

Community Health Status Assessment

EXECUTIVE SUMMARY

The Community Health Status Assessment (CHSA) is one of four assessments completed as part of the 2015-2016 Lane County Community Health Needs Assessment (CHNA). The CHSA provides quantitative information on community health conditions and answers the following questions:

- *How healthy is the community?*
- *What does the health status of the community look like?*

A subcommittee with experience in data collection and analysis worked together to identify data that best represented the health status of Lane County, Oregon. Each member of the assessment team was assigned to gather data for a selection of the core health indicators suggested for the MAPP process. Similar to other communities, Lane County has unique issues that may contribute to health conditions unlikely to be present in all communities. Therefore, focus was placed on identifying locally-appropriate indicators and pertinent health issues. When possible, county level data was used to compare against state and national data and analyzed by race/ethnicity, sex, and age to offer insight into health disparities that may affect specific subgroups in the community.

Overall, Lane County is a moderately healthy community with well-educated and active residents. The 2015 County Health Rankings and Roadmaps rank Lane County 16th out of 34 counties in Oregon for overall health outcomes (length of life and quality of life) and 9th for health factors (health behaviors, clinical care, social and economic factors, and physical environment). Although good health outcomes and behaviors are prominent in Lane County, there are still gaps to be addressed. In Lane County, as throughout the rest of the nation, health status and quality of life are intimately tied to numerous social and environmental factors including income, poverty, race/ethnicity, education level, geographic location, and employment status.



KEY FINDINGS

The key findings below summarize data from surveys, birth and death records, and other available sources of data about the health of Lane County. The final Community Health Status Assessment Report, available June 2016, will include detailed findings and data, including referenced sources.

People (Demographic Characteristics)

Growth:

With a population of 353,382, Lane County is the 4th most populous count in Oregon. The Eugene-Springfield metro area contains over 60% of the county's population, and outside of the metro area, Lane County is largely rural and unincorporated. The county's population is growing (almost 10% from 2000 to 2013) at a slightly slower rate than Oregon's.

Aging:

Our county has a higher percent of the population (compared to Oregon) falling between the ages of 18-24, due to the number of local colleges and universities. The county's over-65 age group is larger than Oregon, and several rural communities have significantly older populations than the county as a whole. Finally, the under-18 age group is slightly decreasing, while Oregon is seeing a slight increase.

Race/Ethnicity:

While still predominately white, Lane County is becoming increasingly diverse. Hispanics are the largest and fastest growing minority group in the county: from 2000 to 2013 there has been an 81% increase.

Language:

3.03% of the population has limited English proficiency, compared to 6.21% of the Oregon population.

Veterans:

Similar to the state, approximately 11% of Lane County's civilian population 18 years+ are civilian veterans

Disabled:

Approximately 15% of the county's civilian noninstitutionalized population has a disability (hearing, vision, cognitive, ambulatory, self-care), slightly more than the state percent.

Medicaid Demographics:

Lane County's Medicaid population has increased dramatically recently, from approximately 49,677 members (December 2013) to 90,606 (February 2015). The majority of this increase was in the adult population; the bulk of the members are now no longer mainly children.

Social and Economic Characteristics

Employment:

Lane County's unemployment rate is currently similar to the state rate. Lane County traditionally has an unemployment rate somewhat higher than the national and state level. While unemployment reached a high during the recent recession, the rates are currently on the decline. Overall, black/African-Americans, Latinos, youth and adults with less than a high school diploma are more likely to be unemployed.

Income:

The median income of all households consistently lags as compared to Oregon and the United States. There is also a highlighted disparity of income between white households and households of other races.

Poverty

Approximately 20% live below poverty level, more than the state and national rate. Almost 22% of Lane County's total population is receiving SNAP benefits. The percentage of students eligible for the Free and Reduced Lunch Program in Lane County is 52.2% - higher than in Oregon (50.79%). In addition, districts across Lane County vary significantly.

Education:

Oregon has the 4th worst four-year high school graduation rate in the nation, with Lane County continuously falling below the state average. Lane County's 2014 rate was 69.4% with disparities evident in minority populations, disabled, economically disadvantaged, and in certain school districts. Positively, a high percentage of the population is enrolled in college or graduate school.

Early Childhood Development:

Kindergarten assessment scores are strong and slightly higher than Oregon.

Housing:

In Lane County, 41% of householders are cost burdened (paying more than 30% of their income for housing), slightly higher than Oregon. Students may make up a large portion of this percentage. Without means of support other than educational and family assistance, students increase the number of households in Lane County living below poverty level. Students add to the demand for housing and are often able to pay the higher rent costs due to other sources of income. This often leaves those lacking additional financial support without affordable and sometimes safe housing.

Homelessness:

The Point-In-Time Count is a snapshot of the number of sheltered and unsheltered individuals during a specified 24-hour period and offers a baseline to quantify the number of individuals who are homeless on any given day. In 2015, the Lane County homeless count was 1,473, lower than the previous year. After Multnomah County, Lane County has the largest homeless population in the state. Almost 5% of K-12 students in the county are homeless, higher than the state's 3.3%.

Family and Community Structure (Quality of Life and Social Connectedness):

Lane County and Oregon have strong community participation in the forms of voter registration, volunteerism, and involvement in social, civic, sports, and/or religious groups. A low number of county youth are not in school and not working.

Abuse/Neglect and Violent Crime:

The violent crime rate and child abuse/neglect rate are both higher than Oregon.

Healthy Environments

Housing Safety and Quality:

About 60% of homes in Lane County were built prior to 1979, the year when lead paint was banned from use in homes.

Air Quality

Air quality is generally consistent with the state overall, with an average of about 11 unhealthy air quality days annually.

Soil and water quality:

Water and soil quality is generally rated well, however no communities in Lane County have access to fluoridated water.

Access to goods and services:

Access to parks and open space is relatively high in Lane County, but does vary by neighborhood in the metro area. Public transit is readily available in the metro area, but is limited or lacking in outlying and rural areas. Tobacco, alcohol and firearm retailers are readily accessible in most incorporated areas of Lane County. Fast food is similarly accessible, while access to full service grocers and farm stands varies throughout the county and “food deserts” do exist both in the metro area and in outlying communities.

Health System (Public Health, Medical and Human Services)

Insurance Access and Affordability:

The percent of the population without health insurance has declined dramatically since implementation of the affordable care act. Currently about 6% of the population is without health insurance. Prior to implementation of the ACA, cost prevented approximately 15% of adults from seeing a provider when needed.

System capacity:

Lane County has the 3rd highest physician FTE in the state, but ranks in the middle with regards to the physician to population ratio. About 40% of physicians are in primary practice. Access does vary among urban and rural communities, and some rural areas have the highest unmet need in the state. Lane County Public Health is staffed with about half of the FTE of similarly sized health departments nationally and funded at \$34 per capita, compared to an average of \$39 nationally.

Preventative Health Services

Use of preventative screening and health services is generally lower in Lane County than in Oregon overall. Dental care utilization is comparable to the state overall.

Healthy Living (Health Behaviors)

Alcohol, tobacco and drug use

Tobacco use has declined over the past decade, yet it remains the leading preventable cause of death and tobacco use is higher in Lane County than in Oregon overall. Adult binge drinking is also higher, while binge drinking and alcohol use in general in youth has declined and remains comparable or lower in Lane County. Prescription drug abuse is higher in Lane County than in Oregon. Illicit drug use and marijuana use is comparable to the state overall, but higher than national rates.

Physical Activity and Nutrition

More adults meet guidelines for physical activity and fruit and vegetable consumption than the state overall, however only about 1 in 4 do so. Lane County youth are more likely to meet physical activity guidelines, but are less likely to consume fruits and vegetables than Oregon youth overall.

Sexual Activity in Youth

Rates of sexual activity in youth is higher in Lane County than Oregon, yet youth who had sexual intercourse are more use a condom and contraception, and are less likely to use alcohol or drugs at the time of intercourse.

Pregnancies and Prenatal Care:

Overall, birth rates have declined over the last decade. Similarly, births to teen aged mothers have also declined. The percent of women who receive prenatal care in the first trimester has declined slightly, but remains around 80%.

Birth, death, illness and injury

Life expectancy has continued to rise in Lane County and is comparable to the state overall.

Chronic Diseases:

Chronic diseases and accidents remain the leading causes of death in Lane County, led by cancer and heart disease. Deaths from the most common cancers (lung, prostate, breast cancer) and heart disease have steadily declined, most likely due to decreasing overall tobacco use; however tobacco use remains the leading preventable cause of death.

Rates of obesity, asthma, high blood pressure, and high blood cholesterol are higher in Lane County than in Oregon, while heart disease and cancers occur at rates similar to or slightly lower than the state overall.

Injury:

Motor vehicle accident deaths have steadily declined; however suicide rates have slowly increased over the last decade in Lane County and in Oregon and suicides are more common than vehicle accidents between the ages of 15-44 years of age. Alcohol induced deaths have also increased. Drug poisonings have declined in recent years, but are higher than they were a decade ago. Gun related deaths in youth are higher in Lane County than in Oregon overall.

Births

Infant mortality rates are generally higher in Lane County than the state average and have increased slowly over the past decade, while preterm births have declined in recent years.

Infectious Diseases

Sexually Transmitted Diseases (Chlamydia, Gonorrhea, Syphilis) have steadily risen over the last decade, and rate has accelerated in the past 5 years.