18 and 16.8% of people over age 65. The median age in Lake County is 48.3, while in Oregon it is age 39.1.

Lake County has a high percentage of Whites at 91.8%, Blacks/African Americans at 0.7%, American Indian/Native Americans at 2.5%, Asians at 1%, Native Hawaiians/Other Pacific Islanders at 0.1%, and Hispanics/Latinos at 7.8%. In Oregon, there are 87.4% Whites, Blacks/African Americans at 2.1%, American Indians/Native Americans at 1.8%, and Hispanics/Latinos at 12.8%. There are a total of 190 employer establishments in Lake County, compared to 112,393 establishments in Oregon. The median household income for Lake County is \$32,369, while Oregon's median is \$51,243. Approximately \$129,100 is the median value for owners occupying housing units. The percentage of high school graduates in Lake County is 84.4%, while Oregon is at 89.8%. A Bachelor's Degree or higher recipient in Lake County is 17.7%, while Oregon is at 30.8%.

### **Health Priorities**

#### Process for Prioritizing and Prioritized List of Identified Needs

This CHNA identified the top needs within Lake County through community input. The needs were prioritized into three categories based on the magnitude of people affected identified by the votes per question, impact on quality of life and based on the capacity of what Lake Health District can change to meet the needs of the community.

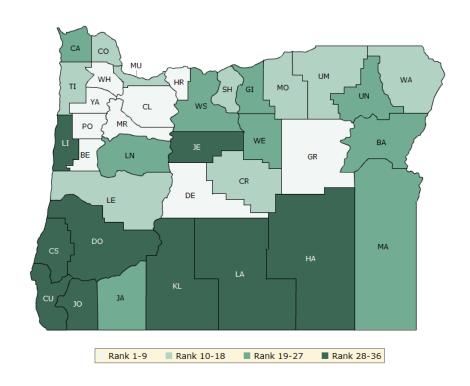
#### The top needs are:

- Early Learning/Childhood Health and Nutrition
- Mental Health/ Alcohol & Drug Services
- Basic Services (Housing/Employment)

The priorities identified align with the strategic goals of the Community Health Improvement Partnership (CHIP)/LCAC for 2016-2019. CHIP is a unique process involving Lake County-area residents in developing ways to improve local healthcare for our community. It is about people becoming involved in health policy decisions both as individuals and as concerned community members. CHIP identifies issues, develop alternative solutions, and look at social and economic impacts of the alternatives. Lake Health District has a full-time CHIP coordinator that leads all the community health development programs and partners with other health agencies as required to successfully complete the projects.

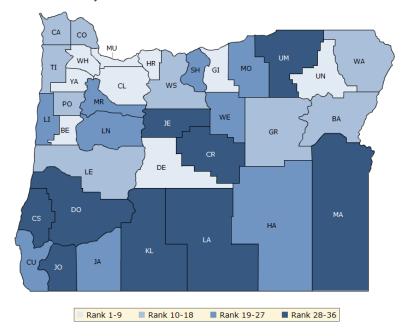
### **Health Outcomes**

The green map below shows the distribution of Oregon's health outcomes, based on an equal weighting of length and quality of life. Lighter shades indicate better performance in the respective summary rankings. The ranks are based on two measures: how long people live and how healthy people feel while alive. Lake County ranks #32 out of 36 counties.



## **Health Factors**

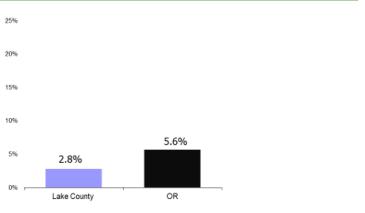
The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. Lake County is ranked #28 out of 36 counties.



## Secondary Health Source Data

# Percent of Individuals without Medical Insurance 2014

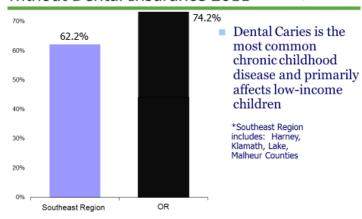




Source: 2010 Census Small Area Health Insurance Est

# Percent of Individuals without Dental Insurance 2011



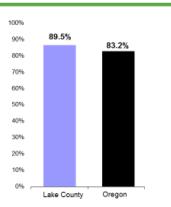


Source: 2011 Oregon Health Insurance Survey

### Adults in Good General Health



■ 18 years and older-Good General health: Reported that their health was "excellent," "very good," or "good" when asked on a five point scale (excellent, very good, good, fair, poor) (age adjusted)

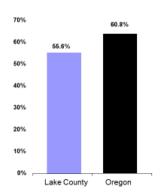


Source: 2010-2013 BRFSS

## Adults in Good Physical Health



 18 years and older -Good Physical Health: Had no poor physical health in the last 30 days (age adjusted)

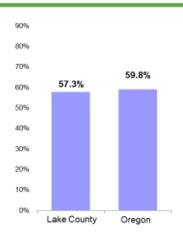


Source: 2010-2013BRFSS

## Adults Having Good Mental Health



 18 years and older-Good Mental Health: had no poor mental health in past 30 days (age adjusted)



Source: 2010-2013 BRFSS

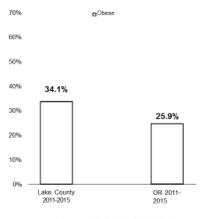
## Obesity

According to County Health Rankings, obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

# Percent of Adults Classified as Obese



Excess weight is associated with an increased incidence of heart disease, stroke, high blood pressure, and diabetes, which is an incurable chronic illness that can lead to heart attack, blindness, kidney failure, and amputations.



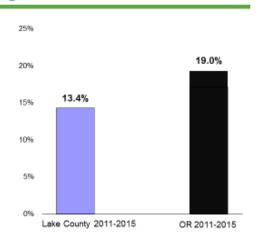
Source: 2010-2013, 2012-2015 BRFSS

### **Health Behaviors**

# Percent of Adults who Currently Smoke Cigarettes



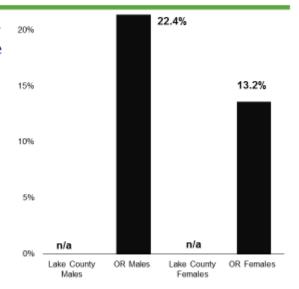
- (age-adjusted)
- Tobacco use accounts for approximately 400,000 deaths each year among all Americans. It contributes substantially to deaths from cancer, heart disease, stroke, and chronic lung diseases, such as emphysema and bronchitis.
- During 2001, tobacco use contributed to nearly 22% of all deaths in Oregon.



# Binge Drinking

Lake Health District

- 18 years and older Binge Drinking (age adjusted):
  - Males have had 5 or more drinks of alcohol on one occasion within the past 30 days
  - Females have had 4 or more drinks of alcohol on one occasion within the past 30 days

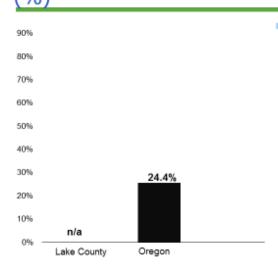


Source: 2010-2013 BRFSS

#### **Exercise & Food**

# Meets CDC guidelines for both aerobic and muscle strengthening activities (%)





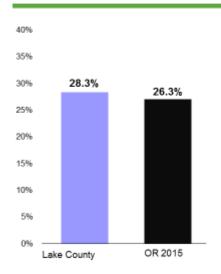
Regular physical activity provides short-term benefits and reduces long-term risks for disability and premature death. Physical inactivity affects body weight and obesity and in turn affects many chronic diseases including but not limited to heart disease, stroke, cancer, and diabetes. Physical activity also reduces additional risk factors such as high blood pressure. For people with arthritis, physical activity helps to relieve pain and maintain joint mobility.

Source: 2015 BRFSS

(age-adjusted)

## % of Adults who consumed at least 5 Servings of fruits and vegetables per day





Source: 2015BRFSS

### **Crime Rates**

# DUII Arrest Rate per 100,000 Population: 2008-2012



DUII Arrest	ts: 2008 - 2012				
	State	State		Lake County	
Year	Rate	Count	Rate	Count	
2008	505.90	19144	750.60	59	
2009	502.10	19158	607.10	48	
2010	484.10	18608	739.80	56	
2011	499.30	19260	748.30	59	
2012	444.20	17251	303.00	24	

Source: OR Criminal Justice Commission

# Average Arrest Rate for All Drugs per 100,000: 2008-2012



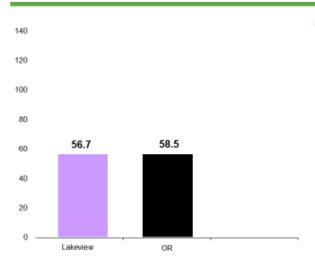
Drugs Arrests: 2008 - 2012				
	State	State		у
Year	Rate	Count	Rate	Count
2008	568.80	21526	1005.10	79
2009	506.30	19320	1163.70	92
2010	532.20	20459	713.30	54
2011	617.20	23810	1712.10	135
2012	562.80	21856	1628.80	129

Source: OR Criminal Justice Commission

### **Teen Birth Rates**

# Average **Teen (15-19) Birth** Rate (2011-2015, per 1000 births)





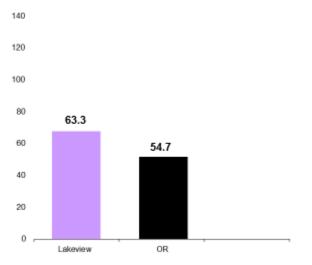
Babies born to teen mothers are more likely to suffer health, economic, social, and educational problems. They are also more likely to be teen parents themselves.

Source: Oregon Health Authority

# Average **Inadequate Prenatal Care** Rate (2011-2015, per 1000 births)



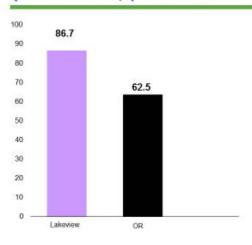
- Healthy babies start with healthy mothers who get early, regular, and high-quality prenatal care.
- Inadequate prenatal care is defined as: less than 5 prenatal visits, or care that didn't begin until the third trimester.



### **Infants**

# Average **Low Birth Weight** Rate (2011-2015, per 1000 births)



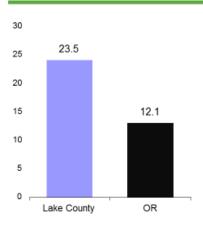


- Lakeview SA had an average of 58 births per year.
- Low Birth Weight (less than 5.5 pounds). Sixty percent of all infant deaths are related to low birth weight. LBW infants who survive are about three times more likely than others to experience mental retardation, sight and hearing problems, breathing problems and learning difficulties.
- Historically, Oregon has had a lower low birth weight rate than the nation as a whole

## Child Abuse & Neglect

# Confirmed Victims of Child Abuse/ Neglect per 1,000 Children (0-17)





- Abused and neglected children are more likely to abuse, more likely to experience a teen pregnancy and are more likely to drop out of school
- Population Under 18: 1456
- Victims: 34

Source: OR Dept. of Human Services, Status of Children in OR

### **Death Rates**

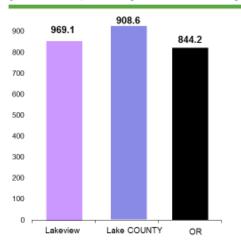
# Leading Causes of Death 2011-2015 (Crude Death Rates per 100,000)



	Lakeview	Lake COUNTY	Rural	OR
Cancer	227.7	230.2	245.2	191.7
Heart Disease	185.6	177.1	199.9	157.1
Cerebrovascular Disease (Stroke)	77.1	63.2	54.8	44.5
Chronic Lower Respiratory Disease	126.1	103.7	68.9	49.0
Unintended Injuries	56.0	48.1	53.5	43.3
Alzheimer's	73.6	58.2	36.6	34.2
Diabetes	49.0	45.5	35.0	27.2
Flu & Pneumonia	31.5	25.3	12.5	10.6
Suicide	31.5	30.4	21.0	17.5
Alcohol Induced	28.0	22.8	22.5	18.0

# Age-Adjusted Death Rate per 100,000 (2013-2015)





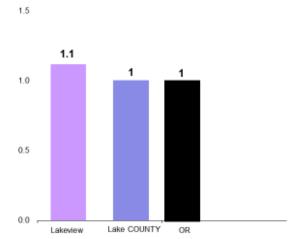
Age-Adjusted death rates allow comparisons as if the population structure of each area were identical. Any differences in rates are due to factors other than age.

Source: Oregon Health Authority

# Years of Potential Life Lost Index (2013-2015)



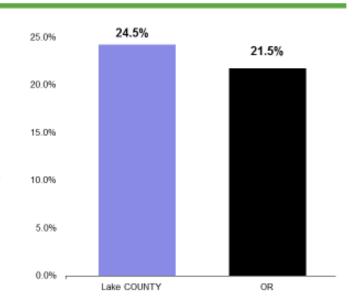
- This is a death rate which emphasizes deaths of young people.
- The difference between 75 years and the age of a person who dies before that is called the "years of potential life lost". This index is a ratio of years of lost life for an area compared to the years of lost life for the state as a whole.





# Tobacco-Linked Deaths 2015

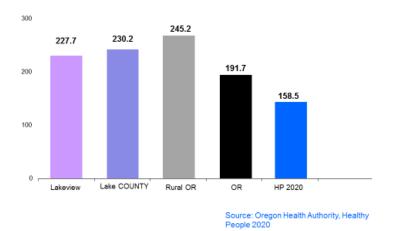
- The Oregon death certificate asks "Did tobacco use contribute to death?" followed by four checkboxes: Yes, No, Probably, and Unknown. The linked category includes deaths listed as Yes or Probably.
- 24 of 98 deaths in Lake County



## Death Rates & Healthy People 2020

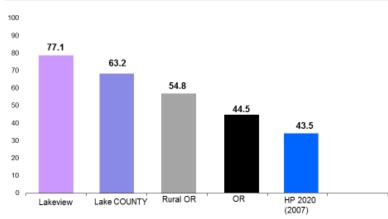
Death Rate Compared to Healthy People 2020 Goals: Cancer (per 100,000) 2011-2015





Death Rate Compared to Healthy People 2020 Goals: Cerebrovascular Disease (per 100,000) 2011-2015



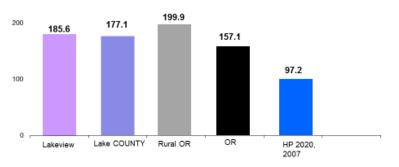


Source: Oregon Health Authority, Healthy People 2020

Death Rate Compared to Healthy People 2020 Goals: Heart Disease (per 100,000) 2011-2015



300



Source: Oregon Health Authority, Healthy People 2020

## Secondary Source Financial Stability Data

# Unemployment Rates (2008-2016)



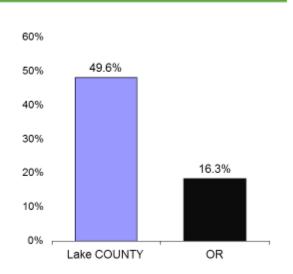
2008 2009 2010 2011 2012 2013 2014 2015	6.5% 10.3% 10.9% 9.8% 9.1% 8.5% 7.3% 5.9%	<ul> <li>High unemployment rates reflect a less diversified economic base and vulnerability to economic fluctuations.</li> <li>Beyond the obvious financial burden of unemployment, people without jobs have even</li> </ul>
		1 0 11 1
2016	5.0%	greater difficulty
		accessing health care
		because of lack of
		insurance or other
		means to pay.

Source: Oregon Employment Dept @ www.olmis.org

# Government Employment as a Percentage of Total Employment 2015



Because everyone pays for the wages and benefits of government employees through taxes, this data MAY be used to encourage greater use of local health services by local government employees.

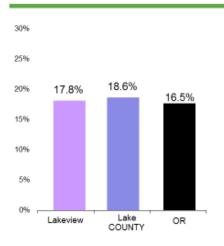


Source: Oregon Employment Dept.

## **Poverty Levels**

# Percent Below Poverty Level 2007-2011



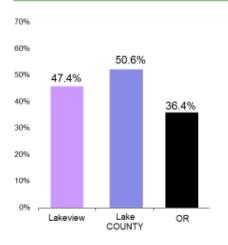


The poverty threshold in 2016 for a family of 2 with one child is \$20,420 a year.

Source: 2007-2011 American Community Survey 5-Yr. Est.

# Percent Below 200% of Poverty Level 2011-2015





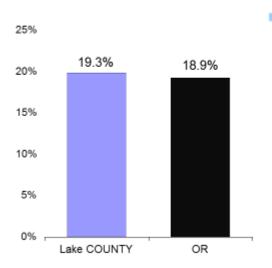
For 2016,
200% of the
poverty
threshold for a
family of 3
w/one child is
\$40,840 a
year. These
are considered
to be the
"working
poor".

Source: 2007-2011 American Community Survey 5-Yr. Est.

# **Population on Food Stamps**

# Food Stamp Participants as a Percentage of Total Population 2015





 Food Stamp recipients are an indicator of at risk populations

Source: Adult and Family Services

# Survey Results