

2023 Coos County Community Health Assessment



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2023 Community Health Assessment Partners



Executive Summary

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

Partners and volunteers formed a steering committee, providing important 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, substance use treatment, seniors and retirees, mental, oral, and physical health, education, and other important health-related organizations. The CHA attempted to engage as many community members as possible to provide a clear picture of the health-related strengths and challenges in the community.

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 Coos 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 Coos County CHP Progress Report, the Coos County community has specifically focused on addressing: 1) Adversity, Trauma, and Toxic Stress; 2) Prevention; 3) Housing and Homelessness; 4) Food and Nutrition; 5) Transportation; 6) Economic Stability; 7) Access and Integration of Services; 8) Behavioral Health and Addictions; and 9) Coordination, Collaboration, and Communication (Coos County Community Health Improvement Plan Progress Report, July 2020 through June 2021). These factors align with the social determinants of health 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 clear 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 Coos County. The use of primary data alongside secondary data is a strength of the CHA process; however, there are instances where the opinions of community members do not match the secondary data.

Throughout the focus groups, community members shared that the area's natural beauty was a strength of the county, as was access to outdoor recreation which encouraged exercise for Coos County residents. Additionally, they shared that, while food prices have been increasing, farmers' markets and local food programs help to facilitate healthy eating. When asked to rank the most important health factors in Coos County, questionnaire respondents reported that affordable housing was the most important followed by food and nutrition, addressing homelessness, reducing illegal substance use, and mental health services.

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 Coos 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 hired 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 the document, ORPRN will be referred to as the “research team.” CCO representatives, OHA and community volunteers guided 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 providers (both in-patient and out-patient settings), seniors and retirees, Tribal community representatives. Figure 1 shows the organizations that committee members represented.

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.

Steering Committee Partner Organizations

- 211 Info
- Advanced Health
- Advantage Dental
- Bay Area First Step
- Coos Bay School District
- Coos County Commissioners
- Coos Health & Wellness
- Kairos Northwest
- Oregon Coast Community Action
- Oregon Department of Human Services
- Oregon Health Authority
- Oregon State University Extension
- Retirees and Seniors
- South Coast Regional Early Learning Hub
- United Way of Southwestern Oregon

Figure 1 List of Steering Committee Partner Organizations

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. The Coos County CHA relies on a broad definition of health rooted in the 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.”

An SDoH approach to the CHA acknowledges that a majority of the factors that influence health occur outside of a medical setting. Therefore, much of the data presented in the CHA aligns with SDoH.

To create a robust and equitable Coos 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 Coos 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 were also conducted with priority populations like LGBTQ+, ethnic and racial minority groups, youth, and members of the homeless community. Details on the data collection and analysis for the focus groups and community questionnaire are provided below. Secondary data is shared throughout the CHA to supplement primary data results.

Community Health Assessment Questionnaire

The research team, with input and approval from the Steering Committee and Advanced Health, developed a questionnaire that would help inform the following topics within the county: the health status, needs, and

assets of the communities; health disparities among all of the communities; the existence of programs that promote the health and treatment of children and adolescents; and understand 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 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 Community 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.

The research team collected completed questionnaires from community members in Coos County between February 2023 and May 2023. In an effort to increase questionnaire completion, an incentive was offered to community members after completing the questionnaire, which included a chance to win one of ten \$100 Visa gift cards. Midway through the data collection efforts, the research team analyzed the demographic questions for the questionnaire and compared them to the most recent Coos County census data to determine if more efforts were needed to engage specific populations in completing the questionnaire (e.g., individuals from specific age groups and/or housing status, etc.). The community questionnaire can be found 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 CCO, developed a focus group guide designed to capture community perspectives on health needs, challenges, and priorities in Coos 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 Coos 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 Coos 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. Additionally, participants who completed a focus group received a complimentary meal and a \$75 Visa gift card. 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 LGBTQ+, senior, homeless, and Spanish-speaking community members. A focus group was also held for youth aged 16 to 24. The research team hosted a total of 11 focus groups in Coos County in April and May of 2023, with a total of 121 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.

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

Notes and transcripts from the focus groups were analyzed using a thematic approach. The research team reviewed the notes and transcripts to identify and analyze any 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 secondary data analysis and analysis of questionnaire data.

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 time period. Therefore, some gaps and limitations 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, concluding 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 Coos 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 Coos 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.

2023 Coos County Community Health Assessment

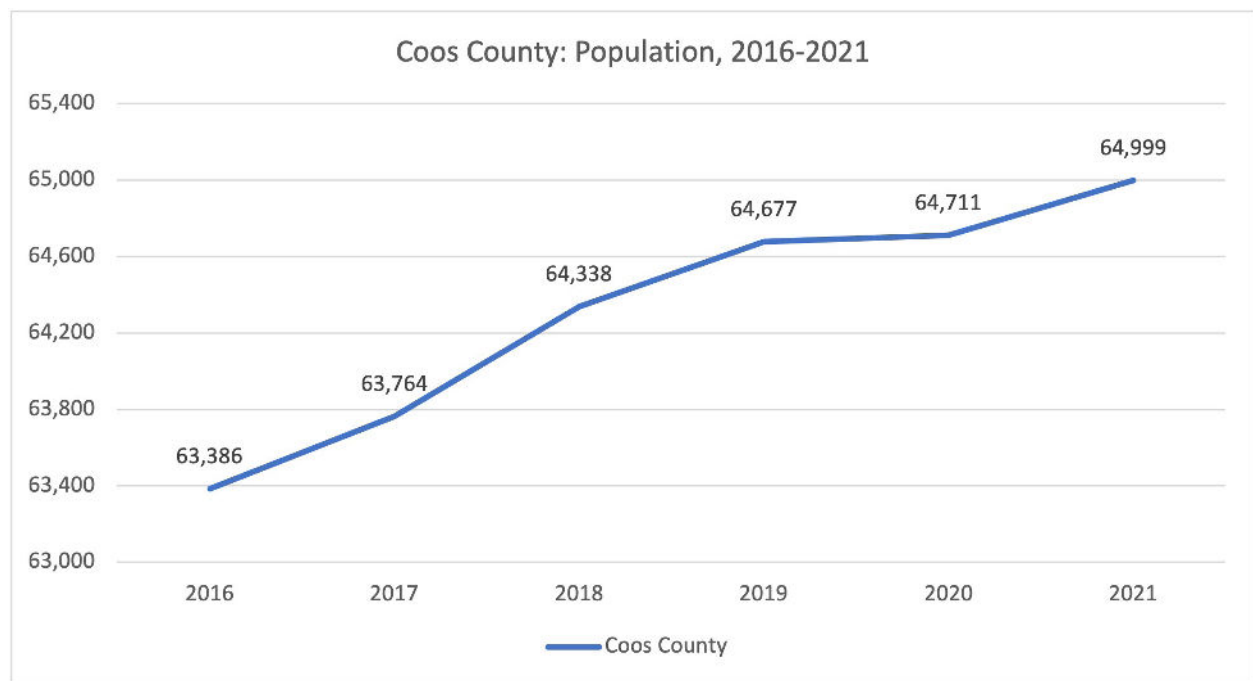
About Coos County

Coos County derives its name, “Coos,” “from one of the areas Native American Tribes and has two meanings: lake and place of pines.” The county is in southwest Oregon along the Pacific Ocean and, with a population of 64,999, is among the most populous coastal counties in Oregon.

According to the Bay Area Chamber of Commerce (2023), the economy in Coos County specializes in agriculture, forestry, fishing, hunting, arts, entertainment, and recreation. Healthcare and social assistance makes up the largest industry in Coos County, followed by retail trade and manufacturing. The industry with the highest pay is utilities with finance and insurance, and educational services ranking second and third respectively.

Coos County experienced population growth each year from 2016 to 2021, with the population being 64,999 based on the most recent United States Census Bureau data.

Figure 2: Coos County Population (2016-2021)



Source: United States Census Bureau (2016–2021)

The incorporated cities in Coos County are Bandon, Coos Bay, Coquille (County seat), Lakeside, Myrtle Point, North Bend, and Powers. In addition to the incorporated communities of Coos County, there are several census-designated places and more than two dozen unincorporated communities.

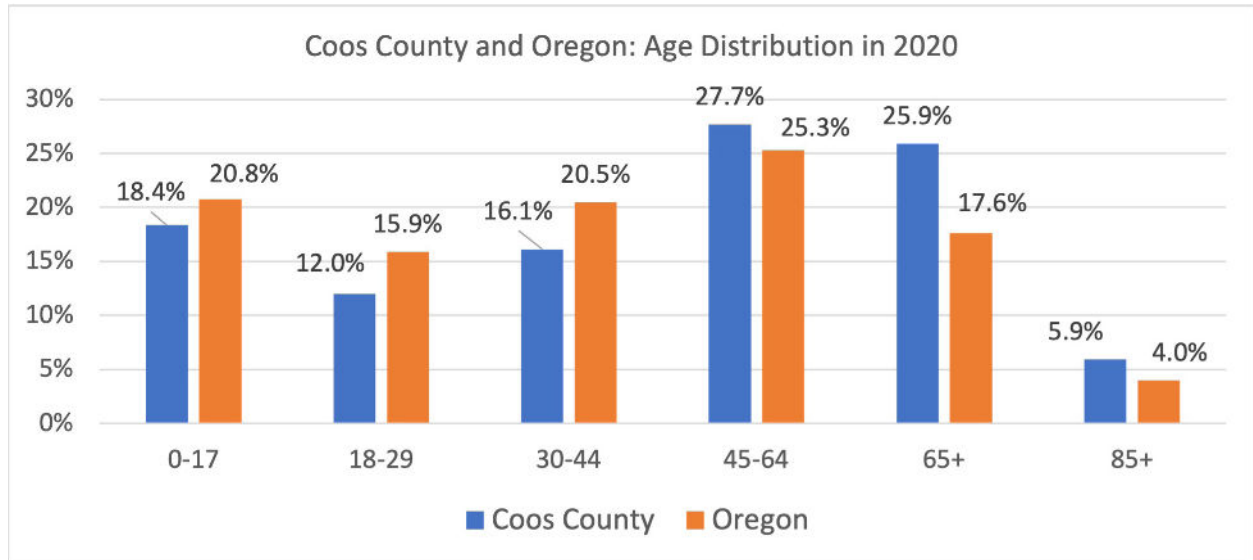
Demographics

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

Age Distribution

The 65 and older population in Coos County is 25.9 percent compared to 17.6 percent state-wide (Figure 3). Overall, Coos County has a higher percentage of adults 45 and older, while the percentage of children and adults 18-44 is lower when compared to Oregon as a whole.

Figure 3: Coos County and Oregon: Age Distribution in 2020



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

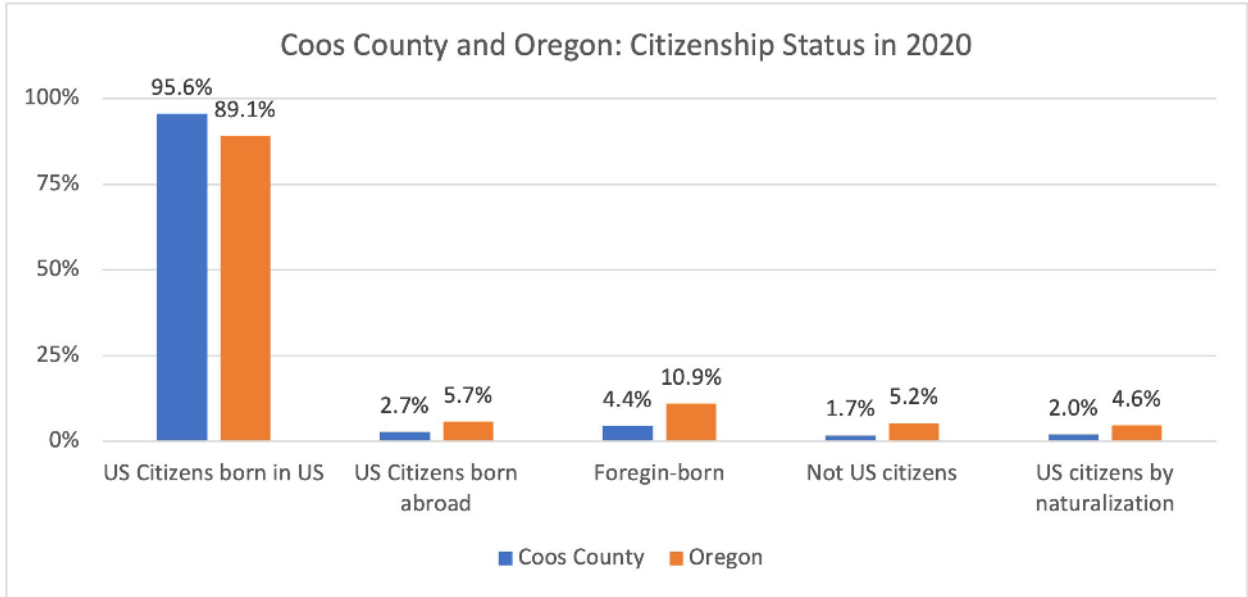
“I enjoy this community and all of the people here.”

-Focus Group Participant

Citizenship Status

A majority of Coos County residents are US citizens, with 95.6 percent of residents being US citizens who were born in the US, 2.7 percent being born abroad, and 2 percent becoming citizens by naturalization (Figure 4). Foreign-born residents (including US and non-US citizens) make up 4.4 percent of Coos County residents. Those who are not US citizens make up 1.7 percent of Coos County.

Figure 4: Coos County and Oregon: Citizenship Status in 2020

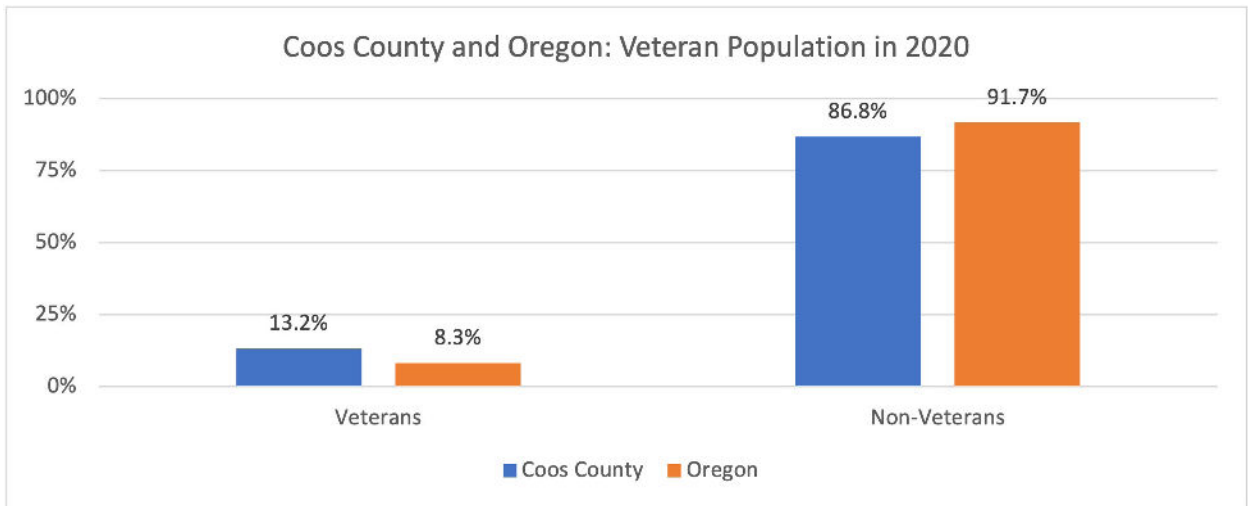


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Veteran Population

In 2020, 13.2 percent of Coos County residents are Veterans, which is nearly 60 percent higher than Oregon as a whole, which reported 8.3 percent of civilians who are veterans in 2020 (Figure 5).

Figure 5: Coos County and Oregon: Veteran Population in 2020

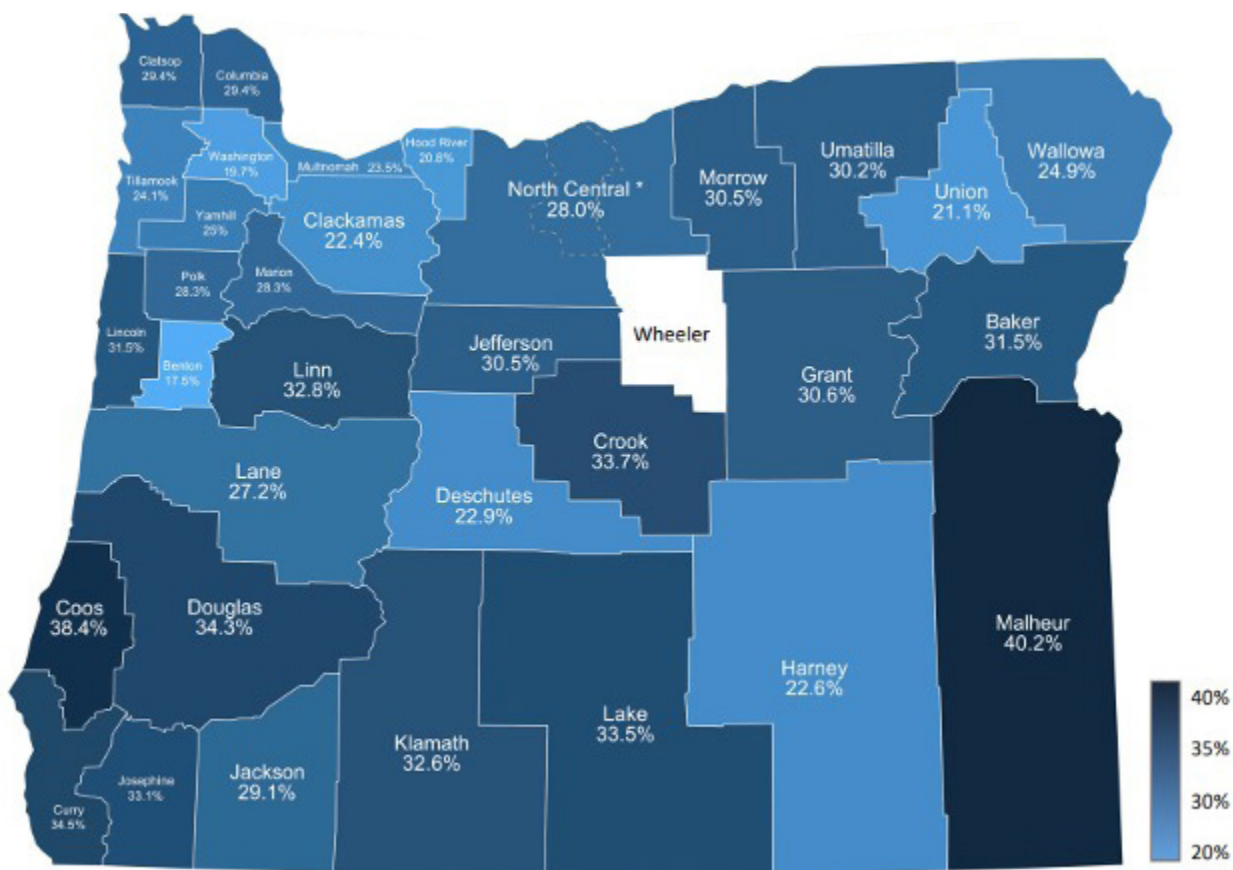


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Disability Prevalence

Based on data from the Oregon Office on Disability and Health (OODH), Coos County has the second highest disability prevalence in Oregon at 38.4 percent (Figure 6). 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 6: Prevalence of Any Disability Among Oregon Adults

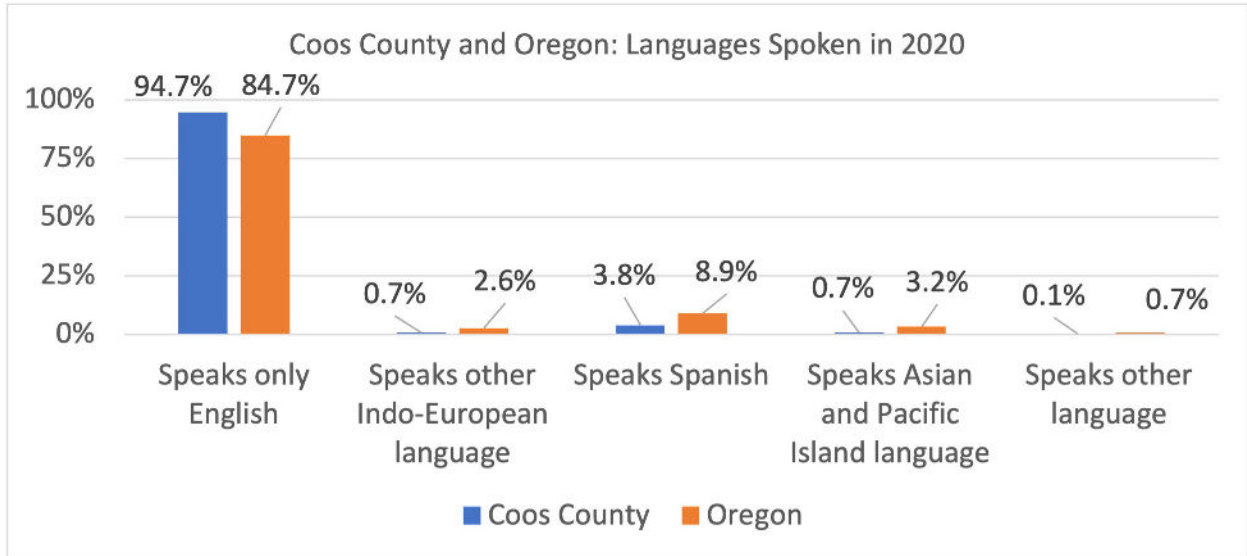


Source: Oregon Office on Disability and Health

Languages Spoken and English Proficiency

94.7 percent of Coos County only speaks English, 3.8 percent of the population speaks Spanish, 0.7 percent speaks other Indo-European languages, and 0.7 percent speaks Asian and Pacific Island languages (Figure 7). The remainder of the population, 0.1 percent, speak other languages.

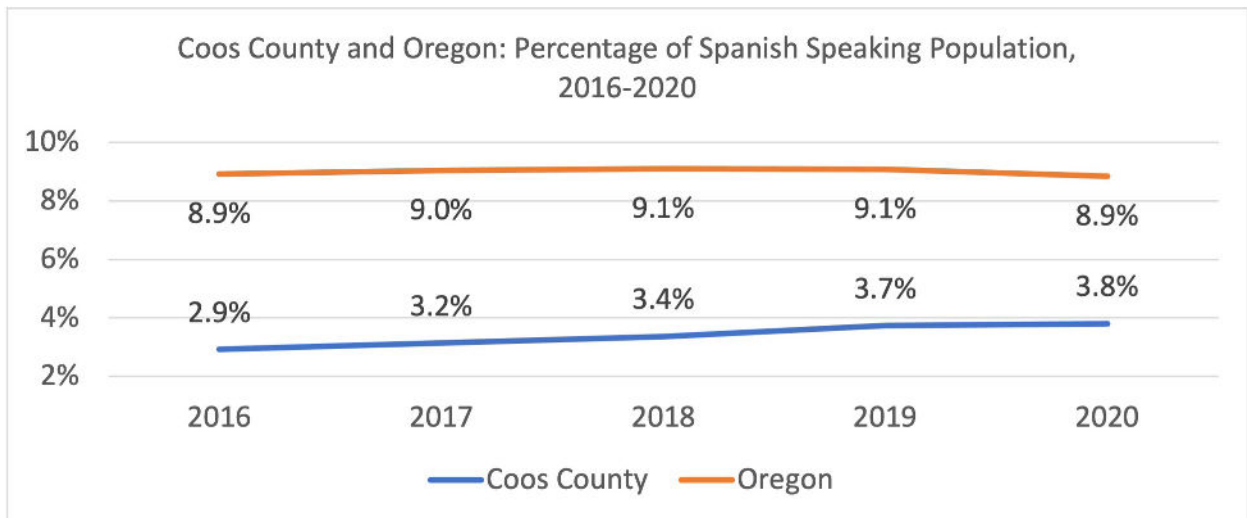
Figure 7: Coos County and Oregon: Languages Spoken in 2020



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

Over the past four years, the Spanish-speaking population of Coos County has been steadily increasing, raising from 2.9 percent in 2016 to 3.8 percent in 2020, an increase of nearly 30 percent, while the percentage of Spanish speakers in Oregon has stayed roughly the same (Figure 8).

Figure 8: Coos 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

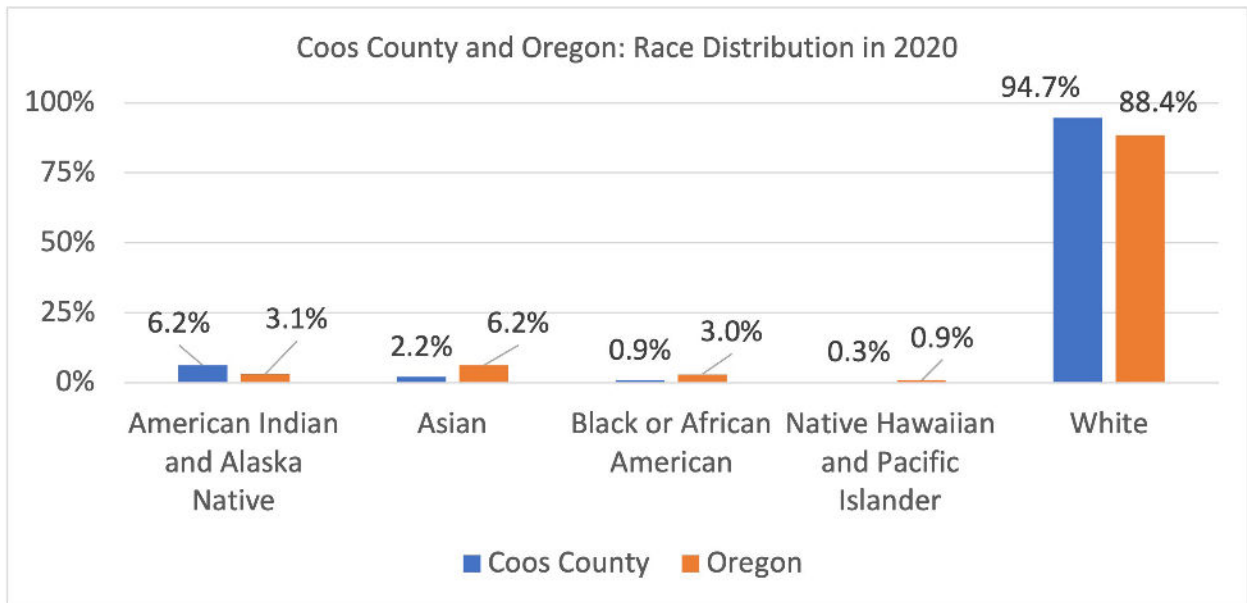
Reporting data based on race and ethnicity can be challenging. According to the OHA (Oregon.gov, 2019), it is important to remember that:

- “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

The white population of Coos County is 94.7 percent (Figure 9). American Indian or Alaskan Natives constitutes 6.2 percent of Coos County residents, almost double the overall state percentage of 3.1 percent. Additionally, those identifying as Asian is 2.2 percent, Black or African American is 0.9 percent (compared to less than a third of the total state percentage), and Native Hawaiian and Pacific Islanders is 0.3 percent.

Figure 9: Coos County and Oregon: Race Distribution in 2020

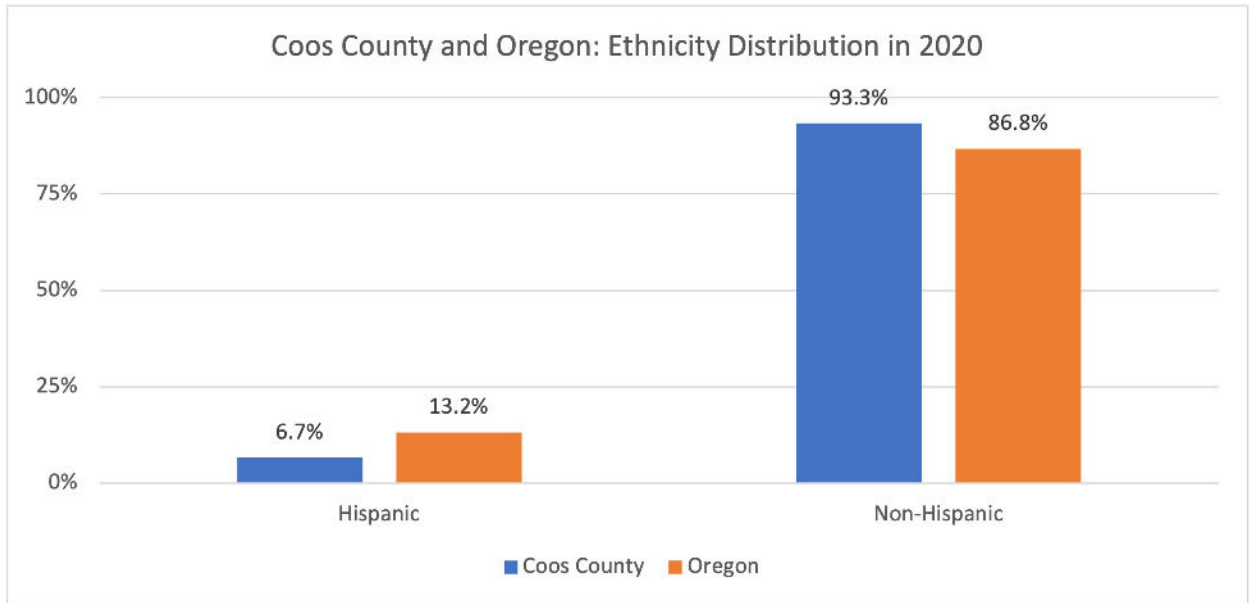


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Ethnicity Distribution

The majority of Coos County identifies as non-Hispanic, making up 93.3 percent of the population (Figure 10). Those identifying as Hispanic make up 6.7 percent of the county population, less than half of the overall state percentage (13.2 percent) of those identifying as Hispanic.

Figure 10: Coos County and Oregon: Ethnicity Distribution in 2020

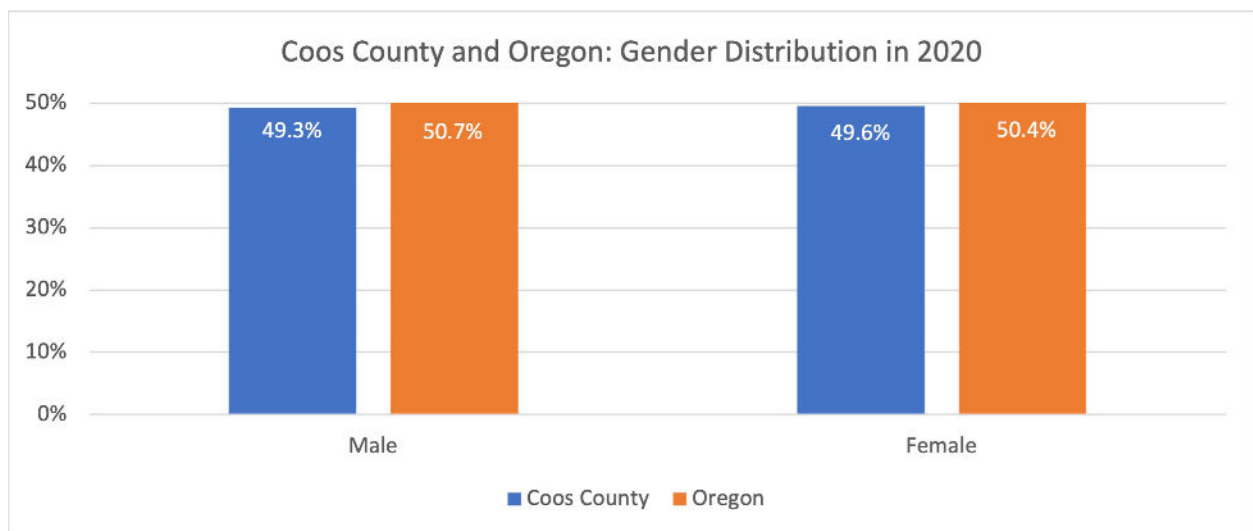


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Gender Distribution

The gender distribution for Coos County is evenly split with those identifying as male making up 49.3 percent of the total population and those identifying as female making up 49.6 percent (Figure 11).

Figure 11: Coos County and Oregon: Gender Distribution in 2020



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

Summary of Findings – Demographics

Nearly 60 percent of the population is 45 years or older, and Coos County has a larger percentage of residents 65 years and older compared to the state. Coos County has the second highest prevalence of adults with disabilities in Oregon at 38.8 percent, as well as a high percentage of veterans compared to the state average. While 94.7 percent of the Coos County population identify as white, the percentage of residents who identify as American Indian or Alaska Native is nearly twice the percentage of the rest of Oregon.

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

“I moved here when I was six, so I have lived here most of my life. I have moved away and came back. I have children. I didn’t like growing up here but now that I have my own kids this is where I want to raise them.”

-Focus Group Participant

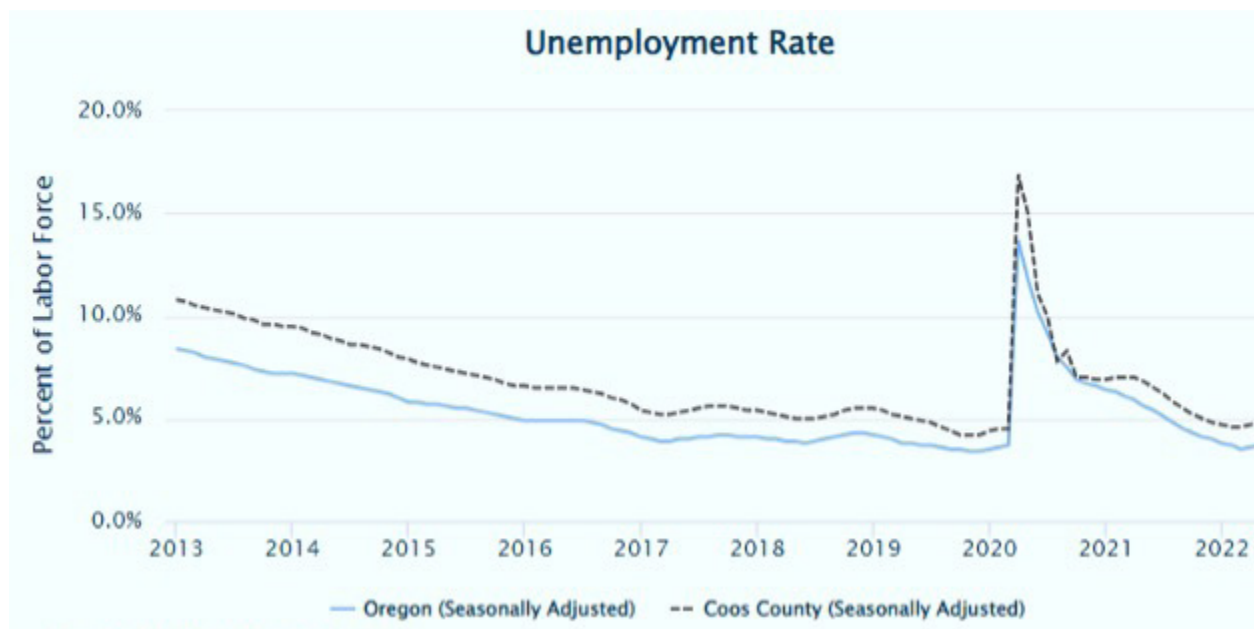
Economic Stability

Economic stability includes employment and peoples' ability to afford the things they need, like safe housing, healthy food, and healthcare, all of which contribute to good health (Healthy People 2030). This section will discuss poverty, employment, and income. Housing is often 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 COVID-19 pandemic had a significant impact on the unemployment rate in Coos County, which closely mirrored statewide trends. Prior to the declaration of the stay-at-home order in Oregon, Coos County had a 20-year low unemployment rate of 4.2 percent in December of 2019. In April of 2020, following the declaration of a statewide emergency, unemployment peaked at 16.9 percent. It took nearly two years for rates to rebound to near to pre-pandemic rates, reaching 4.6 percent in February of 2022 (Figure 12).

Figure 12: Coos County and Oregon: Unemployment Rate (2013-2022)



Source: Oregon Employment Department Qualityinfo.org

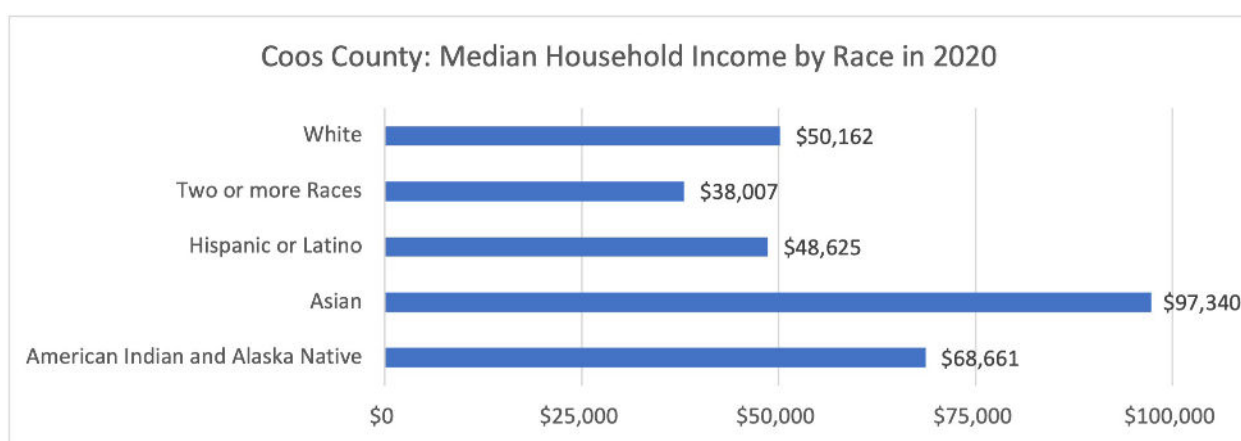
Income by Demographic

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.”

Median Household Income by Race and Ethnicity

In Coos County, those who identify as Asian have a median household income of \$97,340 (Figure 13). Those who identify as American Indian and Alaska Native have a median household income of \$68,661, with those identified as white making, on average, \$50,162. Those who identify as Hispanic or Latino had a median household income of \$48,625 and those who identified with two or more races made a median household income of \$38,007. There was no median household data on those who identified as Native Hawaiian and Pacific Islander, or those who identified as Black or African American.

Figure 13: Coos County Median Household Income by Race and Ethnicity in 2020

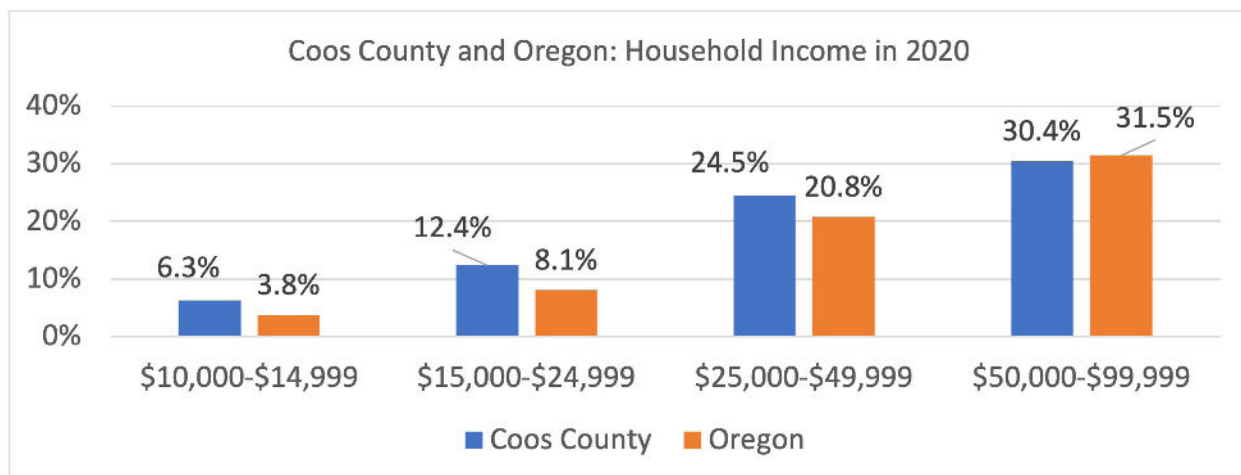


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Household Income for All Residents

6.3 percent of Coos County residents have a household income between \$10,000-\$14,999. 12.4 percent have a household income between \$15,000-\$24,999. 24.5 percent have a household income of \$25,000-\$49,999, and 30.4 percent of residents have a household income of \$50,000-\$99,999 (Figure 14).

Figure 14: Coos County and Oregon: Household Income in 2020

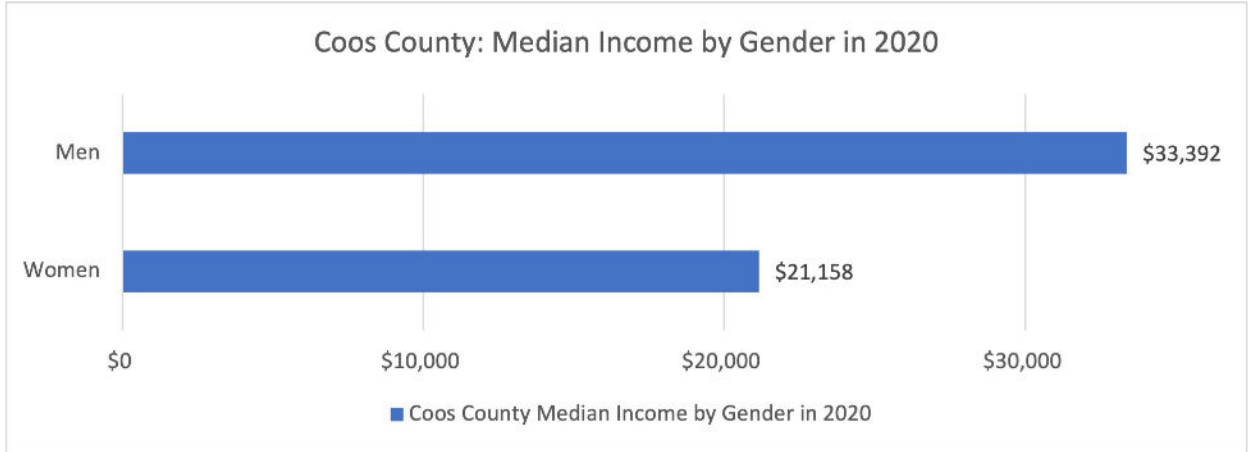


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Income by Gender

On average, men in Coos County earn nearly 45 percent more than women, with an estimated annual income of \$33,392 (Figure 15). Women have a median income of \$21,156.

Figure 15: Coos County Median Income by Gender in 2020

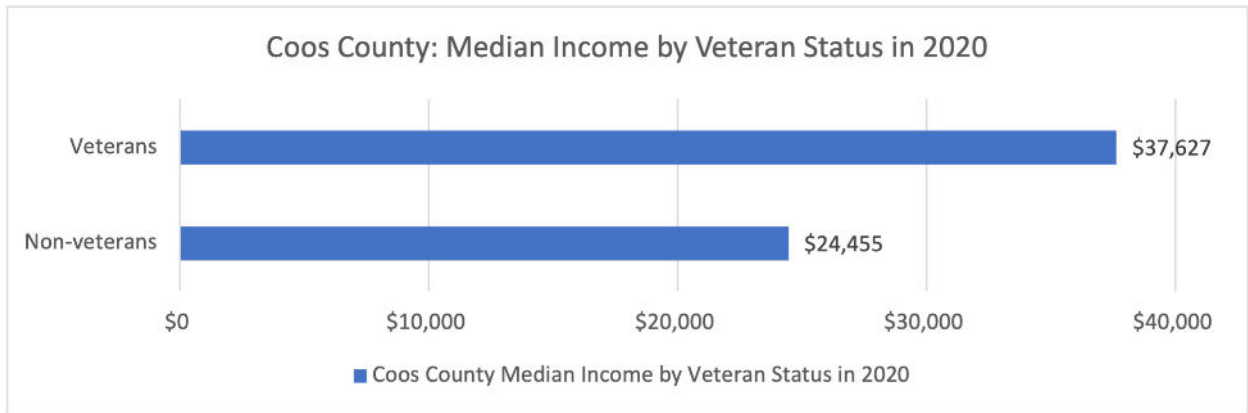


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Income by Veteran Status

Veterans have a median income of \$34,627, while non-veterans have a median income of \$24,455 (Figure 16).

Figure 16: Coos County Median Income by Veteran Status in 2020

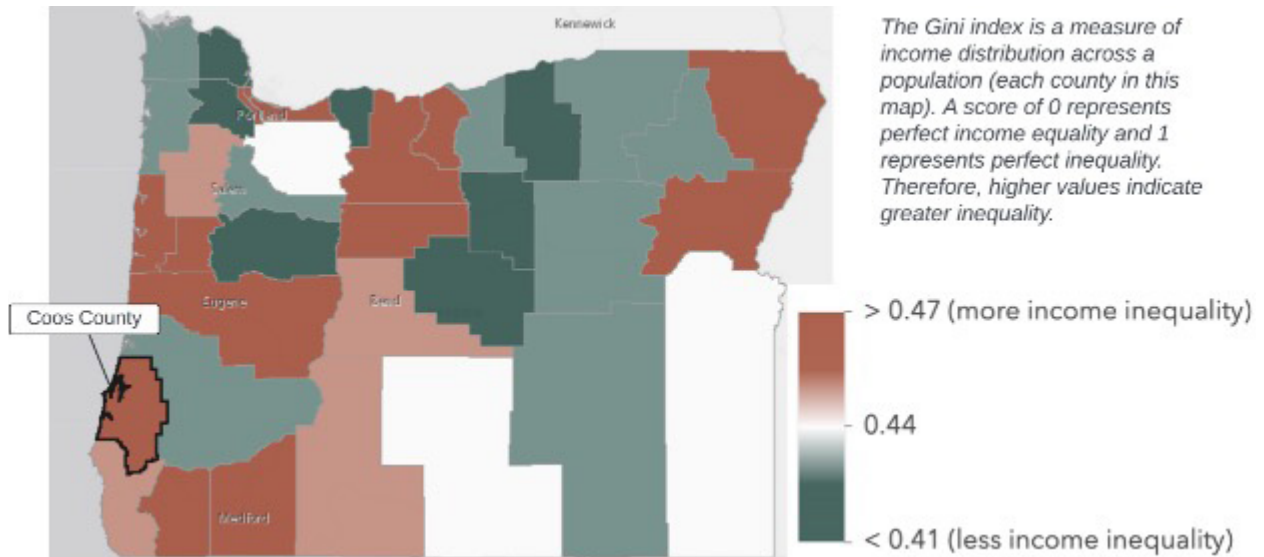


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Income Inequality

Income inequality is measured through the Gini Index, which is 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 Coos County, the Gini Index is close to 0.47, indicating the presence of income inequality (Figure 17).

Figure 17: Gini Index of Income Inequality (2020)



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

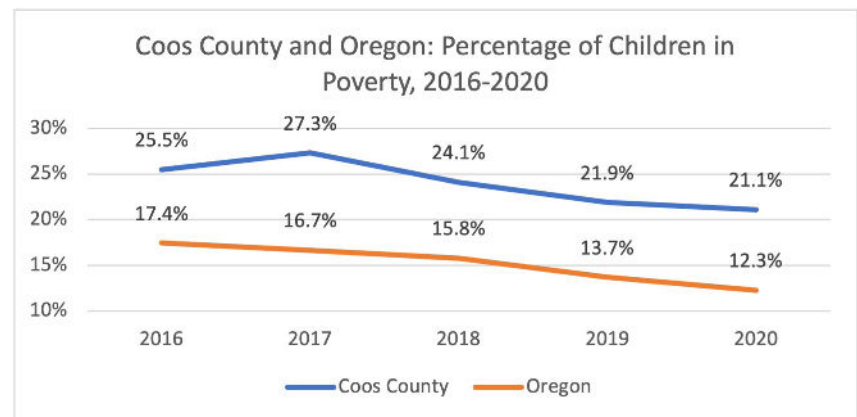
Poverty

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

Children in Poverty

Overall, Coos County has a higher percentage of children in poverty than the state (Figure 18). The percentage of children in poverty in Coos County peaked in 2017 at 27.3 percent before dropping to a five year low of 21.1 percent in 2020. It should be noted that the percentage of children in poverty in Coos County is higher than in the state, with one in five children experiencing poverty. Both Oregon and Coos County have seen a trend of decreasing children in poverty since 2016.

Figure 18: Coos County and Oregon: Percentage of Children in Poverty (2016–2020)

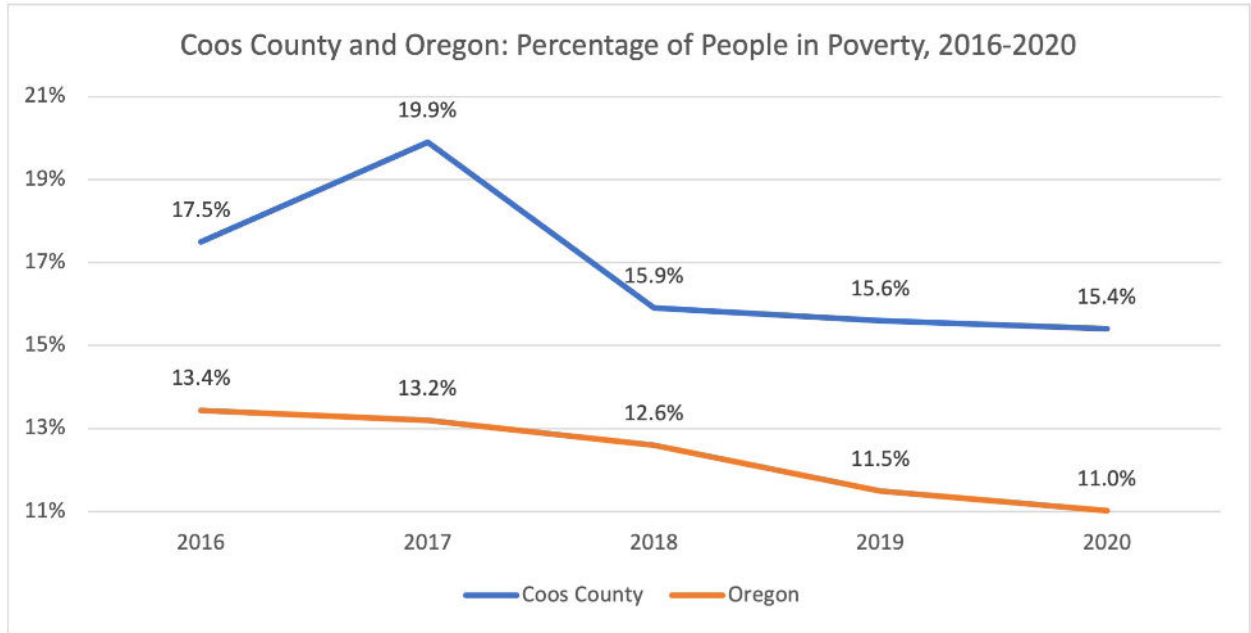


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

People in Poverty

The percentage of people of all ages in poverty spiked in Coos County in 2017 at 19.9 percent before dropping to 15.9 percent in 2018 and continuing to decrease modestly to 15.4 percent in 2020 (Figure 19). While Coos County had a higher percentage of people of all ages living in poverty in 2020 compared to Oregon (15.4 vs 11 percent), the gap is not as wide as for children living in poverty (Figure 18).

Figure 19: Coos 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 Coos County economy. According to a report titled *The Economic Impact of Travel*, prepared for Travel Oregon in May of 2022, direct travel impacts increased steadily from 2003 to 2019 before dropping in 2020 (Figure 20).

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 2015 figure.²

Figure 20: Direct Travel Impacts (2003-2021)

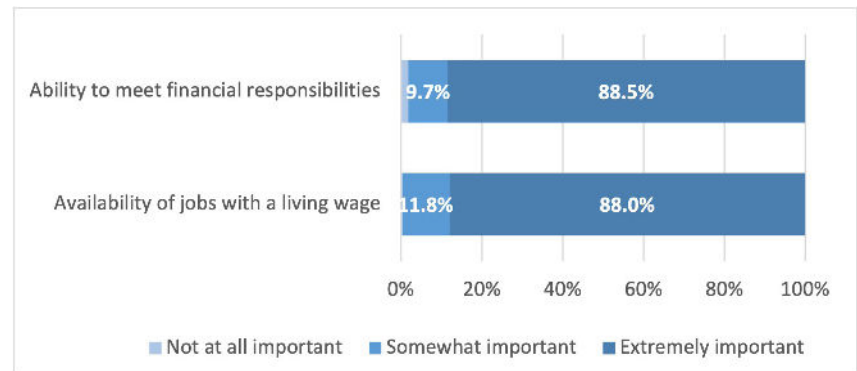
	2003	2013	2014	2015	2016	2017	2018	2019	2020	2021	Avg. Annual % Chg.	
											2020-21	2003-21
Spending (\$Millions)												
Total (Current \$)	282.2	365.8	376.2	387.1	395.9	403.6	416.1	431.5	296.3	385.7	▲ 30.2%	▲ 1.8%
Other	7.1	8.4	8.1	6.8	6.7	7.2	8.1	8.2	3.9	7.0	▲ 80.6%	▼ -0.1%
Visitor	275.1	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

Questionnaire Results – Economic Stability

Most participants reported in the CHA Questionnaire that topics of Economic Stability and Labor are extremely important when considering the definition of health in Coos County (Figure 21). The questionnaire respondents ranked Economic Stability the most important factor.

Figure 21: Economic Stability Questionnaire Results: Most Important for Good Health



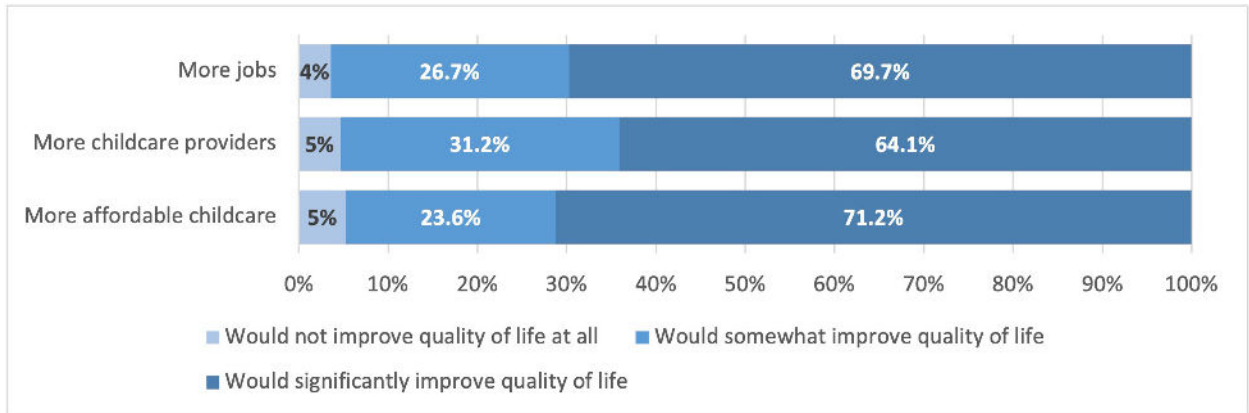
N=361

In their definition of “health,” 88.5 percent and 88 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 Coos County.

² These data represent the economic impact for the South Coast, which includes Coos and Curry County.

Further, participants reported that having “more jobs,” “more childcare providers,” and “more affordable childcare” (childcare equating to the ability to work) would significantly improve quality of life (Figure 22).

Figure 22: Economic Stability Questionnaire Results: Improving Quality of Life



N=361

Focus Group Results – Economic Stability

Participants in the focus groups highlighted the perceived lack of economic opportunity in Coos County as a major barrier to health. Across the region, participants shared that it is difficult to find jobs that pay a living wage that keeps up with the inflated cost of housing and lack of transportation options in the region. Participants in the youth focus group shared ambitions to leave Coos County for better job opportunities elsewhere.

Lack of housing makes retention of qualified workers and medical professionals a challenge in Coos County. Participants pointed to the housing shortage and lack of recreational opportunities compared to other areas as factors that make it more difficult to attract providers in Coos County. Respondents across the county shared that access to care is constrained by difficulties recruiting and retaining providers.

“The pay scale here is low. And I don’t know about anybody else, but I’m about two paychecks away from being homeless.”

-Focus Group Participant

Summary of Findings – Economic Stability

Coos County has a higher percentage of workers earning less than \$50,000 when compared to Oregon. Additionally, the percentage of people earning \$10,000-14,999 is 40 percent higher than in the state overall. Coos County also has a large gender pay gap, with women earning significantly less than their male counterparts.

Coos County has a higher percentage of both children and people of all ages living in poverty when compared to Oregon overall. Poverty for both children and all people in Coos County did see steady declines over the past 4 years, however.

The unemployment rate had reached a 15-year low before the COVID-19 Pandemic in March 2020, when unemployment increased to more than 16 percent in Coos County, a trend seen across the state. Unemployment rates have since rebounded to rates similar to those seen prior to the pandemic. Tourism and visitor spending were impacted significantly in 2020, likely due to the COVID-19 Pandemic. It appears to have rebounded in recent years but has not completely recovered.

Most participants reported in the CHA Questionnaire that topics of economic stability are extremely important when considering the definition of health in Coos County. Economic Stability was the highest ranked in order of importance of available topics. Additionally, questionnaire respondents identified living wage jobs and the availability of affordable childcare as the top factors for increasing economic stability in Coos County.

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

Housing

This section will cover housing statistics, including the availability and affordability of housing and homelessness in Coos County. Affordable and safe housing is an important social determinant of health and, while it is sometimes categorized as part of economic stability or built environment, has been identified by the community questionnaire and focus group data as a priority area for Coos County. Therefore, housing is 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, such as health care and healthy food. Additionally, 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.

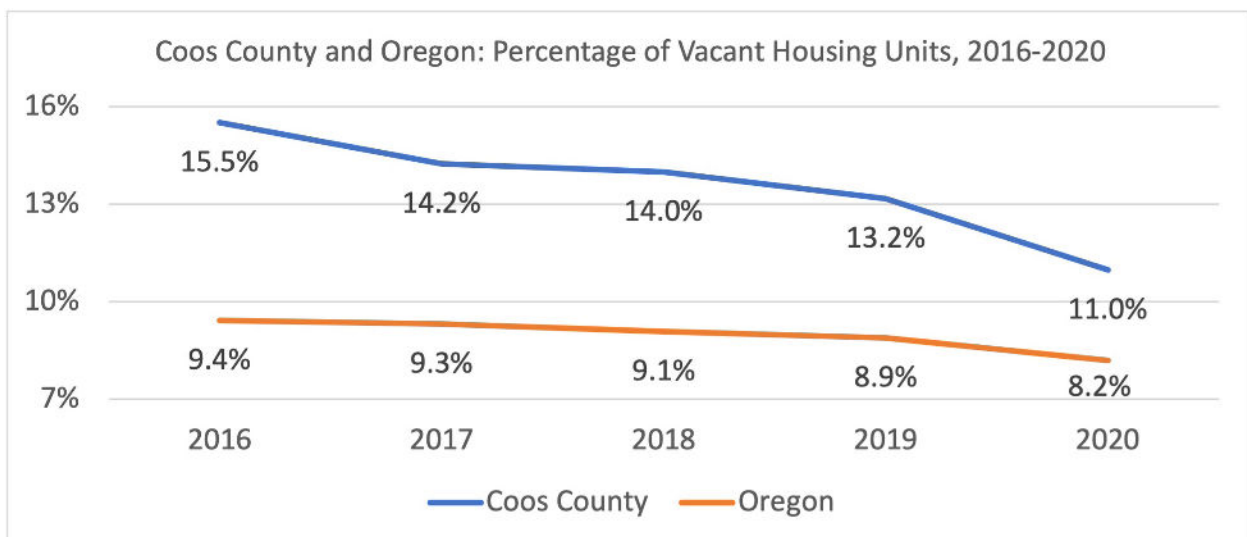
“There’s emergency assistance, there’s a homeowner’s buying program, there’s things like this. But it’s the housing itself. There are no houses.”

-Focus Group Participant

Vacant Housing Units

The percentage of vacant housing units in Coos County has been decreasing since 2016, reaching a four-year low of 11 percent in 2020 (Figure 23). This decrease in vacant housing matches a state-wide trend in housing vacancies. However, Coos County’s percentage of vacant housing has decreased more than that of Oregon in the same five-year period, with a nearly 30 percent decrease in vacant housing in Coos County from 2016-2020. The percentage of vacant housing units in Oregon was 8.2 in 2020.

Figure 23: Coos County and Oregon: Percentage of Vacant Housing Units (2016-2020)

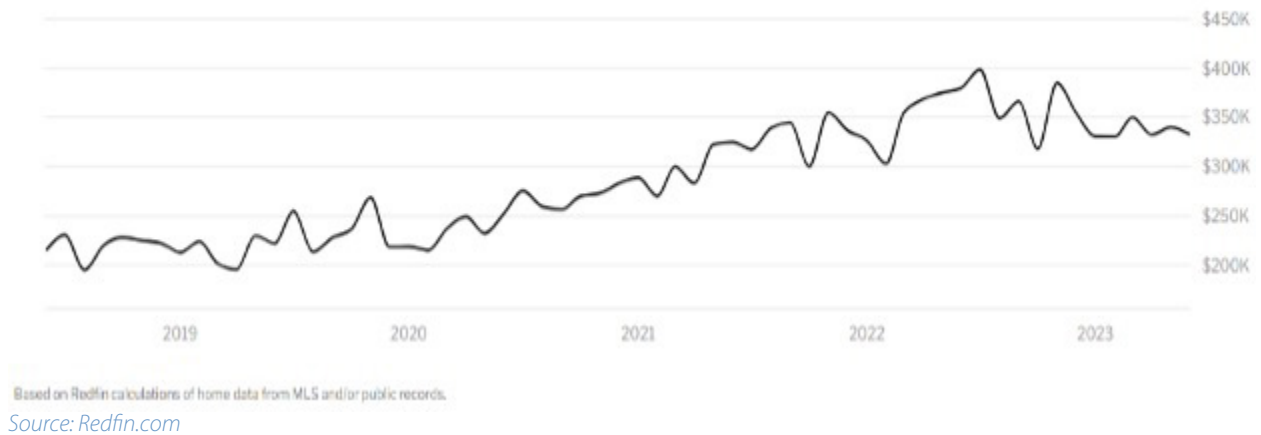


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Housing Market Trends

According to Redfin.com (2023), single-family homes have increased significantly from 2018 to 2023. The median sale price of a single-family home in Coos County in June of 2018 was \$215,000 and has increased to \$329,000 as of June 2023. The median sale price has decreased since reaching a peak of \$400,000 in July of 2022 (Figure 24).

Figure 24: Housing Market Trends for Coos County (2018-2023)



Temporary Rentals

According to Airdna.com (2023), an estimated 175 homes are available for short-term rentals in Coos Bay through vacation rental websites like Airbnb and VRBO. A majority of homes for rent are single-family homes, but these rentals also include rooms or studios for short-term rent. Since 2020, the number of temporary rentals has increased an estimated 65 percent from 107 to the current number of 175. In North Bend, there are an estimated 98 temporary rental properties and growth since 2020 is similar to that of Coos Bay with an 84 percent increase. The U.S. Census Bureau estimates that there are 7,049 households in Coos Bay.

Homelessness

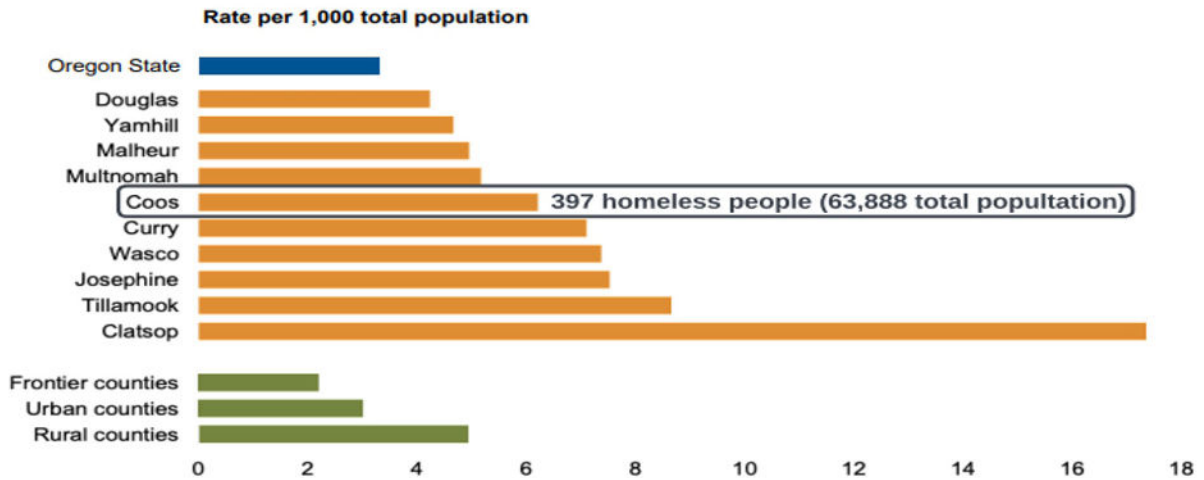
Housing is a key SDoH. Stable housing is associated with fewer emergency room visits, lower inpatient hospitalizations, and lower rates of depression and incarceration (“Causes and Effects of Homelessness.” OSW. 17 Jul 2007). The term “homeless” is broad and can include persons staying in emergency shelters, 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.

Adults

From 2017 to 2018, adults in Coos County experienced homelessness at a rate of 6.2 per 1,000 residents, which ranks Coos County 29th out of the 36 counties in Oregon. Of Coos County's residents in 2017, 397 adults reported being homeless. The rate of homelessness in Coos County of around 7 per 1,000 population is nearly twice that of Oregon, which has a rate of 3.4 per 1,000 population. Figure 25 shows the 10 Oregon Counties with the highest rates of adult homelessness per 1,000 population compared to the state rate.

Figure 25: Estimates of the Adult Homeless Population by County, Oregon (2017)

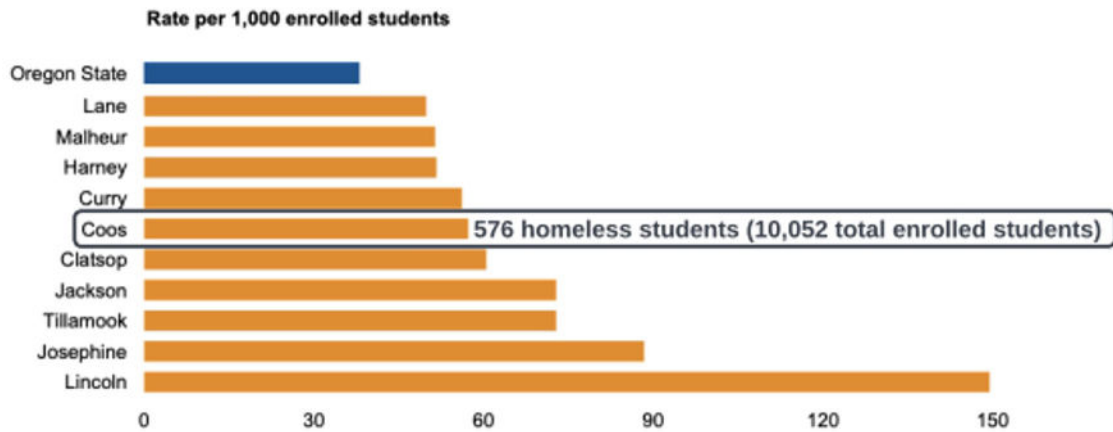


Adapted from the Oregon Public Health Division

Students

Of Coos County's 10,052 Kindergarten through 12th grade students enrolled during the 2017-2018 school year, 576 were homeless or 57.3 per 1,000 enrolled students. For counties in Oregon that collect data on student homelessness, Coos County ranks 29th out of 34 eligible counties. Coos County had a rate of homelessness that was higher than the Oregon average from 2017 to 2018.

Figure 26: Homeless K-12 Students by County, Oregon (2017-2018)



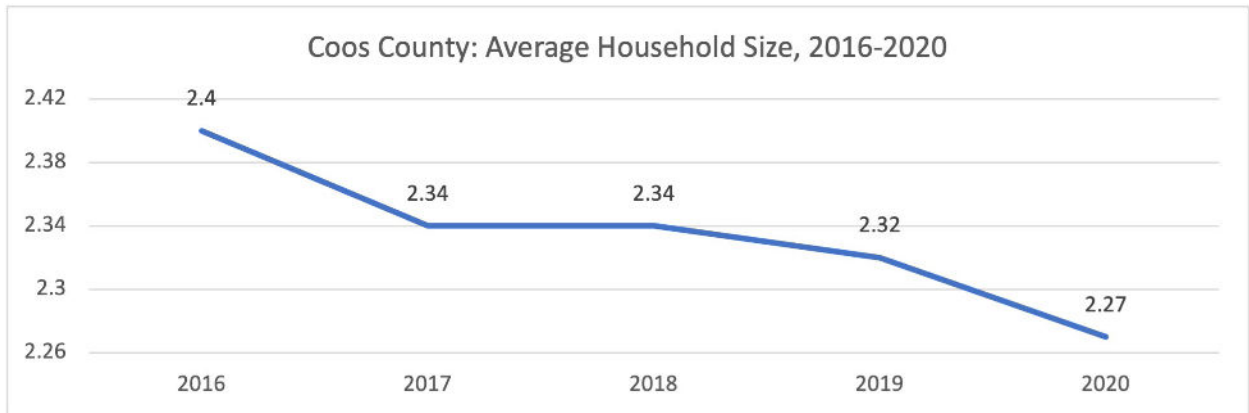
Adapted from the Oregon Public Health Division

Figure 26 shows the Oregon counties with the highest rates of students experiencing homelessness compared to the state.

Average Household Size

The average household size in Coos County has been declining since 2016, when the average household size was 2.4 people (Figure 27). In 2020, the average number per household was 2.27, a steady decrease over a five-year period.

Figure 27: Coos County Average Household Size (2016-2020)

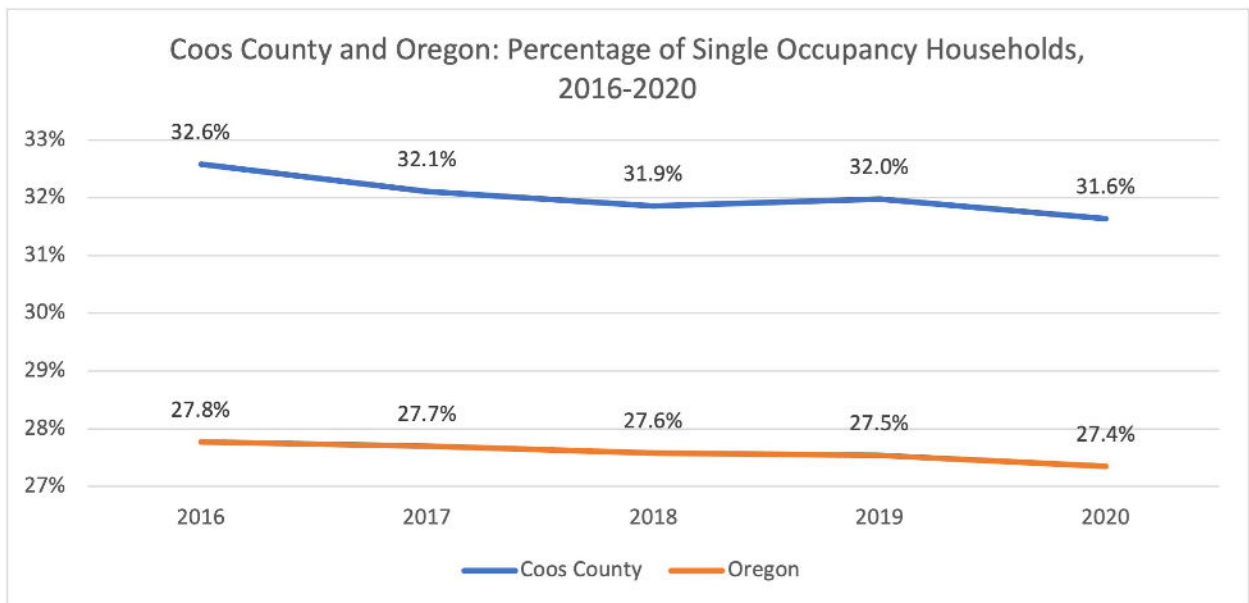


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Single Occupancy Households

The percentage of single occupancy households in Coos County was 31.6 percent in 2020 compared to 27.4 percent in Oregon overall (Figure 28). The rate of single occupancy households decreased in Oregon and Coos County from 2016 to 2020.

Figure 28: Coos County and Oregon: Percentage of Single Occupancy Households (2016-2020)

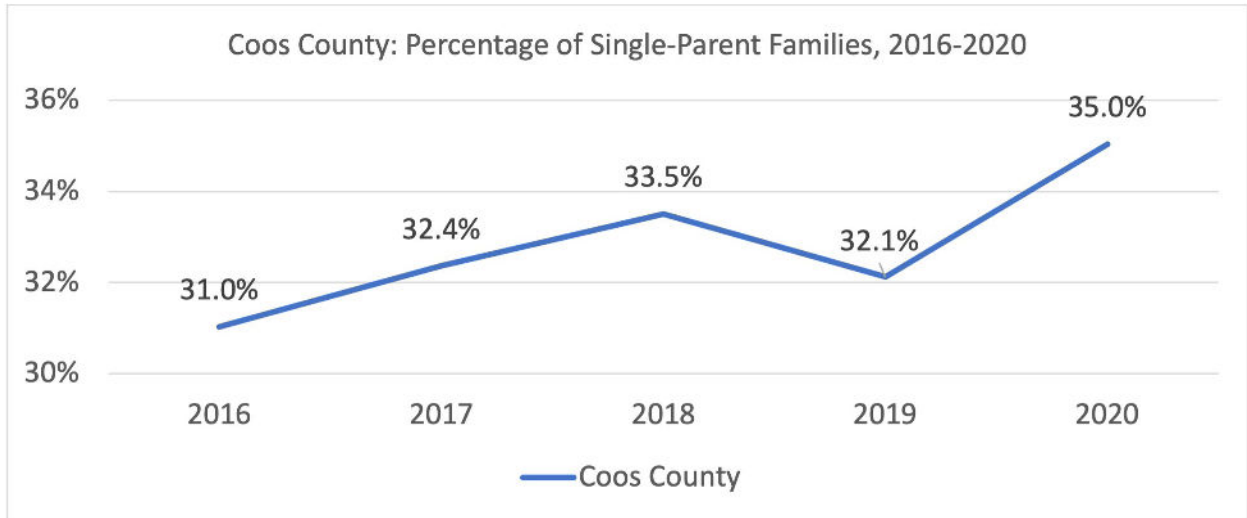


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Single-Parent Families

The percentage of families with children that are single-parent families in Coos County was 35 percent in 2020 and had increased since 2016. The percentage of single-parent families dropped to 32.1 percent in 2019 before increasing in 2020 to 35 percent (Figure 29).

Figure 29: Coos County: Percentage of Single-Parent Families (2016-2020)

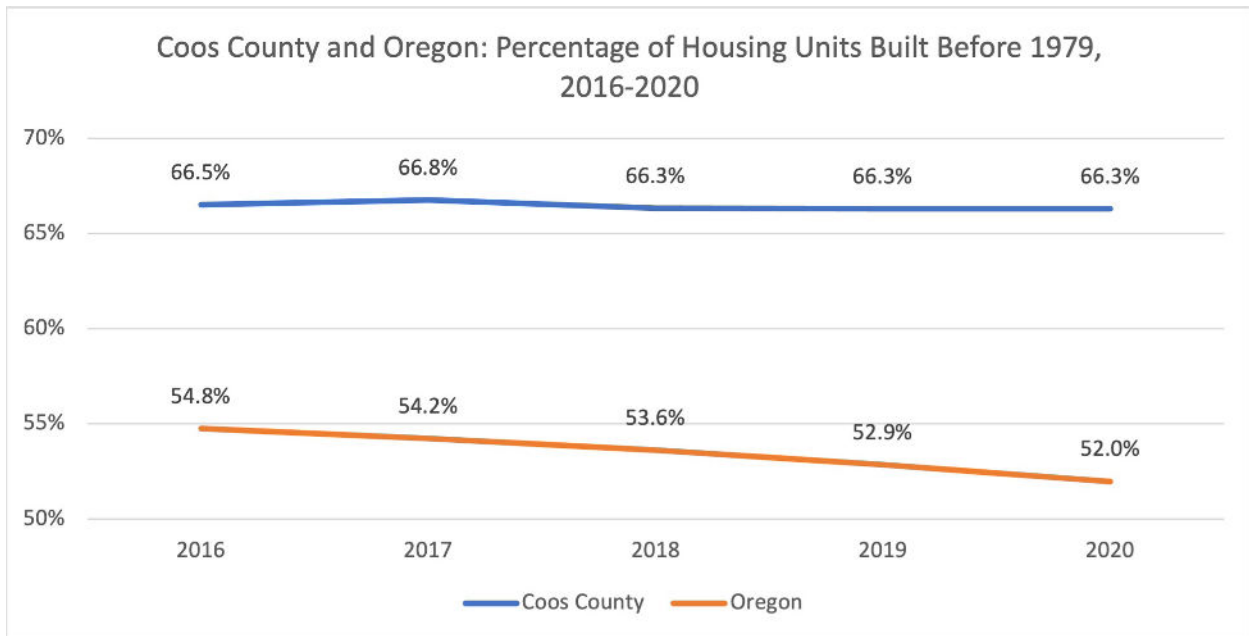


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Housing Units Built Before 1979

Many homes built before 1979 have lead-based paint, which can be a health hazard. The percentage of housing units in Coos County built before 1979 was 66.3 percent in 2020, whereas Oregon's was 52 percent. While the percentage of houses built prior to 1979 in Oregon has been decreasing year to year, Coos County's remained relatively unchanged between 2016 and 2020 (Figure 30).

Figure 30: Coos County and Oregon: Percentage of Housing Units Built Before 1979 (2016-2020)

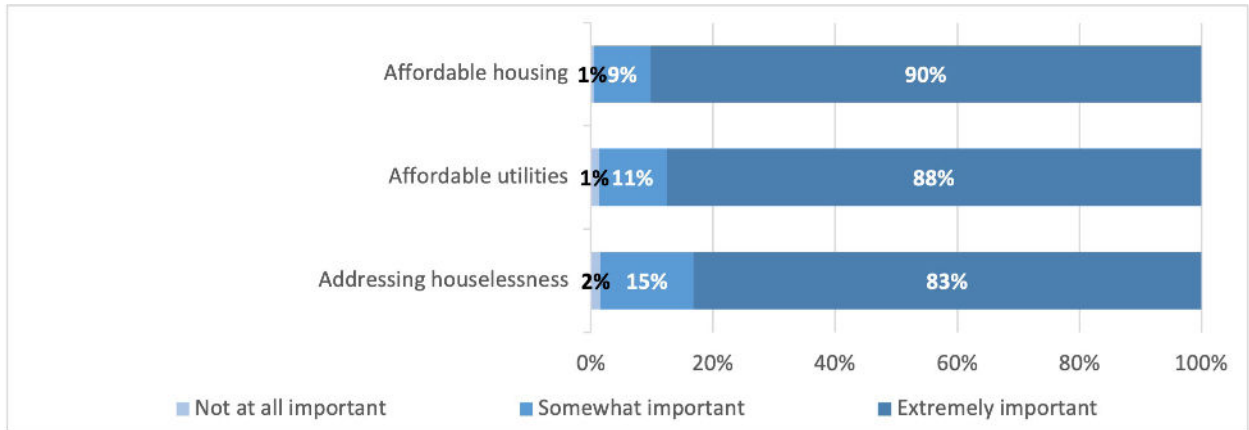


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Questionnaire Results – Housing

Respondents to the questionnaire reported that housing is important when considering the definition of health in Coos County. Housing was the second most important category for good health based on responses in the questionnaire. “Affordable housing” was voted the top category by community members when asked about their definition of health, with 90 percent of respondents ranking it as extremely important and nearly all respondents citing it as important (Figure 31). Affordable utilities and addressing houselessness ranked second and third respectively in the housing category.

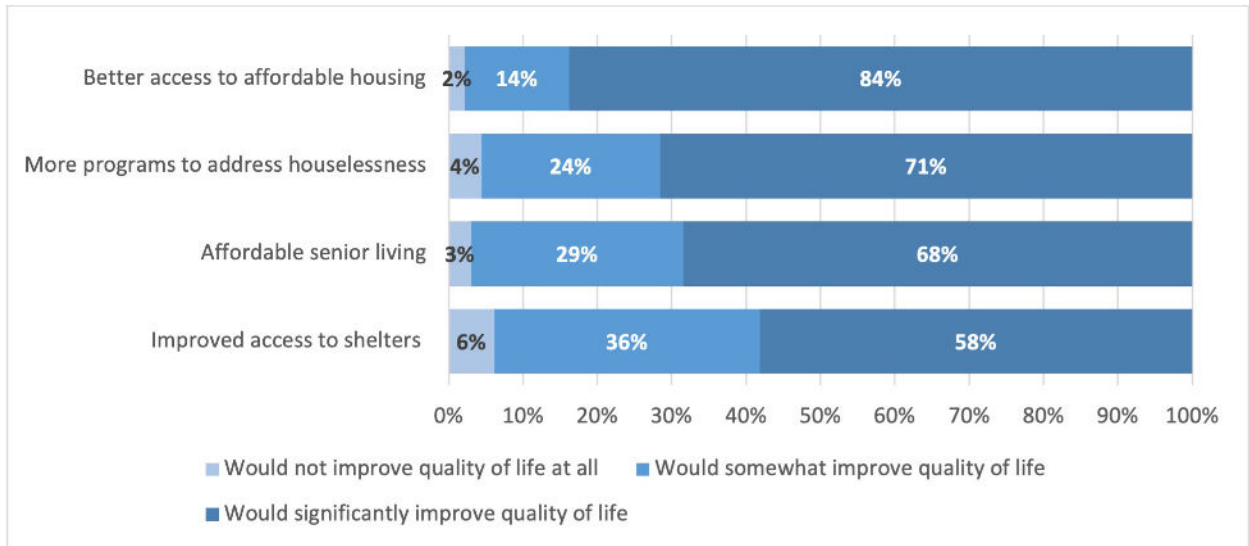
Figure 31: Housing Questionnaire Results: Most Important for Good Health



N = 382 – 383

Regarding potential solutions presented to questionnaire respondents, participants reported that having “better access to affordable housing” and “more programs to address homelessness” would significantly improve quality of life in Coos County. Other factors that respondents ranked as very important were “affordable senior living,” and “improved access to shelters” (Figure 32).

Figure 32: Housing Questionnaire Results: Improving Quality of Life



N = 357 - 365

Focus Group Results – Housing

When asked about the most important health issue facing Coos County, many county residents discussed challenges related to housing. Participants described that the cost of housing has increased significantly in recent years, making it increasingly difficult to keep up with rent and other housing costs. Several participants also noted that the high deposit costs to move into rental properties are prohibitive and often far exceed the monthly rent amount. Additionally, a few people shared that an influx of seasonal residents and vacation homes through Airbnb has created additional pressure on the housing market, leading to a housing shortage.

“We still have a lot of prejudice here too. We have different groups that don’t feel safe. There’s still a lot of good ‘ol boys going out and hunting down the homeless.”

-Focus Group Participant

The County has a substantial unhoused population, and these residents face many challenges. Across the focus groups, Coos County residents shared concerns about the substantial unhoused population and shared that there are limited resources for individuals experiencing homelessness. Participants noted that the housing authority waiting list is incredibly long and that there are not enough shelter beds to serve this community. Participants in the unhoused focus group shared that they often face discrimination from police and doctors who view being unhoused as a lifestyle choice.

“In general, there’s not enough housing. There’s not enough low-income housing, there’s not enough shelters.”

-Focus Group Participant

Summary of Findings – Housing

Housing was highlighted as an area of significant concern in the community questionnaire and focus group data. Much of the data available supports the concerns of community members who participated in the CHA. The percentage of vacant housing decreased from 2016-2020. Meanwhile, the cost of housing increased from 2018 to 2023, with prices peaking at nearly \$400,000 in July of 2022. At the same time, the number of temporary vacation rentals has continued to rise while the vacancy rate for homes has decreased. Coos County ranks near the bottom (indicating worse rates) of Oregon counties in both adult and student homelessness rates.

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

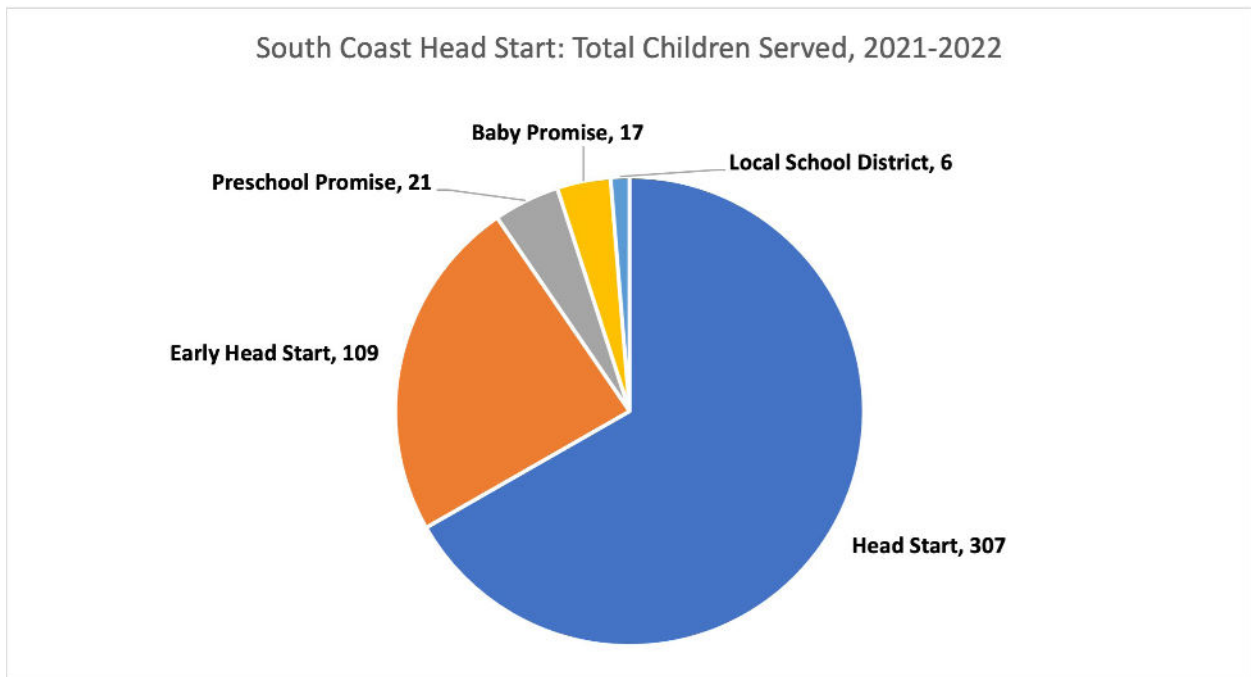
Education Access and Quality

Education access and quality focuses on the extent to which high-quality education is available to the residents of Coos County. Access to quality education is a predictor of future success, finding well-paying jobs, and overall good health (Healthy People 2030). For youth, common educational indicators 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 Coos County. There are six school districts in Coos County: Bandon School District 54, Coos Bay School District 9, Coquille School District 8, Myrtle Point School District 41, North Bend School District 13, and Powers School District 31. Additionally, Southwestern Oregon Community College is the only higher education facility.

Head Start Enrollment

Figure 33 shows the number of children served by South Coast Head Start³ in the 2021-2022 program year. A majority of children were enrolled in the Head Start or Early Head Start programs.

Figure 33: South Coast Head Start: Total Children Served (2021-2022)



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

³ South Coast Head Start data include Coos, Curry, and Coastal Douglas County communities.

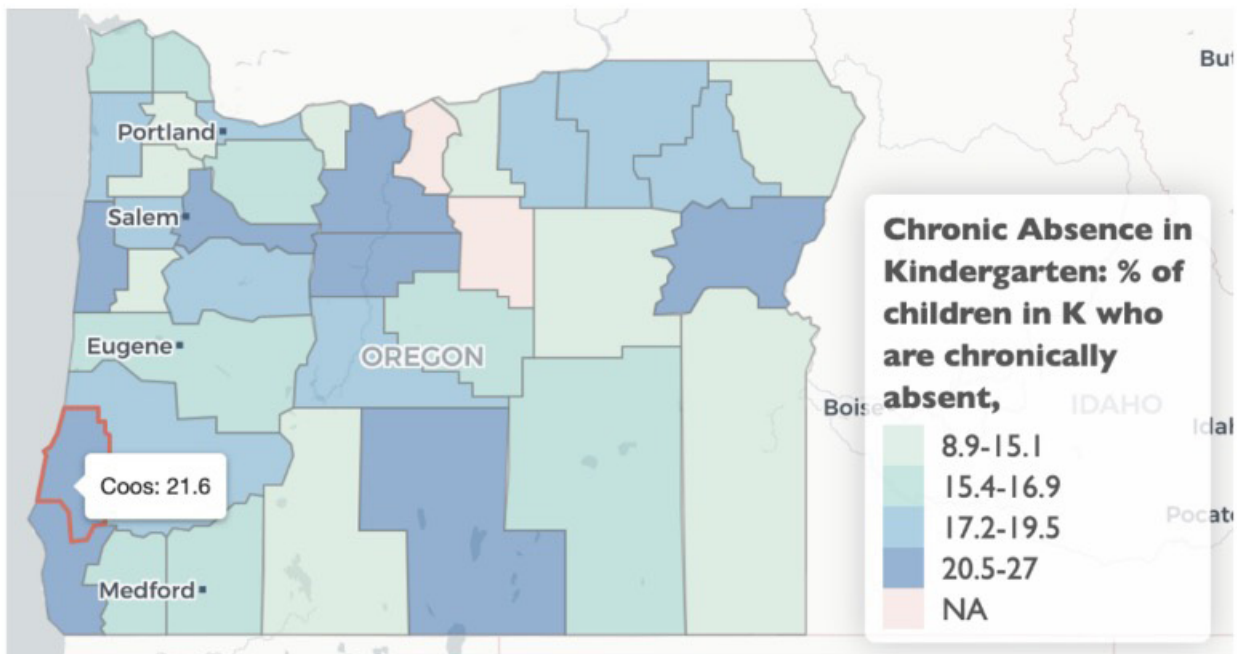
School Absenteeism and Benchmarks

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. Benchmarks provide a measurement of student performance on English Language and Mathematics. Benchmarks help to demonstrate performance on state-defined measures.

Kindergarten Absence

For children in Coos County in kindergarten, 21.6 percent of children were chronically absent during the 2018-2019 school year (Figure 34).

Figure 34: Chronic Absence in Kindergarten: % of Children in K Who are Chronically Absent

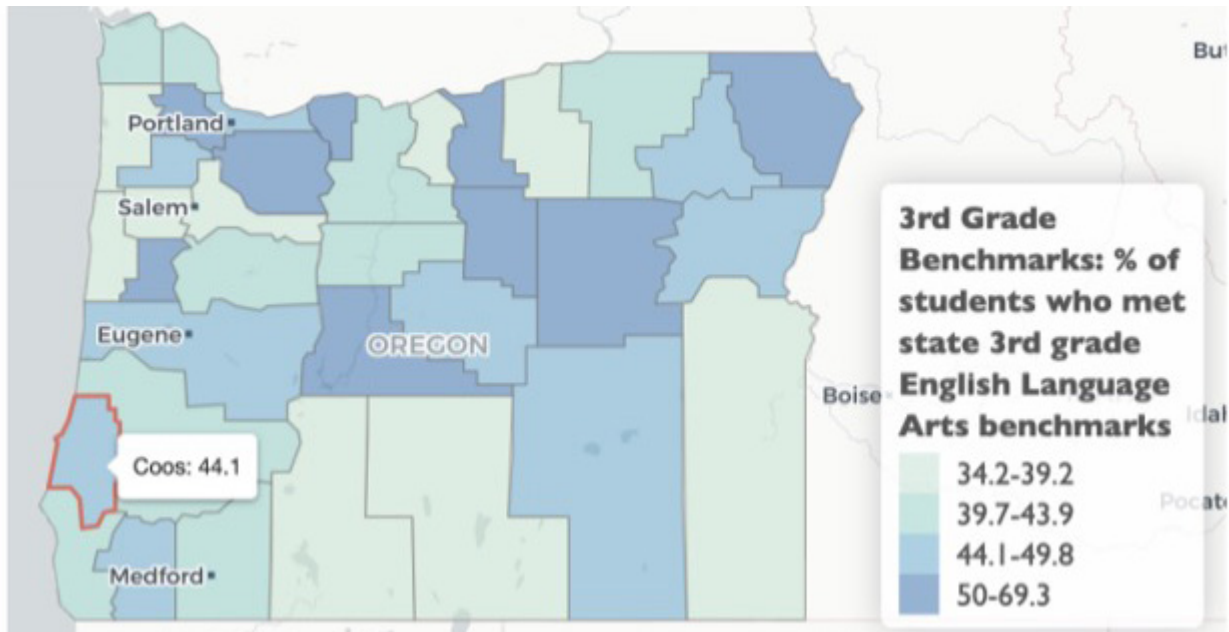


Source: Oregon Department of Education (2018-2019)

Language Arts

44.1 percent of children in the county met the state's 3rd grade level English Language benchmarks (Figure 35).

Figure 35: 3rd Grade Benchmarks: % of Students Who Met State 3rd Grade English Language Arts Benchmarks

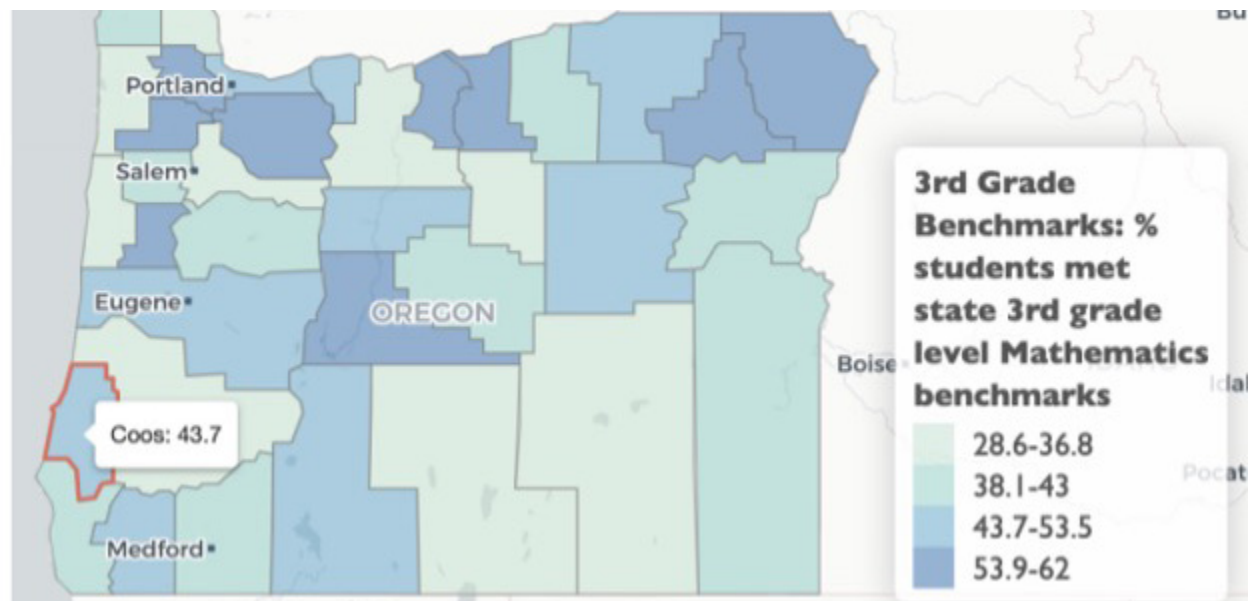


Source: Oregon Department of Education (2018-2019)

Math

43.7 percent of children in the County met the state's 3rd grade level Mathematics benchmarks (Figure 36).

Figure 36: 3rd Grade Benchmarks: % of Students Who Met State 3rd Grade Level Mathematics Benchmark



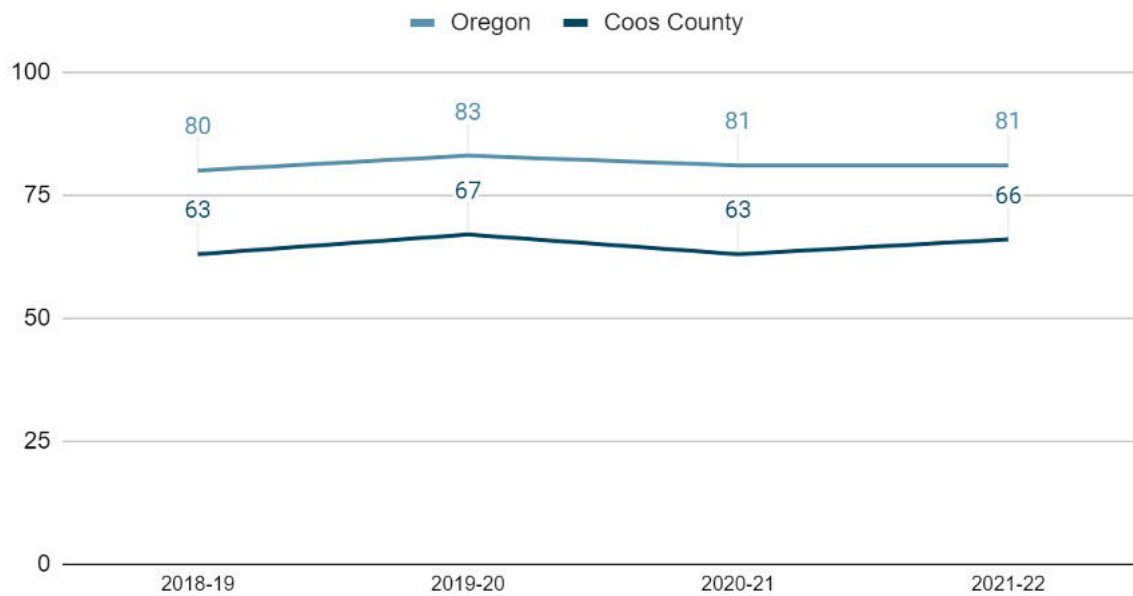
Source: Oregon Department of Education (2018-2019)

High School Graduation Rates

According to the Oregon Department of Education, the 2021-2022 four-year cohort graduation rate for Coos County was 66 percent. While graduation rates at the state-level have remained largely the same, slight improvements can be seen for Coos County in 2019-2020 and 2021-2022.

Figure 37: Four-year High School Cohort Graduation Rates (2018-2022)

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

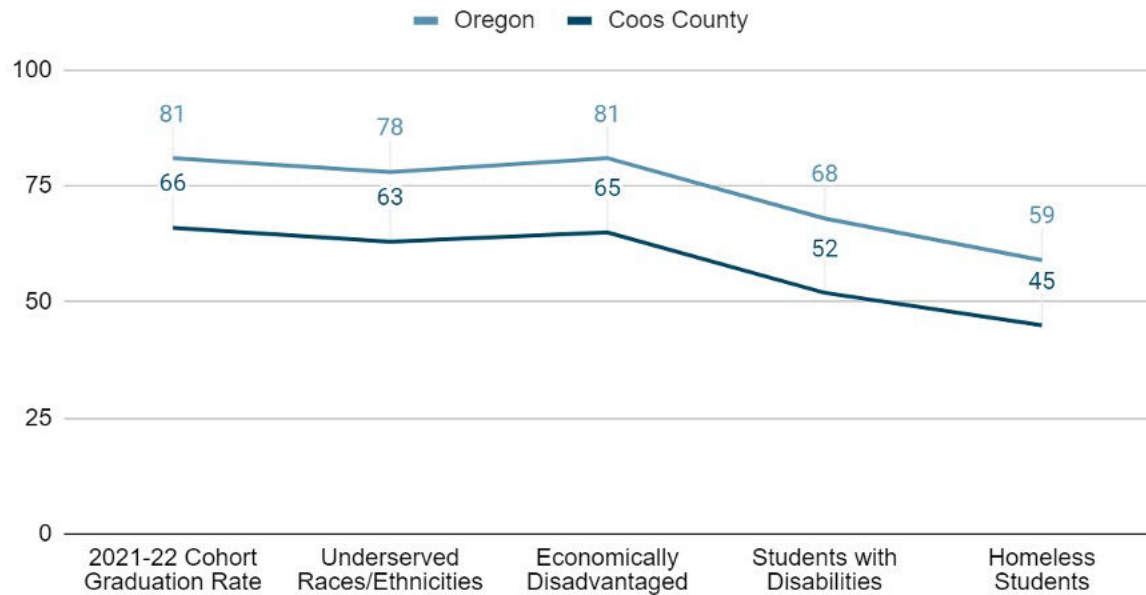


Adapted from Oregon Department of Education (Accessed October 4, 2022)

While graduation rates have improved for Coos County students since the 2020-2021 academic year, significant inequalities remain for students who identify as an underserved race or ethnic group, as well as students who are economically disadvantaged. Significant disparities in graduation rates can also be seen among students with disabilities and those experiencing homelessness.

Figure 38: 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 Coos County (2021-22)

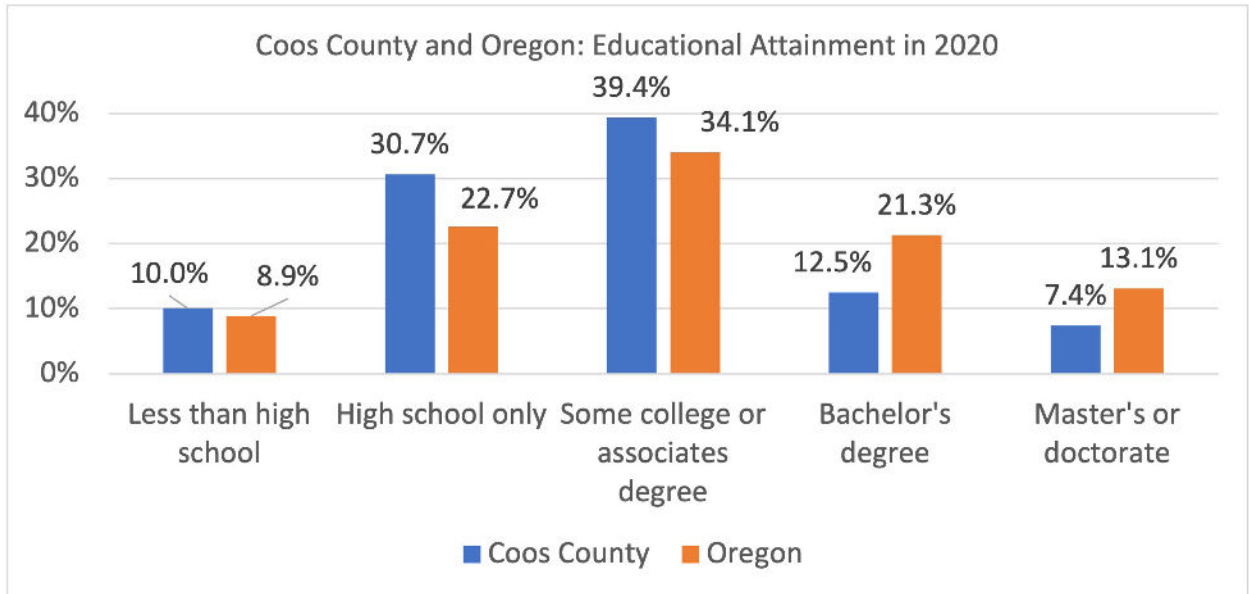


Adapted from Oregon Department of Education (2022)

Educational Attainment

30.7 percent of Coos County residents only obtained a high school diploma, while 10. percent have a level of educational attainment that is less than a high school diploma. 12.5 percent of residents have attained a bachelor's degree, while 39.4 percent have only some college experience or an associate degree. 7.4 percent of the population have obtained a master's or doctoral degree (Figure 39).

Figure 39: Coos County and Oregon: Educational Attainment in 2020

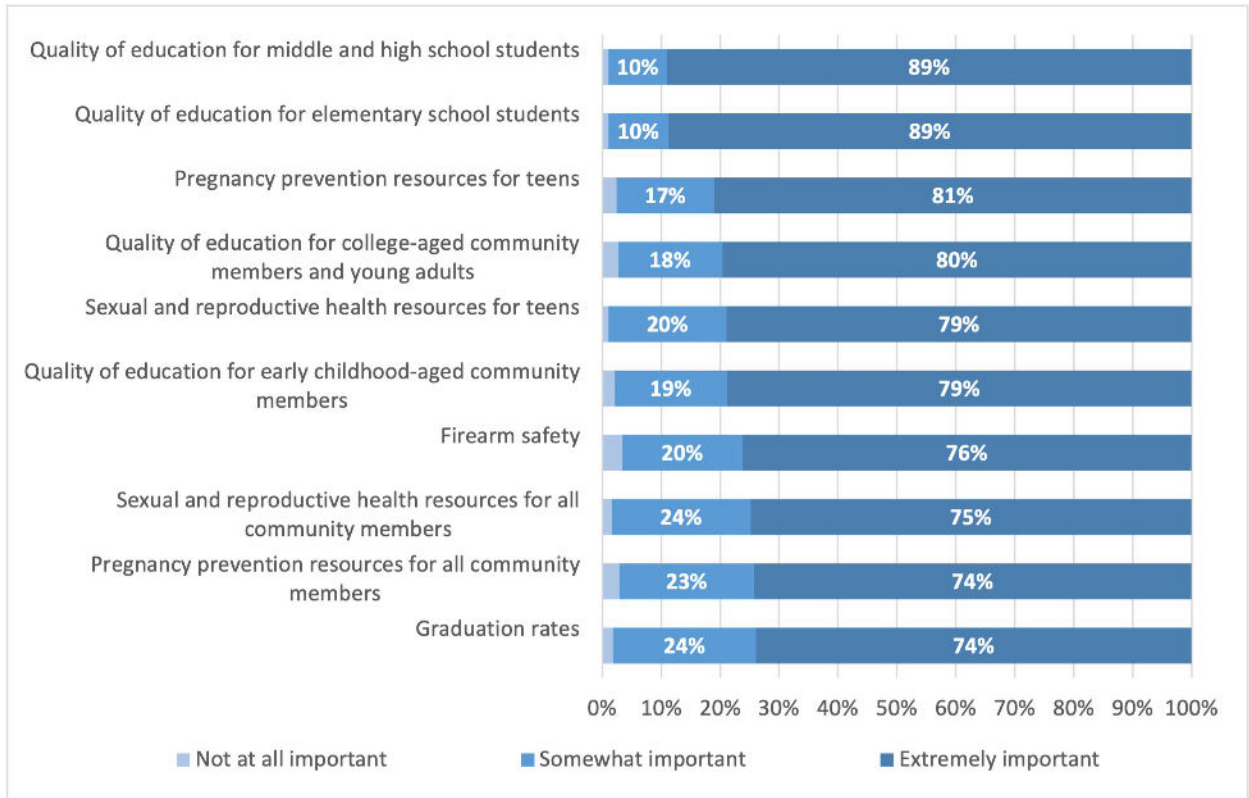


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Questionnaire Results – Education Access and Quality

Participants reported in the Community Health Assessment Questionnaire that topics of Education are extremely important when considering the definition of health in Coos County. The quality of education for elementary, middle, and high school students was extremely important, followed by “pregnancy prevention resources for teens” (Figure 40).

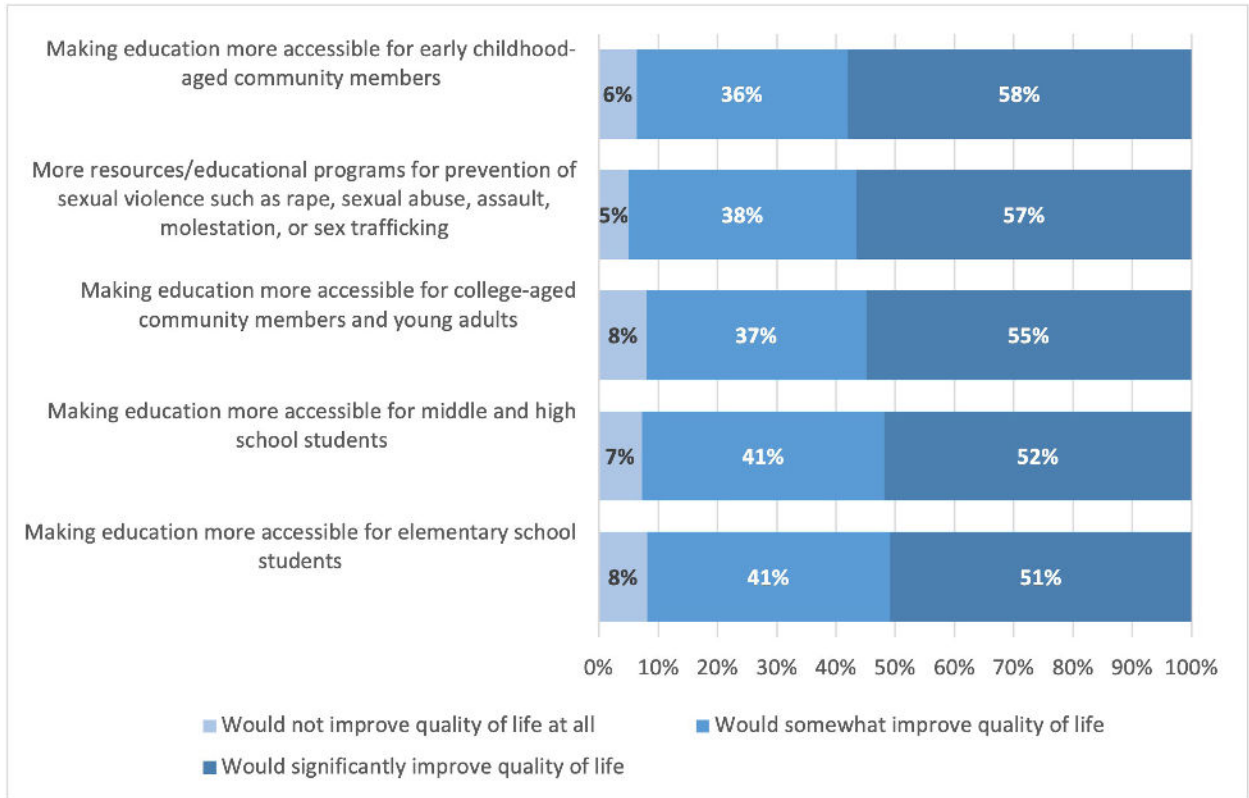
Figure 40: Education Access and Quality Questionnaire Results: Most Important for Good Health



N = 373-375

Regarding potential solutions presented to questionnaire respondents, participants reported that “making education more accessible for early childhood-aged community members” would significantly improve quality of life (Figure 41).

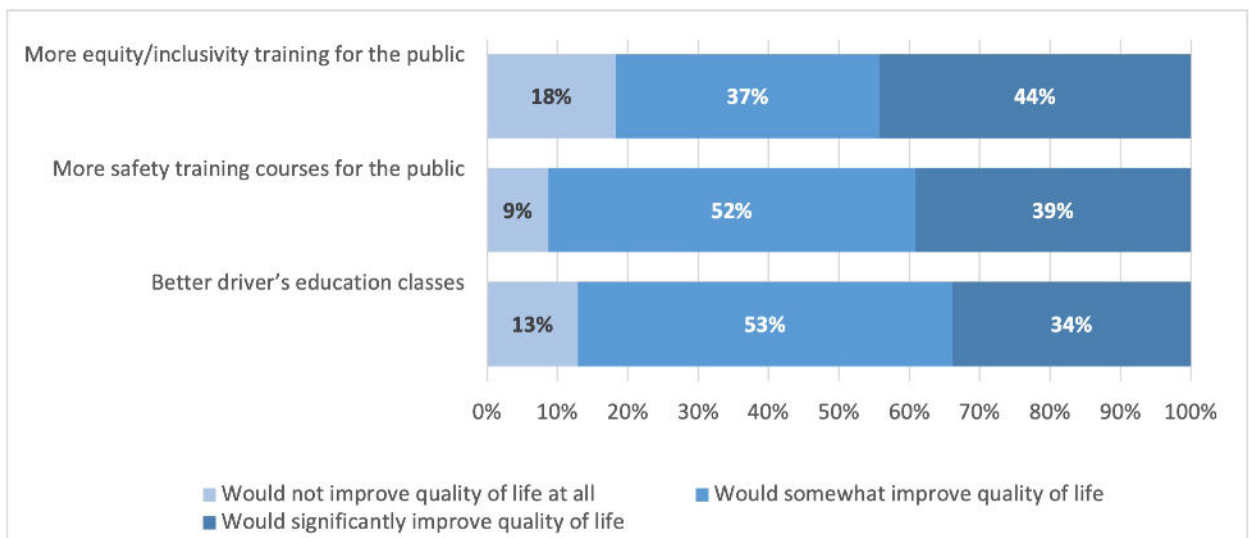
Figure 41: Education Access and Quality: Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 359-363

Regarding solutions, community members thought that “more equity/inclusivity training for the public” would significantly improve their quality of life (Figure 42).

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



N = 356-358

Focus Group Results – Education Access and Quality

Educational challenges shared by focus group participants included inadequate staffing in schools and lack of access to childcare. A few participants noted that Coos County has a tough time retaining high-quality teachers and that the schools are frequently understaffed. Additionally, a lack of childcare was a frequent challenge cited by participants. Two individuals shared that they had to quit their jobs because they were unable to find available or affordable childcare. A few participants suggested bolstering or expanding existing Head Start programs to serve more children in the community.

Participants indicated that a lack of institutional support for LGBTQIA+ teachers and students in schools may be a barrier for mental health. A few participants in the focus groups with LGBTQIA+ community members shared they are concerned about expressing their identity in public due to fear of retribution within the school system. Additionally, participants indicated a need for “safe spaces,” or teachers who can support LGBTQIA+ students. They further noted that these students often face discrimination from parents, teachers/administrators, or peers.

Summary of Findings – Education Access and Quality

In the 2021-22 program year, Head Start programs in Coos County served more than 400 students. Kindergarten absenteeism rates in Coos County were among the highest in Oregon during the 2018-19 school year. Additionally, Language Arts and Mathematics test scores were stronger than many counties in Oregon. High school graduation rates increased slightly in recent years but were still lower than the state rates. The percentage of adults with more than an associate degree (i.e. bachelors’ or master’s degree) lagged behind Oregon as well.

Education quality and prevention education were rated as important factors for health by Coos County questionnaire respondents. Respondents shared that that increasing access to early education and inclusivity and equity training for the public may help improve education in the county. Additionally, focus group respondents shared that there was a lack of infrastructure to recruit and retain quality teachers. Focus group participants also shared that LGBTQIA+ community members may face retribution in the school system for expressing their identity in public. The data collected show that Coos County has high kindergarten absenteeism and that educational attainment lags behind the state average.

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

“Through my experience supporting youth in the schools, anytime something is reported that’s happened to them or that has been said to them that made them feel unsafe or just unwelcome, the burden has been put on them to prove it... the burden and proof is put on the victim rather than there just being a zero-tolerance policy and it just being handled.”

-Focus Group Participant

Food Environment

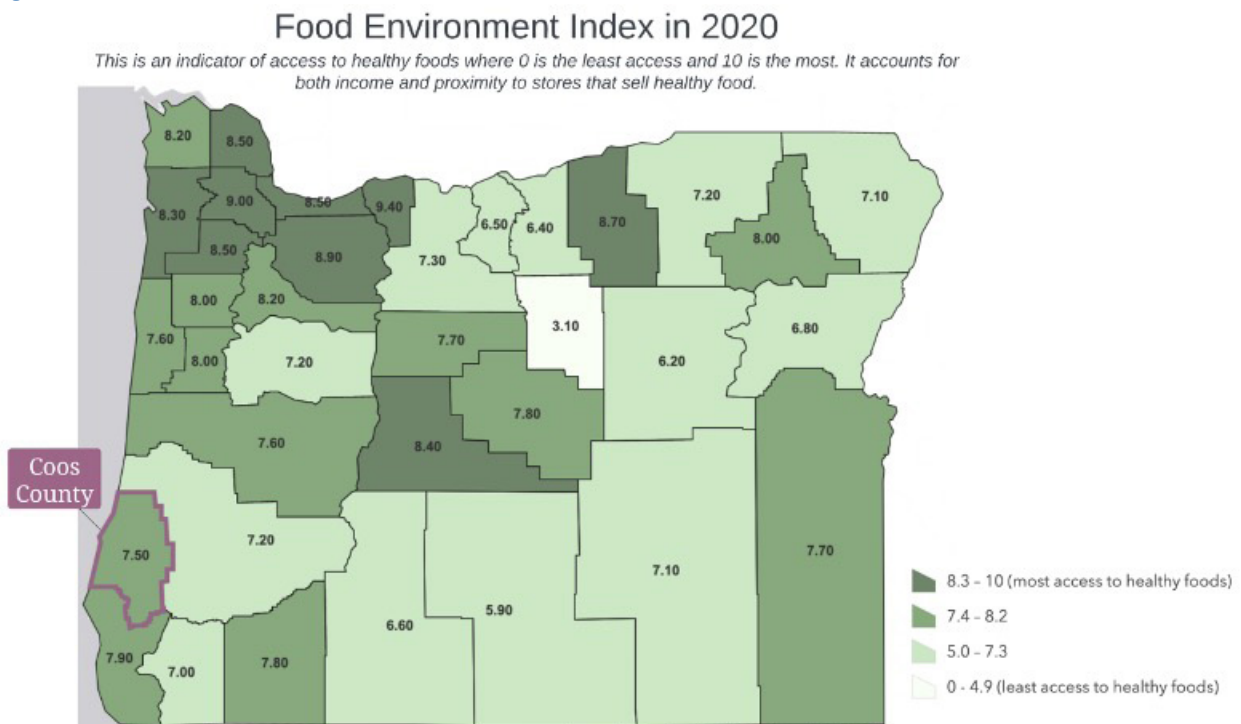
Access to affordable, healthy food is an important factor for health and well-being. According to County Health Rankings (2023), “There is strong evidence that residing in a food desert is correlated with high prevalence of disease and premature death.” This section will provide an overview of the food environment in Coos County.

Food Environment Index

The Food Environment Index score for Coos County is 7.5, which indicates higher than average access to healthy foods (Figure 43). The Food Environment Index is an indicator to healthy foods where 0 is the least access and 10 is the most, it accounts for both income and proximity to stores that sell healthy food.

“[In rural areas] there are no stores. You have your little mom and pop stores, but the prices of those are outrageous and the cost of food is so outrageous that you can’t afford it.”
-Focus Group Participant

Figure 43: Food Environment Index in 2020



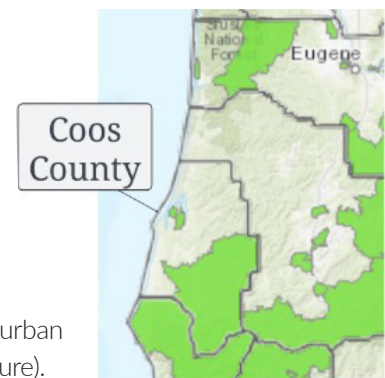
Source: County Health Rankings Data (2016-2022)

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 taken certain factors into consideration, such as median household income and distance to supermarkets.

The green shading in Figure 44 represents the three low-income areas of Coos County where a large percentage of residents are either more than one mile in urban areas or 10 miles in rural areas from a supermarket (US Department of Agriculture).

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

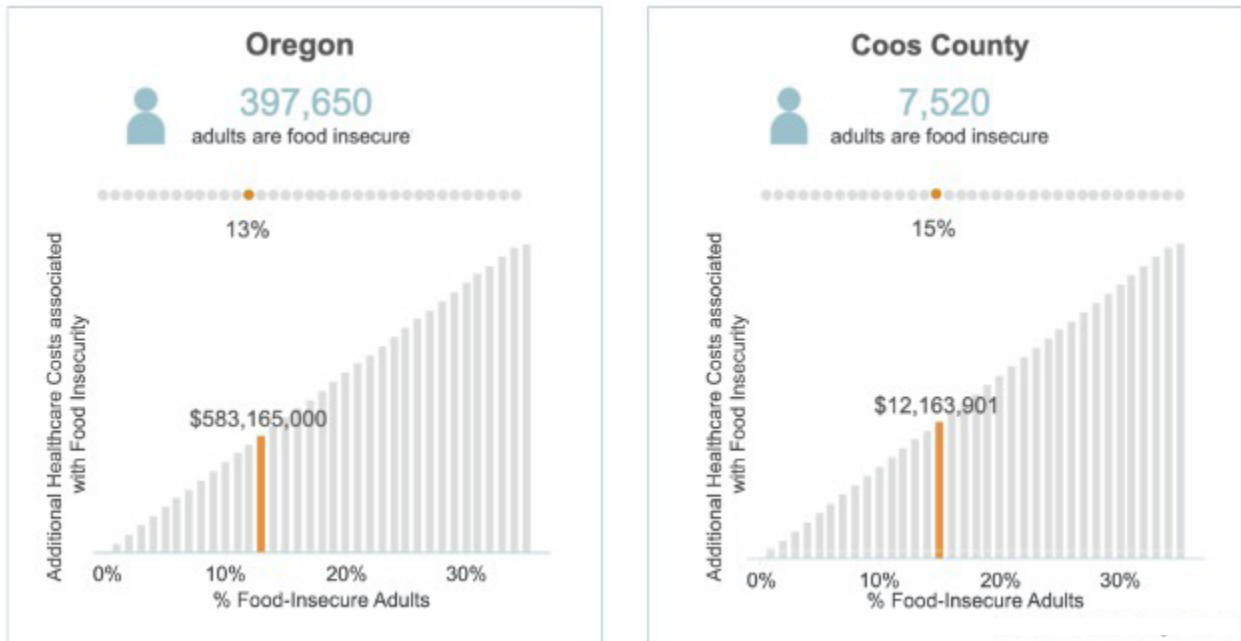


Source: US Department of Agriculture

Food Insecurity

Food insecurity, as defined by the U.S. 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 Coos County, 15 percent, or 7,520 adults, are food insecure (Figure 45), which is associated with \$12,163,901 additional healthcare costs. The percentage of people experiencing food insecurity in Coos County is similar to the 13 percent of adults statewide who are experiencing food insecurity.

Figure 45: Additional Healthcare Costs Associated with Food Insecurity



Source: Feeding America (2018)

Overall Population and Children Experiencing Food Insecurity

County fact sheets released by the Oregon Hunger Task Force for 2020 and 2021 describe the state of food insecurity across all counties in Oregon. Food insecurity was reportedly higher among all Coos County residents (15.2 percent in 2021 & 14.6 percent in 2022) in comparison to Oregon residents (11.5 percent in 2021 & 9.8 percent in 2022). Likewise, Coos County also had a greater percentage of children who experienced food insecurity (21.9 percent in 2021 and 21.8 percent in 2022). Despite a higher reported food insecurity than that reported by the state, the percentage of food insecurity in Coos County has decreased between 2021 and 2022.

Figure 46: Percent of Overall Population Who Experience Food Insecurity (2021-2022)

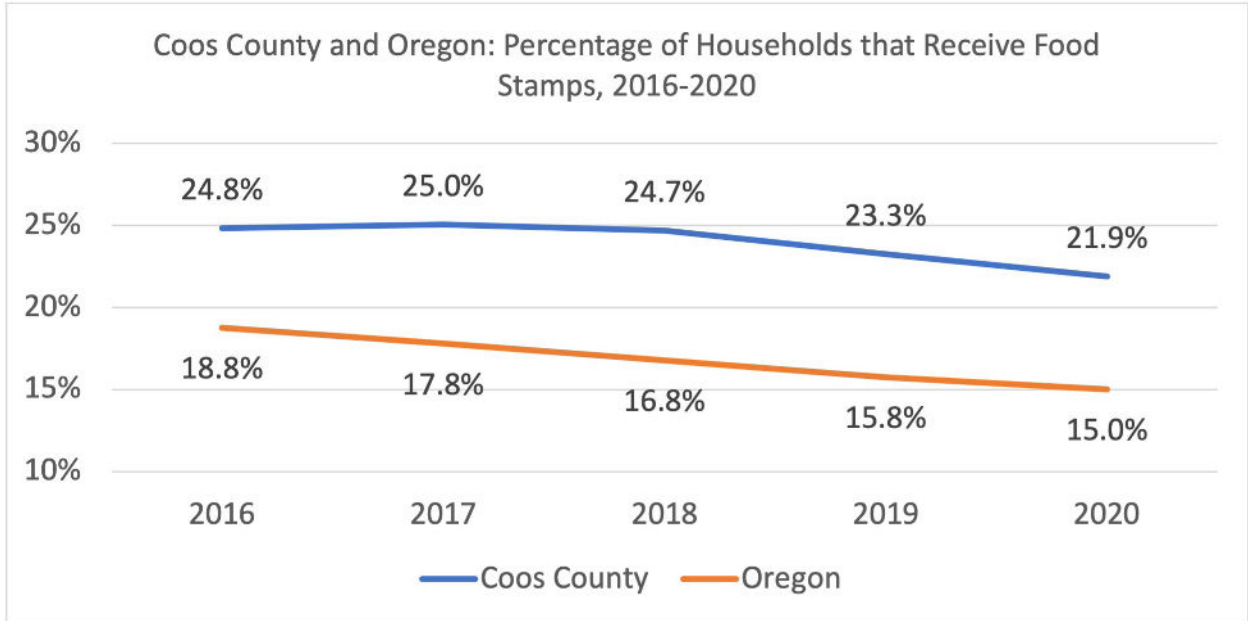
PERCENT OF OVERALL POPULATION AND CHILDREN WHO EXPERIENCE FOOD INSECURITY, 2021-2022				
LOCATION	FOOD INSECURITY (%)		CHILDREN FOOD INSECURITY (%)	
Year	2021	2022	2021	2022
Coos County	15.2%	14.6%	21.9%	21.8%
Oregon	11.5%	9.8%	14.6%	13.2%

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

SNAP Benefits

In 2020, 21.89 percent of households in Coos County received Food Stamps (Figure 47). The percentage of Coos County residents receiving SNAP Benefits has decreased since 2016, which is similar to a state-wide decrease (-19.9 percent) in SNAP benefits received during the same period.

Figure 47: Coos 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 data released by the Oregon Hunger Task Force, 54 percent of students received free and reduced lunches in 2022, a decrease of almost 10 percent from the year prior. Despite this decrease, the percentage of students with free and reduced lunches remained markedly higher than Oregon over the same period. Additionally, the percent of people who were pregnant and served by the Woman, Infants, and Children (WIC) program remained the same across both years and was also higher than the percentage reported in Oregon.

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

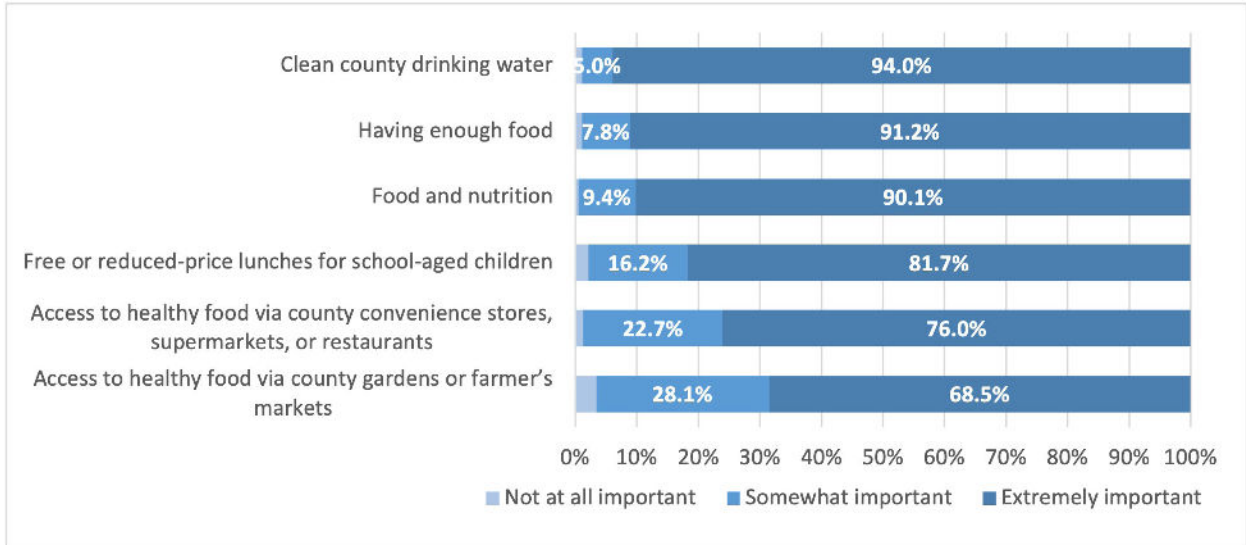
FOOD ACCESS: STUDENTS WITH FREE AND REDUCED LUNCHES, SNAP PARTICIPANTS, AND PREGNANT PEOPLE SERVED BY WIC, 2021-2022						
LOCATION	PERCENT OF STUDENTS WITH FREE AND REDUCED LUNCHES		AVERAGE MONTHLY SNAP PARTICIPANTS		PERCENT PREGNANT PEOPLE SERVED BY WIC	
	2021	2022	2021	2022	2021	2022
Year	2021	2022	2021	2022	2021	2022
Coos County	65%	54%	14,590	16,296	32%	32%
Oregon	50%	46%	595,989	750,294	27%	28%

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

Questionnaire Results – Food Environment

In the Community Health Assessment Questionnaire, most participants reported that topics of food are extremely important when considering the definition of health in Coos County. Clean county drinking water was the topic of most importance for community members (Figure 49) while “food and nutrition” was voted the second most.

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

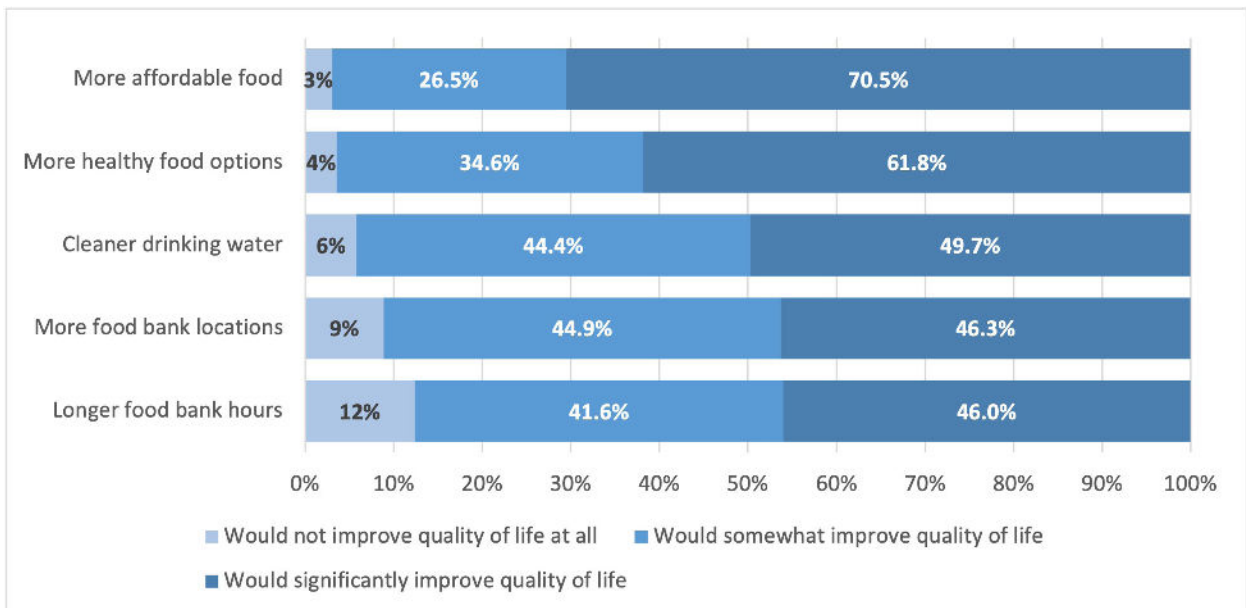


N = 382-385

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

Focus Group Results – Food Environment

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



N = 361-364

Access to healthy food was identified as both a strength and a challenge for Coos County. A few participants shared that food programs (e.g., Food Farmacies), the farmer’s market, and local grocery stores facilitate healthy eating habits for Coos County residents. However, some participants noted that food costs have been rising – particularly in rural areas of the County – and that they frequently must travel long distances to be able to access affordable food. A few participants also shared that the income eligibility requirements for SNAP are too restrictive, which is a barrier to healthy eating.

Summary of Findings – Food Environment

15 percent of adults in Coos County reported not having enough food for all the members in their home and 21 percent of residents received food stamp benefits.

Coos County has higher than average access to healthy foods when compared to other counties in Oregon. However, there are three distinct areas in Coos County that qualify as food deserts, or areas where access to supermarkets is limited.

Questionnaire respondents identified access to healthy foods in Coos County as an important factor for health. Respondents shared that access to affordable food was one of the most important potential solutions for improving quality of life in Coos County.

Finally, focus group participants shared that a number of programs help provide healthy foods to county residents. However, they also noted that food costs have been increasing, creating a burden on lower income residents, and that SNAP eligibility requirements are too restrictive.

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

Health Behaviors

Health behaviors measure practices that can influence the health of individuals and communities like 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.

Healthy Eating Habits and Physical Activity

Healthy eating habits were defined as having eaten 5 or more servings of fruit, vegetables, or 100% juice combined per day in the last week at the time of data collection. In Coos County, 22.9 percent of 6th graders and 16.1 percent of 11th graders (Figure 51) met this definition. Data for 8th graders was unavailable. When compared to Oregon students (at 19.6 percent), Coos County had a slightly higher rate of healthy eating for 6th graders, and 11th graders in Coos County were eating healthy foods at a much higher rate than Oregon 11th graders overall (7.7 percent).

Figure 51: Percentage of Middle and High School Students with Healthy Eating Habits (2022)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WITH HEALTHY EATING HABITS, 2022 (Ate five or more servings of fruits, vegetables, or 100% juice combined per day in the last week.)		
STUDENTS	COOS COUNTY	OREGON
6th graders	22.9%	19.6%
11th graders	16.1%	7.7%

Adapted from the 2022 Oregon Student Health Survey

Physical activity is defined as 60 or more minutes of movement for one or more days out of the past 7 days at the time of data collection. In Coos County, 81.6 percent of 6th graders met this definition compared to 62.1 percent of Oregon 6th graders (Figure 52). 11th graders in Coos County and Oregon had similar rates of physical activity at 74 percent and 75.6 percent respectively. Data for Coos County 8th graders were unavailable.

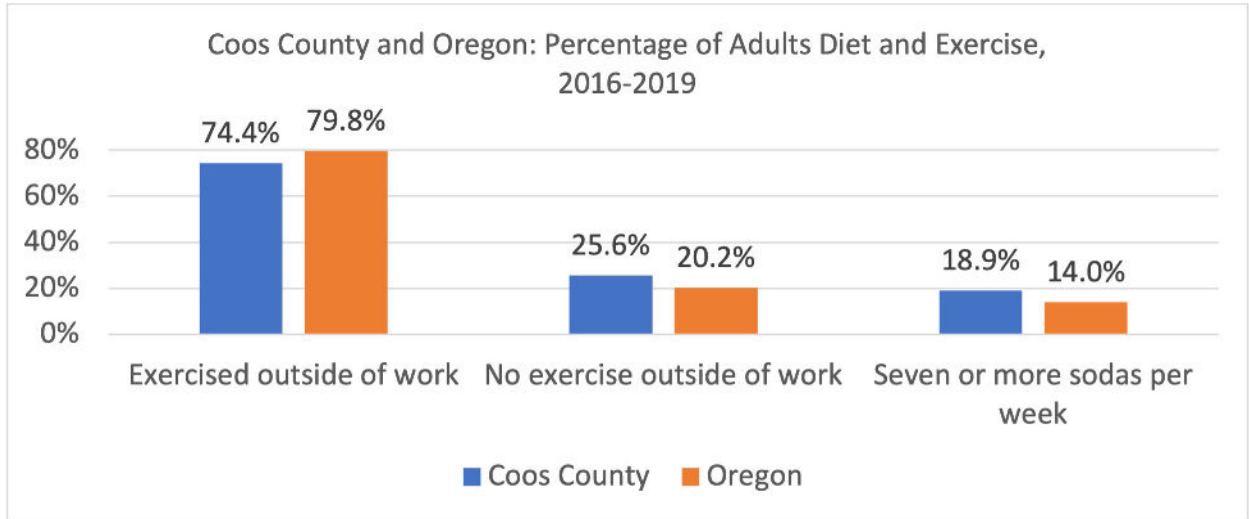
Figure 52: Percentage of Middle and High School Students with Physical Activity (2022)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WITH PHYSICAL ACTIVITY, 2022 (Physically active for 60 or more minutes for one or more days out of the past 7 days.)		
STUDENTS	COOS COUNTY	OREGON
6th graders	81.6%	62.1%
11th graders	74%	75.6%

Adapted from the 2022 Oregon Student Health Survey

In the adult population (Figure 53), 18.9 percent of adults report having seven or more sodas per week. 25.6 percent of adults reported participating in no exercise outside of work, while 74.4 percent of adults exercised outside of work. 25.6 percent of adults reported participating in no exercise outside of work, while 74.4 percent of adults exercised outside of work.

Figure 53: Coos County and Oregon: Percentage of Adults, Diet and Exercise (2016-2019)



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

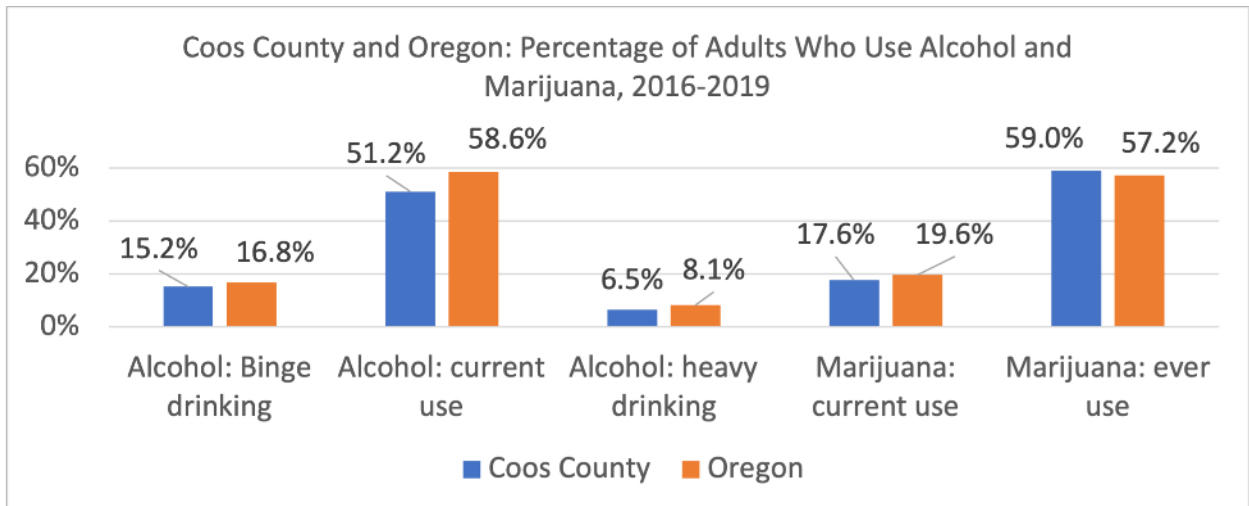
Adult Substance Use

Substance use refers to 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 (CDC, 2023).

Alcohol and Marijuana

Figure 50 highlights alcohol and marijuana use among adults in Coos County and Oregon from 2016-2019. For most sections, Oregon has slightly higher percentages of use compared to Coos County. However, Coos County had slightly more people reporting that they had ever used marijuana. 17.6 percent of adults in Coos County report current marijuana use versus the 59 percent who report ever having used it (Figure 54).

Figure 54: Coos County and Oregon: Percentage of Adults Who Alcohol and Marijuana (2016-2019)



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

In Coos County, 51.2 percent of people reported current alcohol use, while 6.5 percent reported heavy drinking (8 or more drinks a week for women; 15 or more drinks a week for men) and 15.20 percent reported binge drinking (four or more drinks a day for women; 15 or more for men).

Tobacco

34.6 percent of adults in Coos County reported using tobacco from 2016-2019. Of that population, 14.3 percent were non-cigarette tobacco users and 17.9 percent were menthol cigarette users. Of current tobacco users, 36.8 percent were flavored tobacco or vape users, 4.9 percent were electronic cigarette users, and 26.7 percent were cigarette users (Figure 55).

Figure 55: Coos County and Oregon: Percentage of Adults Who Use Tobacco (2016-2019)

PERCENTAGE OF ADULTS WHO USE TOBACCO, 2016-2019		
ADULTS	COOS COUNTY	OREGON
Attempted to quit smoking	48.7%	54.2%
Cigarette user, current	26.7%	15.9%
E-cigarette user, current	4.9%	5.0%
Flavored tobacco or vape user	36.8%	34.7%
Menthol cigarette user, current	17.9%	19.1%
Non-cigarette tobacco user, current	14.3%	11.8%
Tobacco user, current	34.6%	23.7%

Adapted from Oregon Health Authority Chronic Conditions Dataset (2016–2019)

Youth Substance Use

Alcohol Use

According to the 2022 Oregon Student Health Survey, when asked how old they were when they had their first drink of alcohol, most Coos County 11th graders (44.3 percent) reported that they had never drunk more than a few sips of alcohol, which is similar to the rate for Oregon (48.8 percent). The most common age for having their first drink for Coos County and Oregon students was 15 years old.

Additionally, of those students who had drunk alcohol, 3.8 percent of 6th graders and 16.7 percent 11th graders in Coos County reported having had at least one drink in the last 30 days (Figure 56). Both rates were similar to their Oregon peers.

12.8 percent of Coos County 11th graders reported having five or more alcoholic drinks in a row compared to seven percent of Oregon students, a notable difference (Figure 56).

Figure 56: Percentage of Middle and High School Students Who Have Used Alcohol (2022)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO HAVE USED ALCOHOL, 2022		
Students	Coos County	OREGON
<i>Had at least one drink of alcohol in the last 30 days.</i>		
6th graders	3.8%	2.8%
11th graders	16.7%	16.6%
<i>Had five or more drinks in a row in the last 30 days.</i>		
6th graders	n/a	n/a
11th graders	12.8%	7.0%

Adapted from Oregon Health Authority Chronic Conditions Dataset (2016–2019)

Marijuana Use

Most 11th graders in Coos County (65.4 percent) reported having never tried marijuana in 2022 when asked how old they were when they tried marijuana for the first time, compared to 67.4 percent of students in Oregon (Figure 57).

For Coos County 11th graders who had tried marijuana, most reported that they, “preferred not to answer,” their age of first use (11.5 percent) followed by 9.6 percent reporting that they first tried marijuana at age 14. In Oregon, 11th graders reported first trying marijuana at age 15 or preferred not to answer.

When asked if they had used marijuana in the past 30 days, 11.1 percent of Coos County 11th graders reported that they had, compared to 12 percent of Oregon students.

Figure 57: Percentage of Middle and High School Students Who Have Used Marijuana (2022)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO HAVE USED MARIJUANA, 2022		
Used marijuana in the last 30 days.		
Students	Coos County	OREGON
6th graders	0.0 %	1.1%
11th graders	11.1%	12.0%

Adapted from the 2022 Oregon Student Health Survey

Tobacco Use

Most 11th graders in Coos County (68.6 percent) reported that they had not used tobacco products in the past month. The majority of Coos County 11th graders (9.8 percent) who had used tobacco products in the past month reported using vaping products, while 3.9 percent reported using cigarettes. 10.8 percent of Oregon 11th graders reported using vaping products while 3.2 percent reported using cigarettes, respectively. The percentage of 11th graders in Coos County using chewing tobacco (2 percent) was higher than the rate of Oregon students (0.8 percent) (2022 Oregon Student Health Survey).

20.6 percent of 11th graders in Coos County who reported using tobacco had used it in the past 30 days compared to 16 percent of Oregon 11th graders (Figure 58).

Figure 58: Percentage of Middle and High School Students Who Have Used Tobacco (2022)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO HAVE USED TOBACCO, 2022		
Used tobacco in the last 30 days.		
Students	Coos County	OREGON
6th graders	0.0 %	2.2%
11th graders	20.6%	16.0%

Adapted from the 2022 Oregon Student Health Survey

Childhood Vaccination Rates

Figure 59 shows the percentage of two-year-olds being up-to-date (UTD) for their immunization series. 4:3:1:3:3:1:4 means fully immunized based on Oregon Health Authority and Centers for Disease Control recommendations.

In 2022, 60 percent of Coos County two-year-olds were UTD on recommended vaccines. The childhood vaccination rate has decreased since 2020, reaching 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 59: Coos County: Immunization Rates for Two Year Olds

Coos 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	67%	69%	69%	64%	60%
4 doses DTaP	82%	81%	81%	74%	73%
3 doses IPV	91%	91%	92%	89%	88%
1 dose MMR	87%	89%	90%	82%	84%
3 doses Hib	87%	86%	88%	82%	84%
3 doses HepB	85%	86%	87%	85%	85%
1 dose Varicella	88%	88%	89%	81%	83%
4 doses PCV	79%	77%	80%	74%	76%
1 dose HepA	88%	88%	89%	83%	85%
2-3 doses Rotavirus	76%	75%	81%	76%	76%
1 dose Flu (in most recent season)	53%	55%	65%	54%	39%
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

Adolescent Vaccination Rates

Figure 60 shows the vaccination rates of 13-to-17-year-olds in Coos County. 90 percent of adolescents were vaccinated with the 1 dose Tdap, 74 percent were vaccinated with 1 dose Meningococcal, and 19 percent were vaccinated with 1 dose of the Flu vaccine within the most recent season. For the HPV vaccine, 65 percent of the population were considered to have initiated the process by getting 1+ dose, while 43 percent completed the vaccination series with 2-3 doses (Oregon Health Authority).

According to the Coos County COVID-19 Equity Plan, roughly 30 percent of 12-17-year-olds were vaccinated against COVID-19.

Figure 60: Coos County: Adolescent Immunization Rates

Coos County: Adolescent Immunization Rates						
	2017	2018	2019	2020	2021	2022
Thirteen- to Seventeen-Year-Old^{a,b} Vaccination Rates						
Tdap (1 dose)	94%	92%	93%	92%	90%	90%
Meningococcal A,C,W,Y (1 dose)	65%	66%	70%	73%	74%	74%
Flu (1 dose in most recent complete season)	20%	22%	23%	27%	26%	19%
HPV initiation (1+ dose)	58%	60%	62%	65%	66%	65%
HPV completion (2-3 doses) ^c	37%	37%	41%	46%	46%	43%

Source: ALERT Immunization Information System, Oregon Immunization Program

Adults with Recent Health Screenings

89.1 percent of adults in Coos County have had a cholesterol check within the past five years, which is 3 percent higher than the state percentage (Figure 61). 55.2 percent have had a diabetes screening within the past 3 years. Of those within the ages of 50-75, 64.2 percent have a current colorectal cancer screening, and 8.1 percent have had a colorectal FOBT (Fecal Occult Blood Test) within the past year. Of those within the ages of 50-74, 77.5 percent have had a mammogram within the past two years. And in the age range of 21-65, 71.2 percent have had a Pap test within the past 3 years.

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

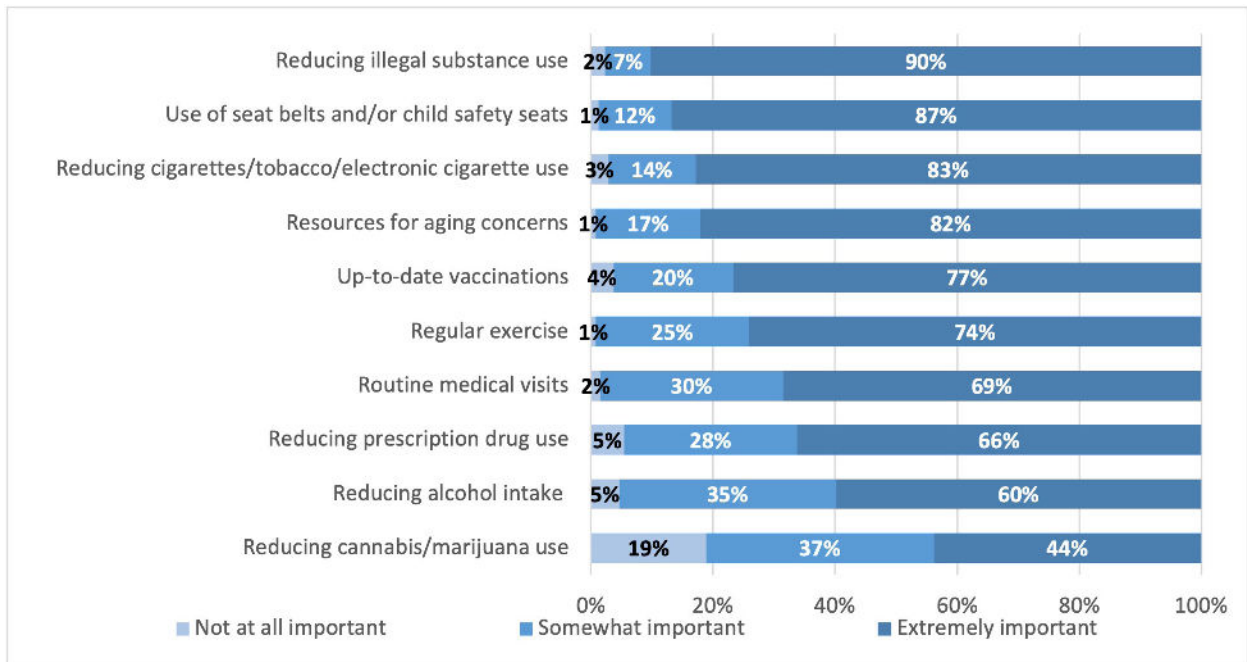
PERCENTAGE OF ADULTS WITH RECENT HEALTH SCREENINGS, 2016-2019		
ADULTS	COOS COUNTY	OREGON
Cholesterol, past 5 years	89.1%	86.2%
Colorectal FOBT (ages 50-75), past year	8.1%	n/a
Colorectal screening (ages 50-75), current	64.2%	73.4%
Diabetes screening, past 3 years	55.2%	54.3%
Mammogram (ages 50-74), past 2 years	75.5%	n/a
Pap test (ages 21-65), past 3 years	71.2%	n/a

Adapted from Oregon Health Authority Chronic Conditions Dataset (2016–2019) & U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool

Questionnaire Results – Health Behaviors

Questionnaire respondents reported that healthy behaviors are extremely important when considering the definition of health in Coos County (Figure 62). Respondents reported that “reducing illegal substance use” was the most important health behavior when defining good health in Coos County.

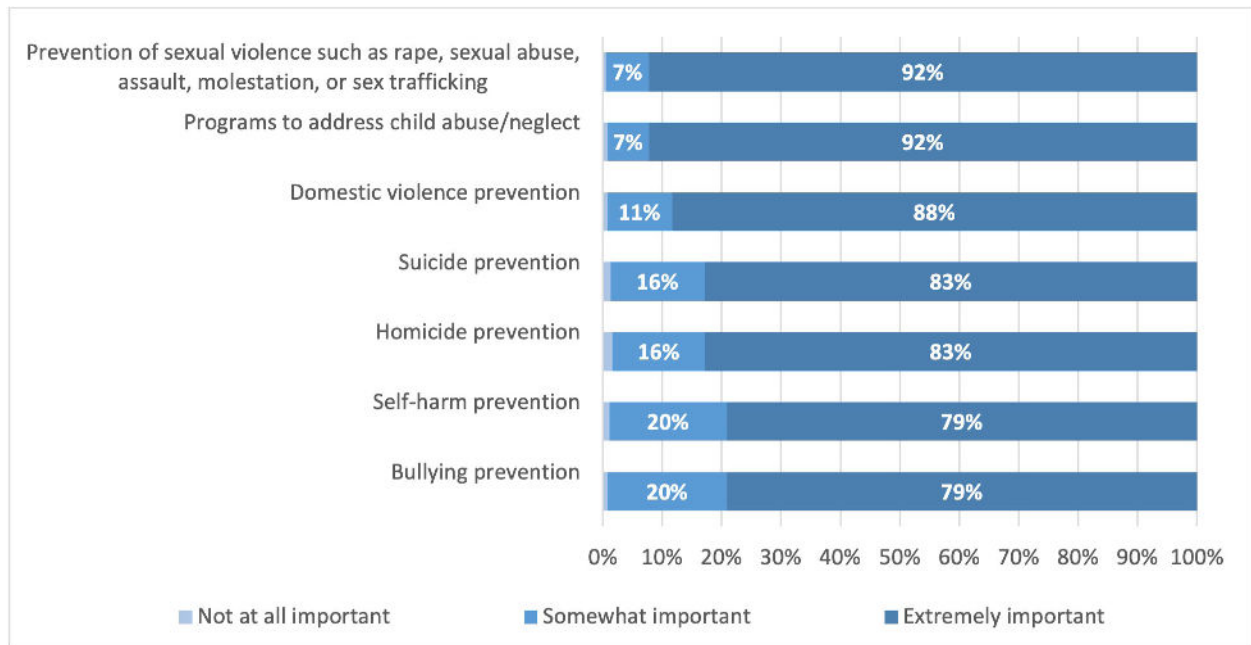
Figure 62: Health Behaviors Questionnaire Results: Most Important for Good Health



N = 386-388

Similarly, questionnaire respondents reported there were additional topics of importance when thinking about defining preventative health. “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 extreme importance when defining health in Coos County (Figure 63).

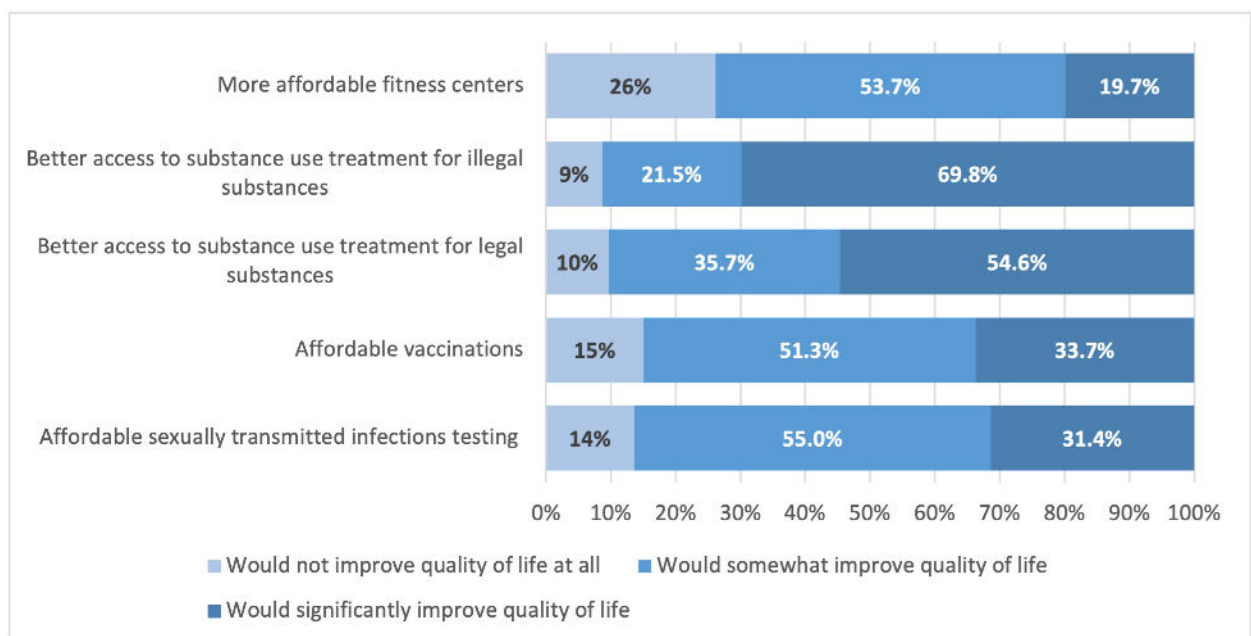
Figure 63: Health Behaviors Questionnaire Results: Most Important for Good Health



N = 370-375

Regarding potential solutions presented to questionnaire respondents, participants reported that having “more affordable fitness centers” and “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 = 360-370

Focus Group Results – Health Behaviors

Substance use was frequently mentioned as a health challenge in Coos County. Across multiple focus groups, participants mentioned substance use as a major health challenge in their community. Several community members noted that substance use is closely tied to mental health challenges, trauma, and economic insecurity.

Outdoor recreational opportunities facilitate exercise for Coos County residents. Many participants highlighted the natural beauty of Coos County. They further shared that outdoor activities including surfing, kayaking, biking, and hiking are popular recreational pastimes. Nonetheless, a few participants complained that recreational activities are limited for young people in Coos County, particularly if they are not interested in sports.

Summary of Findings – Health Behaviors

Coos County students report eating more healthy foods than their Oregon peers. Coos County 6th graders report more exercise than Oregon students while 11th grader exercise was similar to that of Oregon. However, adults in Coos County reported less exercise and more soda consumption than adults in Oregon.

Alcohol and marijuana use rates were similar in Coos County and Oregon, with a higher percentage of Oregon adults reporting currently using alcohol. Additionally, in 2020, both Oregon and Coos County saw spikes in binge drinking which had not leveled out as of 2022. Coos County residents reported higher rates of tobacco use compared to Oregon adults.

Alcohol use rates for students in Coos County were somewhat comparable to their Oregon peers. However, more Coos County 11th graders reported binge drinking than Oregon students.

Most Coos County students report that they have not tried marijuana or tobacco, although there are some differences in the usage rates and types of marijuana and tobacco products used among students who reported recent use. 42.4 percent of Coos County 11th graders have access to firearms compared to 28.7 percent in Oregon as a whole.

Recent data show that vaccination rates for two-year-olds in Coos County have been decreasing, while adolescent immunization rates have stayed close to the same or experienced modest decreases from previous years.

Focus group respondents shared that substance use was a concern in Coos County. Additionally, they felt that outdoor recreational opportunities help to promote good health behaviors.

Questionnaire respondents shared that substance use was the most important health behavior when defining good health and shared that more fitness centers would most improve quality of life in Coos County

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

Health Outcomes

Health outcomes are measures of the physical and mental health in a community. They provide a general snapshot of quality and quantity of life (County Health Rankings, 2023). Health outcomes 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.

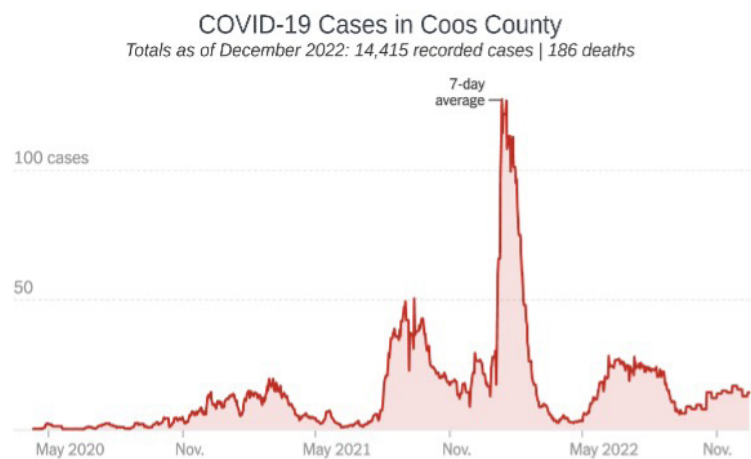
COVID-19 Cases and Vaccination Rates

From May 2020 to December of 2022, Coos County recorded 14,415 cases of COVID-19 and 186 deaths. The seven-day average of cases peaked at more than 100 in the winter of 2021 before dropping in the spring of 2022 (Figure 65).

Coos County had total-population vaccination rate of a 59 percent. However, according to the Coos County COVID-19 Equity Plan, vaccination rates varied by race and age. Vaccination rates were highest among Native Americans in Coos County (~85 percent) and lowest among the Hispanic/Latino population. COVID-19 vaccination rates were highest among adults 50 and older.

For adults 65 and older, the vaccination rate was 83 percent fully vaccinated and 62 percent with a booster dose (New York Times, 2022).

Figure 65: COVID-19 Cases in Coos County



Source: New York Times via Centers for Disease Control (2022)

Chronic Conditions

The occurrence of chronic conditions in Coos County from 2016-2019 exceeded the state in all categories tracked (Figure 66).

65.1 percent of adults in Coos County have one or more chronic conditions. 36.5 percent of Coos County adults have been diagnosed with high blood pressure, while 36.2 percent have been diagnosed with high blood cholesterol. 31.1 percent have been diagnosed with depressive disorder. 34.2 percent of the population has been diagnosed with arthritis.

Figure 66: Percentage of Adults with Chronic Conditions (2016-2019)

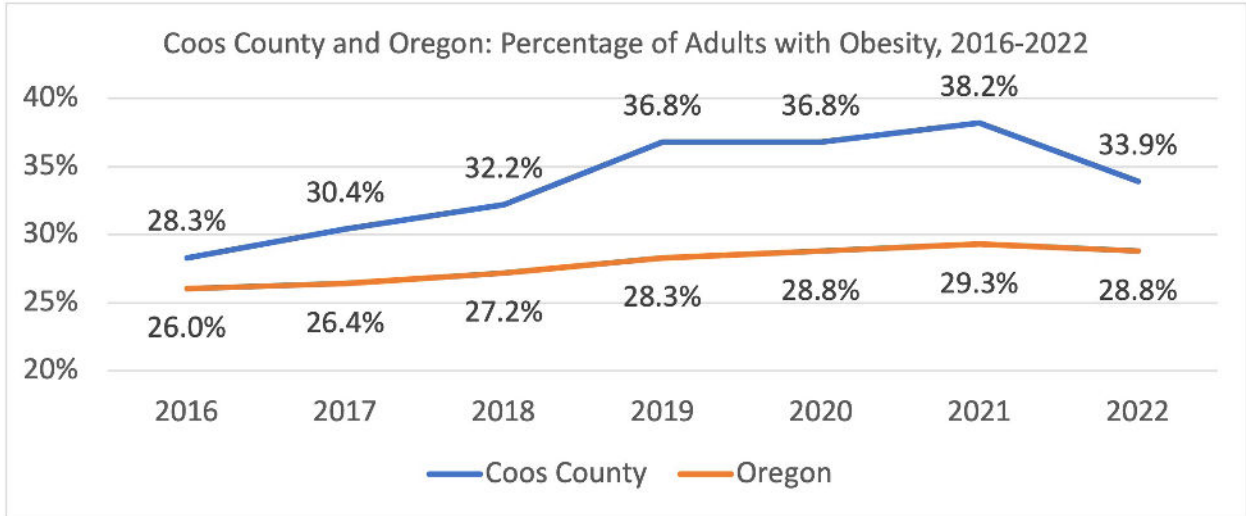
PERCENTAGE OF ADULTS WITH CHRONIC CONDITIONS, 2016-2019		
ADULTS	COOS COUNTY	OREGON
Arthritis, ever diagnosed	34.2%	26.6%
Asthma, current	17.5%	11.4%
Cancer, ever diagnosed	9.0%	8.9%
CHD/heart attack/stroke, ever diagnosed	12.2%	8.1%
COPD, ever diagnosed	11.0%	6.4%
Depressive disorder, ever diagnosed	31.1%	25.9%
Diabetes, ever diagnosed	12.5%	9.6%
High blood cholesterol, ever diagnosed	36.2%	27.9%
High blood pressure, ever diagnosed	36.5%	29.0%
One or more chronic conditions	65.1%	56.2%

Adapted from Oregon Health Authority Chronic Conditions Dataset (2016–2019)

Obesity

Obesity is defined as having Body Mass Index⁴ (BMI) of 30 or greater, which is calculated using a person’s height and weight. Obesity rose steadily in Coos County from 28.3 percent in 2016 before peaking at 38.2 percent in 2021 (Figure 67). In 2022, 33.9 percent of adults in Coos County were considered obese, a decrease from 2021.

Figure 67: Coos County and Oregon: Percentage of Adults with Obesity (2016-2022)



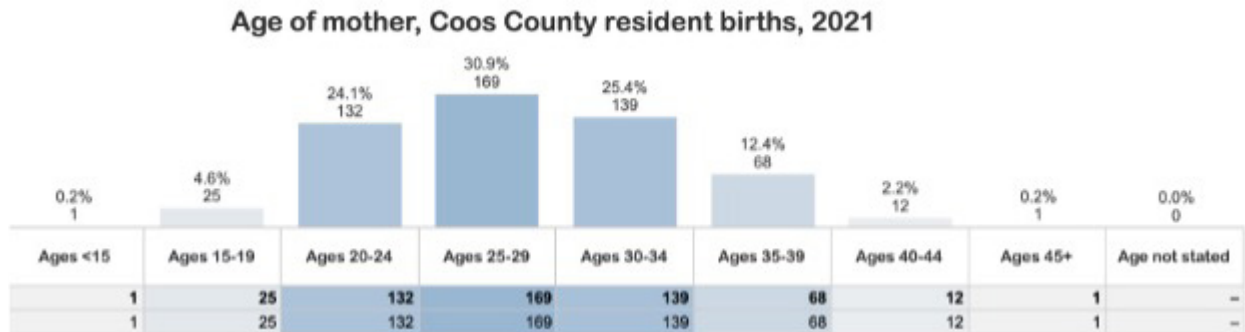
Source: County Health Rankings Data (2016-2022)

Birth and Prenatal Care

Age of Birth Parent

Of those that gave birth in Coos County in 2021, 1 person or 0.2 percent were under 15, 4.6 percent were between 15-19, 24.1 percent were between 20-24, 30.9 percent were between 25-29, 25.4 percent were 30-34, 12.4 percent were between 35-39, 2.2 percent were between 40-44, and 1 person or 0.2 percent was above 45.

Figure 68: Age of Mother, Coos County Residents' Births (2021)



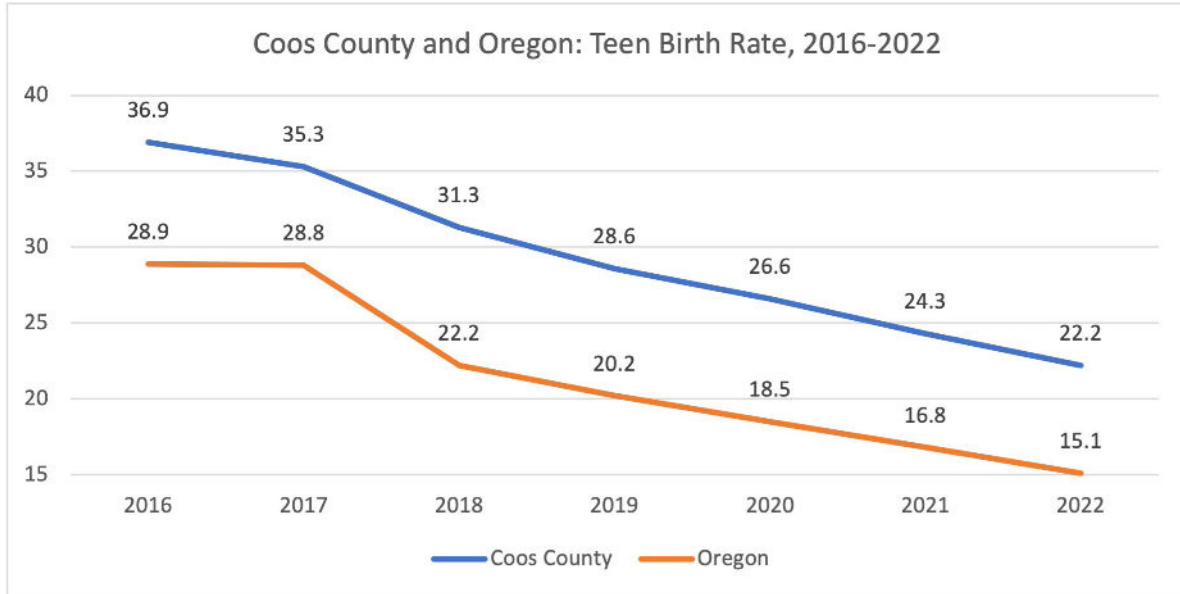
Source: Oregon Health Authority

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

Teen Birth Rate

For 2022, the teen birth rate in Coos County was 22.2, meaning there were 22.2 births per 1,000 females aged 15-19 years. This rate has been on a steady decline since 2016 (Figure 69), when the rate of births per 1,000 was 36.9. While Coos County and Oregon have seen a decline in teen birth rates since 2016, Coos County's teen birth rate was higher than Oregon as of 2022.

Figure 69: Coos County and Oregon Teen Birth Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

Low Birth Weight Infants

Coos County saw a notable increase in the percentage of infants weighing less than 2,500 grams, which is classified as “low birth weight,” from 2020 to 2021. Oregon also saw a small increase during the same period.

Figure 70: Low Birth Weight Infants (2020-2021)

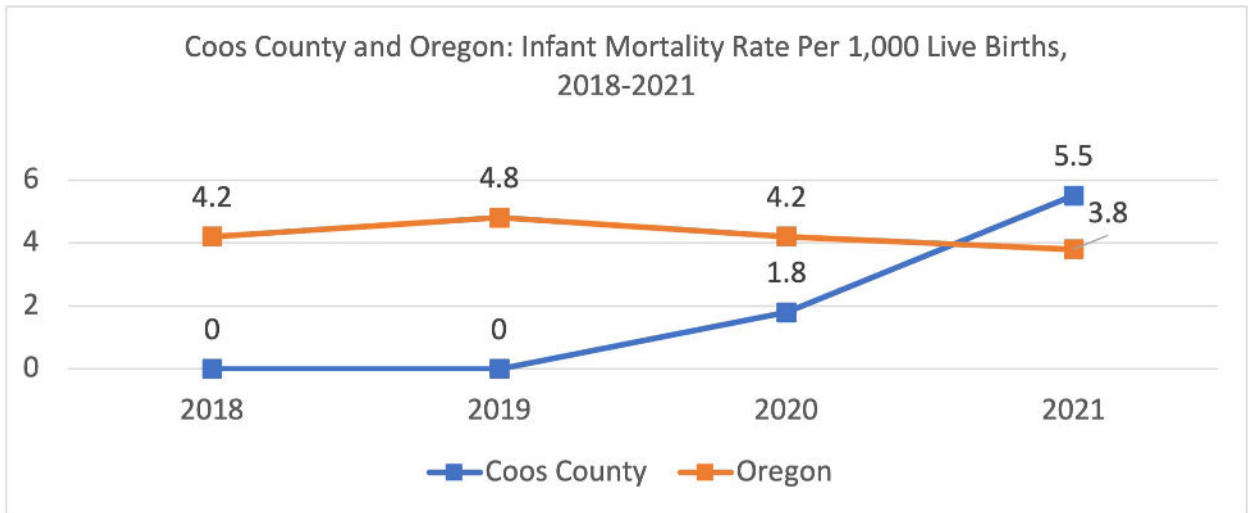
LOW BIRTH WEIGHT INFANTS, 2020-2021		
Percent of infants born weighing less than 2,500 grams.		
Students	Coos County	Oregon
2020	7.0%	6.6%
2021	8.4%	6.9%

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

Infant Mortality Rate

Infant mortality is defined as death before a baby’s first birthday (CDC, 2023). In Coos County, the infant mortality rate has increased from 0 to 5.5 deaths per 1,000 births (Figure 71). While this is a large increase over a four-year period, it should be noted that the number of infant deaths increased from 0 to 3 from 2018-2021. The infant mortality rate for Oregon dropped to 3.8 per 1,000 births in 2021 from 4.2 in 2018.

Figure 71: Coos County and Oregon: Infant Mortality Rate Per 1,000 Live Births (2018-2021)

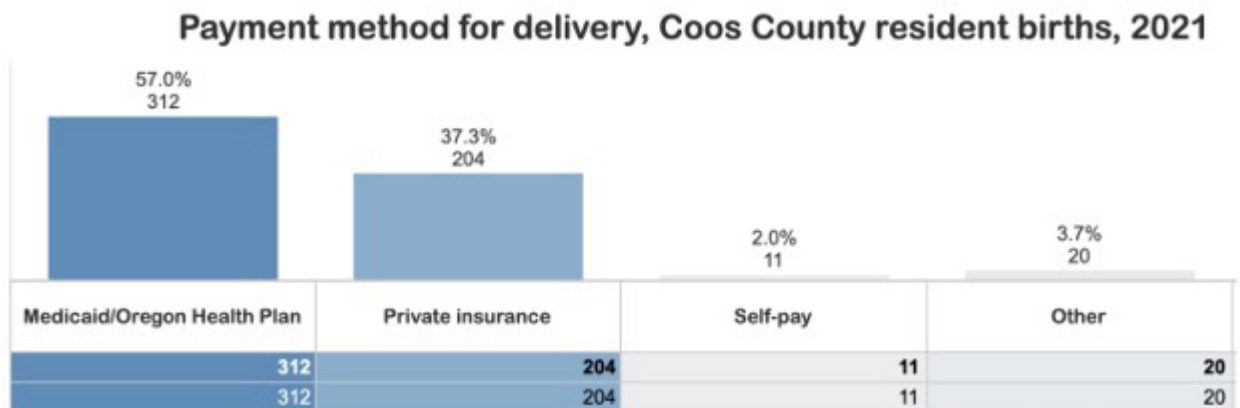


Source: Oregon Health Authority

Payment Method for Birth Delivery

In 2021, for the deliveries in Coos County, 312 or 57 percent of them were paid through Medicaid/Oregon Health Plan, 204 or 37.3 percent were paid through private insurance, 11 or 2.0 percent were self-paid, and 20 or 3.7 percent were paid by other means (Figure 72).

Figure 72: Payment Method for Delivery, Coos County Resident Births (2021)

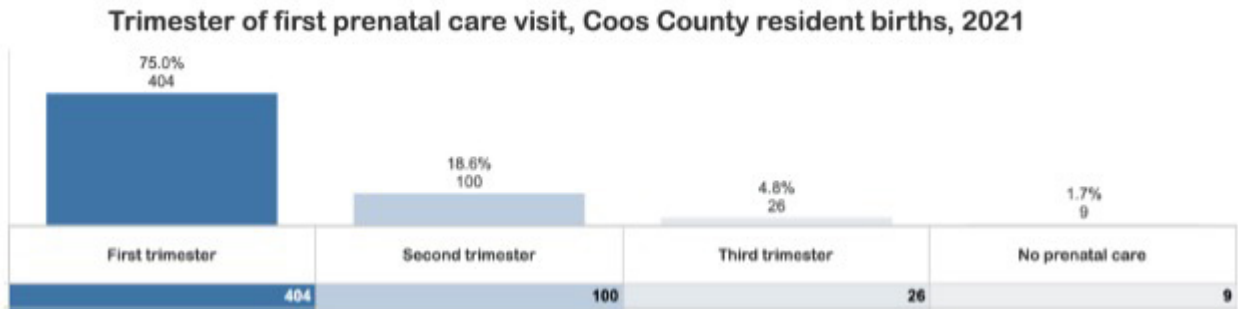


Source: Oregon Health Authority

Trimester of First Prenatal Care

Of the 2021 Coos County resident births, 404 or 75 percent of the first prenatal care visits happened in the first trimester, 100 or 18.6 percent in the second trimester, 26 or 4.8 percent happening in the third trimester, while 9 or 1.7 percent of births received no prenatal care at all (Figure 73).

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



Source: Oregon Health Authority

Adequacy of Prenatal Care

Coos County saw a decrease in the percentage of resident births with five or more prenatal visits before the third trimester. Meanwhile, the number of Oregon residents' prenatal visits stayed the same.

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		
Students	Coos County	Oregon
2020	95.1%	94.1%
2021	90.8%	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 greater among Coos County members than that reported for Oregon's members. Between 2015 and 2016, the prevalence of depression in Coos County Medicare members was lower than the U.S., however data from 2017-2018 indicate a notable increase compared to the years prior, both compared to the state of Oregon and the U.S.

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

PREVALENCE OF DEPRESSION AMONG MEDICARE BENEFICIARIES, 2015-2018			
Year	Coos County	Oregon	U.S.
2015	16.8%	16.5%	17.4%
2016	16.7%	16.4%	17.4%
2017	19.9%	16.8%	17.9%
2018	21.6%	17.4%	18.4%

Adapted from Centers for Medicare & Medicaid Services, Prevalence State Level: All Beneficiaries by Race/Ethnicity and Age (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 Coos County was 23.9. This data shows similarities in the prevalence of depression between Coos County, Curry County, and the average for the state of Oregon. The prevalence data indicated for Coos 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)

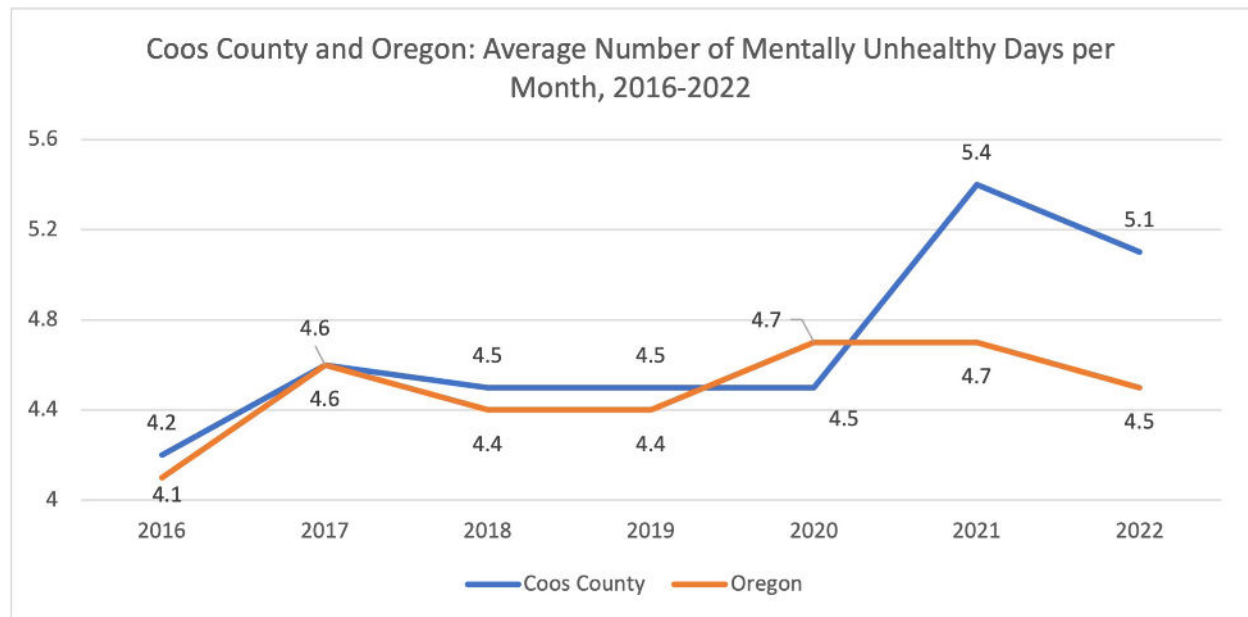
AGE-ADJUSTED PREVALENCE OF ADULTS (18+ YEARS) SELF-REPORTING DIAGNOSIS OF DEPRESSION, 2020						
Year	Coos County	Curry County	Douglas County	Josephine County	Oregon	U.S.
2020	23.9	23.1	24.5	25.4	23.1	21.9

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 Coos County and the state closely resembled each other (Figure 77). In 2021, the average number of mentally unhealthy days per month increased to 5.4 percent in Coos County, while the state rate stayed the same (Figure 70). Since 2021, the number of mentally unhealthy days for both Coos County and Oregon have decreased, though Coos County residents experience more unhealthy days on average than the state.

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



Source: County Health Rankings Data (2016–2022)

Student Mental Health

Depressive Symptoms

Focus group participants shared that students suffered numerous setbacks due to the COVID-19 pandemic. In addition to interruptions to their studies, students experienced socioemotional challenges due to social isolation, family illness and death, parents/caregivers losing jobs, or losing their own jobs, which, for some students, resulted in feelings of sadness, anxiety, and depression.

In 2020, 36.9 percent of 6th graders in Coos County, 48.6 percent of 8th graders, and 60 percent of 11th graders had depressive symptoms (Figure 78). “Depressive symptoms” were defined as feeling sad or hopeless almost every day for 2+ weeks in a row.

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

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WITH DEPRESSIVE SYMPTOMS, 2020		
<i>Felt sad or hopeless almost every day for 2+ weeks in a row.</i>		
Students	Coos County	Oregon
6th graders	36.9%	28.6%
8th graders	48.6%	33.0%
11th graders	60.0%	42.9%

Adapted from the 2022 Oregon Student Health Survey

In 2022, the percentage of students experiencing depressive symptoms for two or more weeks decreased in both Coos County and Oregon (Figure 79). However, data were not available for Coos County 8th graders.

Figure 79: Percentage of Middle and High School Students with Depressive Symptoms in 2022

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WITH DEPRESSIVE SYMPTOMS, 2022		
<i>Felt sad or hopeless almost every day for 2+ weeks.</i>		
Students	Coos County	Oregon
6th graders	15.7%	23.7%
11th graders	37.8%	38.4%

Adapted from the 2022 Oregon Student Health Survey

Experiencing Bullying

In Coos County, 5.9 percent of 6th graders in 2022 indicated that they had been bullied at school, including at school events. This included in-person bullying along with bullying through technology – such as on the Internet, through apps, by texting, and more. When compared to Oregon students (at 16.4 percent), Coos County 6th graders had a much lower rate of bullying at school. Data for 8th and 11th graders was unavailable.

Figure 80: Percentage of Middle and High School Students Bullied at School in 2022

PERCENTAGE OF 6TH GRADERS BULLIED AT SCHOOL, 2022		
<i>Been bullied AT SCHOOL (including at school events; in-person bullying + bullying through technology).</i>		
Students	Coos County	Oregon
6th graders	5.9%	16.4%

Adapted from the 2022 Oregon Student Health Survey

Specifically related to bullying via technology, 8.0 percent of 6th graders and 15.4 percent of 11th graders in Coos County indicated in 2022 that they have been bullied by a peer. Data for 8th graders in Coos County was unavailable. When compared to 6th graders in all of Oregon (at 9.6 percent), Coos County's 6th graders reported less bullying by another student using any kind of technology. However, Coos County 11th graders reported a much greater incidence of bullying by a peer using technology than all Oregon 11th graders (6.7 percent).

Figure 81: Percentage of Middle and High School Students Bullied by Peer Using Technology in 2022

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS BULLIED BY PEER USING TECHNOLOGY, 2022		
<i>Been bullied by another student using any kind of technology.</i>		
Students	Coos County	Oregon
6th graders	8.0%	9.6%
8th graders	n/a	10.2%
11th graders	15.4%	6.7%

Adapted from the 2022 Oregon Student Health Survey

Seriously Considered Suicide

5.7 percent of 6th graders in Coos County reported in 2022 that they seriously considered attempting suicide during the past year, which is lower than the rate for all Oregon 6th graders (7.2 percent). More Coos County 11th graders reported in 2022 that they seriously considered attempting suicide than 11th graders in all of Oregon (17.0 percent for Coos County and 14.6 percent for Oregon 11th graders). Data for 8th graders in Coos County was unavailable.

Figure 82: Percentage of Middle and High School Students Who Seriously Considered Suicide in 2022

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO SERIOUSLY CONSIDERED SUICIDE, 2022		
<i>Seriously considered attempting suicide during the past year.</i>		
Students	Coos County	Oregon
6th graders	5.7%	7.2%
8th graders	n/a	11.6%
11th graders	17.0%	14.6%

Adapted from the 2022 Oregon Student Health Survey

Attempted Suicide

In 2022, 5.7 percent of 6th graders and 11.4 percent of 11th graders in Coos County reported attempting suicide one or more times during the past year. These rates are much higher – especially for 11th graders – than Oregon overall rates for 6th and 11th graders (3 percent and 11.4 percent respectively). Data for 8th graders in Coos County was unavailable.

Figure 83: Percentage of Middle and High School Students Who Attempted Suicide 1 or More Times (2022)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO ATTEMPTED SUICIDE 1 OR MORE TIMES, 2022		
<i>Attempted suicide one or more times during the past year.</i>		
Students	Coos County	Oregon
6th graders	5.7%	3.0%
8th graders	n/a	5.0%
11th graders	11.4%	5.0%

Adapted from the 2022 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 Coos County, 42.4 percent of 11th graders have access to firearms, meaning that it would take less than 24 hours for them to get and be ready to fire a loaded gun (Figure 84). The percentage of Oregon 11th graders with access to a loaded gun is 28.7 percent.

Figure 84: Percentage of 11th Graders with Access to a Loaded Gun in 2022

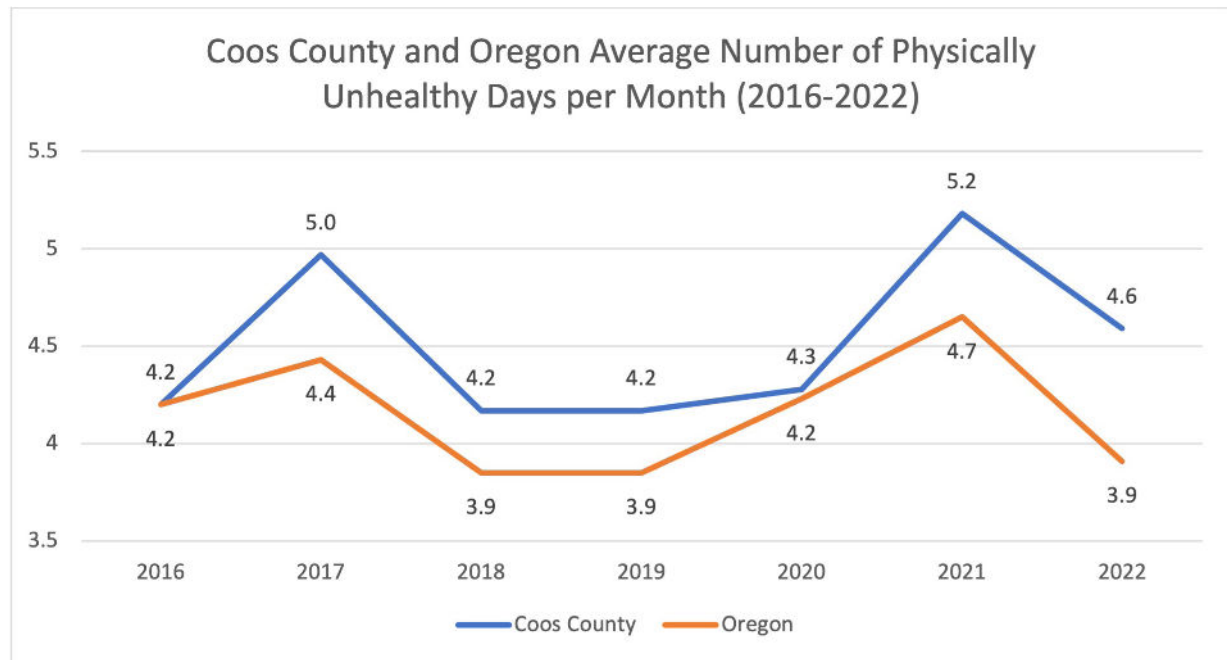
PERCENTAGE OF 11TH GRADERS WITH ACCESS TO A LOADED GUN, 2022		
<i>It would take less than 24 hours to get and be ready to fire a loaded gun.</i>		
Students	Coos County	Oregon
11th graders	42.4%	28.7%

Adapted from the 2022 Oregon Student Health Survey

Number of Physically Unhealthy Days

In 2022, the average number of physically unhealthy days reported in Coos County was 4.5 compared the 3.9 for Oregonians. While the number of physically unhealthy days reported by Coos County adults has fluctuated since 2016, it decreased from 2021 to 2022 (Figure 85).

Figure 85: Coos County and Oregon Average Number of Physically Unhealthy Days (2016-2022)



Source: County Health Rankings Data (2016-2022)

Birth and Mortality Data

Birth Rate

Crude birth rates for both Coos County and Oregon have remained consistent from 2020 and 2021, however the county rate is lower than that reported for Oregon.

Figure 86: Crude Birth Rate (2020-2021)

CRUDE BIRTH RATE, 2020-2021		
Crude birth rates per 1,000 people.		
Year	Coos County	Oregon
2020	8.5	9.4
2021	8.5	9.6

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

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 Coos County in 2021 was 1,749.6 per 100,000 people, an increase compared to previous years and markedly higher than the rate reported for Oregon as a whole. Similarly, preliminary data for 2022 shows an increase 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 87: Crude Death Rate (2018-2022)

CRUDE DEATH RATE, 2018-2022		
Crude death rates per 100,000 people.		
Year	Coos County	Oregon
2018	1,490.3	862.7
2019	1,477.4	882.8
2020	1,483.0	942.5
2021	1,749.6	1,054.3
2022	1,769.6*	1,042.9*

Adapted from Oregon Health Authority, Center for Health Statistics (2016–2019)

Tobacco-related Mortality

According to the Oregon Health Authority's Center for Health Statistics, Coos County had the second highest tobacco-related death rates among all Oregon counties between 2018 and 2021. While the county's tobacco-related death rate is quite high in comparison to other counties and Oregon as a whole, this rate has decreased compared to 2014-17.

Figure 88: Leading Tobacco-related Deaths, Oregon (2018-2021)

TOBACCO-RELATED DEATHS, 2018-2021		
Tobacco-related death rates per 100,000 population.		
Year	Coos County	Oregon
2014-17	241.7	150.8
2018-21	220.5	147.0

Adapted from Oregon Health Authority, Center for Health Statistics (2018–2021)

Leading Causes of Death

According to the Oregon Health Authority's Center for Health Statistics, the leading cause of death for residents in Coos County in 2021 was heart disease, followed by cancer, COVID-19, Alzheimer's disease, and unintended injuries. Despite sharing the same top two leading causes of death, there is a notable difference between the reported crude death rates between Coos County and Oregon. For example, the county's crude death rate from heart disease is 1.9 times greater than that reported for Oregon. Similarly, the county's crude death rate for cancer is over 1.6 times greater that reported for Oregon.

Figure 89: Leading Cause of Death (2021)

LEADING CAUSE OF DEATH, 2021		
Leading cause of death, rate per 100,000 people.		
Cause	Coos County	Oregon
Heart disease	348.4	183.2
Cancer (malignant neoplasms)	333.0	201.4
COVID-19	150.4	86.3
Alzheimer's disease	99.8	48.0
Unintended injuries	95.2	74.0
Chronic lower respiratory disease	93.6	44.5
Cerebrovascular disease	73.7	54.4
Diabetes mellitus	59.9	33.7
Suicide	30.7	20.9
Hypertension and hypertensive renal disease	30.7	17.4

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

Lung and Bronchus Cancer

Coos County had a notably higher rate of age-adjusted deaths per 100,000 people related to lung and bronchus cancer from 2017 to 2021, with 47.7 per 100,000 deaths in Coos County being attributed to lung and bronchus cancer. The Oregon Rate was 32.5 per 100,000 people.

Figure 90: Lung and Bronchus Cancer Deaths (2017-2021)

LUNG AND BRONCHUS CANCER DEATHS, 2017-2021	
Age-adjusted death rates per 100,000 people.	
Coos County	Oregon
47.7	32.5

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

Suicide Rate

According to the Oregon Health Authority's Oregon Violent Death Reporting System (ORVDRS), the age-adjusted suicide rate for residents of Coos County has remained relatively stable (26.2-26.3 per 100,000) between 2018 and 2021, with an exceptional increase in 2019 (31.6 per 100,000). Notably, the county's suicide-rates have been consistently higher than those for Oregon from 2018 and 2021.

Figure 91: Suicide Rate (2018-2022)

SUICIDE RATE, 2018-2022		
Age-adjusted suicide rate per 100,000 people.		
Year	Coos County	Oregon
2018	26.3	19.0
2019	31.6	20.3
2020	26.2	18.3
2021	26.3	19.5
2022	Data not available	Data not available

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

Motor Vehicle Accidents

In 2021, the number of motor vehicle deaths was 49, with 18 of those deaths attributed to alcohol impaired driving (County Health Rankings Data).

Communicable Diseases

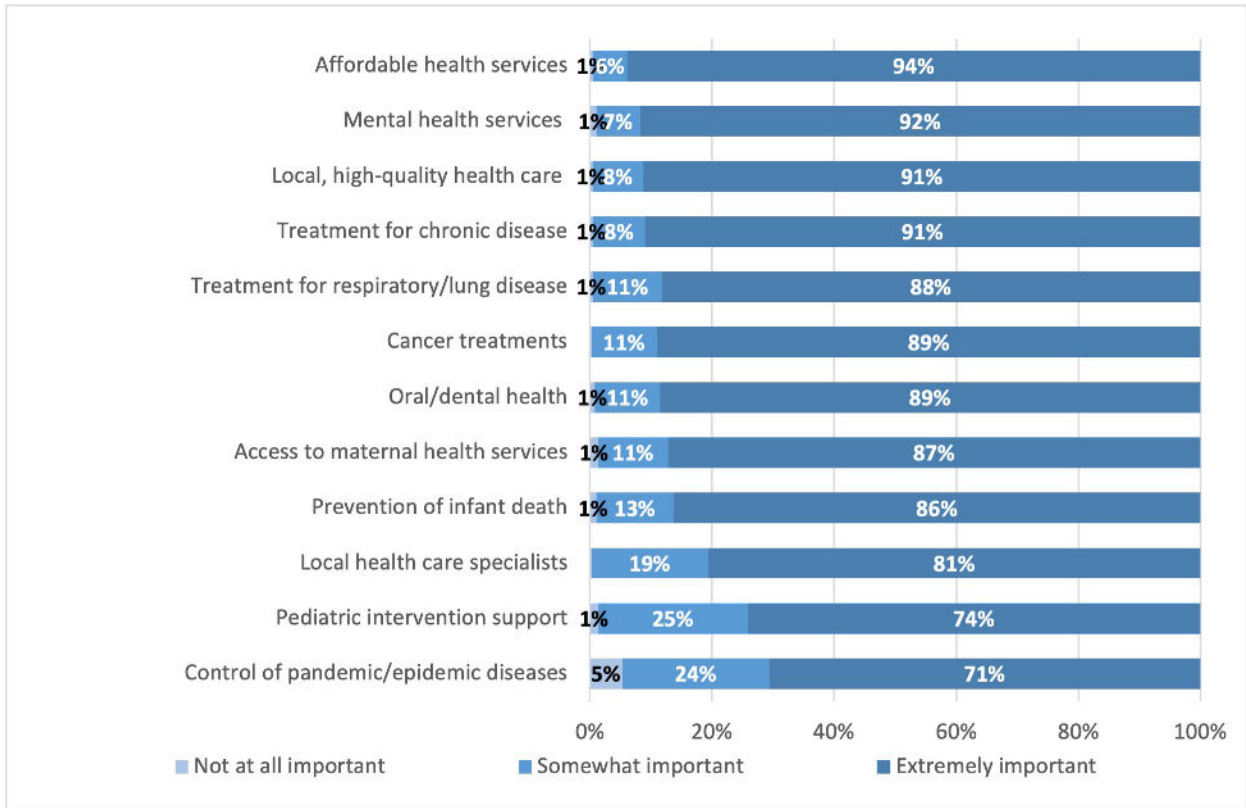
From 2016 to 2022, Coos County saw a decrease in the rate of reported chlamydia cases per 100,000 residents, while rates in Oregon increased from 2016 to 2021 before dropping slightly to 457.10 in 2022. The rate of chlamydia cases per 100,000 residents peaked in Coos County in 2017 at 325.9 before reaching a six-year low of 195.4 in 2022 (County Health Rankings Data).

In 2021, Coos County reported 107 cases of chlamydia, 98 cases of chronic Hepatitis C, 31 cases of gonorrhea, and 29 cases of campylobacteriosis.

Questionnaire Results – Health Outcomes

Respondents to the questionnaire reported that health outcomes are extremely important when considering the definition of health in Coos County. When compared to the other composites, health outcomes were ranked third in importance. Affordable health services and mental health services for stress, anxiety, depression, grieving were ranked first and second in this category (Figure 92).

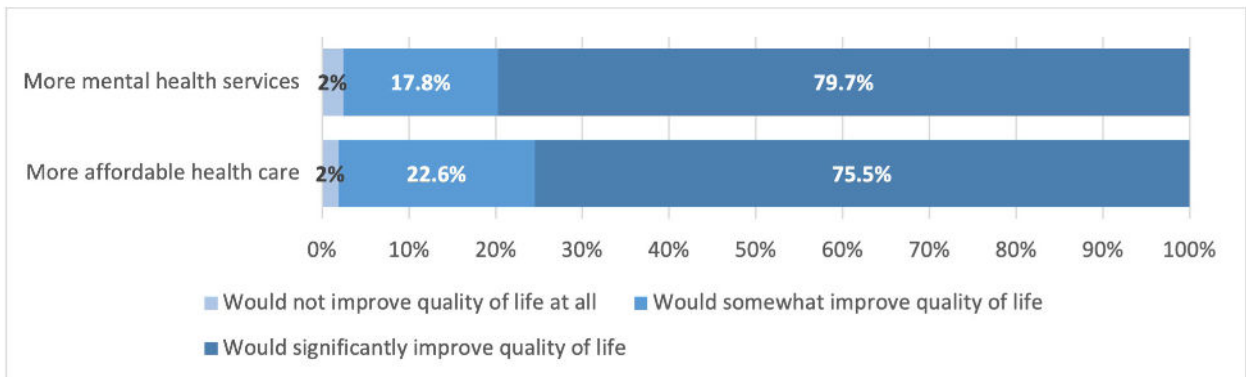
Figure 92: Health Outcomes Questionnaire Results: Most Important for Good Health



N = 376-379

Regarding potential solutions, respondents felt that more mental health services and affordable health care would significantly improve quality of life (Figure 93).

Figure 93: Health Outcomes Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 363-365

Focus Group Results – Health Outcomes

Substance use was frequently mentioned as a health challenge in Coos County. Across multiple focus groups, participants mentioned substance use as a major health challenge in their community. Several community members noted that substance use is closely tied to mental health challenges, trauma, and economic insecurity.

Summary of Findings – Health Outcomes

Coos County COVID-19 vaccination rates varied significantly by age and race. Older adults and Native Americans in Coos County were the most likely to be vaccinated and to have received a booster dose.

Most births in Coos County in 2021 were to individuals aged 20-34. Meanwhile, the teen birthrate was at a six-year low, though it was still higher than the state average. The rate of low birthweight infants increased in Coos County from 2020 to 2021. Infant mortality increased in Coos County while staying roughly the same in Oregon.

The prevalence of depression among Medicaid beneficiaries increased in Coos County and Oregon from 2015-2018. The number of mentally unhealthy days for Coos County residents increased in 2021 before decreasing in 2022.

Additionally, children and adolescents experienced increases in unmet mental health needs, suicidal ideation, and depressive symptoms in 2020 and, while mental health seems to be improving for children and adolescents, Coos County still has higher rates relative to the state.

The number of physically unhealthy days for adults in Coos County peaked in 2021 before dropping in 2022.

The birth rate in Coos County stayed the same from 2020 to 2021 while Oregon saw a small increase. Additionally, the crude death rate in Coos County was notably higher than Oregon. Tobacco-related deaths in Coos County were among the highest in Oregon and the suicide rate was notably higher in Coos County, too.

Rates of chlamydia have steadily declined in Coos County and Oregon. In fact, Coos County saw a six-year low chlamydia rate in 2022 that also measured well-below that state.

Health outcomes was ranked the third most important category by questionnaire respondents. Further, they identified affordable health services and more mental health services as extremely important for good health and ranked these same items as the most likely interventions to improve quality of life in Coos County.

Finally, focus group participants shared that mental health continues to be a challenge in Coos County, which was reinforced by the data.

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

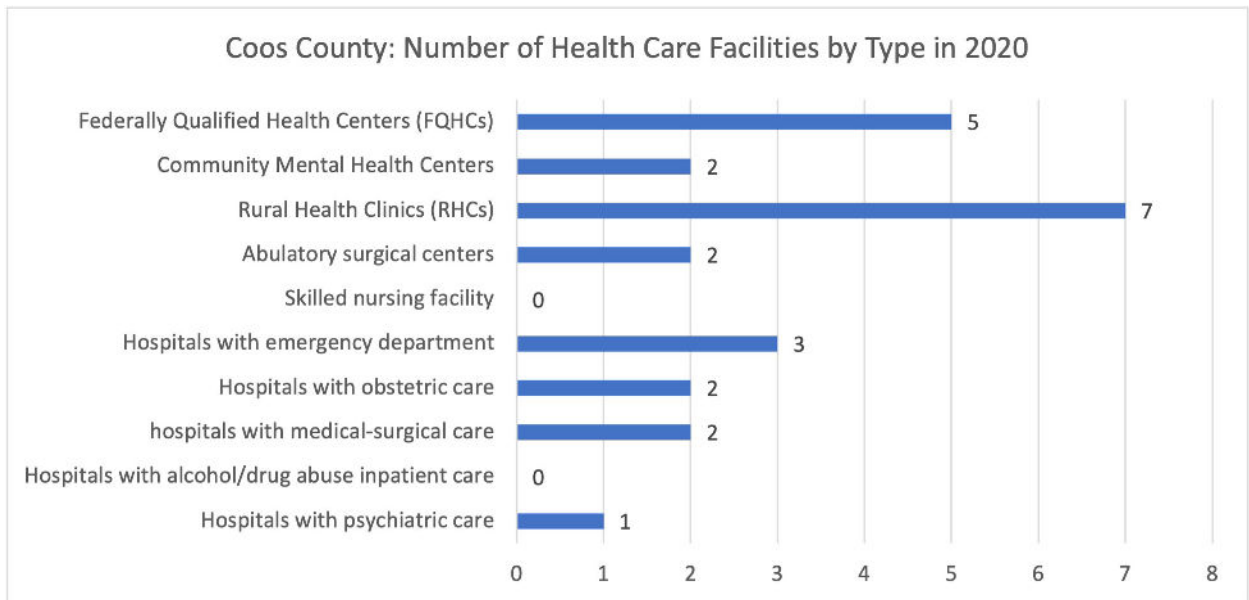
Health Care Access and Quality

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 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 preventive 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 Coos County.

Number of Health Care Facilities by Type

In 2020, Coos County had seven rural health clinics and five federally qualified health centers. The County also had three hospitals with emergency departments. At this time, the County had neither a hospital with alcohol and/or drug inpatient care nor a skilled nursing facility (Figure 94).

Figure 94: Coos County Number of Healthcare Facilities by Type in 2020



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

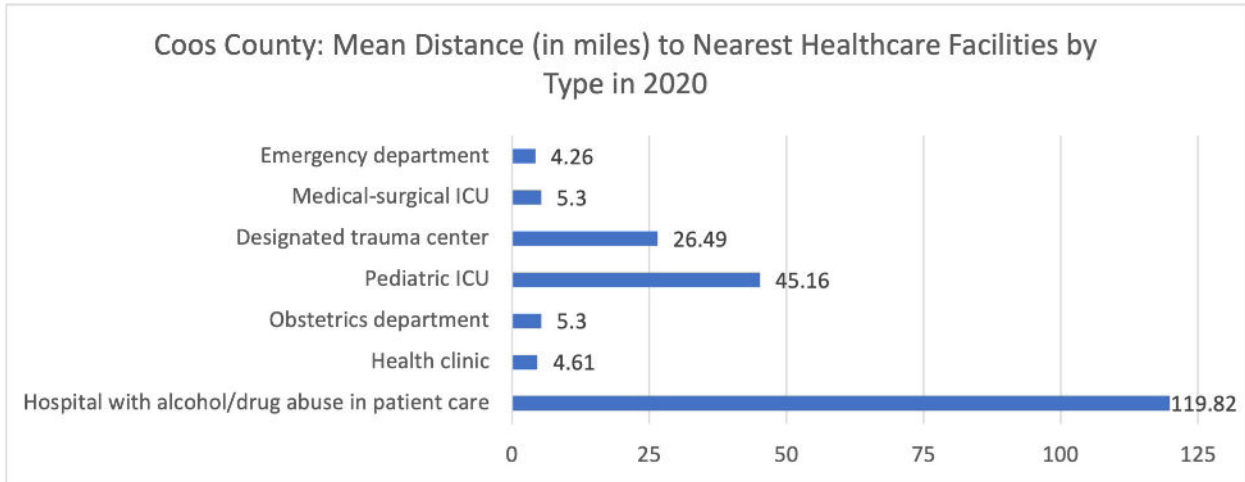
According to the Oregon Health Authority Public Health Division, Coos County has one school-based health center (SBHC) at Marshfield High School in Coos Bay. SBHCs are in-school clinics that provide a variety of health services to all students regardless of ability to pay including physical, behavioral, and preventive services. OHA reported 81 SBHC in schools across Oregon in 2022.

“My husband had a stroke and I feel like his care may have been better somewhere else.”
-Focus Group Participant

Distance to Nearest Health Care Facilities

The mean distance to the nearest health clinic, obstetrics department, medical-surgical ICU, and emergency department for Coos County residents is between 4.2 and 5.3 miles (Figure 95). Residents' mean travel distance to a designated trauma center is 26.4 miles, while the mean distance traveled to a pediatric ICU is 45.1. For residents, the mean distance to a hospital with alcohol and drug abuse inpatient care is 119.8 miles.

Figure 95: Coos County Mean Distance (in miles) to Nearest Healthcare Facilities by Type in 2020

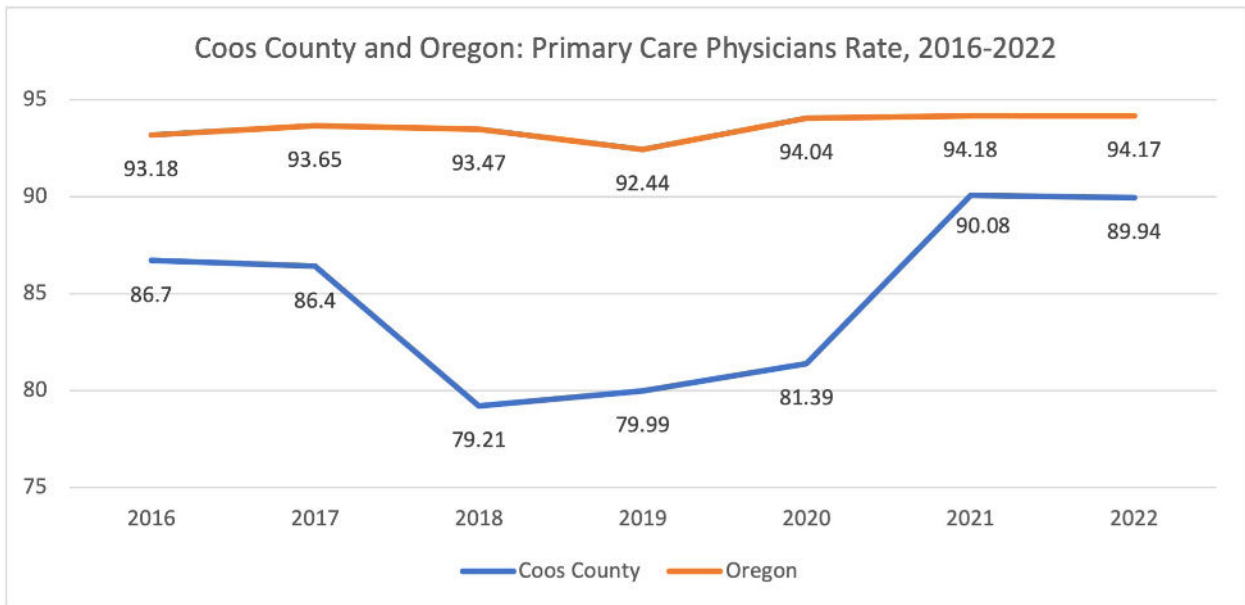


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Primary Care Physicians

In 2022, Coos County had 89.9 primary care physicians per 100,000 residents. Over a six-year period from 2016 to 2022, that number fell to 79.2 per 100,00 population in 2018 before reaching 89.94 in 2022. The rate of primary care physicians in Oregon has stayed relatively steady over the same six-year period, with a rate of 93.1 in 2016 and 97.1 per 100,000 population in 2022 (Figure 96).

Figure 96: Coos County and Oregon Primary Care Physicians Rate (2016-2022)

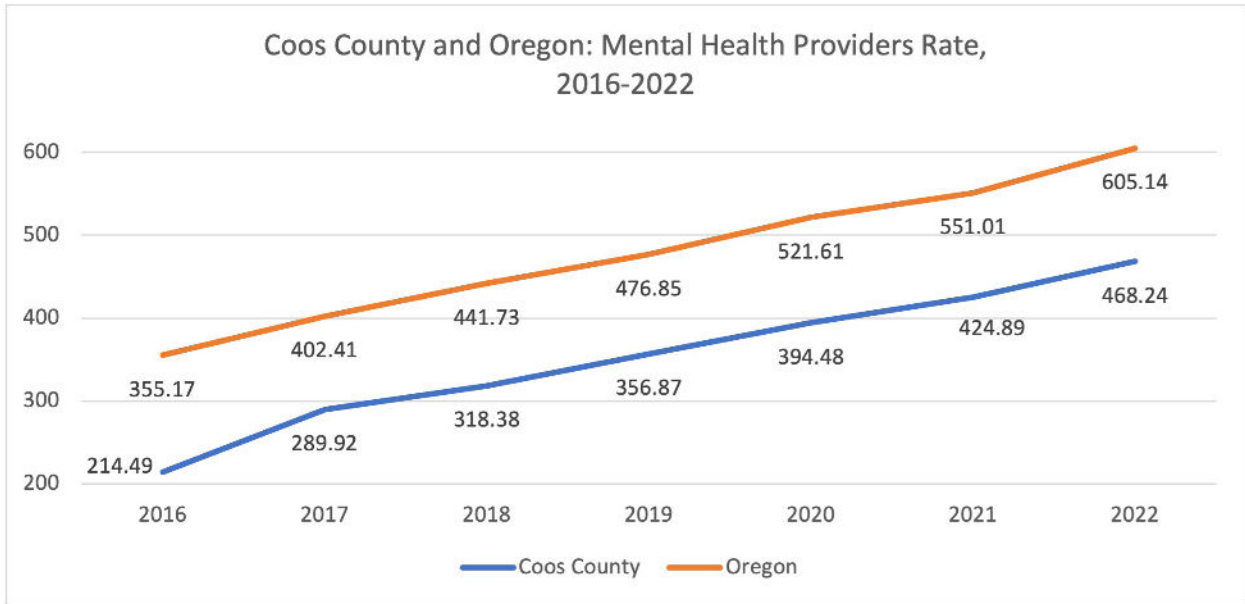


Source: County Health Rankings Data (2016-2022)

Mental Health Providers

The rate of mental health providers per 100,000 population has increased year-to-year since 2016, when the county had 214.4 per 100,000. In 2022, Coos County had 468.2 mental health providers per 100,000 residents. During the same period, Oregon also saw an increase in the rate of mental health providers from 355.1 to 605.1. Coos County's rate more than doubled from 2016 to 2022, outpacing the growth in mental health providers per 100,000 residents compared to Oregon overall (Figure 97).

Figure 97: Coos County and Oregon Mental Health Providers Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

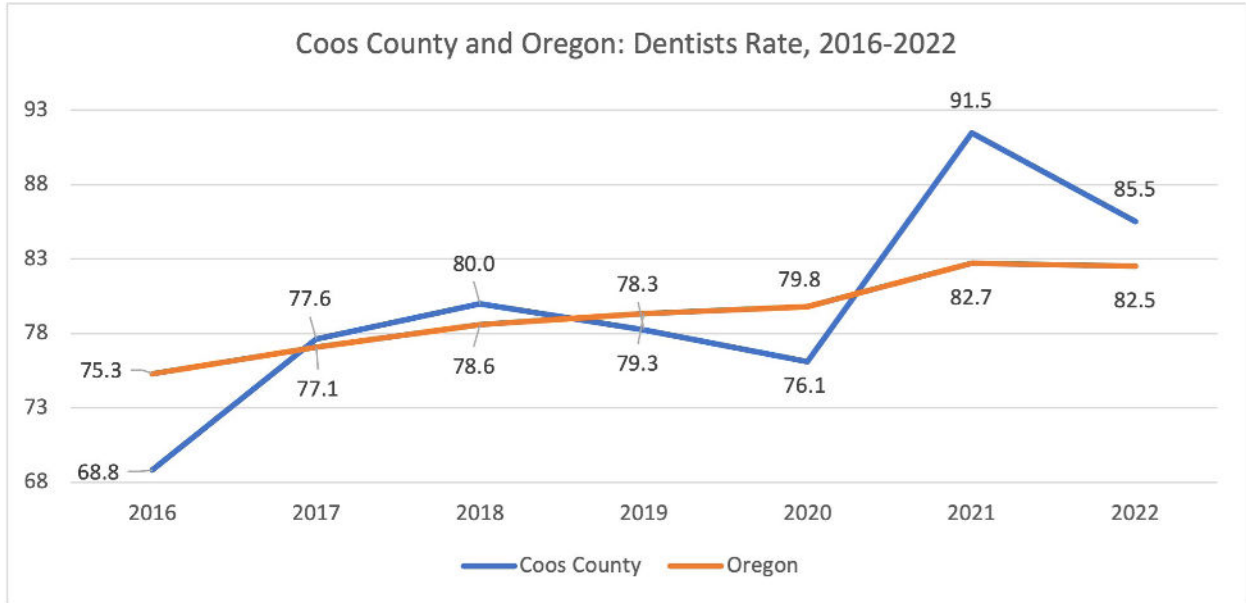
“My kids haven’t seen the dentist in a couple years. I’ve called [the dentist] a couple times, and they haven’t called me back. I just leave a voicemail.”

-Focus Group Participant

Dental Providers

The rate of dentists per 100,000 residents increased in Coos County from 68.8 in 2016 to a rate of 86.5 per 100,000 residents in 2022. After dropping from 2018 to 2020, Coos County saw an increase in the rate of dentists per 100,000 residents in 2021. Oregon has also seen an increase in the rate of dentists during the same period with a rate of 82.5 per 100,000 residents in 2022 (Figure 98).

Figure 98: Coos County and Oregon Dentists Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

Students with Dental Care

In 2022, 68.6 percent of 6th graders and 72.2 percent of 11th graders in Coos County reported receiving dental care during the past year. Dental care included a check-up with a dentist or dental hygienist, an oral exam, a teeth cleaning, or any other dental work. These rates are higher than for Oregon 6th and 11th graders (59.4 percent and 69.2 percent respectively). Data for 8th graders in Coos County was unavailable.

Figure 99: Percentage of Middle and High School Students Who Received Dental Care During Past Year in 2022

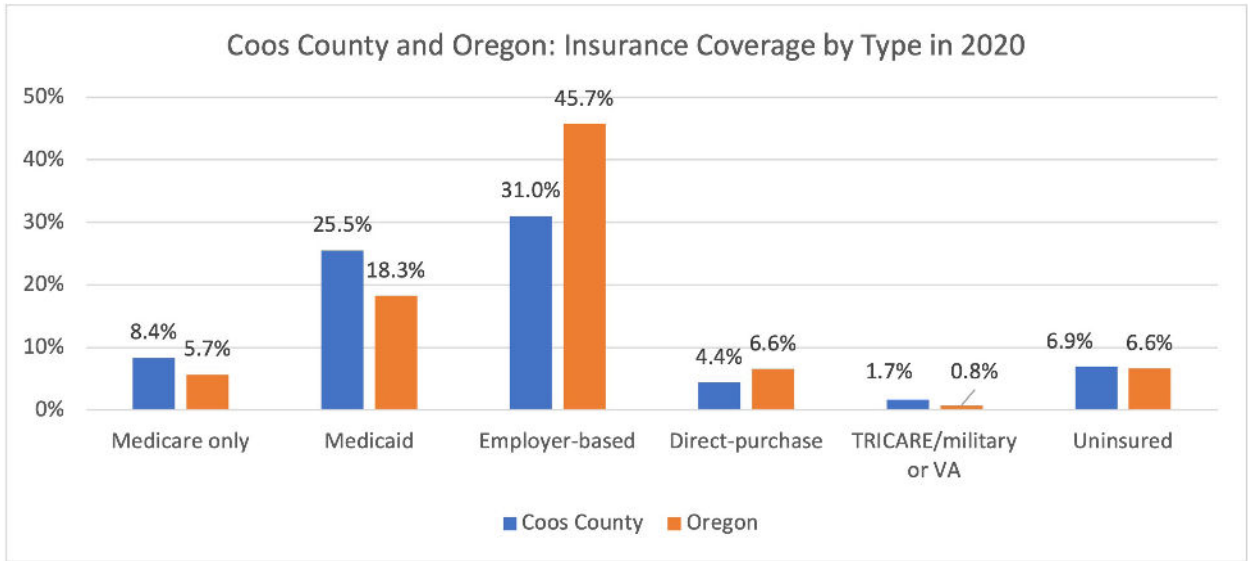
PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO RECEIVED DENTAL CARE DURING THE PAST YEAR, 2022		
Received dental care during the past year (including a check-up, exam, teeth cleaning, or other dental work).		
Students	Coos County	Oregon
6th graders	68.6%	59.4%
8th graders	n/a	66.9%
11th graders	72.2%	69.2%

Adapted from the 2022 Oregon Student Health Survey

Insurance Coverage by Type

The percentage of Coos County residents with employer-based insurance coverage was 31 percent in 2020, whereas the percentage of Oregonians with employer-based insurance was 45.7 percent (Figure 100). The percentage of residents on Medicaid was 25.5 percent with 8.3 percent having Medicare coverage only, while the percentage of Oregonians on Medicaid was 18.2 percent and those on Medicare only was 5.6 percent. The uninsured percentage of the population was 6.9 percent in 2020, which is similar to the uninsured rate for Oregon.

Figure 100: Coos County and Oregon: Insurance Coverage by Type in 2020

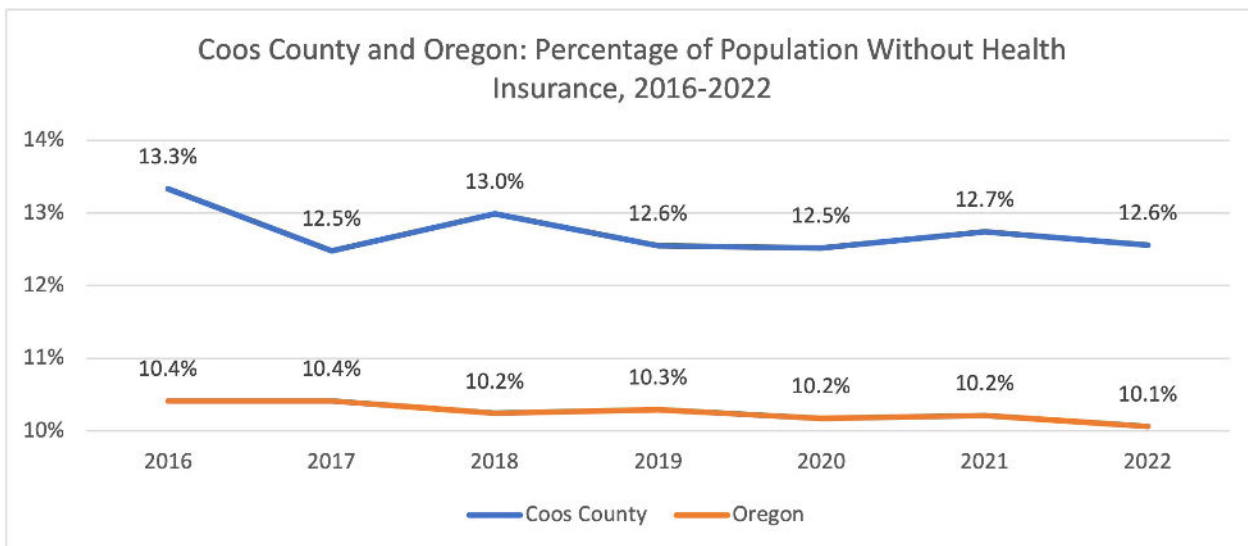


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Population Without Insurance

The percentage of the population with no health insurance coverage has declined in both Coos County and Oregon from 2016 to 2022. In 2022, the percentage of the population with no health insurance coverage was 12.6 and 10.1 percent in Coos County and Oregon respectively (Figure 101).

Figure 101: Coos County and Oregon: Percentage of Population Without Health Insurance (2016-2022)



Source: County Health Rankings (2016–2020)

Questionnaire Results – Health Care 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 Coos 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. Web-based professional (e.g., BetterHelp)
3. 211 Info

Focus Group Results – Health Care Access and Quality

Coos County residents often travel long distances to access specialty medical care. In multiple focus groups, participants shared that they faced long wait times for specialty health care visits and that they often had to travel to Portland, Eugene, Roseburg, or even California to get needed care. One participant shared that their spouse passed away because they were unable to travel to get appropriate treatment.

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, difficulty reaching providers, and frequently canceled appointments.

Participants in the tribal focus group shared that many tribal members are distrustful of the healthcare system.

A few participants shared that tribal members are hesitant to seek healthcare, and when needed they do go to the doctor, they wanted to go to the tribal clinic or see a Native American provider. Native American participants also shared that there is a lack of culturally-responsive providers or providers who trained in trauma-informed care.

“I know a lot of homeless and a lot of addicts. They’re treated differently when they go in for doctor’s appointments and to the hospital and everything. I’ve seen that firsthand, and it’s kind of ugly.”

-Focus Group Participant

Summary of Findings – Health Care Access and Quality

Coos County residents have relatively strong access to health clinics, obstetrics departments, medical-surgical ICUs, and emergency departments, with the distance to these services being around five miles. However, Coos County residents often travel more than 25 miles to a trauma center, 45 miles to a pediatric ICU, and well over 100 miles to alcohol and drug abuse inpatient care.

The rate of primary care providers per 100,000 residents, a metric used to compare regions of differing size, has increased since 2018 and is similar to, although still less than, the state rate. The rate of mental health providers per 100,000 more than doubled from 2016 to 2022. However, the Coos County rate is still lower than that of Oregon. Overall, the rate of dentists per 100,000 increased from 2016 to 2022, though the rate did decrease from 2021 to 2022.

The percentage of middle and high school students in Coos County who had received dental care in the last year was a strength, with significantly more 6th graders seeing a dentist in the last year compared to Oregon. The percentage for 11th graders in Coos County was slightly higher than Oregon.

Most people in Coos County are insured by an employer or through Medicaid. The percentage of Coos County residents covered by employer health insurance is lower than the state while the percentage of Coos County residents on Medicaid is higher than the state. The uninsured rate varies by data source, though the percentage of residents in Coos County who are uninsured is slightly higher than Oregon for all sources.

Questionnaire respondents shared the place they most often go for physical health services was family medicine or a pediatrician. The most used resource or service for mental health services was reaching out to a family member while libraries were the most utilized resource for information about social services. Additionally, respondents shared that the service they were most likely to utilize if it existed in Coos County was specialist services like dermatology.

Focus group participants shared that access to specialty providers is limited in Coos County and residents must travel to find care, which is supported by the data collected. Additionally, focus group participants shared that wait times for dental care are long, particularly for individuals covered by the Oregon Health Plan. Finally, participants in the Tribal Focus group shared that there is distrust in the medical system among Tribal people in Coos County.

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

Physical Environment

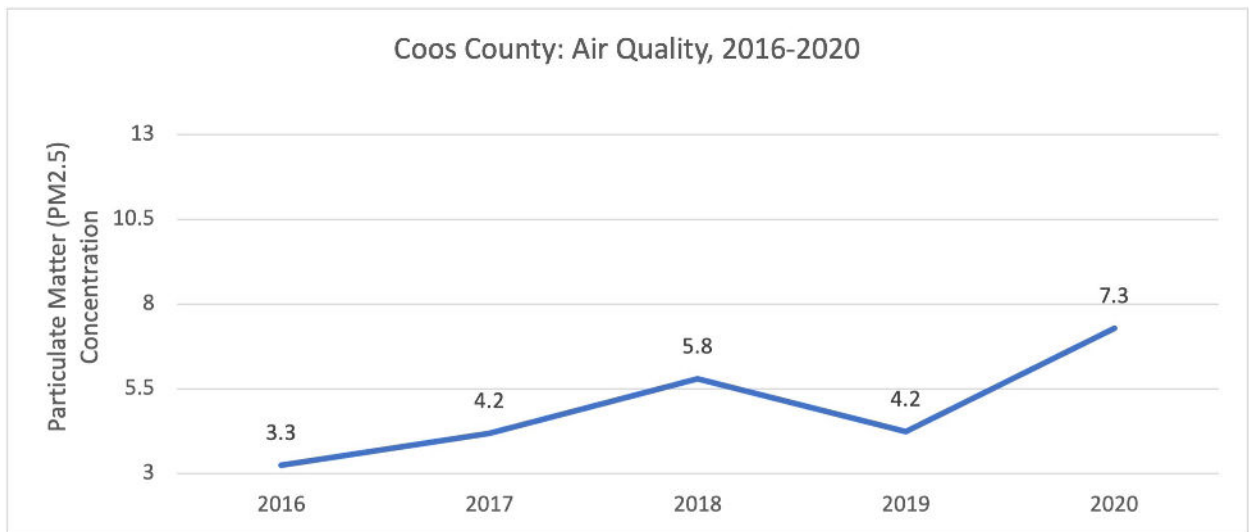
Physical environment represents the places where people spend their time, whether it be working, living, or playing and recreating. According to County Health Rankings (2023), “People interact with their physical environment through the air they breathe, the water they drink, the homes in which they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

This section will cover air and water quality, transit, social interaction, and other factors that influence health and well-being. As noted previously, housing was identified as a priority through the CHA process and is covered in a dedicated section.

Air Quality

The annual mean of Particulate Matter (PM2.5) concentration in Coos County was 7.3 in 2020 (Figure 102). From 2016 to 2020, Coos County air quality was healthy with PM2.5 below 12.5 (healthy air quality level), although it did reach its highest annual mean in the four-year data period in 2020. Overall, PM2.5 more than doubled from 2016-2020 in Coos County, representing a decrease in overall air quality. An increase in wildfires (see Figure 106) in Coos County may have contributed to the decrease in air quality from 2016 to 2020.

Figure 102: Coos 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), Coos County has at least one health-based violation in one or more community water systems. OHA defines a water quality violation as, “the drinking water at a water system exceeded the maximum contaminant level or did not properly treat the water for a specific monitoring period.” The most common contaminants are related to the filtration and disinfection of surface water and groundwater, coliform bacteria, lead and copper, and arsenic.

Figure 103: Presence of Water Violations (2022)

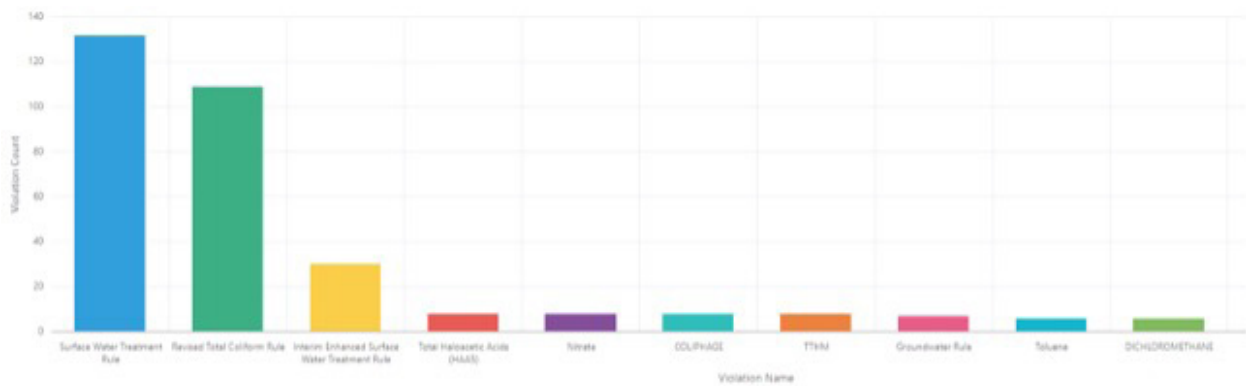


Source: County Health Rankings Data (2016-2022)

Water Violations by Types

According to the EPA's Safe Drinking Water Information System, Coos County's drinking water systems have received a number of violations classified as "major" within the last five years. These violations are largely related to regular monitoring of surface water treatment (132 violations) as well as total coliform bacteria (109 violations), used as an indicator for the presence of other potentially harmful pathogens in drinking water. There were also 30 violations related to the interim enhanced surface water treatment rule, which relates to monitoring water turbidity. Additionally, 7 violations were reported related to ground water treatment monitoring. Notably, there were very few violations regarding water disinfection by-products (total haloacetic acids and total trihalomethanes (TTHM)) as well as monitoring or assessment of other specific chemicals and microbes, such as nitrate, coliphage, toluene, and dichloromethane. None of the "major" classified violations were described as health-based violations, meaning none had the potential to produce immediate illness.

Figure 104: Water Violations by Type (2018-2022)

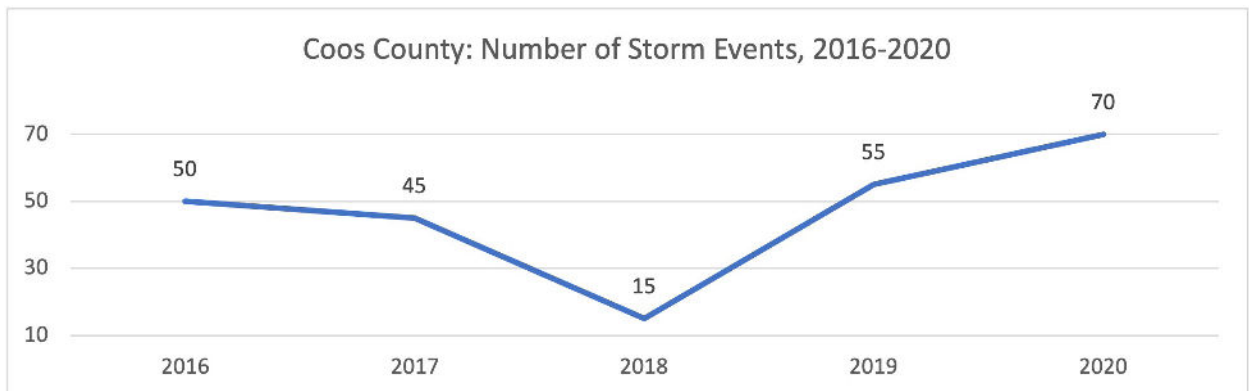


Adapted from Environmental Protection Agency, Safe Drinking Water Information System (SDWIS) Federal Report (2018-2022)

Storm Events and Drought

Coos County recorded 70 storm events in 2020, which includes tornadoes, fires, hurricanes, droughts, and wind. In 2016, the total number of storm events was 50 and dropped to 15 in 2018. The 70 storm events in 2020 represented the highest number of storm events from 2016-2020 (Figure 105).

Figure 105: Coos County Number of Storm Events (2016-2020)

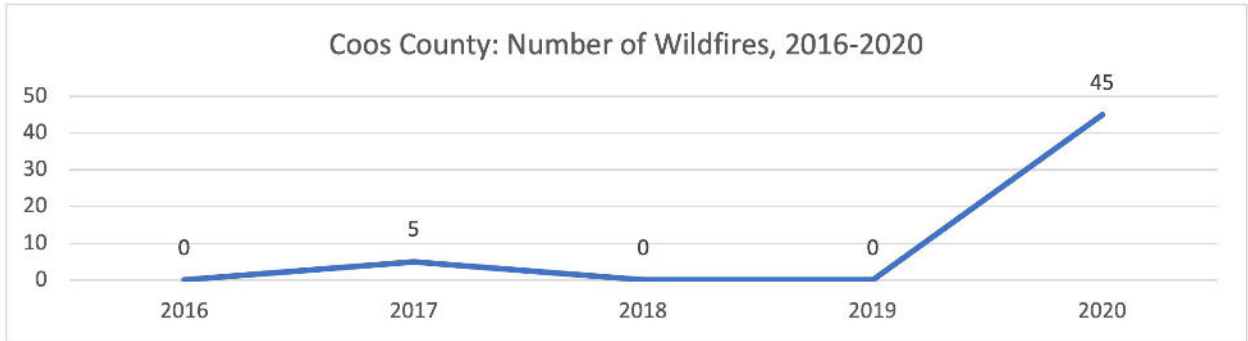


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016-2020)

Wildfires

From 2016 to 2019, Coos County recorded five total wildfires (Figure 106). In 2020, Coos County recorded 45 wildfires, which is a significant increase compared to the previous five years combined. The smoke from wildfires is detrimental to air quality and negatively impacts health for both healthy and unhealthy individuals.

Figure 106: Coos County Number of Wildfires (2016-2020)

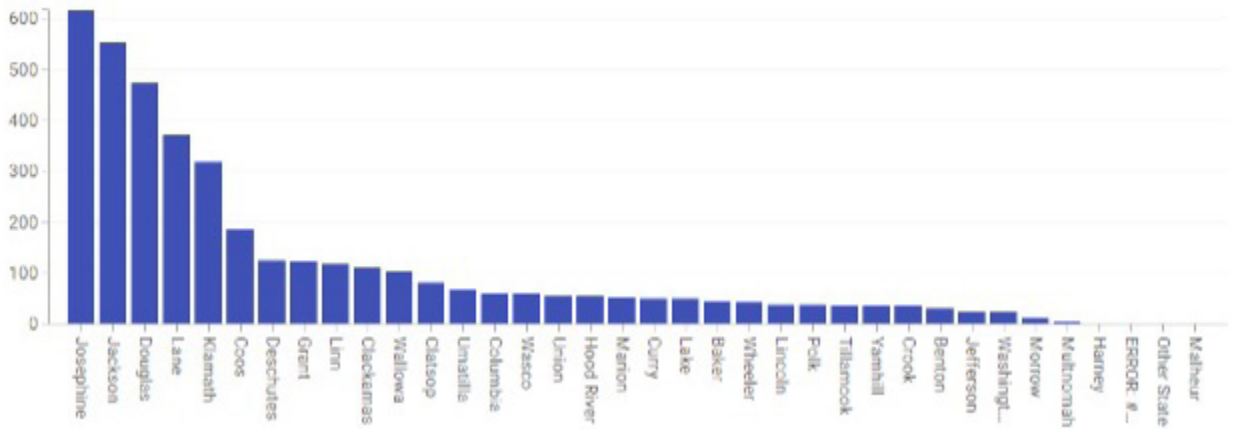


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Wildfire Events by County

According to wildfire data released by the Oregon Department of Forestry, Coos County ranks 6th for total number of wildfires between 2019 and 2022, with 187 originating in the county during this timeframe. Half of the reported causes for wildfires in Coos County during this timeframe stem from the burning of debris as well as equipment use or malfunction.

Figure 107: Wildfire Events by Oregon County (2019-2022)

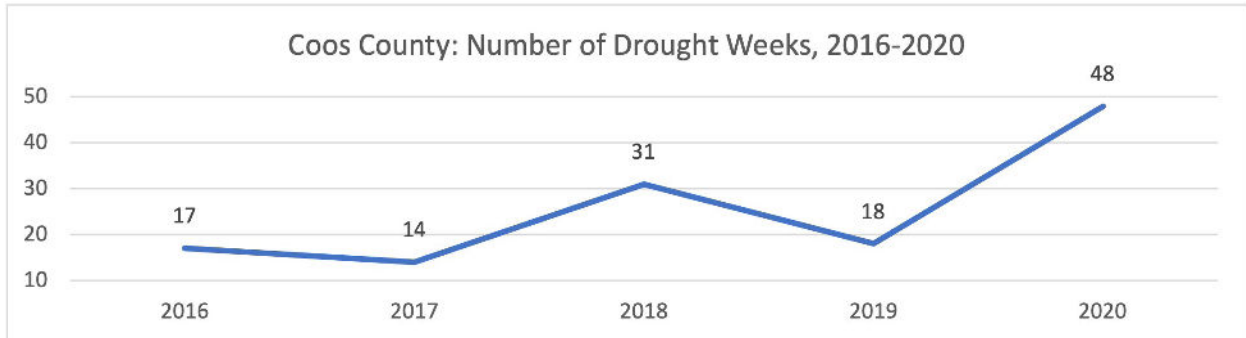


Adapted from Oregon Department of Forestry, ODF Fire Occurrence Data (2020-2022)

Number of Drought Weeks

The total number of weeks of cumulative drought or worse in Coos County was 48 in 2020, which was a five-year high (Figure 108). Overall, from 2016 to 2020, the number of drought weeks in Coos County increased.

Figure 108: Coos County Number of Drought Weeks (2016-2020)



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

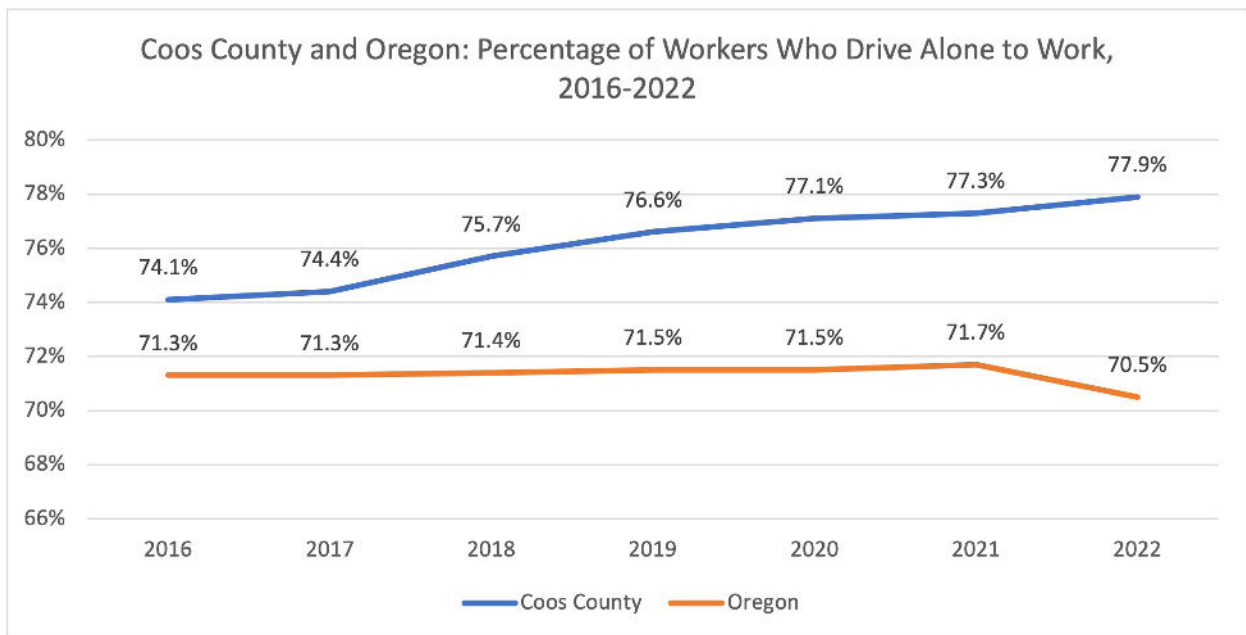
Transit

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

More vehicles on the road can increase accidents and impact air quality. The number of workers who commute in their vehicle alone to work was 77.9 percent in 2022 and has increased every year since 2016. While the percentage increased for Coos County, the figures stayed close to the same in Oregon before a slight decrease in 2022 (Figure 109).

Figure 109: Coos County and Oregon: Percentage of Workers Who Drive Alone to Work (2016-2022)

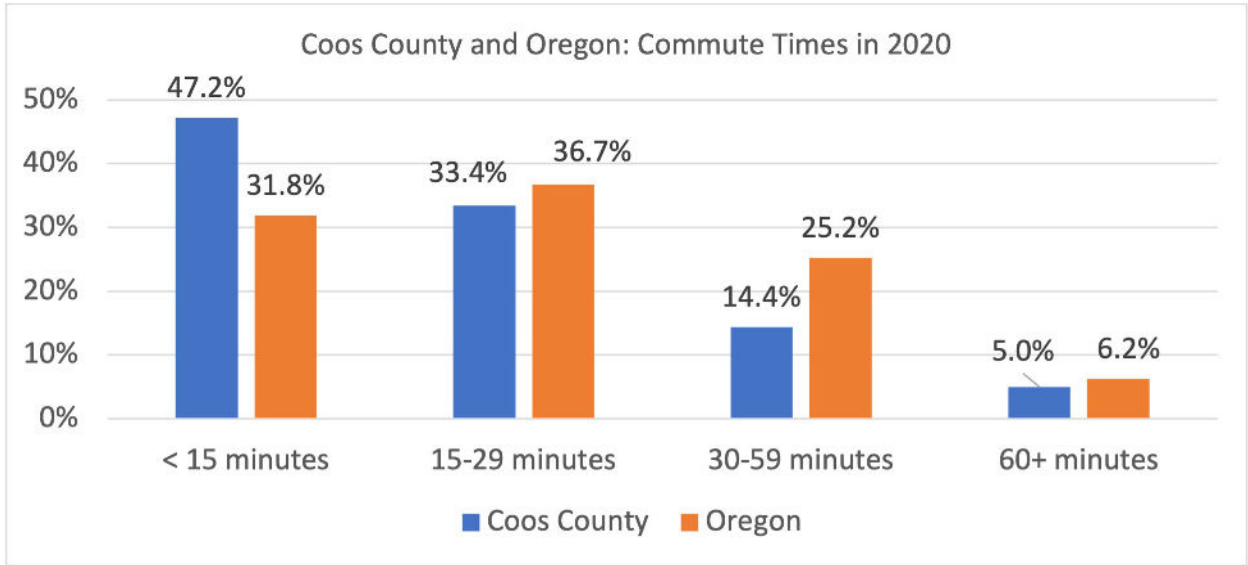


Source: County Health Rankings (2016–2022)

Commute Times

Commute times are linked to health. According to County Health Rankings, long commute times may increase risk for certain diseases like high blood pressure and poor mental health. In 2020, 47.2 percent of Coos County workers ages 16 and over had a commute of 15 minutes or less compared to 31.8 percent of workers in Oregon (Figure 110). 14.4 percent of Coos County residents had a commute of 30-59 minutes compared to 25.2 percent of Oregon workers. Commutes of 15-29 minutes and 60 or more minutes are similar for both Coos County and Oregon.

Figure 110: Coos County and Oregon: Commute Times in 2020

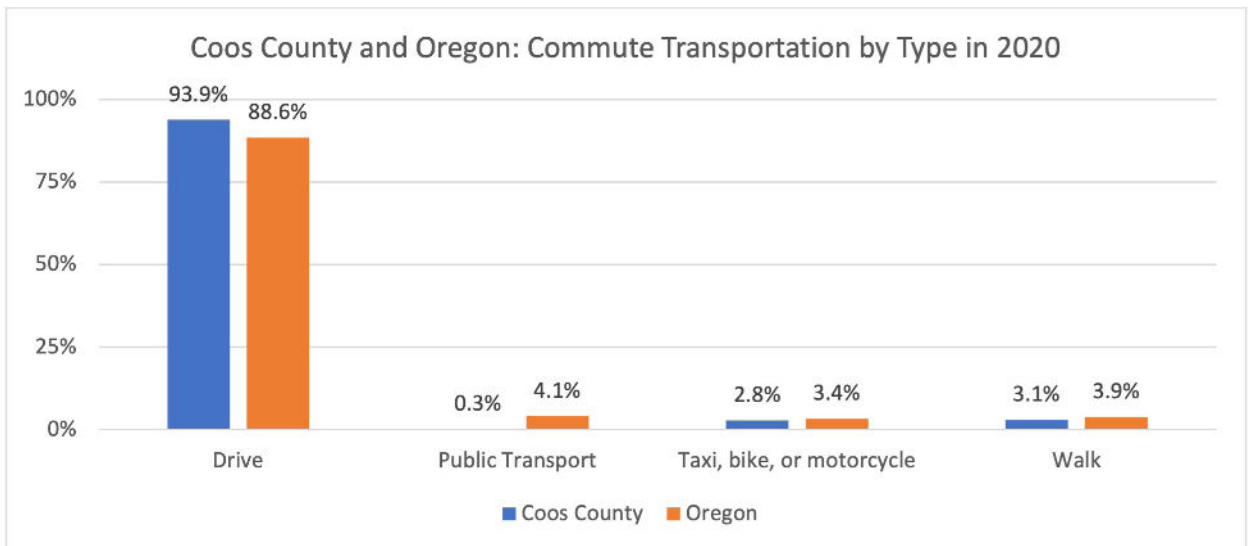


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Commute Transportation

The percentage of workers aged 16 years and up driving to work in Coos County was 93.9 with 3.1 percent walking to work, and 2.8 percent taking a taxi, bicycling, or riding a motorcycle (Figure 111). The remainder, 0.3 percent, used public transport. Coos County commute transportation is similar to that of Oregon; however, with the exception of public transportation use, where 4.1 percent of workers use public transport across the state.

Figure 111: Coos County and Oregon: Commute Transportation by Type in 2020

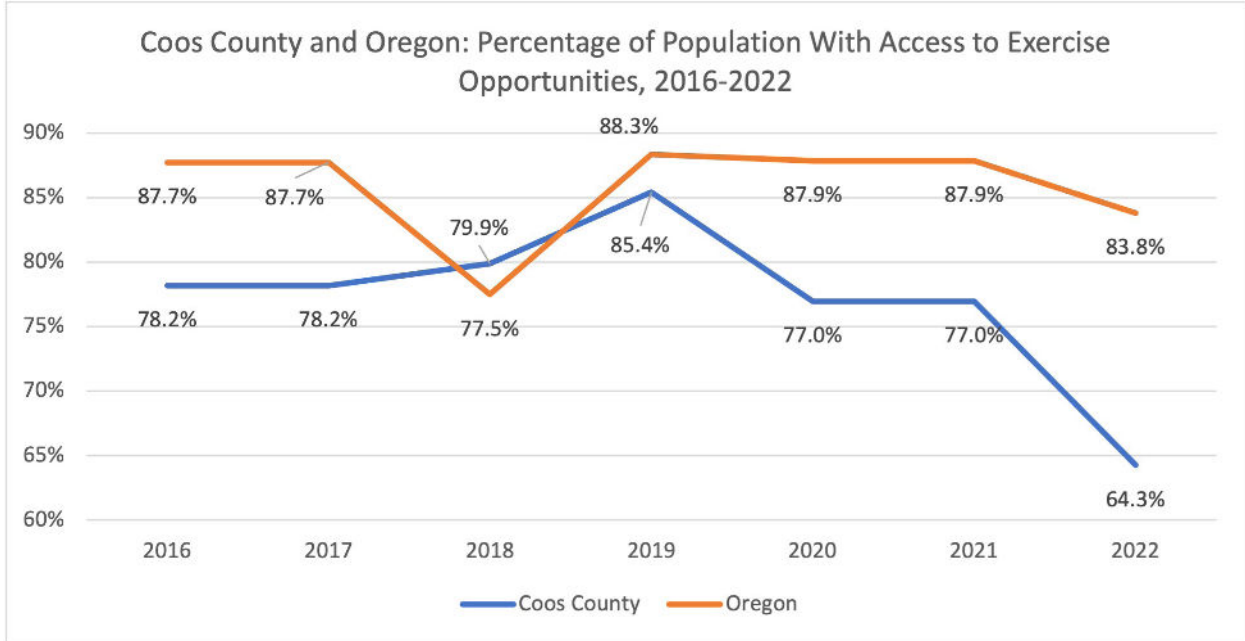


Source: Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020)

Population with Access to Exercise Opportunities

The percentage of the Coos County population with access to physical activity was 64.3 percent in 2022, which dropped from 77 percent in 2021. Oregon also saw a decrease in exercise opportunities during that time as well. The percentage of Coos County residents reporting access to exercise in 2022 was the lowest of the six-year period and down from 2019, when access peaked (Figure 112).

Figure 112: Coos County and Oregon: Percentage of Population with Access to Exercise Opportunities (2016-2022)



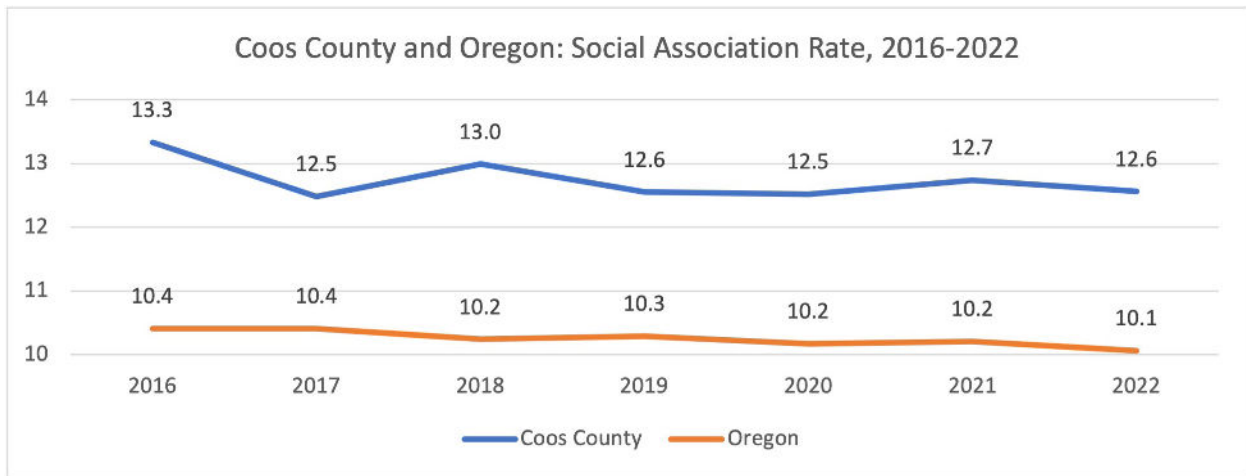
Source: County Health Rankings Data (2016-2022)

Social Association Rate

The social association rate refers to the number of membership associations people have, including civic, political, religious, sports, educational, and professional organizations. A higher social isolation rate indicates a greater number of associations. County Health Rankings (2023) states that, “Minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality”; therefore, fewer associations may have a negative impact on health.

The social associations rate in Coos County has fluctuated after a drop from 13.3 per 10,000 population 2016 to 12.5 in 2017 (Figure 113). The social association rate per 100,00 was 12.6 in 2022. Coos County's social association rate has been higher than that of Oregon, which has seen a steady decline over the last six years at 10.4 in 2016 and 10.1 per 10,000 in 2022.

Figure 113: Coos County and Oregon Social Association Rate (2016-2022)



Source: County Health Rankings Data (2016-2022)

Children in Foster Care

According to the Oregon Child Welfare Data and Reports provided by the Oregon Department of Human Services the number of children in foster care has decreased in Oregon and in Coos county between 2019 and 2021. However, rates per 1,000 children in Coos county, compared to Oregon, remain higher.

Figure 114: 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
Coos County	11,850	11,782	11,652	221	159	130	18.6	13.5	11.2

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

Community Safety

Sexual Violence

According to Oregon's Annual Uniform Crime Reporting Data, there were 2,345 reported crimes against people in Coos 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, the total reported sex crimes have decreased in Coos County, while reported cases across Oregon have changed very little since 2021.

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

SEXUAL VIOLENCE, REPORTED OFFENSES, 2020-2022			
Year	Offence	Coos County	Oregon
2020	Forcible rape	15	1,173
	Other sex crimes	37	2,411
2021	Forcible rape	14	1,246
	Other sex crimes	33	2,593
2022	Forcible rape	11	1,218
	Other sex crimes	30	2,549

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

Violent Crime

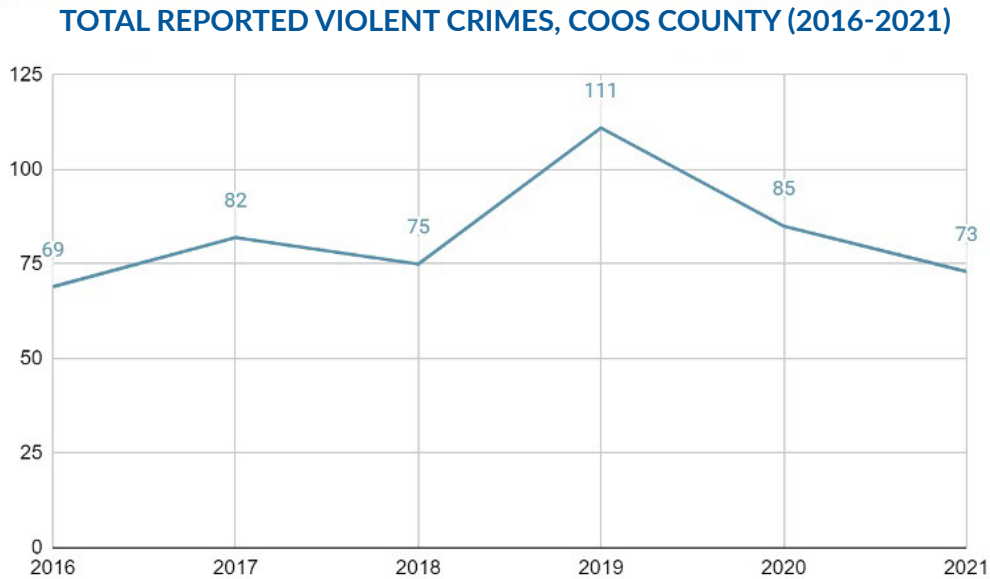
Violent crime cases occurring in Coos County between 2016 and 2021 were reported in the FBI's National Incident-Based Reporting System (NIBRS) by Coos Bay Police Department, Coos County Sheriff's Office, and State Police: Coos County. While this data is not comprehensive and excludes police departments in Coos 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 111 violent crimes. This marks a notable increase compared to the 69 reported cases in 2016.

Figure 116: Total Reported Violent Crimes, Coos County and Oregon (2016-2021)

TOTAL REPORTED VIOLENT CRIMES, 2016-2021		
Year	Coos County	Oregon
2016	69	9,589
2017	82	10,542
2018	75	11,180
2019	111	11,052
2020	85	10,798
2021	73	12,726

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

Figure 117: Total Reported Violent Crimes, Coos County (2016-2021)



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

Suspected Reports of Child Abuse

According to the Oregon Child Welfare Data and Reports provided by the Oregon Department of Human Services, the total number of reports of suspected child abuse in Coos County decreased from 2020 to 2021. The percentage of cases closing at the point of screening also decreased in Coos County by 4.4 percentage points between 2020 and 2021. For both 2020 and 2021, Coos County remained below the state average of the percentage of suspected child abuse cases being closed at the point of screening.

Figure 118: 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%
Coos County	743	930	1,673	44.4%
2021				
Oregon	35,899	42,876	78,775	45.6%
Coos County	621	933	1,554	40.0%

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

According to the Oregon Child Welfare Data and Reports provided by the Oregon Department of Human Services, the total number of suspected child abuse cases rose minimally for the state of Oregon between 2020 and 2021. In Coos County, however, the number of reported child abuse cases decreased. Between 2020 and 2021, most child abuse reports are categorized as “other mandatory” reports with the least number of reports coming from “medical” and “parents”.

Figure 119: Source of Screening Reports for Suspected Child Abuse (2020-2021)

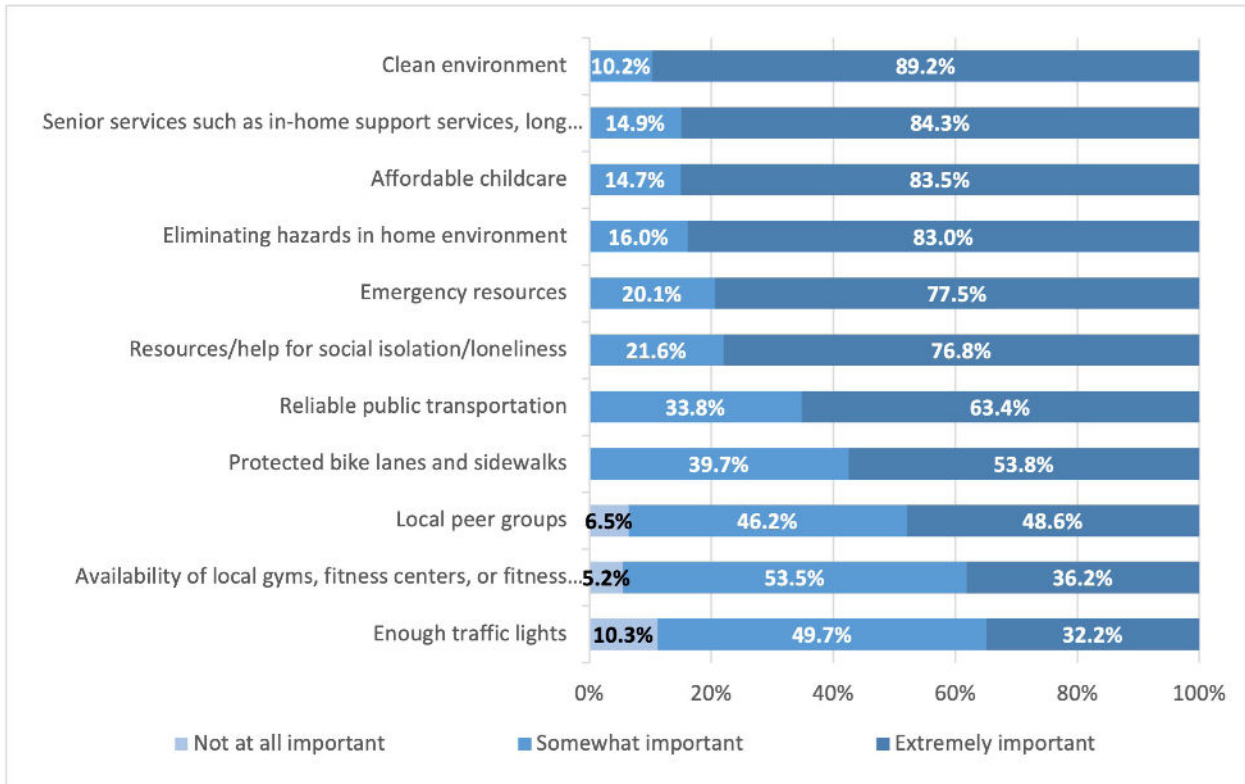
SOURCE OF SCREENING REPORTS FOR SUSPECTED CHILD ABUSE, 2020-2021							
LOCATION	MEDICAL	OTHER MANDATED	OTHER NON-MANDATED	PARENT/SELF	POLICE	SCHOOL	TOTAL
2020							
Oregon	7,338	25,515	11,296	5,718	14,689	14,076	78,632
Coos County	169	554	308	129	211	302	1,673
2021							
Oregon	7,434	25,943	11,424	6,109	16,381	11,484	78,775
Coos County	158	469	329	151	224	223	1,554

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

Questionnaire Results – Physical Environment

Questionnaire respondents reported that the physical environment is important when considering the definition of health in Coos County. Community members reported that having a clean environment is extremely important when defining health (Figure 120).

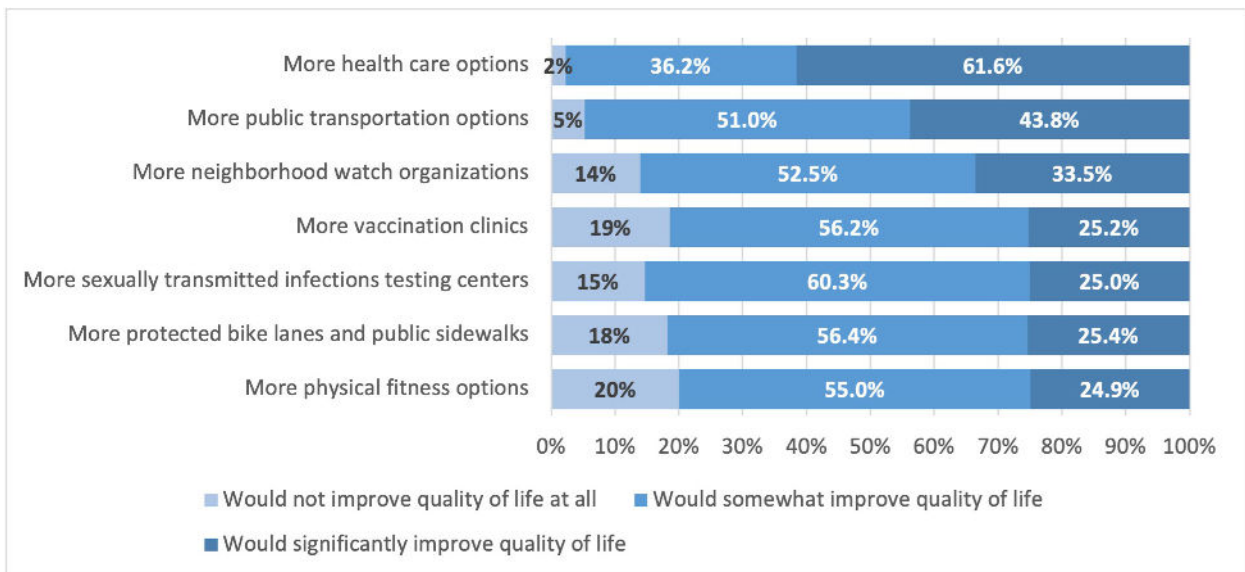
Figure 120: Physical Environment Questionnaire Results: Most Important for Good Health



N = 374-388

Regarding potential solutions presented to questionnaire respondents, they reported that having “more health care options” and “more public transit options” would significantly improve quality of life (Figure 121).

Figure 121: Physical Environment Questionnaire Results: Potential Solutions to Improve Quality of Life



N = 358-361

Focus Group Results – Physical Environment

Participants raised environmental health concerns related to agricultural exposures, wildfires, and potential natural disasters. While mentioned less frequently than some of other health challenges, a few participants described poor air quality related to wildfires and expressed concern about the potential Cascadia earthquake and tsunami. Additionally, some participants shared concerns that pesticides or chemicals used for agricultural purposes may be harmful for their health.

Lack of transportation is a barrier for many Coos County residents. Focus group participants shared that the lack of public transportation or transportation options in Coos County is a challenge, particularly for those without a car or who are unable to drive for medical reasons. Respondents shared that a viable public transportation system would ease access to necessary services, including health care.

Summary of Findings – Physical Environment

The physical environment is an important social determinant of health and is defined by air and water quality, transportation used, and safety in the places where people spend their time.

In Coos County, the air quality has decreased in recent years with the PM_{2.5} more than doubling from 2016 to 2020; however, the air quality was still within a healthy range. Additionally, the number of storm events has increased with the number of wildfires going from zero in 2016 to more than 40 in 2020, which may contribute to the decrease in air quality. The number of droughts also increased in Coos County.

Most people in Coos County are driving to work alone, with the percentage of solo commuters increasing every year since 2016. Commute time to work for most people in Coos County is less than 30 minutes, with nearly 50 percent having a commute times of less than 15 minutes.

Access to physical activity has decreased in recent years in Coos County, reaching a six-year low in 2022. Additionally, social associations – the number of memberships and social connections people have – has also steadily declined in Coos County.

The rate of children in foster care in Coos County decreased from 2019 to 2021, a strength of this CHA cycle.

Reports of sexual violence decreased in recent years. Additionally, the violent crime rate peaked in 2019 for the six-year measurement period before dropping in the two following years. Reports of suspected child abuse also decreased in Coos County.

Respondents in the community questionnaire highlighted clean environment as the most important factor when defining good health. Additionally, respondents shared that having more public transit options would improve quality of life.

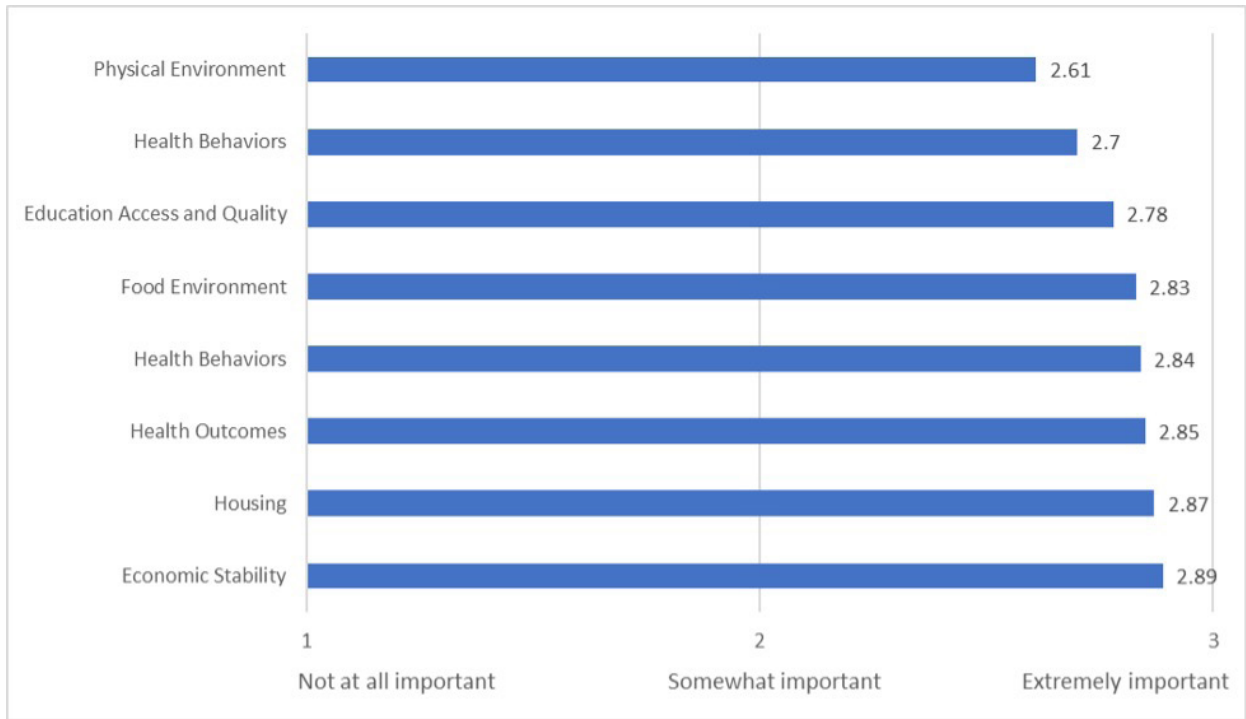
Focus group participants shared that environmental health factors like storm events and agricultural pollution were important. Further, they shared that many residents of Coos County need support with transportation and the current infrastructure is not sufficient.

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

Community Health Assessment Questionnaire Summary

A goal of the Community Health Assessment Questionnaire was 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 research team ranked their importance based on how the community responded by theme. Most participants thought that all factors were extremely important, but the leading categories were Economic Stability, Housing, and Health Outcomes (Figure 122).

Figure 122: Perception of Importance from Community Questionnaire Respondents by Composite Variable

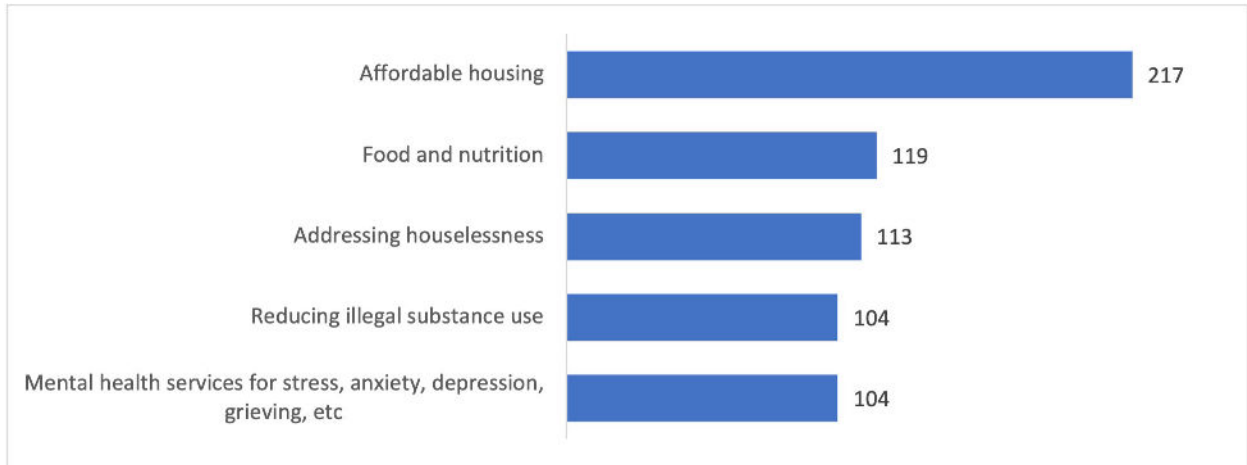


N = 375-388

Questionnaire respondents were also asked to rank the five most important health categories in their County. The top five factors for Coos County questionnaire respondents were related to the following categories (see Figure 122 for categories): Housing, Food, Health Behaviors, and Health Outcomes.

The five most important categories as reported by questionnaire respondents aligned closely with the critical issues based on results from the focus groups, with “Affordable Housing” being identified as the most important health category (Figure 123). 217 questionnaire respondents identified affordable housing as one of the top five health issues. The next closest issue, food and nutrition, was ranked in the top five with 119 respondents.

Figure 123: Perception of Top Five Health Issues from Community Questionnaire Respondents



N = 433

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 Coos County’s performance compared to the state (e.g., a larger number or higher percentage for Coos County versus the state is depicted by an arrow pointing up; a smaller number or lower percentage for Coos County versus the state is depicted by an arrow pointing down). The arrows do not show whether Coos 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 of data between Coos 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.

Indicators Table Key




Key	
	Coos County is HIGHER than Oregon
	Coos County is LOWER than Oregon
	Coos County is EQUAL to Oregon

Figure 124: Demographics Indicators

Demographics			
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	↑	n/a
	Spanish Speaking Population	↓	n/a

Figure 125: Economic Stability Indicators

Economic Stability			
Indicator	Data Variables	Findings, 2023	Findings, 2018
Income	Median and Average Income	↓	↓
	Difference in Income by Race/Ethnicity	n/a	↓
Living in Poverty	People Living in Poverty	↑	↑
	Children Living at or Below 200% Federal Poverty Level	↑	↑
	Women in Poverty	↑	↑
	Poverty by Race/Ethnicity	n/a	↑
Free and Reduced Lunches	Students Qualifying for Free and Reduced Lunch	↑	↑
Unemployment	Unemployed	↑	↑

Figure 126: Housing Indicators

Housing			
Indicator	Data Variables	Findings, 2023	Findings, 2018
Housing Costs	Cost Burdened Households in Rentals and Homes with Mortgages	↑	↑
	Median Value of a House	↑	↑
Housing Quality and Type	Older Housing Stock	↑	↓
	Vacant Housing Units	↑	n/a
	Single Occupancy Households	↑	n/a
	Severe Household Problems	n/a	↓
Homelessness	Overall Homelessness	↑	n/a
	Homeless Students	↑	↑

Figure 127: Education Access and Quality Indicators

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 128: Food Environment Indicators

Food Environment			
Indicator	Data Variables	Findings, 2023	Findings, 2018
Food Insecurity	Adults and Children Living with Food Insecurity	↑	↑
Food Access	Rate of SNAP Authorized Retailers	n/a	↑
	Rate of SNAP (Food Stamps) Recipients (Households)	↑	↑
	Percent of Students with Free and Reduced Lunches	↑	n/a
	Percent of Pregnant People Served by WIC	↑	n/a
	Rate of WIC Authorized Stores	n/a	↑

Figure 129: Health Behaviors Indicators

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
Alcohol and Other Drug Use	Adults Binge Drinking	↓	↑
	Adults Engaging in Heavy Drinking	↓	↑
	Youth Having First Drink (6th and 11th Graders)	↑	↓
	Youth Having 5 or More Drinks in a Row (11th Graders)	↑	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
	Adults with Opioid Prescriptions	n/a	↑
Vaccinations	Adolescent Immunization Rates	n/a	n/a
	2-Year-Old Immunization Rates	↓	↓
Nutrition	Adults Eating Fresh Foods	n/a	↓
	Youth (in 6th, 8th, 11th Grades) Eating Fresh Foods	↑	↑
	Adults Drinking 7 or More Sodas per Week	↑	n/a
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	↓
	Adults with Recent Cholesterol Checked	↑	↓
	Adults with Recent Blood Sugar Test	↑	↑
	Adults Screened for HIV	n/a	↑

Figure 130: Health Outcomes Indicators

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	n/a	↑
	Tobacco-related Mortality	↑	↑
Chronic Conditions (Adults)	Burden of Chronic Disease	↑	↑
Cancer (Adults)	"All Cancers"	↑	↑
	Lung Cancer	↑	↑
Mental Health	Suicide, Adults	↑	↑
	Attempted Suicide, Youth (6th, 8th, and 11th Graders)	↑	n/a
	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
Dental/Oral Health	Poor Dental Health	n/a	↑
Parental and Pediatric Health	Adequacy of Prenatal Care	↓	↓
	Birth Rate	↓	↓
	Low Birth Rate	↑	↑
	Teen Birth Rate	↑	↑
	Infant Mortality Rate	↑	↑
Obesity	Adults with Obesity	↑	↑
Physically Unhealthy Days	Average Number of Physically Unhealthy Days	↑	n/a

Figure 131: Health Care Access and Quality Indicators

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	↑	n/a
Hospitalizations	Preventable Hospitalizations	n/a	↑

Figure 132: Physical Environment Indicators

Physical Environment			
Indicator	Data Variables	Findings, 2023	Findings, 2018
Air Quality	Ambient Air Quality	↑	↑
Storm Events	Number of Storm Events	n/a	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	↓	↓
	Domestic Violence Offenses, Arrests	n/a	↓
	Law Enforcement Officers	n/a	↑
Youth	Children in Foster Care	↑	n/a
	Suspected Child Abuse (Screening Reports)	↓	n/a

Shown below are summary tables of demographic and health indicators by year (2016-2022) for the state and Coos 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 Coos County. Further, these tables demonstrate the relationship between Coos County and statewide data to infer whether changes found in Coos County are due to state changes or changes unique to Coos County.

Figure 133: Demographics Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Demographics								
Overall Population Growth ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a	n/a		
Coos County	63,386	63,764	64,338	64,677	64,711	64,999		
Spanish Speaking Population (%) ^(a)								
Oregon	8.9%	9.0%	9.1%	9.1%	8.9%			
Coos County	2.9%	3.2%	3.4%	3.7%	3.8%			

Figure 134: Economic Stability Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Economic Stability								
People Living in Poverty ^(a)								
Oregon	13.4%	13.2%	12.6%	11.5%	11.0%			
Coos County	17.5%	19.9%	15.9%	15.6%	15.4%			
Children Living at or Below 200% Federal Poverty Level ^(a)								
Oregon	17.4%	16.7%	15.8%	13.7%	12.3%			
Coos County	25.5%	27.3%	24.1%	21.9%	21.1%			

Figure 135: Housing Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Housing								
Percentage of Housing Units Built Before 1979 ^(a)								
Oregon	54.8%	54.2%	53.6%	52.9%	52.0%			
Coos County	66.5%	66.8%	66.3%	66.3%	66.3%			
Average Household Size ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Coos County	2.4	2.34	2.34	2.32	2.27			
Vacant Housing Units (%) ^(a)								
Oregon	9.4%	9.3%	9.1%	8.9%	8.2%			
Coos County	15.5%	14.2%	14.0%	13.2%	11.0%			
Single Occupancy Households (%) ^(a)								
Oregon	27.8%	27.7%	27.6%	27.5%	27.4%			
Coos County	32.6%	32.1%	31.9%	32.0%	31.6%			
Single Parent Families (%) ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Coos County	31.0%	32.4%	33.5%	32.1%	35.0%			

Figure 136: Education Access and Quality Trend Indicator Table



Year	2018-19	2019-20	2020-21	2021-22	2022-23	Trend
Education Access and Quality						
Graduation Rate ^(e)						
Oregon	80	83	81	81		
Coos County	63	67	63	66		

Figure 137: Food Environment Trend Indicator Table











Year	2016	2017	2018	2019	2020	2021	2022	Trend
Food Environment								
Adults and Children Living with Food Insecurity ⁽ⁱ⁾								
Oregon						11.5%	9.8%	
Coos County						15.2%	14.6%	
Adults and Children Living with Food Insecurity ^(j)								
Oregon						14.6%	13.2%	
Coos County						21.9%	21.8%	
Rate of SNAP (Food Stamps) Recipients (Households) ^(a)								
Oregon	18.8%	17.8%	16.8%	15.8%	15.0%			
Coos County	24.8%	25.0%	24.7%	23.3%	21.9%			
Percent of Students with Free and Reduced Lunches ⁽ⁱ⁾								
Oregon						50%	46%	
Coos County						65%	54%	
Percent of Pregnant People Served by WIC ⁽ⁱ⁾								
Oregon						27%	28%	
Coos County						32%	32%	

Figure 138: Health Behaviors Trend Indicator Table





Year	2016	2017	2018	2019	2020	2021	2022	Trend
Health Behaviors								
2-Year-Old Immunization Rates ^(b)								
Oregon			n/a	n/a	n/a	n/a	n/a	
Coos County			67%	69%	69%	64%	60%	
Adolescent Immunization Rates (Tdap) ^(b)								
Oregon		93%	93%	93%	92%	90%	91%	
Coos County		94%	92%	93%	92%	90%	90%	

Figure 139: Health Outcomes Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Health Outcomes								
Crude Death Rate ^(h)								
Oregon			862.7	882.8	942.5	1,054.3	1,042.9	
Coos County			1,490.3	1,477.4	1,483.0	1,749.6	1,769.6	
Suicide, Adults ^(h)								
Oregon			19	20.3	18.3	19.5		
Coos County			26.3	31.6	26.2	26.3		
Mentally Unhealthy Days per Month, Adults ^(c)								
Oregon	4.1	4.6	4.4	4.4	4.7	4.7	4.5	
Coos County	4.2	4.6	4.5	4.5	4.5	5.4	5.1	
Adequacy of Prenatal Care ^(h)								
Oregon					94.1%	94.2%		
Coos County					95.1%	90.8%		
Birth Rate ^(h)								
Oregon					9.4	9.6		
Coos County					8.5	8.5		
Infant Mortality Rate ^(h)								
Oregon			4.2	4.8	4.2	3.8		
Coos County			0	0	1.8	5.5		
Adults with Obesity ^(c)								
Oregon	26.0%	26.4%	27.2%	28.3%	28.8%	29.3%	28.8%	
Coos County	28.3%	30.4%	32.2%	36.8%	36.8%	38.2%	33.9%	
Average Number of Physically Unhealthy Days ^(c)								
Oregon	4.2	4.43	3.85	3.85	4.23	4.65	3.91	
Coos County	4.2	4.97	4.17	4.17	4.28	5.18	4.59	

Figure 140: 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 ^(c)								
Oregon	10.41%	10.41%	10.24%	10.29%	10.17%	10.21%	10.06%	
Coos County	13.33%	12.48%	12.99%	12.55%	12.52%	12.74%	12.56%	
Access to Primary Care Physician ^(c)								
Oregon	93.2	93.7	93.5	92.4	94.0	94.2	94.2	
Coos County	86.7	86.4	79.2	80.0	81.4	90.1	89.9	
Access to Mental Health Providers ^(c)								
Oregon	355.2	402.4	441.7	476.9	521.6	551.0	605.1	
Coos County	214.5	289.9	318.4	356.9	394.5	424.9	468.2	
Access to Dentist ^(c)								
Oregon	75.3	77.1	78.6	79.3	79.8	82.7	82.5	
Coos County	68.8	77.6	80.0	78.3	76.1	91.5	85.5	

Figure 141: Physical Environment Trend Indicator Table

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Physical Environment								
Ambient Air Quality ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Coos County	3.3	4.2	5.8	4.2	7.3			
Number of Storm Events ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Coos County	50	45	15	55	70			
Number of Wildfires ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Coos County	0	5	0	0	45			
Number of Drought Weeks ^(a)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Coos County	17	14	31	18	48			
Available Recreational Opportunities ^(c)								
Oregon	87.7%	87.7%	77.5%	88.3%	87.9%	87.9%	83.8%	
Coos County	78.2%	78.2%	79.9%	85.4%	77.0%	77.0%	64.3%	
Workers Who Drive Alone to Work ^(c)								
Oregon	71.3%	71.3%	71.4%	71.5%	71.5%	71.7%	70.5%	
Coos County	74.1%	74.4%	75.7%	76.6%	77.1%	77.3%	77.9%	
Social Associations/Membership Involvement ^(c)								
Oregon	10.4	10.4	10.2	10.3	10.2	10.2	10.1	
Coos County	13.3	12.5	13.0	12.6	12.5	12.7	12.6	
Violent Crime ^(d)								
Oregon	9,589	10,542	11,180	11,052	10,798	12,726		
Coos County	69	82	75	111	85	73		
Children in Foster Care, Rate per 1,000 ^(e)								
Oregon				8.2	7.3	6.4		
Coos County				18.6	13.5	11.2		
Suspected Child Abuse (Screening Reports) ^(f)								
Oregon					78,635	78,775		
Coos County					1,673	1,554		

Sources:	<ul style="list-style-type: none"> a Agency for Healthcare Research and Quality Social Determinants of Health Database (2016–2020) b ALERT Immunization Information System, Oregon Immunization Program c County Health Rankings Data (2016-2022) d National Incident-Based Reporting System (NIBRS) (2016-2021) e Oregon Department of Education (Accessed October 4, 2022) f Oregon Department of Human Services, Oregon Child Welfare Data and Reports g Oregon Employment Department Qualityinfo.org h Oregon Health Authority, Center for Health Statistics (2016–2019) i Oregon Health Authority, Center for Health Statistics (2021) j Oregon Hunger Task Force, County Fact Sheets (2023) k Oregon Office on Disability and Health
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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 builds 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 Coos County. It is part of the process to develop long-term goals to improve well-being in Coos 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 Coos County. The CHP - which builds 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 Coos County.

As indicated in the CHA introduction, community leaders living and working in Coos County were recruited to participate in the Coos County CHA Steering Committee (See Figure 1 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 Coos County to include in the CHA. Committee members were asked to respond to six questions – five relating to what would “most improve” a social determinant of health metric (e.g., economic stability) and one related to the “activity or initiative” that most improved health and well-being in Coos 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 – essentially coming to a consensus on factors that may most improve health and wellness in Coos 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 133: 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. Housing for professionals	6
2. Lower cost housing	6
3. Living wage jobs	5
4. Reducing trauma for families and children	3
5. Improving food access	3
WHAT WOULD MOST IMPROVE EDUCATION ACCESS AND QUALITY?	
1. Supporting mentor program(s)	4
2. Investing in expanded technology programs	3
3. Supporting/growing teachers for the area	3
4. Combining school districts	3
5. Focusing on Career and Technical Education (CTE)	2
WHAT WOULD MOST IMPROVE HEALTH CARE ACCESS AND QUALITY?	
1. Housing	6
2. Investing in public health	6
3. Bringing in health care providers	5
4. Supporting community college health care programs	3
5. Illness prevention with Lifestyle Medicine	3
WHAT WOULD MOST IMPROVE NEIGHBORHOOD AND PHYSICAL ENVIRONMENT?	
1. Multi-generational community center	5
2. Sidewalks or trails along the coastal path from Coos Bay to Bandon	3
3. County-wide beautification	2
4. Plans to address homelessness	2
5. Trash pick-up days on a regular basis	1
WHAT WOULD MOST IMPROVE THE SOCIAL AND COMMUNITY ENVIRONMENT?	
1. Quality childcare	4
2. Family events	3
3. More outdoor activities	1
4. Activities to meet people	1
WHAT ACTIVITY OR INITIATIVE HAS HELPED IMPROVE HEALTH AND WELL-BEING IN THE LAST FIVE YEARS?	
1. More health food varieties/options in grocery stores	3
2. Opportunities to seek funding for projects	3
3. Southern Oregon Coast Pride services, events, and activities	3
4. Coal Bank Village	2
5. Waterfall CHC expansion in school-based health centers, behavioral health, and autism	2

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 the CHP or community organizations, rather this includes important indicators for health in the county, where current and trusted data for Coos 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 Coos County.

Data Gaps: Recommendations for Future Data Collection

- **Updated Homelessness/Houselessness data: Homelessness/Houselessness** is seen as a major challenge for Coos County. Coos County organizations are working to address this issue; for example, the Coos County Coordinated Office on Houselessness has a vision that: “The residents of Coos 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 Coos 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 Coos 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 Coos 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 Coos 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 Coos 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.
- **Maternal mortality rate data:** The death of a woman during pregnancy, childbirth, or 1-year post-partum is “a rare and tragic event” (OHA, Center for Prevention and Health Promotion: Maternal Mortality). While the research team could find maternal death rate data from 2006-2016 for Oregon compared to the U.S. and the January 2023 OHA-produced “Oregon Maternal Mortality and Morbidity Review Committee-Biennial Report” includes overall death rates for pregnant people, there is a lack of this data at the county-level.
- **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 Coos 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 Coos 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 Coos 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 Coos 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 Coos County?

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

3. How long have you lived or worked in Coos 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.

To return your questionnaire, you can:

- 1. Place your completed questionnaire into a secure drop box at any of the following locations by Friday, March 31st, 2023.**

Bandon Public Library

1204 11th St SW, Bandon, OR 97411

Coos Bay Public Library

525 Anderson Avenue, Coos Bay, OR 97420

Coquille Public Library

105 N. Birch St, Coquille, OR 97423

Flora M. Laird Memorial Library

435 5th St, Myrtle Point, OR 97548

Lakeside City Library

915 N Lake Rd, Lakeside, OR 97449

Dora Public Library

56125 Goldbrick Road, Myrtle Point, OR 97458

North Bend Public Library

1800 Sherman Avenue, North Bend, OR 97459

Hazel M. Lewis Library

511 3rd. Ave, Powers, OR 97466

- 2. Enclose this questionnaire in the pre-paid and addressed envelope attached with it, and drop the envelope in the mail.**

Please note that questionnaires returned or mailed after Friday, March 31st, 2023, may not be counted.

Please call 541-841-2629 with questions about how to return your questionnaire.

Appendix B: Community Focus Group Guide

Coos 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 Coos 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 Coos 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 Coos County?
2. What about Coos County makes this a healthy place to live?
3. What are the most important issues that must be addressed to improve health in Coos 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 Coos County. Is there anything that we didn't ask about that you think is important for us to know?

Thank you again.