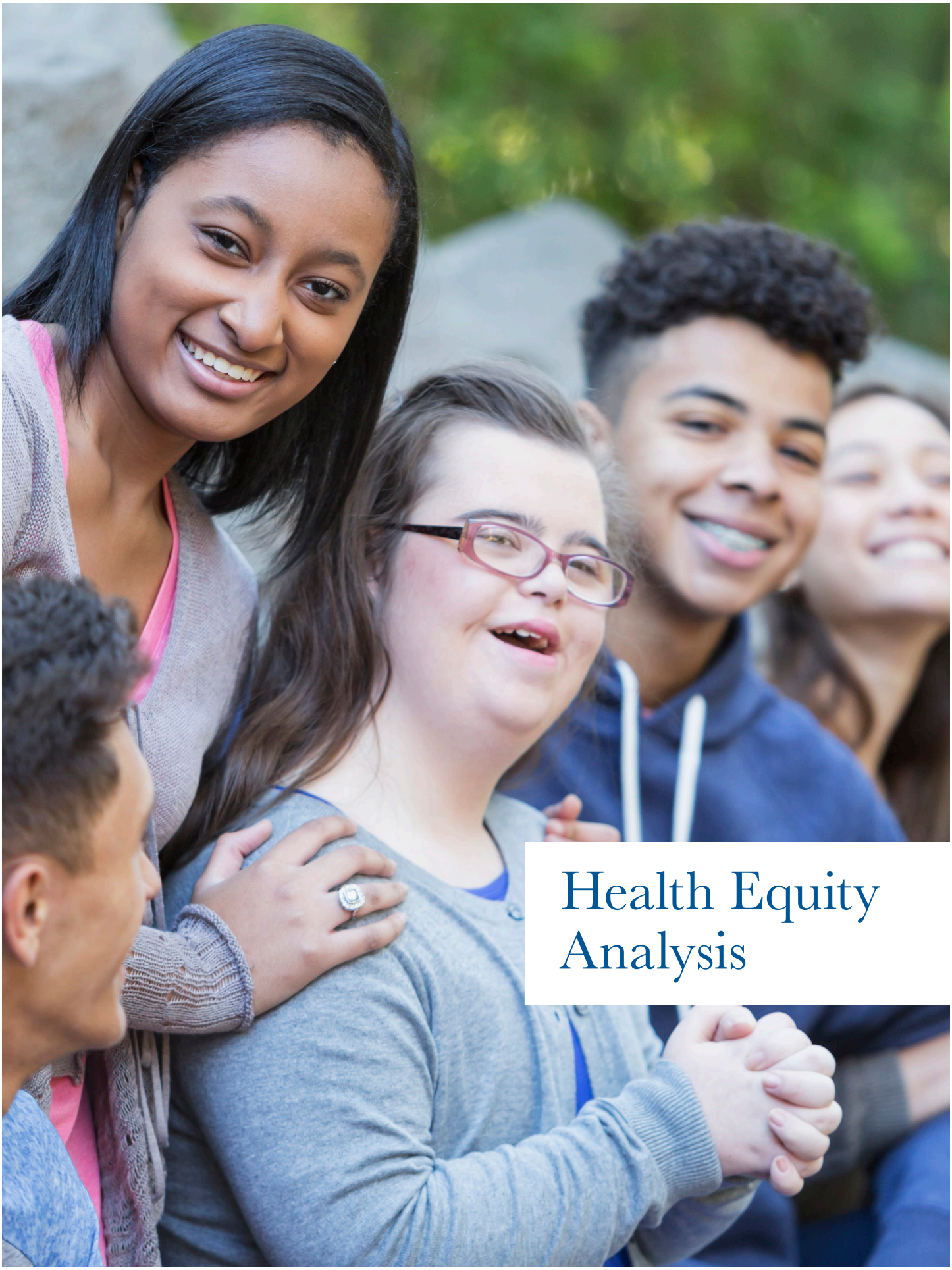


Health Equity Analysis

Health Equity Analysis

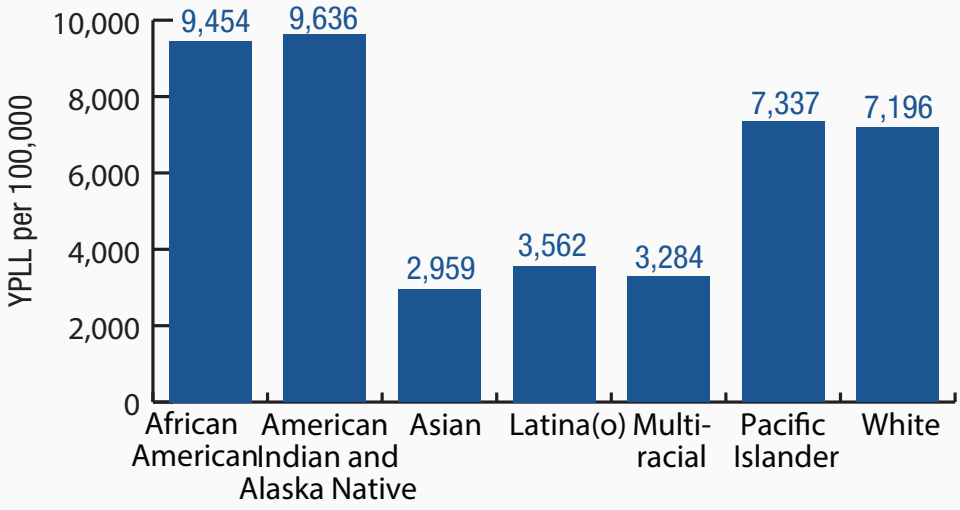
People of color

As Oregon becomes a more racially and ethnically diverse state, addressing health inequities related to race and ethnicity becomes more important. Racial and ethnic categories reflect social constructs rather than biology or genetics. The categories are intended to collect information on the race and ethnicity of the broader Oregon population; however, because the categories often combine people into a larger group, they may obscure important health disparities of subgroups (i.e., "African American" does not distinguish between a person with African roots whose family has been in the US for several generations from a newly-arrived African immigrant).

Mortality

In Oregon, African Americans and American Indians and Alaska Natives had higher Years of Potential Life Lost (YPLL) than did Whites. Asians and Latina(o)s had lower YPLL than did Whites. By specific causes of death contributing to the disparities in YPLL, African Americans and American Indians and Alaska Natives had the highest YPLL rates of deaths from unintentional injuries, homicides, and diabetes, Whites had the highest rates from suicide, and African Americans had the highest YPLL rate from heart disease.

Years of potential life lost (YPLL) before age 75 by race and ethnicity, Oregon

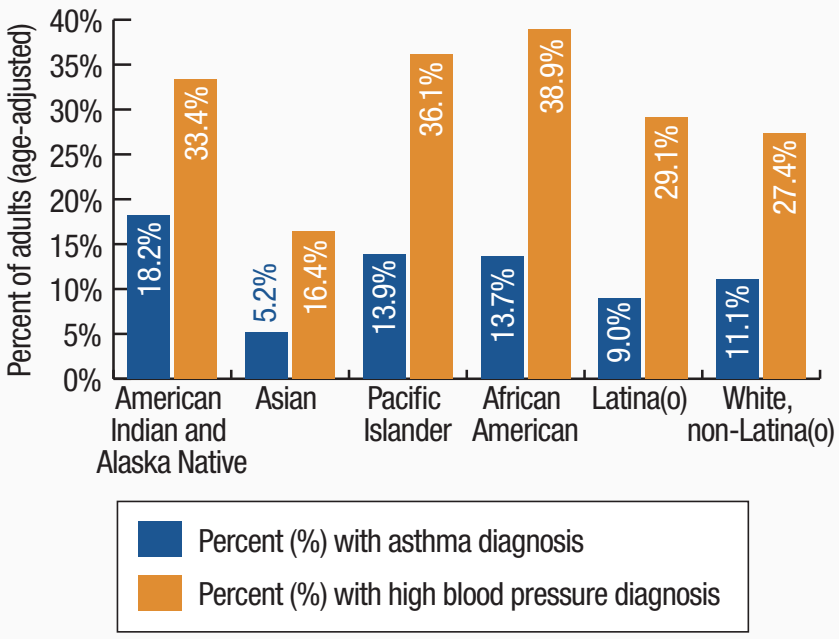


Source: Oregon Death Certificate Data, 2014 – 2016

Chronic conditions

The prevalence of chronic conditions varies by race and ethnicity in Oregon. American Indians and Alaska Natives have the highest prevalence of asthma, and African Americans, Pacific Islanders, and American Indians and Alaska Natives have the highest prevalence of high blood pressure. Diagnosed diabetes prevalence is highest among Latina(o)s and Pacific Islanders. Pacific Islanders and American Indians and Alaska Natives have the highest prevalence of obesity.

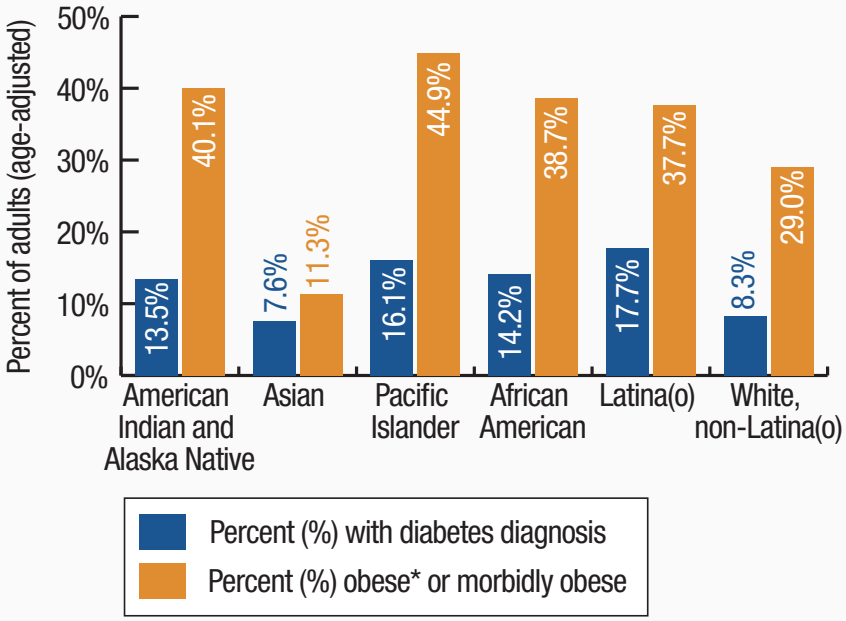
Chronic conditions among adults by race and ethnicity, Oregon



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), Preliminary race reporting data file, 2015 – 2016

* Body Mass Index (BMI) ≥ 30. BMI = kg/m2 where kg is a person's weight in kilograms and m is a person's height in meters.

Chronic conditions among adults by race and ethnicity, Oregon

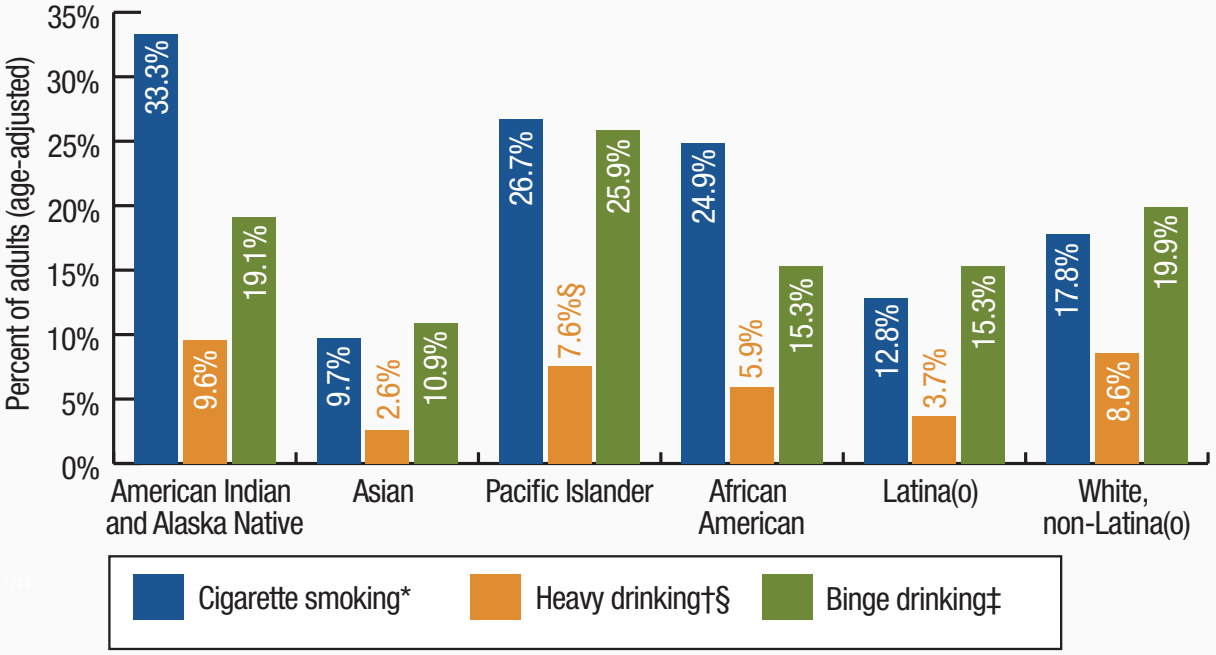


Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), Preliminary race reporting, 2015 – 2016

Health behaviors

The behavioral factors that increase the risk of many chronic diseases include: smoking, lack of physical activity and poor nutrition, and alcohol/substance use. American Indians and Alaska Natives had the highest prevalence of smoking, whereas Pacific Islanders, Whites, and American Indians and Alaska Natives had the highest prevalence of binge drinking.

Health behaviors among adults by race and ethnicity, Oregon



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), Preliminary race reporting data file, 2015 – 2016

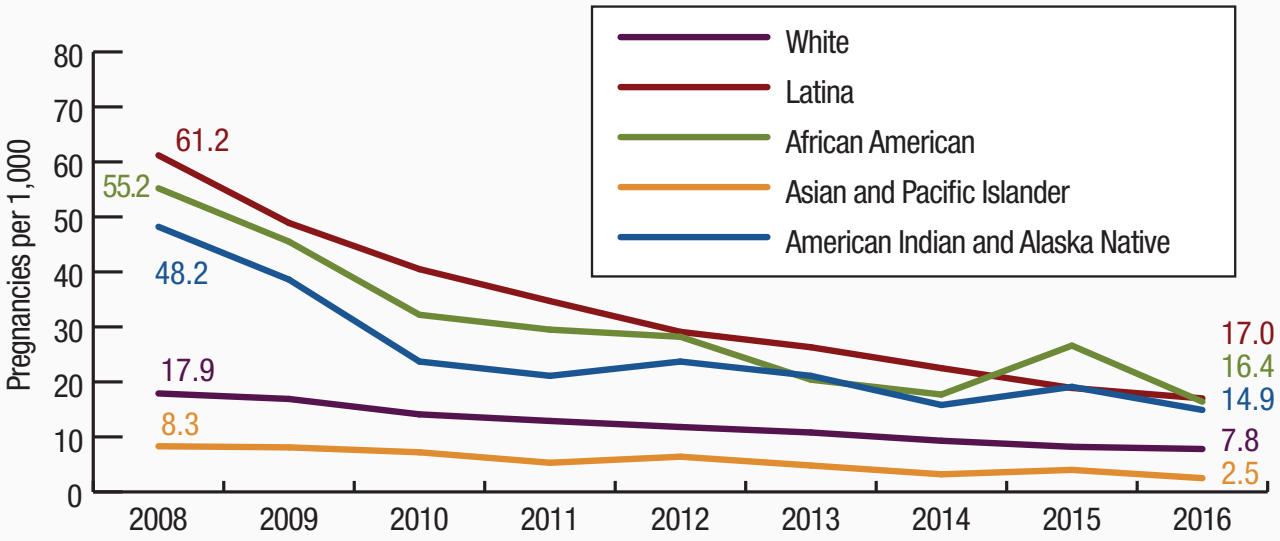
* People who have smoked 100 cigarettes in their lifetime and currently smoke every day or some days.
† Men having more than two drinks per day and women having more than one drink per day in the past 30 days
‡ Drinking ≥ 5 drinks for men or ≥ 4 drinks for women on at least 1 occasion in the past 30 days
§ Indicates Pacific Islander estimate is flagged for reliability and should be interpreted with caution.

Teen pregnancy

Monitoring teen pregnancy is important for several reasons. Many of these pregnancies may be unintended. Young women who become pregnant may delay onset of prenatal care risking their own health as well as that of the fetus. Many young women may drop out of school or not graduate high school because of social stigma and lack of accommodation for the baby. Graduating high school is an important indicator of long-term economic stability, an important social determinant of health.

In Oregon, teen pregnancy varies by race and ethnicity: The highest rates are among African American, American Indian and Alaska Native, and Latina teens. The good news is that teen pregnancy rates in all racial and ethnic groups have been decreasing steadily since 2008.

Teen pregnancy (age 15 – 17 years) by race and ethnicity, Oregon

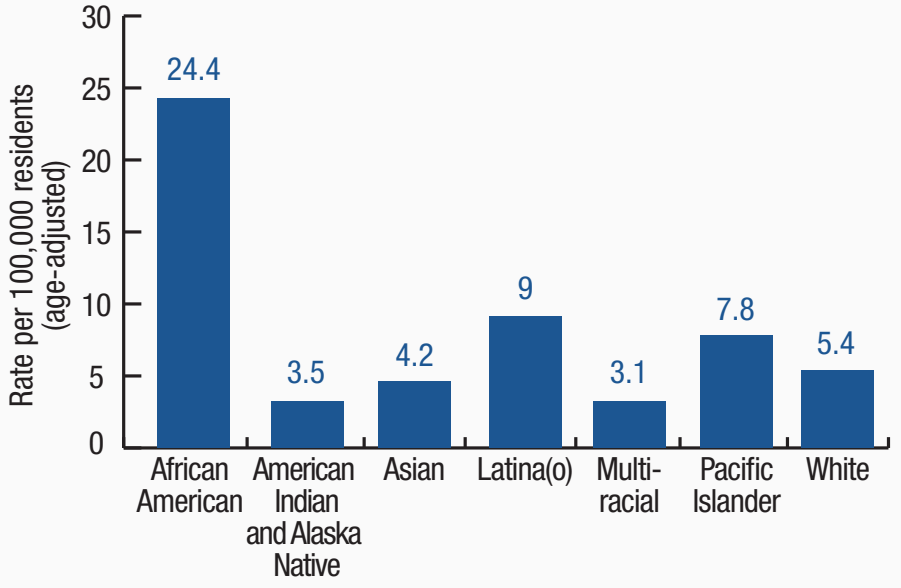


Source: Oregon Vital Statistics and National Center for Health Statistics

Communicable diseases

New HIV diagnoses were highest among African Americans in Oregon.

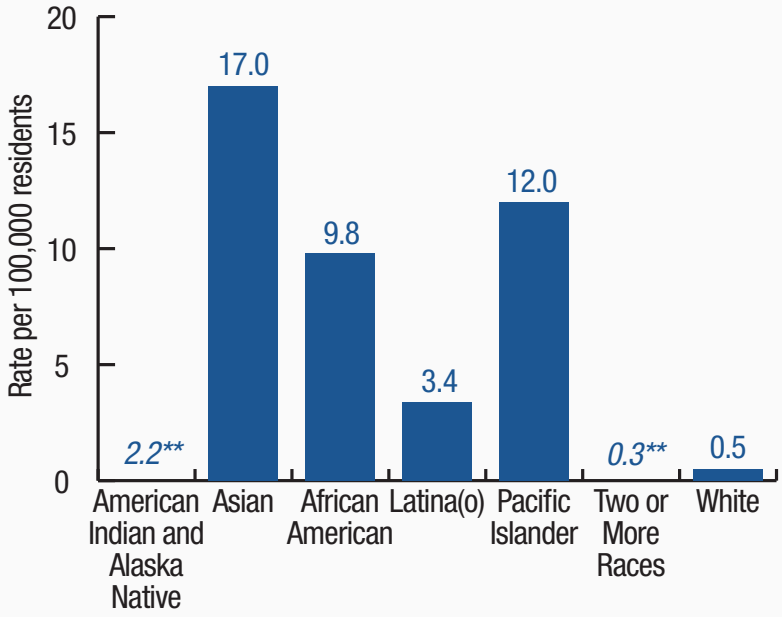
HIV diagnoses by race and ethnicity, Oregon



Source: Oregon Reportable Diseases Database, 2012 – 2016

TB rates were higher among Asians, African Americans, Latina(o)s, and Pacific Islanders, compared to Whites.

Tuberculosis diagnosis by race and ethnicity, Oregon



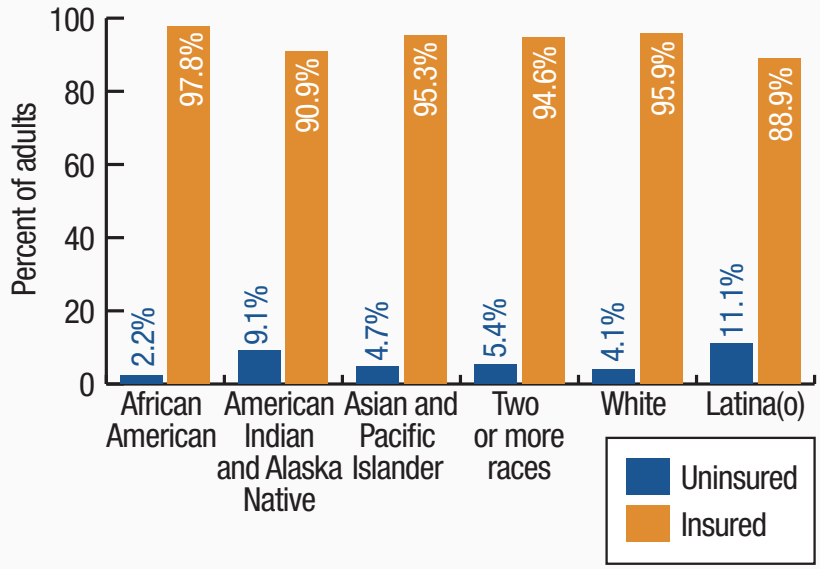
Source: HIV/STD/TB Prevention Program, 2012 – 2016

***Rates and percentages based on 5 or fewer events are unreliable and are shown in italics*

Access to clinical preventive services

Health insurance coverage is lowest among American Indians and Alaska Natives and Latina(o)s.

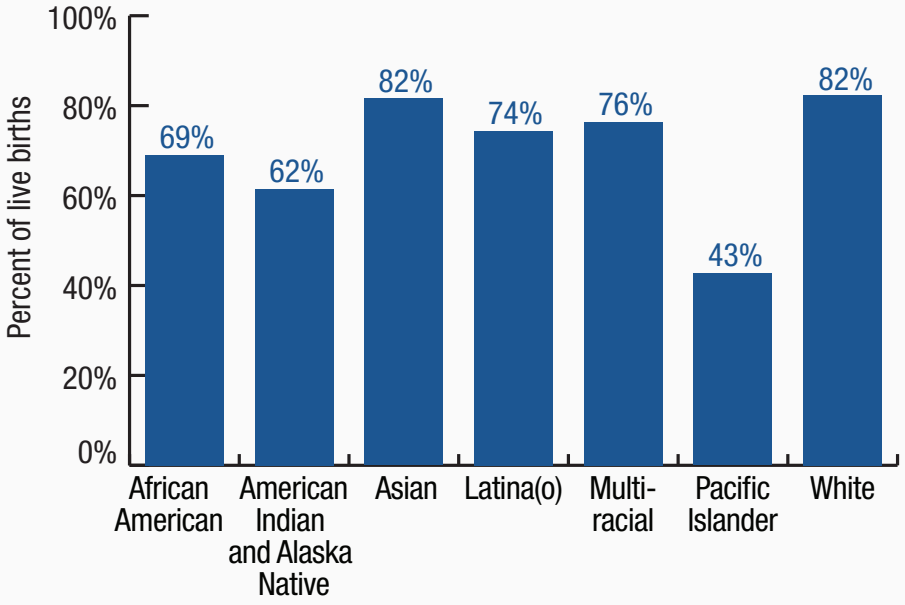
Uninsured by race and ethnicity, Oregon



Source: Oregon Health Insurance Survey, 2012 – 2016

Relative to Whites and Asians, prenatal care during the first trimester is lower among the other racial and ethnic groups in Oregon.

Prenatal care in the 1st trimester by race and ethnicity, Oregon



Source: Oregon Birth Certificate Data, 2016

People with disabilities

Knowledge of disparities experienced by people with disabilities – especially children and youth – is limited by multiple factors. First, the term "disability" is often associated with older age, as evidenced by the frequent combination of public services for disabled and elderly populations. Second, disability is often treated as an outcome of injury or poor health as opposed to one of many characteristics that shape the way people interact with their environment. Third, what little research is available often ignores diversity among people with disabilities – contrasting individuals with disabilities as a homogenous group against individuals without disabilities.

Overall, 24% of Oregon adults and 30% of Oregon youth report living with one or more disabilities. Furthermore, 19% of Oregon children between the age of birth to 17 years had a special health care need, defined as needing specialized therapies, treatments, counseling, medications, or services. The specific types of disability reported among adults and youth are shown in the table below.

Disability population estimates among adults and 11th graders, Oregon

Disability	Adults	Youth
Deaf or Hard of hearing	5%	2%
Blind or Low vision	3%	5%
Cognitive difficulties	12%	24%
Mobility issues	12%	3%
Difficulty with self-care	3%	1%
Difficulty with independent living	6%	9%
Any disability (one or more)	24%	30%

Source: Oregon BRFSS, 2016 and Oregon Healthy Teens, 2017

Social determinants of health

Negative treatment of disabled people and lack of access to conditions that promote health and well-being (e.g., safety, relationships, and health care) impacts health and well-being. Disability varies by socioeconomic status: people with disabilities were less like to have graduated from college, more likely to experience economic disadvantage, and more likely to be food insecure.

Demographics of adults by disability status, Oregon		
Demographics	**Any disability**	**No disability**
College graduate	15% (14 – 17)	32% (31 – 34)
Less than $20,000	35% (32 – 37)	11% (10 – 12)
Economic disadvantage (≤100% FPL/ limited education)	36% (33 – 39)	18% (16 – 19)
Household food insecurity	17% (15 – 29)	4% (4 – 5)

Source: Oregon BRFSS, 2016

Health Status

Adults living with a disability rate their overall general health and mental health as lower than those with no disability. Similarly, youth living with a disability rate their physical and mental health lower than youth with no disability. Adults and youth living with a disability are more likely to smoke than those without a disability. They are also more likely to be living with a chronic disease, such as asthma, diabetes, obesity or high blood pressure.

Overall health status, risk behaviors, and chronic disease prevalence among adults and 11th graders with disabilities, Oregon				
General, physical, and mental health	**Adults, any disability**	**Adults, no disability**	**11th graders, any disability**	**11th graders, no disability**
Good to excellent rating of general (Adults) or physical (Youth) health	57% (55 – 60)	92% (91 – 93)	72% (70 – 74)	88% (87 – 89)
Fair or poor rating of general (Adults) or physical (Youth) health	43% (40 – 45)	8% (7 – 9)	28% (26 – 30)	12% (11 – 13)
Frequent mental distress (14 or more days of poor mental health in the last 30 days)	30% (28 – 33)	7% (6 – 8)	NA	NA
Good to excellent rating of emotional or mental health	NA	NA	37% (35 – 40)	79% (78 – 80)
Fair or poor rating of emotional or mental health	NA	NA	63% (60 – 65)	21% (20 – 22)
Feeling sad or hopeless for 2 or more weeks in past 12 months	NA	NA	58% (56 – 61)	21% (19 – 22)
Suicide attempt in the last 12 months	NA	NA	16% (14 – 17)	3% (2 – 3)

Overall health status, risk behaviors, and chronic disease prevalence among adults and 11th graders with disabilities, Oregon				
General, physical, and mental health	**Adults, any disability**	**Adults, no disability**	**11th graders, any disability**	**11th graders, no disability**
Poor physical or mental health limiting daily activity (15 or more days where activity was limited in the last 30 days)	27% (25 – 30)	2% (2 – 3)	NA	NA
Risk and protective factors	**Adults, any disability**	**Adults, no disability**	**11th graders, any disability**	**11th graders, no disability**
Binge drinking	14% (12 – 16)	18% (16 – 19)	18% (16 – 20)	12% (11 – 14)
Current cigarette smoking	26% (23 – 28)	13% (12 – 14)	12% (10 – 13)	6% (4 – 8)
Met CDC fruit and vegetable consumption recommendations (2015 BRFSS, 2017 OHT)	14% (12 – 17)	22% (20 – 24)	18% (16 – 20)	19% (18 – 21)
Met CDC recommendations for physical activity* (2015 BRFSS, 2015 OHT)	13% (11 – 16)	26% (24 – 28)	18% (17 – 20)	26% (24 – 27)
Meets Positive Youth Development benchmark	NA	NA	35% (32 – 37)	68% (66 – 70)
Chronic conditions	**Adults, any disability**	**Adults, no disability**	**11th graders, any disability**	**11th graders, no disability**
Arthritis	51% (49 – 54)	19% (18 – 21)	NA	NA
Asthma	19% (17 – 21)	8% (7 – 8)	17% (15 – 19)	10% (9 – 11)
Diabetes	19% (18 – 21)	6% (6 – 7)	NA	NA
Cardiovascular disease	19% (17 – 21)	5% (4 – 5)	NA	NA
Obese or morbidly obese	40% (37 – 42)	26% (24 – 27)	16% (15 – 18)	13% (12 – 14)
High blood pressure	46% (43 – 50)	25% (23 – 27)	NA	NA

*Source: Oregon BRFSS, 2016 and Oregon Healthy Teens, 2017 **

Note: High blood pressure is from 2015

* Adults: "Moderately active for greater than or equal to (>=) 150 minutes per week, or vigorously active for >=75 minutes per week (or equivalent combination), and participate in muscle strengthening activities on >=2 days per week"

Youth: "60 minutes of aerobic physical activity each day"

Adults and youth living with a disability report experiences of sexual and physical abuse more often than those without a disability.

Abuse among adults and youth with a disability	Adults, any disability	Adults, no disability	11th graders, any disability	11th graders, no disability
Sexually abused during childhood	12% (9 – 15)	4% (3 – 5)	15% (13 – 16)	4% (4 – 5)
Physically abused by parents during childhood	36% (31 – 40)	17% (15 – 20)	34% (32 – 36)	16% (15 – 18)

Source: Oregon BRFSS, 2016 and Oregon Healthy Teens, 2017

Access to clinical preventive services

People with a disability have less access to health care services than those without a disability.

Access to health care services among adults and 11th graders with a disability, Oregon				
Health care access	**Adults, any disability**	**Adults, no disability**	**11th graders, any disability**	**11th graders, no disability**
Report barriers to accessing health care due to cost in the last 12 months	19% (17 – 22)	9% (8 – 10)	N/A	N/A
Fair or poor rating of general (Adults) or physical (11th graders) health	43% (40 – 45)	8% (7 – 9)	28% (26 – 30)	12% (11 – 13)
Frequent mental distress (14 or more days of poor mental health in the last 30 days)	30% (28 – 33)	7% (6 – 8)	N/A	N/A
Good to excellent rating of emotional or mental health	N/A	N/A	37% (35 – 40)	79% (78 – 80)
Visited doctor or nurse practitioner for check-up when not sick in past 12 months	73% (71 – 76)	62% (61 – 64)	60% (58 – 62)	64% (62 – 65)
Had teeth cleaned in past 12 months	59% (56 – 62)	70% (68 – 71)	68% (66 – 70)	77% (75 – 78)

Source: Oregon BRFSS, 2016 and Oregon Healthy Teens, 2017

People with low income and/or limited education

Socioeconomic status (SES) is well-recognized as an important determinant of health. Those with lower SES suffer disproportionately from many health disparities. For this report, OHA-PHD focuses on Oregonians who are economically disadvantaged – for adults, this is defined as those living at or below 100% of the federal poverty level and/or those who have not completed high school; for youth, this is defined as those who participate in free or reduced price lunch (FRPL) at school. In 2016 in Oregon, 19% of adults lived at or below the federal poverty limit and/or did not complete high school; in 2017, 41% of 8th graders, and 38% of 11th graders reported participating in the FRPL at school.

Social determinants of health

Adult Oregonians living at or below the federal poverty limit and/or have not completed high school tend to have higher levels of disability status and higher levels of food insecurity than those of more economic means.

Education, disability and food insecurity among low socio-economic status (SES) adults, Oregon

Demographics	≤100% federal poverty and/or incomplete HS	>100% federal poverty and/or complete HS
College graduate	4% (3 – 5)	34% (33 – 36)
Yes – reports one or more disabilities	41% (37 – 45)	21% (20 – 22)
Yes – household food insecurity	16% (14 – 19)	5% (4 – 6)

Source: Oregon 2016 BRFSS

Youth receiving FRPL were also more likely to report disabilities and household food insecurity than their counterparts not receiving FRPL.

Disability and food insecurity among youth receiving free or reduced price lunch (FRPL), Oregon				
Demographics	**11th graders FRPL – Yes**	**11th graders FRPL – No**	**8th graders FRPL – Yes**	**8th graders FRPL – No**
Yes – reports one or more disabilities	36% (34 – 39)	27% (25 – 28)	NA	NA
Household Food Insecurity	24% (22 – 26)	13% (12 – 15)	20% (18 – 21)	10% (8 – 11)

Source: Oregon Healthy Teens, 2017

Health status

Adults living below the federal poverty limit and/or who have not completed high school were less likely to report good to excellent general health and more likely to report fair to poor general health than those with higher income and education. In addition, they were more than twice as likely to report frequent mental distress and that poor physical or mental health limited their daily activities.

Overall health status among low socio-economic status (SES) adults, Oregon		
Demographics	**≤100% federal poverty and/or incomplete HS**	**>100% federal poverty and/or complete HS**
Good or excellent general health	66% (63 – 70)	88% (87 – 89)
Fair to poor general health	34% (30 – 37)	12% (11 – 13)
Frequent mental distress (>14 days in last 30)	23% (20 – 27)	10% (9 – 11)
Poor physical or mental health limiting daily activity (>15 days in last 30)	16% (13 – 19)	7% (6 – 7)

Source: Oregon BRFSS, 2016

Similarly, both 8th and 11th grade youth receiving free or reduced lunch were less likely to report good to excellent physical health and more likely to report fair to poor physical health than counterparts not receiving FRPL. Those receiving FRPL were also likely to report poorer mental health and more likely to report a suicide attempt than their counterparts not receiving FRPL.

Overall physical and emotional health status among youth receiving free or reduced price lunch (FRPL), Oregon				
Demographics	**11th Grade FRPL – Yes**	**11th Grade FRPL – No**	**8th Grade FRPL – Yes**	**8th Grade FRPL – No**
Good to excellent physical health	78% (76 – 80)	87% (86 – 88)	84% (83 – 85)	89% (88 – 90)
Fair to poor physical health	22% (20 – 24)	13% (12 – 14)	16% (15 – 17)	11% (10 – 12)
Good to excellent mental health	62% (60 – 65)	69% (67 – 71)	72% (70 – 75)	78% (76 – 80)
Feeling sad or hopeless for >2 weeks in last 12 months	36% (33 – 38)	30% (28 – 32)	34% (32 – 36)	25% (24 – 27)
Suicide attempt in last 12 months	9% (7 – 10)	6% (5 – 6)	11% (9 – 12)	7% (6 – 8)

Source: Oregon Healthy Teens, 2017

Child abuse

Economically disadvantaged adults and youth in Oregon reported higher levels of physical abuse and sexual abuse during childhood.

Abuse experienced by low-income/incomplete-high-school adults and youth receiving free or reduced price lunch (FRPL), Oregon				
Demographics	**Adults, ≤100% federal poverty and/or incomplete HS**	**Adults, >100% federal poverty and/or complete HS**	**11th Grade, FRPL – Yes**	**11th Grade, FRPL – No**
Physically abused by parents during childhood	32% (26 – 38)	20% (18 – 23)	25% (23 – 28)	20% (18 – 21)
Sexually abused by adult or someone >5 years older	13% (9 – 18)	4% (3 – 6)	10% (9 – 12)	6% (5 – 6)

Source: Oregon BRFSS, 2016 and Oregon Healthy Teens, 2017

Chronic conditions

The prevalence of chronic conditions varied by economic status for adults. Those who did not complete high school and/or are living below the federal poverty limit report having a higher prevalence of asthma, diabetes, obesity, and cardiovascular disease.

Chronic conditions among low-income/incomplete-high-school adults, Oregon		
Chronic disease	**≤100% federal poverty and/or incomplete HS**	**>100% federal poverty and/or complete HS**
Asthma	14% (12 – 17)	9% (9 – 10)
Diabetes	13% (11 – 15)	9% (8 – 10)
Cardiovascular disease	13% (10 – 15)	7% (7 – 8)
Obese or morbidly obese	35% (32 – 39)	28% (27 – 30)

Source: Oregon BRFSS, 2016

Health behaviors

The behavioral factors that increase the risk of many chronic diseases include: smoking, lack of physical activity and poor nutrition, and alcohol/ substance use. These varied by economic status. While smoking was higher among adults with low income/limited education, binge drinking and physical activity were higher among adults with more income/education.

Health behaviors among low-income/incomplete-high-school adults, Oregon		
Heath behavior	**≤100% federal poverty and/or incomplete HS**	**>100% federal poverty and/or complete HS**
Binge drinking	15% (12 – 18)	18% (17 – 19)
Current cigarette smoking	33% (29 – 37)	13% (12 – 14)
Met CDC physical activity recommendations (2015 BRFSS)	17% (13 – 21)	25% (23 – 27)

Source: Oregon BRFSS, 2016

Many of these disparities were also seen among youth. Both 8th and 11th graders receiving FRPL were more likely to smoke and less likely to meet positive youth development benchmarks.

Health behaviors among youth receiving free or reduced price lunch (FRPL), Oregon				
Demographics	**11th Grade, FRPL – Yes**	**11th Grade, FRPL – No**	**8th Grade, FRPL – Yes**	**8th Grade, FRPL – No**
Current smoker	9% (7 – 12)	7% (5 – 8)	4% (3 – 5)	2% (2 – 3)
Meets positive youth development	51% (48 – 54)	63% (61 – 65)	50% (48 – 52)	63% (61 – 65)

Source: Oregon Healthy Teens, 2017

Youth with low income are also more likely to be obese.

Chronic conditions among youth receiving free or reduced price lunch (FRPL), Oregon				
Demographics	**11th Grade, FRPL – Yes**	**11th Grade, FRPL – No**	**8th Grade, FRPL – Yes**	**8th Grade, FRPL – No**
Obese	18% (17 – 20)	11% (10 – 12)	15% (14 – 17)	8% (7 – 9)

Source: Oregon Healthy Teens, 2017

Access to clinical preventive services

Access to health care services among low-income/incomplete high school adults, Oregon		
Health Care Access	**≤100% federal poverty and/or incomplete HS**	**>100% federal poverty and/or complete HS**
Have medical insurance coverage	82% (79 – 85)	94% (93 – 95)
Cost barriers to accessing health care in past 12 months	18% (15 – 21)	9% (8 – 10)
Have a usual health care provider	72% (68 – 75)	81% (80 – 83)
Have teeth cleaned in past 12 months	48% (44 – 52)	72% (71 – 74)

Source: Oregon BRFSS, 2016

Youth receiving FRPL are more likely than those who do not receive FRPL to have unmet physical and emotional health care needs and less likely to have seen a doctor or had their teeth cleaned.

Access to health care services among youth receiving free or reduced price lunch (FRPL), Oregon				
Demographics	**11th Grade, FRPL – Yes**	**11th Grade, FRPL – No**	**8th Grade, FRPL – Yes**	**8th Grade, FRPL – No**
Unmet physical health care needs	22% (21 – 24)	15% (14 – 16)	24% (22 – 27)	17% (16 – 19)
Unmet emotional health care needs	24% (22 – 26)	22% (20 – 23)	20% (18 – 22)	18% (16 – 19)
Visited a doctor or practitioner for checkup	60% (58 – 62)	65% (63 – 67)	60% (58 – 62)	66% (64 – 67)
Had teeth cleaned past 12 months	67% (65 – 69)	80% (78 – 82)	66% (64 – 68)	84% (82 – 85)

Source: Oregon Healthy Teens, 2017

Women with advanced educational attainment were more likely to access prenatal care and less likely to smoke during pregnancy.

Prenatal care by educational attainment among moms, Oregon				
Demographics	**< High school**	**High school diploma/ GED**	**Some college**	**College degree**
Prenatal care began 1st trimester	65% (63 – 67)	74% (72 – 75)	79% (78 – 81)	88% (87 – 90)
Adequate prenatal care (>5 visits / care initiated by 2nd trimester)	87% (85 – 90)	92% (90 – 94)	94% (93 – 96)	97% (96 – 99)
Mom smoked during pregnancy	20% (19 – 21)	16% (15 – 17)	11% (11 – 12)	2% (1 – 2)

Source: Birth certificates, Center for Health Statistics, Public Health Division, 2016

The majority of deliveries among teen moms were paid for by Medicaid.

Insurance payer among births to mothers under 18, Oregon			
Demographics	**Medicaid/ OHP**	**Private insurance**	**Self-pay**
Births to moms 15 – 17 years by payment method	76% (68 – 84)	22% (18 – 26)	0.6% (0.1 – 2)**

Source: Birth certificates, Center for Health Statistics, Public Health Division, 2016
*** This rate is based on five or fewer events and should be interpreted with caution.*

People who identify as lesbian, gay, bisexual, or gender non-conforming

There are limited data about the health status and health needs of people who identify as lesbian, gay, bisexual or transgender (LGBT). In 2011, the Institute of Medicine issued a report stating: "Researchers need more data about the demographics of [LGBT] populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research."

The U.S. Census Bureau does not collect sexual or gender identity data on individuals.* Data on Oregonians who identify as LGBT come from surveys: primarily, the adult Behavior Risk Factor Surveillance System (BRFSS), and in youth, the Oregon Healthy Teens (OHT) survey. In 2017, the OHT answer categories for gender included transgender, gender fluid, and other nonbinary answers. These surveys indicate that 4% of adult men, 6% of adult women, 8% of 11th grade boys, and 15% of 11th grade girls in Oregon identify as LGB or questioning. About 6% of 11th graders reported nonbinary or multiple gender answers, and only 0.3% responded that they did not understand the question. Among gender non-conforming youth, 64% identify as LGB or questioning.

* However, Census does generate state-level preferred estimates for same-sex couples. These data are, by definition, an undercount of LGB people and tell us nothing about the number of transgender people, but show that there are about 650,000 same-sex couples in the U.S. (5.5/1,000 households); in Oregon, there are about 12,000 same-sex couples (7.7/1,000 households).

Sexual orientation among adults and 11th graders, Oregon					
Sexual Orientation	**Adult, men**	**Adult, women**	**11th grade, boys**	**11th grade, girls**	**11th grade gender non-conforming**
Heterosexual	96%	94%	92%	85%	36%
Lesbian and Gay	2%	2%	2%	1%	9%
Bisexual	2%	4%	4%	11%	15%
Questioning**	NA	NA	2%	3%	40%

Source: Oregon BRFSS, 2013 – 2016 and Oregon Healthy Teens, 2017
*** For youth, "Questioning" includes those who answered "not sure" as well as "something else."*

A 2016 report from the Williams Institute used BRFSS data from other states to generate national and state-level estimates for the transgender adult population, finding that 0.6% of U.S. adults (about 1.4 million individuals) and 0.65% Oregon adults (about 20,000) identify as transgender. In the 2017 OHT, 0.9% of 11th graders identified as transgender.

Additional data on LGBT, and nonbinary/gender non-conforming adults in the Portland metropolitan area were gathered in a 2009 survey*, called Speak Out, conducted with more than 800 individuals who self-identified as LGBT, queer, gender queer, or intersex. Although it used a convenience sample, the large number of individuals who participated and the multiple sexual orientation and gender options that were available make it a helpful supplementary data source.

Existing data show that LGBT individuals report a number of risk factors for poor health; some of these are similar to heterosexual and gender binary individuals, while others appear to be elevated among LGBT individuals. Like other minority communities in the U.S. and Oregon, mental health issues and experiences of violence and trauma are prevalent among LGBT individuals, and rates appear to be higher than among non-LGBT people.

* https://multco.us/sites/default/files/health/documents/speakout_survey_2009.pdf

Disparities in mental health and experiences of childhood abuse among adults

Adult Oregonians identifying as bisexual reported more frequent mental distress than their lesbian or gay and straight counterparts (by gender). Women who identify as bisexual and men who identify as gay were most likely to report physical and sexual abuse during childhood.*

Abuse experienced by gay and bisexual identified adults, Oregon

Type of abuse	Male, gay	Male, bisexual	Male, straight	Female, lesbian	Female, bisexual	Female, straight
Frequent mental distress (>14 days in last 30)	15% (11 – 20)	21% (15 – 28)	11% (10 – 11)	23% (18 – 30)	32% (27 – 38)	14% (13 – 15)
Physically abused during childhood	42% (29 – 55)	30% (18 – 46)	21% (20 – 23)	29% (18 – 43)	43% (32 – 54)	22% (20 – 24)
Sexually abused during childhood	27% (16 – 41)	20% (11 – 35)**	6% (6 – 8)	32% (20 – 46)	40% (30 – 51)	17% (16 – 18)

Source: Oregon BRFSS, 2013 – 2016

*** Estimate may be statistically unreliable and should be interpreted with caution.*

Among Speak Out Survey respondents, there were high rates of diagnosed mental health conditions like depression (56%), anxiety (50%), and post-traumatic stress (21%) among respondents overall, and transgender respondents reported significantly higher rates of depression (72%) compared to other participants. Notably, participants who received more social support growing up were less likely to report depression. Similar to BRFSS findings, experiences of violence, including intimate partner violence and childhood abuse, were also prevalent among Speak Out participants.

Disparities in mental health, bullying, and experiences of violence among youth

Among 11th graders, significantly fewer LGB youth reported good to excellent emotional health, and significantly more reported feelings of hopelessness and suicide attempts. LGB youth were also far more likely to experience violence, bullying, physical and sexual abuse, and unmet needs for mental health care. These large differences between heterosexual and non-heterosexual youth exist for both boys and girls, as well as gender non-conforming youth.

* These patterns remained whether data were age-adjusted or not.

Emotional health, bullying, violence, and abuse among gay and bisexual identified 11th graders, Oregon						
Demographics	**Boys, gay or bisexual**	**Boys, straight**	**Girls, lesbian or bisexual**	**Girls, straight**	**Gender non-con-forming, LGB**	**Gender non-con-forming, straight**
Mental health						
Good to excellent emotional health	47% (38 – 55)	79% (77 – 81)	30% (26 – 36)	64% (62 – 67)	29% (21 – 39)	63% (54 – 71)
Positive youth development benchmark	43% (36 – 52)	65% (62 – 69)	33% (28 – 39)	60% (56 – 64)	30% (20 – 43)	47% (37 – 57)
Feeling hopeless >2 weeks in past year	44% (34 – 55)	20% (18 – 22)	62% (57 – 66)	35% (33 – 39)	71% (57 – 81)	35% (27 – 43)
Suicide attempt in past year	13% (7 – 22)	3% (3 – 4)	22% (18 – 26)	6% (5 – 8)	22% (14 – 33)	10%** (5 – 21)
Unmet mental health care needs	36% (26 – 46)	11% (10 – 13)	51% (44 – 57)	25% (23 – 28)	60% (50 – 69)	18% (11 – 28)
Bullying						
Bullied at school past 30 days	33% (25 – 43)	14% (12 – 15)	39% (34 – 45)	22% (20 – 24)	43% (31 – 56)	26% (16 – 38)
Cyberbullied past 30 days	15% (10 – 22)	7% (6 – 8)	18% (14 – 24)	13% (11 – 14)	21% (14 – 31)	16% (9 – 27)
Violence						
Hit or slapped by girlfriend or boyfriend	4%** (2 – 7)	3% (2 – 4)	7% (5 – 11)	3% (3 – 4)	7%** (3 – 15)	6%** (3 – 13)
Pressured to have sex	9% (5 – 14)	4% (3 – 5)	35% (31 – 40)	20% (18 – 22)	32% (20 – 47)	9% (6 – 15)
Abuse						
Hit or hurt by parent or adult in home	32% (24 – 41)	18% (16 – 20)	39% (33 – 44)	19% (17 – 21)	47% (36 – 59)	34% (25 – 45)
Sexual contact with adult	9% (6 – 14)	2% (2 – 3)	23% (17 – 30)	9% (8 – 11)	19% (11 – 32)	6%** (3 – 11)

Source: Oregon Healthy Teens, 2017

*** Estimate may be statistically unreliable and should be interpreted with caution.*

As noted, data on transgender or gender non-conforming youth in Oregon were first collected in 2017. The 2015 – 2016 California Health Interview Survey, which collected data from 1,600 households, found that 27% of California youth ages 12 – 17 (almost 800,000 youth) identified as gender non-conforming. The survey found that gender non-conforming youth were significantly more likely to experience psychological distress compared to gender-conforming peers but found no differences in lifetime suicidal thoughts or suicide attempts between the two groups.

The California findings related to suicide differ from previous research. The California study co-authors suggest that the variation may be due to sample size limitations or may reflect the state's supportive policies for gender non-conforming people. California and Oregon are among the 16 states that prohibit discrimination based on gender identity or gender expression.

The 2017 OHT survey results show a smaller proportion of youth identifying as gender non-conforming than in the California study. The Oregon data also indicate that when both gender and sexual orientation are considered, the pattern for gender non-conforming youth is most similar to that of girls: LGB girls and LGB gender non-conforming youth have a higher prevalence for mental health, bullying and violence indicators than their straight counterparts. In addition, for many of these indicators, LGB girls and gender non-conforming youth fare worse than either straight or gay and bisexual boys.

People who live in rural or frontier areas

As in much of the United States, health disparities exist between populations that live in urban, rural and frontier areas. In this report, these areas are determined at the zip code or county level (depending on availability of data): urban less than 10 miles from a population center greater than 40,000; rural greater than 10 miles from a population center greater than 40,000; and frontier = density of less than 6 per square mile. In 2016 in Oregon, 59% of adults lived in urban areas, 33% in rural and 3% in frontier.

Social determinants of health

Oregonians living in rural and frontier areas tend to have lower levels of education and experience more economic disadvantage than those living in urban areas. A higher percentage of youth living in rural and frontier areas participate in the free and reduced lunch program. Adults living in rural and frontier areas are more likely to be living with a disability than those living in urban areas.

Educational outcomes, income, disability, and food insecurity among adults by geography, Oregon			
Demographics	**Urban**	**Rural**	**Frontier**
College graduate	34% (33 – 36)	19% (17 – 20)	16% (12 – 21)
Less than $20,000	15% (14 – 16)	19% (17 – 21)	19% (13 – 26)
Economic disadvantage (≤100% FPL/limited education)	19% (18 – 21)	26% (24 – 29)	30% (20 – 42)
Yes – reports one or more disabilities	23% (22 – 25)	29% (27 – 31)	34% (25 – 44)
Yes – household food insecurity	7% (7 – 9)	7% (6 – 8)	9% (5 – 15)

Source: Oregon BRFSS, 2016

Disability and food insecurity among 11th graders receiving free or reduced price lunch (FRPL), by geography, Oregon			
Demographics	**11th Grade, urban**	**11th Grade, rural**	**11th Grade, frontier**
Yes – FRPL participant	37% (32 – 42)	46% (38 – 53)	59% (55 – 62)
Yes – reports one or more disabilities	30% (28 – 32)	32% (30 – 35)	28% (24 – 33)
Yes – Household food insecurity	17% (16 – 19)	19% (17 – 20)	16% (12 – 20)

Source: Oregon Healthy Teens, 2017

Mortality

People living in rural and frontier areas are dying at an earlier age than people living in urban areas, as demonstrated by higher rates of years of potential life lost before age 75 years.

Years of potential life lost before age 75 by geography, Oregon			
Demographics	**Urban**	**Rural**	**Frontier**
YPLL before age 75 per 100,000 (95% CIs)	5,948 (5,920 – 5,975)	8,437 (8,371 – 8,503)	8,187 (7,993 – 8,381)

Source: Oregon Death Certificate data and National Center for Health Statistics, 2016

By specific cause of death, suicide and unintentional injury death rates were highest in frontier areas, followed by rural and urban.

Suicide and unintentional injury death rates among adults by geography, Oregon			
Demographics	**Urban**	**Rural**	**Frontier**
Suicide and unintended injuries rate per 100,000 (95% CIs)	17 (15 – 18)	26 (23 – 30)	27 (18 – 40)
Unintentional injuries** (95% CIs)	48 (45 – 50)	64 (59 – 70)	70 (54 – 89)

Source: Oregon Death Certificate data and National Center for Health Statistics, 2016
***Includes falls, motor vehicle crashes, poisoning, suffocation, drowning, fires, firearms, and other mechanisms of accidental injury*

Chronic conditions

The prevalence of chronic conditions varied by urban, rural and frontier areas in Oregon. People living in rural and frontier areas had higher rates of arthritis, diabetes, cardiovascular disease, obesity, and high blood pressure than those in urban areas.

Chronic conditions among adults by geography, Oregon

Chronic conditions	Urban	Rural	Frontier
Arthritis	24% (23 – 26)	32% (30 – 34)	36% (28 – 44)
Diabetes	8% (7 – 9)	12% (11 – 14)	9% (5 – 14)
Cardiovascular disease	7% (6 – 8)	10% (9 – 12)	15% (10 – 23)
High blood pressure	27% (25 – 28)	37% (34 – 39)	43% (33 – 54)
Obese or morbidly obese	27% (26 – 29)	33% (31 – 35)	29% (22 – 38)

Source: Oregon BRFSS, 2016
Note: High blood pressure data is from 2015

Health behaviors

The behavioral factors that increase the risk of many chronic diseases include: smoking, lack of physical activity and poor nutrition, and alcohol/substance use. While binge drinking was highest in urban areas, smoking was highest in frontier areas.

Health behaviors among adults by geography, Oregon

Health behavior	Urban	Rural	Frontier
Binge drinking	18% (16 – 19)	15% (13 – 16)	12% (7 – 18)
Current cigarette smoking	14% (13 – 16)	19% (17 – 21)	23% (15 – 35)

Source: Oregon BRFSS, 2016

Communicable diseases

Rates of sexually transmitted infections were highest in urban areas, followed by rural and frontier.

Sexually transmitted infections per 100,000 adults by geography, Oregon			
Demographics	**Urban**	**Rural**	**Frontier**
Chlamydia	409 (405 – 412)	311 (305 – 316)	288 (272 – 303)
Gonorrhea	74 (72 – 75)	40 (38 – 42)	29 (24 – 33)
HIV	7 (6 – 7)	3 (2 – 3)	1 (0.5 – 3)
Syphilis	14 (13 – 14)	4 (3 – 5)	2 (1 – 3)

Source: Oregon Reportable Diseases Database, 2016

Access to clinical preventive services

Medical insurance coverage was similar among Oregon adults living in all areas, while those living in frontier areas were the least likely to have a usual health care provider. Those living in urban areas were more likely to have had their teeth cleaned than those living in rural and frontier areas.

Access to health care services among adults by geography, Oregon			
Health Care Access	**Urban**	**Rural**	**Frontier**
Have medical insurance coverage	92% (90 – 93)	91% (89 – 92)	91% (84 – 95)
Cost barriers to accessing health care in past 12 months	11% (10 – 12)	11% (9 – 12)	17% (9 – 29)
Have a usual health care provider	79% (78 – 81)	79% (77 – 81)	74% (64 – 82)
Have teeth cleaned in past 12 months	70% (69 – 72)	63% (61 – 65)	59% (50 – 68)

Source: Oregon BRFSS, 2016