Initially this report was conceived as a means to compare the historical data of the County Health Rankings & Roadmaps program for Klamath County and its demographically similar Oregon counties, along with the three communities that were awarded 2018 Culture of Health Prizes along with Klamath County.

Klamath County had been honored with a Culture of Health Prize, but how healthy was the county?

In light of the affects of COVID-19, this report became the opportunity to look at the history of health trends that will need to be followed to ensure that today’s children are not unduly challenged by lingering behaviors and outcomes that the pandemic might have encouraged.

For instance, during the isolation of “stay home” orders many people have gained weight. Watching obesity trends will be important in the next few years.

In this report’s companion piece Klamath County: Social Determinants of Health a strong case was made for monitoring the county’s historical trauma, which is initially informed throughout a lifetime by adverse childhood events.

This is an area of emphasis for the Robert Wood Johnson Foundation, a sponsor of the County Health Rankings & Roadmaps. Its website explains: “Traumatic childhood events such as abuse, neglect, and witnessing experiences like crime, parental conflict, mental illness, and substance abuse can result in long-term negative effects on learning, behavior and health. Often referred to as adverse childhood experiences (ACEs), these types of events create dangerous levels of stress that can derail healthy brain development, and increase risk for smoking, alcoholism, depression, heart disease, and dozens of other illnesses and unhealthy behaviors throughout life.”

The following pages illustrate the 10 areas contributing to these events and the implications on overall health.
With this in mind the perceived areas of concern, measured by the County Rankings are:

- Poor or fair health
- Poor physical health
- Poor mental health
- Adult smoking
- Adult obesity
- Excessive drinking
- Sexually transmitted infections
- Single parent households
- Drug overdose deaths
- Diabetes

This report offers descriptive analysis of the past. The companion report, Klamath County: Social determinants of health, provided a diagnostic analysis offering unresolved trauma as the root cause of what ails the county. Unfortunately, the predictive analysis is unhealthy trends will continue and potentially worsen, if interventions do not happen.
The following four sections provide background on the County Health Rankings & Roadmaps, Culture of Health Prize, the University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation.

About County Health Rankings & Roadmaps

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The intent is to improve health outcomes for all and to close the health gaps between those with the most and least opportunities for good health. This work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor.

The goals of the program are to:
- Build awareness of the multiple factors that influence health.
- Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health.
- Engage and activate local leaders from many sectors in creating sustainable community change.
- Connect & empower community leaders working to improve health.

The program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity. The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action. Rankings & Roadmaps is known for effectively translating and communicating complex data and evidence-based policy into accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts. County Health Rankings & Roadmaps’ work is based on the County Health Rankings model of health, the Take Action cycle, and the program’s guiding principles.

County Health Rankings & Roadmaps Guiding Principles

Harnessing the collective power of leaders from multiple sectors and of community members.

Putting health within everyone’s reach by addressing gaps that disproportionately and negatively affect certain populations.

Using data, including the Rankings and additional local data, to identify needs, set priorities and track progress.

Using evidence where it exists to guide the work and where evidence is lacking creating new and innovative solutions and evaluating these new efforts along the way.

Focusing action on all of the factors that influence health, especially those that contribute the most, such as social and economic factors.

Committing to sustainable solutions that focus on systems, policies and environmental changes.

Recognizing and building on existing and emerging assets to chart the community’s unique course towards a shared vision of health.

Securing and making the most of resources, including fully leveraging human capital and the consideration of health impacts into public and private decision making.

Measuring and sharing progress and results widely and using these results to continuously improve progress towards health.

Contributing to a national movement to create a Culture of Health by sharing stories and lessons learned and seeking out opportunities to learn from others.

About the RWJF Culture of Health Prize

In 2013, we introduced the RWJF Roadmaps to Health Prize—now called the RWJF Culture of Health Prize, which honors and elevates U.S. communities working at the forefront of advancing health, opportunity, and equity for all. Some of the communities are urban. Others are rural. Some are affluent. Others have high rates of poverty. But they all have one thing in common: In each of these places community leaders, individuals, business,
government and educators have forged powerful partnerships to inspire people to live healthier lives. Our goal is to use this award to bring national attention to the prize winners’ strategies, and inspire other communities to follow suit.

About the University of Wisconsin Population Health Institute
The University of Wisconsin Population Health Institute advances health and well-being for all by developing and evaluating interventions and promoting evidence-based approaches to policy and practice at the local, state, and national levels. The Institute works across the full spectrum of factors that contribute to health. A focal point for health and health care dialogue within the University of Wisconsin-Madison and beyond, and a convener of stakeholders, the Institute promotes an exchange of expertise between those in academia and those in the policy and practice arena.

About the Robert Wood Johnson Foundation
For more than 45 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in the United States a fair and just opportunity for health and well-being. For more information visit RWJF.org.

About the communities in this report
Coos, Douglas, Union and Klamath Counties in Oregon lost their timber economies at the same time. In the late 1990s, Klamath Falls’ Herald and News published a series of articles about the economic recovery efforts undertaken in each county. Throughout the decades, these counties have remained demographically comparable and are annually used by Klamath County Public Health to gauge progress in the County Rankings & Roadmaps report released each March.

In 2018 Klamath County was the lone county awarded a Culture of Health Prize. The other winners were cities, including Cicero, Illinois; Eatonville, Florida; and San Antonio, Texas.

Here are the description of the communities, provided by the Robert Wood Johnson Foundation:

A suburb of Chicago—Cicero, Illinois—is empowering residents of all ages to improve community health and outcomes. In a Latino-majority town where 45 percent of residents identify as immigrants, community members and organizations have rallied to keep their school-based health clinic open, prevent violence on school routes, provide safe and enriching afterschool programming, and increase access to early education. Community providers offer mental health counseling and trainings to help generate trauma awareness and combat its negative effects. Cicero’s efforts are guided by a collaborative of community stakeholders. Direct engagement with residents, parents, and young people has shaped solutions, setting the stage for a stronger community for future generations. Thanks to a strong collaborative spirit, Cicero is united in its mission to enhance quality of life for all.

Two miles north of Orlando, Eatonville, Florida—the oldest historically black incorporated town in America—is looking at the big picture of what creates conditions for good health. Eatonville is strengthening its workforce with training and certifications in high-need trade areas and adult education classes. The town is expanding housing by offering even more options for families transitioning from homelessness to permanent housing with wrap-around services and support. Residents actively shape Eatonville’s priorities as demonstrated by the community-led revision of the town charter. The town is also fostering leaders of all ages to pass the Culture of Health baton through initiatives like Leadership Eatonville. In 2011, when a study revealed the town’s high diabetes rates—nearly triple the national average—community partners launched into action, creating Healthy Eatonville Place to promote and support healthier lifestyles.

Collaboration is in the fabric of Klamath County, the fourth largest county in the state of Ore-
gon which spans 6,135 square miles. Partners come together to improve high school graduation rates for all students, build a strong cadre of local, skilled workers through job training, and attract new businesses. Leaders from law enforcement and mental health agencies have teamed up to provide alternatives to incarceration and build stronger police-community relations by increasing positive interactions with residents. Bilingual community health workers and a rural health care residency program are working to remove barriers to health care. Community leaders and organizations address housing challenges by incentivizing exterior home improvement through mini grants to residents in low-income neighborhoods. Local leaders also drive the development of trails and green space through geographic information system mapping.

Local leaders in San Antonio, Texas are working to ensure its future success leaves no one behind. Resident-driven efforts focus on factors that impact health, from approving funding for city-wide, all-day pre-K to expanding internet connectivity among public housing residents. The city’s strong data-driven collective action is demonstrated through efforts like SA2020, which publicly tracks city progress on nearly 60 indicators of community health and holds leaders accountable. The city’s Equity Office puts policies into play to reduce disparities and the city’s budget is designed to prioritize opportunities for neighborhoods and populations that have been historically marginalized. Mental health is a community-wide priority with a multi-systems approach that includes decriminalizing issues related to mental health and substance abuse and diverting individuals with mental health crises or substance abuse problems from jail to treatment.

Framing this report
The following pages will first look at the demographics of each community, before shifting to the County Rankings & Roadmaps performance of each county over time.

It is interesting to see in the shift to looking at historic county data how the relatively small communities of Cicero and Eatonville become part of the larger Cook County, Illinois, and Orange County, Florida, respectively.

Analysis
On the following page, the populations for each city and county are provided along with poverty rates. Unfortunately, Eatonville — the smallest community — has the highest poverty rate, followed by Klamath County. The larger communities have greater population numbers living in poverty:

- Cook County: 782,180
- Bexar County: 324,370
- San Antonio: 284,580
- Orange County: 222,180
- Douglas County: 17,496
- Cicero: 15,568
- Klamath County: 13,398
- Coos County: 10,756
- Union County: 4,102
- Eatonville: 927

Figure 4 lists the median incomes for the communities and all of them fall below the national median household income for 2018. That year, one in three Americans were living below the poverty line.

In 2019, Child Trends published information regarding the connection between poverty and adverse childhood events:

“Poor children and near-poor children are more than twice as likely than their more affluent peers to have had three or more other adverse experiences. In 2016, 13 percent of children living at the poverty level or below had three or more adverse experiences, compared to 10 percent among children with family incomes from 101 to 200 percent of the poverty level, and 5 percent among children from households with incomes more than twice the poverty level. Similarly, among children at poverty level or below, 51 percent had no adverse experiences, compared to 59 percent among children with family incomes from 101 to 200 percent of the poverty level, and
5,180,000 Cook County, Illinois
1,990,000 Bexar County, Texas
1,530,000 San Antonio, Texas
1,380,000 Orange County, Florida
108,000 Douglas County, Oregon
83,700 Cicero, Illinois
66,000 Klamath County, Oregon
62,900 Coos County, Oregon
25,800 Union County, Oregon
2,360 Eatonville, Florida

<table>
<thead>
<tr>
<th>Poverty rate</th>
<th>County/Location</th>
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<tr>
<td>39.3%</td>
<td>Eatonville, Florida</td>
</tr>
<tr>
<td>20.3%</td>
<td>Klamath County, Oregon</td>
</tr>
<tr>
<td>18.6%</td>
<td>San Antonio, Texas</td>
</tr>
<tr>
<td>18.2%</td>
<td>Cicero, Illinois</td>
</tr>
<tr>
<td>17.1%</td>
<td>Coos County, Oregon</td>
</tr>
<tr>
<td>16.3%</td>
<td>Bexar County, Texas</td>
</tr>
<tr>
<td>16.2%</td>
<td>Douglas County, Oregon</td>
</tr>
<tr>
<td>16.1%</td>
<td>Orange County, Florida</td>
</tr>
<tr>
<td>15.9%</td>
<td>Union County, Oregon</td>
</tr>
<tr>
<td>15.1%</td>
<td>Cook County, Illinois</td>
</tr>
</tbody>
</table>

Figure 3: Population and poverty rates. (Source: Populations: Datausa.io accessed May 27, 2020; Poverty rates: Datausa.io accessed October 23, 2020)
The US 2018 real median family income was $78,646. The real mean family income was $106,045. The government uses the family income for statistical purposes, such as reporting the poverty threshold. It also uses it to establish the poverty levels that determine eligibility for subsidies and welfare programs.

That year 38.1 million Americans lived below the federal poverty threshold, which was $25,465 for a typical family of four. This number living below the poverty limit represents every third person in the United States.

Figure 4: Median household income. (Sources: Datausa.io accessed May 27, 2020; thebalance.com/what-is-average-income-in-usa-family-household-history-3306189 accessed August 31, 2020)
<table>
<thead>
<tr>
<th></th>
<th>Cook County, Illinois</th>
<th>Bexar County, Texas</th>
<th>Orange County, Florida</th>
<th>Douglas County, Oregon</th>
<th>Klamath County, Oregon</th>
<th>Coos County, Oregon</th>
<th>Union County, Oregon</th>
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</thead>
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<tr>
<td>Population</td>
<td>5,180,000</td>
<td>1,990,000</td>
<td>1,380,000</td>
<td>108,000</td>
<td>66,000</td>
<td>62,900</td>
<td>25,800</td>
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<tr>
<td>Cases</td>
<td>41,512</td>
<td>27,059</td>
<td>22,179</td>
<td>82</td>
<td>150</td>
<td>67</td>
<td>383</td>
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<tr>
<td>Cases as a percent of population</td>
<td>0.80%</td>
<td>1.36%</td>
<td>1.61%</td>
<td>0.08%</td>
<td>0.23%</td>
<td>0.11%</td>
<td>1.48%</td>
</tr>
<tr>
<td>Deaths</td>
<td>2,050</td>
<td>229</td>
<td>117</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Deaths as a percentage of cases</td>
<td>4.94%</td>
<td>0.85%</td>
<td>0.53%</td>
<td>1.22%</td>
<td>0.67%</td>
<td>0.00%</td>
<td>0.52%</td>
</tr>
<tr>
<td>Deaths as a percentage of population</td>
<td>0.04%</td>
<td>0.01%</td>
<td>0.01%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Tests</td>
<td>45,4906</td>
<td>136,373</td>
<td>185,000</td>
<td>6,436</td>
<td>6,133</td>
<td>3,332</td>
<td>2,479</td>
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<tr>
<td>Test positivity rate</td>
<td>9.13%</td>
<td>19.84%</td>
<td>11.99%</td>
<td>1.27%</td>
<td>2.45%</td>
<td>2.01%</td>
<td>15.45%</td>
</tr>
<tr>
<td>Tests as a percentage of population</td>
<td>8.78%</td>
<td>6.85%</td>
<td>13.41%</td>
<td>5.96%</td>
<td>9.29%</td>
<td>5.30%</td>
<td>9.61%</td>
</tr>
</tbody>
</table>

**Figure 5: Point in time COVID-19 statistics.** (Sources: Cook County Department of Public Health; Texas Department of Health Public Health Region 8; Florida Department of Health in Orange County; Oregon Health Authority; all websites were accessed July 18, 2020)

73 percent among children living in higher-income households, in 2016.”

As the Social Determinants of Health report detailed, Klamath County has four high-poverty hotspots. Improvement of countywide health will include addressing the local poverty issues.

Above is a snapshot of COVID-19 in the counties being reviewed. These statistics come from July 18, 2020, which was roughly the six-month point from the first case in the United States, announced on January 15.

As expected, the counties with larger populations had more cases as a percent of population. However, Union County’s large outbreaks in June brought its standing to second, behind Orange County. Its test positivity percentage is also second, this time behind Bexar County. Second in tests as a percentage of population, Union County is closely followed by Klamath County.

The difference, however, was Union County had outbreaks, while Klamath County was the first Oregon county to provide testing to anyone who wanted at test.

Test positivity also found Union in second behind Bexar, with the number again influenced by outbreaks.

Longitudinal studies will eventually provide insight to the impacts of COVID-19 on children, particularly the effects of school closures. Research in Great Britain has provided a brief glimpse of what future studies may show.

Oxford University released information regarding the first month lockdown in the United Kingdom related to its COVID-19 Supporting Parents, Adolescents, and Children in Epidemics (Co-SPACE) survey:

“Parents/carers of children aged 4-10 years of age reported that over a one-month period in lockdown, they saw increases in their child’s emotional difficulties, such as...
as feeling unhappy, worried, being clingy and experiencing physical symptoms associated with worry, according to early results from the Co-SPACE study, asking parents and carers about their children’s mental health through the COVID-19 crisis.

Meanwhile, in Scotland Believe in Children Barnado’s, Mental Health Scotland and University of Strathclyde Glasgow published a literature review providing insight into three areas of concern regarding the effects of lockdown on children:

1. **Direct impacts on children and young people’s mental health and wellbeing** – the evidence on the direct impact of lockdown on mental health and wellbeing of children and young people yields mixed findings, with some studies indicating an increased likelihood of PTSD symptoms in quarantined children. Overall, studies point to increased levels of distress, worry and anxiety. Some likely reasons include increased feelings of loneliness and worries about school and the future.

2. **Impacts within the family context** – the evidence on the mental health and wellbeing impacts for parents/carers points to family contexts where the experiences of lockdown may have been particularly difficult for children and young people. These groups include families where parents/carers are key workers, are younger, and have a history of mental health/physical health conditions. More generally, those families within disadvantaged communities, BAME [Black, Asian, Minority Ethnic] groups, and those affected by violence are more likely to be negatively affected by lockdown.

3. **Impacts within the context of education** – the evidence reviewed suggests that many of the worries and anxieties children and young people have been experiencing relate to returning to school, missing school, and the future. Moreover, some evidence suggests that engagement with the curriculum has been disrupted for many children and young people, including those without sufficient digital access, physical space, and other resources to support their learning.

The longterm effects of COVID-19 are yet to be seen, but are an area the community must be diligent about following. Implications from the mental distress experienced by children could be as devastating as any other adverse childhood event.

Knowing that physical health is influenced by childhood experiences, it is time to turn to the counties’ performance in areas measured by the County Health Rankings & Roadmaps. The data lags real time performance. Here are the sources and dates of the data used in the 2020 Rankings:

- **Poor or fair health** — 2017 Behavioral Risk Factor Surveillance System
- **Poor physical health days** — 2017 Behavioral Risk Factor Surveillance System
- **Poor mental health days** — 2017 Behavioral Risk Factor Surveillance System
- **Adult smokers** — 2017 Behavioral Risk Factor Surveillance System
- **Obese adults** — 2016 United States Diabetes Surveillance System
- **Excessive drinking** — 2017 Behavioral Risk Factor Surveillance System
- **Chlamydia rate** — 2017 National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- **Single-parent households** — 2014-18 American Community Survey, 5-year estimates
- **Drug overdose deaths** — 2016-18 National Center for Health Statistics—Mortality Files
- **Adult diabetes** — 2016 United States Diabetes Surveillance System

With the age of data presented, it will take Klamath County three to four years to see the influence of current behaviors and choices.

Poor or fair health is one of the outcomes of adverse childhood events. In the 2020 Rankings, the overall United States and Oregon performances were 17%, with the best performing nationwide counties showing 12%.

Bexar, Orange and Klamath counties exceeded the 2020 nationwide average. None of the counties were in the best performing category.
Douglas County has improved considerably over time, while Bexar had fluctuating performance ending with improvement in 2020.

Healthy People 2020 states: Self-assessed health status is a measure of how an individual perceives his or her health—rating it as excellent, very good, good, fair, or poor. Self-assessed health status has been validated as a useful indicator of health for a variety of populations and allows for broad comparisons across different conditions and populations. It also mentions: Self-assessed health status varies by age. For example, 26.8% of individuals age 65 and older report fair or poor health.
Figure 7: County Health Rankings 2010-20 — Poor physical health days. (Source: Robert Wood Johnson Foundation)

Behavioral Risk Factor Surveillance System respondents are asked how many poor physical health days have they experienced in the last 30 days. The 2020 overall United States performance was 3.8, with the best performing counties reporting 3.1.

The only county at or below national performance was Cook at 3.5. Over time the county has remained stable. Bexar, again, has fluctuated, but is trending down. Orange performed better than Oregon in 2020, but is experiencing an uptick in the number of poor physical health days. It’s first year was 3.1 and has grown over time to 4.0.

Overall Oregon has increased these days each year, with the exceptions of 2018 and 2019. With the COVID-19 pandemic, influences will most likely be first seen in the 2025 Rankings. Douglas and Klamath counties have an improving trend, while Coos and Union saw a spike in 2017 and have trended upwards over the years.
Behavioral Risk survey respondents are asked how many poor mental health days they have experienced in the last 30 days. In the 2020 Rankings the overall United States performance was 4.0, with the best performing counties reporting 3.4.

Only Cook and Orange counties met or fell below the national mark, but all counties were trending upwards in 2020 and over time. Coos, Union and Klamath fell below Oregon’s 4.8. Douglas shared the state’s mark.

The mental toll related to the isolation of COVID-19 lockdowns will likely be seen in the 2025 Rankings. Currently the Oregon Health Authority has 2014-17 survey results available online. The most current data would be 2018-2021, when it becomes available.

**Figure 8: County Health Rankings 2010-20 — Poor mental health days.** (Source: Robert Wood Johnson Foundation)
Over the years, adult smoking has decreased. In the 2020 Rankings, the overall percentage in the United States was 17 percent. The best performing counties, including Cook, were at 14 percent.

All of the counties were at or below the national mark.

In Sept. 2020, FDA and CDC released findings from the 2020 National Youth Tobacco Survey showing 1.8 million fewer U.S. youth were using e-cigarettes compared to last year. However, 3.6 million youth are still currently using e-cigarettes. The data shows an increase in the number of youth who use disposable e-cigarettes. This is concerning because research has shown that youth who vape are more likely to start smoking combustible cigarettes.

This is an area that should be monitored, as tobacco and nicotine use may increase in adults as current youth age.
Figure 9: County Health Rankings 2010-20 — Percentage of obese adults. (Source: Robert Wood Johnson Foundation)

In the 2020 Rankings, the overall performance in the United States was 29 percent. The best performing counties recorded 26 percent. Oregon met the United States mark, but all of its counties evaluated in this report exceeded that number.

Coos and Union were both nearly 10 percentage points above the state and national performance. A full third of adults in Klamath are obese. All three of the other counties examined were at or below the national mark.

Over time the trend for each county is increasing.

This is another area that will most likely show COVID-19 influence in the future. The age of the data reflects the first indication will appear in the 2024 Rankings.

The CDC reports the estimated annual medical cost of obesity in the United States was $147 billion in 2008 and the medical cost for people who are obese was $1,429 higher than those of normal weight.
In the 2020 Rankings the national performance for adults reporting binge or excessive drinking was 19 percent. The best performing counties reported 13 percent. Oregon met that mark, while Klamath, Coos, Douglas and Union counties fell below that mark.

Orange County did as well, but Cook and Bexar exceeded it. Orange has a one-year downward trend, after a period of growth. Meanwhile Cook and Bexar have mostly increased over time.

The four Oregon counties have shown stabilization over span between 2016 and 2020, but reports this year indicate alcohol usage has increased in the COVID-era.

"Nielsen reports alcohol sales in stores were up 54 percent in late March compared to that time last year, while online sales were up nearly 500% in late April. According to a Morning Consult poll of 2,200 U.S. adults conducted in early April, 16 percent of all adults said they were drinking more during the pandemic."

Figure 10: County Health Rankings 2010-20 — Percentage reporting binge drinking. (Source: Robert Wood Johnson Foundation)
The national rate per 100,000 population for chlamydia in the 2020 Rankings was 524.6, with the best performing counties at 161.4. Oregon and its four counties under observation performed below the national rate, while the other counties examined exceeded the rate.

Bexar saw a one-year decline, but the other counties are increasing over time.

Despite the isolating guidance in the realm of COVID-19 prevention, the increased use of alcohol discussed on the previous page can lead to risky sexual practices.

Research\textsuperscript{8} launched at the 29th EADV Congress, EADV Virtual, has found that despite the COVID-19 lockdown restrictions, diagnosis of sexually transmitted infections (STIs), including gonorrhea, secondary syphilis and mycoplasma genitalium (MG), have increased.

While the research was done in Italy, it would not be unexpected to see a correlation in the United States. However, there is the possibility individuals have postponed testing in this era of public distancing and telemedicine. Current trends would be reflected in the 2023 Rankings.
The 2020 Rankings revealed 33 percent of United States households were being managed by a single parent. The best performing counties reported 20 percent. Figures from 2010 seem to be an anomaly, as the counties and Oregon have remained somewhat stable over the other years.

However, Union County is an exception with declines in 2015 and 2016 and an uptick the next three years.

Oregon out-performs the nation, along with Union County. However, the other counties are noticeably above that mark.

COVID-19 brought added stress to families, juggling education, work and leisure schedules with most activity occurring in or around the home. For single parents that stress may have amplified for lack of a partner with whom to share responsibilities.

Data revealing divorce rates, child abuse and other negative outcomes during lockdown periods are not yet available. The presented data points are from 2014-18 American Community Survey five-year estimates. It may take several years to see if this health factor remains stable.
The per 100,000 rate is challenging for counties with populations below that size. Union County looks like it has outpaced the rest of the counties, but only because its population of just over 25,000 finds each death multiplied by a factor of nearly four.

There is not a quick reference to national performance in the 2020 Rankings. A November 2018 National Center for Health Statistics\(^9\) report indicates:

“Rates of drug overdose deaths continued to increase. In 2017, the age-adjusted rate of drug overdose deaths (21.7 per 100,000) was 3.6 times the rate in 1999 (6.1) ... 20 states and the District of Columbia had age-adjusted drug overdose death rates that were statistically higher than the national rate, 8 states had rates that were comparable to the national rate, and 22 states had lower rates."

The three counties explored outside of Oregon performed better than the state and its respective counties. Klamath will need to watch its increasing trend, as the rest of the nation as a whole does the same.
Diabetes is a costly ailment. The American Diabetes Association last published a report on the cost of the chronic condition in 2018. At that point the total national costs of diagnosed diabetes had risen to $327 billion in 2017 from $245 billion in 2012. That is a 26 percent increase and it represented one in seven dollars spent on healthcare going toward diabetes management.
Conclusion

Klamath County was not wildly divergent from the other counties in this report. Chlamydia cases were higher in the larger counties outside of Oregon, but there was an inverse showing in drug overdose deaths.

Just as beauty is in the eye of the beholder, the same could be said of overall health. With self-reporting of poor or fair health and number of days with poor mental or physical health, a person’s outlook influences the entire community.

Each of these factors should be followed to monitor the health and success of not just the community as a whole, but especially its children.

The following graphs provide illustration for Klamath County’s performance over the years of the County Rankings & Roadmaps.
Sources