

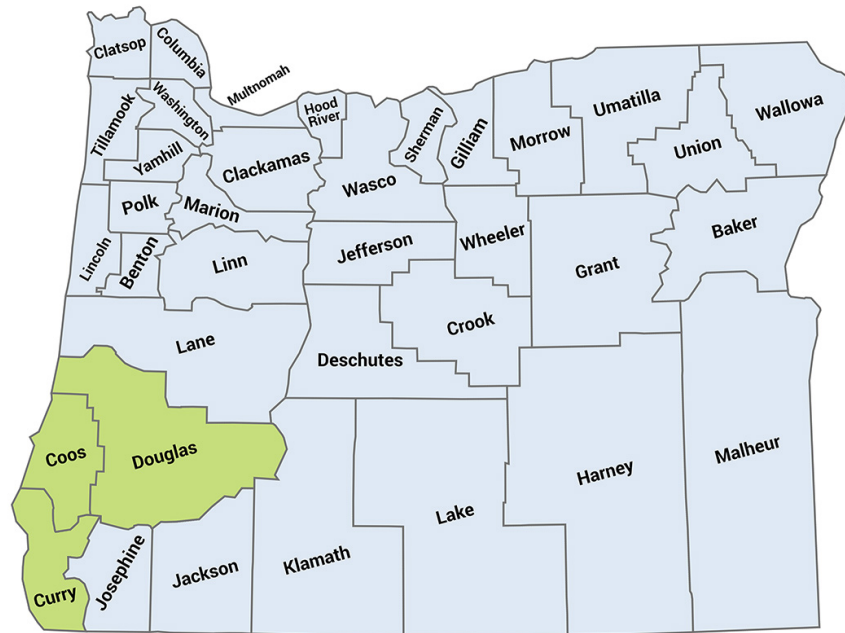
RESEARCH IN OREGON COMMUNITIES' REVIEW SYSTEM

Coos and Curry Counties Cultural Landscape

July 2021

Published by OHSU Community Outreach, Research and Engagement





This locally-developed landscape is intended to describe the region of interest, to help guide design choices for proposed cancer prevention and control projects and/or clinical trial research implementation.

Data collected in response to the development of this landscape was offered by community leaders in the region and specifically those who volunteered to participate in a research project to develop a community-involved research review process. This regionally-specific cultural landscape is the first step along the Research in Oregon Communities' Review System (ROCRS), supported by OHSU Community Outreach, Research and Engagement (CORE).

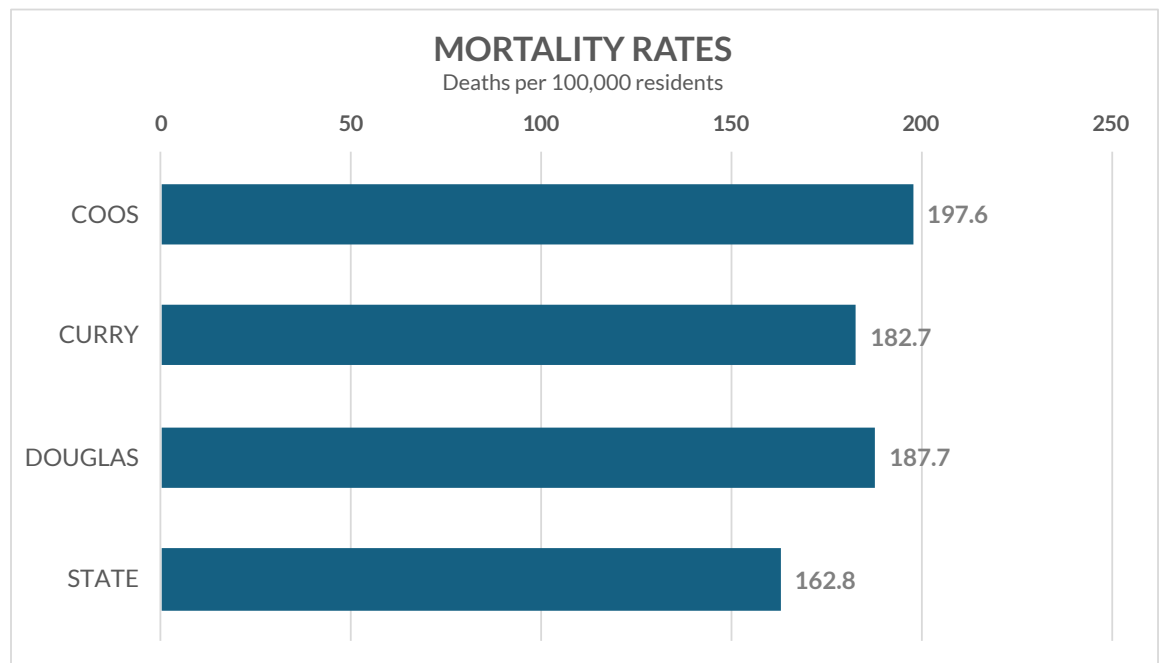
CORE supports community-academic partnerships, gathers community input for academic research, and increases research in community settings that is responsive to the pressing health concerns of residents in Oregon. To learn more, [visit our website](#) or contact us at CommunityResearch@ohsu.edu.



Cancer

Mortality rates are deaths per 100,000 residents; see citations

Residents of the South Coast die of cancer at a higher rate than the rest of the state (Coos County: 197.6 deaths per 100,000 residents; Curry County: 182.7 deaths; Douglas County: 187.7 deaths; state of Oregon: 162.8 deaths) [1]. Rural communities with low incidence rates and high mortality rates often reflect gaps in early detection, effective screening programs, and/or fear that a cancer diagnosis is a death sentence.



Lung and bronchus cancer

- Second-highest rate of cancer diagnosis at Bay Area Hospital.
- Women in Coos and Curry have the third-highest and second-highest incidence rates of lung and bronchus cancer, respectively.
- Bay Area Hospital has an annual low-dose CT scan program available to screen and detect this cancer early.

Colorectal cancer (CRC)

- Coos and Curry have much higher mortality rates of CRC than incidence rates.
 - ◊ 34 Douglas County residents are diagnosed with CRC per year.
- Women in Coos have the highest mortality rate in Oregon.
- At-home stool collection kits can detect this cancer early.

Oropharyngeal cancer (back of throat, base of tongue/tonsils)

- Coos has the second-highest mortality rate of oropharyngeal cancer in Oregon.
 - ◊ In 2018, 58% of these cancers diagnosed at Bay Area Hospital were Stage III or IV (late stage).
- Tobacco use has historically been the primary cause of oropharyngeal cancers.
- Human Papillomavirus (HPV) infection is thought to be responsible for nearly 70% of all oropharyngeal cancer diagnoses [2].

Cancer prevention behaviors and modifiable risk factors

- Coos has a lower percentage of the population participating in preventative screenings

than Oregon, which is an indicator of access to, quality, and timeliness of care [\[3\]](#).

- South Coast residents are about 4-10% more obese than the rest of the state (Coos: 38.3%; Curry: 33.4%; Douglas: 32.7%; Oregon: 28.6%).
- Coos, Curry, and Douglas all rank in the state's top 10 for percentage of residents with chronic lower respiratory diseases and cardiovascular disease.
- Risk factors for pancreatic cancer:
 - ◊ Tobacco usage: Coos smoking rates are the second-highest in the state; Curry smoking rates are the fourth-highest.
 - ◊ Diabetes: Coos rates are the seventh-highest in the state; Douglas rates are the sixth-highest.

Economic

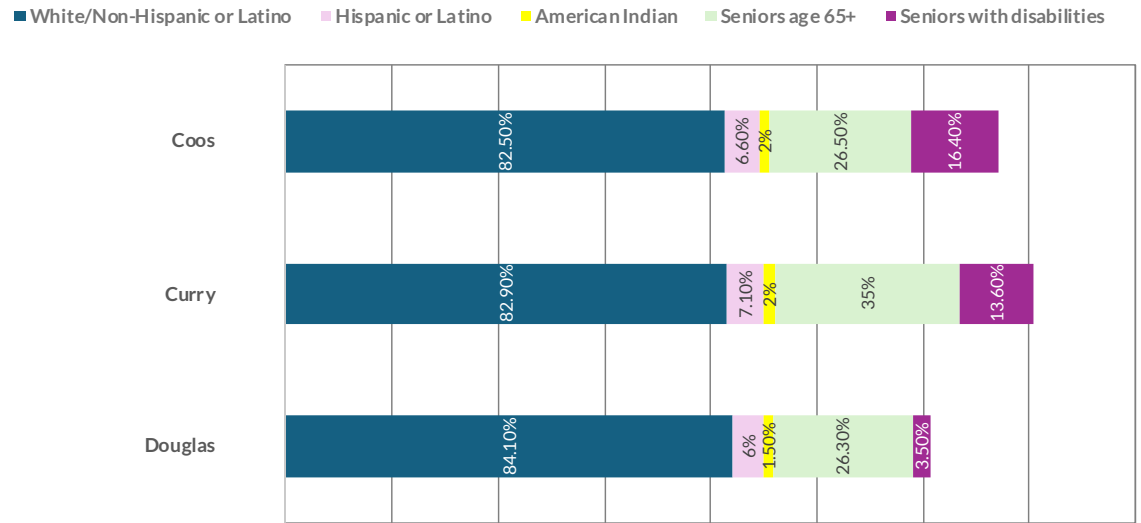
- 37% of households in Coos County and 35% of households in Curry County are cost-burdened, meaning their rent or mortgage exceeds 30% of their household income. This is higher than state levels.
- Major employers are correctional institutes in Coos and Curry. Coos County Shutter Creek is slated to close in 2022.
- High unemployment rate: 6.9% in 2017
- High poverty rate: 21.7% in 2019.
- Median and average incomes are lower than the state average. The rate of differences in income by race/ethnicity is lower than the state average.
- 100% of Coos and Curry students receive free/reduced-price lunches due to the COVID-19 pandemic (compared to 50% pre-pandemic).
- Homelessness:
 - ◊ 1,299 homeless individuals reported in 2019, a 36% increase from 2018.
 - ◊ In the 2016-2017 school year, 559 children were homeless; 52 of those students were pre-kindergarten ages.
 - ◊ 1% rate of housing availability in Coos; 72% of vacant housing is used for vacation rentals in Curry.

Social

- Lack of childcare, resources, and education.
- Coos County has a rate of 13.1 teen pregnancies per 1,000 residents.
- Coos' high school graduate rate in 2016 was 58%; Curry County's was 72.6%.
- Broadband access is limited – library parking lots were used to access free Wi-Fi during the COVID-19 pandemic.
- Census 2020 rates [\[4\]](#):
 - ◊ Coos: 82.5% White/Non-Hispanic or Latino; 6.6% Hispanic or Latino; 2% American Indian
 - ◊ Curry: 82.9% White/Non-Hispanic or Latino; 7.1% Hispanic or Latino; 2% American Indian
 - ◊ Douglas: 84.1% White/Non-Hispanic or Latino; 6% Hispanic or Latino; 1.5% American Indian
- Seniors age 65+
 - ◊ Coos: 26.5%; Curry: 35%; Douglas: 26.3%
- Those age 65+ with disabilities:
 - ◊ Coos: 16.4%; Curry: 13.6%; Douglas: 13.5%; state: 16.8%
- Veterans:
 - ◊ Coos: 6,899 residents; Curry: 2,714 residents; Douglas: 12,354 residents

- ◇ There are a number of senior centers and clubs in North Bend/Coos Bay, including Veterans of Foreign Wars, Elks, Rotary, and Lions Club

Census 2020 Data



Healthy options and health care access

"...apparently, the thing you do after you get a doctor here is find another one because your doctor's going to be leaving soon."

- A third of the population in Coos and Curry Counties live in a food desert (both have a food environment index score of 6.9). Access to fresh produce is limited, both financially and geographically.
 - ◇ Consumption of unhealthy foods, including soda, is higher in Coos.
 - ◇ Lack of health consciousness/healthy lifestyle leads to high incidence rates of health problems.
- 100% of residents in Coos are considered to be in a health service shortage area, a designation by Oregon Office of Rural Health.
 - ◇ Local physicians have a great deal of autonomy, so it can be challenging to coordinate care across offices.
 - ◇ Prescribing patterns for Medicare enrollees in Coos in 2013-2014 show higher rates of opioid prescriptions than state and national trends [\[5\]](#).
- Lack of larger community gathering space(s) and no accessible community center.
- Physical fitness and recreation facilities are at a lower rate than the state, although there are senior centers in Coos Bay and North Bend. There are few sidewalks and bike lanes available for recreation along roads.

Political

- Mistrust of government organizations as well as mistrust or tension regarding "outsiders" (even from Protland area); resistance to outside involvement.
- Community members and healthcare providers are fiercely independent.
- People who move in from other communities can create a divide.
- External impacts on the region: lack of those who value rural communities, impacting recruitment and retention.

Environmental

- Limited access to transportation (distance, driving ability, car ownership) as well as limited public transit.
- Fire season can drastically affect air quality (has been true for Curry County; potential for Coos County). Air quality is great when there are no fires.

- Year-round recreation due to climate: mountain bike trails recently built (youth involved) and grand funding to expand; beaches/oceans may be leveraged; staying connected to nature through moving, hiking, and physical activity.

References

1. National Cancer Institute (2021) State Cancer Profiles: Death Rates Table. National Vital Statistics System, 2014-2018. <http://www.statecancerprofiles.cancer.gov/deathrates/index.php> (Accessed January 2021).
2. <https://www.cdc.gov/cancer/hpv/statistics/index.htm>
3. https://cooshealthandwellness.org/wp-content/uploads/2019/01/FinalDraft_2018CHA.pdf
4. U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.
5. Oregon Behavioral Risk Factor Surveillance System County Combined dataset, 2014 – 2017. Oregon Health Authority. Health Promotion and Chronic Disease Prevention Section. Accessed January 2021.