

2023 Curry County Community Health Assessment



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Acknowledgments

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Executive Summary

The Curry County Community Health Assessment (CHA) aims to provide a snapshot of health in the county. The CHA helps identify key strengths and opportunities for improvement by collecting data from community members and primary data sources. Input from community members plays a vital role in the CHA, helping Coordinated Care Organizations (CCOs) and community partners to identify health-related disparities and opportunities for improvement. CCOs are required by state law and contract with the Oregon Health Authority to conduct a CHA every five years. This is paired with a Community Health Improvement Plan that addresses community health issues identified by the CHA.

Partners and volunteers formed a steering committee to provide guidance and feedback to the research team from the Oregon Rural Practice-based Research Network throughout the process. The steering committee members represented local government, public health, addiction and recovery, seniors and retirees, behavioral, oral, and physical health community partners, education, and other health-related organizations. The CHA attempted to engage as many community members as possible to provide a clear picture of community strengths and challenges.

The research team used a Social Determinants of Health (SDoH) approach for this work, which focuses on the relationship between health and the places where people live, work, learn, and play. The CHA builds on the strong past work of Curry County community members to address health and wellness, and acknowledges the impact of the physical environment on health, including housing, economic stability, and health behaviors and outcomes.

As identified through the recent Curry County CHP Progress Report, the Curry County community has specifically focused on addressing: 1) Behavioral Health & Addictions; 2) Oral Health; 3) Access to Healthcare; 4) Housing & Homelessness; 5) Food & Nutrition; 6) Youth & Seniors; and 7) Workforce & Economic Development (Advanced Health CCO's 'Curry County Community Health Improvement Plan, CHP Progress Report July 2021-June 2022' and AllCare CCO's 'Curry County CHP Progress Report July 2020 through June 2021'). These factors align with the SDoH framework used through this CHA, and a goal for this work is to advance the prioritization of indicators for the 2023 CHP. To compare data from the 2018 CHA to the data included in this 2023 CHA, see the Indicator Tables near the end of the document.

The CHA utilizes primary and secondary data to provide a picture of health and well-being as well as the factors that influence health throughout the lifespan. The research team compiled secondary data from several sources and supplemented that data with focus groups and a community questionnaire. The focus groups and community questionnaire, while opinion-based, provide important insights into the unique experiences of the people who live in Curry County. The use of primary data alongside secondary data is a strength of the CHA process. There are, however, instances when the opinions of community members do not match the secondary data, suggesting a need for further exploration.

Most focus group participants shared that the area's natural beauty and access to nature were strengths of Curry County. They also shared that access to healthy food can be a strength, though the increasing price of food can be prohibitive for some residents.

When asked to rank to most important health factors in Curry County, questionnaire respondents reported that affordable housing was the most important, followed by food and nutrition, high-quality health care, mental health services, and homelessness. The CHA attempts to provide as much detail as possible; however, it has limitations. The document cannot include every health indicator, nor can it provide an analysis of the work being done to address health disparities. Also, the CHA cannot draw conclusions or correlations from any data provided. Despite these limitations, the CHA can help guide community members and leaders as they develop priorities to address health disparities and improve health in Curry County.

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Introduction

This section introduces the Community Health Assessment (CHA) and provides an overview of the CHA steering committee, approach and model, social determinants of health, methods, and limitations.

Community Health Assessment Introduction

CHAs are essential tools for coordinated care organizations (CCOs), the Oregon Health Authority (OHA), and other local and statewide partners to identify important health needs, issues, and priorities in local communities.

The CHA involves systematic and comprehensive data collection and analysis, which will be covered in the Methods section. The CHA is a collaborative document that aims to include local public health authorities and hospitals, Tribal communities, and other organizations that share service areas as equal partners.

In the summer of 2022, Advanced Health CCO and AllCare Health CCO (referred to as “Advanced Health” and “AllCare”) contracted with the Oregon Rural Practice-based Research Network (ORPRN) to provide strategic guidance on the CHA process, compile and analyze data, and report the findings of the assessment. Throughout this document, ORPRN is referred to as the “research team.” CCO representatives, OHA, and community volunteers provided input as the CHA was developed.

Steering Committee

Community leaders were recruited to a steering committee from a variety of sectors and included members such as CCO leaders, health care organizations (both in-patient and out-patient settings), seniors and retirees, and Tribal community representatives. Eventual committee members represented local government, public health, addiction and recovery, seniors and retirees, behavioral, oral, and physical health, education, and other health-related organizations. Steering committee members and their organizations are listed on the Acknowledgments page.

This committee played an integral role in identifying content for the questionnaire and recruitment of both questionnaire and focus group participants. Additionally, the committee reviewed and provided feedback on the questionnaire and focus group guide.

Committee members were essential in helping to determine and identify factors that contribute to health disparities, identifying assets and resources that can be used to improve the health of all communities served, identifying the existence of programs that promote the health and treatment of children and adolescents, evaluating existing school-based health resources, and identifying areas of improvement.

Approach and Model

CHAs are led through a multi-phase process that provides a snapshot of the health in a region through the collection of primary and secondary qualitative and quantitative data. CHAs are versatile tools that can be used to better understand specific issues like chronic diseases or to gain a better understanding of the different enabling and inhibiting factors related to health and report on the status of different health indicators for a community. The Curry County CHA relies on a broad definition of health rooted in Social Determinants of Health (SDoH) that recognizes the social, economic, environmental, and behavioral factors influencing population health.

Social Determinants of Health Framework

According to the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (2023), “Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

A SDoH approach to the CHA acknowledges that a majority of what influences health occur outside of a medical setting. The research team has presented data in a way that aligns with SDoH, and chose to give certain health factors dedicated space based on community importance and data collected during the CHA information gathering process.

To create a robust and equitable Curry County CHA, the research team followed the below steps, which will also be outlined in further detail in the methods section:

1. Meaningfully and systematically engaged representatives of local governments, local Tribal organizations, community partners, and critical populations to assess the community health needs and assets of the service area.
2. Worked with the steering committee to better understand key health needs and issues.
3. Collected data from secondary sources like the Oregon Health Authority, U.S. Census Bureau, and the Agency for Healthcare Research and Quality.
4. Collected and analyzed data from primary research methods (focus groups and community questionnaire).
5. Solicited feedback from and approval for the CHA from the steering committee, CCO Community Advisory Council (CAC), and CCO partners.

Methods

Two types of data were collected throughout the CHA to provide a clear picture of health in Curry County:

1. primary data, for which the research team co-developed instruments, then collected and analyzed the data; and 2. secondary data, which was collected from a variety of sources including the Agency for Healthcare Research and Quality (AHRQ), U.S. Census Data, OHA, and others. Primary data were collected using a community questionnaire that was available to all residents of the county. In addition to the general focus groups that were open to the entire community, focus groups targeting priority populations including LGBTQIA+, Tribal, Seniors, Youth, unhoused, and BIPOC (with interpreters present) were also conducted. Details on the data collection and analysis for the focus groups and community questionnaire are provided below. Primary data is shared throughout the CHA to supplement the results from the secondary data collection.

Community Health Assessment Questionnaire

The research team, with input and approval from the steering committee, Advanced Health, and AllCare, developed a questionnaire to assess the following within the county: health status and needs; health disparities among all of the communities; definitions of health; and how community members feel about the health of their county. To make the questionnaire accessible to various populations, the questionnaire was available in both English and Spanish and included both a paper and an online version. The paper version of the questionnaire included options with smaller and bigger fonts and was also available in both English and Spanish.

The questionnaire went through a series of revisions from October 2022 to January 2023, which included internal revisions from the research team and at least three meetings with the steering committee. The research team also conducted cognitive interviews¹ in English and Spanish with individuals to inform questionnaire development by learning how respondents make sense of questions and respond to the options provided. Information gathered from cognitive interviews was used to refine questions.

The research team collected completed questionnaires from community members in Curry County between February 2023 and May 2023. Midway during the data collection efforts, the research team analyzed the demographic questions from the questionnaire and compared results to the most recent Curry County Census data to determine if more efforts were needed to engage specific populations in completing the questionnaire (e.g., individuals from a specific age group and/or with a certain housing status). The community questionnaire can be viewed in Appendix A.

Focus Groups

To develop the focus group guide, the research team conducted an environmental scan of existing qualitative data collection approaches for community health assessments. Using these materials and the goals of the CHA, the research team, along with the steering committee and CCOs, developed a focus group guide designed to capture community perspectives on health needs, challenges, and priorities in Curry County. This guide also encompassed questions about environmental factors, including social, economic, cultural, and political aspects that may influence health outcomes.

Focus group participants were recruited from communities in Curry County using social media, fliers, word-of-mouth, and direct outreach to participants through partner organizations. To participate, registrants were required to work or live in Curry County and be 16 years or older. Participants pre-registered online, allowing the research team to screen participants' residency or employment zip code prior to the event. Participants were only eligible to participate in one focus group.

The research team hosted focus groups for the general community in which any adult could participate. Targeted focus groups were also held for LGBTQIA+, Tribal, Seniors, Youth, unhoused, and Spanish-speaking community members (with interpreters present). The research team hosted a total of nine focus groups in Curry County in April and May of 2023 with a total of 84 participants. Of the focus groups hosted, four sessions were held for the community-at-large. The remainder of the focus groups were for target populations. Recruitment materials for these focus groups were provided in English and Spanish.

Notes and transcripts from the focus groups were analyzed using a thematic approach. The research team reviewed the notes and transcripts to identify recurring themes and patterns within the data. This approach was used to gain a deeper understanding of the community's health needs, challenges, and priorities. Findings were then grouped by theme or topic using a systematic process to align with the findings from the secondary data analysis and analysis of questionnaire data. The focus group guide can be reviewed in Appendix B.

¹ Willis GB. *Cognitive Interviewing: A Tool for Improving Questionnaire Design*. Thousand Oaks, CA: Sage Publications; 2005.

Limitations

The process for creating a CHA includes the collection and analysis of large amounts of primary and secondary data, and can only provide a broad snapshot of health for a given period of time. Therefore, there are gaps and limitations that should be addressed.

The secondary data sources used provide data for varying periods of time. For example, some of the secondary data collected covers a four-year period while other sources cover six years. While changes in the data over time can be acknowledged, drawing conclusions on the causes of change is beyond the scope of this document and should be done with caution. Additionally, the CHA utilizes county-level data alongside state-level data. Data on specific geographic regions within Curry County are limited or unavailable.

Data from the questionnaire and focus groups may not be representative of the county as a whole, as sample sizes are relatively small compared to the population of Curry County. The questionnaire and focus group data are self-reported. Self-reported data, while providing valuable insights, are based on the subjective experiences of those participating and should be interpreted with caution, as participants may under- or over-report behaviors based on a variety of factors.

Finally, it is important to note that the primary and secondary data in this health assessment may not support the same conclusion and, in some cases, may be contradictory. This may suggest a need for further investigation into these instances, which was beyond the scope of this CHA.

2023 Curry County Community Health Assessment

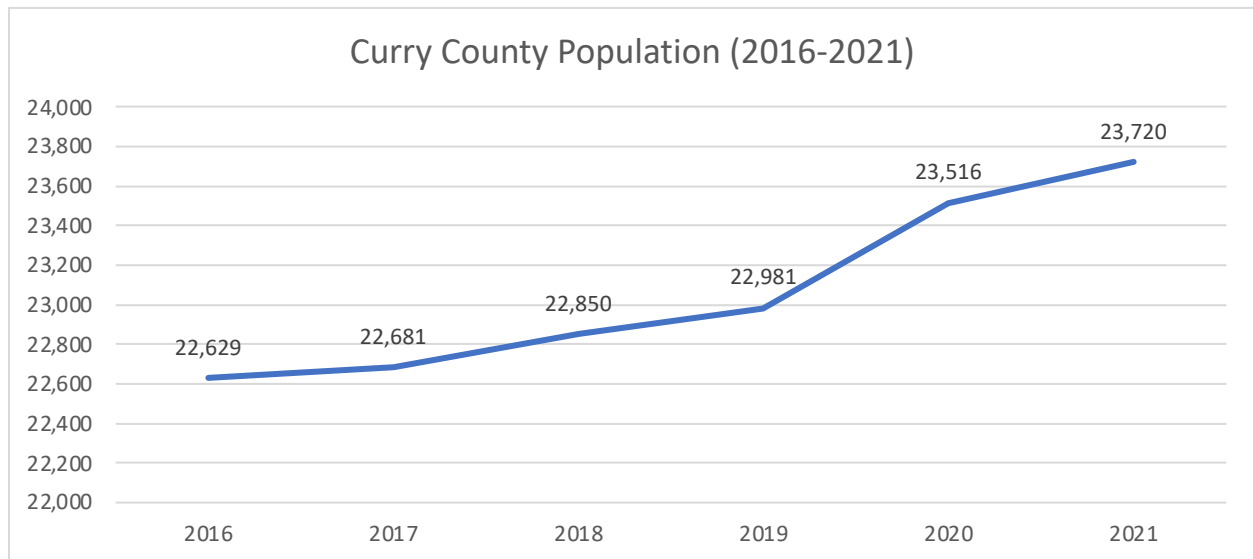
About Curry County

Curry County derives its name from the two-time governor of the Oregon territory, George Law Curry (Oregon Secretary of State, 2023). It is located in the southwest corner of the state on the coastline with Coos County to the north, the state of California to the south, and Josephine County to the east. The Oregon Office of Rural Health classifies all cities and communities in Curry County as rural². Among the incorporated cities are Brookings, Gold Beach and Port Orford. There are also several unincorporated communities including Langlois, Carpenterville, Agness, Wedderburn, and Harbor. The City of Gold Beach is the County Seat with Brookings being the largest city.

The Curry County economy is oriented around agriculture and timber, specifically exporting Port Orford cedar and myrtlewood products. Grazing land for livestock is also a large part of county industry. Blueberries, Easter lilies, and other nursery stock are also imported products in Curry County. The beauty of the Curry County coastline and outdoor recreation opportunities make it a popular destination for tourists. Residents of the county also enjoy these aspects of the area (Oregon Secretary of State, 2023).

Curry County experienced population growth, with the population increasing from 22,629 to 23,720 from 2016 to 2021 (Figure 1).

Figure 1: Curry County Population (2016-2021)



Source: United States Census Bureau (2016–2021)

² 10 or more miles from a population center of 40,000

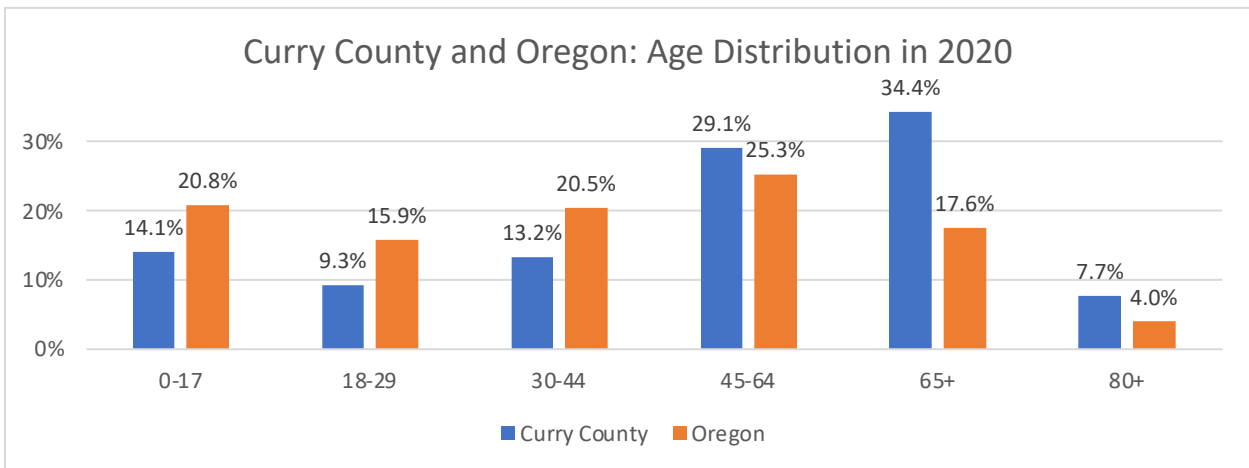
Demographics

This section provides an overview of the demographics of Curry County, including the age distribution, citizenship status, languages spoken, and a number of other demographic categories.

Age Distribution

Overall, Curry County has a high percentage of adults 45 and older when compared to Oregon (Figure 2). More than one third (34.4%) of the county population is 65 years or older, which is twice as high as the Oregon population (17.6%). The county also has a higher percentage of adults 80 years or older (7.7%) compared to the state (4.0%). The percentage of people 44 and younger in Curry County is much lower than the state as well.

Figure 2: Curry County and Oregon: Age Distribution in 2020

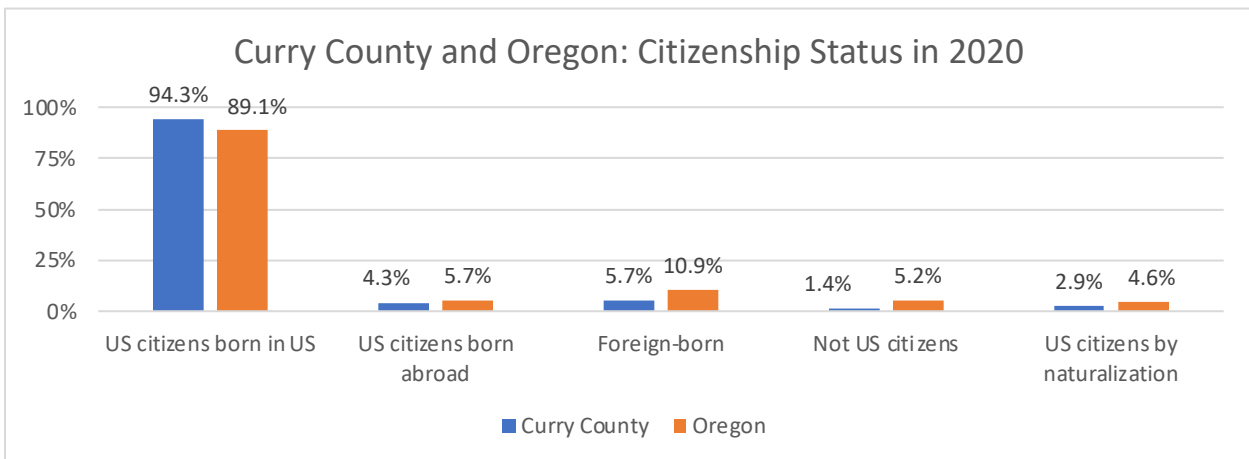


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Citizenship Status

A majority of Curry County residents are U.S. citizens who were born in the U.S. (94.3%), which is similar to Oregon (89.1%). However, the county has fewer foreign-born, non-US, and naturalized citizen residents (Figure 3).

Figure 3: Curry County and Oregon: Citizenship Status in 2020

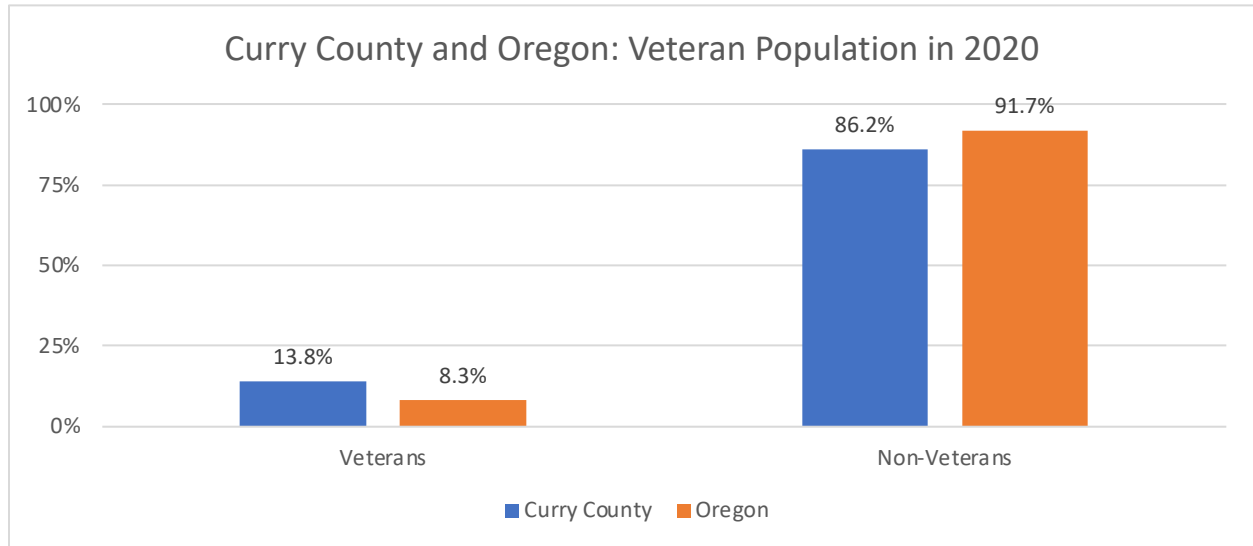


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Veteran Population

In 2020, 13.8 percent of the Curry County population were Veterans compared to 8.3 percent in Oregon overall (Figure 4).

Figure 4: Oregon and Curry County: Veteran Population in 2020

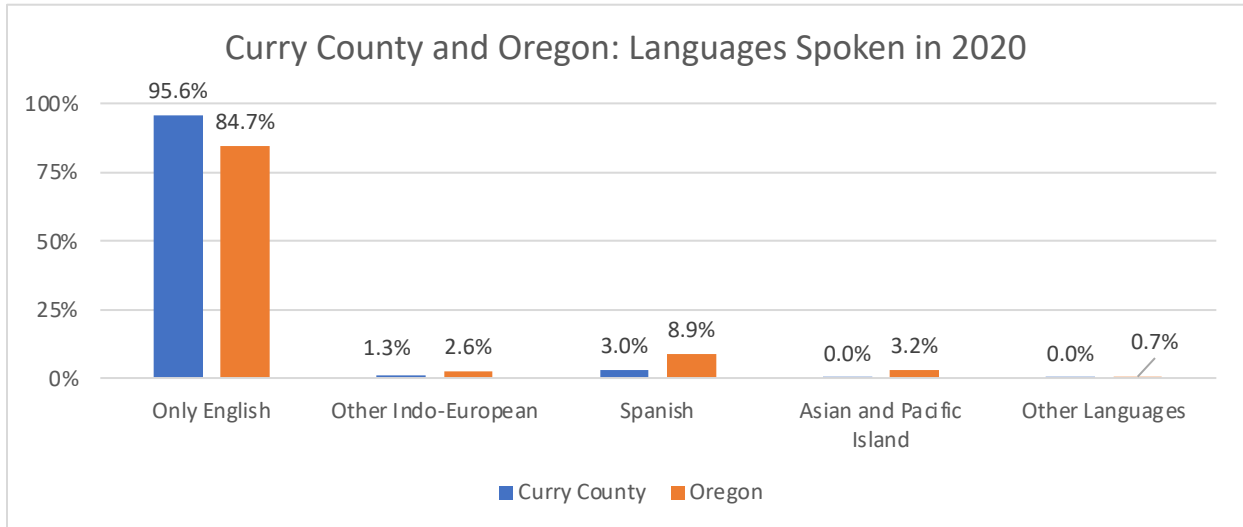


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Languages Spoken and Spanish Speaking Population

Most of the population, 95.6 percent, speaks only English and 3 percent speaks Spanish (Figure 5). Overall, compared to Curry County, Oregon has a lower percentage of English-only speakers and higher percentages of all other languages spoken.

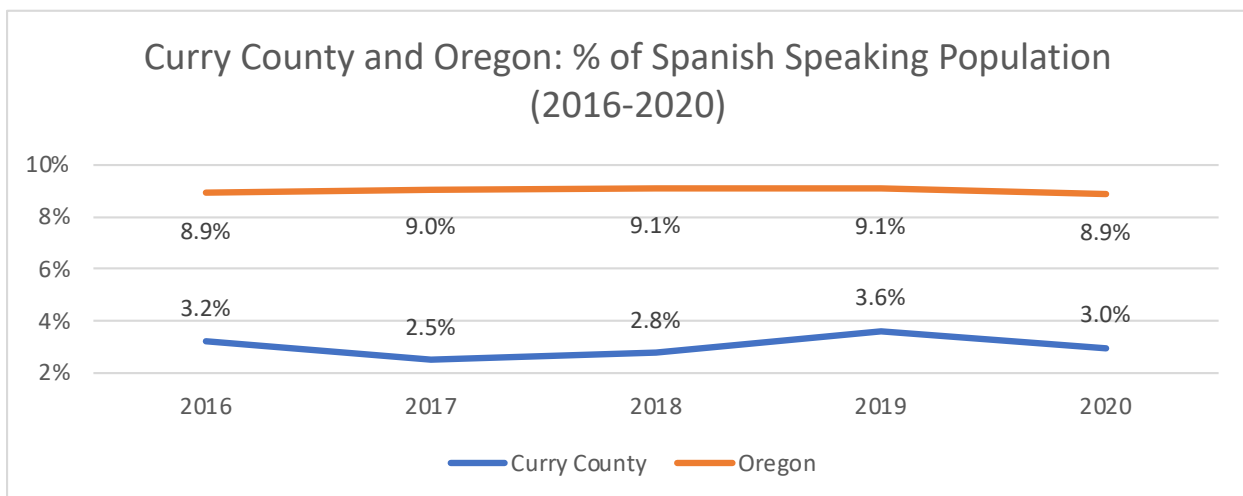
Figure 5: Curry County and Oregon: Languages Spoken in 2020



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

The Spanish speaking population of Curry County was 3 percent in 2020, a decrease from 3.6 percent in 2019 (Figure 6). The percentage of Oregon residents that speak Spanish also decreased slightly from 2019 to 2020.

Figure 6: Curry County and Oregon: Percentage of Spanish Speaking Population (2016-2020)



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Race and Ethnicity

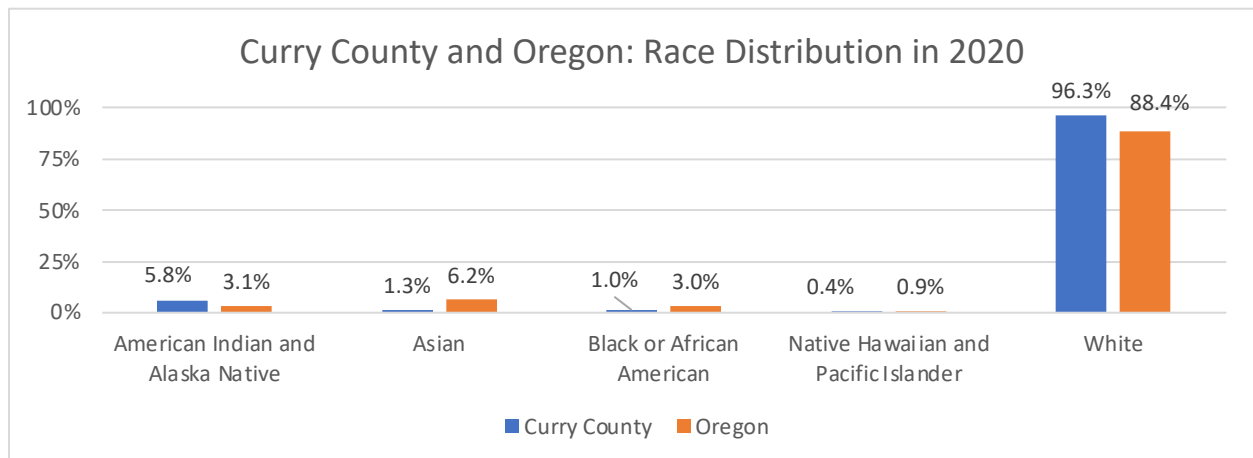
Reporting data based on race and ethnicity can be challenging. According to the OHA ([Oregon.gov, 2019](https://www.oregon.gov/)), it is important to remember the following:

- “Race and ethnic categories are ideas created by society and are not based on biology, anthropology or genetics,
- these broad categories do not reflect the diversity in cultures and experiences within each group, and
- these groupings may mask important differences within the groups.”

Race Distribution

In Curry County, 96.3 percent of the population identifies as white while 5.8 percent identifies as American Indian and Alaska Native, both percentages are higher than for the state (Figure 7). Conversely, Oregon has more Black or African American and Asian residents compared to Curry County.

Figure 7: Curry County and Oregon: Race Distribution in 2020

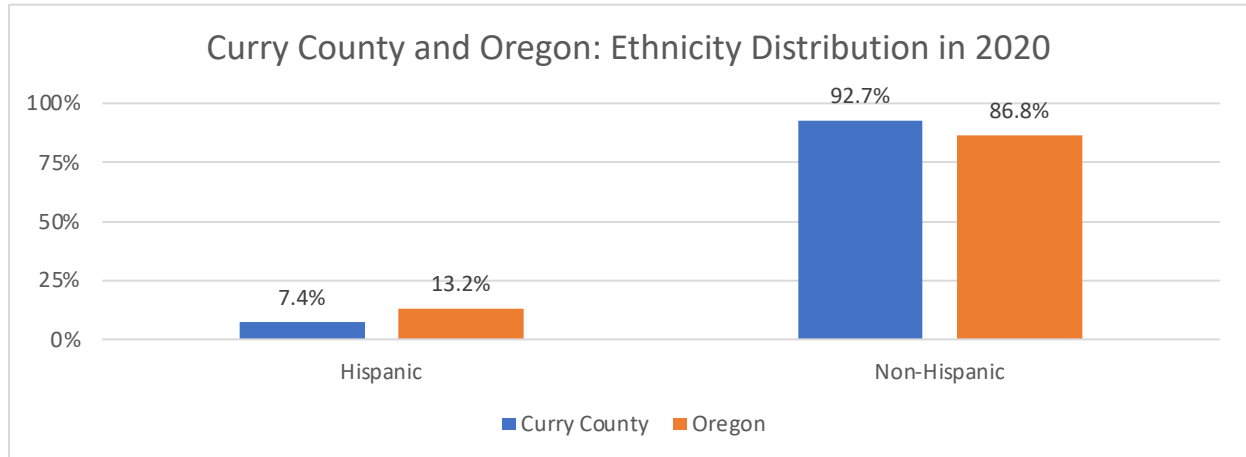


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Ethnicity Distribution

The majority of the Curry County population identifies as non-Hispanic, while 7.4 percent identify as Hispanic (Figure 8). The percentage of people who identify as Hispanic is almost twice as high for the state at 13.2 percent.

Figure 8: Curry County and Oregon: Ethnicity Distribution in 2020

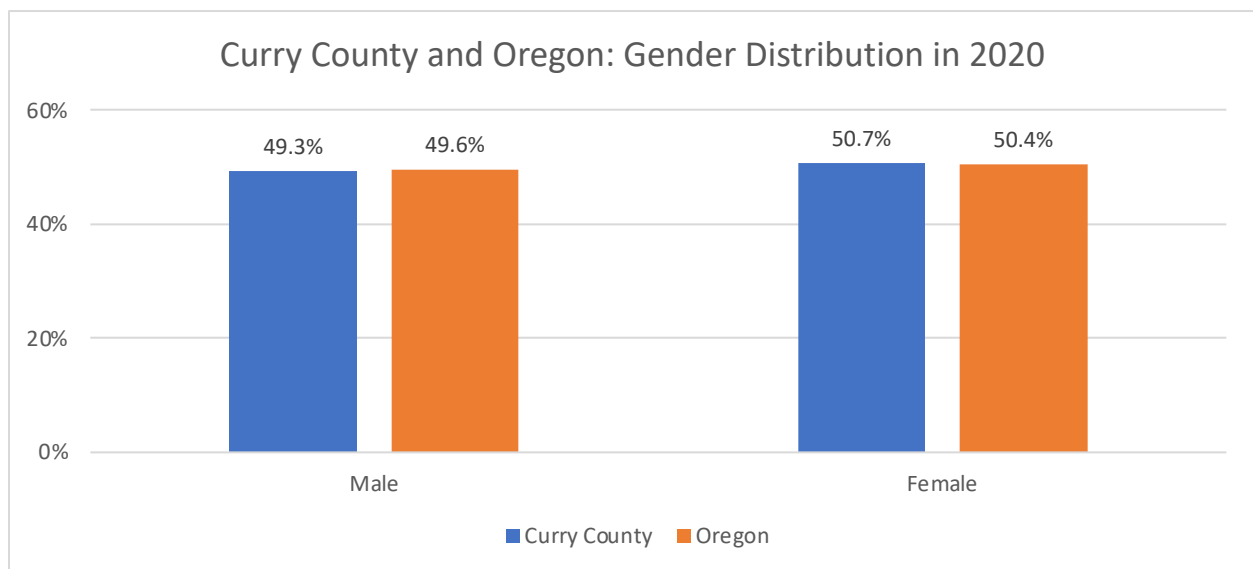


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Gender Distribution

The gender distribution of Curry County was evenly split in 2020 with 49.3 percent of people identifying as male and 50.7 percent of people identifying as female (Figure 9). The distribution is similar to Oregon. These data do not represent the diversity of the populations' gender identities.

Figure 9: Curry County and Oregon: Gender Distribution in 2020

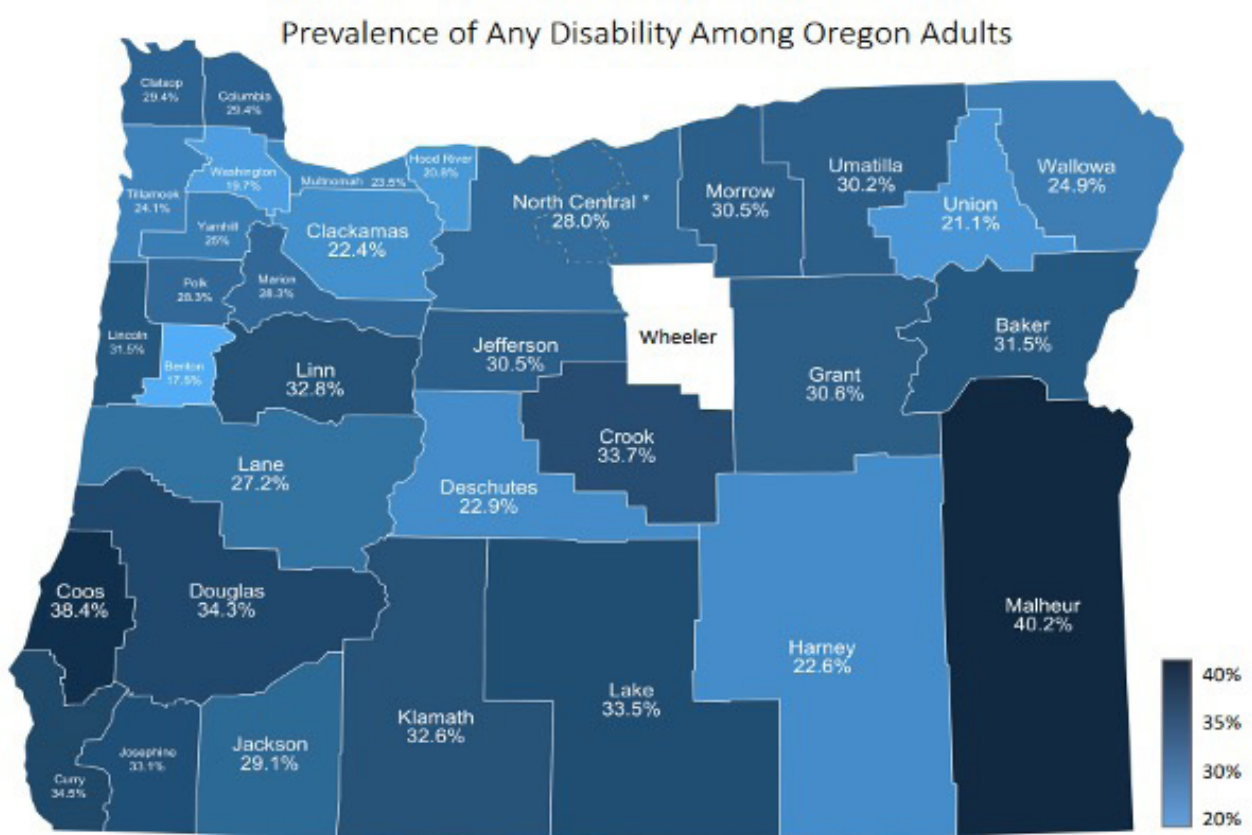


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Disability Prevalence

According to data from the Oregon Office on Disability and Health (OODH), Curry County has a higher prevalence of any disability compared to most Oregon counties at 34.5 percent (Figure 10). According to OODH, “disability is defined as at least one hearing, vision, cognitive, mobility, self-care, or independent living disability.” OODH estimates that one in four Oregonians has a disability. People with disabilities are often disproportionately affected by a number of health-related conditions.

Figure 10: Prevalence of Any Disability Among Oregon Adults



Source: Oregon Office on Disability and Health. Estimates generated from the Oregon BRFSS 2014-2017 combined county dataset.

Demographics Summary of Findings

Below is a summary of the data presented in the Demographics section. Detailed data and descriptions are provided above.

More than 70 percent of the population in Curry County is made up of adults 45 and older. Adults 65 and older make up more than one-third of the county’s population, which is double the state percentage. The percentage of adults in Curry County with disabilities is among the highest in the state. Additionally, while a majority of the county identifies as white, Curry County has a higher percentage of American Indian and Alaska Native residents when compared to Oregon. Spanish is the second most common language spoken in Curry County behind English.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

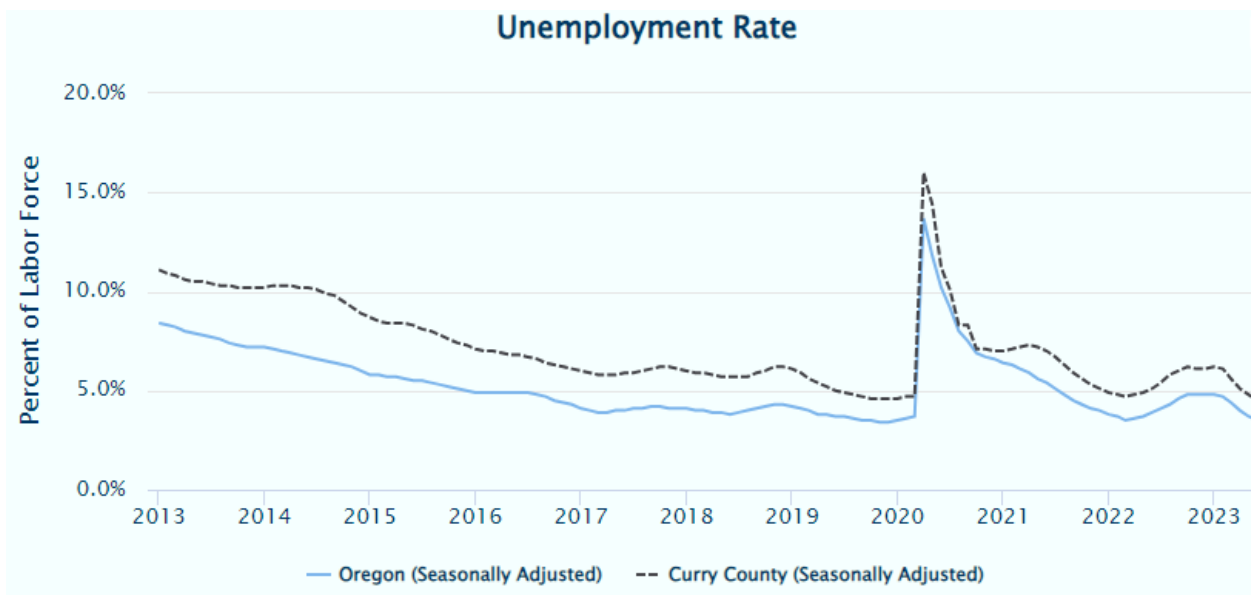
Economic Stability

Economic stability includes employment and people’s ability to afford the things they need such as safe housing, healthy food, and healthcare, all of which contribute to good health. This section will discuss poverty, employment, and income. Housing is sometimes included as part of economic stability. However, because it was described as a top priority for questionnaire respondents and focus group participants, it will be covered in its own section.

Unemployment Rate

The unemployment rate in Curry County was 4.3 percent as of August 2023, compared to the Oregon rate of 3.4 percent (Figure 11). In April 2020, following the declaration of a statewide emergency in response to the COVID-19 Pandemic, unemployment peaked in both Curry County and Oregon at 16.0 and 13.7 percent, respectively.

Figure 11: Curry County and Oregon: Unemployment Rate (2013-2023)



Source: Oregon Employment Department Qualityinfo.org

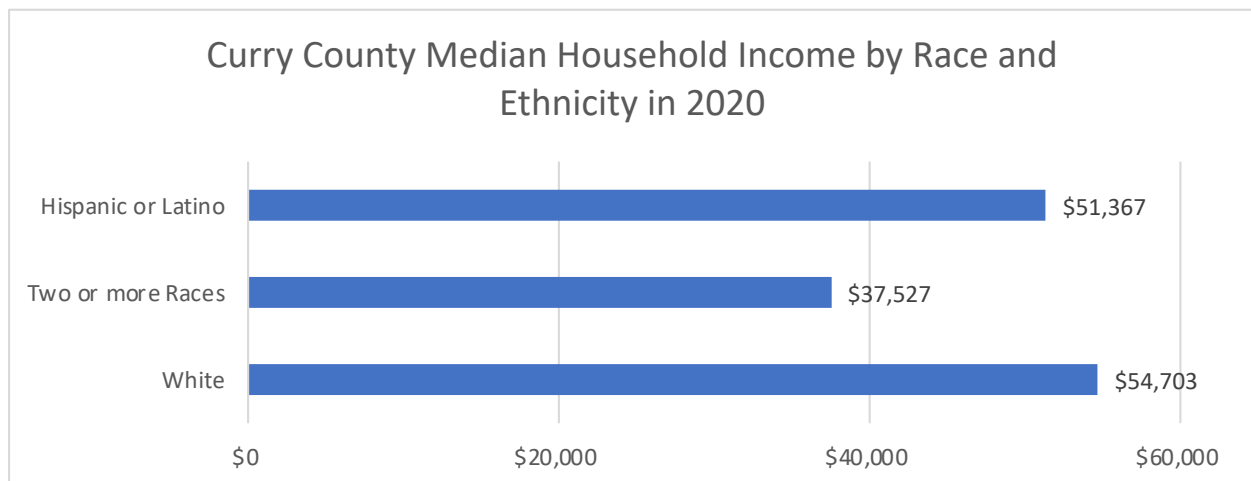
Income by Demographic

Median Household Income by Race and Ethnicity

The U.S. Census Bureau (2023) defines median household income as “based on the distribution of the total number of households and families including those with no income.”

Figure 12 shows the median household income for households by race and ethnicity. For white households the median income is \$54,703, for Hispanic or Latino households the median income is \$51,367, and the median income for households of two or more races is \$37,527. There were no household data available for Asian, Black or African American, American Indian and Alaska Native, or Native Hawaiian and Pacific Islander residents.

Figure 12: Curry County Median Household Income by Race and Ethnicity in 2020

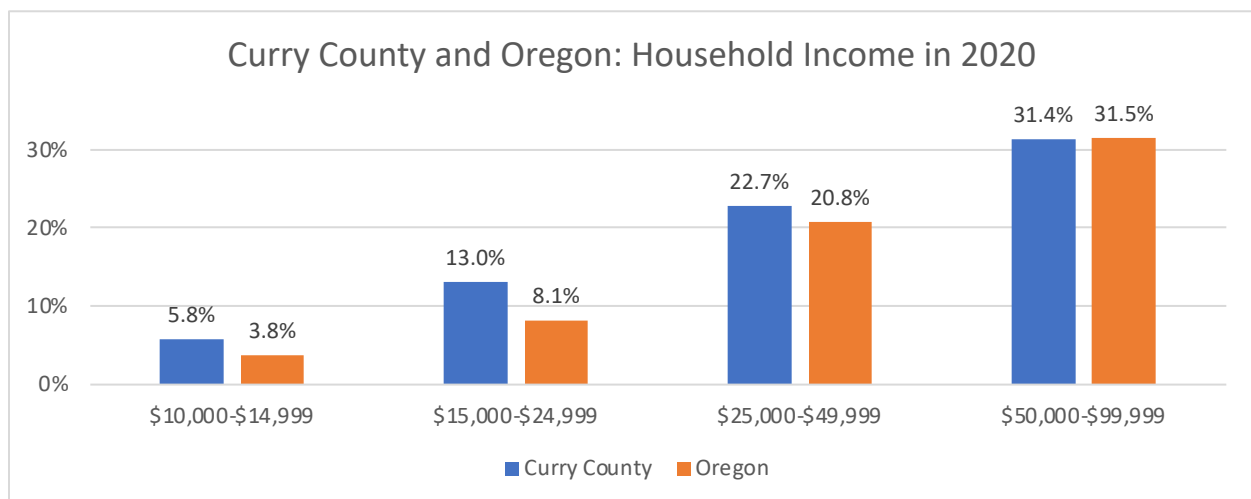


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Household Income for All Residents

Of the residents of Curry County, 31.4 percent have a household income between \$50,000-\$99,999, similar to Oregon (Figure 13). Oregon and Curry County have a similar percentage of people earning in the top category; however, Curry County has a higher percentage of people earning less than \$50,000.

Figure 13: Curry County and Oregon: Household Income in 2020

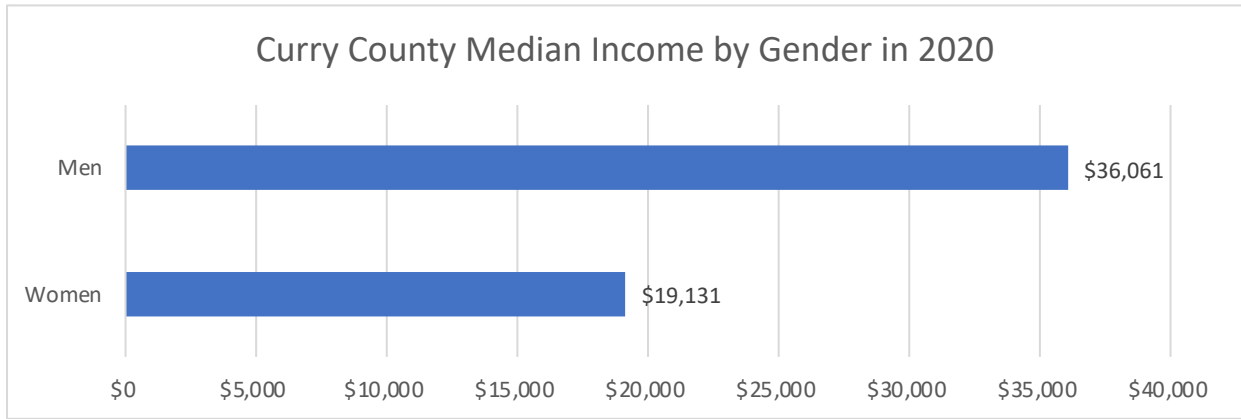


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Income by Gender

In Curry County men make an average of \$36,061 while women make an average of \$19,131 (Figure 14). This shows a \$16,930 wage disparity by gender.

Figure 14: Curry County Median Income by Gender in 2020

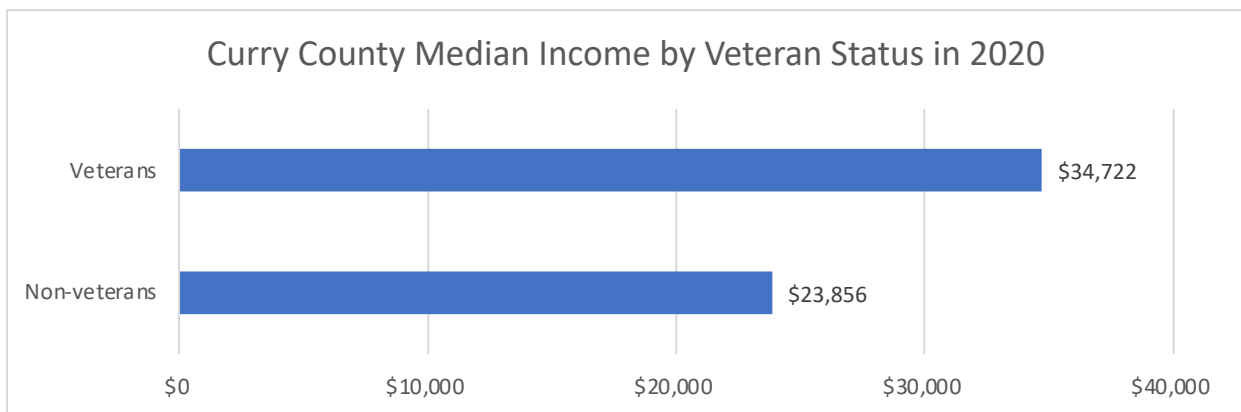


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Income by Veteran Status

In Curry County, veterans make an average of \$34,722 and non-veterans make \$23,856 (Figure 15).

Figure 15: Curry County Median Income by Veteran Status in 2020

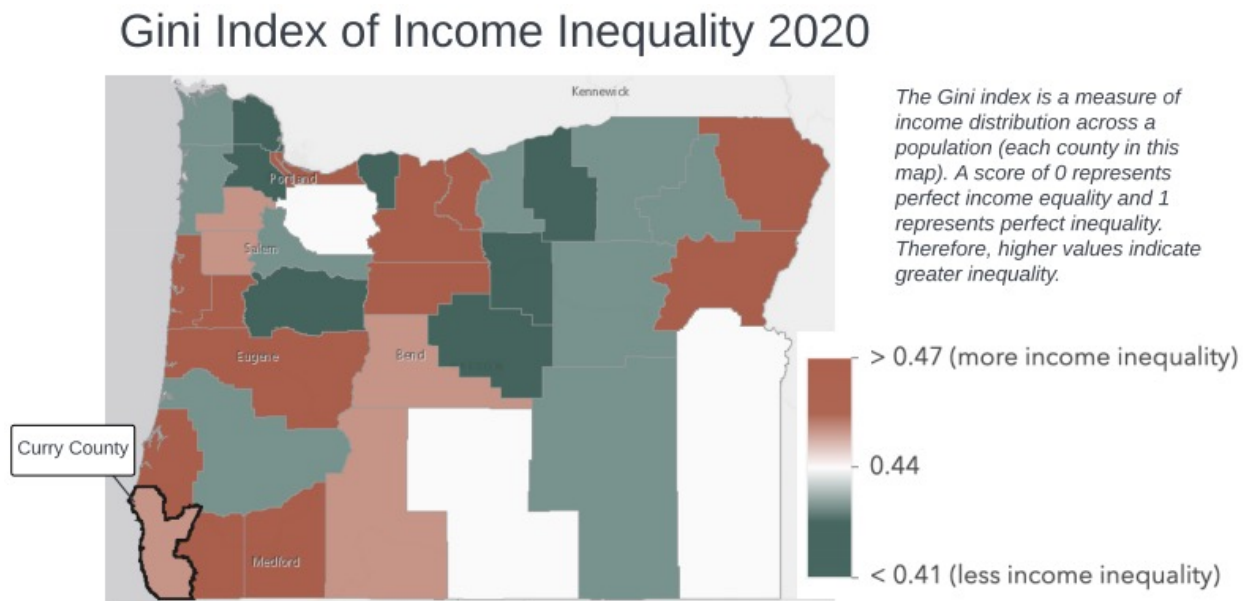


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Income Inequality

Income inequality is measured through The Gini Index, which is a measure of income distribution across a population. A score of 0 represents perfect income equality and a score of 1 represents perfect income inequality. Higher scores indicate higher inequality. For Curry County, the Gini index is closer to 0.46, indicating the presence of relatively high-income inequality (Figure 16). The Gini index for Oregon in 2020 was the same as Curry County.

Figure 16: Gini Index of Income Inequality (2020)



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

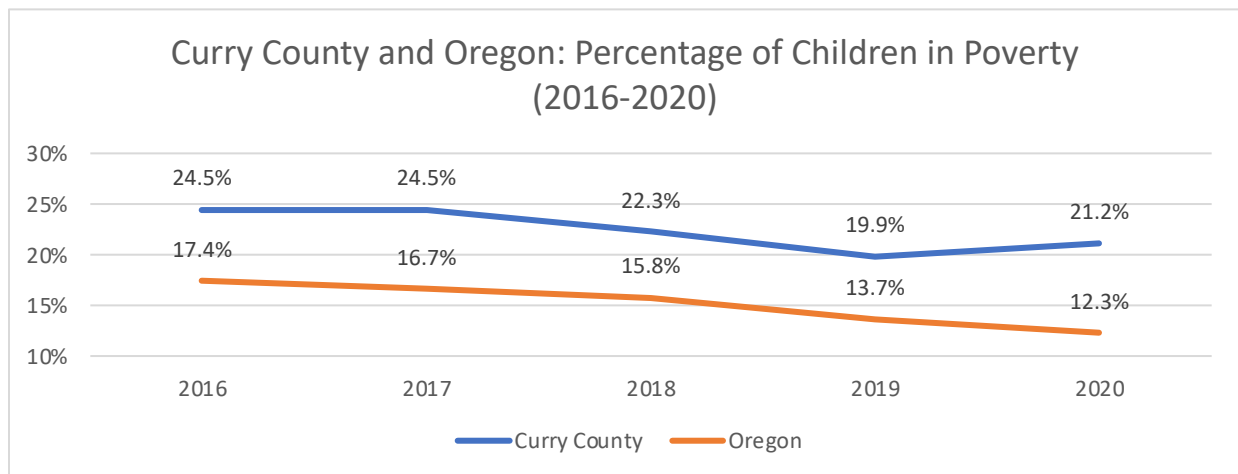
Poverty

Poverty is described as a household earning less than a federally assigned income threshold. It varies by familial composition but not by geographic region. Poverty level is used to calculate eligibility for benefits like Medicaid and the Children’s Health Insurance Program.

Children in Poverty

The percentage of children in poverty in Curry County was on a steady decline from 2017-2019 before seeing a slight increase in 2020 to 21.2 percent (Figure 17). The percentage of children in poverty in Oregon has steadily decreased since 2016, measuring 12.3 percent in 2020.

Figure 17: Oregon and Curry County: Percentage of Children in Poverty (2016–2020)

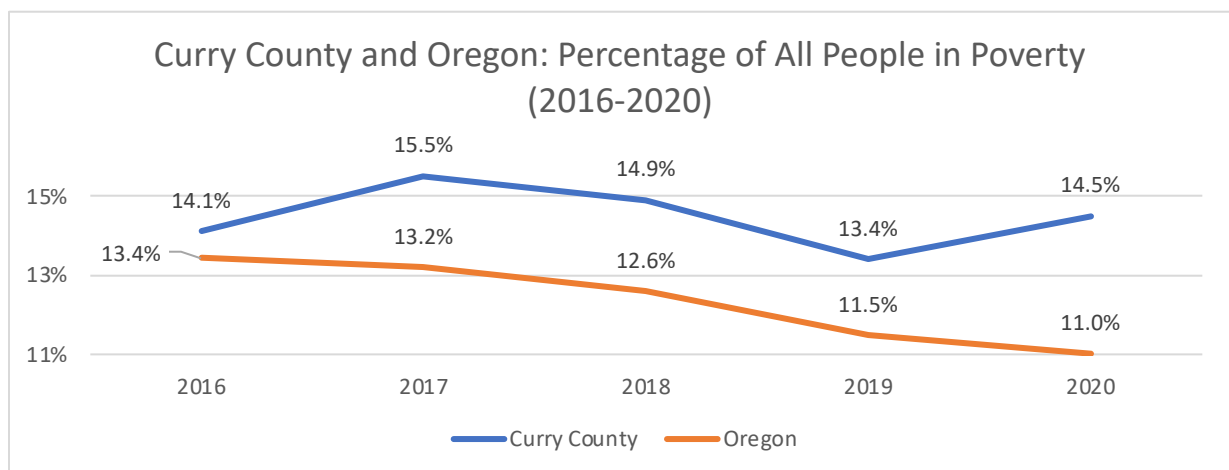


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

People in Poverty

The percentage of all people in poverty in Curry County declined from 2017-2019 before increasing to 14.5 percent in 2020 (Figure 18). The percentage of all people in poverty in Curry County fluctuated from 2016 to 2020 while the percentage steadily decreased in Oregon.

Figure 18: Curry County and Oregon: Percentage of People in Poverty (2016-2020)



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Tourist and Visitor Spending Impact

Tourism is an important part of the Curry County economy. According to a report titled, The Economic Impact of Travel, prepared for Travel Oregon in May of 2022, direct travel impacts (tourism-related spending and earnings, jobs, and tax revenue) increased steadily from 2003 to 2019 before dropping in 2020 (Figure 19).

The Employment (Jobs) figure rebounded to a rate similar to the pre-pandemic number recorded in 2019 while earnings and total tax revenue exceeded pre-pandemic numbers. Total (Current \$) Spending did not recover and more closely matched the figure from 2015³.

Figure 19: Direct Travel Impacts (2003-2021)

Direct Travel Impacts 2003-2021p

	2003	2013	2014	2015	2016	2017	2018	2019	2020	2021	Avg. Annual % Chg.	
											2020-21	2003-21
Spending (\$Millions)												
Total (Current \$)	282.2	365.8	376.2	387.1	395.9	403.6	416.1	431.5	296.3	385.7	▲ 30.2%	▲ 1.8%
Other	7.1	8.4	8.1	6.8	6.7	7.2	8.1	8.2	3.9	7.0	▲ 80.6%	▼ -0.1%
Visitor	275.1	357.4	368.1	380.3	389.2	396.4	408.1	423.3	292.5	378.7	▲ 29.5%	▲ 1.8%
Earnings (\$Millions)												
Earnings (Current \$)	81.3	103.6	108.5	118.3	125.6	130.5	138.7	147.8	139.5	163.2	▲ 16.9%	▲ 3.9%
Employment (Jobs)												
Employment	5,080	4,810	4,810	5,050	5,300	5,330	5,430	5,560	5,010	5,460	▲ 9.1%	▲ 0.4%
Tax Revenue (\$Millions)												
Total (Current \$)	8.5	11.2	11.6	12.4	13.1	14.4	14.9	15.5	13.4	16.2	▲ 21.4%	▲ 3.6%
Local	1.7	1.7	1.8	2.0	2.0	2.1	2.2	2.2	2.2	2.8	▲ 28.4%	▲ 3.1%
State	6.9	9.5	9.9	10.4	11.0	12.2	12.7	13.3	11.2	13.4	▲ 19.9%	▲ 3.8%

Source: Travel Oregon

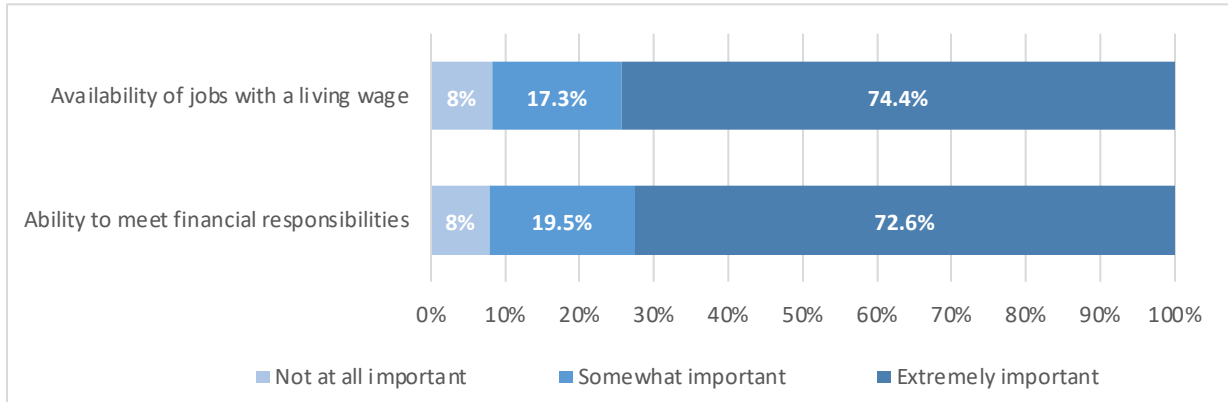
³ These data represent the economic impact of tourism for the South Coast, which includes Coos and Curry County.

Questionnaire Results – Economic Stability

Most participants reported in the Community Health Assessment Questionnaire that topics of Economic Stability and Labor are extremely important when considering the definition of health in Curry County. Economic Stability was the highest ranked factor in order of importance according to questionnaire respondents.

In their definition of “health,” 72.6 percent and 74.4 percent of respondents agreed that the “ability to meet financial responsibilities” and the “availability of jobs with a living wage” were extremely important to good health in Curry County (Figure 20).

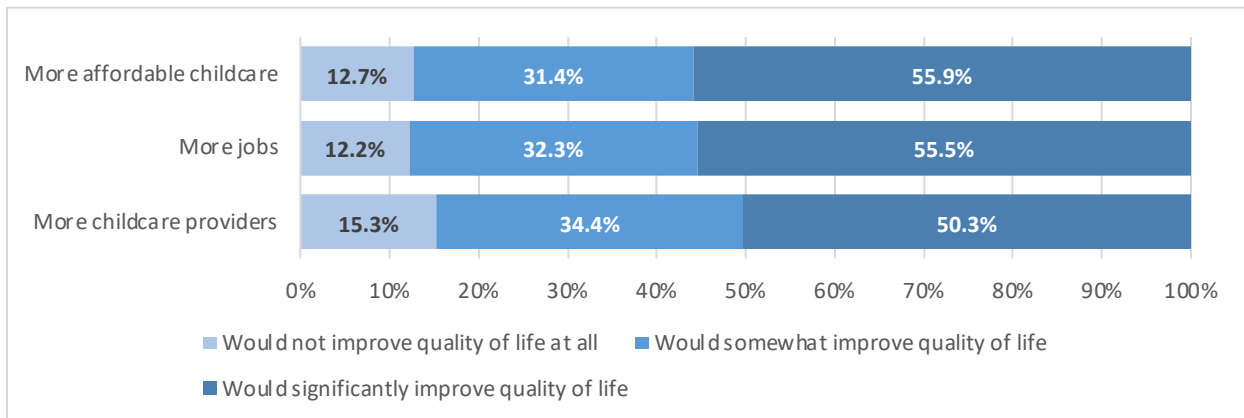
Figure 20: Economic Stability Questionnaire Results: Most Important for Good Health



N= 554-555

Further, most participants reported that having “more jobs,” “more childcare providers,” and “more affordable childcare” would significantly improve quality of life (Figure 21).

Figure 21: Economic Stability Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 528-532

Focus Group Findings – Economic Stability

Across focus groups, participants shared that retention of qualified workers and medical professionals is difficult in Curry County. Respondents shared that turnover among medical providers, teachers, and other professional workers is a chronic issue in Curry County. Participants largely attributed this to the lack of housing available in the county.

Some participants also expressed concerns about businesses closing and/or services moving out of Curry County. A few participants shared that many local businesses had closed in recent years and some essential health care services were no longer available in the county. Residents attributed these trends to the aging population in the area.

Summary of Findings – Economic Stability

Below is a summary of the data presented in the Economic Stability section. Detailed data and descriptions are provided above.

Unemployment in Curry County reached a 20-year low in 2020. Following the state of emergency declaration in response to the COVID-19 pandemic, the rate peaked before decreasing over the following years. Tourism and visitor spending were also impacted significantly in 2020, likely due to the COVID-19 pandemic. It appears to have rebounded in recent years but has not completely recovered.

The median household income varies by race, with white and Hispanic or Latino residents making more than \$50,000 while residents identifying as being two or more races make less than \$40,000. Nearly a third of Curry County residents make more than \$50,000 per year. However, the percentage of county residents earning less than \$50,000 is higher when compared to Oregon. There was a significant wage disparity between men and women as well, with men earning nearly \$17,000 more than women annually. The percentage of both children and adults living in poverty is higher in Curry County when compared to the state.

Questionnaire respondents identified living wage jobs as the most important economic stability factor for good health and ranked affordable childcare as the intervention that would improve quality of life the most. Focus group participants shared that attracting and retaining professional workers is challenging. Additionally, they expressed concerns that local businesses have closed and essential healthcare services are no longer available. Some focus group participants attributed these changes to the county's aging population.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

Housing

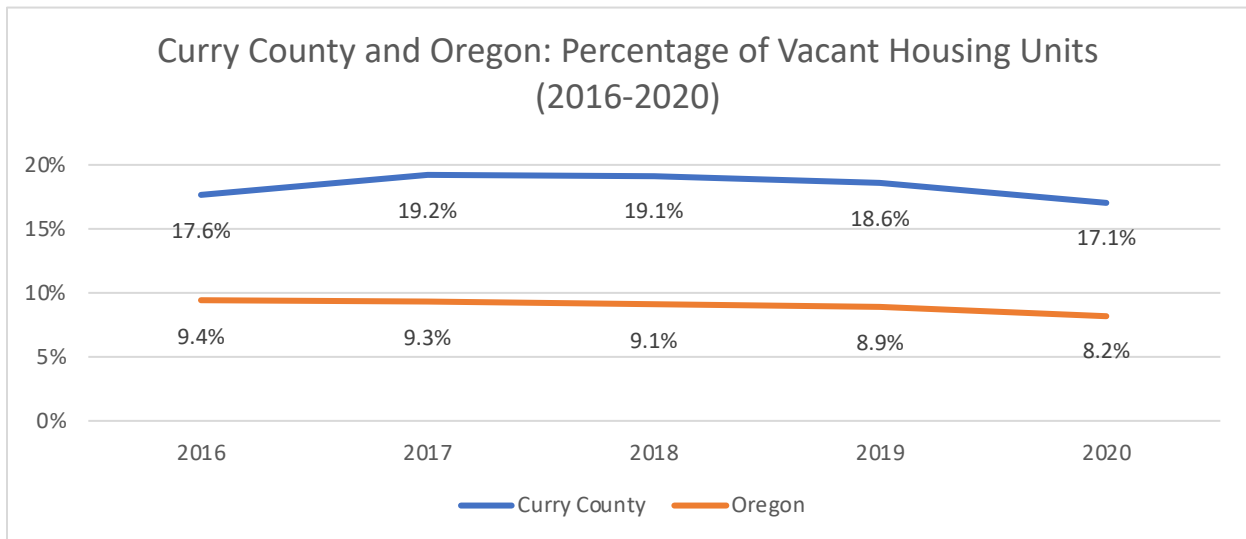
This section will cover housing statistics, including the availability and affordability of housing and homelessness in Curry County. Affordable and safe housing is an important social determinant of health. Although it is sometimes categorized as part of economic stability or the built environment, it has been identified by the community questionnaire and focus group data as a priority for Curry County. Therefore, housing will be presented as a standalone section.

Housing instability, which can include difficulty paying rent or having a rent or mortgage payment that is the bulk of household income, can create challenges that affect overall health (Healthy People 2030). For example, if housing costs consume a large portion of income, it may become difficult to afford other important services and goods that are foundational for good health like health care and healthy food. Additionally, a lack of affordable housing may create further instability by forcing people to move often and, in some cases, live in poorly maintained housing units or become homeless.

Vacant Housing Units

Housing vacancies describe the percentage of housing units that are vacant. Data on vacant housing can help determine needs for additional housing (U.S. Census Bureau). In Curry County, 17.1 percent of housing units are vacant, which is more than twice the percentage of housing vacancies in Oregon (Figure 22). After an increase in the percentage of vacancies from 2016 to 2017, Curry County and Oregon have seen a decrease in vacant units.

Figure 22: Curry County and Oregon: Percentage of Vacant Housing Units (2016-2020)

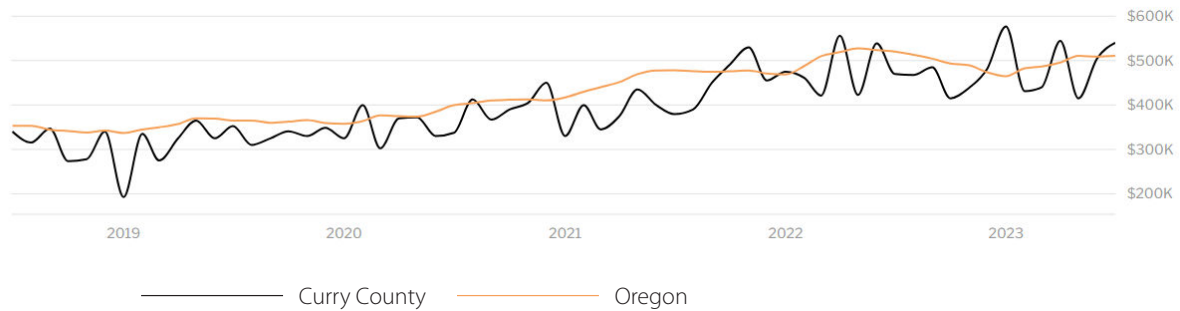


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Housing Market Trends

The average home price as of July 2023 according to Redfin.com was \$540,000 in Curry County compared to \$510,000 in Oregon (Figure 23). In January of 2023, the average home price peaked at \$577,000, which was nearly double the average price in 2018. Oregon home prices have increased since 2018 as well, though there has been less fluctuation in price compared to Curry County.

Figure 23: Housing Market Trends for Curry County (2018-2023)



Source: Based on Redfin calculations of home data from MLS and/or public records.

Temporary Rentals

An increase in temporary or short-term vacation rentals can reduce the number of houses available to the people living in a given area, which may contribute to housing shortages and other housing-related challenges. According to AirDNA.com, there are 214 active short-term rentals in Brookings through websites such as Airbnb and VRBO (an increase of 16 percent in the last year) and 54 in Port Orford (a decrease of 10 percent in the last year).

Homelessness

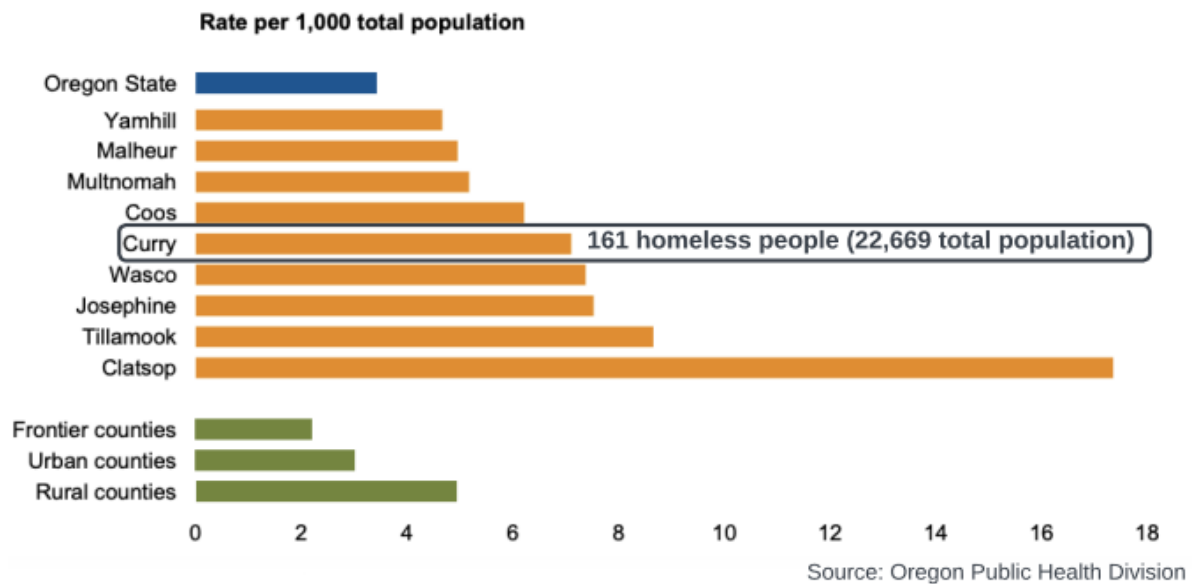
Housing is a key SDoH. Stable housing is associated with fewer emergency room visits, lower inpatient hospitalizations, and lower rates of depression and incarceration (“Causes and Effects of Homelessness.” OSW. 17 Jul 2007). The term “homeless” is broad and can include persons staying in emergency shelters, tents, transitional housing, motels, vehicles, parks, abandoned buildings, or on the street (Oregon Public Health Division, Social Determinants of Health).

According to the U.S. Department of Housing and Urban Development, there are “four categories of the homeless definition: those who are 1) literally homeless, 2) at imminent risk of homelessness, 3) homeless under other federal statuses, and 4) fleeing/attempting to flee domestic violence” (U.S. Department of Housing and Urban Development, 2023). Homelessness is tracked through a process called point-in-time estimates, where people sleeping in shelters or on the street are counted. Numbers can fluctuate from year-to-year based on a variety of factors.

Homeless Adults

Out of the total population in Curry County (22,669), there are 161 unhoused people, which gives Curry County a rate of roughly 7 homeless adults per 1,000 population. Oregon has a rate of around 4 homeless adults per 1,000 population. Figure 24 shows the nine counties with the highest estimated rates of homelessness compared to the state rate.

Figure 24: Adult Homeless Population by County (2017-2018)

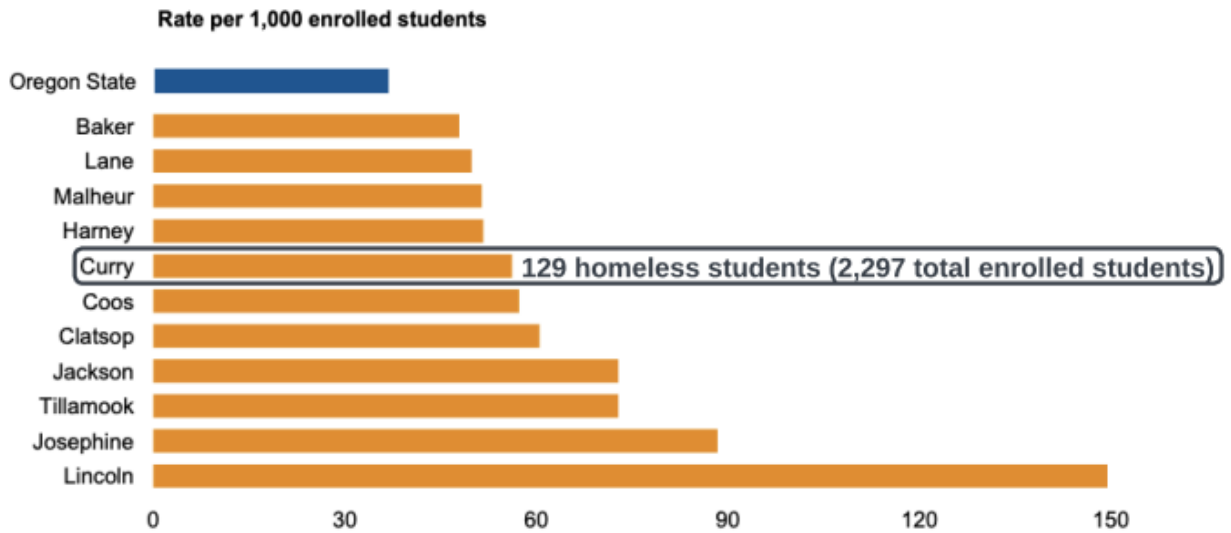


Source: Adapted from the Oregon Public Health Division

Homeless Students

Out of 2,297 enrolled students in Curry County, 129 of them were considered homeless from 2017–2018, which is a rate of roughly 60 students per 1,000. Oregon has a rate of around 40 homeless students per 1,000 students enrolled. Figure 25 shows the 11 counties in Oregon with the highest rates of students experiencing homelessness compared to the state rate, which includes Curry County.

Figure 25: Homeless K-12 Students by County (2017-2018)

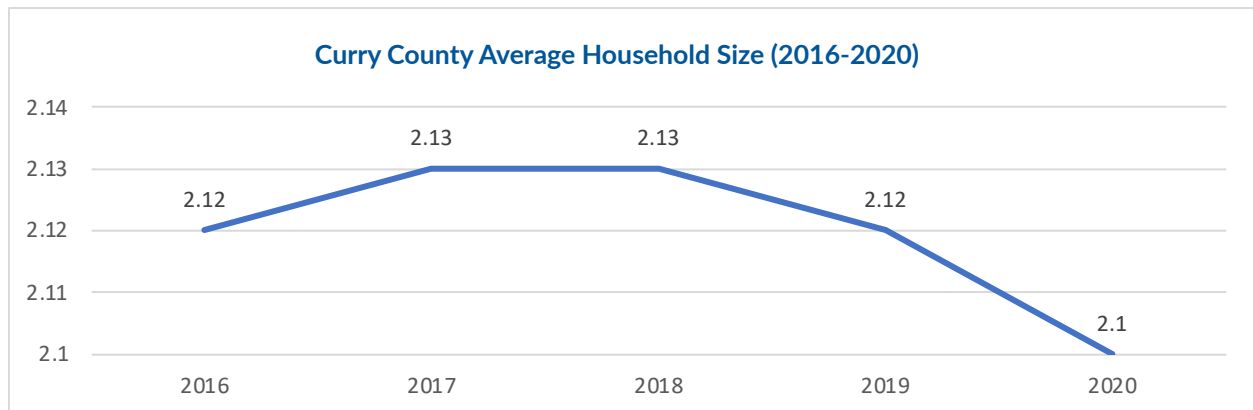


Source: Adapted from the Oregon Public Health Division

Average Household Size

The average household size in Curry County was 2.1 people per household in 2020, which has been steadily decreasing since 2018 (Figure 26).

Figure 26: Curry County Average Household Size (2016-2020)

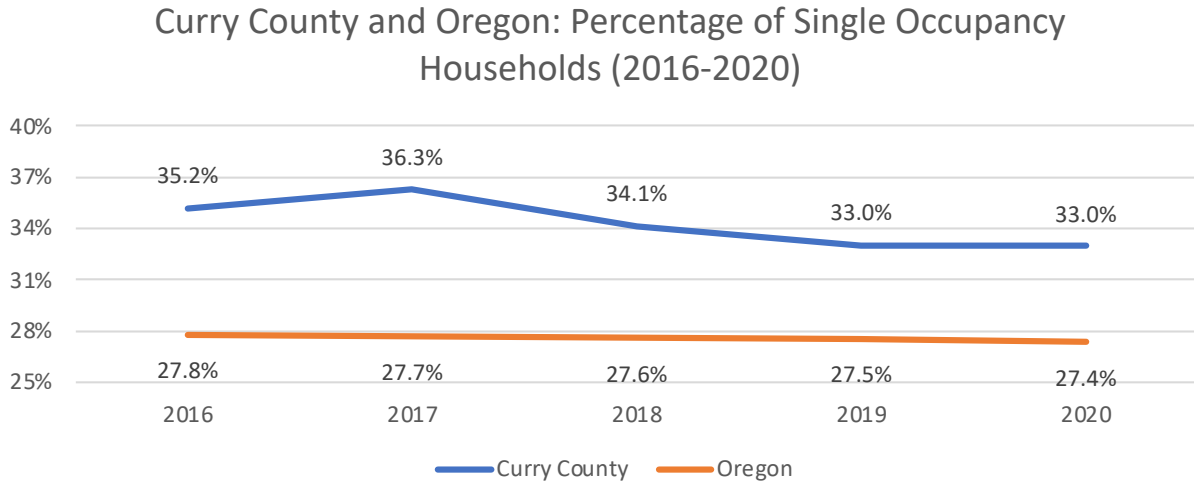


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Single Occupancy Households

In 2020, 33 percent of Curry County households had only one occupant (Figure 27). The percentage of single-occupancy homes has decreased in Curry County from 2016 to 2020. Oregon has experienced a very slight decline during the same period, with the percentage of single-occupancy households being 27.4 percent in 2020.

Figure 27: Curry County and Oregon: Percentage of Single Occupancy Households (2016-2020)

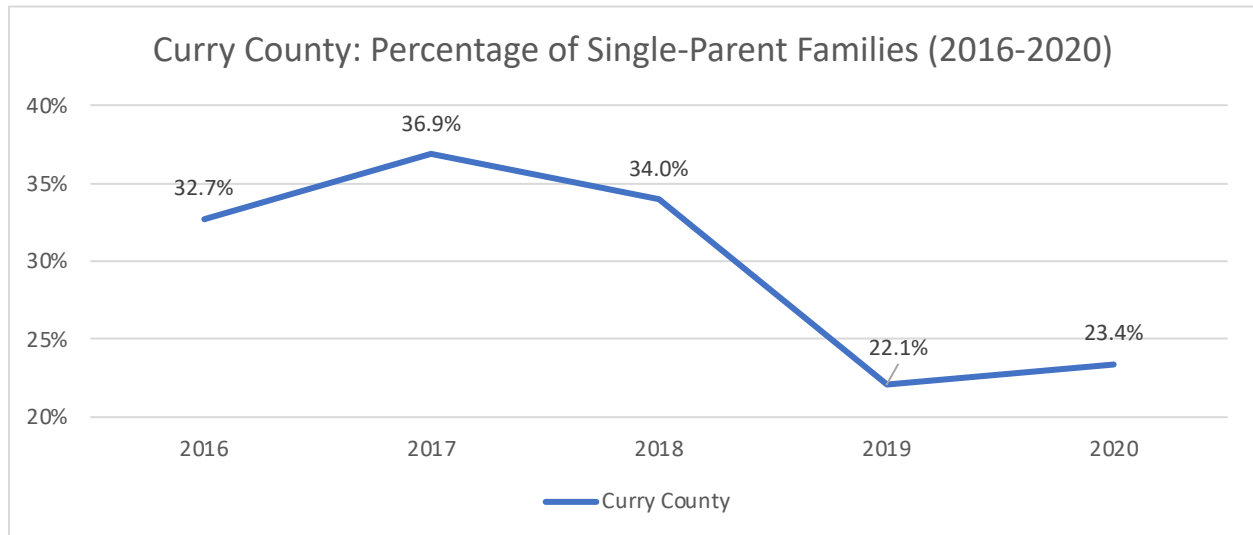


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Single-Parent Families

In Curry County 23.4 percent of families with children were single-parent families in 2020 (Figure 28). Curry County experienced a sharp decrease from 2018 to 2019, although the next year shows a slight increase.

Figure 28: Curry County: Percentage of Single-Parent Families (2016-2020)

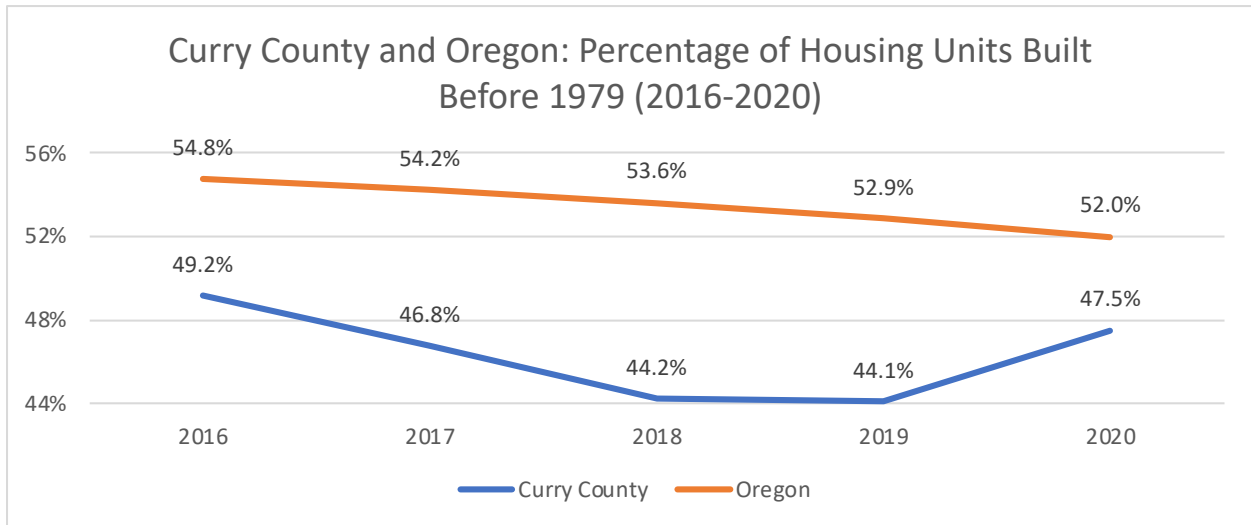


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Housing Units Built Before 1979

Many homes built before 1979 have lead-based paint, which can be a health hazard and may be more expensive to maintain. The percentage of Curry County housing units built before 1979 was 47.5 percent in 2020, an increase from the previous year (Figure 29). Oregon has seen a steady decline in housing units built before 1979 during the same period.

Figure 29: Curry County and Oregon: Percentage of Housing Units Built Before 1979 (2016-2020)



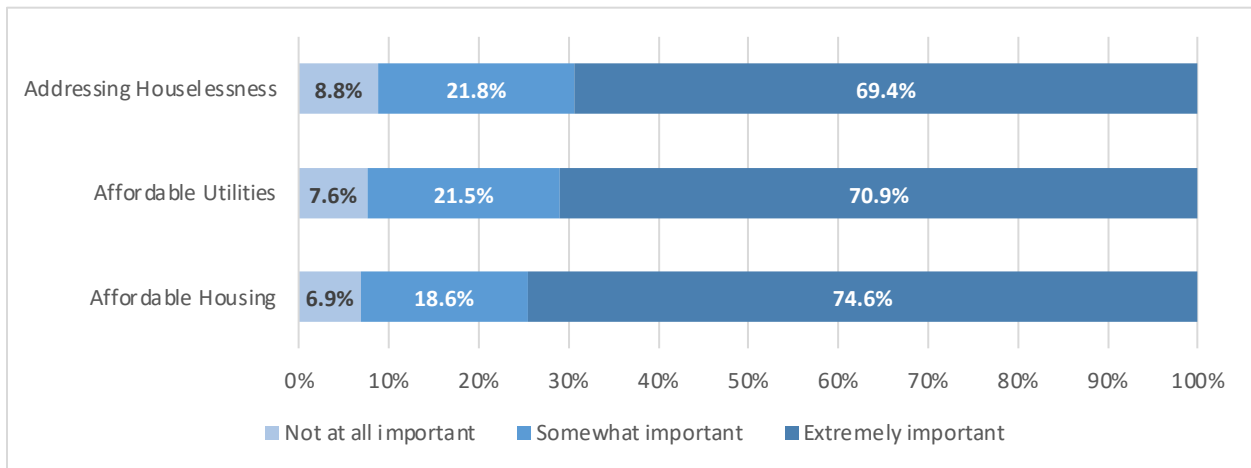
Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Questionnaire Results – Housing

Housing was highlighted as an area of significant concern in the community questionnaire and focus groups. Much of the data available supports the concerns of community members who participated in the CHA. Curry County ranks near the bottom of Oregon counties in both adult and student homelessness rates.

Respondents to the questionnaire reported that housing is important when considering the definition of health in Curry County. Housing was the second most important category for good health based on responses to the questionnaire. “Affordable housing” was voted the top category by community members when asked about their definition of health (Figure 30).

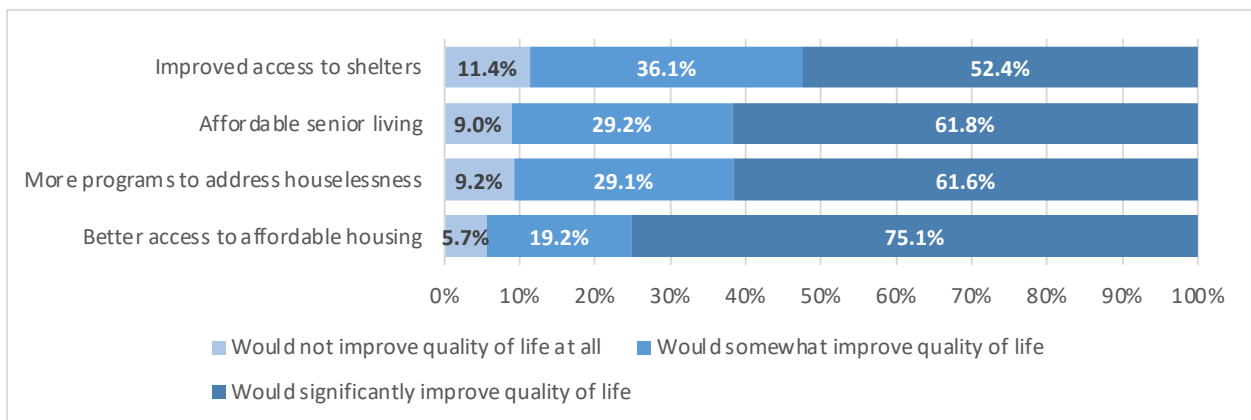
Figure 30: Housing Questionnaire Results: Most Important for Good Health



N = 554 – 555

When asked what would most improve quality of life in Curry County related to housing, questionnaire respondents felt that “Better access to affordable housing,” “More programs to address houselessness,” and “Affordable senior living” would have the strongest impact (Figure 31).

Figure 31: Housing Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 883 - 900

Focus Group Findings – Housing

Participants shared that the lack of housing is a major barrier to improved health in Curry County. Many participants described that the cost of housing has increased significantly in recent years and the supply of housing is extremely limited. A few people shared that the proliferation of short-term rentals and vacation homes in the area has created additional pressure on the housing market; for example, one participant shared that almost half of the houses on her street sit empty for most of the year. This also contributes to workforce-related challenges, as some participants shared that medical providers, pharmacists, and teachers leave the area because they cannot afford or find housing.

“We have probably nine total [houses] on my street. Four are empty all the time except when they rent them out in summer.”

-Focus Group Participant

Unhoused residents in Curry County face substantial challenges. Participants in the unhoused focus group shared that they are often harassed by police and discriminated against by business owners; for example, one participant shared that they were unable to get a membership card at a grocery store because they were wearing a backpack. Unhoused individuals further shared that the lack of shelters or supportive housing in the area is a barrier for unhoused people trying to “get back on their feet.” Unhoused participants also shared a desire for employment programs that would serve people experiencing homelessness.

Summary of Findings – Housing

Below is a summary of the data presented in the Housing section. Detailed data and descriptions are provided above.

The percentage of vacant housing units has decreased steadily in Curry County. Meanwhile, the average cost of homes sold has increased significantly since 2018, following a state-wide trend. The number of temporary rental properties has also increased across the County. Both adults and students in Curry County are experiencing homelessness at higher rates than those across Oregon, with Curry County ranking in the bottom ten when compared to all counties.

The average household size and percentage of single-parent families have decreased in recent years, with the latter following a trend across Oregon. Curry County also has a higher percentage of homes built before 1979.

Questionnaire respondents felt that affordable housing was the most important factor for good health and that it would improve quality of life the most in Curry County. Focus group participants shared that housing costs are a barrier to health in Curry County and the unhoused population face significant barriers including discrimination from police and businesses.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

Education Access and Quality

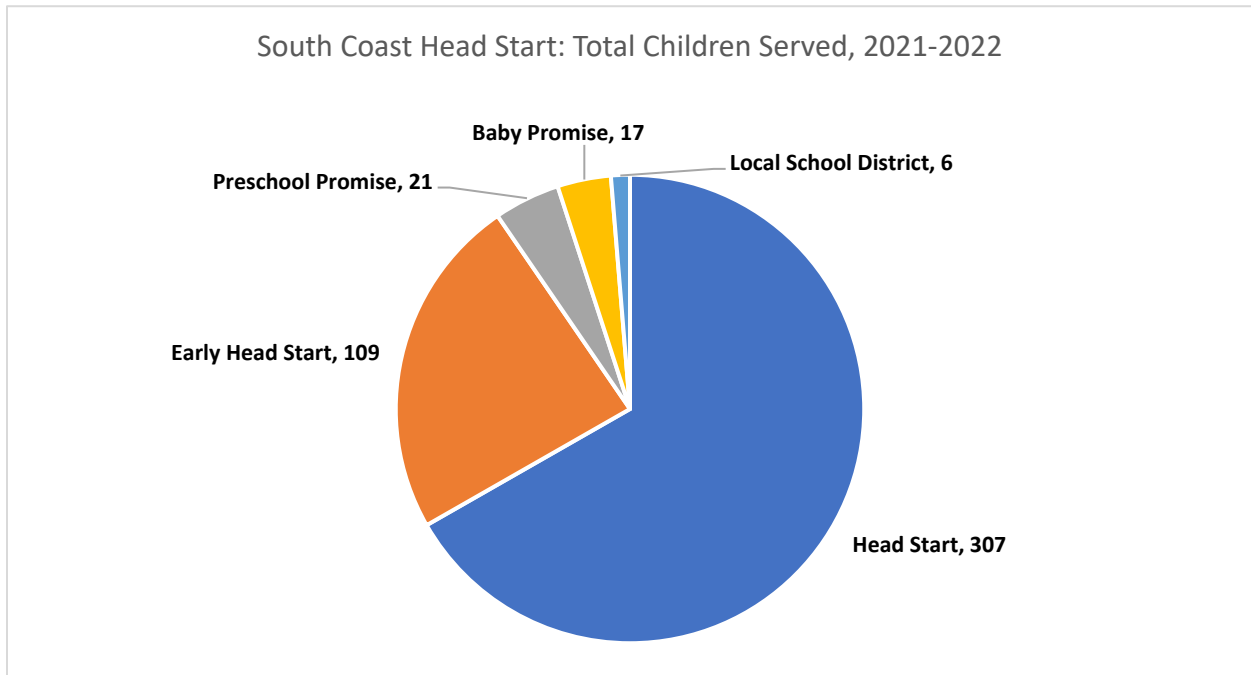
Education access and quality focuses on the extent to which high-quality education is available to the residents of Curry County. Access to quality education is a predictor of future success in finding well-paying jobs and overall good health (Healthy People 2030). For youth, there are common educational measures that are used to help describe the performance of schools, districts, counties, and states. Some of these indicators are used in the below section to provide a picture of education in Curry County.

There are three school districts in Curry County: Brookings-Harbor, Central Curry, and Port Orford-Langlois. Additionally, Curry County has three higher education facilities: the Brookings Campus of Southwestern Oregon Community College (SWOCC) and two SWOCC satellite campuses in Gold Beach and Port Orford.

Head Start Enrollment

According to Oregon Coast Community Action, South Coast Head Start has 13 locations in Coos, Curry, and coastal Douglas County, five of which are in Curry County. Figure 32 shows the number of children served by South Coast Head Start in the 2021-2022 program year. A majority of children were enrolled in the Head Start or Early Head Start programs.

Figure 32: South Coast Head Start: Total Children Served (2021-2022)



Source: Annual Report, South Coast Head Start (2021-2022)

3-4-Year-Old School Enrollment

The percentage of children ages 3-4 years old that are not enrolled in school has remained steady between 2019 and 2020 among Oregon and Curry County. Curry County, however, has a significantly higher rate than the state average for 3-4-year-olds that are not enrolled in school.

Figure 33: Percent of Children Ages 3 – 4 Not Enrolled in School (2017-2020)

PERCENT OF CHILDREN AGES 3 - 4 YEARS OLD NOT ENROLLED IN SCHOOL				
Year	2017	2018	2019	2020
Curry County	74%	86%	79%	72%
Oregon	56%	55%	54%	56%

Adapted from The Annie E. Casey Foundation Kids County Data Center

Participants in Employment-related Day Care Program

According to the Oregon Department of Early Learning and Care, the Employment Related Day Care (ERDC) program “helps families who are working, in school, or receiving Temporary Assistance for Needy Families (TANF) pay for child care, including registration fees. Curry County saw a notable drop between 2018 and 2020 for people participating in the ERDC program, a trend that is similar to Oregon during the same period. Data were not available for 2019.

Figure 34: Participants in Employment-related Day Care Program (2016-2020)

PARTICIPANTS IN EMPLOYMENT RELATED DAY CARE (ERDC) PROGRAM				
Year	2016	2017	2018	2020
Curry County	54	57	59	26
Oregon	14,583	15,785	14,840	12,736

Adapted from The Annie E. Casey Foundation Kids County Data Center

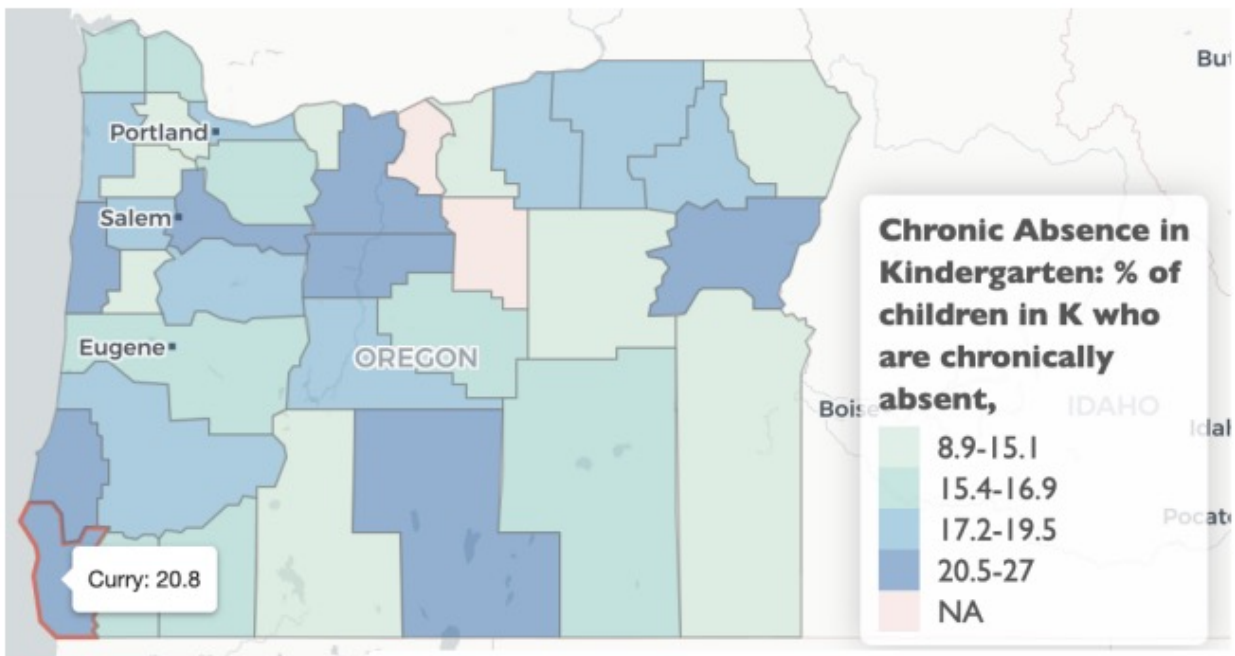
School Absenteeism and Benchmarks

Benchmarks provide a measurement of student performance in English Language and Mathematics. Benchmarks help to demonstrate a school district's performance on state-defined measures. The Oregon Department of Education (ODE) defines chronic absenteeism as missing 10 percent or more of school days. The ODE estimates that missing even two days of school per month can put children behind in school and, in the long term, reduce the likelihood of future success.

Chronic Kindergarten Absence

In Curry County, 20.8 percent of kindergarteners are considered chronically absent, which is one of the higher rates in Oregon (Figure 35).

Figure 35: Chronic Absence in Kindergarten: Percentage of Children in K Who are Chronically Absent

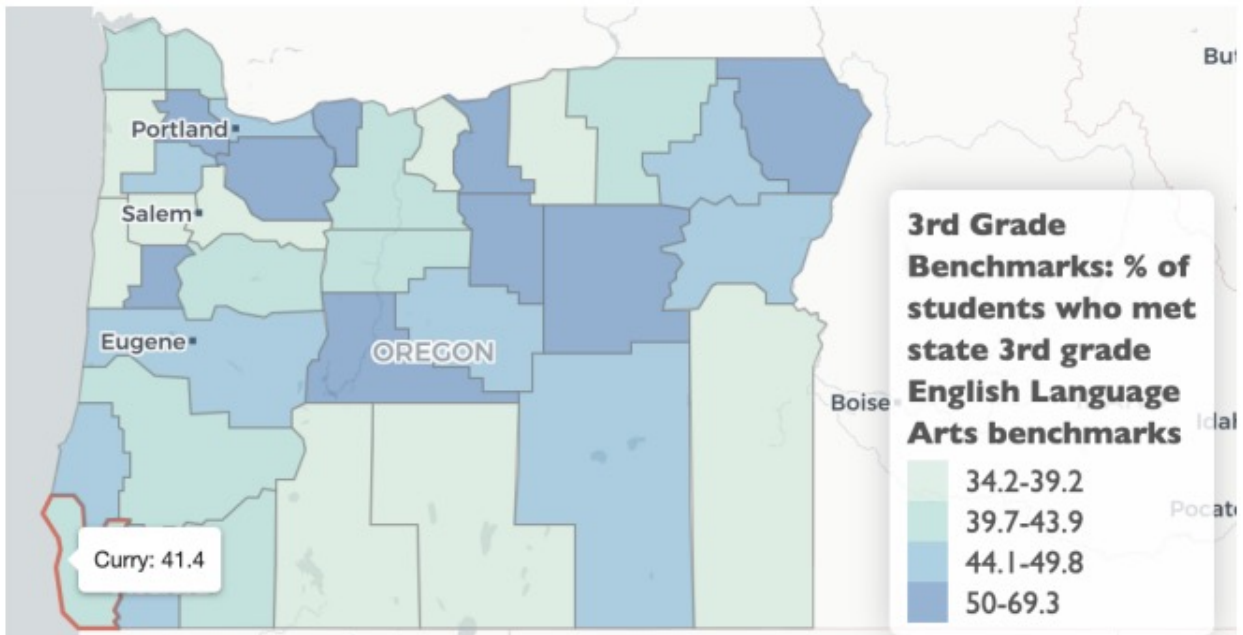


Source: 2018-2019 Oregon Department of Education

Language Arts Benchmark

In Curry County, 41.4 percent of students met state 3rd grade English Language Arts benchmarks (Figure 36).

Figure 36: 3rd Grade Benchmarks: Percentage of Students Who Met State 3rd Grade Level Language Arts Benchmarks

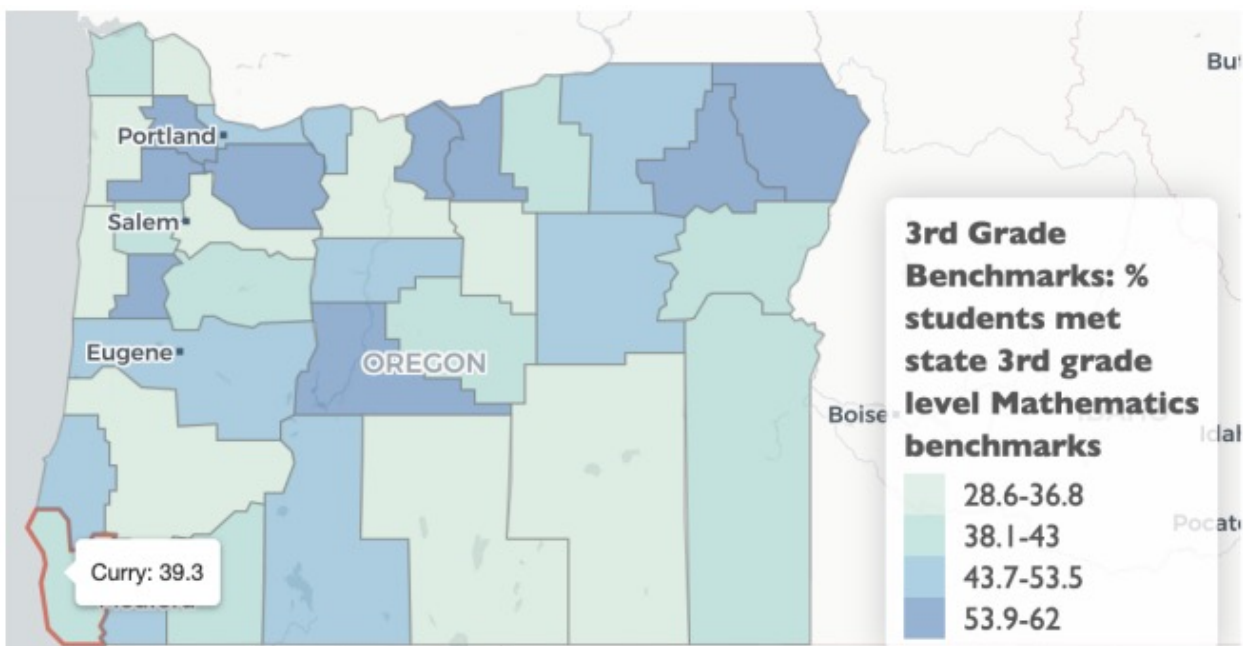


Source: 2018-2019 Oregon Department of Education

Math Benchmark

Nearly 40% (39.3 percent) of Curry County 3rd graders met state Mathematics benchmarks (Figure 37).

Figure 37: 3rd Grade Benchmarks: Percentage of Students Who Met State 3rd Grade Level Mathematics Benchmarks



Source: 2018-2019 Oregon Department of Education

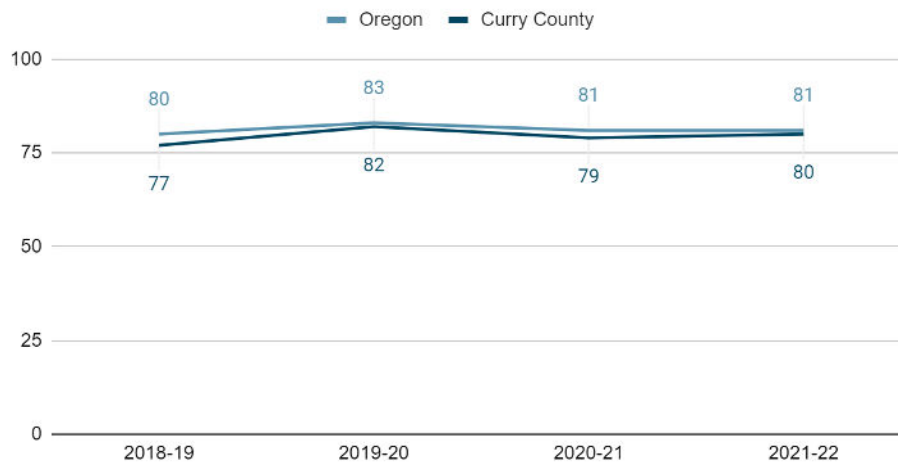
High School Graduation Rates

Total Student Population

According to the Oregon Department of Education, the 2021-2022 four-year cohort graduation rate for Curry County was 80 percent, a difference of 1 percent compared to graduation rates for Oregon during this period. While graduation rates at the state-level have remained largely the same, a 5 percent improvement from 77 percent to 82 percent can be seen for Curry County between the 2018-2019 and 2019-2020 school years, before decreasing by 3 percent in 2020-2021 and increasing by 1 percent in 2021-2022.

Figure 38: Four-year High School Cohort Graduation Rates (2018-2022)

Four-year high school graduation rates, Oregon and Curry County (2018-22)



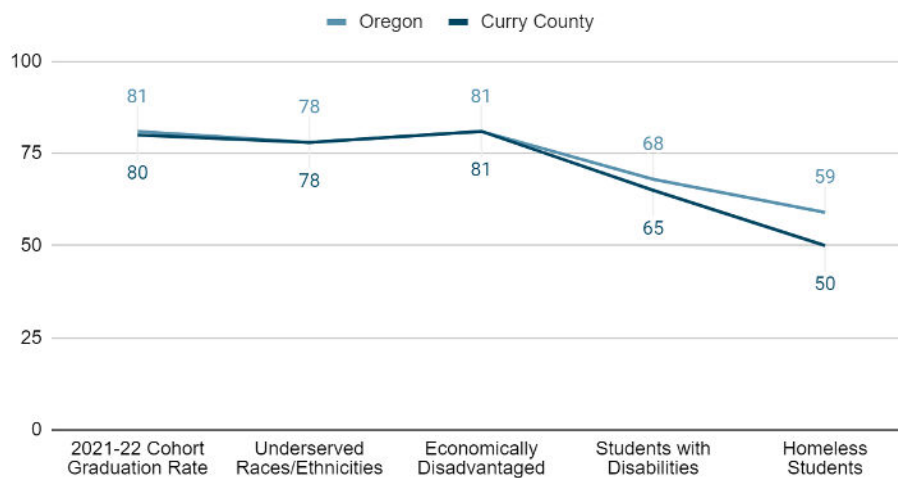
Adapted from Oregon Department of Education (Accessed October 9, 2022)

Total and Special Student Populations

While graduation rates have improved for Curry County students since the 2020-2021 academic year, disparities in graduation rates can be seen among students with disabilities and students experiencing homelessness in comparison to graduation rates reported for the state. Graduation rates for students who identify with an underserved racial or ethnic group and those that are economically disadvantaged were very similar to the overall graduation rate for Curry County students, and mirrored the data reported for Oregon in 2021-2022.

Figure 39: Four-year High School Cohort Graduation Rates by Total and Special Student Populations (2021-2022)

Four-year high school cohort graduation rates, by total and special student populations, Oregon and Curry County (2021-22)

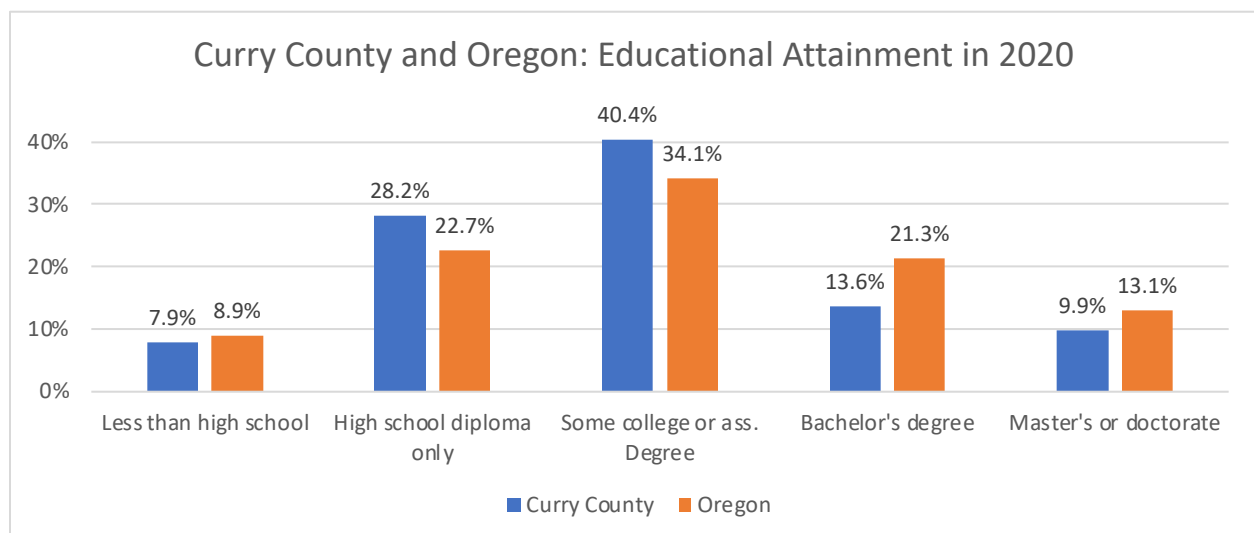


Adapted from Oregon Department of Education (2022)

Educational Attainment

Figure 40 shows the educational attainment of those 25 and over in Curry County in 2020. Overall, Curry County has higher percentages of adults with some college or less than Oregon. However, the percentage of adults with a Bachelor's degree or higher is lower compared to Oregon.

Figure 40: Curry County and Oregon: Educational Attainment in 2020

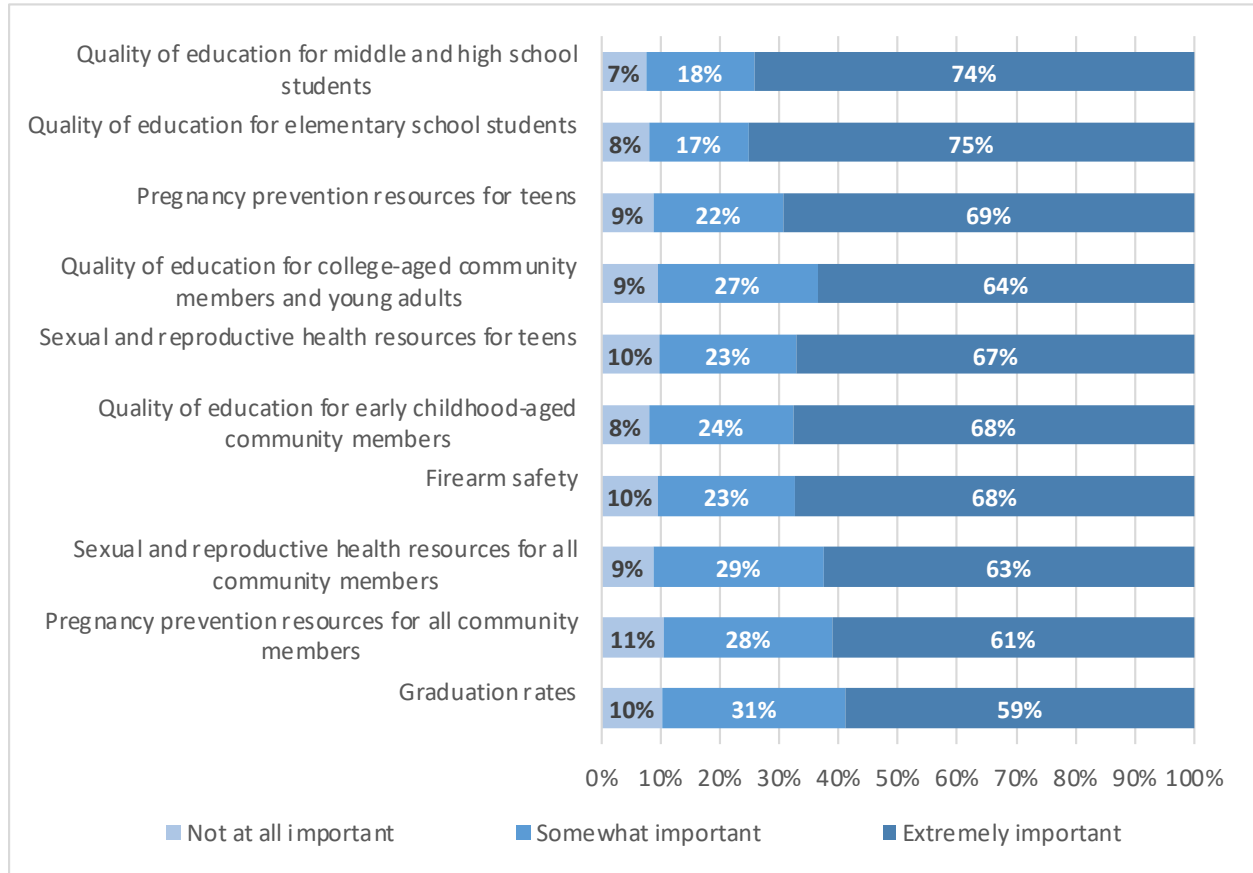


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Questionnaire Results – Education Access and Quality

Questionnaire respondents shared that topics of Education are extremely important when considering the definition of health in Curry County. “Quality of education for middle school, high school, and elementary school students” was ranked extremely important for good health, followed by “Pregnancy prevention resources for teens” (Figure 41).

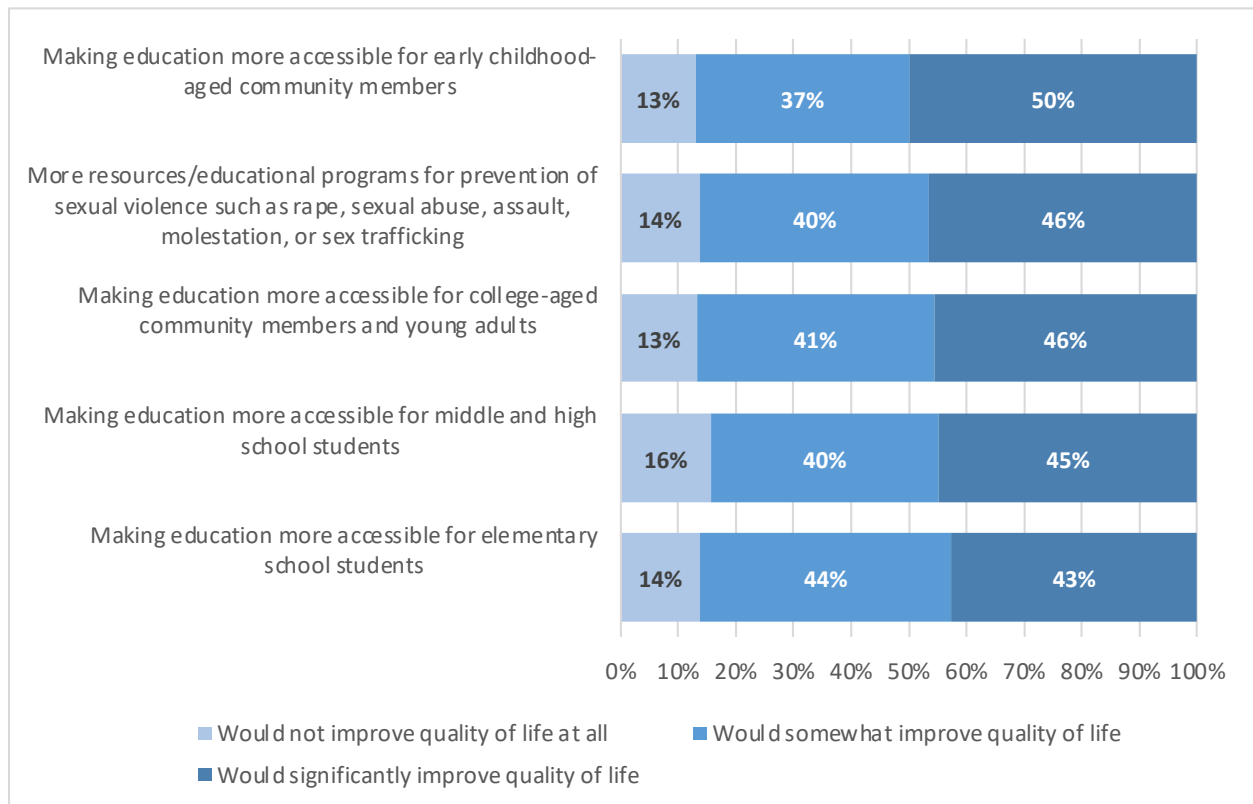
Figure 41: Education Access and Quality Questionnaire Results: Most Important for Good Health



N = 546-552

Regarding solutions, community members thought that “Making education more accessible for early childhood-aged community members” would significantly improve their quality of life (Figure 42).

Figure 42: Figure 42: Education Access and Quality Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 528-530

Summary of Findings – Education Access and Quality

Below is a summary of the data presented in the Education Access and Quality section. Detailed data and descriptions are provided above.

Education access and quality can be strong predictors of future earnings and health. Curry County has five Head Start programs; specific data on enrollment in those programs were unavailable. Curry County has a higher rate of 3 and 4-year old children who are not enrolled in school compared to Oregon. Additionally, both Oregon and Curry County have seen notable decreases in the number of ERDC participants in recent years.

Overall, Curry County had high rates of chronic absenteeism for kindergarteners compared to other counties. About 40 percent of students are meeting state benchmarks for math and language arts. While graduation rates have improved for Curry County students since the 2020-2021 academic year, disparities in graduation rates can be seen among students with disabilities and students experiencing homelessness. Meanwhile, educational attainment in Curry County is lower than the state, with two thirds of residents in Curry County having an associate degree or less.

Questionnaire respondents indicated that quality education was important for good health and identified early childhood education as the best was to improve quality of life in Curry County.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

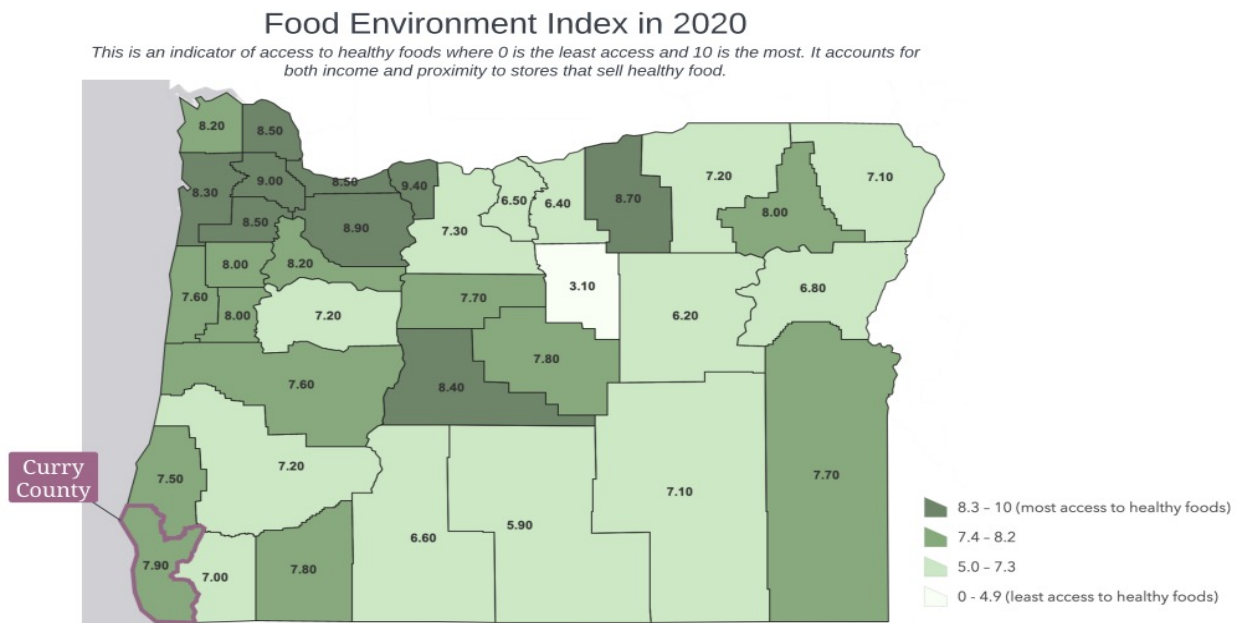
Food Environment

Access to affordable, healthy food is an important factor for health and well-being. According to County Health Rankings (2023), living in a food desert can lead to more disease and premature death. This section will provide an overview of the food environment in Curry County.

Food Environment Index

The Food Environment Index is an indicator of healthy foods with 0 being the least access and 10 being the most, it accounts for both income and proximity to stores that sell healthy food. The Food Environment Index score for Curry County is 7.9, indicating higher-than-average access to healthy foods (Figure 43).

Figure 43: Food Environment Index in 2020



Source: County Health Rankings Data (2016-2022)

Food Deserts

A food desert is an area that has limited access to affordable and nutritious food. Three “tracts” or areas, based on census data, have been identified as having low-access conditions. These identified areas have considered factors such as median household income, and distance to supermarkets.

The green shading in Figure 44 represents the low-income areas of Curry County where a large percentage of residents are more than one mile in urban areas or 10 miles in rural areas from a supermarket (US Department of Agriculture). Northern Curry County, which includes Port Orford, is identified as a food desert.

Figure 44: Food Deserts: Low-Income & Low Access in 2020

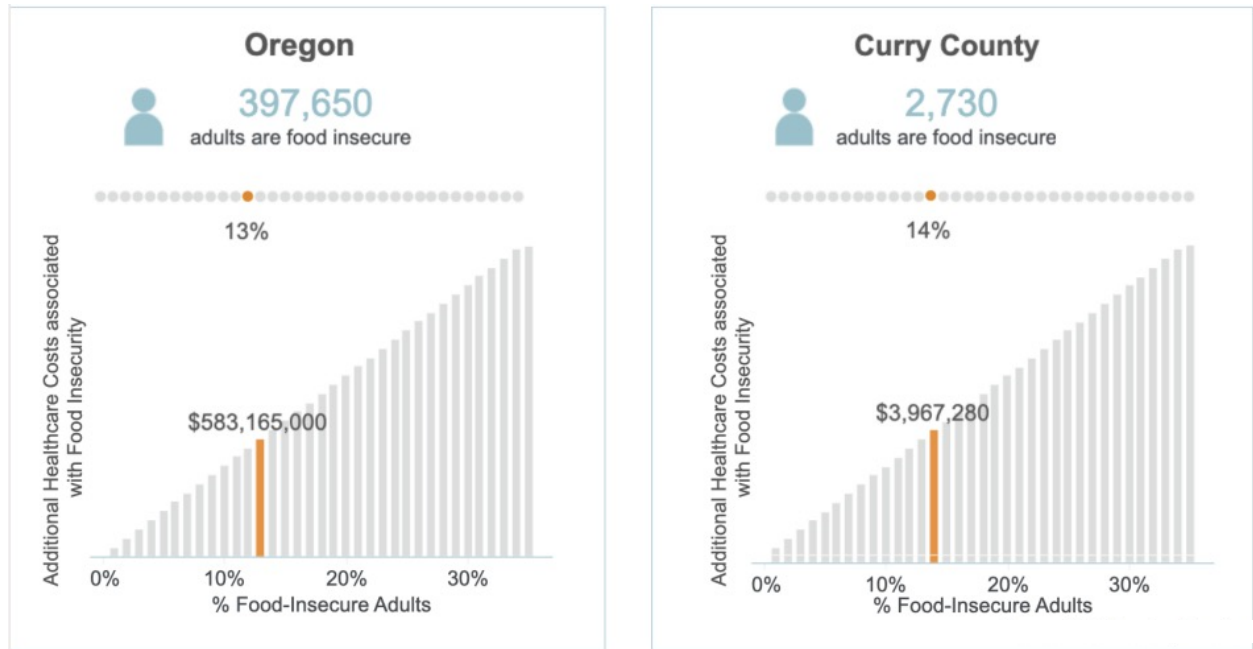


Source: US Department of Agriculture

Food Insecurity

Food insecurity, as defined by the United States Department of Agriculture, is the lack of consistent access to enough food for every person in a household to live an active, healthy life. In Curry County, 14 percent or 2,730 adults are food insecure (Figure 45). With this, there are \$3,967,280 additional healthcare costs associated with food insecurity. The percentage of Oregonians who are food insecure is similar to the rate in Curry County.

Figure 45: Curry County and Oregon: Percentage of Food Insecure Adults (2018)



Source: 2018 Feeding America

Overall Population and Children Experiencing Food Insecurity

According to Oregon Hunger Task Force, the rate of children experiencing food insecurity in Curry County is increasing while the overall state average is decreasing. Curry County also has a higher percentage of children experiencing food insecurity than the state average.

Figure 46: Percent of Overall Population and Children that Experience Food Insecurity (2021-2022)

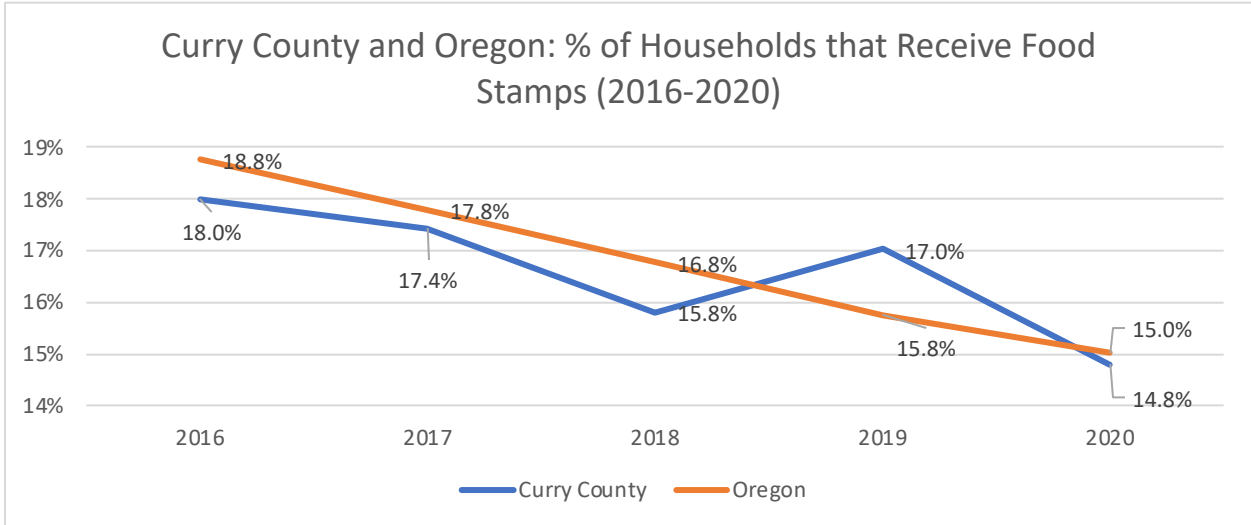
PERCENT OF OVERALL POPULATION AND CHILDREN WHO EXPERIENCE FOOD INSECURITY, 2021-2022				
LOCATION	FOOD INSECURITY (%)		CHILDREN FOOD INSECURITY (%)	
	2021	2022	2021	2022
Curry County	13.8%	13.0%	17.9%	18.9%
Oregon	11.5%	9.8%	14.6%	13.2%

Adapted from Oregon Hunger Task Force, County Fact Sheets (2023)

SNAP Benefits

In 2020, 15 percent of Curry County households received food stamps/SNAP in the past 12 months (Figure 47). The percentage of food stamp recipients decreased overall in Curry County from 2016-2020, a trend similar to Oregon. Food stamp recipients increased in 2019 in Curry County.

Figure 47: Curry County and Oregon: Percentage of Households that Receive Food Stamps (2016-2020)



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Free and Reduced Lunches, SNAP Participants, and People Served By WIC

According to the Oregon Hunger Task Force, the percentage of students participating in free and reduced lunches between 2021 and 2022 is decreasing for the state, however it's increasing in Curry County. The percentage of students participating in free and reduced lunches in Curry County is also higher than the state average. Both Curry County and Oregon saw an increase between 2021 and 2022 with the average monthly SNAP participants.

Figure 48: Students with Free and Reduced Lunches, SNAP Participants, and Pregnant People Served by WIC (2021-2022)

FOOD ACCESS: STUDENTS WITH FREE AND REDUCED LUNCHES, SNAP PARTICIPANTS, AND PREGNANT PEOPLE SERVED BY WIC, 2021-2022						
LOCATION	PERCENT OF STUDENTS WITH FREE AND REDUCED LUNCHES		AVERAGE MONTHLY SNAP PARTICIPANTS		PERCENT PREGNANT PEOPLE SERVED BY WIC	
	2021	2022	2021	2022	2021	2022
Year	2021	2022	2021	2022	2021	2022
Curry County	58%	64%	4,304	5,140	Not Available	28%
Oregon	50%	46%	595,989	750,294	27%	28%

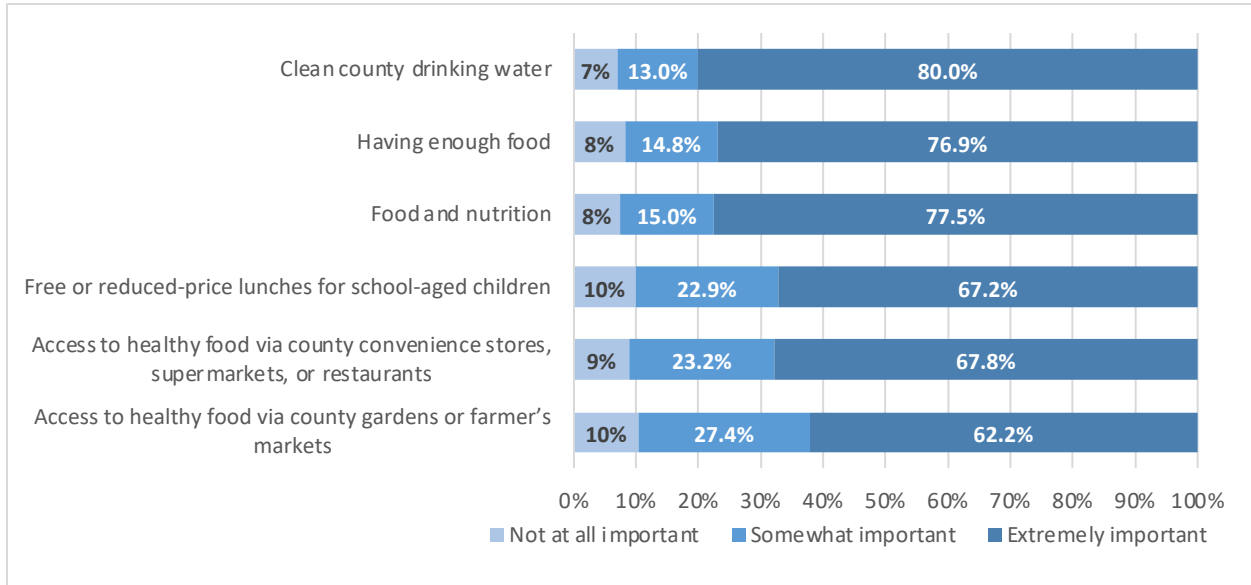
Adapted from Oregon Hunger Task Force, County Fact Sheets (2023)

Questionnaire Results – Food Environment

Most respondents reported that topics of Food are extremely important when considering the definition of health in Curry County. Questionnaire respondents identified the food environment as the third most important factor for good health.

“Clean county drinking water” was the topic of most importance for community members (Figure 49). “Having enough food” was voted the second most important topic when defining health.

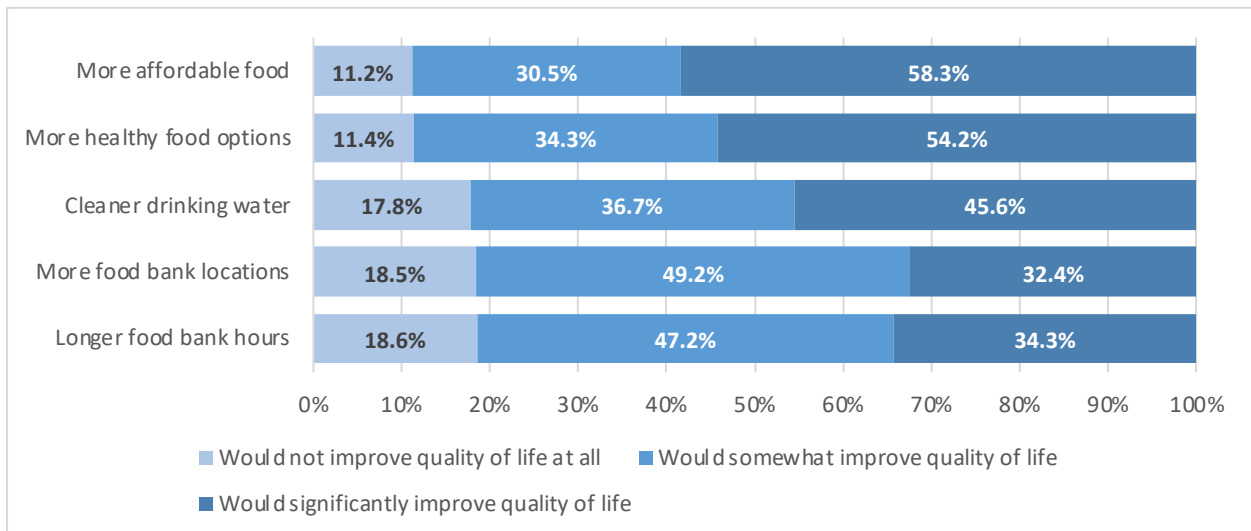
Figure 49: Food Environment Questionnaire Results: Most Important for Good Health



N = 554-560

Regarding potential solutions presented to questionnaire respondents, participants reported that having “more affordable food” and “more healthy food options” would significantly improve their quality of life (Figure 50).

Figure 50: Food Environment Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 528-535

Focus Group Findings – Food Environment

Food access was identified as both a strength and a challenge for Curry County. A few participants shared that the DoubleUp Food Bucks Program and the Farmers Market facilitate healthy eating habits for county residents. Nonetheless, some participants noted the rising costs of food, limited hours at the food bank, and the lack of a WIC office in the county as challenges to maintaining a healthy diet, particularly for low-income residents.

“The food bank is only accessible three days a week for a short amount of time. If you think about it, if somebody works a regular nine to five job, maybe they’re still not making it and they might need that access, but they’re not able to because that’s the food bank.”

-Focus Group Participant

Summary of Findings – Food Environment

Below is a summary of the data presented in the Food Environment section. Detailed data and descriptions are provided above.

Access to healthy foods is important to health and well-being. Curry County has higher than average access to healthy foods. However, the northern part of the county is considered a food desert, where access to supermarkets is limited. Curry County had a similar rate of food insecurity when compared to Oregon. Additionally, the percentage of households receiving food stamps decreased and was similar to that of Oregon in 2020.

Questionnaire respondents shared that clean drinking water was the most important factor for good health. Additionally, access to more affordable food would increase the quality of life the most. Focus group respondents shared that food programs and farmers’ markets promote health eating habits. Meanwhile, the cost of food is a challenge according to other participants.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

Health Behaviors

Health behaviors influence the health of individuals and communities and include substance use, diet and exercise, and sexual activity (County Health Rankings, 2023). Health behaviors are influenced by the physical environment in which people spend their time.

Childhood Vaccination Rates

Figure 51 shows the percentage of two-year-olds that are up-to-date (UTD) on their immunizations. The first line (4:3:1:3:3:1:4), shows the percentage of two-year-olds that are fully immunized based on OHA and CDC recommendations.

In 2022, just over 50 percent of Curry County two-year-olds were UTD on recommended vaccines. The immunization rate reached a five-year low in 2022. During the same period, vaccination rates in Oregon have hovered around 70 percent, measuring 69 percent in 2022.

Figure 51: Curry County: Immunization Rates for Two-Year-Olds (2018-2022)

Curry County: Immunization Rates for Two Year Olds

	2018	2019	2020	2021	2022
Two-Year-Olds^a Up-to-Date Rate					
4:3:1:3:3:1:4 ^b	56%	54%	53%	60%	52%
4 doses DTaP	66%	67%	62%	66%	73%
3 doses IPV	81%	85%	80%	84%	86%
1 dose MMR	77%	86%	78%	82%	79%
3 doses Hib	80%	81%	80%	81%	84%
3 doses HepB	75%	78%	77%	83%	86%
1 dose Varicella	76%	85%	78%	83%	78%
4 doses PCV	65%	66%	61%	70%	62%
1 dose HepA	78%	79%	77%	78%	80%
2-3 doses Rotavirus	52%	58%	53%	57%	55%
1 dose Flu (in most recent season)	39%	44%	43%	35%	23%
COVID (1+ dose in lifetime)	NA	NA	NA	NA	≤ 10%

Abbreviations: DTaP = diphtheria, tetanus and pertussis vaccine; IPV = inactivated poliovirus vaccine; MMR = measles, mumps and rubella vaccine; Hib = Haemophilus influenzae type b vaccine; HepB = hepatitis B vaccine; PCV = pneumococcal conjugate vaccine; HepA = hepatitis A vaccine; Flu = influenza virus vaccine; NA = Not applicable in that year.

Source: ALERT Immunization Information System, Oregon Immunization Program.

Source: ALERT Immunization Information System, Oregon Immunization Program

Adolescent Vaccination Rates

Figure 52 shows the vaccination rates for 13- to 17-year-olds in Curry County. Of this population, 86 percent were vaccinated with 1 dose Tdap, 53 percent were vaccinated with 1 dose Meningococcal, and 6 percent were vaccinated with 1 dose of the Flu vaccine within the most recent season. For the HPV, vaccine 53 percent of the population were considered to have initiated the process by getting 1+ dose, while 28 percent completed the vaccination series with 2-3 doses. Compared to Oregon, Curry County adolescent immunization rates are lower in all categories.

Figure 52: Curry County and Oregon: Adolescent Immunization Rates (2017-2022)

Curry County: Adolescent Immunization Rates

	2017	2018	2019	2020	2021	2022
Thirteen- to Seventeen-Year-Old^{a,b} Vaccination Rates						
Tdap (1 dose)	88%	90%	89%	87%	81%	86%
Meningococcal A,C,W,Y (1 dose)	33%	37%	42%	47%	47%	53%
Flu (1 dose in most recent complete season)	9%	13%	16%	16%	12%	6%
HPV initiation (1+ dose)	40%	44%	48%	52%	51%	53%
HPV completion (2-3 doses) ^c	20%	22%	25%	29%	31%	28%

Oregon: Adolescent Immunization Rates

	2017	2018	2019	2020	2021	2022
Thirteen- to Seventeen-Year-Old^{a,b} Vaccination Rates						
Tdap (1 dose)	93%	93%	93%	92%	90%	91%
Meningococcal A,C,W,Y (1 dose)	75%	77%	80%	81%	81%	81%
Flu (1 dose in most recent complete season)	25%	28%	30%	32%	33%	25%
HPV initiation (1+ dose)	65%	67%	70%	73%	71%	73%
HPV completion (2-3 doses) ^c	44%	46%	51%	55%	55%	53%

Tdap = Tetanus, diphtheria, and pertussis vaccine. HPV = Human papillomavirus vaccine

Source: ALERT Immunization Information System, Oregon Immunization Program

Healthy Eating Habits for Middle and High School Students

For students, those with Healthy Eating Habits were described as having eaten 5 or more servings of fruit, vegetables, or 100 percent juice combined per day in the last week at the time of data collection. In Curry County, this described 20.9 percent of 6th graders and 17.6 percent of 8th graders in 2020⁴ (Figure 53). Data for Curry County 11th graders were not available.

Figure 53: Percentage of Middle and High School Students with Healthy Eating Habits (2020)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WITH HEALTHY EATING HABITS, 2020 (Ate five or more servings of fruits, vegetables, or 100% juice combined per day in the last week.)		
STUDENTS	CURRY COUNTY	OREGON
6th graders	20.9%	19.3%
8th graders	17.6%	14.1%

Source: Adapted from the 2020 Oregon Student Health Survey

Physical Activity for Middle and High School Students

Figure 54 shows students who were physically active for 60 or more minutes for one or more days out of the past 7 days at the time of data collection. In Curry County, this described 93.9 percent of 6th graders and 85 percent of 8th graders, both rates were similar to Oregon.

Figure 54: Percentage of Middle and High School Students with Physical Activity (2020)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WITH PHYSICAL ACTIVITY, 2020 (Physically active for 60 or more minutes for one or more days out of the past 7 days.)		
STUDENTS	CURRY COUNTY	OREGON
6th graders	93.9%	90.5%
11th graders	85.0%	88.3%

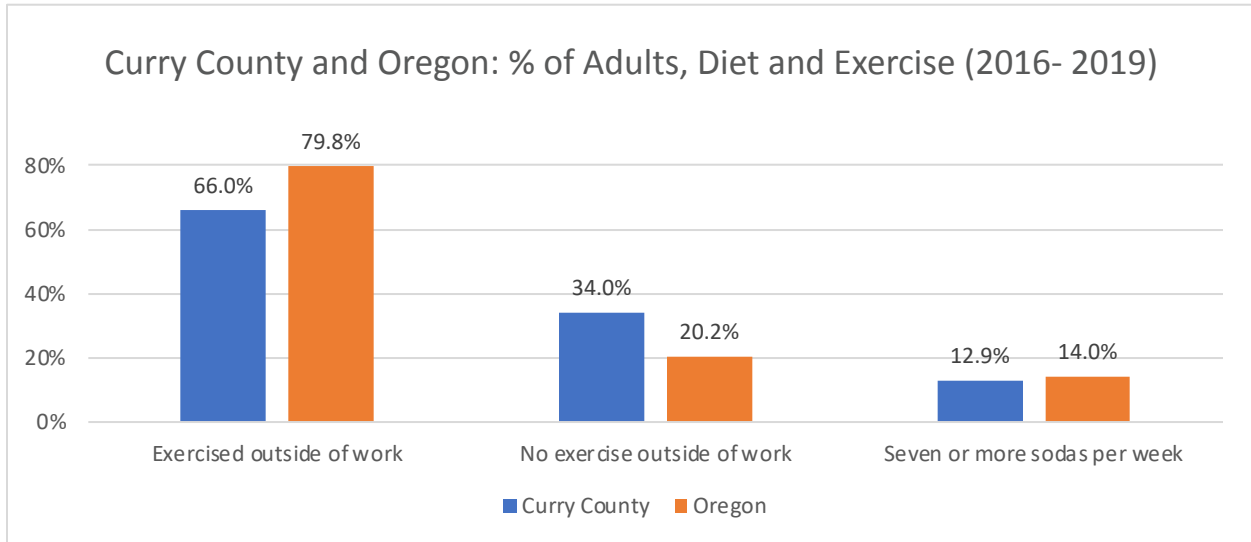
Source: Adapted from the 2020 Oregon Student Health Survey

⁴ Data from the 2022 Curry County Student Health Survey were unavailable due to small sample size.

Adult Diet and Exercise

In Curry County, 66 percent of adults exercised outside of work compared to 79.8 percent in Oregon (Figure 55). Additionally, 34 percent reported no exercise outside of work, higher than the state. Regarding diet, 12.9 percent of adults reported consuming seven or more sodas per week, which was similar to Oregon.

Figure 55: Curry County and Oregon: Percentage of Adults, Diet and Exercise (2016-2019)



Source: Oregon Health Authority Chronic Conditions Dataset (2016-2019)

Adult Substance Use

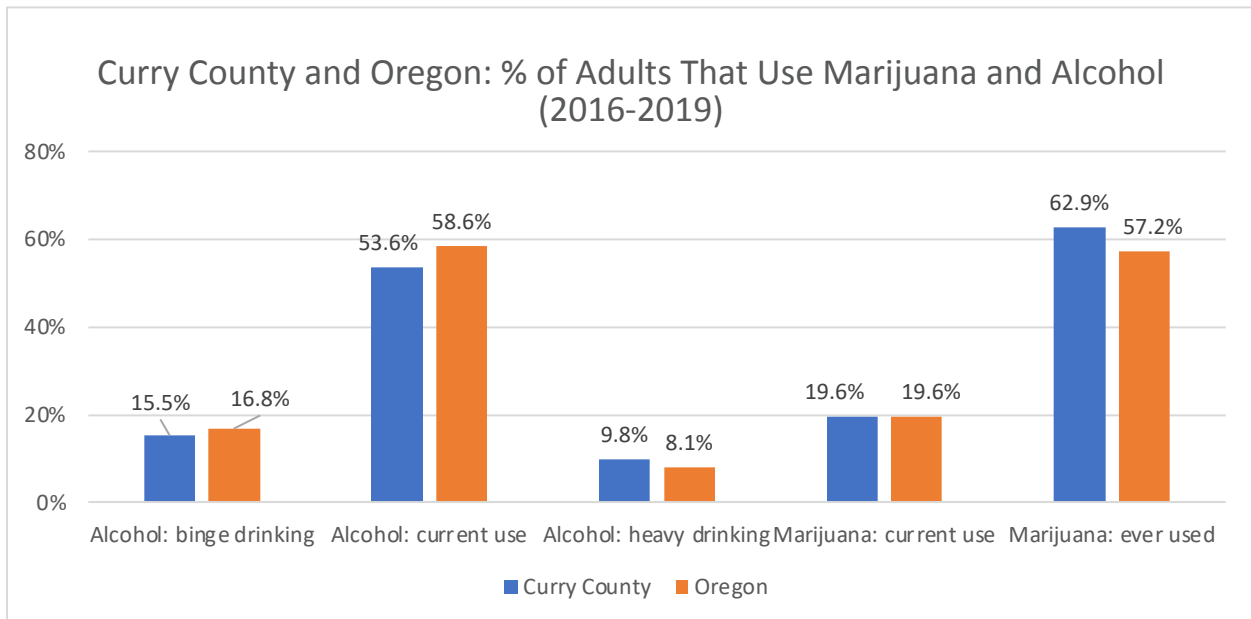
According to the CDC, substance use “refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.”

Marijuana and Alcohol

In Curry County, 53.6 percent of adults report current consumption of alcohol, while 9.8 percent report heavy drinking and 15.5 percent report binge drinking.

Of adults in Curry County, 19.6 percent reported current marijuana use (similar to Oregon, 19.6%), while 62.9 percent reported ever having used it, which was higher than Oregon at 57.2 percent. Figure 56 provides additional information about marijuana and alcohol use.

Figure 56: Curry County and Oregon: Percentage of Adults That Use Alcohol and Marijuana (2016-2019)

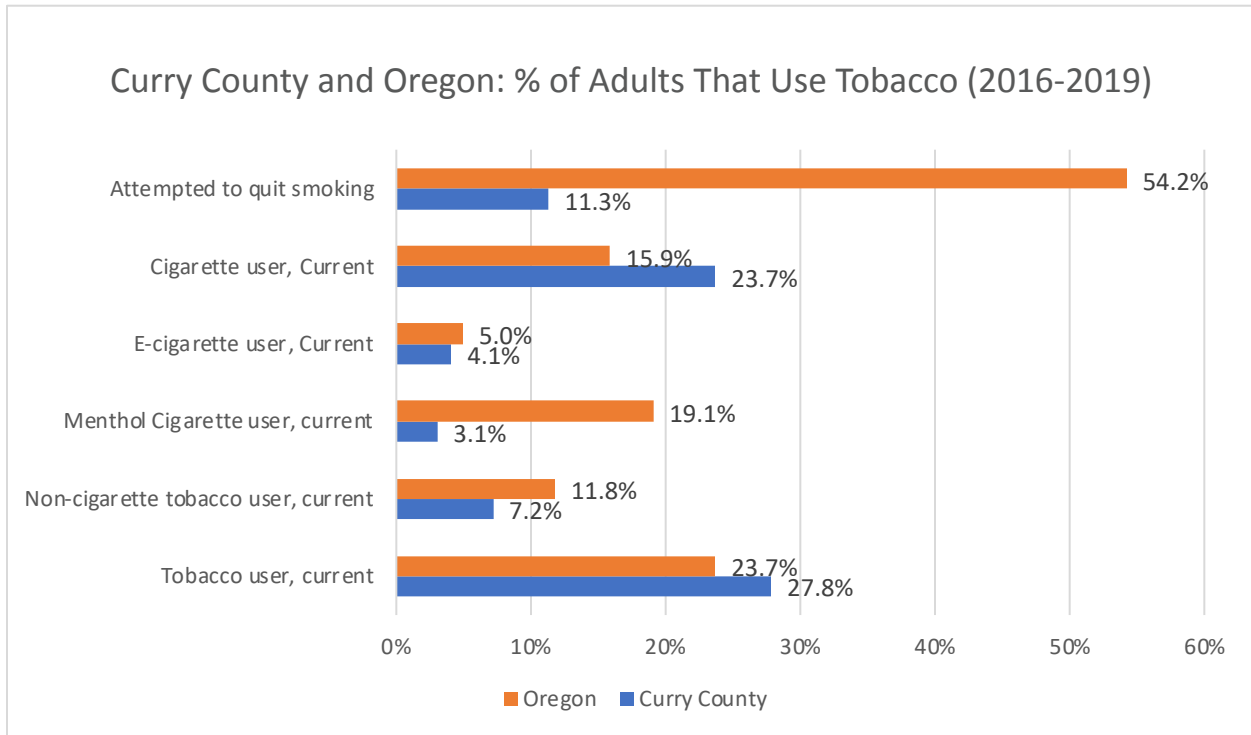


Source: Oregon Health Authority Chronic Conditions Dataset (2016-2019)

Tobacco

27.8 percent of Curry County adults reported current tobacco use from 2016-2019, which was higher than Oregon (23.7%) (Figure 57). Of that population, 11.3 percent had attempted to quit smoking, which was significantly lower than Oregonians (54.2%). Curry County had a higher percentage of current cigarette users compared to Oregon as well. About 3 percent of Curry County adults reported menthol cigarette use, a stark contrast to the Oregon percentage of 19.1 percent. Curry County also had a lower percentage of adults using non-cigarette tobacco when compared to Oregon.

Figure 57: Curry County and Oregon: Percentage of Adults That Use Tobacco (2016-2019)



Source: Oregon Health Authority Chronic Conditions Dataset (2016-2019)

Youth Substance Use

Alcohol

According to the 2020 Oregon Student Health Survey, 2.2 percent of Curry County 6th graders and 10.1 percent of 8th graders reported having at least one drink of alcohol in the last 30 days (Figure 58). The percentage for 6th graders matched Oregon while more Curry County 8th graders reported recent alcohol use in 2020. Substance use data for Curry County 11th graders were not available.

Figure 58: Percentage of Middle and High School Students Who've Used Alcohol in 2020

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO'VE USED ALCOHOL 2020		
Had at least one drink of alcohol in the last 30 days		
STUDENTS	CURRY COUNTY	OREGON
6th graders	2.2%	2.2%
8th graders	10.1%	6.1%

Source: 2020 Oregon Student Health Survey

Marijuana

Curry County 6th and 8th graders reported higher rates of recent marijuana use in 2020. About 2 percent of Curry County 6th graders reported marijuana use in the past 30 days while 0.9 percent of Oregon 6th graders reported recent use (Figure 59). The rate for 8th graders (4.1%) was also higher than their Oregon peers (3.3%).

Figure 59: Percentage of Middle and High School Students Who've Used Marijuana in 2020

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO'VE USED MARIJUANA 2020		
Had used marijuana in the last 30 days		
STUDENTS	CURRY COUNTY	OREGON
6th graders	2.1%	0.9%
8th graders	4.1%	3.3%

Source: 2020 Oregon Student Health Survey

Tobacco and E-Cigarette Use

Thirty-day cigarette use included cigarettes, e-cigarettes or other vaping products, chewing tobacco, cigars, and hookah. Among Curry County 6th graders, none reported using cigarettes in the past 30 days while 2.1 percent of Oregon 6th graders reported recent use (Figure 60). More Curry County 8th graders (11.1%) reported tobacco and cigarettes use in 2020 compared to Oregon 8th graders (7.2%).

Figure 60: Percentage of Middle and High School Students Who've Used Tobacco in 2020

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO'VE USED TOBACCO 2020		
Had used tobacco and cigarettes in the last 30 days		
STUDENTS	CURRY COUNTY	OREGON
6th graders	0.0 %	2.1%
8th graders	11.1%	7.2%

Source: 2020 Oregon Student Health Survey

Adults with Recent Health Screenings

From 2016-2019, 90.7 percent of adults in Curry County reported having a cholesterol check within the past five years (Figure 61). 5.7 percent of 50 to 75-year-olds reported having a colorectal fecal occult blood test (FOBT). Of people aged 50 to 74, 28.9 percent of people reported a current colorectal screening. Additionally, 53.6 percent of adults reported a diabetes screening in the past three years. Finally, 15.5 percent of people reported a receiving a mammogram screening in the past two years.

Figure 61: Percentage of Adults with Recent Health Screenings (2016-2019)

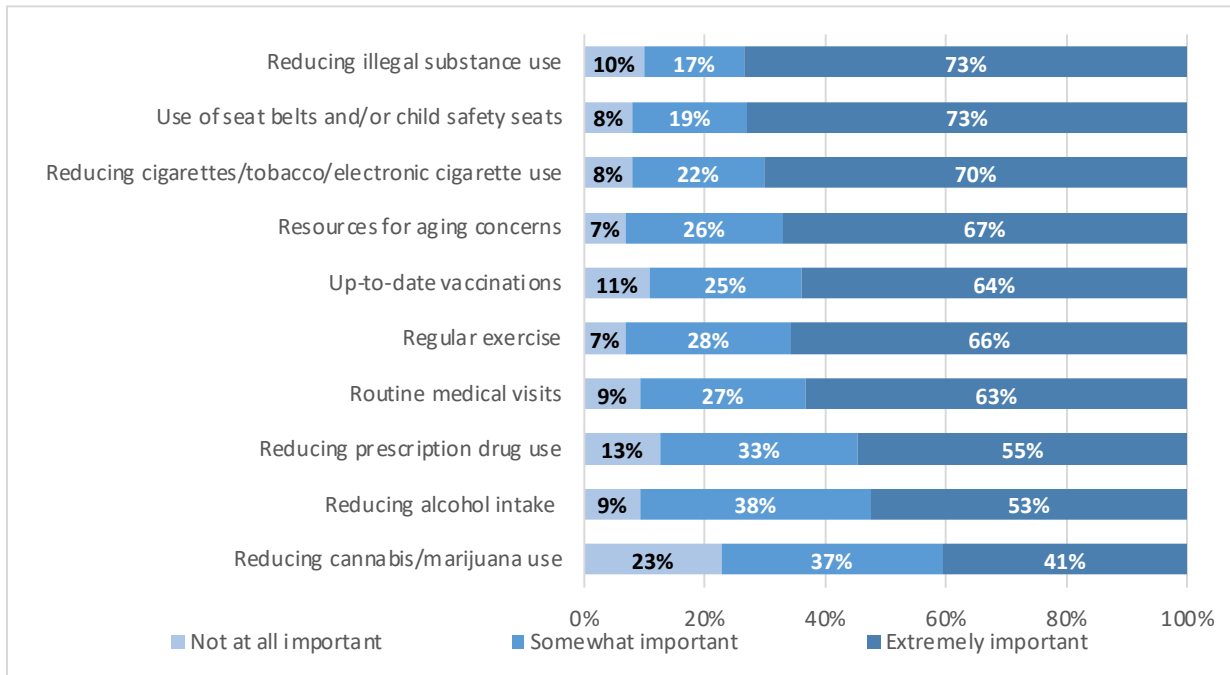
PERCENTAGE OF ADULTS WITH RECENT HEALTH SCREENINGS (2016-2019)		
STUDENTS	CURRY COUNTY	OREGON
Cholesterol, past 5 years	90.7%	86.2%
Colorectal FOBT (ages 50-75), past year	5.7%	n/a
Colorectal screening (ages 50-75), current	28.9%	n/a
Diabetes screening, past 3 years	53.6%	54.3%
Mammogram (ages 50-74), past 2 years	15.5%	n/a

Source: Oregon Health Authority Chronic Conditions Dataset (2016-2019)

Questionnaire Results – Health Behaviors

Respondents to the questionnaire reported that health behaviors are extremely important when considering the definition of health in Curry County. Respondents reported that “Reducing illegal substance use” and “use of seat belts and/or child safety seats” were the most important health behaviors when defining good health in Curry County (Figure 62).

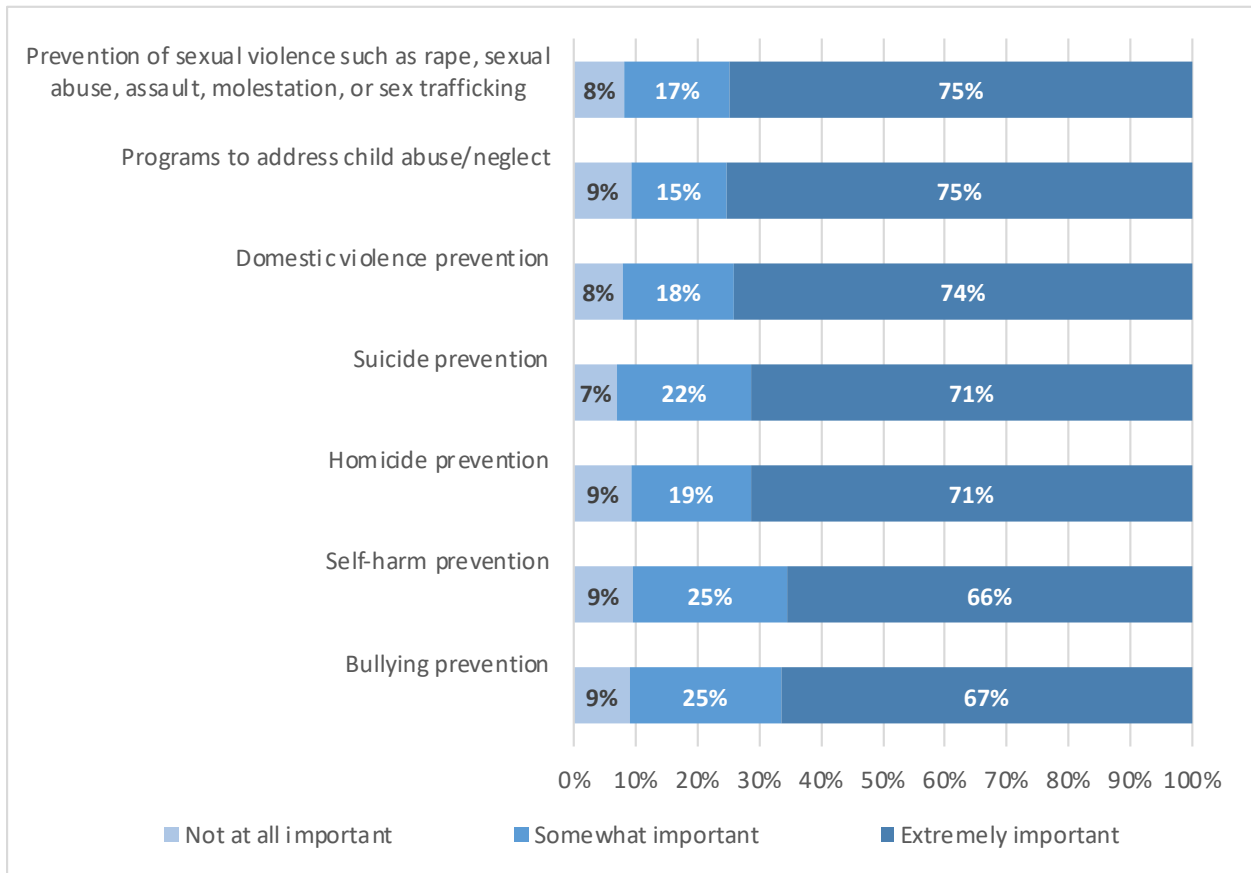
Figure 62: Health Behaviors Questionnaire Results: Most Important for Good Health



N = 520-528

Similarly, questionnaire respondents reported there were topics of importance when thinking about defining health regarding prevention. “Prevention of sexual violence such as rape, sexual abuse, assault, molestation, or sex trafficking” and “programs to address child abuse/neglect” were thought to be of extremely importance when defining health in Curry County (Figure 63).

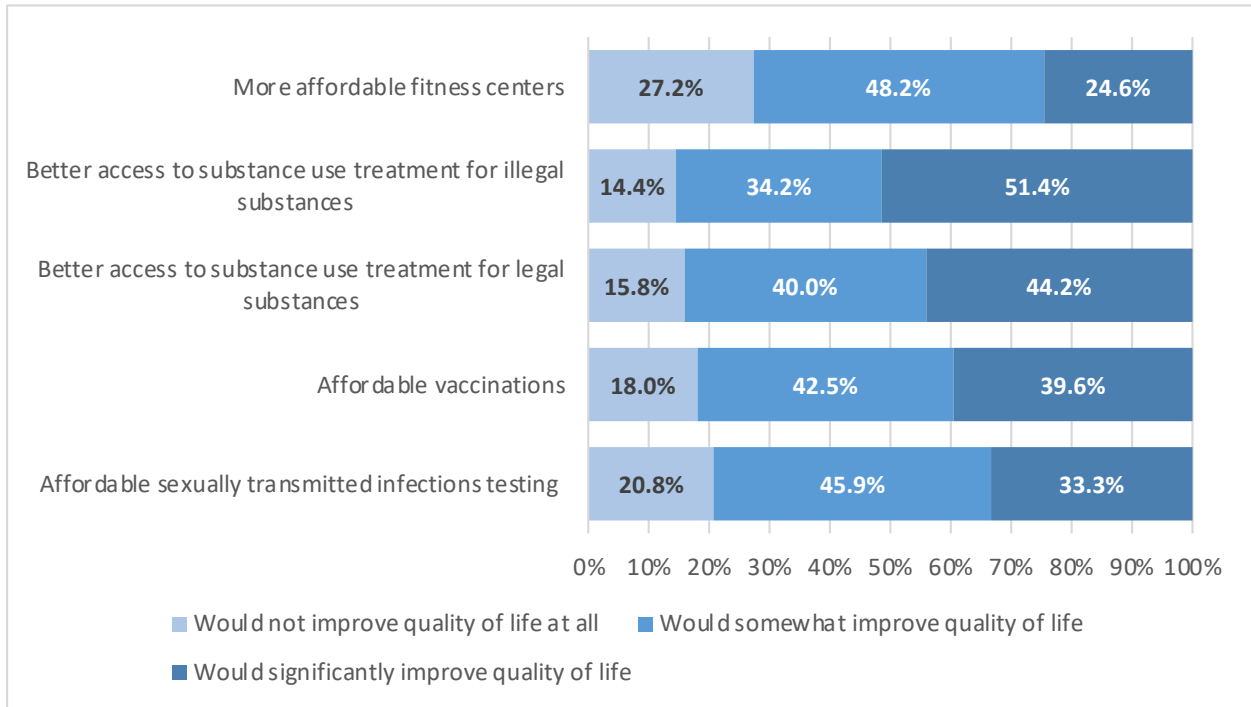
Figure 63: Health Behaviors Questionnaire Results: Most Important for Good Health



N = 547-552

Regarding potential solutions presented to questionnaire respondents, participants reported that “better access to substance use treatment for legal and illegal substances” would significantly improve quality of life (Figure 64).

Figure 64: Health Behaviors Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 523-541

Focus Group Findings – Health Behaviors

Substance use and mental illness were common health difficulties mentioned by participants. In multiple focus groups, participants shared that substance use, mental health diagnoses, and the lack of mental health care were major health challenges in their community. Community members also noted that these issues were closely tied to one another and should be addressed concurrently.

“We face a lack of service for mental illness. You can never have enough. No matter what they have, it feels like it’s never enough. It’s never to address the emergencies. The situations where people need someone right now, they end up getting arrested instead of getting illness assistance, and then that leads into the spiral that we all know, nothing new there. Or they go to jail, then they got a record, it just goes on and on.”

-Focus Group Participant

The environment and recreational opportunities facilitate good health for Curry County residents. Many participants highlighted the county’s natural beauty, recreational opportunities, and laidback lifestyle as facilitators for exercise and a good quality of life. Nonetheless, a few participants shared that there are limited recreational activities for young people in the area and that there is a need for more activities that don’t involve alcohol.

“The trails are very conducive to getting out and exercising and also being around people, but socializing out on the trails, things like that, that promotes wellness.”

-Focus Group Participant

Summary of Findings – Health Behaviors

Below is a summary of the data presented in the Health Behaviors section. Detailed data and descriptions are provided above.

Health behaviors, including diet and substance use, are choices that people make and are often influenced by the physical environment. They can have a significant impact on health and well-being.

Curry County vaccination rates for two-year-olds and adolescents lag behind the state.

Curry County students reported slightly higher consumption of healthy foods compared to their Oregon peers. Additionally, Curry County 6th graders reported more physical activity than Oregon 6th graders while Curry 8th graders were slightly less active than Oregon 8th graders. Overall, physical activity for Curry County students was high. Adults in Curry County reported less exercise and soda consumption when compared to adults across the state. The percentage of adults reporting recent health screenings was similar to Oregon where data were available.

Use of alcohol and marijuana for adults in Curry County is similar to use across Oregon. Curry County had a slightly lower percentage of adults who reported alcohol use compared to Oregon. Marijuana use was slightly higher in Curry County than in Oregon. For students, Curry County 8th graders reported more recent alcohol use than Oregon 8th graders. Additionally, the percentage of 6th graders reporting recent marijuana use was higher compared to the state. 6th graders in Curry County reported no tobacco use while more 8th graders in Curry County reported use when compared to other 8th graders in Oregon. Access to a loaded gun was much higher for Curry County students than in Oregon, with over half of students reporting they could get a loaded gun in less than 24 hours.

Questionnaire respondents identified reducing illegal substance use and preventing sexual violence as the most important factors for good health. They also shared that better access to substance use treatment for legal and illegal substances would improve quality of life most in Curry County.

Focus group participants shared that substance use and mental illness are a challenge in Curry County, highlighting the two as closely related. Additionally, they shared that recreation opportunities help to promote exercise, though they felt that youth need additional recreation opportunities to promote health and avoid substance use.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

Health Outcomes

Health outcomes are measures of the physical and mental health of a community. They provide a general snapshot of the quality and quantity of life (County Health Rankings, 2023). They help to show the influence of community interventions and social determinants of health over time. Health outcomes can help to inform future decisions regarding health and well-being.

COVID-19 Cases, Deaths, and Vaccination Rates

Curry County experienced 4,696 cases of COVID 19 as of March 2023, with the number of cases peaking in January of 2022 (New York Times, 2023). The county had an estimated 71 reported deaths related to COVID-19, a rate of 1 in 323 residents. COVID-19 deaths in Oregon tallied 9,451 or 1 in 446 residents.

Figure 65: COVID-19 Cases in Curry County (2020-2023)

New reported cases by day

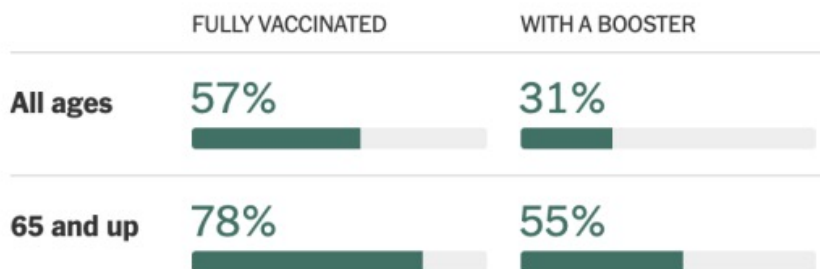


Source: New York Times via Centers for Disease Control

As of December 2022, 57 percent of Curry County residents were fully vaccinated against COVID-19 with 31 percent having received a booster dose (Figure 66). Of residents 65 and older, 78 percent were fully vaccinated and 55 percent had a booster dose. Oregon reported higher COVID-19 vaccination rates among all ages with 71 percent fully vaccinated and 41 percent receiving a booster dose. Of people 65 and older, 93 percent were fully vaccinated in Oregon while 74 percent had received a booster dose.

Figure 66: Curry County COVID-19 Vaccination Rate (December 2022)

Curry County COVID-19 Vaccination Rate (December 2022)



Source: New York Times via Centers for Disease Control

Chronic Conditions

The incidence of chronic conditions in Curry County is similar to Oregon with exception to arthritis and chronic obstructive pulmonary disease (COPD), where Curry County has notably higher percentages (Figure 67).

Of adults in Curry County, 58.7 percent had been diagnosed with one or more chronic conditions. Additionally, more than one quarter of adults in Curry County have been diagnosed with a depressive disorder, high blood cholesterol, or blood pressure.

Figure 67: Percentage of Adults with Chronic Conditions (2016-2019)

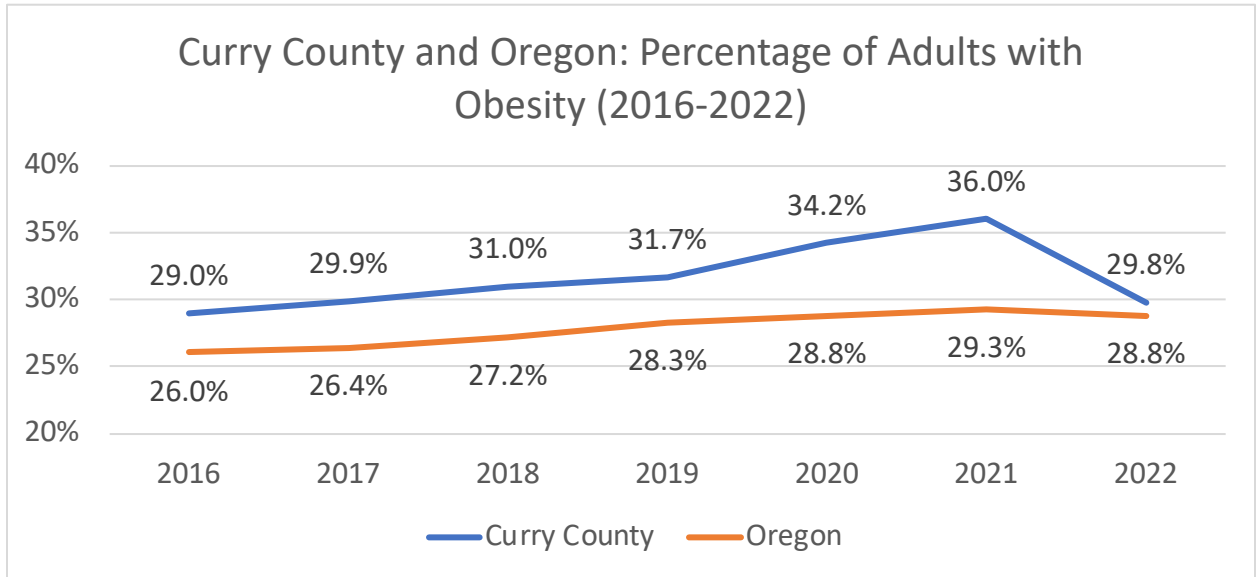
PERCENTAGE OF ADULTS WITH CHRONIC CONDITIONS (2016-2019)		
ADULTS	CURRY COUNTY	OREGON
Arthritis, ever diagnosed	36.0%	26.6%
Asthma, current	14.4%	11.4%
Cancer, ever diagnosed	9.7%	8.9%
CHD/heart attack/stroke, ever diagnosed	8.7%	8.1%
COPD, ever diagnosed	10.8%	6.4%
Depressive disorder, ever diagnosed	26.8%	25.9%
Diabetes, ever diagnosed	9.2%	9.6%
High blood cholesterol, ever diagnosed	27.8%	27.9%
High blood pressure, ever diagnosed	27.3%	29.0%
One or more chronic conditions	58.7%	56.2%

Source: Oregon Health Authority Chronic Conditions Dataset (2016-2019)

Obesity

Obesity is defined as having Body Mass Index⁵ (BMI) of 30 or greater, which is calculated using a person's height and weight. Of adults in Curry County, 29.8 percent were considered obese in 2022, a decrease from the previous year and similar to the percentage of adults who are considered obese in Oregon (Figure 68).

Figure 68: Curry County and Oregon: Percentage of Adults with Obesity (2016-2022)



Source: County Health Rankings Data (2016-2022)

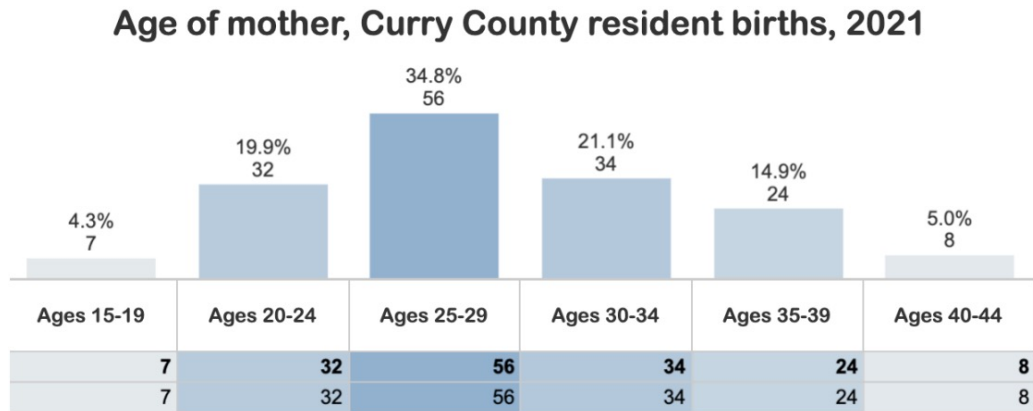
⁵ According to the American Medical Association (2023), BMI "is an imperfect measure because it does not directly assess body fat."

Birth and Prenatal Care

Age of Birth Parent

Of those that gave birth in Curry County in 2021, the majority (34.8 percent) were aged 25 to 29 (Figure 69).

Figure 69: Age of Birth Parent, Curry County Resident Births (2021)

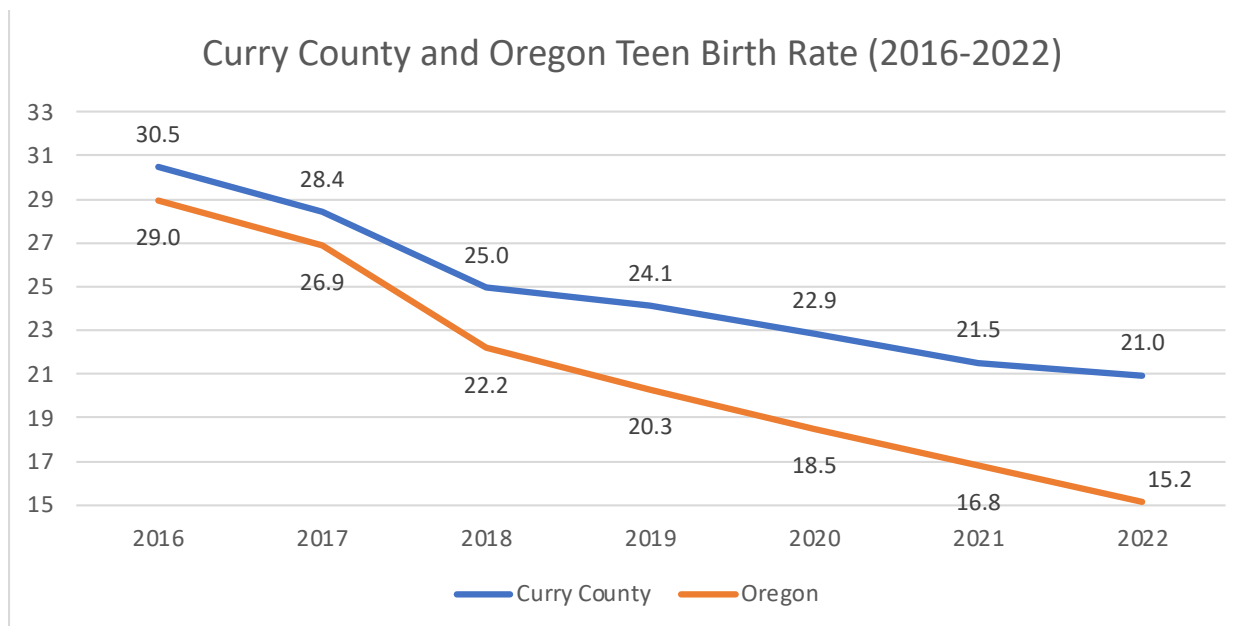


Source: Oregon Health Authority

Teen Birth Rate

The teen birth rate includes births per 1,000 females ages 15-19 (Figure 70). The teen birth rate for Curry County has been decreasing since 2016 and was 21 in 2022. While the teen birth rate is higher than in Oregon, the decline from 2016-2022 matches the trend in Oregon.

Figure 70: Curry County and Oregon Teen Birth Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

Low Birth Weight Infants

The percentage of infants born in Curry County with birth weights less than 2,500 grams (approximately 5 pounds) decreased by 2.3 percent between 2020 and 2021, according to vital data from Oregon Health Authority’s Center for Health Statistics. This decrease is significant considering the percentage of infants born with low birthweight remained consistent among all Oregon births (6.6-6.9%).

Figure 71: Low Birth Weight Infants (2020-2021)

LOW BIRTH WEIGHT INFANTS, 2020-2021		
Percent of infants born weighing less than 2,500 grams.		
YEAR	CURRY COUNTY	OREGON
2020	8.5%	6.6%
2021	6.2%	6.9%

Adapted from Oregon Health Authority, Center for Health Statistics (2020–2021)

Infant and Maternal Mortality

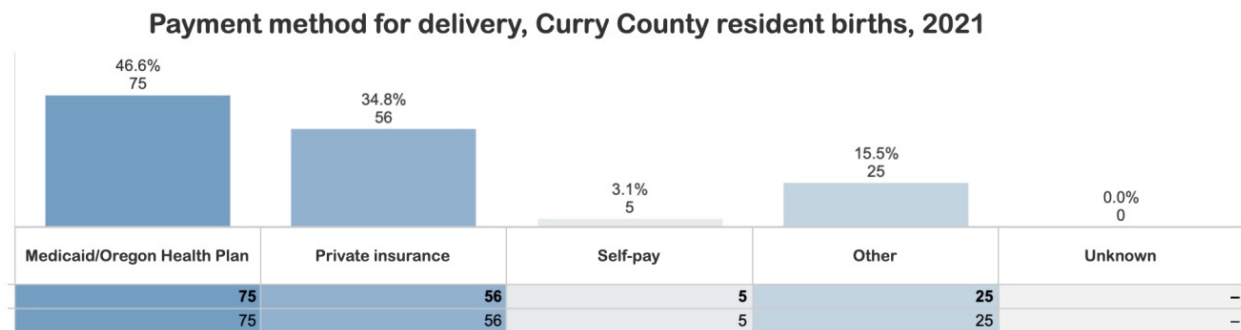
From 2018 to 2021, there was one infant death in Curry County. The death, which occurred in 2018, represented a rate of 6.1 infant deaths per 1,000 live births for Curry County. In 2018, the infant death rate in Oregon was 4.2 per 1,000.

Curry County reported one maternal death in 2020, a rate of 4.3 per 100,000 (Oregon Health Authority 2017-2021). The maternal death rate for Oregon in 2020 was 0.4 per 100,000. There were no other maternal deaths in Curry County from 2017 to 2021.

Payment Method for Birth Delivery

In 2021, for the child deliveries in Curry County, three quarters were paid through Medicaid/Oregon Health Plan, 46.6 percent, and private insurance, 34.8 percent (Figure 72).

Figure 72: Payment Method for Delivery, Curry County (2021)



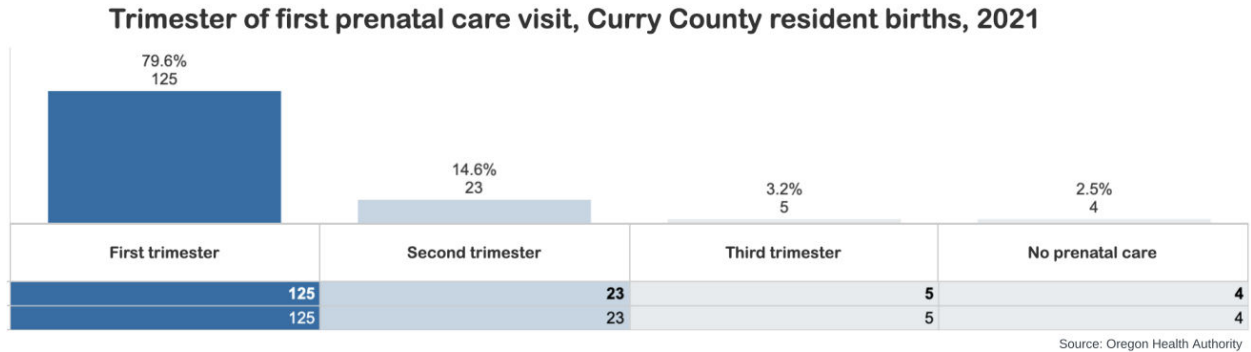
Source: Oregon Health Authority

Source: Oregon Health Authority

Trimester of First Prenatal Care

Of the 2021 Curry County resident births, nearly 80 percent of prenatal care visits occurred in the first trimester (Figure 73). Meanwhile, 2.5 percent received no prenatal care at all.

Figure 73: Trimester of First Prenatal Care Visit, Curry County Resident Births (2021)



Source: Oregon Health Authority

Adequacy of Prenatal Care

According to data released by the Oregon Health Authority’s Center for Health Statistics, the adequacy of prenatal care among infants born in Curry County increased 4 percent from 87.6 percent of births in 2020 to 91.6 percent in 2021. The county’s increase in 2021 highlights a 2.6 percent difference compared to the data reported for Oregon during the same time period, whereas in the previous year Curry County reported a 6.5 percent difference in the adequacy of prenatal care compared to Oregon.

Figure 74: Adequacy of Prenatal Care (2020-2021)

ADEQUACY OF PRENATAL CARE, 2020-2021		
Percent of resident births with five or more prenatal visits or care beginning before third trimester.		
YEAR	CURRY COUNTY	OREGON
2020	87.6%	94.1%
2021	91.6%	94.2%

Adapted from Oregon Health Authority, Center for Health Statistics (2020–2021)

Adult Mental Health

Depression Among Medicare Beneficiaries

The prevalence of depression among Medicare beneficiaries enrolled in the fee-for-service program has been historically lower among Curry County members than that reported for Oregon's members and the U.S. The prevalence of depression among Curry County Medicare members increased between 2015 and 2017, yet remained lower than what was reported for Oregon and the U.S. Data from 2018 indicated a slight decrease in depression prevalence among the county's Medicare members (13.3% to 13.1%) compared to the year prior.

Figure 75: Prevalence of Depression among Medicare Beneficiaries (2015-2018)

Prevalence of Depression among Medicare Beneficiaries, 2015-2018			
YEAR	CURRY COUNTY	OREGON	U.S.
2015	11.9%	16.5%	17.4%
2016	12.7%	16.4%	17.4%
2017	13.3%	16.8%	17.9%
2018	13.1%	17.4%	18.4%

Adapted from Centers for Medicare & Medicaid Services, *Prevalence State Level: All Beneficiaries (2007-2018)*

Depression Diagnosis (Self-reported)

According to CDC's Behavioral Risk Factor Surveillance System, the estimated age-adjusted prevalence of self-reported depression among adults in Curry County is 23.1. This data shows similarities in the prevalence of depression between Curry County, Coos County, and the average for the state of Oregon. The prevalence data indicated for Curry County is greater than the U.S. average, but notably lower than nearby Douglas and Josephine counties.

Figure 76: Age-adjusted Prevalence of Adults Self-reporting a Diagnosis of Depression (2020)

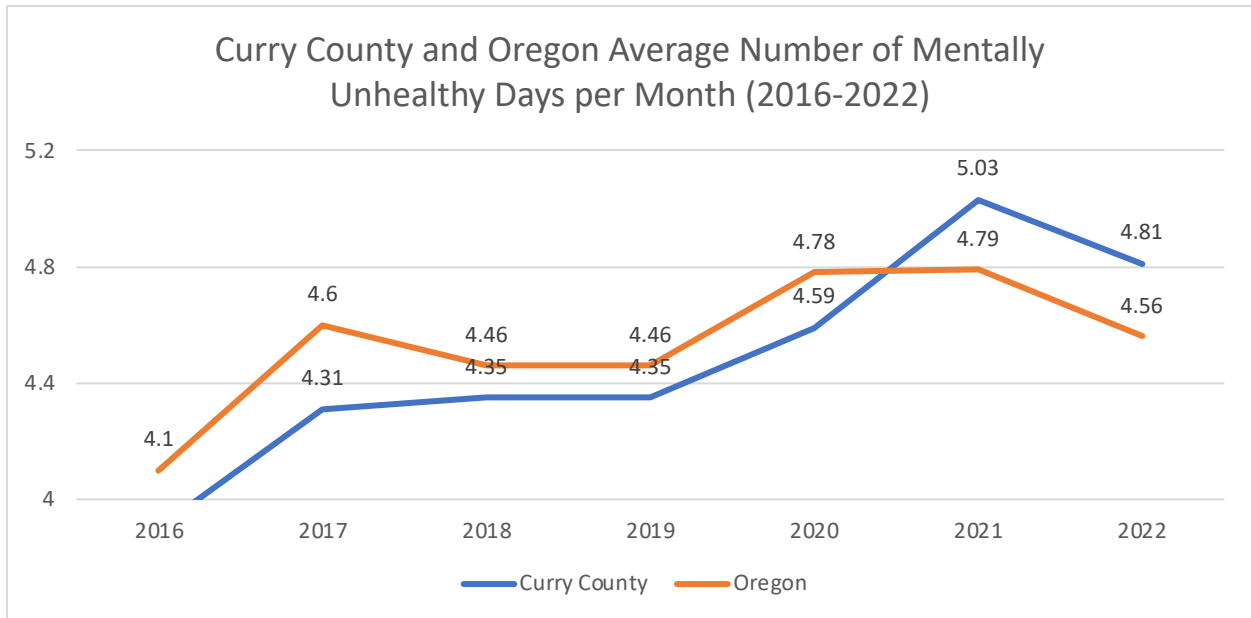
AGE-ADJUSTED PREVALENCE OF ADULTS (18+ YEARS) SELF-REPORTING DIAGNOSIS OF DEPRESSION, 2020						
Year	Curry County	Coos County	Douglas County	Josephine County	Oregon	U.S.
2020	23.1	23.9	24.5	25.4	23.1	21.9

Adapted from Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, United States (2020)*

Number of Mentally Unhealthy Days

From 2016 to 2020 the average number of mentally unhealthy days per month in Curry County and the state closely followed each other (Figure 77). In 2021, the average number of mentally unhealthy days experienced was 5.03, a sharp increase from 4.59 in 2020. That number decreased to 4.81 in 2022, which was slightly higher than the average for the state.

Figure 77: Curry County and Oregon Average Number of Mentally Unhealthy Days per Month (2016-2022)



Source: County Health Rankings Data (2016-2022)

Student Mental Health

Students with Depressive Symptoms

Depressive symptoms were described as feeling sad or hopeless almost every day for two or more weeks in a row. In Curry County, this described 36.2 percent of 6th graders and 29.9 percent of 8th graders (Figure 78). Compared to their Oregon peers, Curry County 6th graders reported more depressive symptoms while fewer 8th graders reported feeling sad or hopeless every day for two or more weeks in a row.

Figure 78: Percentage of Middle School Students with Depressive Symptoms in 2020

PERCENTAGE OF MIDDLE SCHOOL STUDENTS WITH DEPRESSIVE SYMPTOMS IN 2020		
<i>Felt sad or hopeless almost every day for 2+ weeks in a row</i>		
STUDENTS	CURRY COUNTY	OREGON
6th graders	36.2%	28.6%
8th graders	29.9%	33.0%

Adapted from the 2020 Oregon Student Health Survey

Experiencing Bullying

Oregon's 2020 Student Health Survey reports that 18.3 percent of 6th graders in Curry County reported being bullied at school, which includes at school events and through technology. The statewide rate in Oregon was 7 percent, which puts Curry County 11.3 percentage points above the state average for 6th graders who reported being bullied at school.

Figure 79: Percentage of Middle and High School Students Bullied at School (2020)

PERCENTAGE OF 6TH GRADERS BULLIED AT SCHOOL, 2020		
<i>Been bullied AT SCHOOL (including at school events; in-person bullying + bullying through technology).</i>		
STUDENTS	CURRY COUNTY	OREGON
6th graders	18.3%	7.0%

Adapted from the 2020 Oregon Student Health Survey

Oregon's 2020 Student Health Survey reports the percentage of middle and high school students being bullied by a peer through any kind of technology and not limited to just at school. In Curry County, the percent of 6th graders reported being bullied through technology was 23.5 percent and 8th graders was 16 percent. The 11th grade data for Curry County was not available. Curry County remains significantly above Oregon's state average for the percent of middle and high school students who reported being bullied using a form of technology.

Figure 80: Percentage of Middle and High School Students Bullied by Peer Using Technology (2020)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS BULLIED BY PEER USING TECHNOLOGY, 2020		
<i>Been bullied by another student using any kind of technology (not limited to school)</i>		
STUDENTS	CURRY COUNTY	OREGON
6th graders	23.5%	10.4%
8th graders	16.0%	8.1%
11th graders	Not available	7.0%

Adapted from the 2020 Oregon Student Health Survey

Seriously Considered Suicide

Oregon's 2020 Student Health Survey reports the percentage of middle and high school students who seriously considered attempting suicide during the last year. In Curry County, 18.2 percent of 6th graders reported that they seriously considered attempting suicide in the past year, which is approximately double Oregon's statewide average for 6th graders. For 8th graders in Curry County, the adolescents who are seriously considering attempting suicide drops to 11.7 percent, which is below Oregon's statewide average for 8th graders. Data for 11th graders in Curry County was not available for the year 2020.

Figure 81: Percentage of Middle and High School Students Who Seriously Considered Suicide (2020)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO SERIOUSLY CONSIDERED SUICIDE, 2020		
<i>Seriously considered attempting suicide during the past year.</i>		
STUDENTS	CURRY COUNTY	OREGON
6th graders	18.2%	9.8%
8th graders	11.7%	14.4%
11th graders	Not available	16.5%

Adapted from the 2020 Oregon Student Health Survey

Attempted Suicide

Oregon's 2020 Student Health Survey reports the percentage of middle and high school students who attempted suicide one or more times during the last year. For 6th graders in Curry County, 8.3 percent of adolescents attempted suicide one or more times during the last year, which is more than double that of the statewide average. For 8th graders in Curry County, the percentage of adolescents who attempted suicide one or more times dropped to 4.3 percent, which is less than Oregon's statewide average of 5.6 percent. Data are not available for Curry County 11th graders who have attempted suicide one or more times in 2020.

Figure 82: Percentage of Middle and High School Students Who Attempted Suicide 1 or More Times (2020)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO ATTEMPTED SUICIDE 1 OR MORE TIMES, 2020		
<i>Attempted suicide one or more times during the past year.</i>		
STUDENTS	CURRY COUNTY	OREGON
6th graders	8.3%	3.2%
8th graders	4.3%	5.6%
11th graders	Not available	5.1%

Adapted from the 2020 Oregon Student Health Survey

Student Firearm Access

While firearms are not the most common method of suicide, they are the most lethal. Additionally, the availability of firearms is linked to suicides (Kaiser Family Foundation, 2022). In 2020, 55.7% of 8th graders reported that it would take less than 24 hours to get and be ready to fire a loaded gun, which is higher than the Oregon percentage of 36.7% (Figure 83).

Figure 83: Percentage of Middle School Students with Firearms Access (2020)

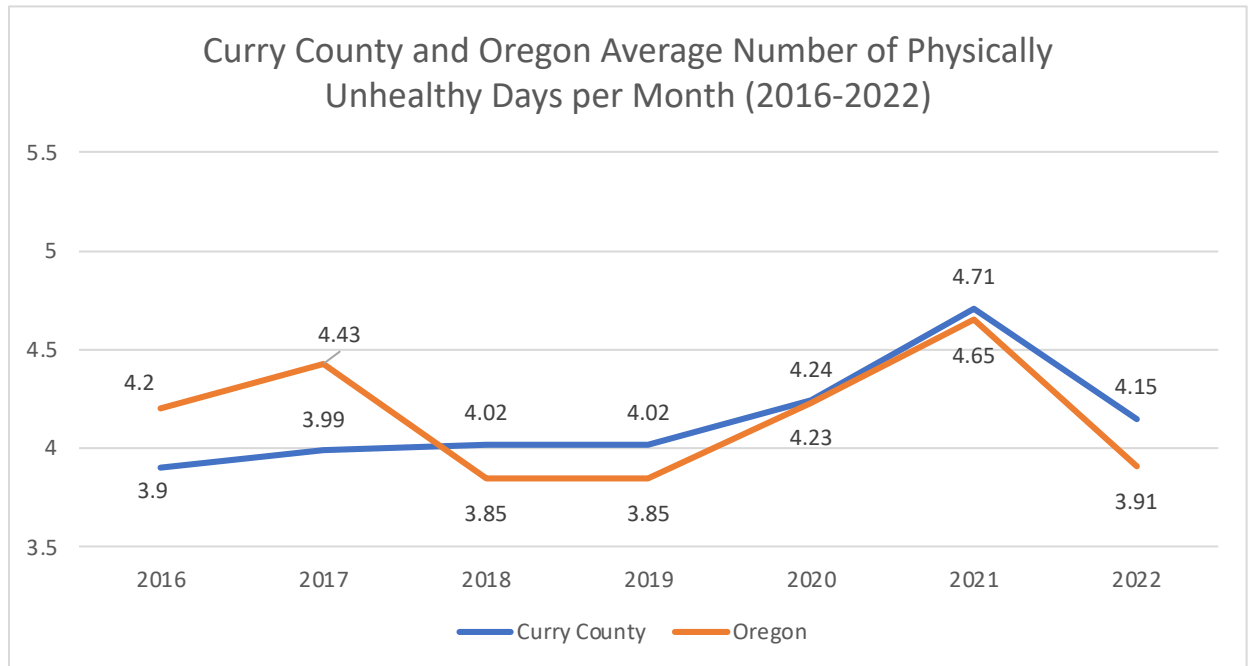
PERCENTAGE OF MIDDLE SCHOOL STUDENTS WITH FIREARM ACCESS 2020		
<i>It would take less than 24 hours to get and be ready to fire a loaded gun</i>		
STUDENTS	CURRY COUNTY	OREGON
8th graders	55.7%	36.7%

Source: 2020 Oregon Student Health Survey

Number of Physically Unhealthy Days

From 2019 to 2021, the number of physically unhealthy days was rising in Curry County and Oregon (Figure 84). The average number of physically unhealthy days per month reported in Curry County was 4.71 in 2021 before dropping to 4.15 in 2022. The number of physically unhealthy days per month for Oregonians was 3.91 in 2022.

Figure 84: Curry County and Oregon Average Number of Physically Unhealthy Days (2016-2022)



Source: County Health Rankings Data (2016-2022)

Birth and Mortality

Birth Rate

Crude birth rates describe and compare the number of births in a population within a specific timeframe. Accord to the Oregon Health Authority’s Center for Health Statistics, Curry County’s birth rate was 6.1 per 1,000 people in 2020 compared to Oregon’s rate of 9.4. While both Curry County and Oregon experienced an increase in birth rate in 2021 (6.8 vs. 9.6), the birth rate for Curry County was still lower than Oregon.

Figure 85: Crude Birth Rate (2020-2021)

CRUDE BIRTH RATE (2020-2021)		
Crude birth rates per 1,000 people.		
YEAR	CURRY COUNTY	OREGON
2020	6.1	9.4
2021	6.8	9.6

Adapted from Oregon Health Authority, Center for Health Statistics (2020–2021) & U.S. Census Bureau, 2021 ACS 5-year estimates

Death Rate

Crude death rates are a useful statistic for describing and comparing the number of deaths in a population within a specific timeframe. According to the Oregon Health Authority’s Center for Health Statistics, the crude death rate for residents of Curry County in 2021 was 2,163.8 per 100,000 people, an increase compared to previous years and markedly higher than the rate reported for Oregon as a whole. Preliminary data for 2022 shows a decrease in the county’s crude death rate from 2021, however this rate may be subject to change as the state works to finalize this data.

Figure 86: Crude Death Rate (2018-2022)

CRUDE DEATH RATE (2018-2022)		
Crude death rates per 100,000 people.		
YEAR	CURRY COUNTY	OREGON
2018	1,496.8	862.7
2019	1,800.0	882.8
2020	2,051.6	942.5
2021	2,163.8	1,054.3
2022	1,965.1*	1,042.9*

Adapted from Oregon Health Authority, Center for Health Statistics (2018-2022)

* Indicates preliminary data published by OHA

Tobacco-related Mortality

According to the Oregon Health Authority's Center for Health Statistics, Curry County ranked 11th among all Oregon counties for tobacco-related death rates between 2018 and 2021, with a death rate of 193.6 per 100,000 people. During the 2014-17 reporting period, Curry County's tobacco-related death rate was similar to that seen in Oregon, however the rate has since increased by 35.2, exceeding the rate seen for Oregon during the 2018-21 period.

Figure 87: Tobacco-related Deaths (2014-2021)

TOBACCO-RELATED DEATHS (2014-2021)		
Tobacco-related death rates per 100,000 population.		
YEAR	CURRY COUNTY	OREGON
2014-17	158.4	150.8
2018-21	193.6	147.0

Adapted from Oregon Health Authority, Center for Health Statistics (2014–2021)

Leading Causes of Death (per 100,000)

Figure 88 shows the five leading causes of death by crude death rate in Curry County in 2021 compared to Oregon. Curry County had much higher rates for all of the leading causes of death.

Figure 88: Curry County and Oregon: Leading Causes of Death per 100,000 in 2021

LEADING CAUSE OF DEATH IN 2021		
Leading cause of death, rate per 100,000 people.		
CAUSE	CURRY COUNTY	OREGON
Heart disease	393.0	183.2
Cancer (malignant neoplasms)	371.9	201.4
Unintended injuries	173.3	74.0
COVID-19	152.1	86.3
Alzheimer's disease	101.4	48.0
Chronic lower respiratory disease	126.8	44.5
Cerebrovascular disease	97.2	54.4
Diabetes mellitus	76.1	33.7
Hypertension and hypertensive renal disease	54.9	17.4
Suicide	46.5	20.9

Adapted from Oregon Health Authority, Center for Health Statistics (2021)

Suicide Rates

According to the Oregon Health Authority's Oregon Violent Death Reporting System (ORVDRS), the age-adjusted suicide rate for residents of Curry County has fluctuated between 2018 and 2021, with an exceptional increase in 2019 (31.5 per 100,000) compared to the previous year (15.4 per 100,000). Notably, since 2018 the county's suicide-rates have been consistently higher than those reported for Oregon. Recent data shows an increase of 2.1 in the age-adjusted suicide rate in Curry County between 2020 and 2021.

Figure 89: Suicide Rate (2018-2022)

SUICIDE RATE, 2018-2022		
Age-adjusted suicide rate per 100,000 people.		
YEAR	CURRY COUNTY	OREGON
2018	15.4	19.0
2019	31.5	20.3
2020	24.6	18.3
2021	26.7	19.5
2022	Data not available	Data not available

Adapted from Oregon Violent Death Reporting System (ORVDRS) (2018-2022)

Motor Vehicle Accidents

In 2021, the number of motor vehicle deaths in Curry County was 11, with four of those deaths attributed to alcohol-impaired driving (Source: County Health Rankings Data 2021).

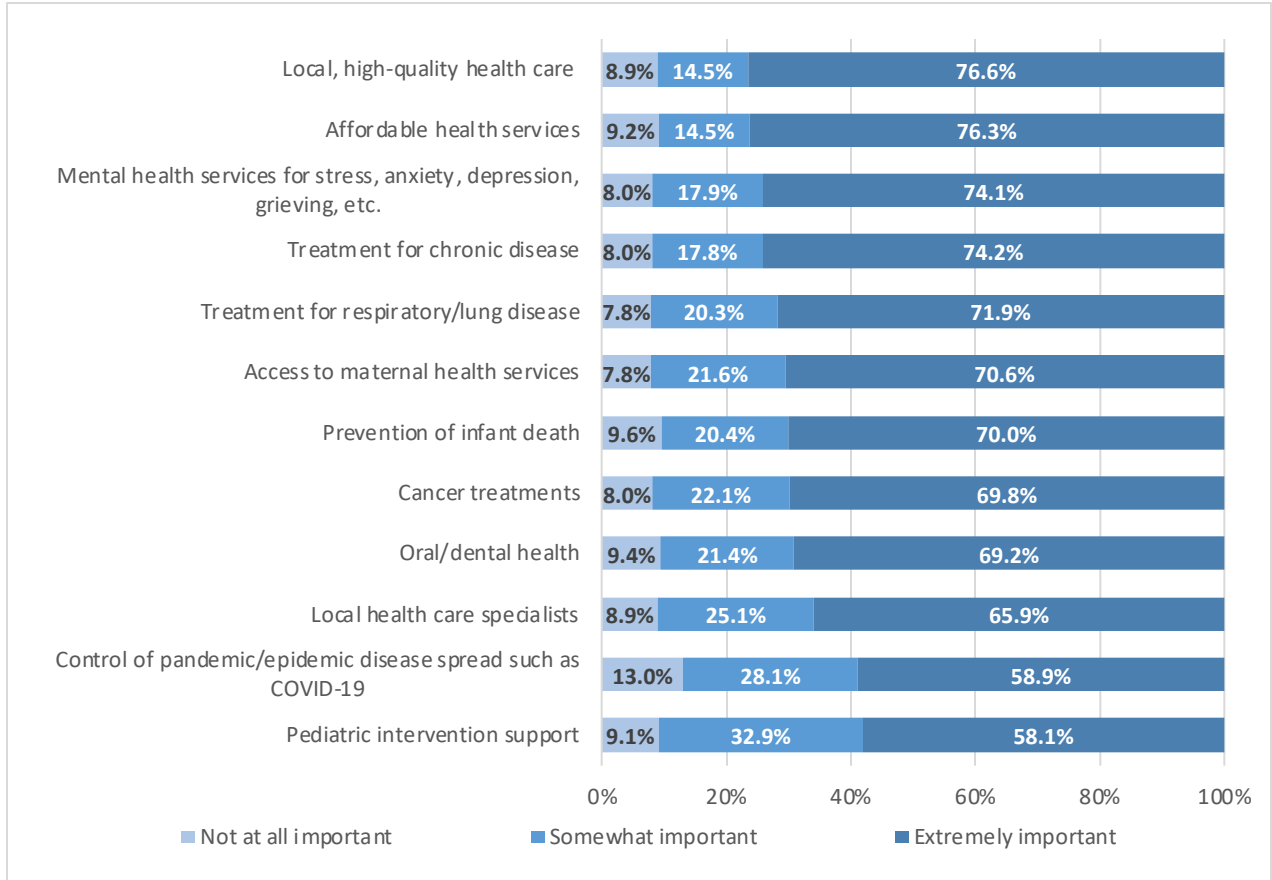
Communicable Diseases

In 2021, Curry County had 30 cases of Hepatitis C (Chronic), 21 cases of Chlamydia, seven cases of Campylobacteriosis, and six cases of Gonorrhea.

Questionnaire Results – Health Outcomes

Health outcomes was ranked the fifth most important category by questionnaire respondents. Further, they identified “local high-quality healthcare” and “affordable health services” as extremely important for good health (Figure 90). However, nearly all factors were rated as important.

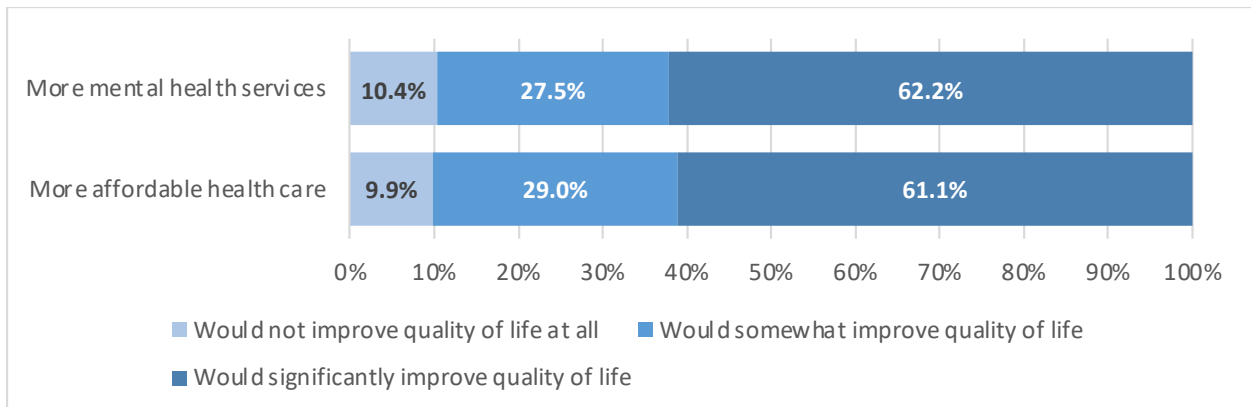
Figure 90: Health Outcomes Questionnaire Results: Most Important for Good Health



N = 544-552

Regarding potential solutions, respondents felt that more “mental health services” and “affordable health care” would significantly improve quality of life (Figure 91).

Figure 91: Health Outcomes Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 527 – 537

Summary of Findings – Health Outcomes

Below is a summary of the data presented in the Health Outcomes section. Detailed data and descriptions are provided above.

Health outcomes provide a general snapshot of quality and quantity of life. Curry County has high COVID-19 vaccination rates for older adults.

For the most part, the incidence of chronic conditions (e.g. asthma and diabetes) is similar to Oregon, though there are several categories where Curry County has higher rates.

The teen birth rate in Curry County has been on a steady decline in recent years, matching the trend in Oregon. Maternal and infant deaths were rare in Curry County from 2017 to 2021, with one of each recorded. Also, a majority of pregnant people in Curry County receive their first prenatal care visit in the first trimester.

The number of mentally unhealthy days for adults in Curry County peaked in 2021 before decreasing in 2022. Around one third of 6th and 8th grade students reported depressive symptoms in Curry County in 2020. Additionally, the number of physically unhealthy days for adults decreased in 2022 after reaching a six-year high in 2021.

Access to a loaded gun was much higher for Curry County students than in Oregon, with over half of students reporting they could get a loaded gun in less than 24 hours.

Curry County has the highest death rate in Oregon and when comparing the leading causes of death in Curry County to Oregon, the County had a higher rate for the top five causes of death. Suicide is the 10th leading cause of death for both Curry County and Oregon, though Curry County's death rate by suicide was twice the rate of Oregon in 2021.

Questionnaire respondents identified local high-quality healthcare and affordable health services as extremely important for good health. Additionally, respondents felt that more mental health services and affordable health care would significantly improve quality of life.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

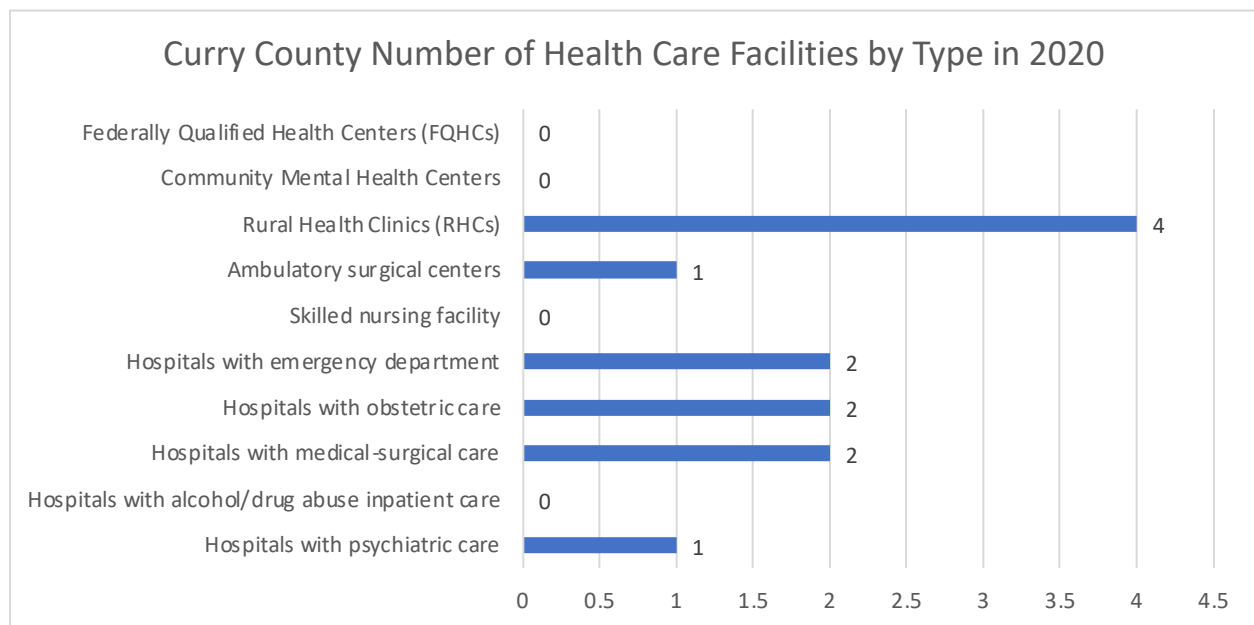
Healthcare Access and Quality

Health Care Access and Quality is an important social determinant of health. According to Healthy People 2030, “About 1 in 10 people in the United States don’t have health insurance.” Not having health insurance reduces the likelihood of people receiving essential care, including primary care. Additionally, if people don’t have a primary care provider or they have to travel far distances to care, they may not receive important preventative care and check-ups that promote good health. This section will cover the types and number of providers, insurance coverage, and distance traveled for care in Curry County.

Number of Healthcare Facilities by Type

In Curry County, there are four Rural Health Clinics (Figure 92). There are also two of Hospitals with medical-surgical intensive care units, obstetric care, and emergency departments. There is one Hospital with psychiatric Care and one Ambulatory surgical center. Curry County does not have a Federally Qualified Health Center (FQHC), Community Mental Health Center, Skilled nursing facility, or a hospital with alcohol and/or drug abuse inpatient care. Curry County also had no school-based health centers in 2022.

Figure 92: Curry County Number of Healthcare Facilities by Type in 2020

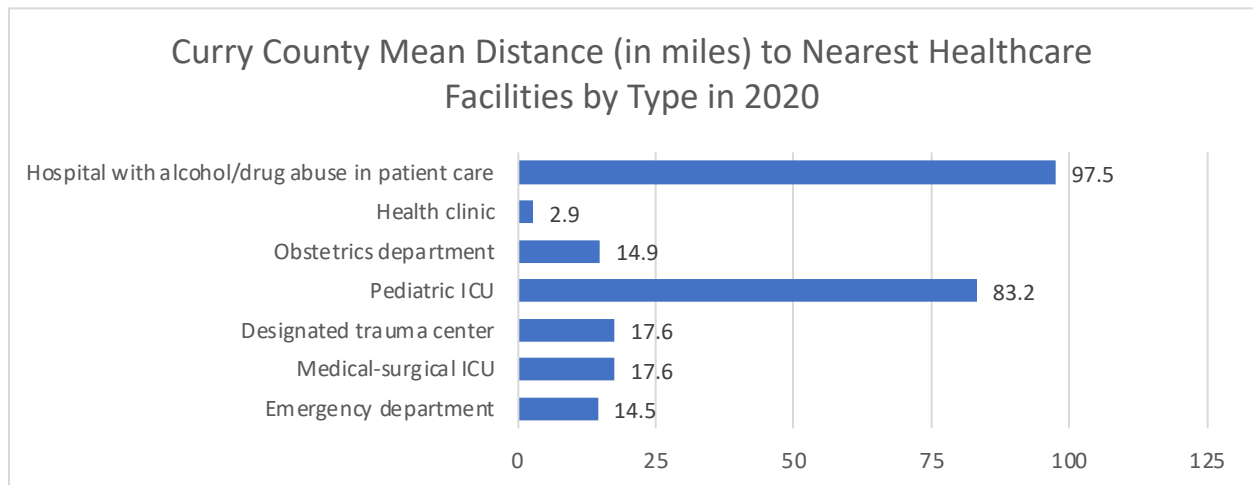


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Distance to Nearest Healthcare Facilities by Type

Figure 93 shows the mean distance in miles to the nearest indicated care type. In Curry County, the mean distance to the nearest alcohol and drug abuse inpatient care center is 97.5 miles, to a pediatric ICU it is 83.2 miles, to a designated trauma center or a medical-surgical ICU it is 17.6 miles. Additionally, on average, it is 14.9 miles to an obstetrics department, 14.5 to an emergency department, and 2.9 miles to a health clinic.

Figure 93: Curry County Mean Distance (in miles) to Nearest Healthcare Facilities by Type in 2020

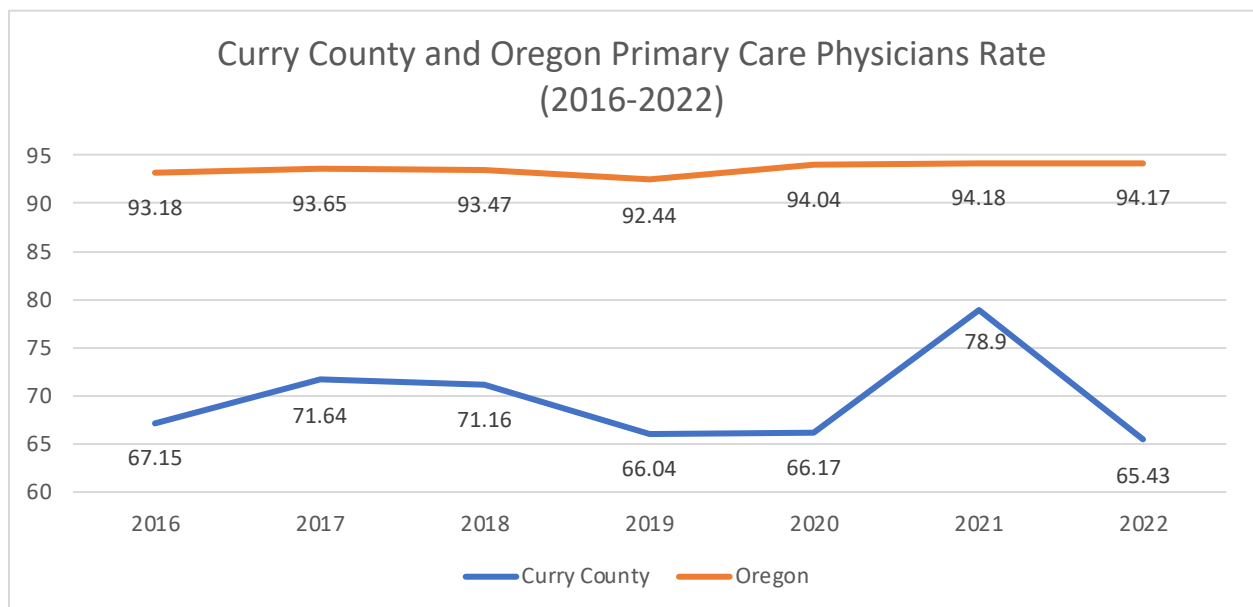


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Primary Care Physicians

The Primary Care Physician Rate (PCP per 100,000 population) for Curry County was 65.43 (15 providers) in 2022, a decrease from 78.9 (18 providers) per 100,000 the previous year (Figure 94). The primary care rate for Oregon has remained steady during the same period.

Figure 94: Curry County and Oregon Primary Care Physicians Rate (2016-2022)

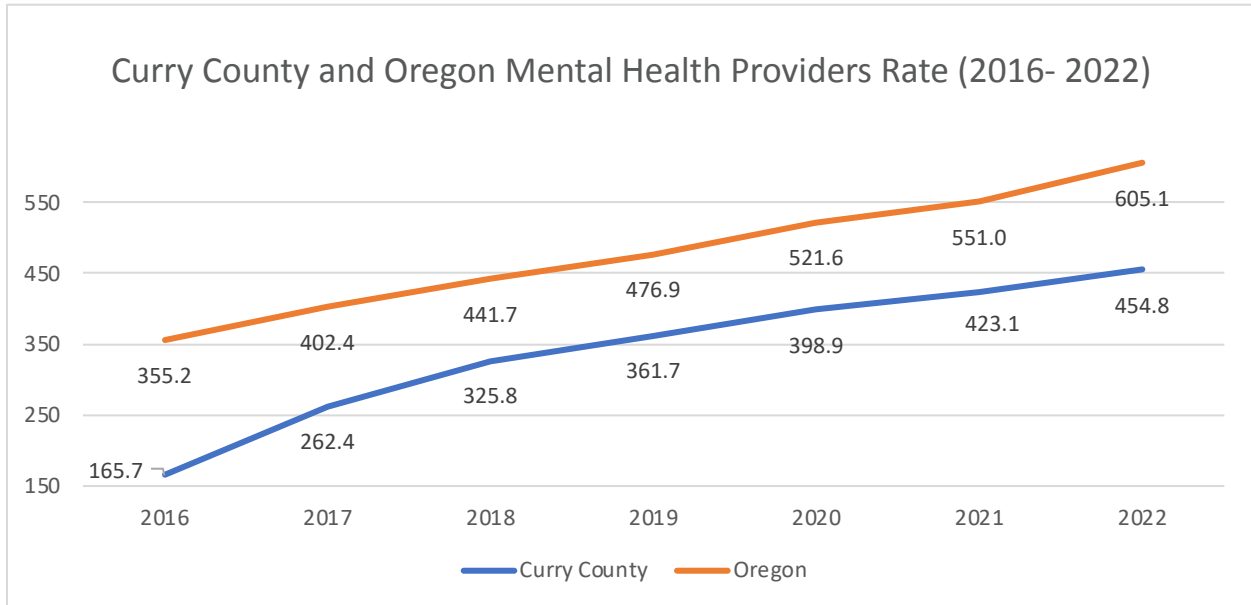


Source: County Health Rankings Data (2016-2022)

Mental Health Providers

The rate of mental health providers in Curry County increased from about 165 per 100,000 in 2016 to 454.8 per 100,000 in 2022 (Figure 95). While the rate is still lower than Oregon, the rate of mental health providers in Curry County more than doubled over six years.

Figure 95: Curry County and Oregon Mental Health Providers Rate (2016-2022)

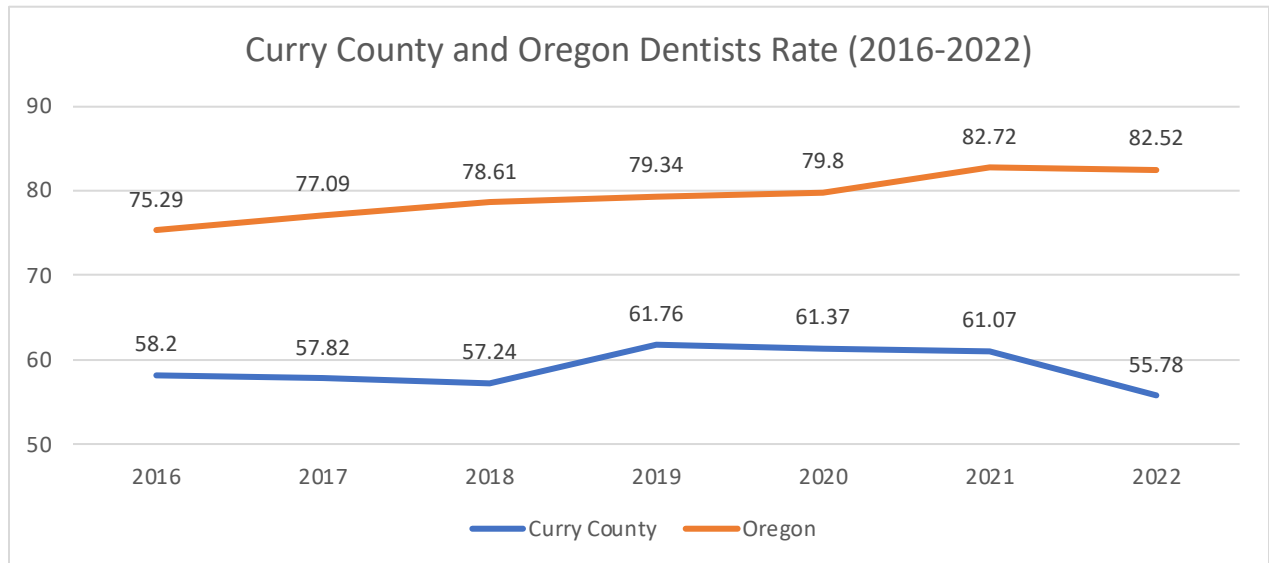


Source: County Health Rankings (2016-2022)

Dentists Rate

Figure 96 shows the number of dentists per 100,000 residents in Curry County. In 2022, there were 55.78 dentists (13 dentists) per 100,000 residents, a decrease from the previous year of 61.0 (14 dentists) per 100,000. Curry County lagged behind Oregon in dentist rate per 100,000 residents from 2016 to 2022.

Figure 96: Curry County and Oregon Dentists Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

Students Dental Care

Oregon's 2020 Student Health Survey reports the percentage of middle and high school students who did not receive any dental care during the last year which includes a check-up exam, teeth cleaning or any other dental work. In Curry County, 31 percent of 6th graders did not receive any dental care which is approximately double that of Oregon's statewide average of 15.9 percent. For 8th graders in Curry County, 25.8 percent did not receive dental care over the last year, and this is also higher than Oregon's statewide average of 18.2 percent of 8th graders not receiving dental care. There is no data for 11th graders in Curry County not receiving dental care in 2020.

Figure 97: Percentage of Middle and High School Students Who Received Dental Care During Past Year (2020)

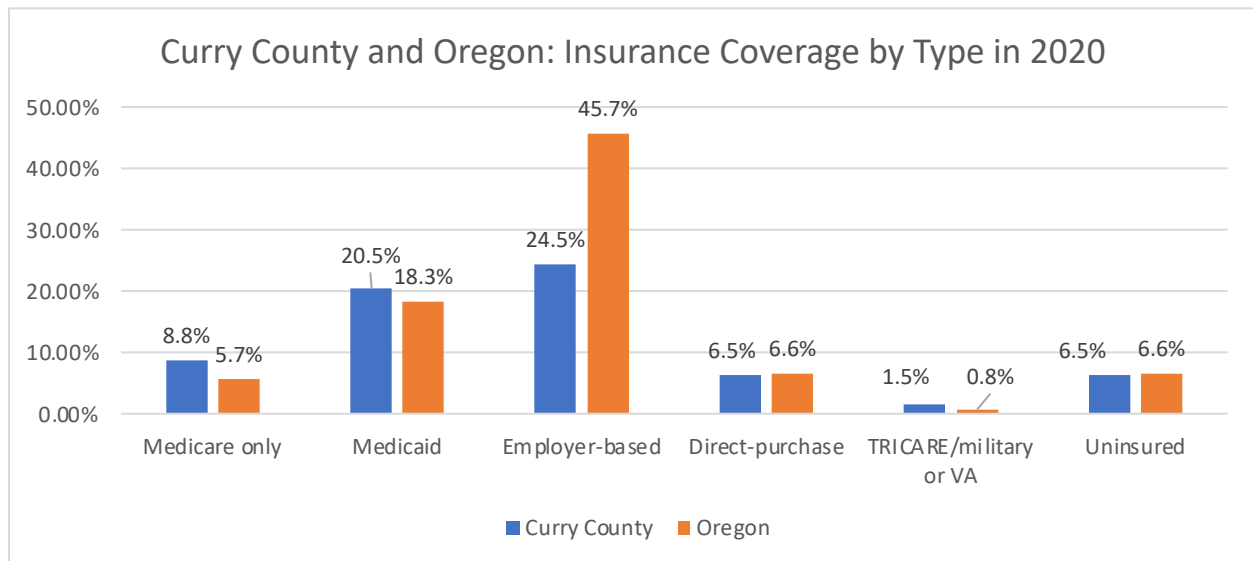
PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO RECEIVED NO DENTAL CARE DURING THE PAST YEAR, 2020		
<i>Did not receive dental care during the past year (including a check-up, exam, teeth cleaning, or other dental work).</i>		
STUDENTS	CURRY COUNTY	OREGON
6th graders	31.0%	15.9%
8th graders	25.8%	18.2%
11th graders	Not available	23.2%

Adapted from the 2020 Oregon Student Health Survey

Insurance Coverage by Type and Uninsured Population

In Curry County, 8.8 percent of the population is covered by Medicare only, 20.5 percent by Medicaid, 24.5 percent by employer-based insurance, 6.5 percent by direct purchase insurance, and 1.5 percent by TRICARE/military or VA insurance (Figure 98). For the most part, insurance coverage in Curry County is similar to Oregon. However, the percentage of Oregonians covered by employer-based insurance (45.7%) is much higher compared to Curry County.

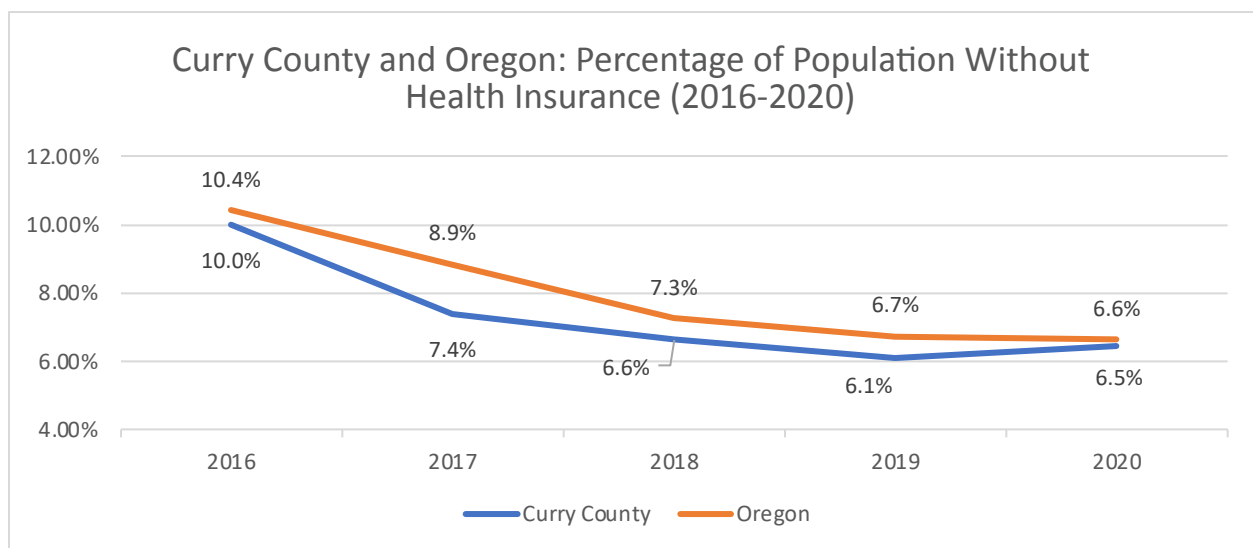
Figure 98: Curry County and Oregon: Insurance Coverage by Type in 2020



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

6.7 percent of the population is uninsured, a slight rise from the previous year (Figure 99). Overall, the percentage of the population without health insurance has decreased in Curry County and Oregon since 2016.

Figure 99: Curry County and Oregon: Percentage of Population Without Health Insurance (2016-2020)



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Questionnaire Results – Healthcare Access and Quality

Questionnaire respondents were asked to share where they go for physical health, mental health, and social services. Below are the top three responses for each category

Physical Health

1. Family medicine/ pediatrician
2. Hospital
3. Urgent care

Mental Health Services

1. Family member
2. Friend or community member
3. Website (e.g., WebMD)

Social Services

1. Libraries
2. Friend or community member
3. Family member

Questionnaire respondents were also asked to share where they would go for physical health, mental health, and/or social service needs if the service existed in Curry County. Below are the top three responses.

I would go here if my county had this (service or resource)

1. Specialist's office (e.g. dermatologist)
2. Urgent care
3. 211 Info

Focus Group Findings – Healthcare Access and Quality

Access to care in Curry County is limited, and residents often travel long distances to see providers. In multiple focus groups, participants shared that they faced long wait times for primary care visits and that many specialty services are not available in the county, meaning that residents travel to Portland, Medford, Eugene, or outside of the state to access services. Lack of mental health care services was the most common gap in care noted by residents. Additionally, a few participants noted that there is no delivery care in Curry County, meaning that individuals giving birth must travel elsewhere to do so.

“The access to care here, besides primary care providers, is pretty much non-existent.”

-Focus Group Participant

Numerous participants reported long waiting periods for dental care, specifically for providers that accept OHP.

Access to dental care was a particular challenge, with several participants sharing stories of long waiting periods and inability to get appointments for pediatric dentistry.

“I’m lucky to go to the dentist once every two years pretty much.”

-Focus Group Participant

Across focus groups, participants expressed a desire for Curry County to have its own public health department.

Across all groups, participants lamented the fact that Curry County does not have a public health department and that the county government does not prioritize public health. One participant noted that public health services are essential for all residents, not just low income or unhoused individuals.

“We don’t have public health, right?
So, the access to childhood vaccines, the access to
contraception or education about STDs, all of that is almost
non-existent in our community. That’s super scary.”

-Focus Group Participant

Summary of Findings – Healthcare Access and Quality

Below is a summary of the data presented in the Healthcare Access and Quality section. Detailed data and descriptions are provided above.

Healthcare Access and Quality data help to show the types of care that are available in a community. Curry County residents have access to several hospitals, primary care clinics, and one surgical center. However, there are no skilled nursing facilities, alcohol/drug abuse inpatient care, community mental health centers, or FQHCs. Most healthcare facilities are around 15 miles away for most Curry County residents. However, the nearest pediatric ICU and alcohol/drug abuse inpatient care are more than 80 miles away. Curry County also does not have a public health clinic.

The rate of primary care providers and dentists reached six-year lows in 2022. Meanwhile, the rate of mental health providers per 100,000 population more than doubled from 2016 to 2022. Relating to access to care, the percentage of adults in Curry County who do not have health insurance has been steadily declining.

Focus group participants shared that they often have to travel long distances for care and that there are long wait times for dentists, particularly for providers that accept the Oregon Health Plan. Finally, participants shared that the lack of a public health department is a disadvantage to all residents.

See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

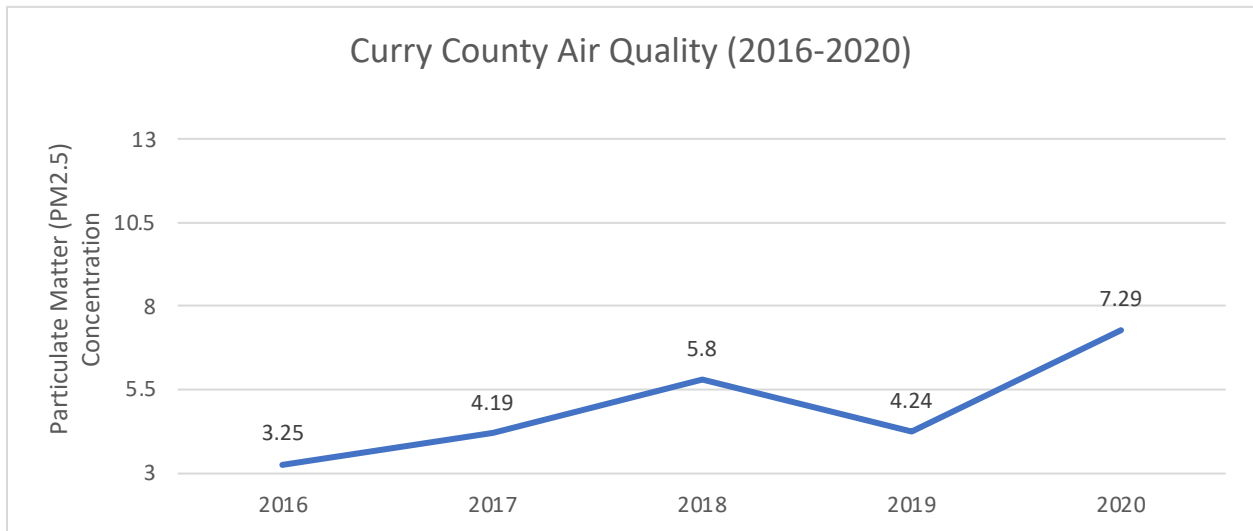
Physical Environment

Physical environment represents the places where people spend their time, whether it be working, living, or playing and recreating. According to County Health Rankings (2023), “People interact with their physical environment through the air they breathe, the water they drink, the homes in which they live, and the transportation they use.” Physical environment can have significant impacts on the ability to live a healthy life, particularly for low-income people and people of color.

Air Quality

The annual mean of Particulate Matter (PM_{2.5}) concentration in Curry County was 7.29 in 2020 (Figure 100). From 2016 to 2020, Curry County air quality was healthy with PM_{2.5} below 12.5 (healthy air quality level), although it did reach its highest annual mean in 2020. Overall, the average PM_{2.5} more than doubled from 2016-2020 in Curry County, representing a decrease in air quality.

Figure 100: Curry County Air Quality (2016-2020)

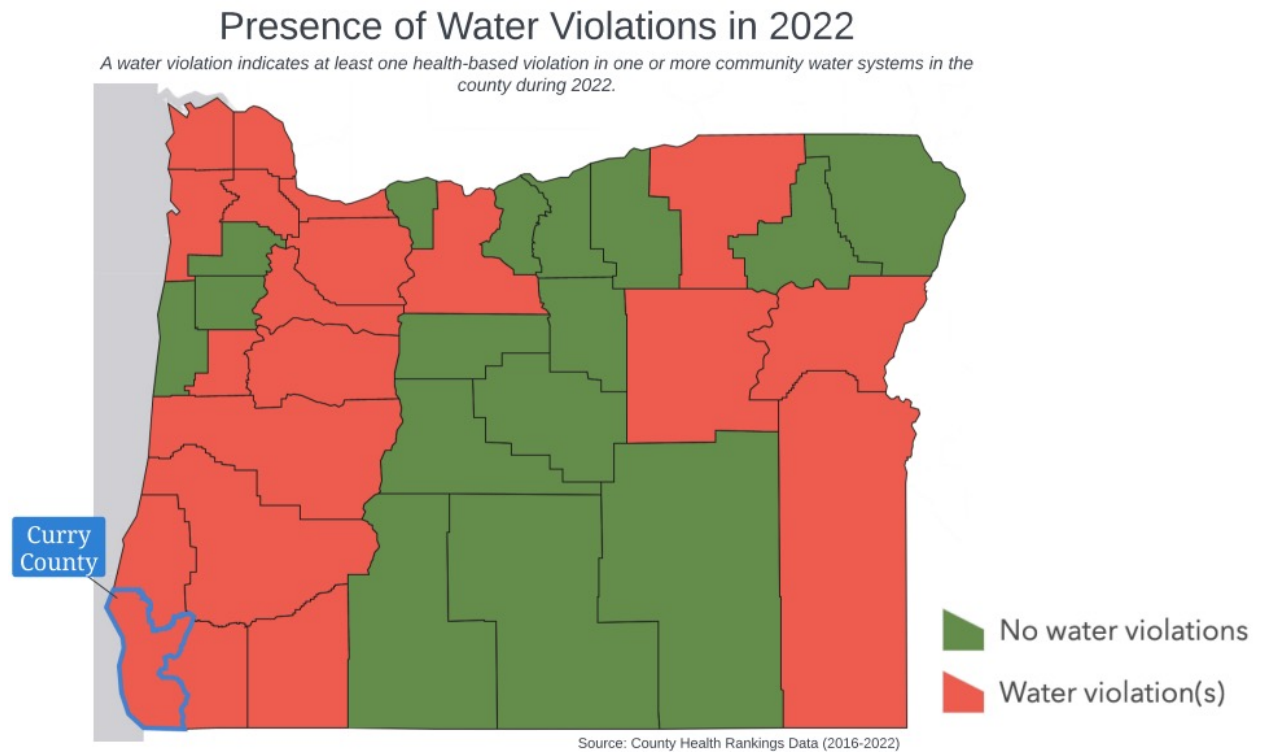


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Water Quality
Water Violations

According to County Health Rankings (2022), Curry County has at least one health-based violation in one or more community water systems (Figure 101). OHA uses the following definition for a water quality violation: “The drinking water at a water system exceeded the maximum contaminant level or did not properly treat the water for a specific monitoring period.” Water violations are reported to the Environmental Protection Agency and are important indicators for health. The most common contaminants are related to the filtration and disinfection of surface water and groundwater, coliform bacteria, lead and copper, and arsenic.

Figure 101: Presence of Water Violations (2022)



Source: County Health Rankings Data (2016-2022)

Water Violations by Type

According to the EPA's Safe Drinking Water Information System (SDWIS), Curry County's drinking water systems have received 8 violations classified as "major" within the last five years. Each of the reported water violations stemmed from the Silver Springs RV Park water system. These violations are largely related to regular monitoring associated with the revised total coliform rule (RTCR) (6 violations). The monitoring of coliform bacteria is used as an indicator for the presence of other potentially harmful pathogens in drinking water. Additionally, 2 violations were reported related to monitoring or assessment of nitrate in the water system. None of the "major" classified violations were described as health-based violations, meaning none had the potential to produce immediate illness.

Figure 102: Water Violations by Type (2018-2022)

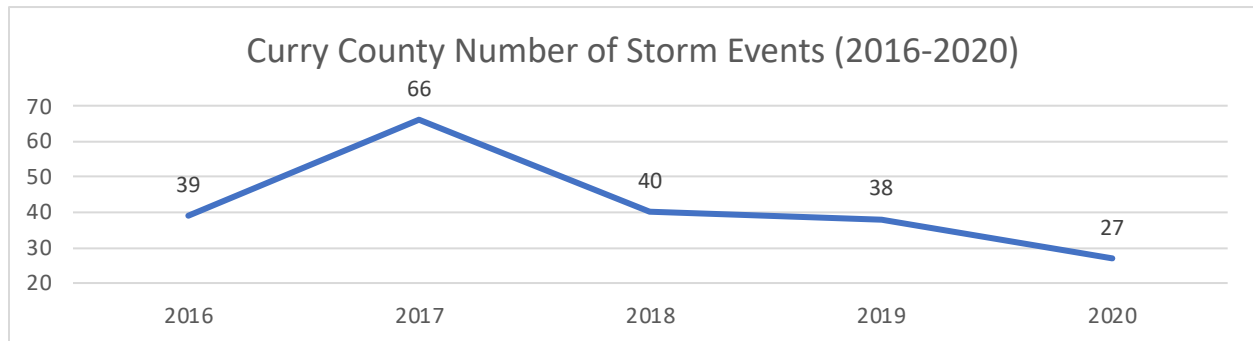


Adapted from Environmental Protection Agency, Safe Drinking Water Information System (SDWIS) Federal Report (2018-2022)

Storm Events

There were 27 storm events (e.g. tornadoes, fires, hurricanes, drought, wind, etc.) in 2020 (Figure 103). Curry County saw a decrease in the number of storm events beginning in 2017 when there were 66 storm events.

Figure 103: Curry County Number of Storm Events (2016-2020)

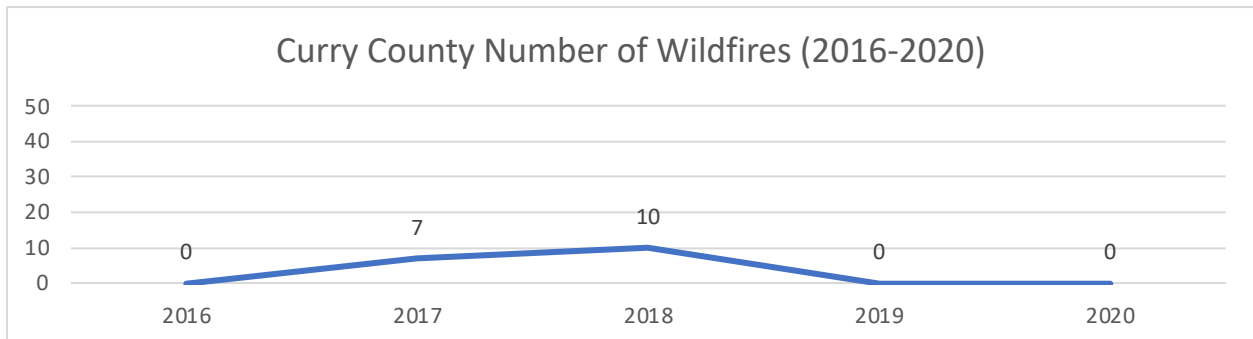


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Number of Wildfires

There were 0 wildfires in 2019 and 2020, a decrease from 2018 when there were 10 wildfires (Figure 104).

Figure 104: Curry County Number of Wildfires (2016-2020)

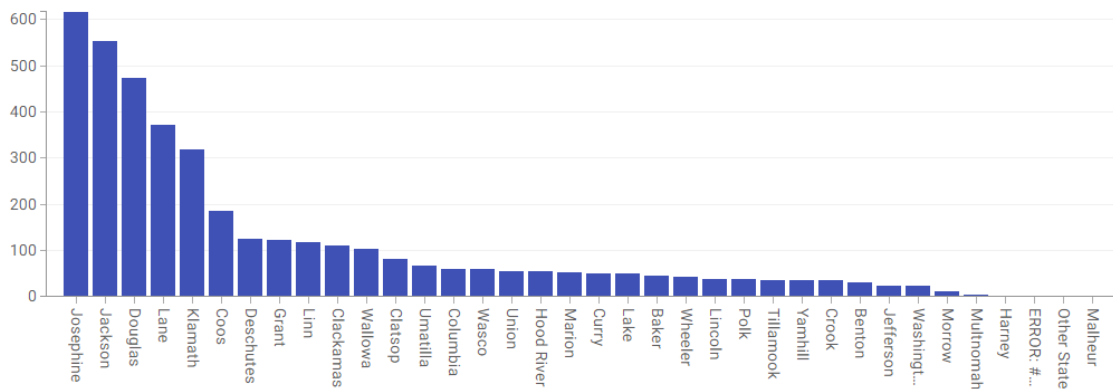


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Wildfire Events by County

According to wildfire data released by the Oregon Department of Forestry, Curry County ranks 19th for total number of wildfires between 2019 and 2022, with 50 originating in the county during this timeframe. The reported causes for wildfires in Curry County during this timeframe are depicted in the pie chart (below), more than half of which stem from equipment use or malfunction and the burning of debris.

Figure 105: Total Number of Wildfires by County (2019-2022)

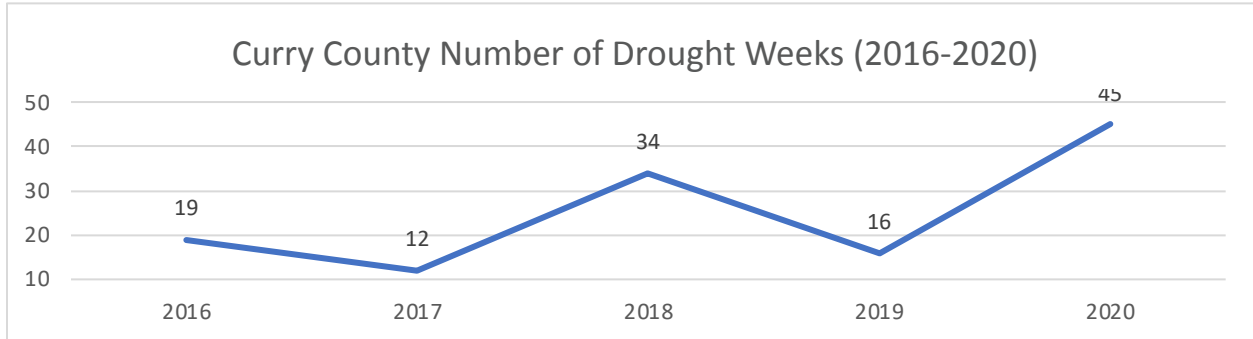


Adapted from Oregon Department of Forestry, ODF Fire Occurrence Data (2019-2022)

Number of Drought Weeks

The number of drought weeks in Curry County more than doubled from 2019 to 2020 when there were 45 total weeks of cumulative moderate drought or worse per year (Figure 106).

Figure 106: Curry County Number of Drought Weeks (2016-2020)



Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

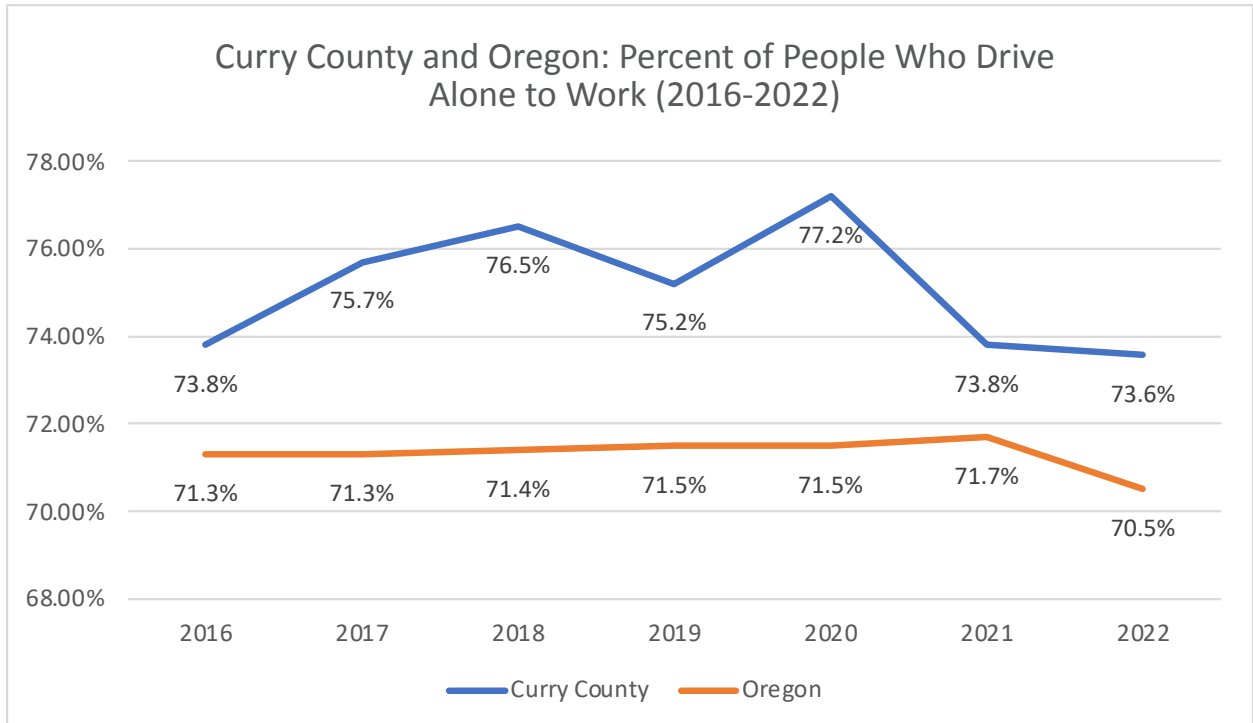
Transit

According to County Health Rankings, “The transportation choices that communities and individuals make have important impacts on health through items such as active living, air quality, and traffic crashes.”

Percent of People Who Drive Alone to Work

The percentage of people who drove alone to work increased in Curry County from 2016 to 2020 before decreasing to 73.6 percent in 2022 (Figure 107). The percentage of workers who drove alone to work has stayed steady in Oregon, experiencing a small decrease in 2022.

Figure 107: Curry County and Oregon: Percent of People Who Drive Alone to Work (2016-2022)

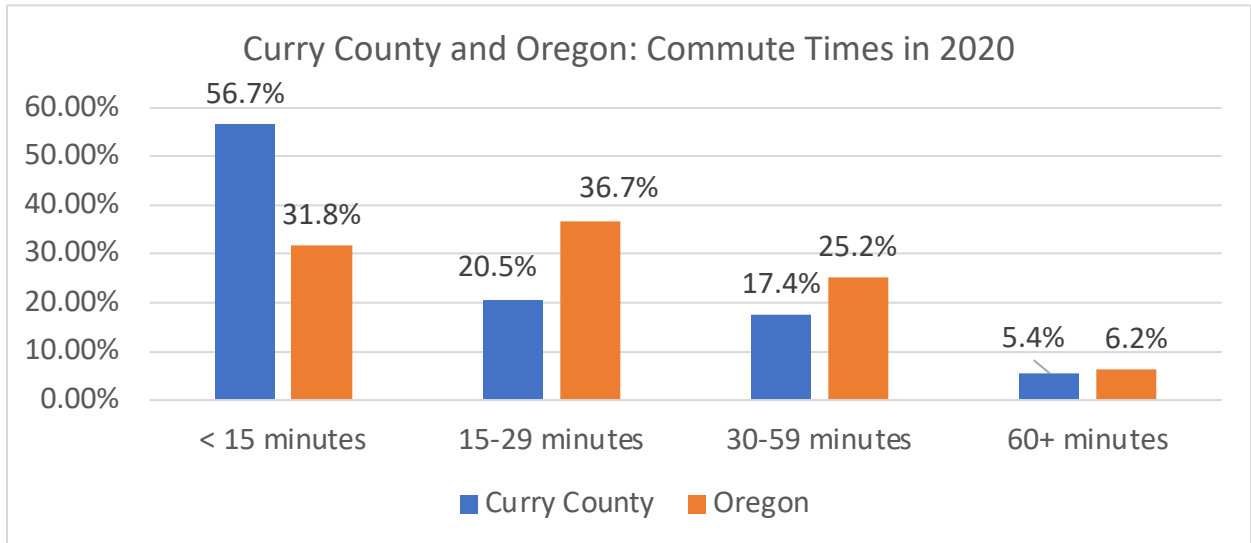


Source: County Health Rankings (2016-2022)

Commute Times

Figure 108 shows commute times to work (ages 16 and over) for Curry County and Oregon. Of Curry County workers, 56.7 percent reported a commute time of less than 15 minutes compared to 31.8 percent of Oregonians. Further, 20.5 percent of Curry County workers have commutes of 15-29 minutes, less than 36.7 percent of Oregonians. Additionally, 17.4 percent of Curry County workers and 25.2 percent Oregon workers have commutes of 30-59 minutes. Commute times of 60+ minutes are similar for Curry County and Oregon workers.

Figure 108: Curry County and Oregon: Commute Times in 2020

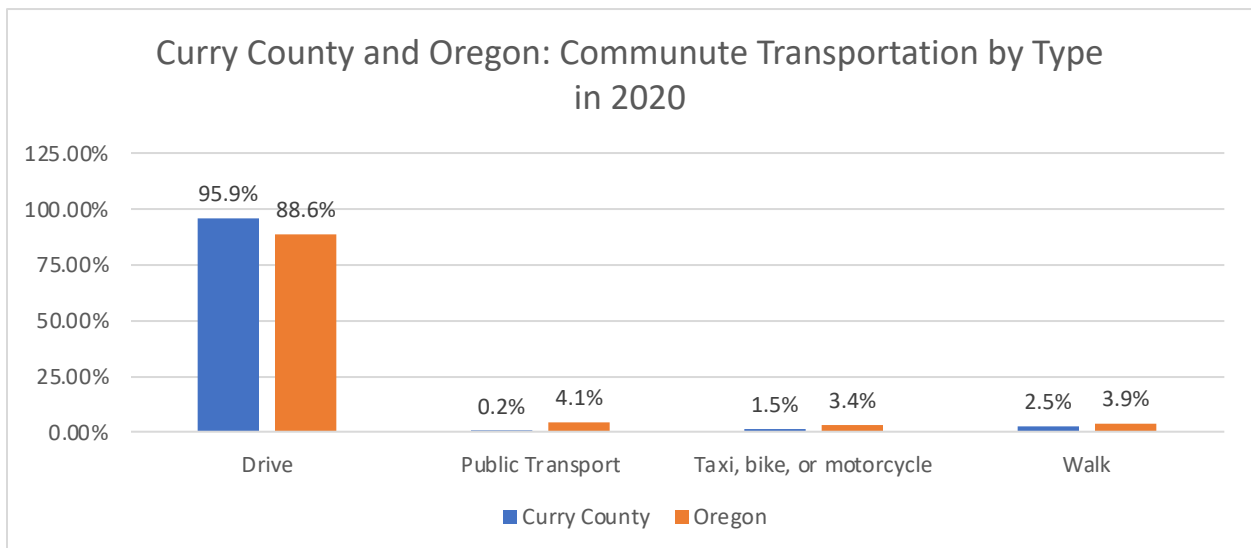


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Commute Transportation by Type

In Curry County, 95.9 percent of workers commute to work by car, with public transportation, taxi, bike, or motorcycle, and walking accounting for less than 5 percent (Figure 109). While most Oregon workers commute in a vehicle, the percentages for public transportation and taxi, bike, or motorcycle are notably higher for the state compared to Curry County.

Figure 109: Curry County and Oregon: Commute Transportation by Type in 2020

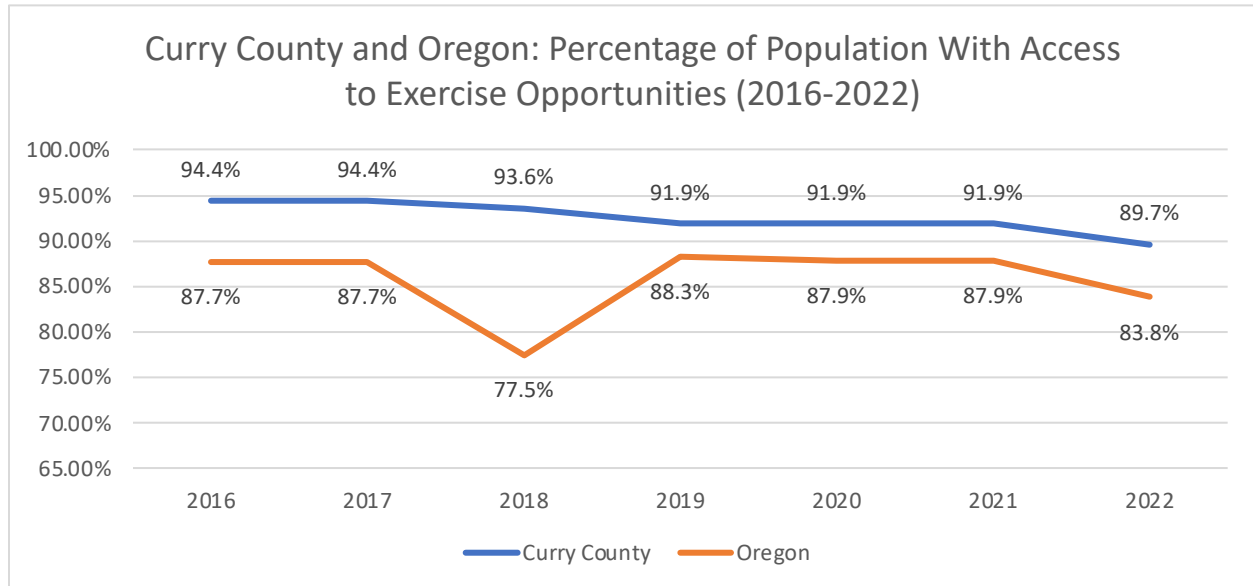


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Population with Access to Exercise Opportunities

Currently, 89.7 percent of Curry County’s population has access to places for physical activity, a slight decrease from 2021 but higher than the state (Figure 110).

Figure 110: Curry County and Oregon: Percentage of Population with Access to Exercise Opportunities (2016-2022)



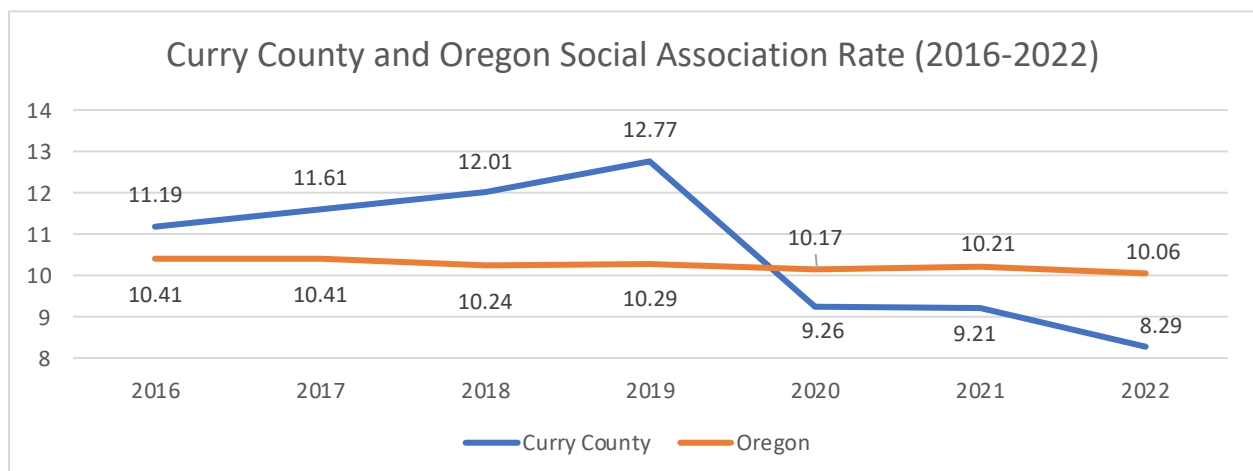
Source: County Health Rankings Data (2016-2022)

Social Association Rate

The social association rate refers to the number of membership associations people have, including civic, political, religious, sports, and professional organizations. County Health Rankings (2023) states that “Minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality.”

For Curry County, the Social Association rate (per 10,000 population) is 8.29, a slight decrease from the previous year and overall lower than the state rate (Figure 111). Curry County had a higher rate than the state from 2016 to 2019.

Figure 111: Curry County and Oregon Social Association Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

Children in Foster Care

According to the Oregon Department of Human Services Child Welfare Data, the number of children in foster care in Oregon and in Curry County has slowly declined between 2019 and 2021. And while the rate per 1,000 children in foster care has gone down, Curry County still remains above Oregon in the rate of children in foster care compared to the population.

Figure 112: Children in Foster Care per 1,000 Children (2019-2021)

CHILDREN IN FOSTER CARE PER 1,000 CHILDREN (POINT-IN-TIME), 2019-2021									
LOCATION	POPULATION UNDER 18			NUMBER IN FOSTER CARE			RATE PER 1,000		
Year	2019	2020	2021	2019	2020	2021	2019	2020	2021
Oregon	873,567	866,562	860,778	7,181	6,351	5,516	8.2	7.3	6.4
Curry County	3,304	3,247	3,293	50	35	22	15.1	10.8	6.7

Adapted from Oregon Department of Human Services, Oregon Child Welfare Data and Reports

Community Safety

Violent Crimes

Violent crime cases occurring in Curry County between 2016 and 2021 were reported in the FBI's National Incident-Based Reporting System (NIBRS) by Curry County Sheriff's Office and State Police: Curry County. While this data is not comprehensive and excludes police departments in Curry County who do not report offenses using NIBRS, the data does show a fluctuation in reported violent crime cases since 2016, with the highest reported violent crime cases in 2019, totaling 46 violent crimes. This marks a significant increase compared to the 7 reported cases in 2016. The total number of violent crimes cases reported decreased by 21 between 2019 and 2021 and increased by 5 cases between 2020 and 2021.

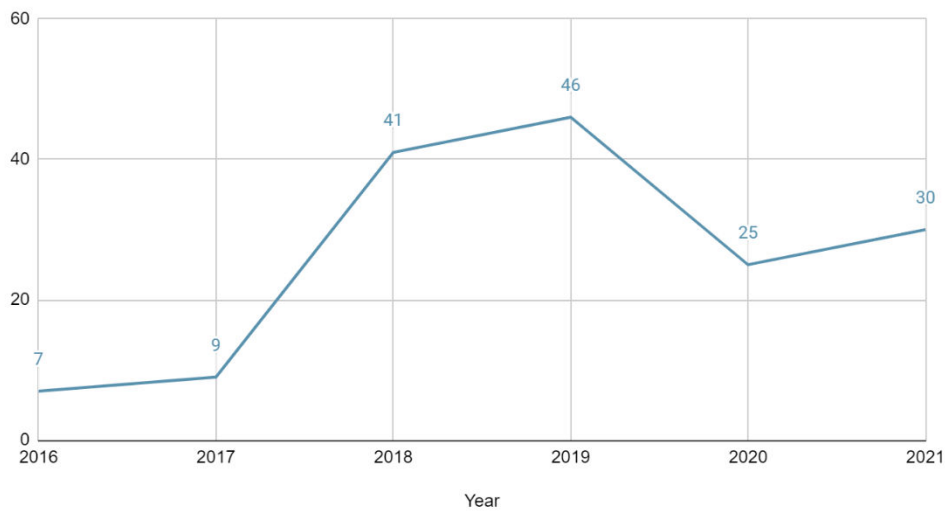
Figure 113: Total Reported Violent Crimes (2016-2021)

TOTAL REPORTED VIOLENT CRIMES (2016-2021)		
YEAR	CURRY COUNTY	OREGON
2016	7	9,589
2017	9	10,542
2018	41	11,180
2019	46	11,052
2020	25	10,798
2021	30	12,726

Adapted from National Incident-Based Reporting System (NIBRS) (2016-2021)

Figure 114: Total Reported Violent Crimes, Curry County (2016-2021)

Total violent crimes reported, Curry County (2016-2021)



Adapted from National Incident-Based Reporting System (NIBRS) (2016-2021)

Sexual Violence

According to Oregon’s Annual Uniform Crime Reporting Data, there were 700 reported crimes against people in Curry County between 2020 and 2022. A small subset of the reported cases involved sexual violence, such as forcible rape, as well as other sex crimes such as statutory rape, molestation, and indecent exposure, among others. Since 2020, crimes involving forcible rape have increased in Curry County while the total number of other sex crime cases have changed very little (7 in 2020, 9 in 2021, and 8 in 2022).

Figure 115: Sexual Violence, Reported Offenses (2020-2022)

SEXUAL VIOLENCE, REPORTED OFFENSES, 2020-2022			
Year	Offence	Curry County	Oregon
2020	Forcible rape	2	1,173
	Other sex crimes	7	2,411
2021	Forcible rape	5	1,246
	Other sex crimes	9	2,593
2022	Forcible rape	10	1,218
	Other sex crimes	8	2,549

Adapted from Oregon Annual Uniform Crime Reporting Data, Reported Offenses (2020-2022)

Suspected Reports of Child Abuse

The Oregon Department of Human Services, Oregon Child Welfare Data reports show that between 2020 and 2021, screening reports for suspected child abuse increased minimally in Oregon. The percentage of reports that were closed at the point of screening dropped minimally in the same timeframe for Oregon. Curry County also saw a minimal increase of suspected child abuse reports, however there was a 5.4 percent decrease in the percentage of reports closed at the point of screening.

Figure 116: Screening Reports of Suspected Child Abuse (2020-2021)

SCREENING REPORTS OF SUSPECTED CHILD ABUSE, 2020-2021				
LOCATION	CLOSED AT SCREENING	REFERRED	TOTAL REPORTS	% CLOSED AT SCREENING
2020				
Oregon	36,506	42,126	78,632	46.4%
Curry County	202	232	434	46.5%
2021				
Oregon	35,899	42,876	78,775	45.6%
Curry County	180	266	446	41.1%

Adapted from Oregon Department of Human Services, Oregon Child Welfare Data and Reports

In Oregon, the largest number of reports come from police, schools and other mandated reporters. For Curry County, between 2020 and 2021 they saw a decrease in reports from schools and other mandated reporters and an increase in reports from police and other non-mandated reporters.

Figure 117: Source of Screening Reports for Suspected Child Abuse (2020-2021)

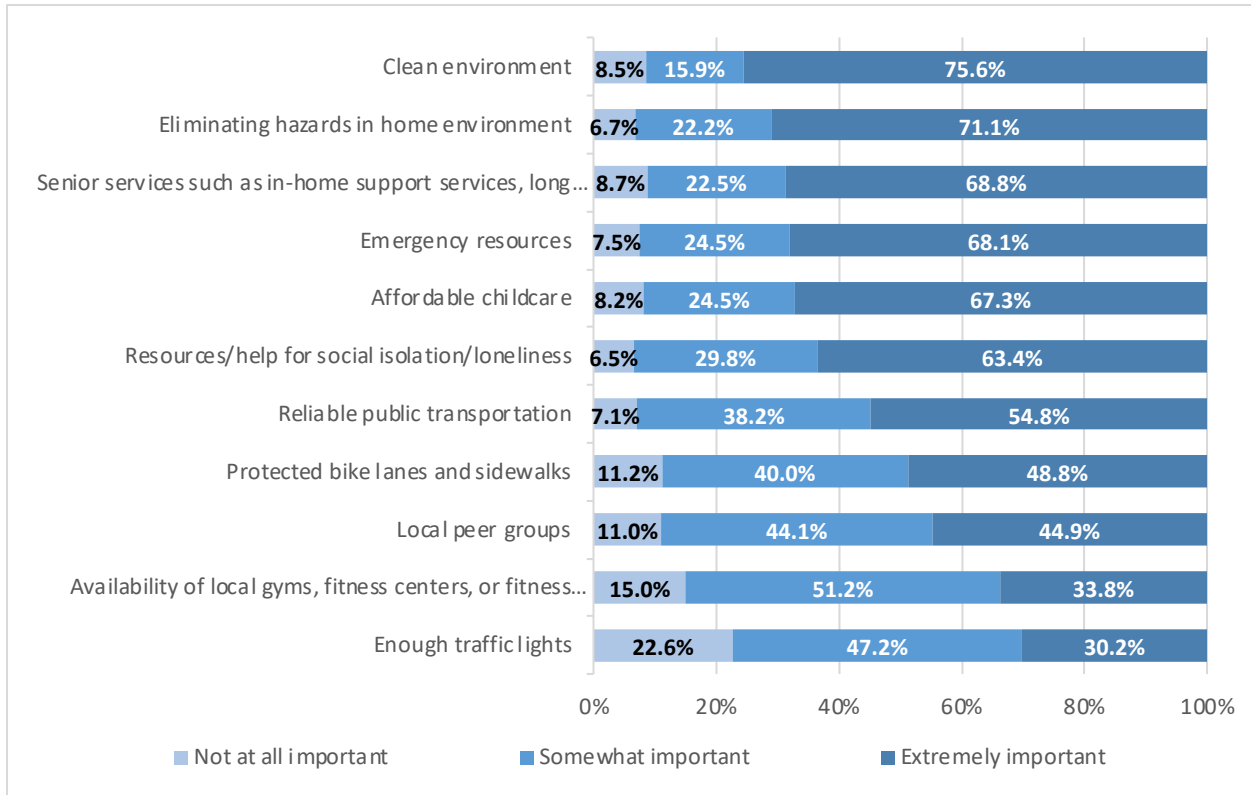
SOURCE OF SCREENING REPORTS FOR SUSPECTED CHILD ABUSE, 2020-2021							
COUNTY OF ORIGIN	MEDICAL	OTHER MANDATED	OTHER NON-MANDATED	PARENT/SELF	POLICE	SCHOOL	TOTAL
2020							
Oregon	7,338	25,515	11,296	5,718	14,689	14,076	78,632
Curry	24	163	54	39	83	71	434
2021							
Oregon	7,434	25,943	11,424	6,109	16,381	11,484	78,775
Curry	21	140	82	40	106	57	446

Adapted from Oregon Department of Human Services, Oregon Child Welfare Data and Reports

Questionnaire Results – Physical Environment

Respondents highlighted “clean environment” as the most important factor when defining good health in their physical environment followed by “Eliminating hazards in home environment” and “Senior services” (Figure 118).

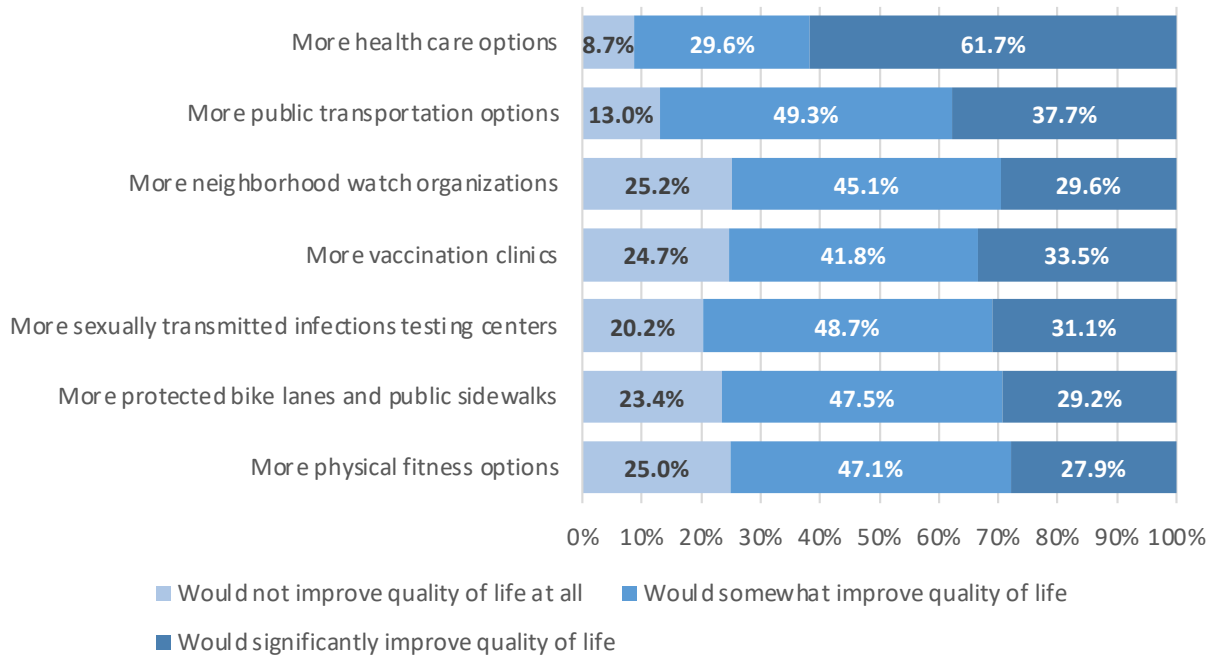
Figure 118: Physical Environment Questionnaire Results: Most Important for Good Health



N = 548-557

Regarding potential solutions presented to questionnaire respondents, participants reported that having more “health care options,” “public transportation options,” and “neighborhood watch organizations” would improve quality of life (Figure 119)

Figure 119: Physical Environment Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 522-541

Focus Group Findings – Physical Environment

Lack of transportation in Curry County constrains access to care. Focus group participants shared that the lack of public transportation or transportation options in Curry County is a challenge for those without a car or who are unable to drive. This challenge was primarily discussed in relation to healthcare access.

“We’ve had difficulty, not in my own family, but in folks that I’ve served through work, in getting adequate transportation... for procedures.”

-Focus Group Participant

Many residents identified Curry as a safe place to live. When asked what they like about living in Curry County, participants across focus groups shared that they feel a sense of safety in their community. Nonetheless, this perspective was not shared by everyone, with unhoused participants in particular sharing stories of harassment from police and other residents.

Summary of Findings – Physical Environment

Below is a summary of the data presented in the Physical Environment section. Detailed data and descriptions are provided above.

The physical environment where people spend their time can have a significant impact on their health. It includes environmental factors, transit, access to exercise opportunities, and more.

In Curry County, air quality was healthy, though PM2.5 levels increased in recent years. Curry County reported at least one water quality violation in 2020 as well. Overall, the number of storm events decreased in Curry County. However, the number of drought weeks experienced reached a five-year high in 2020. The vast majority of Curry County and Oregon residents are driving to work (as opposed to taking public transit or walking), and the number of people driving alone to work increased significantly in 2020. Commute times of less than 15 minutes are much more common in Curry County than Oregon.

The percentage of people in Curry County with access to exercise opportunities is higher than Oregon, with roughly nine out of 10 Curry County residents having access.

The social association rate (memberships to civic, political, and other groups) in Curry County decreased in 2020. Finally, the rate of violent crimes is much lower than Oregon.

Questionnaire respondents shared that a clean environment was the most important factor for good health. They also felt that more healthcare options would most improve quality of life. Focus group respondents shared that limited public transportation is a challenge. Additionally, they shared that they feel that Curry County is a safe place to live, which is supported by secondary data.

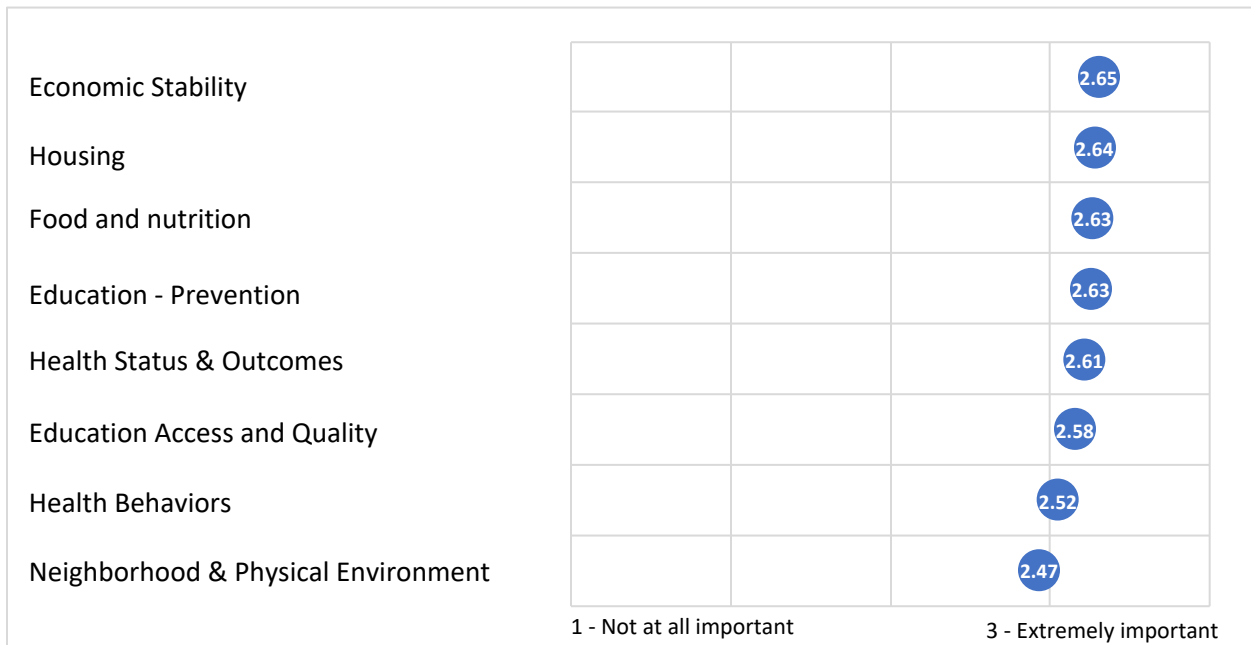
See the Indicator Tables to compare 2023 CHA data to the 2018 CHA and to compare Curry County to Oregon overall.

Community Health Assessment Questionnaire Summary

One of the goals Community Health Assessment Questionnaire (CHA-Q) was to try to provide a clearer picture of how community members defined the term “Health” by theme. The composite variable averages all the variables in the bucket and averages how the community and research team ranked their importance based on how the community responded by theme.

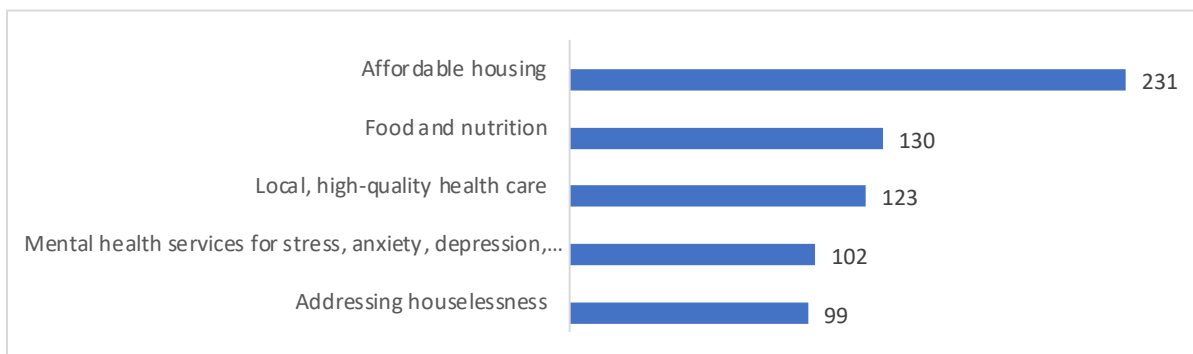
Most participants thought that all factors were important, but the leading composite variables were Economics, Housing, and Food and Nutrition (Figure 120).

Figure 120: Perception of Importance from Community Questionnaire Respondents by Composite Variable



Questionnaire respondents were also asked to rank the five most important health factors in their County. The top five factors for Curry County were Affordable housing, Food and nutrition, Local, high quality health care, Mental health services, and Addressing houselessness (Figure 121).

Figure 121: Top Health Factors for Curry County's Community Members



Indicator Tables

The tables below provide a simplified view of the secondary data throughout the CHA to allow for quick comparison to the state and determine change since the last CHA for individual data points. Data included in these tables are from both the 2018 and 2023 CHAs. Within these tables, arrows are used to show Curry County's performance compared to the state (e.g., a larger number or higher percentage for Curry County versus the state is depicted by an arrow pointing up; a smaller number or lower percentage for Curry County versus the state is depicted by an arrow pointing down). The arrows do not show whether Curry County is performing better or worse than Oregon, as this varies by indicator.

There are limitations to these tables. For several indicators, different data sources were used between 2018 and 2023. For the most part, data from the 2018 CHA and this 2023 CHA cannot be compared directly due to the different data sources; however, this should not greatly impact the comparison data between Curry County and Oregon overall. Additionally, there are a few instances where different data variables were used between the two reports. There is an indication of not applicable ("n/a") if data were unavailable in either the 2018 CHA or this 2023 CHA.

Indicator Tables Key

KEY	
↑	Curry County is HIGHER than Oregon
↓	Curry County is LOWER than Oregon
=	Curry County is EQUAL to Oregon

Figure 122: Demographics Indicator Table

SOURCE OF SCREENING REPORTS FOR SUSPECTED CHILD ABUSE, 2020-2021			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Population	Overall Population Growth	↓	↓
Gender	Females	↑	n/a
	Males	↓	n/a
Race & Ethnicity	Hispanic/Latino	↓	↓
	American Indian and Alaska Native	↑	↓
Age	Population 55 Years and Older	↑	↑
	Population 18 Years and Younger	↓	↓
	Families with Children	n/a	↓
Veterans	Veterans	↑	↑
Disability	Prevalence of Any Disability	↑	↑
	Population Over Age 65 with Disability	n/a	↑
Citizenship Status	US Citizens Born in US	↑	n/a
Languages Spoken	Population Speaking Only English	↑	↑
	Spanish Speaking Population	↓	n/a

Figure 123: Economic Stability Indicator Table

ECONOMIC STABILITY			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Income	Median and Average Income	↓	↓
Living in Poverty	People Living in Poverty	↑	↑
	Children Living at or Below 200% Federal Poverty Level	↑	↑
Free and Reduced Lunches	Students Qualifying for Free and Reduced Lunch	↑	↑
Unemployment	Unemployed	↑	↑

Figure 124: Housing Indicator Table

HOUSING			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Housing Costs	Cost Burdened Households in Rentals & Homes with Mortgages	n/a	↑
	Median Value of a House	↑	↓
Housing Quality and Type	Older Housing Stock	↓	n/a
	Vacant Housing Units	↑	n/a
	Single Occupancy Households	↑	n/a
	Severe Household Problems	n/a	↑
Homelessness	Overall Homelessness	n/a	n/a
	Homeless Students	↑	↑

Figure 125: Education Access and Quality Indicator Table

EDUCATION ACCESS AND QUALITY			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Early Childhood	Students in Head Start	n/a	↑
	Early Education Enrollment (% of 3-and-4 Year-Olds in School)	↓	n/a
Graduation Rates	Graduation Rate	↓	↓
Educational Attainment	Bachelor's or Advanced Degrees	↓	↓

Figure 126: Food Environment Indicator Table

FOOD ENVIRONMENT			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Food Insecurity	Adults and Children Living with Food Insecurity	↑	↑
	Rate of SNAP Authorized Retailers	n/a	↑
Food Access	Rate of SNAP (Food Stamps) Recipients (Households)	↓	↓
	Percent of Students with Free and Reduced Lunches	↑	↑
	Percent of Pregnant People Served by WIC	=	n/a
	Rate of WIC Authorized Stores	n/a	↑

Figure 127: Health Behaviors Indicator Table

HEALTH BEHAVIORS			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Tobacco Use	Adults using Tobacco (current use)	↑	↑
	Adults using Cigarettes	↑	n/a
	Adults using E-Cigarettes	↓	n/a
	Adults using Non-cigarette Tobacco Products	↓	n/a
	Youth using Tobacco and Cigarettes (last 30 days; 11th Graders)	n/a	n/a
Alcohol and Other Drug Use	Adults Binge Drinking	↓	↑
	Adults Engaging in Heavy Drinking	↑	↑
	Youth Having First Drink (6th and 11th Graders)	n/a	n/a
	Youth Having 5 or More Drinks in a Row (11th Graders)	n/a	n/a
	Adults using Marijuana (current use)	=	n/a
	Adults using Marijuana (ever)	↑	n/a
	Youth using Marijuana (last 30 days; 11th graders)	n/a	n/a
	Adults with Opioid Prescriptions	n/a	↑
Vaccinations	Adolescent Immunization Rates	↓	n/a
	2-Year-Old Immunization Rates	↓	↓
Nutrition	Adults Eating Fresh Foods	n/a	↓
	Youth (6th, 8th Grades) Eating Fresh Foods	↑	n/a
	Adults Drinking 7 or More Sodas per Week	↓	n/a

HEALTH BEHAVIORS			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Physical Activity	Youth Physically Active (6th Grade)	↑	n/a
	Youth Physically Active (8th Grade)	↓	n/a
	Adults Exercising Outside of Work	↓	n/a
Preventive Screening	Adults with Recent Colorectal Cancer Screening	no current state data	↓
	Adults with Recent Mammogram	no current state data	↓
	Adults with Recent Pap Test	no current state data	n/a
	Adults with Recent Cholesterol Checked	↑	↓
	Adults with Recent Blood Sugar Test	n/a	↑
	Adults Screened for HIV	n/a	n/a

Figure 128: Health Outcomes Indicator Table

HEALTH OUTCOMES			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Death Rate	Crude Death Rate	↑	n/a
Leading Causes of Death (Adults)	Cancer, Heart Disease, and COPD	↑	↑
	Disease-related Mortality	↑	↑
	Tobacco-related Mortality	↑	↑
Chronic Conditions (Adults)	Burden of Chronic Disease	↑	↑
Cancer (Adults)	"All Cancers"	↑	↑
	Lung Cancer	n/a	↑
Mental Health <i>*11th grade data not available for 2023</i>	Suicide, Adults	↑	↑
	Attempted Suicide, Youth (6th, 8th and 11th graders)*	↑	↑
	Mentally Unhealthy Days per Month, Adults	↑	n/a
	Depression, Adults	=	↓
	Depression, Youth (6th, 8th and 11th Graders)*	↑	↓
Gun Access	Youth with Access to a Loaded Gun (11th Graders)	n/a	n/a
Dental/Oral Health	Poor Dental Health	n/a	↑

HEALTH OUTCOMES			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Parental and Pediatric Health	Adequacy of Prenatal Care	↓	↓
	Birth Rate	↓	↓
	Low Birth Weight	↓	↓
	Teen Birth Rate	↑	↑
	Infant Mortality Rate	↑	↑
Obesity	Adults with Obesity	↑	↑
Physically Unhealthy Days	Average Number of Physically Unhealthy Days	↑	n/a

Figure 129: Health Care Access and Quality Indicator Table

HEALTH CARE ACCESS AND QUALITY			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Insured and Uninsured	Public Insurance (including Medicaid, Medicare, VA)	↑	↑
	Population without Insurance	↓	n/a
Access to Providers	100% of Population Living in Health Professional Shortage Area	n/a	↑
	Access to Primary Care Physicians	↓	↓
	Access to Mental Health Providers	↓	↓
	Access to Dentists	↓	↓
Hospitalizations	Preventable Hospitalizations	n/a	↑

Figure 130: Physical Environment Indicator Table

PHYSICAL ENVIRONMENT			
INDICATOR	DATA VARIABLES	FINDINGS, 2023	FINDINGS, 2018
Air Quality	Ambient Air Quality	n/a	↑
Wildfires	Number of Wildfires	↓	n/a
Drought	Number of Drought Weeks	n/a	n/a
Recreation and Fitness	Available Recreational Opportunities	↑	↑
Transportation	Use of Public Transit to Commute to Work	↓	↓
	Commute Time is <15 minutes	↑	n/a
	Workers Who Drive Alone to Work	↑	n/a
	Workers Who Walk or Bike to Work	↓	↓
Social Associations and Volunteerism	Social Associations/Membership Involvement	↓	↑
Social and Emotional Support	Individuals without Adequate Social Support	n/a	↑
	Disconnected Youth	n/a	↑
Crime and Safety	Violent Crime	↓	↓
Youth	Children in Foster Care	↑	n/a
	Suspected Child Abuse (Screening Reports)	↓	↓

Shown below are summary tables of demographic and health indicators by year (2016-2022) for the state and Curry County. These tables include trend graphs; yet, they are limited in scope, as they only depict trends for longitudinal data presented in this CHA. The purpose of showing the below tables is to highlight areas where there has either been an improvement or regression/decline from 2016 through 2022 per indicator for Curry County. Further, these tables demonstrate the relationship between Curry County and statewide data to infer whether changes found in Curry County are due to state changes or changes unique to Curry County.

Figure 131: Demographics Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Demographics								
Overall Population Growth								
Oregon	n/a	n/a	n/a	n/a	n/a	n/a		
Curry County	22,623	22,681	22,850	22,981	23,305	23,683		
Spanish Speaking Population (%)								
Oregon	8.92%	9.04%	9.10%	9.08%	8.85%			
Curry County	3.20%	2.50%	2.80%	3.60%	3.00%			

Figure 132: Economic Stability Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Economic Stability								
People Living in Poverty								
Oregon	13.4%	13.2%	12.6%	11.5%	11.0%			
Curry County	14.1%	15.5%	14.9%	13.4%	14.5%			
Children Living at or Below 200% Federal Poverty Level								
Oregon	17.4%	16.7%	15.8%	13.7%	12.3%			
Curry County	24.5%	24.5%	22.3%	19.9%	21.2%			

Figure 133: Housing Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Housing								
Percentage of Housing Units Built Before 1979								
Oregon	54.8%	54.2%	53.6%	52.9%	52.0%			
Curry County	49.2%	46.8%	44.2%	44.1%	47.5%			
Average Household Size								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	2.12	2.13	2.13	2.12	2.1			
Vacant Housing Units (%)								
Oregon	9.4%	9.3%	9.1%	8.9%	8.2%			
Curry County	17.6%	19.2%	19.1%	18.6%	17.1%			
Single Occupancy Households (%)								
Oregon	27.8%	27.7%	27.6%	27.5%	27.4%			
Curry County	35.2%	36.3%	34.1%	33.0%	33.0%			
Single Parent Families (%)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	32.7%	36.9%	34.0%	22.1%	23.4%			

Figure 134: Education Access and Quality Trend Indicator Table



Year(s)	2018-19	2019-20	2020-21	2021-22	2022-23	Trend
Education Access and Quality						
Graduation Rate						
Oregon	80	83	81	81		
Curry County	77	82	79	80		

Figure 135: Food Environment Trend Indicator Table








Year	2016	2017	2018	2019	2020	2021	2022	Trend
Food Environment								
Adults and Children Living with Food Insecurity								
Oregon						11.5%	9.8%	
Curry County								
Adults and Children Living with Food Insecurity								
Oregon						14.6%	13.2%	
Curry County						17.9%	18.9%	
Rate of SNAP (Food Stamps) Recipients (Households)								
Oregon	18.8%	17.8%	16.8%	15.8%	15.0%			
Curry County	18.0%	17.4%	15.8%	15.8%	14.8%			
Percent of Pregnant People Served by WIC								
Oregon						27%	28%	
Curry County						n/a	28%	

Figure 136: Health Behaviors Trend Indicator Table




Year	2016	2017	2018	2019	2020	2021	2022	Trend
Health Behaviors								
2-Year-Old Immunization Rates								
Oregon			n/a	n/a	n/a	n/a	n/a	
Curry County			56%	54%	53%	60%	52%	
Adolescent Immunization Rates (Tdap)								
Oregon		93%	93%	93%	92%	90%	91%	
Curry County		88%	90%	89%	87%	81%	86%	

Figure 137: Health Outcomes Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Health Outcomes								
Crude Death Rate								
Oregon			862.7	882.8	942.5	1,054.3	1,042.9	
Curry County			1496.8	1800	2051.6	2,163.8	1,965.1	
Suicide, Adults								
Oregon			19.0	20.3	18.3	19.5		
Curry County			15.4	31.5	24.6	26.7		
Mentally Unhealthy Days per Month, Adults								
Oregon	4.1	4.6	4.4	4.4	4.7	4.7	4.5	
Curry County	3.9	4.3	4.4	4.4	4.6	4.8	4.6	
Adequacy of Prenatal Care								
Oregon					94.1%	94.2%		
Curry County					87.6%	91.6%		
Birth Rate								
Oregon					9.4	9.6		
Curry County					6.1	6.8		
Infant Mortality Rate								
Oregon			4.2	4.8	4.2	3.8		
Curry County			6.1		4.3			
Adults with Obesity								
Oregon	26.0%	26.4%	27.2%	28.3%	28.8%	29.3%	28.8%	
Curry County	29.0%	29.9%	31.0%	31.7%	34.2%	36.0%	29.8%	
Average Number of Physically Unhealthy Days								
Oregon	4.2	4.43	3.85	3.85	4.23	4.65	3.91	
Curry County	3.9	3.99	4.02	4.02	4.24	4.71	4.15	

Figure 138: Health Care Access and Quality Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Health Care Access and Quality								
Population without Insurance								
Oregon	10.41%	8.90%	7.30%	6.70%	6.50%			
Curry County	10.00%	7.40%	6.60%	6.10%	6.50%			
Access to Primary Care Physician								
Oregon	93.18	93.65	93.47	92.44	94.04	94.18	94.17	
Curry County	67.15	71.64	71.16	66.04	66.17	78.9	65.43	
Access to Mental Health Providers								
Oregon	355.17	402.41	441.73	476.85	521.61	551.01	605.14	
Curry County	165.66	262.42	325.8	361.73	398.9	423.12	454.84	
Access to Dentist								
Oregon	75.29	77.09	78.61	79.34	79.8	82.72	82.52	
Curry County	58.2	57.82	57.24	61.76	61.37	61.07	55.78	

Figure 139: Physical Environment Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Physical Environment								
Ambient Air Quality								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	3.25	4.19	5.8	4.24	7.29			
Number of Storm Events								
Oregon	n/a	n/a	19.0	20.3	18.3	19.5		
Curry County	39	66	15.4	31.5	24.6	26.7		
Number of Wildfires								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	0	7	10	0	0			
Number of Drought Weeks								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	19	12	34	16	45			
Available Recreational Opportunities								
Oregon	87.72%	87.72%	77.49%	88.33%	87.86%	87.86%	83.80%	
Curry County	94.40%	94.40%	93.60%	91.90%	91.90%	91.90%	89.70%	
Workers Who Drive Alone to Work								
Oregon	71.30%	71.30%	71.40%	71.50%	71.50%	71.70%	70.50%	
Curry County	73.80%	75.70%	76.50%	75.20%	77.20%	73.80%	73.60%	
Social Associations/Membership Involvement								
Oregon	10.41	10.41	10.24	10.29	10.17	10.21	10.06	
Curry County	11.19	11.61	12.01	12.77	9.26	9.21	8.29	
Violent Crime								
Oregon	9,589	10,542	11,180	11,052	10,798	12,726		
Curry County	7	9	41	46	25	30		
Children in Foster Care, Rate per 1,000								
Oregon				8.2	7.3	6.4		
Curry County				15.1	10.8	6.7		
Suspected Child Abuse (Screening Reports)								
Oregon					78,635	78,775		
Curry County					434	446		

While the work of the CHA is not to interpret or analyze data or determine if interventions conducted by CHP workgroups or other community organizations since the 2018 CHA worked, the intention of providing these tables is to give community partners a clear idea of potential CHP foci. The CHP – which is built from the CHA – is the strategic plan for health care systems and population health entities. Developing the CHP will include having community partners review and analyze/interpret data presented in this 2023 CHA and compare it to 2018 CHA data/CHP interventions, as applicable, and these tables may help advance that work.

Next Steps

The CHA is designed to provide insight into health and wellness in Curry County. It is part of the process to develop long-term goals to improve well-being in Curry County. Per OHA guidance, the purpose of the CHA is to identify “key health needs and issues through systematic, comprehensive data collection and analysis” (OHA Transformation Center, “Community health assessment and improvement plan guidance and training”). The CHA will help inform the community health improvement plan (CHP) and serve as a useful tool for community leaders to develop interventions that improve health in Curry County. The CHP - which is built from the CHA - is the strategic plan for health care systems and population health entities.

The CHP process will include a review of CHA data, a comparison of this data against 2018 CHA data and recent CHP interventions, and an assessment of next steps and interventions that can be conducted to improve the state of health and wellness for Curry County.

As indicated in the CHA introduction, community leaders living and working in Curry County were recruited to participate in the Curry County CHA Steering Committee (See Acknowledgements for member organizations). Throughout the course of the CHA, the research team worked with the Steering Committee to determine and identify factors that contribute to health disparities, identify assets and resources that can be used to improve the health of all communities served, identify the existence of programs that promote the health and treatment of children and adolescents, evaluate existing school-based health resources, and identify areas of improvement.

The research team held six meetings with the committee between August 2022 and July 2023. During the final meeting, committee members were asked to engage in a Delphi-like process, in which they were asked to hone needs, issues, and priorities in Curry County to include in the CHA. Committee members were asked to respond to six questions – five relating to what would “most improve” a social determinants of health metric (e.g., economic stability) and one related to the “activity or initiative” that most improved health and well-being in Curry County over the past five years. The research team used a survey platform to collect each members’ open-ended feedback related to the questions. And then, once a list of responses was generated, community members were asked to upvote or downvote each response – coming to a consensus on factors that may most improve health and wellness in Curry County and the activities and initiatives that most helped improve health and well-being over the last five years. Results of this process are shown below. These factors may be helpful areas for CHP foci.

Figure 140: Results from Steering Committee Member Delphi-Like Process, July 2023

RESULTS FROM STEERING COMMITTEE MEMBER DELPHI-LIKE PROCESS, JULY 2023	
Question	# of Votes
WHAT WOULD MOST IMPROVE ECONOMIC STABILITY?	
1. Affordable housing	4
2. Living wage jobs	4
3. Accessible/affordable childcare	3
4. Greater involvement from economic development staff at the county level	1
5. Direct assistance to individuals/families	1
WHAT WOULD MOST IMPROVE EDUCATION ACCESS AND QUALITY?	
1. Retention of educational leaders	4
2. More online availability for college classes	3
3. Equity approaches in schools	3
4. Additional technical education opportunities	3
5. Greater oversight and accountability of school administration and boards	2
WHAT WOULD MOST IMPROVE HEALTH CARE ACCESS AND QUALITY?	
1. Trauma informed training and accountability for emergency department providers	4
2. A place for women to give birth inside of the county	3
3. More providers	2
4. Additional urgent care clinics throughout the county	2
5. Street medicine for low-income community members/A county health authority	2 (each)
WHAT WOULD MOST IMPROVE NEIGHBORHOOD AND PHYSICAL ENVIRONMENT?	
1. Safer bike infrastructure	3
2. Walkability	3
3. YMCA-type services	3
4. Accessible parks	1
5. Greater accessibility for people with disabilities	1
WHAT WOULD MOST IMPROVE THE SOCIAL AND COMMUNITY ENVIRONMENT?	
1. Inclusivity of diverse ideology	2
2. New leadership at all levels	2
3. Tolerance	2
4. Community events for youth	1
WHAT ACTIVITY OR INITIATIVE HAS HELPED IMPROVE HEALTH AND WELL-BEING IN THE LAST FIVE YEARS?	
1. COVID-19 funds	3
2. School-based health centers from Coast Community Health Center	3
3. Southern Oregon Coast Pride expansion into Curry County	3
4. House Bill 3115: <i>Provides that local law regulating sitting, lying, sleeping, or keeping warm and dry outdoors on public property that is open to public must be objectively reasonable as to time, place and manner with regards to persons experiencing homelessness.</i>	3
5. Establishment of the Regional Health Equity Coalition	1

While the research team attempted to show as many health-related indicators in this CHA as possible, a number of data gaps were identified through the process. Below are recommendations for future data collection. This list is not a list of recommendations or prioritization of activities for CHP or community organizations, but rather a list including important indicators for health in the county where current and trusted data for Curry and/or Oregon are lacking. The research team invited community members to review and add to this list, and the hope of sharing it here is to drive additional data collection and study for Curry County in the future.

Data Gaps: Recommendations for Future Data Collection

- **Data on the impact of public health dissolution:** On April 28, 2021, the Curry County Board of Commissioners voted “to transfer its local public health authority to the state agency.” This means that Curry County no longer has a County-wide public health agency or county health department, and instead, the Oregon Health Authority provides limited public health services to Curry County (OHA, Technical Assistance for Local and Tribal Public Health Authorities). Throughout the CHA process, the research team heard concerns from the community about this decision and the dissolution of a county-wide public health agency. There is an assumption that the state of health will deteriorate in Curry County as a result of this; thus, the research team suggests collection data related to this closure and/or the closure’s impacts on the community.
- **Updated Homelessness/Houselessness data:** Homelessness/Houselessness is seen as a major challenge for Curry County. Curry County organizations are working to address this issue; for example, the Curry County Coordinated Office on Houselessness has a vision that: “The residents of Curry County will work together to address the root causes of houselessness, understand and support the struggles of our neighbors, and build pathways to ensure the region can provide stable, affordable housing and every resident can contribute to a proud community and a prosperous economy.” The research team could not locate recent point-in-time data or data from the Homeless Management Information System for Curry County to understand current homeless/houseless information.
- **Longitudinal data on K-12 education benchmarks:** Data from additional years for K-12 benchmarks would be helpful for comparing year-to-year performance and demonstrating change over time. Further, updated data for kindergarten and pre-kindergarten educational benchmarks is warranted. The research team recognizes the outdated data provided in this CHA as a limitation.
- **Longitudinal data on student health behaviors and benchmarks:** This is a requirement of the CHA process, yet data for this is lacking from reputable data sources and existing data lacks comparison between Curry County and Oregon overall.
- **Data regarding the treatment and prevention for children and adolescents in the community:** This is a requirement of the CHA process, yet secondary data for this is lacking from reputable data sources and was not fully uncovered through primary data collection. Specifically, it is important to collect, analyze, and review data to help “determine the sufficiency and effectiveness of the means to promote the health and early intervention in treatment and prevention for children and adolescents” (per 2023 CHA/CHP Evaluation Criteria).
- **Sexual orientation data:** This is a requirement of the CHA process, yet data for this is lacking from reputable data sources and existing data lacks comparison between Curry County and Oregon overall.
- **Data regarding access to and quality of college and trade schools:** It would be beneficial to get this data to better understand the educational environment in Curry County and analyze the adequacy and effectiveness of these programs on economic stability.

- **Additional measures of youth and adult diet and exercise:** According to the Centers for Disease Control and Prevention, regular exercise is “one of the most important things you can do for your health” (Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion). Additionally, a healthy, balanced diet helps children and youth “grow and develop properly and reduces their risk of chronic diseases” (National Center for Chronic Disease Prevention and Health Promotion). The research team believes it would be important to collect, analyze, and review updated data related to youth and adult diet and exercise for people living in Curry County. Currently available data is sparse and lacks granularity to explore and address these topics well.
- **Data on opioid and other drug use:** Drug overdose deaths have increased nationally, and well-over half of these deaths involve an opioid. The research team would like to review updated data at the county-level for these factors.
- **Data on long-term health outcomes related to COVID-19:** On March 8, 2020, the State of Oregon declared a state of emergency in response to COVID-19, marking the beginning of unprecedented challenges and tragedy across the globe. World-wide, there have been 767 million cases and nearly 7 million deaths attributed to COVID-19 (World Health Organization, 2023). In Oregon, there have been more than 975,000 cases of COVID-19 and 9,544 recorded deaths (Oregon Health Authority). There will be long-term health outcomes related to COVID-19. While these most likely will not be identified for some time, it will be important to collect, analyze, and review this data, specific to Curry County.
- **Data regarding intimate and domestic partner violence:** Intimate and domestic partner violence can lead to physical and sexual harm, behavioral and emotional harm, and even death. Additionally, children who grow up with exposure to this violence are “prone to numerous social and psychological problems” (Coos County District Attorney: Domestic Violence). The research team would like to review updated data at the county-level for this factor.
- **Data related to agricultural and other environmental pollution:** Focus group participants shared concerns about agricultural and other pollution. While there is data on water and air quality, the research team recommends future exploration and data into this topic based on questionnaire and focus group results.
- **Data that identifies health disparities and their contributing factors across all communities, including those defined by race, ethnicity, languages spoken, disabilities, age, gender, sexual orientation, and other factors:** This is a requirement of the CHA process, yet data for this is lacking from reputable data sources and existing data lacks comparison between Coos County and Oregon overall.

Appendices

Appendix A: Community Questionnaire

Questionnaire Introduction

Welcome to the Community Health Assessment Questionnaire! Oregon Health & Science University and Advanced Health in Curry County are collecting responses as part of a community health assessment that takes place every five years.

Community members' responses are essential to understanding strengths and improvement opportunities in Curry County. Your responses will provide a clearer picture of your County's health needs and help create a strong community health improvement plan.

This questionnaire is anonymous. Your name will not be attached to the questionnaire results, so people will not know who responded. Individual responses will not be shared. Responses will be combined before they are shared.

The questionnaire will take around 30 minutes and it is completely voluntary. As an appreciation for the time spent completing this questionnaire, you will be asked to enter your email address before submitting the questionnaire for a **chance to win one of ten \$100 Visa gift cards.**

Send inquiries about the questionnaire to Caitlin Dickinson at summerca@ohsu.edu.

Thank you for your participation in this important process!

Para solicitar una versión del cuestionario en español, por favor envíele un correo a summerca@ohsu.edu.

This questionnaire is intended for individuals 16 years and older who live and/or work in Curry County.

1. Which category below includes your age (in years)?

- Under 16 → *(If under 16 years old, finish and return the questionnaire here).*
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

2. Do you live and/or work in Curry County?

- I live and work in Curry County
- I live in Curry County but don't work here
- I work in Curry County but don't live here
- I neither live nor work in Curry County → *(If I neither live nor work in Curry County, finish and return the questionnaire here).*

3. How long have you lived or worked in Curry County?

- Less than a year
- 1 to less than 5 years
- 5 to less than 10 years
- 10 to less than 20 years
- Over 20 years

Health Status

Rating Health

4. Overall, how would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Neither healthy nor unhealthy
- Healthy
- Very healthy

5. Overall, how would you rate the health of your County?

- Very unhealthy
- Unhealthy
- Neither healthy nor unhealthy
- Healthy
- Very healthy
- General

6. Think about the past 12 months. How much do you agree or disagree with the following statements?

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
My County is a good place to live.				
My County is a good place to raise children.				
My County is a good place to grow old.				
I have supportive friends, family, and/or coworkers in my County.				
I feel like I belong in my County.				

Establishing Respondent's Definition of "Health"

7. "Health" can mean so many different things to different people. We would like to understand how you define the term. Rate how important or unimportant each item below is for good health, and please mark with a ✓ on the last column of the table above what you think are the TOP FIVE most important health issues in your community.

ITEM	NOT AT ALL IMPORTANT	SOMEWHAT IMPORTANT	EXTREMELY IMPORTANT	✓ TOP FIVE
Regular exercise				
Availability of local gyms, fitness centers, or fitness activities				
Food and nutrition				
Routine medical visits				
Reducing alcohol intake				
Reducing cigarettes/tobacco/electronic cigarette use				
Reducing cannabis/marijuana use				
Reducing prescription drug use (for example, oxycodone, Vicodin, codeine, morphine)				
Reducing illegal substance use (for example, heroin, cocaine, etc.)				
Use of seat belts and/or child safety seats				
Firearm safety (for example, hunter and firearm safety courses, safes, trigger and cable locks, lock boxes)				
Affordable housing				
Affordable utilities				
Clean environment (for example, air quality, waste management)				
Eliminating hazards in home environment such as radon, lead, or mold				

ITEM	NOT AT ALL IMPORTANT	SOMEWHAT IMPORTANT	EXTREMELY IMPORTANT	✓ TOP FIVE
Addressing homelessness				
Local peer groups (for example, organizations or clubs with similar interests or demographics)				
Reliable public transportation				
Enough traffic lights				
Protected bike lanes and sidewalks				
Access to healthy food via County convenience stores, supermarkets, or restaurants				
Access to healthy food via County gardens or farmer's markets				
Clean County drinking water				
Free or reduced price lunches for school-aged children				
Having enough food				
Ability to meet financial responsibilities				
Availability of jobs with a living wage				
Local, high-quality health care (for example, doctors in the County)				
Local health care specialists (for example, dermatologists, optometrists, audiologist, etc.)				
Affordable health services				
Access to maternal health services (for example, prenatal care, labor and delivery, and postnatal care)				
Treatment for chronic disease (for example, diabetes, heart disease, stroke, etc.)				
Cancer treatments				
Treatment for respiratory/lung disease (for example, asthma)				
Control of pandemic/epidemic disease spread such as COVID-19				
Control of other infectious disease spread such as Sexually Transmitted Infections (STIs), hepatitis, tuberculosis, HIV/AIDS				
Up-to-date vaccinations (for example, measles, influenza, mumps, pertussis, etc.)				
Oral/dental health				
Mental health services for stress, anxiety, depression, grieving, etc.				
Resources/help for social isolation/loneliness				
Resources for aging concerns (for example, Alzheimer's disease, arthritis, hearing/vision loss, adult caregiver support)				

ITEM	NOT AT ALL IMPORTANT	SOMEWHAT IMPORTANT	EXTREMELY IMPORTANT	✓ TOP FIVE
Senior services such as in-home support services, long term care				
Programs to address child abuse/neglect				
Affordable childcare				
Pediatric intervention support (for example, speech and language support)				
Quality of education for early childhood-aged community members (for example, early reading and math literacy)				
Quality of education for elementary school students				
Quality of education for middle and high school students				
Quality of education for college-aged community members and young adults (including trade schools)				
Graduation rates				
Sexual and reproductive health resources for teens				
Sexual and reproductive health resources for all community members				
Pregnancy prevention resources for teens				
Pregnancy prevention resources for all community members				
Prevention of infant death				
Bullying prevention				
Domestic violence prevention				
Homicide prevention				
Prevention of sexual violence such as rape, sexual abuse, assault, molestation, or sex trafficking				
Self-harm prevention				
Suicide prevention				
Emergency resources (for example, tsunami plan, shelter, emergency services, etc.)				

Needs

Potential Solutions

8. How much would the items below improve the quality of life in your County?

ITEM	WOULD NOT IMPROVE QUALITY OF LIFE AT ALL	WOULD SOMEWHAT IMPROVE QUALITY OF LIFE	WOULD SIGNIFICANTLY IMPROVE QUALITY OF LIFE
More affordable fitness centers			
More physical fitness options			
Better access to substance use treatment for legal substances (<i>for example, alcohol, tobacco, and marijuana</i>)			
Better access to substance use treatment for illegal substances			
Better access to affordable housing			
More programs to address homelessness			
More public transportation options			
More protected bike lanes and public sidewalks			
More affordable food			
More healthy food options			
More food bank locations			
Longer food bank hours			
Cleaner drinking water			
More jobs			
More childcare providers			
More affordable childcare			
More health care options			
More affordable health care			
More mental health services			
More sexually transmitted infections testing centers			
Affordable sexually transmitted infections testing			
More vaccination clinics			

ITEM	WOULD NOT IMPROVE QUALITY OF LIFE AT ALL	WOULD SOMEWHAT IMPROVE QUALITY OF LIFE	WOULD SIGNIFICANTLY IMPROVE QUALITY OF LIFE
Affordable vaccinations			
Affordable senior living			
Making education more accessible for early childhood-aged community members			
More resources/educational programs for prevention of sexual violence such as rape, sexual abuse, assault, molestation, or sex trafficking			
Making education more accessible for elementary school students			
Making education more accessible for middle and high school students			
Making education more accessible for college-aged community members and young adults			
More neighborhood watch organizations			
Improved access to shelters			
More safety training courses for the public (<i>for example, CPR, self-defense</i>)			
More equity/inclusivity training for the public			
Better driver's education classes			

9. Do you go to these health services (physical, mental, and social) in your County? If you do not go, would you if your County provided these health services?

ITEM	I GO HERE FOR... (Select all that apply)			I DON'T GO HERE (Choose ONE answer)			I DON'T KNOW WHAT THIS IS
	PHYSICAL HEALTH SERVICES (including dental and vision)	MENTAL HEALTH SERVICES	SOCIAL SERVICES	I WOULD GO HERE IF MY COUNTY HAD THIS	I WOULD NOT GO HERE IF MY COUNTY HAD THIS	I HAVEN'T NEEDED AND DON'T PLAN ON NEEDING THIS SERVICE	
Family medicine/pediatrician's office							
Specialist's office (for example, a dermatologist)							
Community health center (for example, Coast Community Health Center, Waterfall Community Health Center)							
Hospital							
Urgent care office							
Faith-based organizations							
Community based organizations (for example: food banks; Meals on Wheels; United Way; St. Timothy's)							
Tribal Wellness Centers							
Advocacy organizations (for example, CASA; Friends of Public Health; Southern Oregon Coast Pride; South Coast Regional Early Learning Hub)							
Schools or school-based health resources							
Government agencies (for example, Oregon Department of Human Services [ODHS]; Women, Infants and Children [WIC]; WorkSource)							
Web-based professional (for example, BetterHelp, LiveHealth)							
Website (for example, WebMD)							
Libraries							
Family member							
Friend or community member							
Social media							
211: info: a non-profit organization that helps people identify, navigate, and connect with the local resources they need							
988: the national suicide and crisis lifeline							

10. What is your source of health insurance today? (Please check all that apply)

- A plan purchased through an employer or union (*includes plans purchased through another person's employer; for example, COBRA*)
- A plan that you or another family member buys on your own (*for example, marketplace*)
- Medicaid (Advanced Health Coordinated Care Organization or AllCare Coordinated Care Organization), Oregon Health Plan, or other state programs
- Medicare
- Veterans' Administration
- Alaska Native, Indian Health Service, Tribal Health Services
- I have no health care insurance
- Other (Please describe: _____)
- I don't know
- I don't want to answer

Personal and Household Characteristics

The questions below align with the Race, Ethnicity, Language, and Disability (REALD) standards. REALD is a type of demographic information, like age, marital status, employment and more. Please know that your privacy is very important to us. These questions are not mandatory; however, we ask that you please answer these questions if you can, and know that all information you share with us will remain completely confidential. As a reminder, the questionnaire is anonymous. Your name will not be attached to the questionnaire results, so people will not know who responded. You may skip any demographic question(s) you do not wish to answer.

Why do we ask these questions? *Many community partners and community members advocated for this standard in Oregon because previous data collection was too general and did not provide individuals the option to select more detailed information about Race, Ethnicity, Language, and Disability. Aligning with REALD standards allows us all the opportunity to get a clearer picture of our communities, which, in turn, impacts funding, resources, and the stories we tell through data. This information can be useful when creating health programs, designing community initiatives, and recognizing groups of people who experience specific barriers or could use help in certain areas.*

11. What is your racial/ethnic identity? (Please check all that apply)

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
(Please specify: _____)
- Don't Know/Unknown
- Don't Want to Answer/Decline

Black or African American

- African-American
- African (Black)
- Afro-Caribbean
- Ethiopian
- Somali
- Other Black or African American
(Please specify: _____)
- Don't Know/Unknown
- Don't Want to Answer/Decline

Hispanic or Latino/a/x

- Central American
- Mexican, Mexican Am., Chicano/a/x
- South American
- Puerto Rican
- Cuban
- Other Hispanic and Latino/a/x
- Don't Know/Unknown
- Don't Want to Answer/Decline

Middle Eastern/North African

- Middle Eastern
- North African
- Other Middle Eastern/North African
(Please specify: _____)
- Don't Know/Unknown
- Don't Want to Answer/Decline

American Indian or Alaska Native

- American Indian [Tribal affiliation]
- Alaska Native (Please specify)
(Please specify: _____)
- Indigenous Mexican, Central American,
or South American
(Please specify: _____)
- Other American Indian or Alaska Native
(Please specify: _____)
- Don't Know/Unknown
- Don't Want to Answer/Decline

Native Hawaiian or Pacific Islander

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander
(Please specify: _____)
- Don't Know/Unknown
- Don't Want to Answer/Decline

White

- Eastern European
- Russian
- Slavic
- Western European
- Other White (Please specify)
-
- Don't Know/Unknown
- Don't Want to Answer/Decline

- Other**
(Please specify: _____)

- Biracial/Multiracial**

- Don't Know/Unknown**

- Don't Want to Answer/Decline**

12. If you selected more than one racial or ethnic identity above, please select the ONE that best represents your racial or ethnic identity.

- Asian
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern/North African
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- White
- Other
(Please specify: _____)
- Biracial/Multiracial
- Don't know/Unknown
- Don't want to answer/Decline

13. What is the highest grade or year of school you completed?

- Less than 9th grade
- 9th-12th grade, no diploma
- High school graduate (included GED)
- Trade/technical training program
- Some college credit, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

14. What is your current employment status? (Select all that apply)

- Employed, full-time
(including self-employment)
- Employed, part-time
(including self-employment)
- Employed, working more than 1 job
- Employed, seasonable job
- Unemployed
- Caregiver
- Student
- Retired
- Other
(Please specify: _____)
- I don't know
- I don't want to answer

15. What was your annual household income last year (2022) before taxes?

- No income
- \$1 - \$10,000
- \$10,001-\$25,000
- \$25,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$100,000
- \$100,001-\$150,000
- \$150,001-\$250,000
- More than \$250,000
- I don't know
- I don't want to answer

16. How many people does this income support?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people
- I don't know
- I don't want to answer

17. Do any children aged 18 years or younger live in your household?

- Yes
- No
- I don't know
- I don't want to answer

18. What is your zip code? _____

19. What language(s) are spoken at home?

(Select all that apply)

- English
- Spanish
- American Sign Language (ASL)
- Mandarin
- Cantonese
- Tagalog
- Vietnamese
- Arabic
- French
- Korean
- Russian
- Other
(Please specify: _____)
- The language I speak at home/spoken in my home is endangered.

20. What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?

- English
- Spanish
- American Sign Language (ASL)
- Mandarin
- Cantonese
- Tagalog
- Vietnamese
- Arabic
- French
- Korean
- Russian
- Other
(Please specify: _____)

21. What language would you prefer to use to read important written information such as medical, legal, or health information?

- English
- Spanish
- American Sign Language (ASL)
- Mandarin
- Cantonese
- Tagalog
- Vietnamese
- Arabic
- French
- Korean
- Russian
- Other
(Please specify: _____)

22. What is your housing situation?

(Select all that apply)

- Home, condominium, or apartment (I own)
- Room, home, or apartment (I rent)
- Long-term care/residential facility
- Nursing home
- Public housing
- Live with parent or family member
- RV or motorhome
- Couch surfing
- Shared housing/shared housing arrangement
- Emergency shelter or transitional housing
- Jail, prison, or juvenile detention facility
- Unhoused
- Other arrangement
(Please describe: _____)
- I don't know
- I don't want to answer

23. What pronouns do you use?

(Select all that apply)

- She/Her
- He/Him
- They/Them
- No pronouns, use my name
- Not listed
(Please specify: _____)
- I don't know
- I don't want to answer

24. What is your gender? (Select all that apply)

- Woman
- Man
- Agender/No gender
- Feminine-leaning
- Masculine-leaning
- Non-binary
- Questioning
- Transgender
- Not listed
(Please specify: _____)
- I don't know
- I don't know what this question is asking
- I don't want to answer

25. How do you describe your sexual orientation or sexual identity? (Check all that apply)

- Same-gender loving
- Same-sex loving
- Lesbian
- Gay
- Bisexual
- Straight (attracted mainly to or only to other gender[s])
- Pansexual
- Asexual
- Queer
- Questioning
- Not listed
(Please specify: _____)
- I don't know
- I don't know what this question is asking
- I don't want to answer

26. Are you deaf or do you have serious difficulty hearing?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

27. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

28. Do you have serious difficulty walking or climbing stairs?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

29. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

30. Do you have difficulty dressing or bathing?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

31. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

32. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

33. Because of physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

34. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

35. If you needed access to quality healthcare today, would you be able to afford it?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

36. Have you ever avoided or delayed important health care services because of fear or discomfort?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

37. Have you ever felt discriminated or been discriminated against by the health care system (for example, doctors, health plans, clinics, hospitals, other health care providers and/or staff)?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

38. Do you trust the health care system (for example, doctors, health plans, clinics, hospitals, other health care providers and staff) to meet your needs and support your wellbeing?

- Yes
- No
- I don't know
- I don't know what this question is asking
- I don't want to answer

39. (If respondent selected "Yes" to Q37 or Q38, or "No" to Q39) If you'd like to share, please describe any situation(s) where you felt fear, discomfort, discriminated, or distrust in the health care system.

Open Ended

40. Is there anything else that you would like to share when it comes to your health and wellness or your County's health and wellness?

41. Do you have suggestions for how to improve this questionnaire for future community health assessments?

42. Is there anything else that you wish to say?

We thank you for your time spent completing this questionnaire.

Gift Card Raffle

Thank you very much for completing the Community Health Assessment Questionnaire. Your responses will be combined with everyone else's who completed the questionnaire in your County to understand strengths and identify improvement opportunities. As a thank you for your time, we would like to provide a chance to win one of ten \$100 Visa gift cards.

If you'd like to participate in the voluntary gift card raffle, please enter your preferred contact information below.

Appendix B: Community Focus Group Guide

Curry County Community Health Assessment Focus Group Guide

Welcome! Thank you so much for being here today.

We are here today to learn about the health issues that are important to you and others in Curry County. We are also hoping to learn about resources that are available in your community that support health, as well as resources or support that may be needed or missing. The information we are hearing from all of you today will be helpful in finalizing the community health assessment for Curry County. We are very grateful to hear your thoughts!

During our time together, you may feel free to say as much or as little as you like. If you have questions during our discussion, please feel free to stop me and ask them. We are recording today's conversation so we can collect your comments as a participant. On the sign-up sheet, please indicate how you'd like us to refer to you if we use your comment in the assessment.

Are there any questions before we begin?

1. To start, we'd like to get to know you... Can you please introduce yourself and share one of your favorite things about living in Curry County?
2. What about Curry County makes this a healthy place to live?
3. What are the most important issues that must be addressed to improve health in Curry County?
4. What resources does the community have to address the above issues?
5. What resources are needed that aren't currently available?
6. Have you or any member(s) of your family experienced access to health care issues you'd like to share?
7. What ideas (strategies) do you have to help your community get or stay healthy and/or that could improve access to care?

Thank you all for joining us today! Your thoughts are very important, and today's conversation will help us create a strong community health assessment for Curry County. Is there anything that we didn't ask about that you think is important for us to know?

Thank you again.