Klamath County Community Health Assessment

2018

Dear Klamath County Community Members,

“We are building a strong community, and we can only get there together.” It has been an exciting three years since our last Community Health Assessment and significant progress has been made towards health improvement. In 2015, Klamath Falls (and its urban growth boundary) was selected as Oregon’s first Blue Zones Project Demonstration community, and the results have been profound in each sector of focus. Three years ago the community was trying to reach a ‘tipping point’ in which a critical mass of people were engaged in health improvement. Fast forward to 2018 and over 6,000 residents are engaged in the Blue Zones Project and the momentum is still going. Eighteen health policies have passed in the built environment, tobacco, and food systems sectors. Twenty one worksites, 8 schools, 10 restaurants, 7 faith-based organizations, 2 grocery stores, and 1 corner store implemented best-practice health initiatives to become Blue Zones Project Approved.

Another exciting moment was the announcement that Klamath County won the 2018 Robert Wood Johnson Foundation Culture of Health Prize! This prestigious award is akin to winning an Oscar in the public health world, and the competition was stiff. Nearly 200 communities applied and after a yearlong, three-phase application process, Klamath County was one of only four winners nationwide! To join the ranks of Culture of Health Prize winners, we had to demonstrate how the community met the six following prize critera:

- Defining health in the broadest terms possible;
- Committing to sustainable systems changes and policy-oriented long-term solutions;
- Creating conditions that give everyone a fair and just opportunity to reach their best possible health;
- Harnessing the collective power of leaders, partners, and community members;
- Securing and making the most of available resources; and
- Measuring and sharing progress and results

As we pause to celebrate our success, we acknowledge that there is still work to do. However, it is important to stop and take a look back at where we have been to fully appreciate how far we have come. As a rising star in the state, other communities are now looking to learn from us and our successful community health improvement initiatives.

The Community Health Assessment helps us to see where we are making progress and what areas still need improvement. We urge you to get involved in the community health improvement efforts and take small steps to improve your personal health.

A good place to start is reading this Community Health Assessment and connecting with the Healthy Klamath Coalition at www.healthyklamath.org. Join us as we continue building a culture of health in Klamath County.

Table of Contents

Healthy Klamath Coalition Partners

Committed to Improving the Health of the Community

Steering Committee Core Four

Cascade Health Alliance
Klamath County Public Health
Klamath Health Partnership
Sky Lakes Medical Center

Area Agency on Aging
Ascending Flow
Blue Zones Project – Klamath Falls
Citizens for Safe Schools
City of Klamath Falls
Craft3
Department of Human Services
Friends of the Children
Herald and News
Just Talk
KFLS Radio News – Klamath Talks
Klamath & Lake Community Action Services
Klamath Basin Behavioral Health
Klamath Basin Research and Extension Center
Klamath Basin Senior Citizens' Center
Klamath Community College
Klamath County
Klamath County School District
Klamath Falls City Schools
Klamath Falls Downtown Association
Klamath Falls YMCA
Klamath-Lake Counties Food Bank
Klamath Promise
Klamath Tribal Health and Family Services
KVLR News – Klamath Voice
Lutheran Community Services Northwest
Oregon Health & Science University School of Nursing and Rural Campus
Oregon Tech
Steen Sports Park

Part I. Executive Summary

The Community Health Assessment is more than just a final report to read. Conducting the Community Health Assessment is a dynamic process, which enables the health care community to identify current health issues and analyze trends of worsening or improving health outcomes. The process also helps community partners gain valuable insight from community members on the factors affecting health and quality of life in Klamath County. This report details the process used to conduct the 2018 Community Health Assessment, the key findings from the assessments that were completed, and the secondary data that was compiled.

The Healthy Klamath Coalition leadership guides community partners through a coordinated effort to complete the Community Health Assessment (CHA) and the subsequent Community Health Improvement Plan (CHIP). Conducting a joint CHA and a collaborative CHIP allows the health care community to maximize resources, reduce duplication of efforts, and align interventions to have the greatest impact when addressing the needs of the community members we serve.

Two models, the Mobilizing Action through Planning and Partnerships (MAPP) model and the County Health Rankings, were used to guide the 2018 Community Health Assessment process. The MAPP model is a community-wide strategic planning process for improving community health. It is designed to help a community gather both qualitative and quantitative information through primary data collection. The County Health Rankings model focuses on the physical, social, environmental, and health factors that influence health outcomes. The secondary data collection was aligned with the different categories in this model as it shows the relationship between policies, programs, and health factors, and how they influence health outcomes. The categories mentioned throughout this report include length of life, quality of life, health behaviors, clinical care, social and environmental factors, and physical environment. The Healthy Klamath Coalition understands there are many influences outside of traditional health care that affect how healthy someone is. The use of these models allowed for a comprehensive assessment of the factors in our community, such as access to care, education, and community safety that contribute to overall health and well-being.

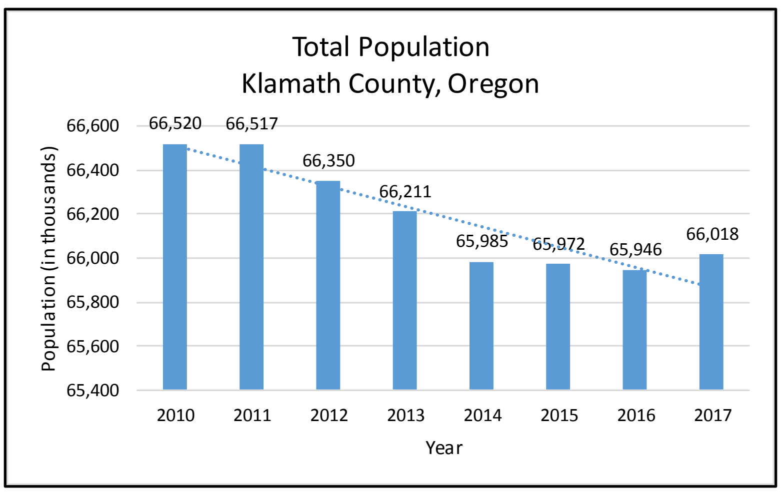
The vision of the Healthy Klamath Coalition is a healthy community where all community members have the ability to thrive and live a happy, healthy, and prosperous life. The Community Health Assessment lays the foundation for the Community Health Improvement Plan, in which health issues are prioritized and strategies are identified to address them. This continuous improvement process, made possible by the initiative and collaboration of community members and partner agencies, will enable us to reach this vision for Klamath County.

Part II. Community Overview

Klamath County is a beautiful, rural community located in southern Oregon. Klamath County is named for the Klamath Tribes, who have inhabited the Upper Klamath River Basin region for thousands of years. Geographically, Klamath County is the fourth largest county in Oregon, spanning 5,941 square miles, but is home to only 66,018 people. In the county, the population centers are Bonanza, Chiloquin, Klamath Falls, Malin, and Merrill. The remaining residents live in unincorporated communities spread throughout the county. Klamath Falls is the largest city in Klamath County with 21,113 people and an equally large suburban population. Together they comprise the urban growth boundary (UGB), which is the central hub of activities and services for south central Oregon and northern California. In 2015, the total population of the UGB was estimated at 43,093 people. Located in the high desert, Klamath County has unique natural resources, which have contributed to the proud history of agriculture in our region. Klamath County's rich geographic diversity includes parts of the Cascade Range, several bodies of water, including the Klamath River and Upper Klamath Lake, vast farm and rangeland, and arid desert. Klamath County is also home to Kingsley Field Air National Guard Base, Oregon Tech, Klamath Community College, and Crater Lake National Park.

Demographics

After a decline in population, Klamath County has experienced steady population growth since 2014, growing from 65,985 in 2014 to 66,018 in 2017.



As shown in the table below, the three largest population groups in Klamath County by race and ethnicity are white, Hispanic or Latino, and American Indian and Alaska Native. The Hispanic or Latino population has experienced the most growth, increasing from 10% in 2010 to 12% in 2017. Also, of note, Veterans comprise 15% of the population.

Percent Population by Race or Ethnicity	2010	2017
White, non-Hispanic	81.7%	78.7%
Hispanic or Latino	10%	12.3%
American Indian and Alaska Native	3.2%	3.2%
Asian	0.8%	1%
Black or African American	0.3%	0.7%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%
Two or more races	3.6%	3.8%

In Klamath County, the population distribution between males and females is evenly split at 50%. The median age is 42.6 and the largest single age group is those between 45 to 55 years old at almost 13%. Those 65 years and over comprise 19% of the population, while children under the age of 18 comprise almost 22% of the population.

Part III. Healthy Klamath Coalition

The Healthy Klamath Coalition is a multi-sector partnership established to guide community health improvement efforts in Klamath County, Oregon. The community mobilized in 2012, forming the coalition in response to consistently low rankings in the annual Robert Wood Johnson Foundation (RWJF) County Health Rankings. Over the past seven years, dedicated community members, leaders, and community organizations have launched numerous initiatives, programs, and policy changes to address the health factors contributing to poor health outcomes in Klamath County. Passionate community leaders and community members are working together to find innovative solutions to address the health issues where we live, learn, work, and play. This momentum is helping us to build a culture of health in Klamath County.

As a starting point for the ongoing community health improvement efforts, the Healthy Klamath Coalition conducted the first Klamath County Community Health Assessment in 2013. It was immediately followed by a Community Health Improvement Plan. This in-depth look helped the community collect baseline data and identify pressing health issues. This information was a driving force in bringing the Blue Zones Project to Klamath Falls in 2015. Since then, a second round of CHA and CHIP reports were completed in 2015 and 2016, respectively. This 2018 CHA, to be followed by a CHIP, is the third iteration of community health assessment and improvement planning work done in the community. The cycle for CHA and CHIP completion is now every three years, the minimum amount of time recommended to recognize trends in data and to monitor progress in addressing health issues and poor health outcomes.

An additional asset of the coalition is the Healthy Klamath website at www.healthyklamath.org. The website, which is accessible to the community, serves as a clearinghouse for unbiased community data, indicators, and local health reports. Information on partner coalitions, a community calendar, and other valuable resources are also available on the website.

2018 Robert Wood Johnson Foundation Culture of Health Prize

In recognition of the community's efforts to improve health outcomes, Klamath County, Oregon was awarded the 2018 Robert Wood Johnson Foundation Culture of Health Prize. This prestigious award celebrates communities that are actively working to improve health in a sustainable and equitable way. On behalf of Klamath County, the Healthy Klamath Coalition applied for the prize in 2017 and went through the nearly yearlong application process, which included submitting two essays, making a community video, and hosting a site visit. Each phase in the application process highlighted the community's health improvement journey, key health accomplishments, and demonstrated how the community met the six prize criteria. The RWJF Culture of Health Prize criteria are:

- Defining health in the broadest possible terms.
- Committing to sustainable systems changes and policy oriented long-term solutions.

- Creating conditions that give everyone a fair and just opportunity to reach their best possible health.
- Harnessing the collective power of leaders, partners, and community members.
- Securing and making the most of available resources.
- Measuring and sharing progress and results.

Klamath County is proud to be one of only four winners nationwide of the 2018 RWJF Culture of Health Prize. This year, the Klamath Tribes and Klamath County together, were the only federally recognized tribe and rural jurisdiction, respectively, that were among the prize-winning communities. Community collaboration and the numerous community initiatives, spanning well-beyond traditional health care, were instrumental in bringing the prize home for Klamath County.

Part IV. Vision and Values

Vision

The vision of the Healthy Klamath Coalition is a healthy community where all community members have the ability to thrive and live a happy, healthy, and prosperous life. The Healthy Klamath Coalition defines a healthy community as a place that promotes health and well-being for all community members where they live, learn, work, and play. The Healthy Klamath Coalition envisions Klamath County as a community that is diverse, without disparities, livable, active, connected and walkable, prevention-focused, tobacco-free, with a sense of pride and ownership, and no longer the least healthy county in the state.

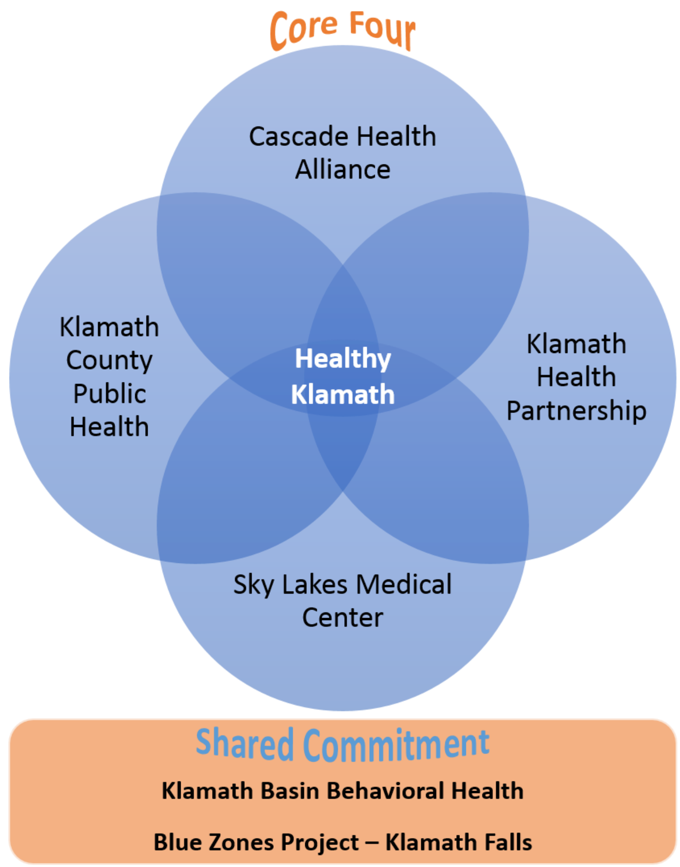
Values

The Healthy Klamath Coalition promotes and supports the following community values:

- Access to care and services
- Celebrating success
- Collaboration among partner agencies, community members, and all sectors
- Economic prosperity
- Genuine engagement with community members
- Health equity
- Success through education

Part V. Partner Agency Alignment

Many of the Healthy Klamath Coalition partners are health care and behavioral health agencies that are required to conduct a Community Health Needs Assessment (CHNA) or a Community Health Assessment. Additionally, there is a requirement for some of these agencies to complete a Community Health Improvement Plan. The following agencies, along with many other community partners, have come together to align their requirements to complete a joint CHA in 2018, which will be immediately followed by a collaborative CHIP. The Mobilizing Action through Planning and Partnership (MAPP) model enables community partners to meet their individual agency requirements while working towards a collective vision for community health improvement.



Cascade Health Alliance (CHA)

The Oregon Health Authority requires Coordinated Care Organizations (CCOs) to conduct a community health assessment and community health improvement plan at least every five years.

Area Served: Klamath County, Oregon

Population Served: Cascade Health Alliance serves people with Medicaid coverage under the Oregon Health Plan (OHP), and Medicare Advantage members through their partnership with ATRIO Health Plans.

Klamath County Public Health (KCPH)

The Public Health Accreditation Board (PHAB) requires local health departments to conduct a Community Health Assessment and a Community Health Improvement Plan every five years.

Service Area: Klamath County, Oregon

Population Served: Klamath County Public Health serves all community members.

Klamath Health Partnership (KHP)

The Health Services & Resources Administration (HRSA) requires Federally Qualified Health Centers (FQHCs) to conduct a needs assessment every three years.

Service Area: Klamath County, Oregon. As well as, parts of Lake County, Oregon, and Modoc and Siskiyou Counties in northern California.

Population Served: Klamath Health Partnership serves all persons in the service area who pass through their clinic doors regardless of financial, cultural, or social barriers with special emphasis on the underserved.

Sky Lakes Medical Center (SLMC)

The IRS requires 501(c)(3) hospital organizations to conduct a Community Health Needs Assessment (CHNA) and a Community Health Improvement Plan (CHIP) every three years.

Service Area: 10,000 square mile area covering Klamath County, Oregon, parts of Lake County, Oregon, and Modoc and Siskiyou Counties in northern California. For the purposes of this report, the primary population served by the medical center is concentrated within the Klamath Falls Urban Growth Boundary. Community health improvement efforts are generally implemented within the UGB in order to have the greatest impact on the greatest number of people.

Population Served: Sky Lakes Medical Center provides health care to anyone who presents to the acute-care hospital, and is proactive in population health activities and initiatives.

Klamath Basin Behavioral Health (KBBH)

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires Certified Community Behavioral Health Clinics (CCBHCs) to report on 19 quality measures during the demonstration period. Additionally, the Oregon Health Authority (OHA) requires KBBH to report on select measures to maintain their OHA Letter of Approval.

Service Area: Klamath County, Oregon.

Population Served: Klamath Basin Behavioral Health serves adult, children and adolescents who are eligible for the Oregon Health Plan (Medicaid).

Part VI. MAPP Model

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning process for improving public health. This framework helps communities prioritize public health issues, identify resources to address them, and take action to improve conditions that support healthy living.

The MAPP process was developed in 2001 by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). MAPP was developed to provide structured guidance that would result in an effective, comprehensive strategic planning process that would be relevant to public health agencies and the communities they serve. NACCHO recognizes the MAPP process as an optimal framework for community health assessment and improvement planning.

There are nine critical elements of the MAPP process, which lay the foundation for continuous community health improvement. These elements are 1) strategic planning; 2) systems thinking; 3) community ownership and stakeholder investment; 4) shared responsibility and working towards a collective vision; 5) using comprehensive data to inform the process; 6) building on previous experience; 7) partnerships; 8) involving the local public health system; and 9) celebrating successes.

The six-phased MAPP model includes four assessments that guide the community health assessment process. The qualitative and quantitative data collected from the four assessments informs the development, implementation, and evaluation of strategic community health improvement plans.

Phases in the MAPP Academic Model

<u>**Community Health Assessment**</u>

Phase 1: Organize for Success/Partnership Development

Phase 2: Visioning

Phase 3: Four MAPP Assessments

- Forces of Change Assessment (FOCA)
- Community Themes and Strengths Assessment (CTSA)
- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)

<u>**Community Health Improvement Plan**</u>

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle

Process

Klamath County used the MAPP model to conduct the 2018 Community Health Assessment. The MAPP User's Handbook, its Health Equity Supplement, and training and other resources from NACCHO informed the community health assessment process for Klamath County. The Healthy Klamath Coalition partners participated in each of the MAPP phases, which were completed concurrently.

Phase 1: Organize for Success/Partnership Development. The purpose of this phase is to structure a planning process that builds commitment, engages participants, and results in a plan that can be realistically implemented. During this phase, the committees were formed, training was conducted, presentations were given, and the timeline was developed.

Committees. The Healthy Klamath Coalition supported this process in its entirety by forming a Core Group, Steering Committee and Assessment Sub-committee.

Core Group Members	• Healthy Klamath Co-Chairs from Klamath County Public Health and Sky Lakes Medical Center. • Klamath County Public Health Program Coordinator • Sky Lakes Medical Center Public Information Officer
Steering Committee Agencies	• Blue Zones Project – Klamath Falls • Cascade Health Alliance • Klamath Basin Behavioral Health • Klamath County Public Health • Klamath Health Partnership • Department of Human Services – Klamath Falls • Oregon Tech Population Management Program and Research Center • Sky Lakes Medical Center
Assessment Sub-Committee	• Healthy Klamath Coalition Partners

Training. Training was an essential part of this phase. Two members of the Core Group attended the 2-day national MAPP training event hosted by NACCHO in June 2018. Next, the Steering Committee members attended a 1-day training coordinated by Cascade Health Alliance in December 2018. For this training, the Oregon Health Authority Transformation Center provided the technical assistance focused on "Planning a Collaborative Community Health Assessment and Community Health Improvement Plan for your Unique Community."

Presentations. Core Group members also gave presentations on the plan for conducting the community health assessment to the Cascade Health Alliance Community Advisory Council and the Oregon Tech Population Health Management Research Center to garner further support and participation.

Timeline.

DECEMBER 2017	JANUARY 2018	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	DECEMBER 2018	JANUARY 2019
• Community partner CHA/CHIP training	• CHA planning meeting • CAC presentation	• CHA planning meeting • Healthy Klamath meeting • OIT PHM Research Center presentation • CHSA survey development	• CHA planning meeting • CHSA survey collection	• CHA planning meeting • CHSA survey collection • LPHSA	• CHA planning meeting • CHSA survey collection • FOCA at Healthy Klamath meeting	• FOCA follow-up meeting • Survey analysis • Narratives drafted	• CHA planning meeting • Community partner metrics alignment meeting • Narratives drafted	• Fact sheets developed • Narratives finalized • CHA document published	• Community review and input on CHA document • Revise and finalize CHA document • SLMC Board adoption of the CHA

Phase 2: Visioning. The purpose of this phase is to guide the community through a collaborative, creative process that leads to a shared community vision and common values.

A brainstorming session was held with the Healthy Klamath Coalition in February 2018. During the guided session, a visioning handout (Appendix A) was used, which focused on defining a healthy community, the long-term vision for the community, achieving health equity in the community, and identifying shared values.

Phase 3: Four Assessments. Used together, the four assessments provide a comprehensive picture of health of our community members and the underlying factors affecting health in our community. The purpose, methods, findings, and limitations for each of the assessments is included in more detail in Part VII.

Part VII. Four MAPP Assessments

Forces of Change Assessment

Purpose. The Forces of Change Assessment identifies the forces that may affect a community and the threats and opportunities associated with those forces.

- Forces are a broad all-encompassing category that includes trends, events, and factors.
  - Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
  - Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
  - Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Methods. In May 2018, 32 members of the Healthy Klamath Coalition met to brainstorm trends, factors, and events that have affected the community either positively or negatively. Participants used the Forces of Change Brainstorming Worksheet (Appendix B) to come up with ideas. Each participant was asked to share one trend, factor, or event, which was then consolidated into the draft list. Following the meeting, members of the Core Group narrowed the list to forces that either directly or indirectly affect health in the community. The forces were also divided into four categories to align with the County Health Rankings model: health behaviors, clinical care, social and economic factors, and physical environment. Then a follow-on meeting was held in June, with 16 participants from the Steering Committee and the Healthy Klamath Coalition to identify the threats and opportunities for the previously identified forces. The Forces of Change—Threats and Opportunity Worksheet (Appendix C) was used for this part of the assessment. This information will be used again during the CHIP process when prioritizing health issues.

Findings.

Health Behaviors

Forces	Threats Posed	Opportunities Created
Chronic Disease Management	• Structure of Chronic Disease Self-Management Program is not very helpful • Lack of Primary Care Physicians • Fewer Specialists • Social Determinants of Health	• Change the culture to be more self-motivated • Educational campaign for prevention of chronic disease • Food Insecurity and positive lifestyle programs
Focus on Social Determinants of Health	• Limited funding streams • Knowledge of Social Determinants of Health • Lack of affordable housing • Poor transportation for patients	• Community Health Worker programs • Senior Center transportation options • Grants/funding from health care organizations • An increase in neighborhood cleanups
Increased Focus on Wellness	• Health is not always a priority when living on a low income budget • Lack of personal accountability • Lack of awareness of the link between health behaviors and health outcomes • Insufficient funding for programs	• Education programs to bring awareness to overall health and well-being • Blue Zones Project • Social connectedness through programs/clubs (running clubs, cycling groups, etc.)
Opioids and Prescription Drug Monitoring Programs (PDMPs)	• Overdoses and addiction • "Doctor shopping" • Youth use • Domestic issues	• Countywide Opioid Task Force • Sky Lakes Medical Center's H.E.L.P Clinic • Naloxone distribution/needle exchange • Improve PDMP and coordination of care

Clinical Care

Forces	Threats Posed	Opportunities Created
Lack of Providers	• Nurse shortage • Licensing does not transfer quickly/change in education requirements for Nurse Practitioners • Lack of marketing/recruitment for students • Not all insurance is accepted/lack of insurance • Better opportunities for families versus those who are single • Providers do not stay after loan repayment	• OHSU Rural Residency Program and recruitment • Rural campus • Use more students • Mobile clinics • Lobbying and policy change
Increase in Mental Health Issues/Concerns	• Negligence from providers/too few providers • Fear and stigma/Criminalization of mentally ill individuals • Maxed out resources • Increased suicide attempts • Limited screening for fear of permanence on records • Senate Bill 1515	• Integration/Changing cultural norms • New programs • Policy changes • Education and awareness • Independent housing structures/pilots • Grow our non-profit services and organizations
Focus on Oral Health	• No insurance/underinsured • Transportation • Lack of resources • Lack of awareness and understanding • Rural area proximity	• Create policy to provide care for everyone • Dental Therapists Pilot Program • Removing the financial barrier • Education and awareness
Lack of Substance Abuse Rehabilitation Facilities	• Not enough providers	• Transformations providing MAT

Social and Economic Factors

Forces	Threats Posed	Opportunities Created
Rural Setting	• Brings doctors in only for a short amount of time • Transportation issues/Poor public transit system	• Brings in health care providers looking for loan forgiveness • More opportunities for job advancement within smaller agencies
Food Access/Desert	• Haggen's Food Store closed • Most grocery stores are located on South 6th St.	• Farmer's Market/KFOM • Grow/Hunt your own food
Increase in Housing Prices	• Increase in homeless populations • Less people moving in and more people moving out	• Good seller's market • Increase in HUD housing
Workforce Changes	• Less mill/trade jobs • High price of education • Less residential construction • Less job training for trade jobs	• More apprenticeship programs • More welding and shop classes can be offered in high school classes to provide training for trade jobs
High School to College Transition	• Teen pregnancy and dropout • High cost of college/student loan debt	• Klamath Promise • 5th year Klamath Community College program • Overcoming social biases
Klamath Termination Act	• Generational trauma • Water issues/water crisis of 2001	• Healing of cultural differences • Cultural shifts

Physical Environment

Forces	Threats Posed	Opportunities Created
Built Environment Focus	• Cost/competing funding • Support from policy makers • Lack of physical activity/awareness and understanding of how it impacts health • Stigma around cyclists and walkers • Risk of danger to those who are participating in outdoor physical activity • Weather conditions • Recreation District faces some push back	• Master Plans • Continuing Blue Zones Project Built Environment Committee • Communication with Sky Lakes Medical Center to promote movement • Campaign providing free resources/demo day • Farmer's Market and other events to promote physical activity • Cascade Health Alliance sponsoring Third Thursday • Finding activities to do in the winter • Mike's Fieldhouse • Recreation District

Limitations. Several Healthy Klamath Coalition partners participated in the Forces of Change Assessment; however, no lay community members were represented during this specific assessment. Additionally, the forces that have affected, and continue to effect the Klamath Tribes, leading to a long history of trauma are not adequately represented in this assessment.

Community Themes and Strengths Assessment

Purpose. The Community Themes and Strengths Assessment identifies assets in the community and issues that are important to community members.

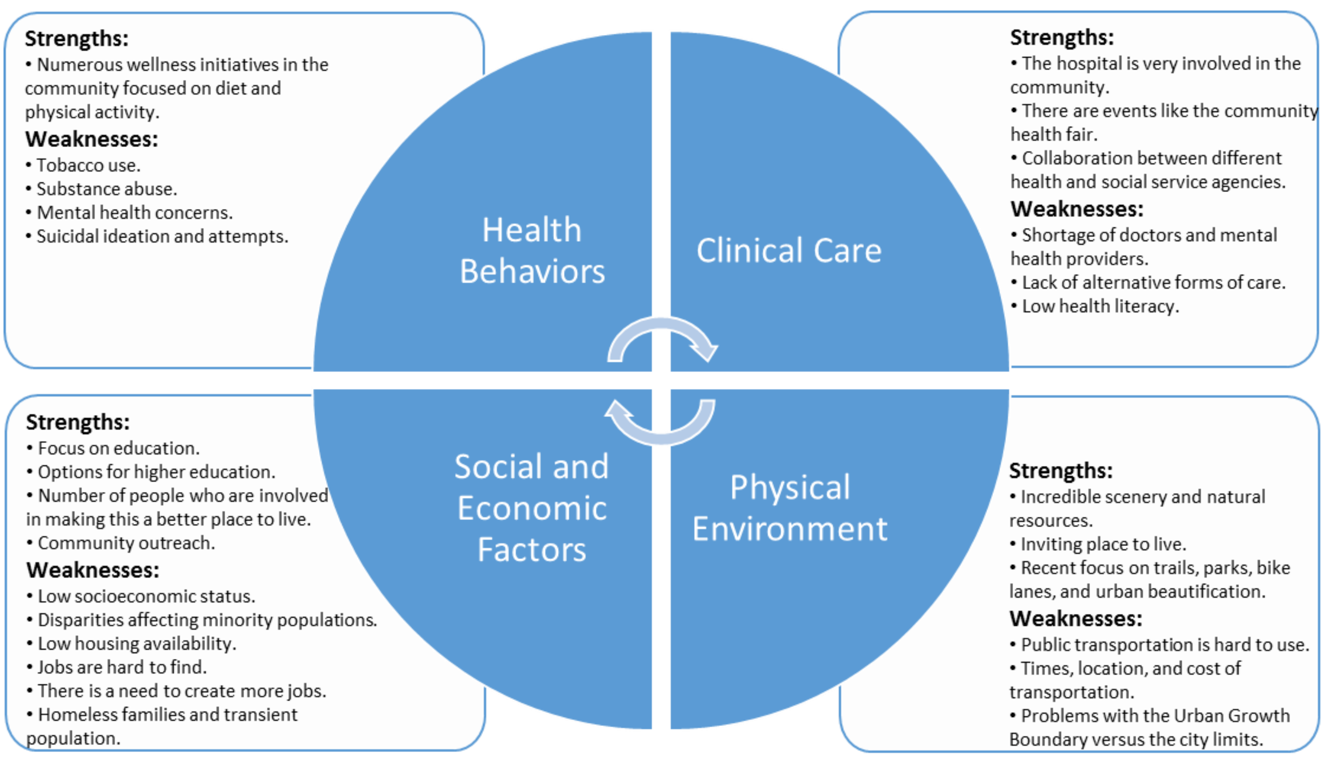
Methods. On June 27, 2018, the Healthy Klamath Coalition hosted a community forum (Appendix D) at the Klamath County Library. 25 community members attended to provide insight on health and quality of life in Klamath County.

Community Forum Guiding Questions (Appendix E):

1. How would you describe the quality of life in Klamath Falls and in Klamath County?
2. Are you satisfied with the quality of life in our community?
3. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?
4. What can be done to improve health and quality of life in our community?
5. How do you think we can better engage the community in health improvement efforts?

Below are the common themes and results from the community forum. The results were also categorized to align with the County Health Rankings model categories: health behaviors, clinical care, social and economic factors, and physical environment.

Findings.



Limitations. The drafted set of questions was adapted during the community forum to better flow with the group conversation. The question set can be revised for the future. The Community Themes and Strengths Assessment included participation from lay community members; however, the majority of participants were Healthy Klamath Coalition partners. More than one forum can be held in the future to increase participation and to ensure participants are more evenly distributed among the groups.

Community Health Status Assessment

Purpose. The Community Health Status Assessment provides quantitative information on community health conditions.

Methods. A Klamath Community Health Survey was created to collect current, quantitative data to better understand local health status, health concerns, facilitators and barriers to care, and health behaviors of community members. Oregon Tech Population Health Management students working with the program's Research Center were instrumental in finalizing and distributing the survey and analyzing results.

The survey, developed in February 2018, was distributed from March to July 2018. The survey (Appendix F) was made available in both English and Spanish and was distributed electronically through Qualtrics and via paper copies. Survey responses were collected at the Sky Lakes Medical Center's annual health fair, at worksites, and in several community clinics. The clinic locations included Sky Lakes Medical Center clinics, Klamath Health Partnership's Klamath Open Door clinics, Cascade Health Alliance, Klamath County Public Health, Klamath Tribal Health and Family Services, and Klamath Basin Behavioral Health. A total of 500 surveys were collected. The key findings are listed below.

Findings.

Demographics.

The top three age ranges of respondents in order were 25-34, 35-44, and 45-54.

The majority of respondents had a Bachelor's degree or higher, some college, or a high school diploma / GED.

The top three household sizes in order were 2 members, 3 members, and 1 member.

22.63% of respondents reported a household income of less than $20,000. 19.4% of respondents reported a household income of $50,000 to $74,999.

37.55% of respondents had employer sponsored insurance. 26.18% of respondents were enrolled in Medicaid (Oregon Health Plan, Open Card). 12.23% of respondents had Medicare coverage. 12.66% of respondents had private insurance.

48.16% of respondents were employed full time. 18.66% of respondents reported "other" employment status, to include being a homemaker, retired, or a student. 13.02% of respondents were employed part time. 8.24% of respondents were unable to work due to a medical condition, disability, etc.

Health Status.

The majority of respondents (37.58%) reported having good health. However, 16.56% reported fair health and 2.97% reported poor health.

When asked, “In the past 30 days, how often did mental health concerns make it hard for you to do your usual activities, such as self-care or work?” almost 31% of respondents answered sometimes, often, or always.

Transportation.

6% of the respondents do not have reliable transportation.

52% of the respondents do not find public transportation to be convenient and easy to use.

Food Insecurity.

When asked, “In the past 12 months, have you worried that your food would run out before you got money to buy more?” over 20% of respondents answered sometimes, often, or always.

Housing.

1.69% of respondents do not have housing, 6.13% of respondents were staying with others, and 5.5% of respondents had housing, but were worried about losing housing in the future.

Barriers.

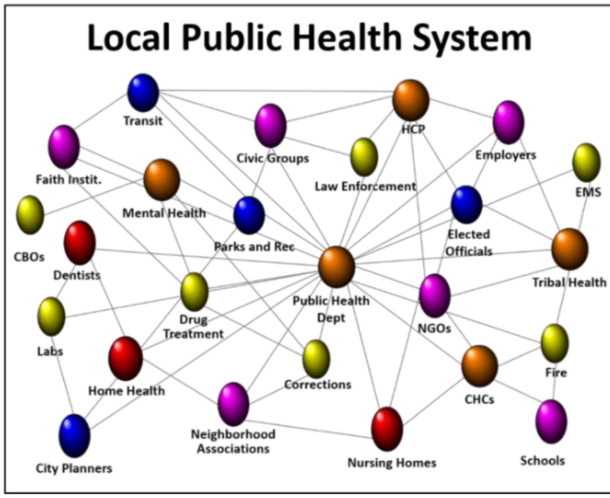
The following issues were identified as preventing a respondent from using health care services in the past 12 months: cost, transportation, insurance, childcare, work, distance / weather concerns, illness/disability, or could not get an appointment.

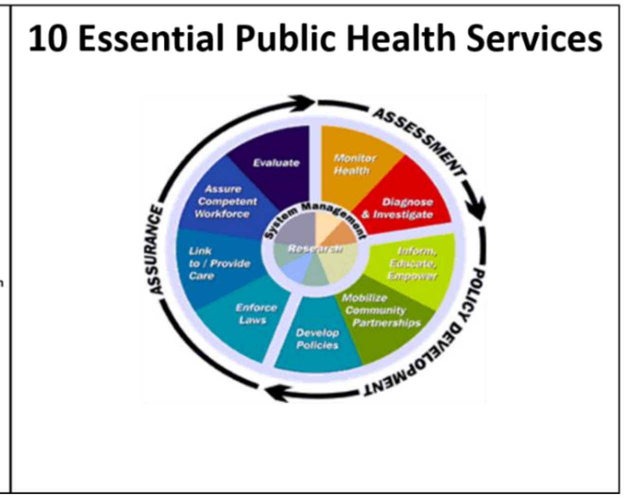
12.74% of respondents had missed or skipped a medical, dental, or mental health appointment in the past 30 days.

When asked, “Is there anything you feel is keeping you from having better health?” the top three responses in order were lack of physical activity, cost, and chronic illness.

Limitations. Although the survey was made available in Spanish, only a few people chose to utilize this option; however, none of those surveys were completed. This could indicate an issue with understanding what the survey was asking. In the future, the survey could be piloted with Spanish speaking members of the community. It is also unclear if translation services were available in person to assist with completing the survey. Additionally, the majority of the respondents were female. Efforts can be made in the future to have a more even distribution of surveys by gender. Finally, attempts to distribute surveys electronically through established distribution channels, such as worksite wellness committees was not very successful. Improved coordination and more planning time in the future can help to alleviate this issue.

Local Public Health System Assessment





Purpose. The Local Public Health System Assessment measures how well the different partners who comprise the local public health system work together to deliver the Essential Public Health Services (EPHS).

Methods. Using the National Public Health Performance Standards Local Assessment Instrument and the MAPP User's Handbook: Health Equity Supplement, a modified LPHSA survey was created. The survey was divided into 11 categories with three questions each. The categories represented the Ten Essential Public Health Services and health equity. The electronic survey created in SurveyMonkey was distributed to a wide variety of community organizations over a period of one month. Although there were an initial 52 respondents, there were only 31 fully completed surveys. Community partners representing many different sectors, to include health care and behavioral health agencies, City and County government, other government offices, City and County school districts, higher education institutions, nonprofit organizations, social service organizations, and local businesses all completed this assessment.

Findings. Using a 5-point Likert scale (never, rarely, occasionally, frequently, and very frequently), each respondent answered to what extent their organization participates in the provided activities. The responses for the three questions for each of the Essential Public Health Services (EPHS) categories and health equity were then averaged to get the below results.

EPHS 1	Monitor Health Status to Identify and Solve Community Health Problems	Frequently
EPHS 2	Diagnose and Investigate Health Problems and Hazards in the Community	Occasionally
EPHS 3	Inform, Educate, and Empower People about Health Issues	Occasionally
EPHS 4	Mobilize Community Partnerships to Identify and Solve Health Issues	Frequently
EPHS 5	Develop Policies and Plans that Support Individual and Community Health Efforts	Frequently
EPHS 6	Enforce Laws and Regulations that Protect Health and Ensure Safety	Frequently
EPHS 7	Link People to Personal Health Services and Assure the Provision of Health Care if it is Unavailable	Frequently
EPHS 8	Assure Competent Public and Personal Health Care Workforce	Frequently
EPHS 9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	Occasionally
EPHS 10	Research for New Insights and Innovative Solutions to Health Problems	Occasionally
Health Equity	Reduce and eliminate disparities in health and its determinants that adversely affect excluded or marginalized groups	Frequently

Limitations. Many of the surveys were not completed. This could indicate the survey was too long or not applicable to the respondents. Additionally, the 5-point Likert scale used was not as effective in gauging participation in each activity as was expected. A 3-point scale (limited, moderate, and significant) would have produced better results.

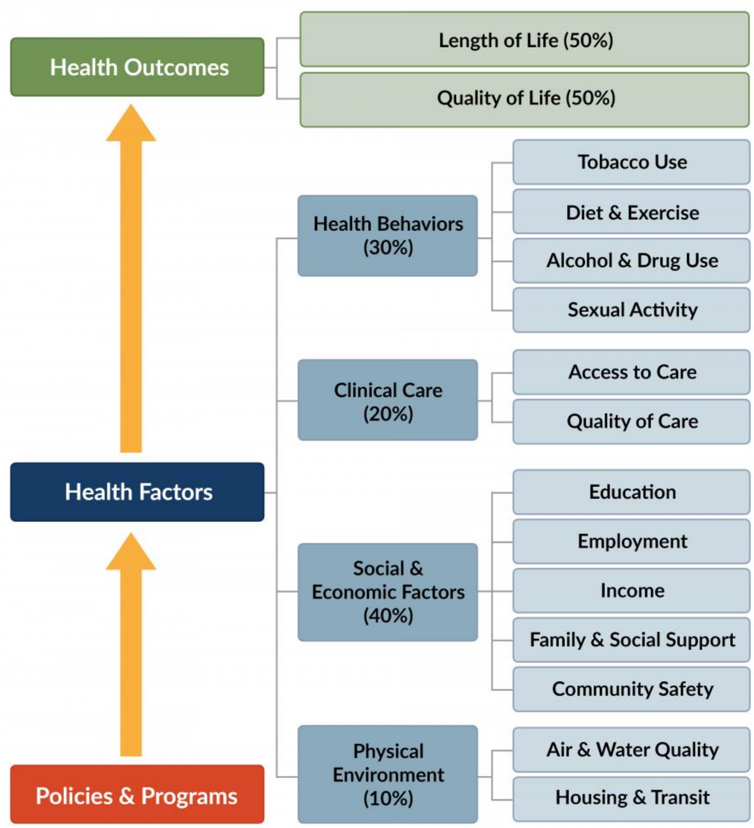
Part VIII. Indicators

County Health Rankings Model

The County Health Rankings is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Conducted annually, the County Health Rankings measure the health of almost all counties in the nation and compare them to the other counties in their respective state. The Rankings are based on a population health model that emphasizes the many factors that can be improved to help make communities healthier places to live, learn, work and play.

The goal of the Rankings is to raise awareness about the many factors that influence health and why health outcomes vary from place to place. The goals of the Healthy Klamath Coalition include improving the overall health of our community and making the healthy choice the easy choice. This is done through the implementation of policies and programs that influence health factors and overall health outcomes. The goal is not simply to raise the county's health ranking, but to make lasting changes that improve the health of our community members and future generations. It is through these changes that we anticipate seeing Klamath County advance in the health rankings.

The 2018 Community Health Assessment data collection and analysis aligns with the County Health Rankings model. This comprehensive model includes Health Outcomes, which are length and quality of life, and Health Factors, which are the determinants that influence health and overall outcomes. The outcomes and factors are then broken down into components and subcomponents. The components inform the categories for the 2018 Community Health Assessment, while the subcomponents include the specific indicators and data analysis for each area.



County Health Rankings model © 2014 UWPHI

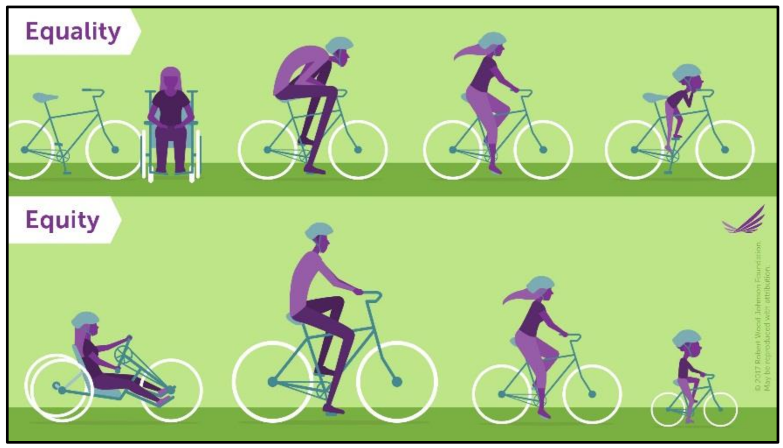
Data Collection and Analysis

The indicators section is comprised of various levels of secondary data: the county as a whole, Klamath Falls when applicable, and the metrics for each participating partner agency. The county-level data was retrieved from a variety of sources, including the American Community Survey, the Healthy Klamath website, and the Oregon Public Health Assessment Tool.

A fact sheet format was used to compile and display the data. This format makes it easier to understand the information and share the individual components. Although the data is not all-inclusive of the health issues affecting the community, it provides a robust overview of factors influencing the negative health outcomes seen in Klamath County. Key findings are highlighted throughout the document and called out on each fact sheet.

Health Equity.

The Robert Wood Johnson Foundation defines health equity as everyone having a fair and just opportunity to be healthier. RWJF emphasizes that equity is not the same as equality, as those with worse health and less resources need more assistance to improve their health.



Health disparities are present when there are differences in length of life, quality of life, disease rates, and access to resources that negatively affect certain population groups more than others. Health inequities also exist within the social determinants of health, in which population groups have less access to the necessary resources and opportunities to achieve optimal health and well-being.

The population groups who are disproportionately affected by health inequities include, but are not limited to, racial and ethnic minorities, people representing the LGBTQ community, people with disabilities, and other vulnerable populations, such as those who qualify as low-income. Stratified county-level data is not readily available to measure the health disparities faced by these communities. However, public health research can inform the areas for interventions to address the health inequities and improve health outcomes.

Limitations.

There are some limitations that affect the availability and quality of data used in the Community Health Assessment. For some of the areas included in this assessment, indicators are not available or data is outdated and does not reflect the current state of health. County-level data by race and ethnicity is limited affecting the ability to measure health disparities in the community. Overall, the data is not all-inclusive of the health factors and outcomes present in the community.

LENGTH OF LIFE

Length of life is how long people live. It includes an analysis of the overall number of deaths, specific causes of death, life expectancy, and differences in the population groups affected.

Klamath County has the highest death rate in Oregon.

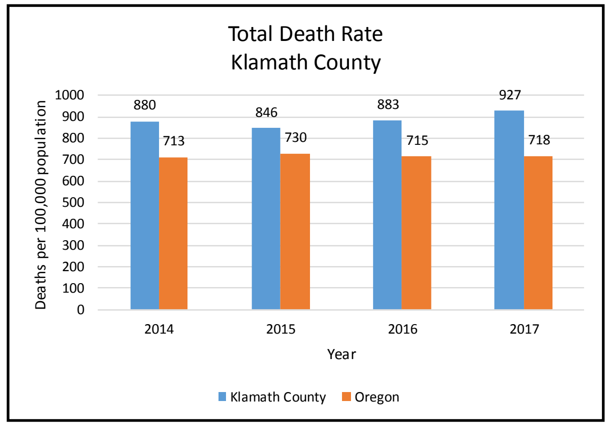
Top 5 Leading Causes of Death in Klamath County:

- **Cancer**
- **Heart Disease**
- **Chronic Lower Respiratory Diseases**
- **Accidents**
- **Suicide**

Almost 1/4 of all deaths in Klamath County are tobacco-related.

DEATH RATE

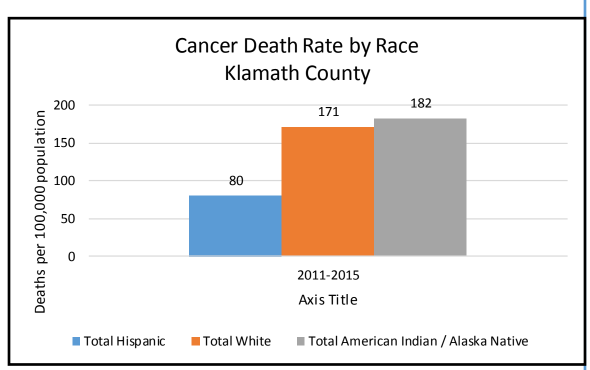
Death rates are generally higher in rural areas than in urban areas. Klamath County has consistently had a higher overall death rate than the state of Oregon, most recently with a difference of more than 200 per 100,000. After a brief decline in the death rate in Klamath County in 2015, the total death rate has increased from 880 in 2014 to 927 per 100,000 in 2017. With this rate, Klamath County moves into position with the highest death rate in Oregon. Although the total death rate is worsening, the tobacco-related death rate is improving, having decreased from 247 in 2014 to 209 per



CANCER DEATHS

In Klamath County in 2017, malignant neoplasms, or cancer, was the leading cause of death. From 2011 to 2015 the cancer death rate was 172 per 100,000. This is higher than the cancer death rate for Oregon, at 165 per 100,000, and the United States, at 164 per 100,000, during the same time period.

The cancer death rate varies greatly by race. In Klamath County, the American Indian / Alaska Native population has the highest cancer death rate at 182 per 100,000. The white, non-Hispanic population has a cancer death rate of 171 per 100,000. While the Hispanic population has the lowest cancer death rate at 80 per 100,000.



In Klamath from 2011 to 2015, lung cancer was the leading cause of cancer death, followed by breast cancer in women.

LENGTH OF LIFE

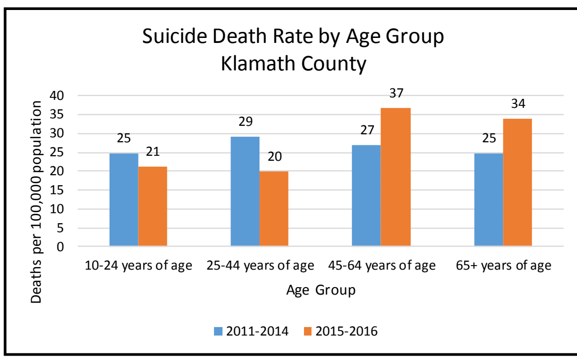
According to the Centers for Disease Control, injury is the leading cause of death for children and adults between the ages of 1 and 45 in the United States. Injury deaths are classified as unintentional or intentional. Examples of unintentional injury deaths include motor vehicle accidents, falls, overdoses, etc. Intentional injury deaths include homicides and suicides. Injury deaths are preventable and effect everyone, regardless of age, race, or income.

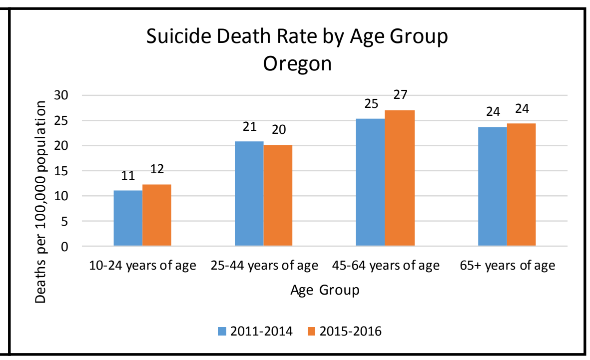
In Klamath County, unintentional injuries, or accidents, were the fourth leading cause of death in 2017. While intentional self-harm, or suicide, moved from the ninth leading cause of death in 2016 to the fifth leading cause of death in 2017. The State of Oregon continues to place an emphasis on preventing injury deaths, to include suicides and opioid-related deaths.

Suicide is the **5th leading cause of death** in Klamath County.

SUICIDE DEATHS

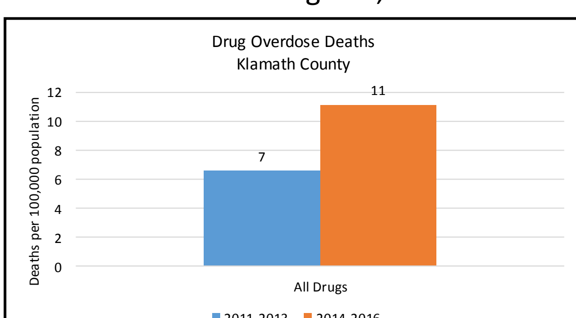
In Klamath County, there was an increase in suicide deaths from 2011-2014 to 2015-2016 in the following age groups: 45-64 and 65+ years of age. The 45-64 age group had the highest suicide death rate in Klamath County from 2015-2016. Although still high, there was a decrease in suicide deaths from 2011-2014 to 2015-2016 in the following age groups: 10-24 and 25-44. Klamath County has a higher suicide death rate than Oregon in all age groups except the 25-44 age group.

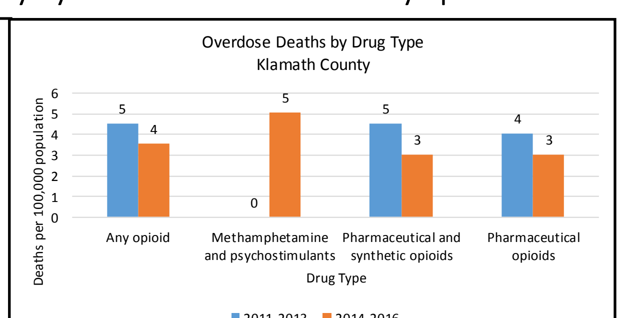




DRUG OVERDOSE DEATHS

In Klamath County, the rate of drug overdose deaths increased to 11 per 100,000 from 2014-2016, surpassing the state average of 10 per 100,000 from 2014-2016. However, the overdose death rate for each specific type of drug has decreased. From 2014-2016 in Klamath County, overdose deaths from methamphetamine and psychostimulants was the highest, followed closely by overdose deaths from any opioids.



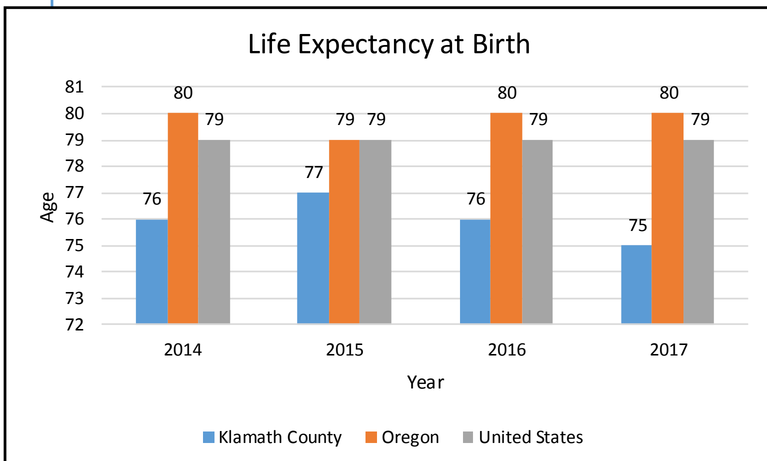


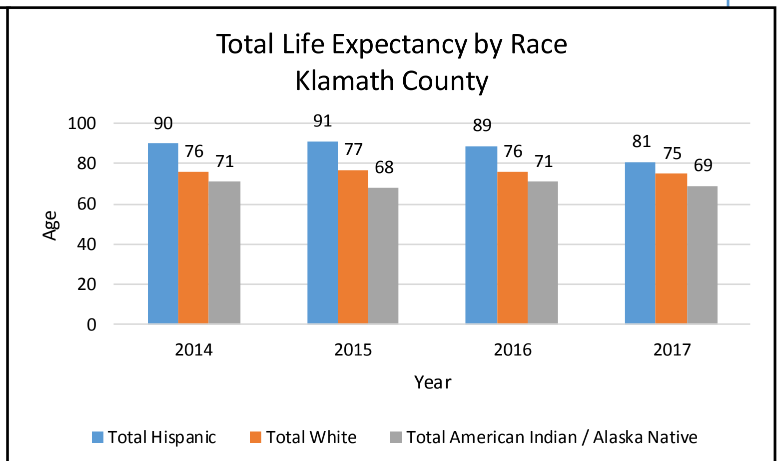
LENGTH OF LIFE

Life expectancy from birth is defined as how long, on average, a newborn can expect to live, if current death rates do not change. Life expectancy is a measure used to assess the overall health status of a population.

Health disparities lead to more negative health outcomes in one population group than another. A health disparity is a difference in health that can be attributed to social, economic, and/or environmental disadvantages. Health disparities contribute to differences in life expectancy by gender, race, and location.

Life expectancy in Klamath County decreased from 77 years in 2015 to 75 in 2017. Life expectancy in Klamath County has consistently been lower than the life expectancy for Oregon by four years and the United States by two years. Additionally, life expectancy is lower in rural areas than in urban areas.

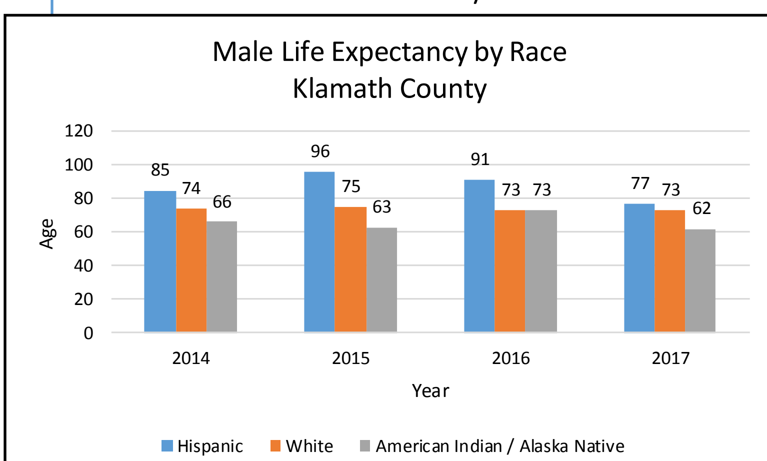


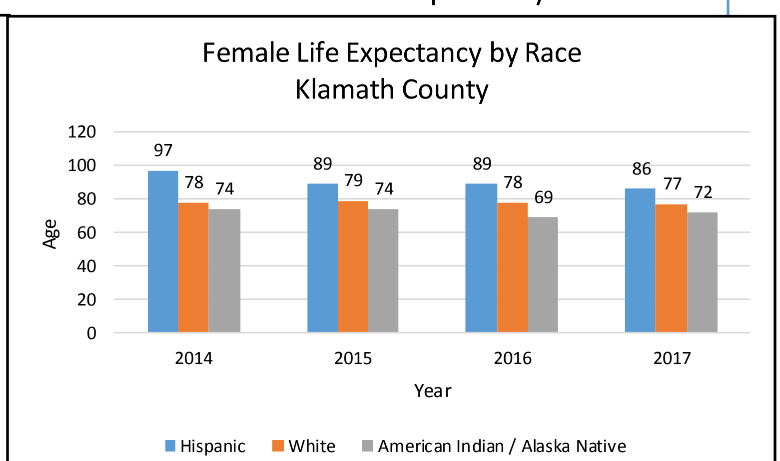


LIFE EXPECTANCY

In Klamath County, total life expectancy by race ranges from 69 years of age at the lowest, to 81 years of age at the highest. The Hispanic population has the highest life expectancy, while the American Indian / Alaska Native population has the lowest life expectancy.

When assessed by gender and race, life expectancy ranges from 86 years of age at the highest, to 62 years of age at the lowest. Overall, Hispanic women have the highest life expectancy, followed by Hispanic men and white women. American Indian / Alaska Native men and women have the lowest life expectancy.





LENGTH OF LIFE

There are five key areas, or determinants, which comprise the social determinants of health. They are economic stability, education, social and community context, health and health care, and neighborhood and built environment.

HealthyPeople.gov defines social determinants of health as the conditions in the environments in which people are born, live, learn, work, and play that affect a wide range of risk factors, health and functioning, and quality of life. These conditions are often referred to as “place”.

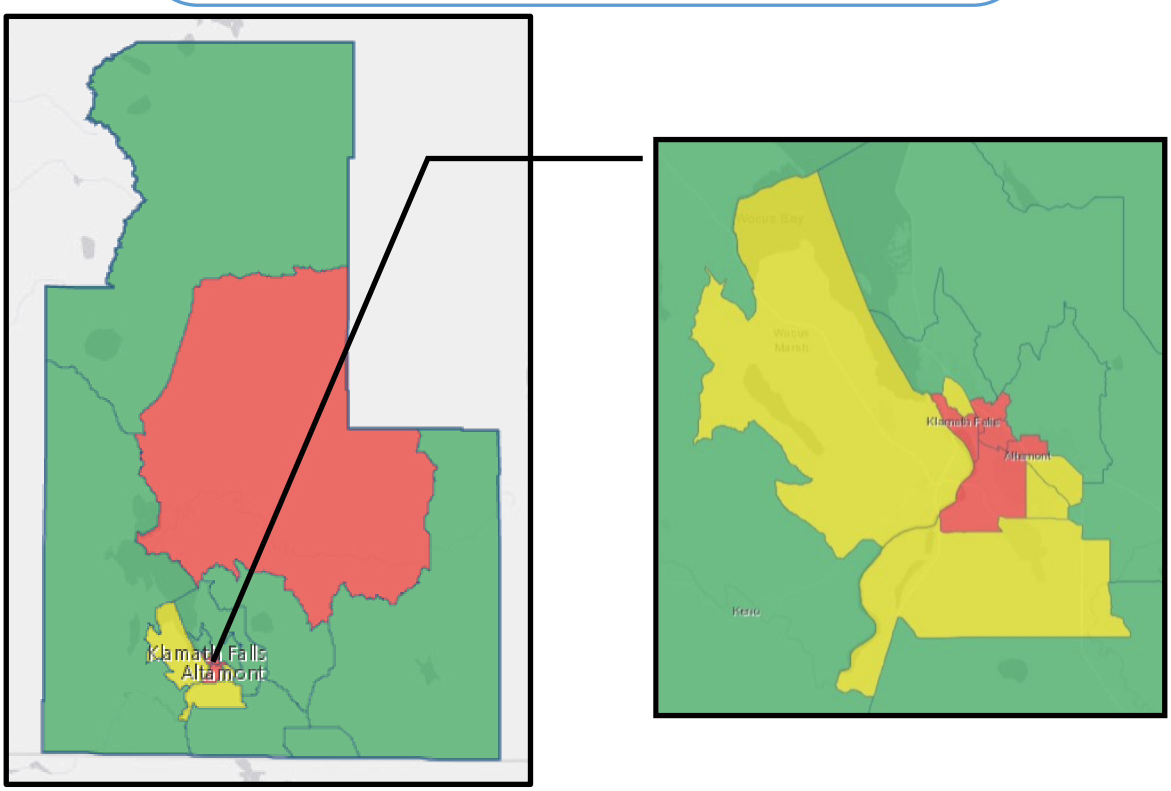
Specific examples of how place impacts health include education and income, unsafe or unhealthy housing, limited opportunities to exercise, walk, cycle, or play, proximity to highways, access to primary care doctors, unreliable or expensive public transit, and racial segregation. These differences can be seen where we live and they have a tremendous impact on life expectancy.

Based on where someone lives, down to the census tract level, there is a 15-year difference in life expectancy in Klamath County. Place matters.

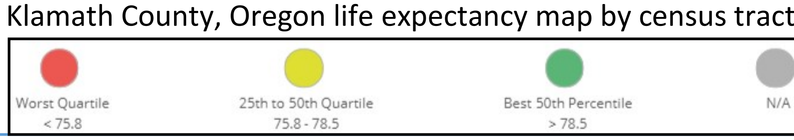
Life Expectancy by census tract ranges from

69 to 84 Years

SOCIAL DETERMINANTS OF HEALTH



Klamath County, Oregon life expectancy map by census tract.



QUALITY OF LIFE

Quality of life is how healthy people feel. This includes overall health, physical health, mental health, and social functioning.

WELL-BEING INDEX

Well-being is defined as the state of being happy, healthy, or prosperous. It emphasizes a person's physical, mental, and social resources and enhances protective factors that foster health. The Blue Zones Project—Klamath Falls uses the Gallup-Sharecare Well-Being Index to measure overall well-being in our community. Purpose, social, financial, community, and physical aspects all contribute to well-being.

The Well-Being Index ranges from 0 to 100, with higher scores being better. Nationwide, well-being has declined. In Klamath Falls, the overall well-being score is holding steady at 59.6 in 2018.

Purpose
Liking what you do each day and being motivated to achieve your goals

Social
Having supportive relationships and love in your life

Financial
Managing your economic life to reduce stress and increase security

Community
Liking where you live, feeling safe and having pride in your community

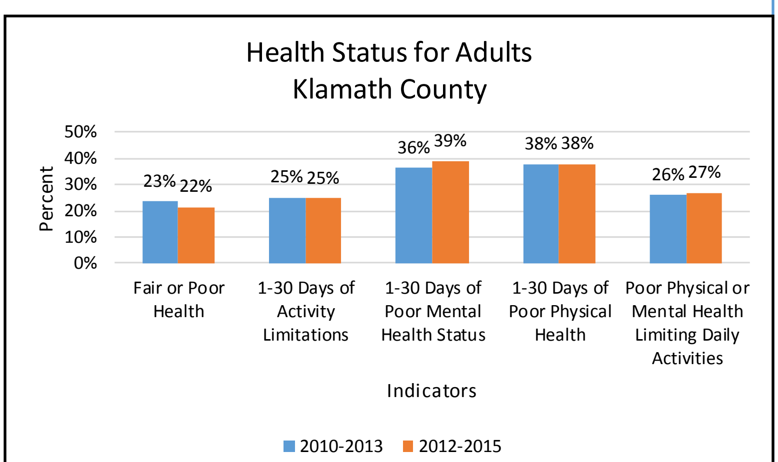
Physical
Having good health and enough energy to get things done daily

Gallup · Sharecare Well-Being Index™

HEALTH STATUS

These measures show the impact that chronic conditions, disabilities, and health behaviors have on overall well-being and how healthy someone feels. General health status reflects the percentage of adults who rate their health as fair or poor. Poor mental health and physical health days reflect how many days in the past 30 days that someone's mental or physical health was not good. In addition, poor physical or mental health can limit daily activities or require the use of special equipment.

From 2010-2013 to 2012-2015, there was improvement in general health status in Klamath County, although 1 in 5 adults still have poor or fair health. There was a decrease in activity limitations due to poor health. Poor mental health days increased while poor physical health days remained the same. There was also an increase in disability marker 1, which is the negative impact of physical and mental health on daily activities, or an increase in the use of special equipment.



QUALITY OF LIFE

84% of the population has one or more risk factors for a chronic condition.

Risk factors include:

- Obesity
- No exercise
- Tobacco use
- High blood pressure
- High cholesterol

Almost 53% of Klamath County community members have one or more chronic conditions.

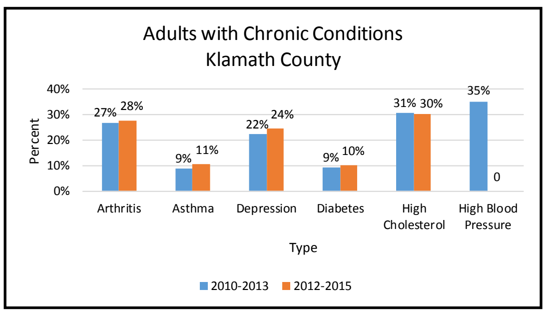
24% of the population has been diagnosed with depression.

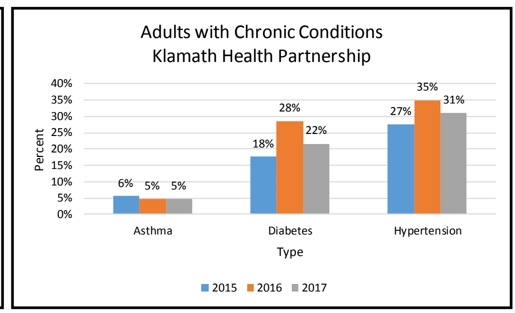
Chronic diseases are also referred to as chronic conditions. Chronic conditions are defined as conditions that last for 1 year or more and require ongoing medical care. Chronic conditions could also limit daily activities. Most chronic conditions are caused by certain health behaviors, or risk factors, such as cigarette smoking or not exercising.

In Klamath County, the prevalence of most chronic conditions is increasing. Arthritis, asthma, depression, and diabetes have increased while there was a slight decrease in high cholesterol.

However, in one clinical setting there have been improvements. Klamath Health Partnership is the Federally Qualified Health Center in Klamath County. In the Klamath Health Partnership patient population in 2017, there was a decline in asthma, diabetes, and high blood pressure.

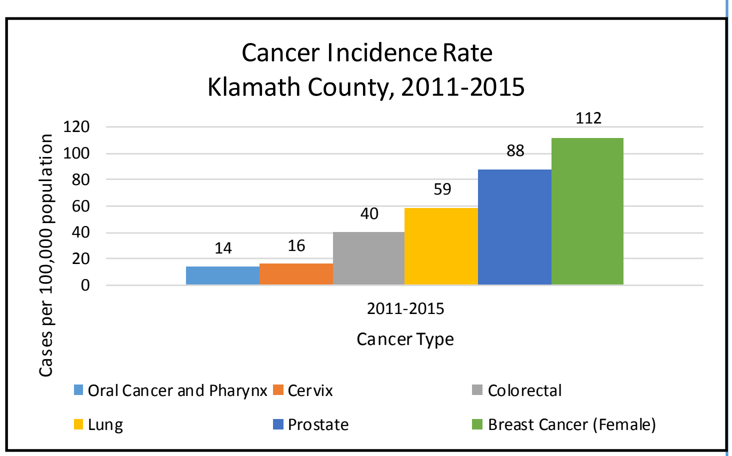
CHRONIC CONDITIONS





CANCER

For all cancers in Klamath County, the cancer incidence rate from 2011 to 2015 was 456 per 100,000 people. From 2011 to 2015, the three most common types of cancer in Klamath County were breast cancer, prostate cancer, and lung cancer.



HEALTH BEHAVIORS

Health behaviors are the actions people take that contribute to overall health status. They are influenced by social and environmental factors where they live, work, and play.

TOBACCO USE

Cigarette smoking causes cancer, heart disease, stroke, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction. Cigarette smoking also contributes to low birthweight and other poor health outcomes. Secondhand smoke exposure can lead to lung cancer and heart disease. Although smokeless tobacco is less lethal than smoking, it can lead to various cancers, gum and teeth problems, and nicotine addiction. Tobacco use also has economic impacts. Treating tobacco-related illnesses contributes to rising healthcare costs. Additionally, tobacco use by employees costs employers in productivity losses.

Cigarette Smoking Rate

23%

Tobacco use is higher in rural areas than in urban areas. With almost one quarter of adults who smoke in Klamath County, the cigarette smoking rate remains above both the state and national averages.

DIET AND EXERCISE

Eating a healthy diet and maintaining a healthy bodyweight contribute to a person's overall health status. An unhealthy diet increases the risk for many health conditions, to include, but not limited to, overweight and obesity, heart disease, high blood pressure, Type 2 diabetes, and oral disease. Poor nutrition affects the growth and development of children.

Being able to access fruits and vegetables is an important part of having a healthy diet. The Food Environment Index, ranging from 0 (the worst) to 10 (the best), measures the combination of food insecurity and access to healthy foods. In Klamath County, the Food Environment Index has improved from 6.1 in 2015 to 6.6 in 2018.

Klamath County Food Environment Index

6.6

A poor diet and too little physical activity contributes to overweight and obesity. Too little physical activity increases the risk for many health conditions, to include some cancers, heart disease, and diabetes. Obesity is one of the largest contributors to preventable chronic disease in the United States. Being overweight or obese increases the risk of many health conditions, to include cancer, heart disease, high blood pressure, Type 2 diabetes, stroke, Alzheimer's disease, osteoarthritis, and respiratory problems.

Almost 88% of the population in Klamath County does not eat enough fruits or vegetables.

75% of the population in Klamath County does not get enough physical activity.

63% of the population in Klamath County is overweight, while 26% is obese.

HEALTH BEHAVIORS

ALCOHOL AND SUBSTANCE USE

Heavy drinking is defined as consuming more than two drinks a day for men, or one drink a day for women in the past 30 days. Binge drinking is having five or more drinks on one occasion for men, or four or more drinks on one occasion for women in the past 30 days. In the short-term, excessive drinking can lead to alcohol poisoning and can contribute to intimate partner violence, risky sexual behaviors, and motor vehicle accidents. Excessive alcohol consumption is also a risk factor for some cancers, heart disease, high blood pressure, fetal alcohol syndrome, and liver disease.

Recreational marijuana was legalized in 2014 in Oregon. Since then, marijuana use in Klamath County continues to increase. According to the Centers for Disease Control, heavy marijuana use (daily or almost daily) can affect memory, learning, and attention, which can last for a week or more. Smoking marijuana can also damage lungs and the cardiovascular system.

Overall drug overdose hospitalizations have decreased slightly in Klamath County, improving from 51 per 100,000 population from 2009-2011 to 50 per 100,000 from

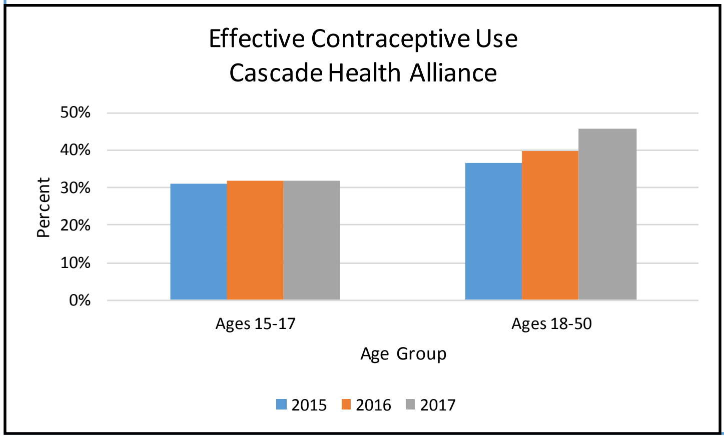
4% of men and women reported heavy drinking, while 12% reported binge drinking in the past 30 days.

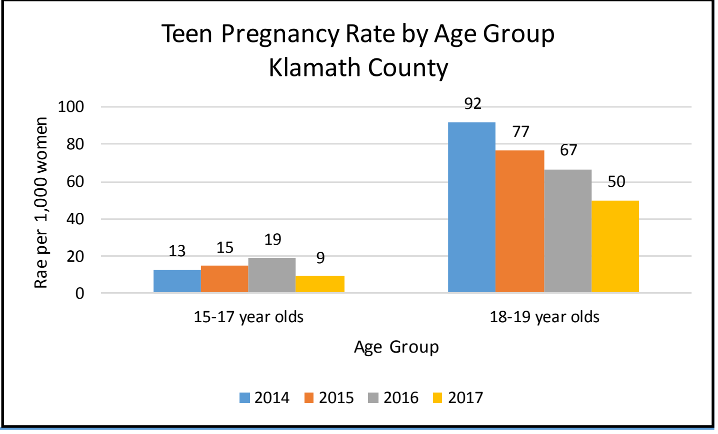
Marijuana use increased from 22% in 2014 to 30% in 2016.

SEXUAL ACTIVITY

Risky sexual behavior, which includes having unprotected sex and having a high number of lifetime sexual partners, can lead to sexually transmitted infections (STIs) and unintended pregnancies. Nationwide, rates of STIs, also known as sexually transmitted diseases, are increasing. Specifically, in Klamath County rates of gonorrhea and chlamydia have increased. Gonorrhea rates per 100,000 people increased from 100 in 2014 to 129 in 2017, higher than the Oregon rate at 107. Chlamydia rates per 100,000 people increased from 484 in 2014 to 555 in 2017, higher than the Oregon rate at 485.

Effective contraceptive use among Cascade Health Alliance members is increasing. This is the percentage of women at risk of unintended pregnancy who use one of the most effective or moderately effective contraceptive methods. In Klamath County, teen pregnancy rates are decreasing. Pregnant teens are less likely to receive prenatal care and are more likely to have pre-term or low birth weight babies.





From 2012 to 2015:

84% of the population had health insurance.

18% of the population was enrolled in the Oregon Health Plan.

19% of the population was unable to see a healthcare provider in the past year because of cost.

56% of the population had a routine checkup in the past year.

60% of the population visited a dentist in the past year.

ACCESS TO CARE

Access to care includes having health insurance coverage and the availability of local health care providers and facilities.

Having health insurance is an important part of being able to access primary care or other health care services. However, having health insurance does not always ensure access to care. Access to care includes affordability, having available providers, and having health care options that are close by and easy to use. There are also barriers to accessing care that must be addressed, such as cost, transportation, and navigating the complex health care system.

Those who are uninsured are less likely than the insured to have a clinic or doctor that they visit on a routine basis. People without insurance receive less preventative care, dental care, chronic disease management, and behavioral health counseling. This often leads to being diagnosed later and postponing treatment. This results in generally worse health outcomes and lower quality of life for those without insurance.

HEALTH PROFESSIONAL SHORTAGE AREA

The Health Resources and Services Administration (HRSA) has designated Klamath County as a Health Professional Shortage Area (HPSA). Areas are assessed on the availability of primary care, mental health, and dental health providers based on geographic region, population served, or facility type. Health Professional Shortage Areas are scored on a scale of 0-25 for primary care and mental health care, and 0-26 for dental health care. Higher scores mean greater need.

In Klamath County, there is a shortage of primary care providers available to serve the low-income population. It is also known that it often takes months to be seen by a new primary care provider. There is also a shortage of dental providers to serve low-income, migrant farmworker, and homeless populations in Klamath County. The entire Southcentral Oregon geographic region has a shortage of mental health providers.

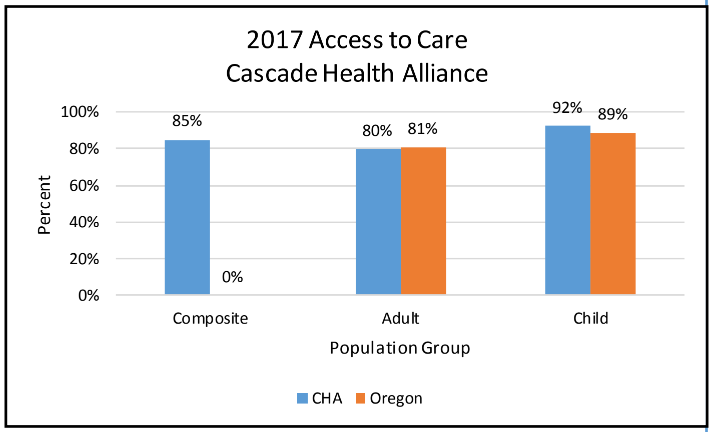
	HPSA Scores	
	Klamath County	Klamath Health Partnership
Primary Care	17	19
Mental Health	19	21
Dental Health	17	15

Klamath Health Partnership is the Federally Qualified Health Center (FQHC) in Klamath County and receives facility-based HPSA scores. FQHCs are health centers that provide primary care to an underserved area or population. FQHCs provide comprehensive services and offer a sliding fee scale.

ACCESS TO CARE

A coordinated care organization (CCO) is a network of all types of healthcare providers, (physical health care, behavioral health care, and dental care providers) who work together to serve people who receive Medicaid health care coverage under the Oregon Health Plan (OHP). The CCOs in Oregon strive to meet the triple aim of better care, better health, and lower costs. Cascade Health Alliance's focus includes preventing and managing chronic conditions, reducing unnecessary hospital utilization, and providing their members with the support they need to be healthy.

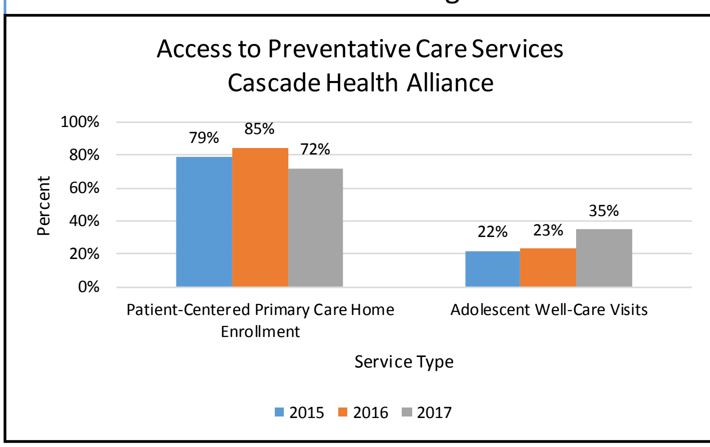
Cascade Health Alliance (CHA) is the Coordinated Care Organization in Klamath County serving community members who are enrolled in the Oregon Health Plan (OHP). Access to care information for the CCOs in Oregon is based off of survey results asking OHP members if they thought they received appointments and care when they needed them. 85% of all Cascade Health Alliance patients had adequate access to care in 2017. Slightly below the statewide average, 80% of adults who are CHA members received adequate access to care in 2017. While 92% of children who are CHA members received adequate access to care, which is above the statewide average of 89%.

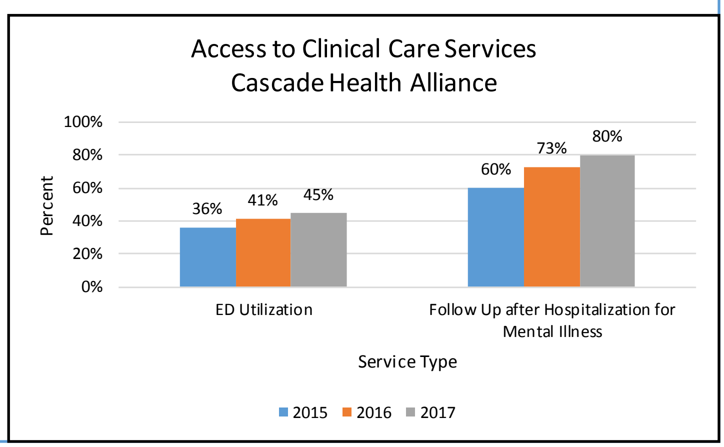


COORDINATED CARE ORGANIZATION

A patient-centered primary care home is when a primary care provider helps coordinate care with other providers and specialists to help address a patients' healthcare needs, thus improving quality of care. CHA has exceeded the 60% target for patient-centered primary home care enrollment, increasing to 85% in 2016. The number of adolescent well-care visits for CHA members is improving. Adolescent well-care visits are the percentage of adolescents and young adults (ages 12-21) who have had at least one well-care visit in a year.

Emergency Department (ED) Utilization is the rate of patient visits to an emergency department. Rates are reported per 1,000 members. A lower number is better as it suggests patients are seeking healthcare prior to needing to visit the emergency room. Follow up after hospitalization for mental illness (MI) is an important part of case management to ensure patients are connected to the care and resources they need to support their overall health and well-being.

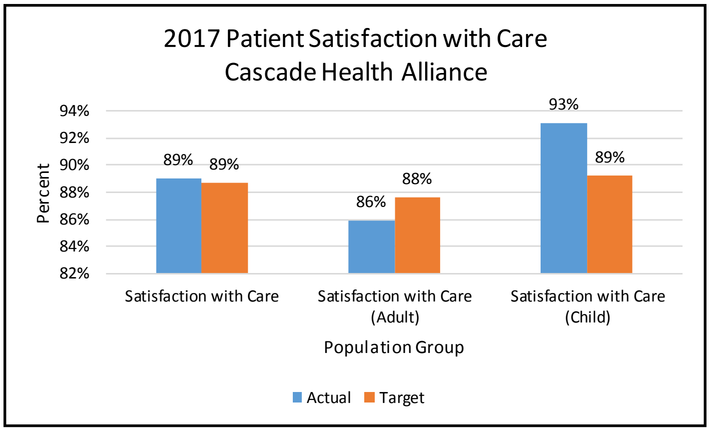




QUALITY OF CARE

Quality healthcare is timely, safe, effective, and affordable. Receiving high quality healthcare protects patients and improves overall health. This helps to prevent unnecessary or inappropriate care.

High quality health care is timely, safe, effective, and affordable. It is important for each person to get the right care that they need at the right time. High quality care can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care. Improving quality, reducing errors, involving patients in decision-making, and coordinating care are essential to ensure patients receive the quality health care they deserve.

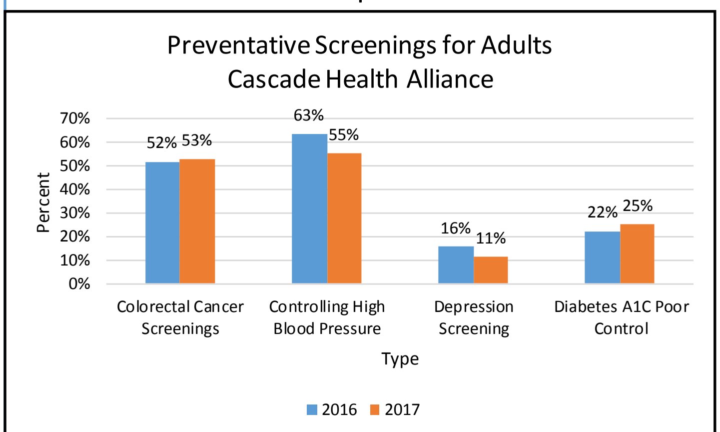


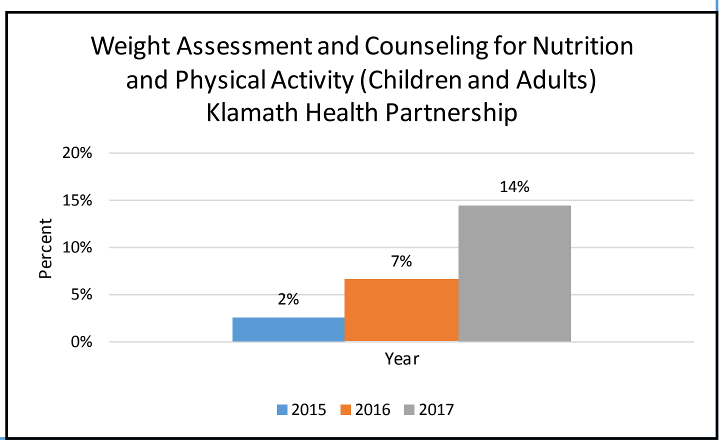
Satisfaction with care for the CCOs in Oregon represents the percentage of members who received the help or information they needed or were treated with courtesy and respect. In 2017, Cascade Health Alliance exceeded the target measure for satisfaction with care overall and with their members who are children.

PREVENTION

Striving to improve quality includes making evidence-based decisions and helping providers and health systems work together to improve health outcomes and patient satisfaction, while remaining cost-effective. Reducing costs and coordinating care for patients to prevent negative health outcomes includes a focus on preventative screenings. Despite efforts to improve quality, some patients do not receive the recommended preventative care or treatment.

Evidence suggests that implementing disease management programs that target multiple components of chronic diseases can improve quality of care. This includes regular screenings, monitoring and controlling conditions, and making behavioral changes to prevent negative health outcomes. Early detection through screenings is also important for better health outcomes and reducing the cost of treatment. Preventative screenings and chronic condition management are improving for both Cascade Health Alliance members and Klamath Health Partnership clients.





MATERNAL AND CHILD HEALTH

Maternal and child health focuses on the health of women during pregnancy and postpartum, and the health of infants and children. This is important for decreasing risks, improving healthy birth outcomes, and for early childhood development.

76% of pregnant women who were eligible for Medicaid enrolled in the WIC program in 2017.

53% of pregnant women enrolled in WIC during their first trimester.

8% of babies born in Klamath County in 2017 had a low birth weight.

The infant mortality rate in Klamath County increased to 10 per 1,000 live births in 2017.

PRENATAL CARE

Early prenatal care, which is care during the first trimester of pregnancy, is essential for identifying and addressing health problems and risky health behaviors which can affect the health of the mother and developing fetus. Early prenatal care helps reduce the risk of complications during pregnancy and childbirth. Inadequate prenatal care contributes to poor birth outcomes, to include low birth weight and an increased risk for infant mortality.

The percent of pregnant women eligible for Medicaid who enroll in the Women, Infants, and Children (WIC) supplemental nutrition program has declined. In Klamath County, 88% of pregnant women were enrolled in 2014, while only 76% of pregnant women were enrolled in 2017.

BIRTH OUTCOMES

Low birth weight is when a baby is born weighing less than 5 pounds, 8 ounces. The two main causes of low birth weight are premature birth, before 37 weeks of pregnancy, and restricted fetal growth, when a baby does not gain the weight they should before birth. There are several medical, environmental, and behavioral risk factors which can contribute to low birth weight.

Some babies born with a low birth weight are healthy. However, being born at a low birth weight can cause serious short-term and long-term health problems. The short-term health problems can include trouble eating, gaining weight, and fighting off infections.

Low birth weight in Klamath County is improving, having decreased from 9% in 2015 to 8% in 2017.

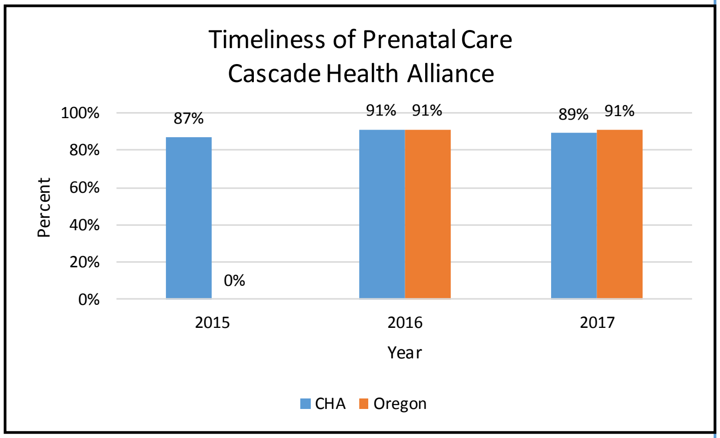
The infant mortality rate is the deaths per 1,000 live births for infants within their first year of life. Infant mortality is an indicator of the overall health status of a community. The leading causes of death among infants include birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. The infant mortality rate in Klamath County has more than doubled since 2014 and in 2017 is almost double the state of Oregon rate at 5.4.

MATERNAL AND CHILD HEALTH

COORDINATED CARE ORGANIZATION

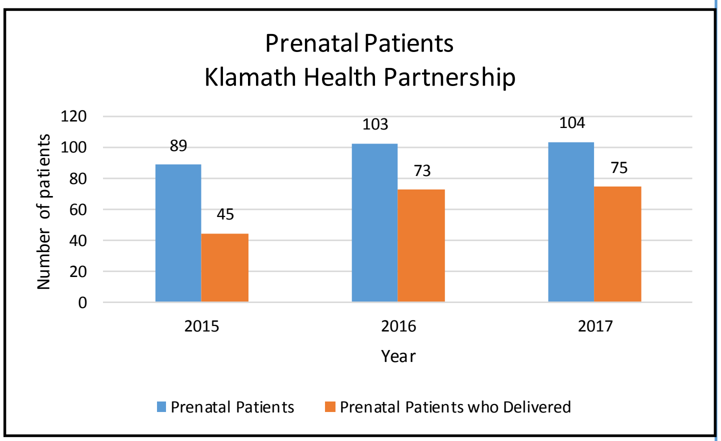
For the local Coordinated Care Organization, Cascade Health Alliance, timeliness of prenatal care is the percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid.

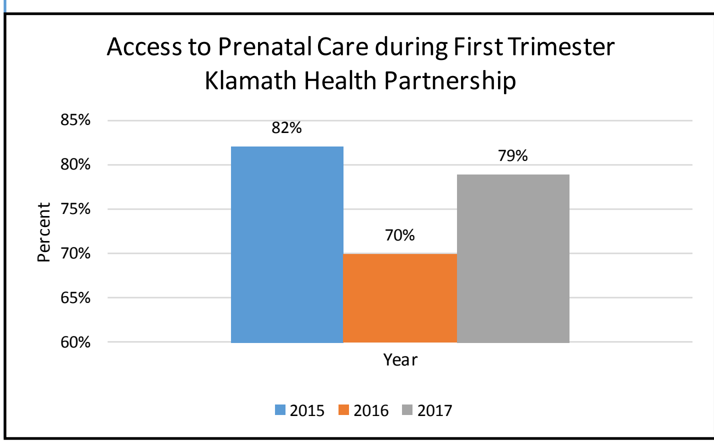
After meeting the target measure in 2016, this measure decreased slightly in 2017, falling below the target measure and state average, both at 91%.

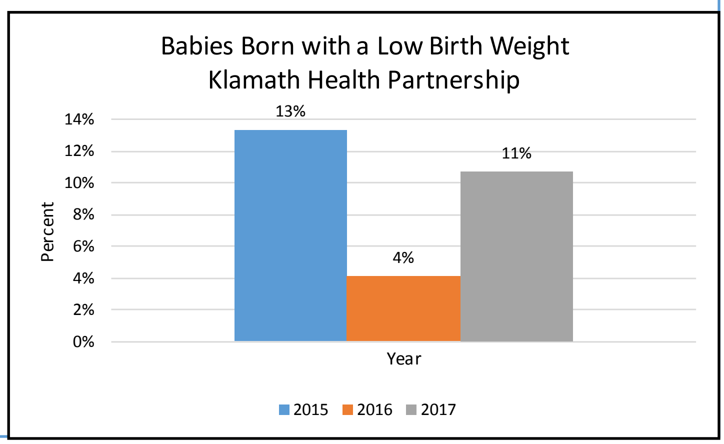


FEDERALLY QUALIFIED HEALTH CENTER

Klamath Health Partnership is the Federally Qualified Health Center in Klamath County, serving some of the area's most vulnerable populations. Access to prenatal care for Klamath Health Partnership clients is improving. However, for Klamath Health Partnership clients, babies born with a low birth weight is still higher than the county average of 8%.



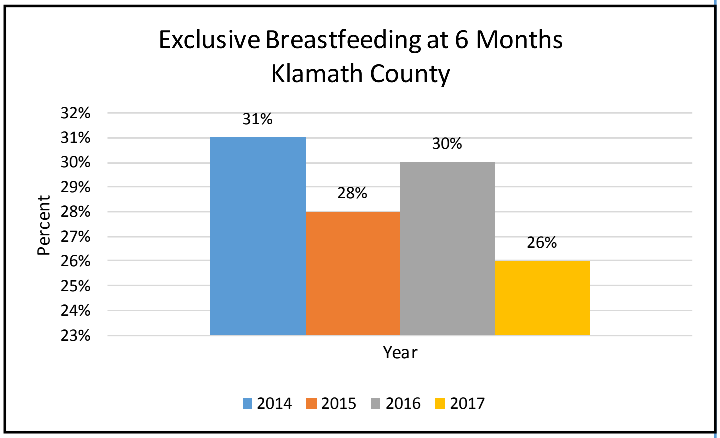




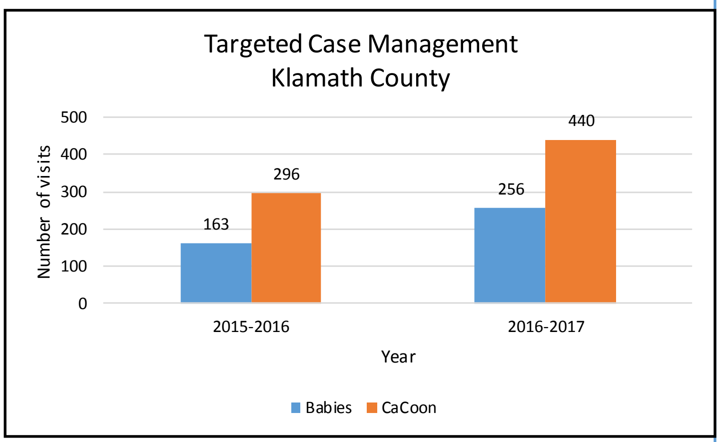
MATERNAL AND CHILD HEALTH

INFANT CARE

Two services that Klamath County Public Health, the local health department, offers to improve health outcomes and care coordination are the Women, Infants, and Children (WIC) supplemental nutrition program and targeted case management. The WIC program, encourages mothers to breastfeed, unless there is a medical reason not to. WIC provides the necessary support to help mothers and infants be successful with breastfeeding. Exclusive breastfeeding is when the infant only receives breast milk without any additional food or drink, not even water. Exclusively breastfeeding for the first 6 months is the optimal way to provide the nutrition an infant needs for healthy growth and development. Exclusive breastfeeding also helps to reduce infant mortality from illnesses such as diarrhea or pneumonia.

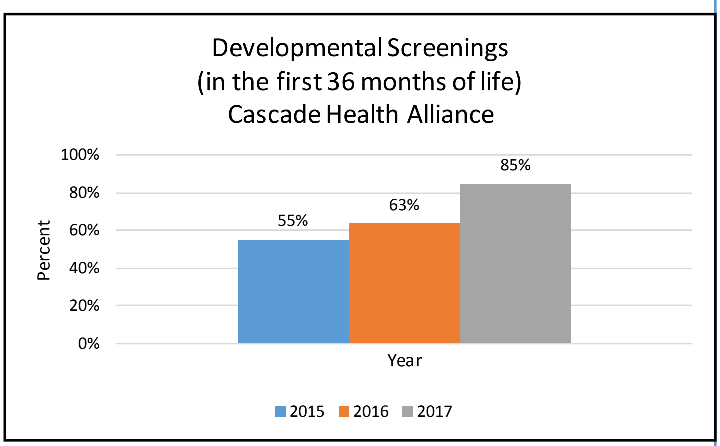


Targeted case management services are provided to help clients access and use necessary medical, social, educational, and other services. The targeted case management programs at Klamath County Public Health, in which a nurse conducts home visits, are Babies First and CaCoon. Babies First is a home visiting program for children from birth to age five with health and social histories that put them at risk for poor health and development outcomes. CaCoon (Care Coordination) is a home visiting program for children and youth with special health needs from birth to 21 years. Through this program, nurses provide assessments, interventions, and care coordination to improve access to care and health outcomes. In Klamath County, targeted case management visits are increasing.

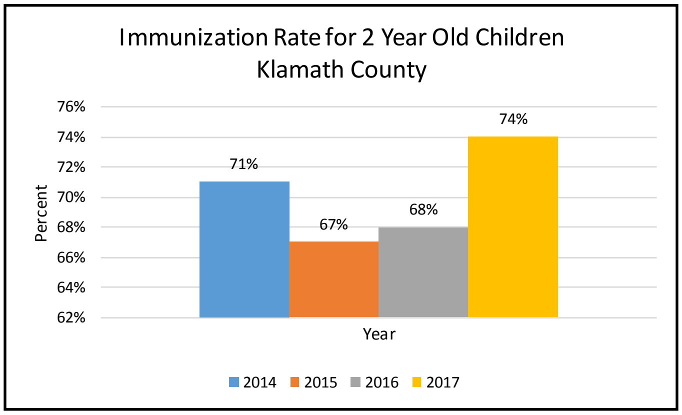


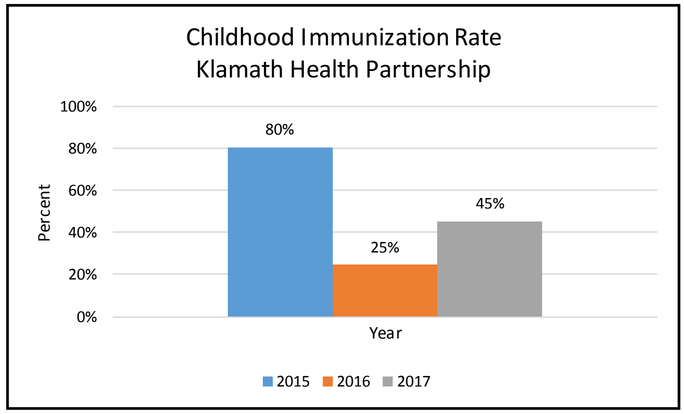
Developmental screenings represents the percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

As many as 1 in 4 children are at risk for developmental delay. The American Academy of Pediatrics recommends early childhood screenings to identify and address delays during the most critical period of development.

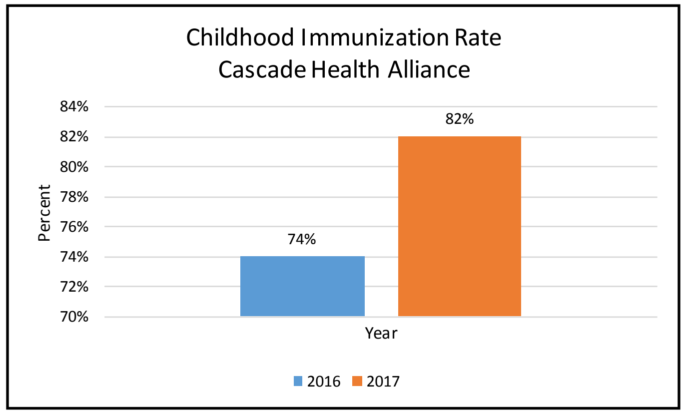


MATERNAL AND CHILD HEALTH



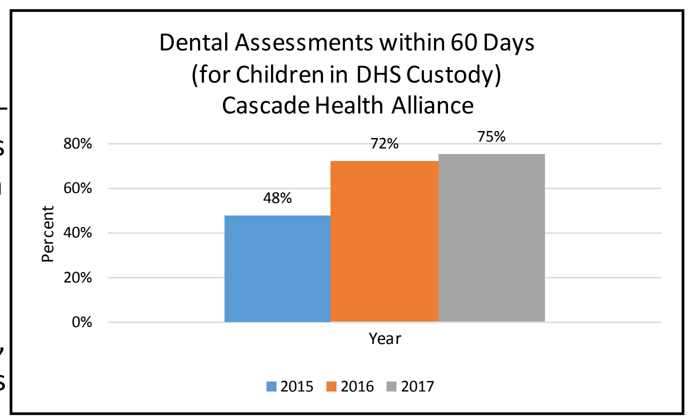


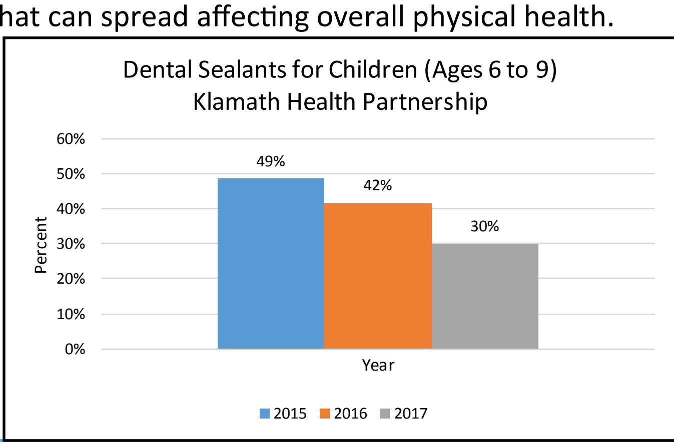
The primary benefit of immunizations, or vaccines, is to prevent the spread of infectious disease. A community that has the recommended vaccinations helps prevent the spread of disease to vulnerable populations, such as babies, and helps prevent outbreaks of preventable diseases. Immunizations are an evidenced-based way to save lives, prevent cases of disease, and reduce health care costs. Approximately 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases.

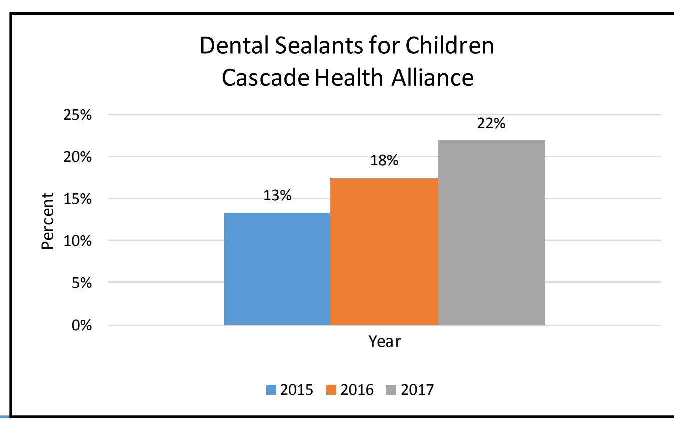


PREVENTION

Dental sealants protect against 80% of cavities for up to two years. According to the Centers for Disease Control, children ages six to eleven without dental sealants have almost three times as many cavities than children with sealants. Children who are low income are 20% less likely to have dental sealants and twice as likely to have untreated cavities than children from a higher income background. Untreated cavities can cause pain, problems eating, speaking, and learning, and infections that can spread affecting overall physical health.







SOCIAL AND ECONOMIC FACTORS

Social and economic factors are a combination of factors, including measures of social and financial well-being, which influence where we live, learn, work, and play. These factors impact health outcomes and influence health behaviors.

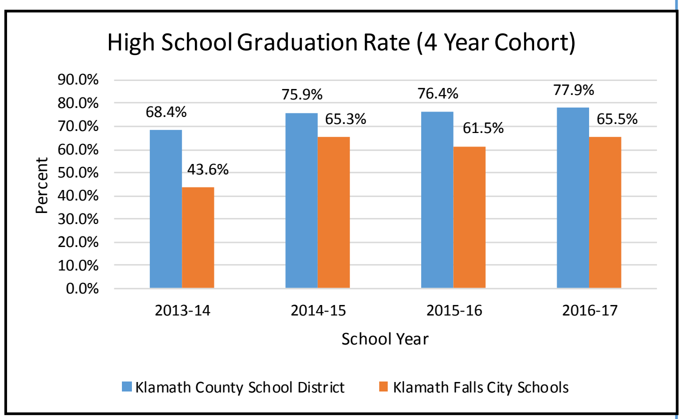
SOCIONEEDS INDEX

The SocioNeeds Index is a new measure designed to correlate socioeconomic need with poor health outcomes, to include preventable hospitalizations and premature death. The measure ranges from 0, low need, to 100, high need. The 2018 SocioNeeds Index for Klamath County is 61%.

EDUCATION

The four year high school graduation rate has improved for both school districts in the county. The Klamath County School District had an increase from 68% for the 2013-2014 school year to 78% for the 2016-2017 school year, while the Klamath Falls City Schools had an increase from 44% to 66%.

Studies show that individuals with higher education tend to be healthier and have greater financial stability in adulthood. Education levels also impact how long someone lives. Life expectancy is approximately a decade shorter for people who do not have a high school degree compared to those who have completed college. According to the Centers for Disease Control, college graduates are also healthier with lower rates of obesity and smoking compared to those who do not complete high school.



Klamath County Disconnected Youth

19%

Disconnected youth is the percentage of teens and young adults ages 16-24 who are neither working nor in school. Disconnected youth are at an increased risk of violent behavior, smoking, alcohol consumption and marijuana use, and may have emotional deficits and less cognitive and academic skill than their peers who are working and/or in school.

Some College is the percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree. Years of formal education has the strongest correlation with health and is thought to be related to work and economic opportunities, psychological resources, and a healthier lifestyle.

27% of the population has some college.

Additionally, a parent's education level is linked to their child's health and educational attainment. Children whose mothers graduated from college are twice as likely to live past their first birthday. Children who have parents with lower levels of education typically experience more stress and poor health early in life. This is linked to decreased cognitive development, increased tobacco and drug use, and a higher risk of heart disease, diabetes, depression, and other conditions.

SOCIAL AND ECONOMIC FACTORS

EMPLOYMENT

The economic condition of a community and an individual's level of educational attainment both play important roles in shaping employment opportunities. Often times more education leads to a better job and higher salary. Higher paying jobs are more likely than lower paying jobs to provide workers with safe work environments and offer benefits such as health insurance, paid sick leave, and worksite wellness programs, which support healthy lifestyle choices. Unemployment and under employment can limit these benefits, which negatively affects quality of life and overall health.

In the United States it is estimated that 10 million workers are part of the "working poor", a population that works fulltime but has limited income, which affects the ability to afford necessary benefits. The working poor are less likely to have health insurance or access to preventive care, are more likely to work in hazardous jobs, and may be unable to afford quality child care, than those with a higher income.

Those who are unemployed face even greater challenges that affect health and well-being, including lost income and, often, health insurance. Unemployment is the percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work. Unemployed individuals are more likely to be in poor or fair health than individuals who are employed. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which increases the risk for heart disease, high blood pressure, and depression, among other health issues.

Unemployment Rate	Median Household Income	Poverty Rate	On average, 66% of students are eligible for free or reduced lunch.
9%	$42,531	19%	

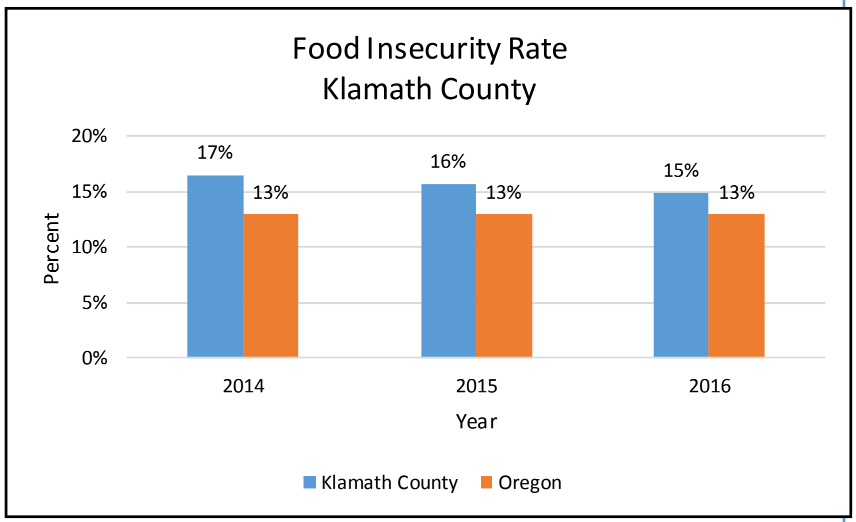
INCOME

Income from various resources such as jobs, investments, government programs, and retirement can affect economic choices. These economic decisions often pertain to housing, education, child care, and more. Income also plays a role in differences in life expectancy. The ongoing stress and challenges associated with poverty can lead to cumulative health damage, both physical and mental. Chronic poverty is more likely to affect those with the lowest income, illness is more prevalent among children from low income families than their higher income counterparts. Low income mothers are more likely to have pre-term or low birthweight babies who are at higher risk for chronic disease and behavioral problems. Childhood poverty is an effective predictor of adverse health outcomes. During early childhood development, poverty can take a toll on mental health and brain development, making children susceptible to health conditions like ADHD, behavioral disorders, and anxiety, which can negatively impact learning abilities and social skills. Overall, poverty can increase risks for depression, chronic conditions, and mortality.

SOCIAL AND ECONOMIC FACTORS

FOOD INSECURITY

Food insecurity is a social and economic indicator of the health of a community. Food insecurity exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain. Poverty and unemployment are frequently predictors of food insecurity. In the United States, one in four people worry about having enough money to put food on the table. Although food insecurity is decreasing in Klamath County, at 15% it is still higher than the average food insecurity rate for both Oregon and the United States at 13%.



FAMILY AND SOCIAL SUPPORT

Social support stems from relationships with family members, friends, coworkers, and acquaintances. Social capital refers to the features of society that facilitate cooperation for mutual benefit, such as interpersonal trust and civic associations. Social support and areas with high social capital help protect physical and mental health and promote healthy behaviors and choices. People from areas with low social capital are more likely to rate their health status as fair or poor, than those from areas with high social capital.

31% of children live in a single-parent household.

Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness and unhealthy behaviors. Children from single-parent households have an increased risk for disease, chronic conditions, and mortality.

COMMUNITY SAFETY

Living in a safe neighborhood decreases chronic stress and promotes healthy behaviors. Unsafe neighborhoods can harm overall health, accelerate aging, cause anxiety, depression, and stress, and are linked to higher rates of pre-term births and low birth weight babies. Feeling unsafe can keep people indoors, away from neighbors, exercise, and healthy foods. The perception of feeling unsafe can limit outdoor activity, even if crime rates are not high. Additionally, blighted areas with buildings and houses in disrepair, a lack of street lights and unusable sidewalks can contribute to feeling unsafe.

In Klamath Falls, initiatives have been taken to clean up blighted areas and improve community safety. Although there has been a slight increase in crime rates from 2017 to 2018, overall crime rates have decreased tremendously over the past several years.

PHYSICAL ENVIRONMENT

The physical environment includes land, air, water, other natural resources, buildings and other infrastructure, that provide basic needs and opportunities for social and economic development. A clean, healthy environment is important for good health.

AIR AND WATER QUALITY

Clean air and safe water are essential for good health. Poor air or water quality can be particularly damaging to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Clean air and water play a major role in healthy brain and body function, growth, and development. Various forms of air pollutants such as fine particulate matter, ground-level ozone, carbon monoxide and greenhouse gases can be detrimental to health and the environment. The relationship between elevated air pollution and compromised health has been well documented. Air pollution damages airways and lungs, and contributes to respiratory conditions and diseases. This increases the risk of premature death from heart or lung disease.

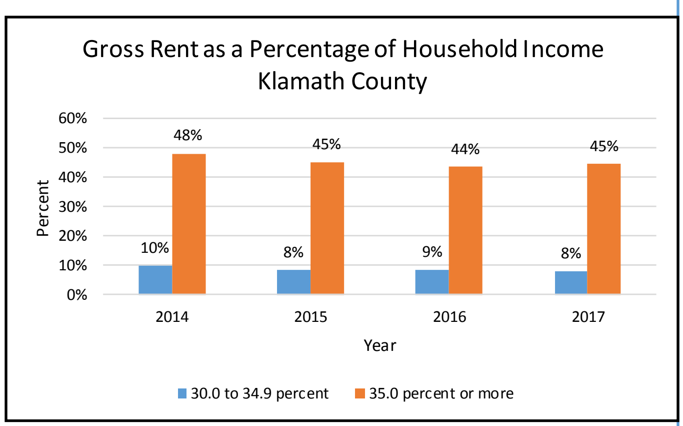
Klamath County Public Health has actively worked with the community to meet the Environmental Protection Agency's air quality standards. Particulate matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). During the last measurement period, 2014-2016, Klamath County was in attainment with an average PM2.5 at 27.67 µg/m3. A majority of events like forest fires have been excluded from the measurement. However, the negative health effects from the smoke exposure and the impact on livability in the area remains.

HOUSING

There is a housing crisis in Oregon, leaving renters struggling to pay for housing. According to the National Low Income Housing Coalition, Oregon has the third most unaffordable rental market in the United States. The United States Department of Housing and Urban Development (HUD) classifies families who pay more than 30 percent of their income for housing as cost burdened. Severe cost burden is defined as monthly housing costs, including utilities, that exceed 50% of monthly income. This can affect a family's ability to afford basic necessities, such as food, clothing, transportation, and medical care.

Severe housing problems is the percentage of households with one or more of the following housing problems:

- housing unit lacks complete kitchen facilities
- housing unit lacks complete plumbing facilities
- household is severely overcrowded
- household is severely cost burdened



Of the 27,171 occupied housing units in Klamath County in 2017, 1.1% lack complete kitchen facilities, while .6% lack complete plumbing facilities. Severe overcrowding is defined as more than 1.5 persons per room. Of the 27,171 occupied housing units in Klamath County in 2017, .3% have 1.51 or more occupants per room. Over half of renters in Klamath County pay 30% or more of their monthly income for rent.

PHYSICAL ENVIRONMENT

LIVABILITY INDEX

Truly livable communities offer a wide-variety of features that appeal to people of all ages, incomes, and abilities. Livable communities also meet the needs of residents as they age.

The AARP Livability Index is based on the average score of seven livability categories: housing, neighborhood, transportation, environment, health, engagement, and opportunity. For each category, the index assesses conditions, policies, and programs that can improve community livability over time. The metrics and policies are related to issues such as housing affordability, access to convenient transportation, or commitment to age-friendly communities.

Cities, counties, and states receive a score based on the average scores of neighborhoods within their boundaries. Scores range from 0 to 100, with higher scores being better. Communities are compared to one another, with an average score of 50. Below-average communities score lower, while above-average communities score higher.

	CATEGORY SCORE
51	HOUSING Affordability and access
38	NEIGHBORHOOD Access to life, work, and play
53	TRANSPORTATION Safe and convenient options
59	ENVIRONMENT Clean air and water
39	HEALTH Prevention, access and quality
52	ENGAGEMENT Civic and social involvement
40	OPPORTUNITY Inclusion and possibilities

WALK, BIKE, AND TRANSIT SCORES

Walk Score
39

Bike Score
41

Transit Score
26

The Walk Score measures the walkability of any address, neighborhood, or city. Walkable neighborhoods support the environment, health, and the economy. The walk score, bike score, and transit score have been assessed for Klamath Falls, Oregon. The scores range between 0 to 100, with higher scores being better.

A walk score between 25-49 means a community is car-dependent, in which most errands require a car. The walk score is based on the walking distance to amenities. It also measures pedestrian friendliness based on population density and road metrics, which includes block length and intersection density.

A bike score between 0-49 means a community is somewhat bikeable, with minimal bike infrastructure, which includes lanes and trails. The bike score determines how bike friendly a community is, based on infrastructure and road connectivity, hills, and the number of bike commuters.

A transit score between 25-49 means a community has some transit, with a few public transportation options. The transit score measures how well a location is served by public transit. The transit score looks at the frequency, type of route, and distance to the nearest stop on the route.

Part IX. Conclusion

The third iteration of the Klamath County Community Health Assessment shows the progress that has been made since the community's concerted health improvement journey began in 2012. Nevertheless, it also demonstrates the need for continued interventions to address the community's prevailing health issues. It can often take years to see the impact of health interventions reflected in the data. However, there are ways to monitor progress locally and experience firsthand how new policies and programs are improving the health and well-being of all community members where we live, learn, work, and play.

Moving forward, the information from this community health assessment will be used to identify priority health issues and develop strategies to address them over the next three years. These strategies and the partner agencies working on them will be outlined in the 2019 Community Health Improvement Plan.

As the Healthy Klamath Coalition continues to work across sectors on numerous community health initiatives, widespread support and implementation is needed for these changes to take hold. That is how we will make the greatest impact on our community's most pressing issues.

Appendix A: Visioning Handout

Community Health Assessment Visioning
Healthy Klamath Meeting 02/22/18

1. What community visions already exist?

2. How do you define a healthy community?

3. Where do we, as a community, see ourselves in three to five years?

4. In five years, if our community successfully worked towards achieving healthy equity, what would we have accomplished?

5. What specific values do we need to help us achieve this?
   Example: Instead of just listing participation, use involve community members in planning.

6. What are some ground rules we want to see to ensure we are all working effectively to achieve our vision?

Appendix B: FOCA Brainstorming Worksheet

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

Forces of Change Brainstorming Worksheet
(Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

7. ______________________________

8. ______________________________

9. ______________________________

10. ______________________________

11. ______________________________

12. ______________________________

Appendix C: FOCA Threats and Opportunities Worksheet

Forces of Change - Threats and Opportunities Worksheet

List the major categories identified in Step 2 of the Forces of Change phase in the left-hand column ("Forces"). Then, for each category, identify the threats and opportunities for the public health system or community created by each. Continue onto another page if needed.

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created

Appendix D: Community Forum Flier

The Healthy Klamath Coalition Wants to Hear from You!

Please join us to discuss quality of life, resources to improve health in our community, and what health means to you. A light dinner will be provided.

- Wed. June 27, 2018
- 5:30 pm to 7:30 pm
- Klamath County Library

126 S. 3rd St.

Klamath Falls, OR 97601

Please RSVP with Erin Schulten at 541-882-8846 or email at eschulten@klamathcounty.org

Appendix E: Community Forum Questions

Healthy Klamath Community Forum Agenda
June 27, 2018

5:30 – 6:00 pm

Welcome, introductions, and overview during dinner

6:00 – 6:30 pm

1) How would you describe the quality of life in Klamath Falls and in Klamath County?

2) Are you satisfied with the quality of life in our community?

3) Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?

Please write the answers to these questions on the provided post-it notes.

- How would you rate the quality of life in our community? Please write your town name as well.
  - Very poor, poor, average, above average, or excellent
- What is something you value about our community?

6:30 – 7:00 pm

4) What can be done to improve health and quality of life in our community?

5) How do you think we can better engage the community in health improvement efforts?

7:00 – 7:25 pm

6) What community resources can be used to help make these changes?

7) Of the improvements and changes mentioned, what are the most important to you and why?

7:25 – 7:30 pm

Wrap up

Thank you! On behalf of the Healthy Klamath Coalition, we would like to thank you for your participation. We value your input and appreciate you taking the time to speak with us. For more information about Healthy Klamath, please visit our website at www.healthyklamath.org.

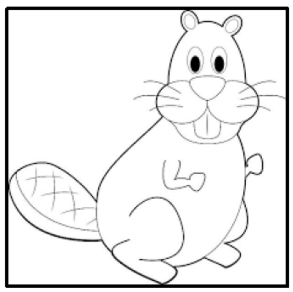
Appendix F: CHSA Survey

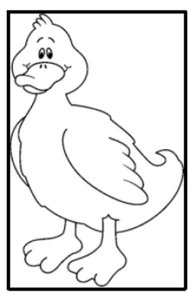
Klamath Community Health Survey (Version 2)

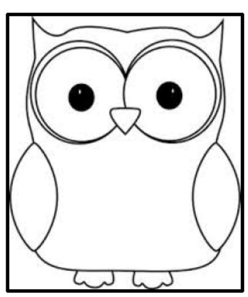
Thank you for participating in the Community Health Survey created by Healthy Klamath. We are seeking information around the health and wellness of residents of Klamath County. Please select the responses below that best apply to you.

This same survey was handed out at the Sky Lakes Medical Center Health Fair on Saturday, March 4, 2018. If you took the survey there, we already have your responses. Thank you!

Please select an animal.







If you have seen the animal question before, you have probably already taken the survey and we have your responses. Thank you!

1) Where did you take this survey?

- ☐ Health Fair
- ☐ Sky Lakes Medical Center
- ☐ Klamath Open Door (All Sites)
- ☐ Cascade Health Alliance
- ☐ Klamath County Public Health
- ☐ Klamath Tribal Health and Family Services
- ☐ Klamath Basin Behavioral Health
- ☐ Worksite
- ☐ Other - Write In: ________________

2) Where in Klamath County do you live?

- ☐ Klamath Falls
- ☐ Altamont
- ☐ Chiloquin
- ☐ Sprague River
- ☐ Bonanza
- ☐ Merrill/Malin
- ☐ Beatty/Bly
- ☐ Chemult
- ☐ Crescent/Gilchrist
- ☐ Rocky Point/Fort Klamath
- ☐ Other - Write In: ________________

3) In general would you say that your health is...

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

4) Do you have reliable transportation?

- ☐ Yes
- ☐ No

5) Do you find public transportation convenient and easy to use?

- ☐ Yes
- ☐ No. (If you would like, please explain why): ________________________
- ☐ I do not use it.

6) In the past 12 months, have you worried that your food would run out before you got money to buy more?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

7) What is your housing situation today?

- ☐ I do not have housing
- ☐ I am staying with others
- ☐ I have housing
- ☐ I have housing today, but I am worried about losing housing in the future

8) In the past 12 months, have you used any of the following services?
Check all that apply.

- ☐ Medical check up
- ☐ Teeth cleaning/dental exam
- ☐ Emergency Room (ER)
- ☐ Mental health
- ☐ Appointment for acute illness (for example, cold/flu, injury)
- ☐ Appointment for chronic illness (for example, heart disease, diabetes, cancer)
- ☐ Pharmacy
- ☐ Other - Write In: ________________
- ☐ None of the above

9) In the past 12 months, have any of the following issues kept you from using health care services?
Check all that apply.

- ☐ Cost
- ☐ Transportation
- ☐ Insurance
- ☐ Childcare
- ☐ Work
- ☐ Distance/weather concerns
- ☐ Illness/disability
- ☐ Could not get an appointment
- ☐ Other - Write In: ________________
- ☐ None of these

10) If there was an issue that kept you from using health care services, which of the following were you unable to use?
Check all that apply.

- ☐ Medical check up
- ☐ Teeth cleaning/dental exam
- ☐ Emergency Room (ER)
- ☐ Mental health
- ☐ Appointment for acute illness (for example, cold/flu, injury)
- ☐ Appointment for chronic illness (for example, heart disease, diabetes, cancer)
- ☐ Pharmacy
- ☐ Other - Write In: ________________
- ☐ None of the above
- ☐ Not applicable

11) In the past 30 days have you had a medical, dental, or mental health appointment that you missed or skipped?

- ☐ Yes
- ☐ No
- ☐ I did not have an appointment

12) In the past 30 days, how often did mental health concerns (e.g. depression, anxiety, other mental health issue, etc.) make it hard for you to do your usual activities, such as self-care or work?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

13) In the past 30 days, how often did pain make it hard for you to do your usual activities, such as self-care or work?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

14) If you are a member of Cascade Health Alliance, have you been offered case management?

- ☐ Not applicable
- ☐ Yes
- ☐ No
- ☐ I don't know

15) Is there anything you feel is keeping you from having better health?
Check all that apply.

- ☐ Chronic illness
- ☐ Mental health issue
- ☐ Alcohol use
- ☐ Access to healthcare
- ☐ Tobacco use
- ☐ Lack of healthy foods
- ☐ Lack of physical activity
- ☐ Cost
- ☐ Geographic isolation
- ☐ Social isolation
- ☐ Abuse or violence
- ☐ Other - Write In: ________________
- ☐ None of the above

16) What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or older
- ☐ Prefer not to answer

17) What is the highest level of education you have completed?

- ☐ Some high school, elementary school, or less
- ☐ High school diploma/GED
- ☐ Some college
- ☐ Trade school/Certificate
- ☐ Associate's Degree
- ☐ Bachelor's Degree or higher
- ☐ Prefer not to answer

18) How many people usually live in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 or more
- ☐ Prefer not to answer

19) What is your household income?

- ☐ Less than $20,000
- ☐ $20,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more
- ☐ Prefer not to answer

20) What type of health insurance do you have?

- ☐ Private insurance
- ☐ Employer sponsored
- ☐ Medicaid (Oregon Health Plan, Open Card)
- ☐ Medicare
- ☐ TRICARE
- ☐ Veterans Affairs (VA)
- ☐ Indian Health Service (IHS)
- ☐ Other - Write In: ________________
- ☐ No insurance
- ☐ Prefer not to answer

21) What is your employment status?

- ☐ Full time employed
- ☐ Part time employed
- ☐ Self-employed
- ☐ Unable to work due to medical condition, disability, etc.
- ☐ Out of work and looking for work
- ☐ Out of work but not currently looking for work
- ☐ Other (homemaker, student, retired)
- ☐ Prefer not to answer

22) What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other - Write In: ________________
- ☐ Prefer not to answer

23) How would you describe your sexual orientation?

- ☐ Heterosexual (straight)
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Other - Write In: ________________
- ☐ Prefer not to answer

24) What is your race?

- ☐ White
- ☐ Black or African American
- ☐ Native American or Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Multiracial
- ☐ Other
- ☐ Prefer not to answer

25) Do you identify as Hispanic or Latina/o?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

26) Select all the languages spoken in your home:

- ☐ English
- ☐ Spanish
- ☐ Other - Write In: ________________
- ☐ Prefer not to answer

Thank You!

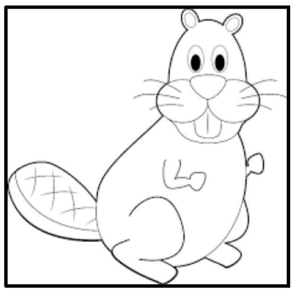
Thank you for taking the Klamath Community Health Survey. Your response is very important to us.

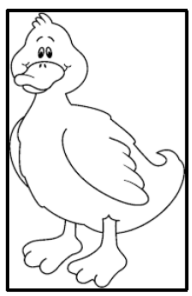
Encuesta de salud comunitaria de Klamath (Versión 2)

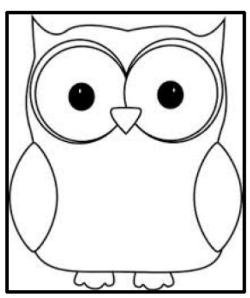
Gracias por participar en la Encuesta de salud comunitaria creada por Healthy Klamath. Estamos buscando información sobre la salud y el bienestar de los residentes del Condado de Klamath. Seleccione las respuestas a continuación que mejor se apliquen a usted.

Esta misma encuesta se entregó en la Feria de Salud del Centro Médico Sky Lakes el sábado 4 de marzo de 2018. Si realizó la encuesta allí, ya tenemos sus respuestas. ¡Gracias!

Por favor seleccione un animal.







Si ya ha visto la pregunta del animal, probablemente ya tomo la encuesta y tenemos sus respuestas. ¡Gracias!

1) ¿Dónde tomaste esta encuesta?

- ☐ Feria de la salud
- ☐ Centro Médico Sky Lakes
- ☐ Klamath Open Door (Todos los sitios)
- ☐ Cascade Health Alliance
- ☐ Klamath County Public Health
- ☐ Klamath Tribal Health & Family Services
- ☐ Klamath Basin Behavioral Health
- ☐ Sitio de trabajo
- ☐ Otro - Escribir en: ________________

2) ¿Dónde vives en el condado de Klamath?

- ☐ Klamath Falls
- ☐ Altamont
- ☐ Chiloquin
- ☐ Sprague River
- ☐ Bonanza
- ☐ Merrill / Malin
- ☐ Beatty / Bly
- ☐ Chemult
- ☐ Crescent / Gilchrist
- ☐ Rocky Point / Fort Klamath
- ☐ Otro - Escribir en: ________________

3) En general, dirías que tu salud es….

- ☐ Excelente
- ☐ Muy bien
- ☐ Bueno
- ☐ Justa
- ☐ Pobre

4) ¿Tiene transporte confiable?

- ☐ Sí
- ☐ No

5) ¿Encuentra el transporte público conveniente y fácil de usar?

- ☐ Sí
- ☐ No. (Si lo desea, explique por qué): ________________________________
- ☐ No lo uso.

6) En los últimos 12 meses, ¿te ha preocupado que tu comida se agote antes de que tengas dinero para comprar más?

- ☐ Nunca
- ☐ Raramente
- ☐ A veces
- ☐ A menudo
- ☐ Siempre

7) ¿Cuál es su situación de vivienda hoy?

- ☐ No tengo vivienda
- ☐ Me quedo con otros
- ☐ Tengo vivienda
- ☐ Tengo viviendas hoy, pero me preocupa perder viviendas en el future

8) En los últimos 12 meses, ¿ha utilizado alguno de los siguientes servicios?
Marque todo lo que corresponda.

- ☐ Revisión médica
- ☐ Limpieza dental / examen dental
- ☐ Sala de emergencias (ER)
- ☐ Salud mental
- ☐ Cita para enfermedad aguda (por ejemplo, resfriado / gripe, lesión)
- ☐ Cita para enfermedades crónicas (por ejemplo, enfermedad cardíaca, diabetes, cáncer)
- ☐ Farmacia
- ☐ Otro - Escribir en: _______________
- ☐ Ninguna de las anteriores

9) En los últimos 12 meses, ¿alguna de las siguientes cuestiones le impidió usar los servicios de atención médica?
Marque todo lo que corresponda.

- ☐ Costo
- ☐ Transporte
- ☐ Seguro
- ☐ Cuidado de niños
- ☐ Trabajo
- ☐ Preocupaciones de distancia / tiempo
- ☐ Enfermedad / discapacidad
- ☐ No se pudo obtener una cita
- ☐ Otro - Escribir en: _______________
- ☐ Ninguno de esos

10) Si hubo un problema que le impidió usar los servicios de atención médica, ¿cuál de los siguientes no pudo usar?
Marque todo lo que corresponda.

- ☐ Revisión médica
- ☐ Limpieza dental / examen dental
- ☐ Sala de emergencias (ER)
- ☐ Salud mental
- ☐ Cita para enfermedad aguda (por ejemplo, resfriado / gripe, lesión)
- ☐ Cita para enfermedades crónicas (por ejemplo, enfermedad cardíaca, diabetes, cáncer)
- ☐ Farmacia
- ☐ Otro - Escribir en: _______________
- ☐ Ninguna de las anteriores
- ☐ No aplica

11) En los últimos 30 días, ¿ha tenido una cita médica, dental o de salud mental que se perdió u omitió?

- ☐ Sí
- ☐ No
- ☐ No tuve una cita

12) En los últimos 30 días, ¿con qué frecuencia problemas de salud mental (por ejemplo, depresión, ansiedad, otro problema de salud mental, etc.) hacen que sea difícil para que usted pueda realizar sus actividades habituales, como el autocuidado o el trabajo?

- ☐ Nunca
- ☐ Raramente
- ☐ A veces
- ☐ A menudo
- ☐ Siempre

13) En los últimos 30 días, ¿con qué frecuencia el dolor le dificultó realizar sus actividades habituales, como el cuidado personal o el trabajo?

- ☐ Nunca
- ☐ Raramente
- ☐ A veces
- ☐ A menudo
- ☐ Siempre

14) Si es miembro de Cascade Health Alliance, ¿le han ofrecido la administración de casos?

- ☐ No aplica
- ☐ Sí
- ☐ No
- ☐ No lo sé

15) ¿Hay algo que sientes que te impide tener una mejor salud?
Marque todo lo que corresponda.

- ☐ Enfermedad crónica
- ☐ Problema de salud mental
- ☐ Consumo de alcohol
- ☐ Acceso a la asistencia sanitaria
- ☐ El consumo de tabaco
- ☐ La falta de alimentos saludables
- ☐ Falta de actividad física
- ☐ Costo
- ☐ Aislamiento geográfico
- ☐ Aislamiento social
- ☐ Abuso o violencia
- ☐ Otro - Escribir en: _______________
- ☐ Ninguna de las anteriores

16) ¿Cuál es tu edad?

- ☐ Menores de 18 años
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 o más edad
- ☐ Prefiero no responder

17) ¿Cuál es el nivel más alto de educación que ha completado?

- ☐ Un poco de escuela secundaria, escuela primaria, o menos
- ☐ Diploma de secundaria / GED
- ☐ Alguna educación superior
- ☐ Escuela de Comercio / Certificado
- ☐ Grado Asociado
- ☐ Título universitario de primer ciclo o superior
- ☐ Prefiero no responder

18) ¿Cuántas personas suelen vivir en su hogar?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 o más
- ☐ Prefiero no responder

19) ¿Cuál es el ingreso de su hogar?

- ☐ Menos de $ 20,000
- ☐ $ 20,000 a $ 34,999
- ☐ $ 35,000 a $ 49,999
- ☐ $ 50,000 a $ 74,999
- ☐ $ 75,000 a $ 99,999
- ☐ $ 100,000 o más
- ☐ Prefiero no responder

20) ¿Qué tipo de seguro de salud tienes?

- ☐ Seguro privado
- ☐ Patrocinado por el empleador
- ☐ Medicaid (Plan de Salud de Oregon, Tarjeta Abierta)
- ☐ Seguro médico del estado
- ☐ TRICARE
- ☐ Asuntos de Veteranos (VA)
- ☐ Servicio de Salud Indígena (IHS)
- ☐ Otro - Escribir en: _______________
- ☐ Sin seguro
- ☐ Prefiero no responder

21) ¿Cuál es su estado de empleo?

- ☐ Empleado a tiempo completo
- ☐ Tiempo parcial empleado
- ☐ Trabajadores por cuenta propia
- ☐ Incapaz de trabajar debido a una condición médica, discapacidad, etc.
- ☐ Sin trabajo y buscando trabajo
- ☐ Sin trabajo, pero que actualmente no busca trabajo
- ☐ Otro (ama de casa, estudiante, jubilado)
- ☐ Prefiero no responder

22) ¿Cuál es tu identidad de género?

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Otro - Escribir en: _______________
- ☐ Prefiero no responder

23) ¿Cómo describirías tu orientación sexual?

- ☐ Heterosexual (derecho)
- ☐ Gay / Lesbiana
- ☐ Bisexual
- ☐ Otro - Escribir en: _______________
- ☐ Prefiero no responder

24) ¿Cuál es tu raza?

- ☐ Blanco
- ☐ Negro o afroamericano
- ☐ Nativo americano o nativo de Alaska
- ☐ Asiático / Islas del Pacífico
- ☐ Multirracial
- ☐ Otro
- ☐ Prefiero no responder

25) ¿Se identifica como hispano o latino / o?

- ☐ Sí
- ☐ No
- ☐ Prefiero no responder

26) Seleccione todos los idiomas que se hablan en su hogar:

- ☐ Inglés
- ☐ Español
- ☐ Otro - Escribir en: _______________
- ☐ Prefiero no responder

¡Gracias!

Gracias por tomar la Encuesta de salud comunitaria de Klamath. Tu respuesta es muy importante para nosotros.

Appendix G: LPHSA Survey

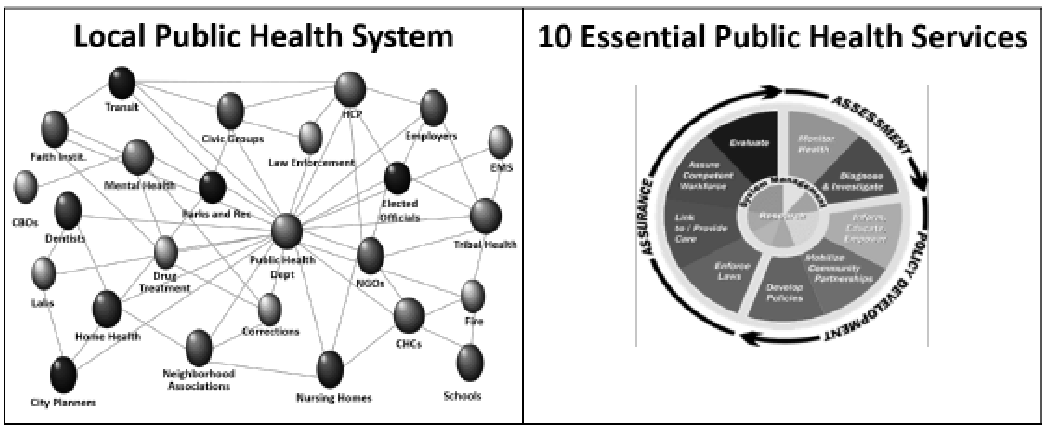
Local Public Health System Assessment

Introduction

The Local Public Health System is made up of all public, private and voluntary organizations that contribute to the delivery of public health and safety services in a community.

The Local Public Health System Assessment (LPHSA) is designed around the 10 Essential Public Health Services. All public health responsibilities, whether conducted by Klamath County Public Health or another organization in the community, can be categorized into one of these services.

This survey will go through each of the 10 Essential Public Health Services to determine areas of strength, as well as areas for improvement. Your participation in the LPHSA helps us to measure how well we are collectively delivering these essential services in our community.



1. Organization

Local Public Health System Assessment

Section 1: Monitor Health

Monitor Health Status to Identify and Solve Community Health Problems

To what extent does your organization...

2. Conduct regular Community Health Assessments?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

3. Continuously update the Community Health Assessment with current information and promote that information among community members and partners?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

4. Analyze health data, including geographic information, to see where health problems exist?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Healthy Klamath Local Public Health System Assessment

Section 2: Diagnose and Investigate

Diagnose and Investigate Health Problems and Hazards in the Community

To what extent does your organization...

5. Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information, to better understand emerging health problems and threats?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

6. Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

7. Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Healthy Klamath Local Public Health System Assessment

Section 3: Inform, Educate, and Empower

Inform, Educate, and Empower People about Health Issues

To what extent does your organization...

8. Engage the community through the process of setting priorities, developing plans, and implementing health education and health promotion activities?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

9. Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and recommendations for health promotion policies?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

10. Reach their target audience through different media providers (i.e. internet, radio, television, etc.)

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Local Public Health System Assessment

Section 4: Mobilize Community Partnerships

Mobilize Community Partnerships to Identify and Solve Health Issues

To what extent does your organization...

11. Follow an established process for identifying key community members related to overall public health and safety interests and particular health concerns?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

12. Encourage community members to participate in activities to improve community health and safety?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

13. Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health and safety in the community?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Local Public Health System Assessment

Section 5: Develop Policies

Develop Policies and Plans that Support Individual and Community Health Efforts

To what extent does your organization...

14. Support the work of the local health department to make sure the 10 Essential Public Health Services are provided?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A

15. Connect organizational strategic plans with the Community Health Improvement Plan (CHIP)?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A

16. Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A

Healthy Klamath Local Public Health System Assessment

Section 6: Enforce Laws

Enforce Laws and Regulations that Protect Health and Ensure Safety

To what extent does your organization...

17. Review existing public health laws, regulations, and ordinances at least once every three to five years?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A

18. Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

19. Coordinate delivery of personal health and social services so that everyone in the community has access to the care they need?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Healthy Klamath Local Public Health System Assessment

Section 7: Link to Provider Care

Link People to Personal Health Services and Assure the Provision of Health Care if it is Unavailable

To what extent does your organization...

20. Identify groups of people in the community who have trouble accessing or connecting to personal health services?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

21. Define partner roles and responsibilities to respond to the unmet needs of the community?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

22. Help people access personal health services, which take their unique needs into account?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Healthy Klamath Local Public Health System Assessment

Section 8: Assure Competent Workforce

Assure Competent Public and Personal Health Care Workforce

To what extent does your organization...

23. Provide continuous training to the public health workforce, to deliver services in an appropriate manner, while taking social determinants of health into consideration?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

24. Create a shared vision of community health and the Local Public Health System, welcoming all leaders and community members to work together?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

25. Provide opportunities for the development of leaders who represent the diversity of the community?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Healthy Klamath Local Public Health System Assessment

Section 9: Evaluation

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

To what extent does your organization...

26. Evaluate how well population-based health services are working, including meeting program goals?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

27. Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

28. Assess how well the organizations in the Local Public Health System are communicating, connecting, and coordinating services?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

Healthy Klamath Local Public Health System Assessment

Section 10: Research

Research for New Insights and Innovative Solutions to Health Problems

To what extent does your organization...

29. Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health and safety problems and see how well they actually work?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

30. Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○

31. Share findings with public health and safety colleagues and the community broadly, through websites, community meetings, etc.?

Never	Rarely	Occasionally	Frequently	Very Frequently	N/A
☆	☆	☆	☆	☆	○